

Inside ABM

Academy of Breastfeeding Medicine Newsletter

October 2023

A newsletter offering for Academy of Breastfeeding Medicine members and colleagues from across the world.

Welcome to Inside ABM! Come on in!

Welcome to Issue #7 of **Inside ABM**, our way of communicating with ABM members, future ABM members, supporters, and friends about exciting things happening in our organization and in the field of Breastfeeding Medicine.

In this issue you will find highlights from Protocol #33, links to ABM's revised Protocol #21, highlights from the largest randomized control trial of clinically integrated Breastfeeding Peer Counselors (ci-BPC) in the USA to date, and a message of gratitude from ABM President, **Dr. Ann Kellams**. Watch for the December newsletter with highlights from the 28th Annual International Meeting.

If you have ideas for items to include in future issues and/or are interested in being a part of the newsletter team, please reach out to abm@bfmed.org.



Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning Plus Patients (2020)

[Protocol #33](#), "Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning Plus Patients" was published in 2020. This thoughtfully written protocol addresses approaches to respectful care for this population that commonly report negative experiences. It also delves into the complexity of care for individuals who are desiring to lactate during transitional care. Further, it provides a detailed approach for induction of lactation and co-lactation. (read below for definition of co-lactation)

For greater insight we connected with one of the authors of Protocol #33, **Casey Rosen-Carole MD, MPH, MEd**, at the University of Rochester.

CITATION:

Protocol #33: Ferri, R. L., Rosen-Carole, C. B., Jackson, J., Carreno-Rijo, E., & Greenberg, K. B. (2020). *ABM Clinical Protocol #33: Lactation Care for Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Plus Patients*. 1038.e1-1038.e9. <https://www.liebertpub.com/doi/epdf/10.1089/bfm.2020.29152.rlf>

**In the author's
own words...**

What do you think is the biggest challenge facing LGBTQ+ people today?

Many countries still criminalize the LGBTQ+ community and censor free expression. For instance, "homosexual activity" remains illegal in 60 countries, which means people can be jailed for who they love ([LGBT Rights by Country & Travel Guide | Equaldex](#)). In the United States, there has been a systemic attack on LGBTQ+ rights, with over 120 anti-LGBTQ bills on the table already in 2023 ([Over 120 Bills Restricting LGBTQ Rights Introduced Nationwide in 2023 So Far | American Civil Liberties Union \(aclu.org\)](#)). These bills restrict medical care, bathroom access, education, identification, and civil rights.

How was your approach tailored to the diverse international audience?

Because of these laws and restrictions, it was important to consider that many physicians lack knowledge of the care of LGBTQ+ patients. So, we wanted to include definitions of commonly used terms, a brief background about the role of discrimination in the health of this population, as well as best practices around pronouns, safe spaces, and privacy. Where laws exist to prevent access to care, patients may seek care outside the healthcare system, so it is important to learn about what treatments they may have sought, medications they may be using, and how these can affect lactation.

Please define/describe "co-lactation" for readers?

Co-lactation refers to when people share the task of providing human milk for a child, either by breastfeeding or milk-sharing. It is a practice with a long history, probably as old as humanity. It includes wet nursing, which is a practice still common in some areas of the world. In the LGBTQ+ community, co-lactation may refer to how two parents feed a child: one lactates after gestation, and the other induces lactation.

What would you say to providers who feel uncomfortable asking gender-affirming questions?

I try to help healthcare providers understand that caring for this population is the same as many other things we do, based on principles of beneficence, justice, and non-maleficence. There are many topics in medicine that are uncomfortable for humans to address, but as providers we must. Regardless of personal beliefs or social restrictions, providers learn how to address these topics so that patients have the best care possible. It is important that we know what care our patients have previously sought and advise on how this may affect their current health. We also seek to avoid harm, and there is ample evidence to show that mis-gendering, mis-naming and

using non-affirmed pronouns contributes to poor mental health and avoidance of healthcare for LGBTQ+ patients. Understanding the risks and dangers faced by this population should help providers to be compassionate and go beyond their own comfort zones to provide equal access to the best care for everyone.

What do you think is a priority for future research?

In lactation care for LGBTQ+ patients in particular, it will be important to move from case studies to systematic investigations. To mitigate historical harms and protect current subjects, research should be undertaken that includes patients and communities in planning, study execution and translation. One topic that is important for this population (and others) is induced lactation - we still lack best practices for this process! I also believe we need to separate sexual orientation and gender identity as the physiologies and medical needs are distinct.

Getting to Know the Author

Which autumn pie do you prefer? Apple Pie or Pumpkin Pie

Pumpkin. There is a great local recipe for a Flaming Pecan Pumpkin Pie that is a great favorite at our house for US Thanksgiving.

What book are you reading right now OR what is the next book you would LIKE to read?

I am reading *The Myth of Normal: Trauma, Illness and Healing in a Toxic Culture*, by Gabor Mate. It's a fabulous review of the science behind mind-body medicine and the role of society in the creation (and healing) of disease.

Revised ABM Protocol #21 on Substance Use and Breastfeeding is Released

The Academy of Breastfeeding Medicine announces ABM Clinical Protocol #21: Breastfeeding in the Setting of Substance Use and Substance Use Disorder (Revised 2023)

Authors: Miriam Harris, MD, MSc, Davida M. Schiff, MD, Kelley Saia, MD, Serra Muftu, Katherine R. Standish, MD, and Elisha M. Wachman, MD, and the Academy of Breastfeeding Medicine.

[View](#) Protocol 21 and read the press release [here](#).



President's Column: A Look Back with Gratitude

Ann Kellams, MD FABM 17 October 2023

It is hard to believe that this will be my final President's column! Thank you to all of you who have faithfully read my musings and who have

reached out to say you were touched or moved by my words over the past 2 years. I have learned it is no small thing to produce a meaningful, monthly column, and hearing from time to time that they have resonated with you has made all of the effort worthwhile. [Read more.](#)

ABM Updates

There's Still Time to Register for #ABM2023! Attend In Person or Virtually

The [28th ABM Annual International Meeting](#) will be presented in two formats. Whether you can travel to Schaumburg, IL, USA, or want to join us virtually, we know that you will benefit from the excellent content this year's Annual Planning Committee has created. Regardless of how you attend, this year's meeting is the ideal context to engage in innovative workshops, address evolving issues and connect with an international organization of clinicians devoted to the promotion, protection, and support of breastfeeding. Registration will include access to educational sessions, posters, exhibits (onsite), and CE/CME/CERPS opportunities for 90 days following the meeting. [View](#) the schedule.

Register Today!

Two Networking Opportunities at #ABM2023



Visit the Mother's Milk Bank of the Western Great Lakes: Register by Nov. 3

In-person attendees have the exciting opportunity to register for an offsite event at the 28th Annual International Meeting to visit the [Mother's Milk Bank of the Western Great Lakes](#), located just east of the Hyatt Regency Schaumburg in the neighboring suburb of Elk Grove Village (transportation provided).

Tour the facility's lab and view the beautiful Poppy's Dream bereavement memorial while mingling with your colleagues and enjoying some light hors d'oeuvres, wine, and non-alcoholic beverages. A separate registration is required. [Learn more](#) and register by **Friday, November 3**.

Read the [editorial](#) from Arthur I. Eidelman, MD, FABM, Editor-in-Chief, *Breastfeeding Medicine*, about the journal's [article](#): "The Voice of Mothers who Continue to Express Milk After Their Infant's Death for Donation to a Milk Bank."

Attend In-Person SIG Meeting at #ABM2023

ABM introduced eight Special Interest Groups (SIGs) this year and will host in-person SIG meetings at the Annual International Meeting in Schaumburg, IL, this November.



If you haven't joined one yet, visit the SIG [page](#) for more information. Please note that you have to join the SIG through log in to the "Member Login" from the ABM website [homepage](#) and view the Members dropdown, click on "My Profile" and then select the SIGs of your choice. SIG selections will be added every Monday to [MyABM](#), the home for SIG activity.

Also, don't forget to set your notifications in MyABM by going into "Edit Your Profile" in the top right-hand corner of any MyABM page to get real-time, daily, or weekly notifications and never miss a post!

ABM Exhibits at the AAP and AAFP Conferences!



Pictured above: ABM President **Ann Kellams, MD FABM**, (left) and ABM Member **Evelyn Aboagye, MD MPH**, (right) enjoy time talking with AAP attendees at the ABM booth in Washington DC.

ABM had the opportunity to have an exhibit at the Academy of Pediatrics (AAP) National Conference & Exhibition ABM in Washington, DC, USA, as well as the Academy of Family Physicians Medicine (AAFP) Family Medicine Experience Conference in Chicago, IL, USA. Both conferences combined, drew about 15,000 attendees! ABM had the opportunity to reach a combined audience of almost 15,000 attendees with information about the protocols, parent handouts, the Annual International Meeting and ABM membership. Participation at these conferences is supported by a grant from the W.K. Kellogg Foundation.

ABM Call for Webinars

The Academy of Breastfeeding Medicine is seeking proposals on webinar topics from qualified candidates to present as part of ABM's webinar series. The deadline for proposals is **December 31, 2023**, though there will be other opportunities in 2024 to submit a proposal if you miss this deadline. To provide a broad array of learning opportunities, we will consider all topics relevant to breastfeeding medicine. The following topics have been identified as of particular interest by the webinar committee:

- Bedsharing
- LGBTQ+ families
- Inducing lactation
- Baby friendly hospital - hospitals becoming BFHI around the world; topics for credits for physicians at BFHI hospitals
- Working parents panel: physicians from various countries, breastfeeding protections for working parents, trends, policies in their country
- Research on lactation and childhood obesity

If you have experience in any of these areas or others and would like to present on a webinar, please submit a proposal. Don't have a presentation or topic but would like to volunteer? We are seeking additional members for the webinar committee. The committee will meet periodically to review proposals and assist with coordinating the webinars. Please email Diana Broj (dbroj@bfmed.org) if interested.

Have You Seen This?

Do you integrate community birth and breastfeeding workers into your clinical environment?

A series of two studies out of Chicago, Illinois, USA, are working to provide evidence that meaningful integration of skilled community members into the currently siloed US workforce can narrow disparities and improve outcomes.

CITATION #1 (2021): Keenan-Devlin, L. S., Hughes-Jones, J. Y., & Borders, A. E. B. (2021). Clinically integrated breastfeeding peer counseling and breastfeeding outcomes. *J Perinatol*, 41(8), 2095–2103.

<https://doi.org/10.1038/s41372-021-01096-5>

CITATION #2 (2023) Keenan-Devlin, L. S., Smart, B. P., Hirschhorn, L., Meier, P., Jefferson, U., Solomonides, A., Wang, C. E., Handler, A., Silver, R. K., & Borders, A. E. B. (2023). Clinically Integrated Breastfeeding Peer Counseling to Promote Breastfeeding Equity. *Am J Perinatol*. <https://doi.org/10.1055/s-0043-1771255>

The research shows that Black and Hispanic/Latine infants are less likely to have access to the health benefits that human milk provides. Institutionalized racism has contributed to less access to support and more costs associated with lesser breastfeeding intensity and duration for these families. Most providers are familiar with breastfeeding peer counselors (BPC) as a public health strategy that has successfully reduced racial disparities in intensity (rate of artificial supplement usage) and duration of lactation, but few studies have focused on clinically integrated Breastfeeding Peer Counselors (ci-BPC). The proven approach of culturally relevant education provided by BPC coupled with clinical connection can assist the care team in providing lactation support, in much the same way doulas operate for birth support.

The first study cited above, accomplished through a quasi-experimental retrospective cohort study (n = 428) reported that contact with ci-BPC prenatally and during inpatient stay, in addition to the usual lactation care, improved in-house exclusivity and continued breastfeeding at 6 weeks, with greater effect in the Black population.

But this research group, which includes a familiar face in lactation research, Paula Meier PhD, RN, is going a step further! The second citation describes a follow-up study that has gotten an upgrade...to an RCT!

This randomized control trial (RCT) will recruit 720 patients from eight prenatal care sites who will deliver at the two hospitals. The primary focus will be breastfeeding duration, with secondary outcomes of inpatient breastmilk feeds as well as 6-week and 6-month postpartum breastfeeding intensity. Data will be stratified by race and ethnicity into three groups: Black, Hispanic/ Latine and Other. This will be the largest RCT of ci-BPC in the USA to date and will provide better quality evidence of the reduction in disparities that ci-BPC can provide.

As we are all aware, the need for well-designed studies in lactation and breastfeeding medicine is greatly needed! We look forward to reading about results in the future! #communityistheanswer (Reviewed by ABM Affiliate Member **Tameka Jackson-Dyer, BASc IBCLC CHW**, and *Inside ABM* Newsletter Chair **Paula K. Schreck, MD IBCLC FABM**)



Question of the Month

You are a provider in a primary care office, and you enter a room to start a history and physical on a person who the chart indicates as assigned female at birth. During the history, you refer to the patient using feminine reference. He corrects you and reports he is transgender and identifies as he/him. What is your next best action?

- Excuse yourself from the room to notify staff to flag the chart.
- Acknowledge your mistake, apologize, and continue with the visit using his affirmed pronouns. Ensure the chart is adjusted for future visits.
- Ignore his request. It is your obligation as a scientist to address all people as their chromosomal sex for consistency.
- Engage in a prolonged discussion about why he feels the way he does, with the opportunity to explain why the mistake was made and how sorry you are.

Answer at bottom of newsletter

Not an ABM Member? If you are passionate about breastfeeding, then ABM is for YOU!

Be part of a global, multidisciplinary community and enjoy these [member benefits](#). Join and take advantage of member registration rates for the Annual International Meeting.

[Join Today!](#)

Question of the Month Answer:

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ANSWER: b.

Acknowledge your mistake, apologize, and continue with the visit using his affirmed pronouns. Ensure the chart is adjusted for future visits.



ABM Insider

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Questions: Email ABM Staff at abm@bfmed.org

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