

Inside ABM



Academy of Breastfeeding Medicine Newsletter
2023

September

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 #6 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 an introduction to ABM's newest protocol revision of Protocol #21, an ABM Board member spotlight featuring **Alison Stuebe, MD, MSc, FABM**, highlights from an RCT on alternative feeding methods in the premature infant in the "Have You Seen This" Column, the ABM President's Column with **Dr. Ann Kellams**, and many ABM updates including a Call for Webinar Proposals.

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.



Protocol of the Month #21: Breastfeeding in the Setting of Substance Use Disorder Revised 2023

Protocol #21, "Breastfeeding in the Setting of Substance Use Disorder (SUD)" Is the latest protocol revision to be released by the Academy of Breastfeeding Medicine. The first edition of Protocol #21 was published in 2015. The revised edition will be accessible next month online and in *Breastfeeding Medicine*. Watch your inbox for more information.

Background: Academy of Breastfeeding Medicine (ABM) Clinical Protocols and Statements are a central part of ABM's clinical education mission, used by clinicians globally in caring for breastfeeding dyads and supporting human milk feeding. *The ABM protocols are accessed daily by professionals working to promote, support and protect breastfeeding.*

The revised protocol acknowledges the complexity of the management of dyads faced with SUD and encourages individualized plans to address nuances. However, in general, the revised edition expands the recommendation for breastfeeding to mothers who stop non-prescribed substance use **by the time of delivery**. This represents a change from the previous "30/60/90 days since relapse" framework of the previous 2015 protocol.

For greater insight we connected with the lead author **Miriam Harris, MD, MSc**, Assistant Professor of Medicine at Chobanian and Avedisian School of Medicine and an addiction expert at **Boston Medical Center**.

In the author's own words...

What motivated you to work in Addiction Medicine?

I was motivated to work in addiction medication as I cared for many individuals who presented to hospital for substance-related harms but the root driver of these harms, i.e., substance use and addiction, went unaddressed. I felt there was a lack of structure or expertise to support such patients and worse, patients with addiction were often treated poorly when they were seeking help. I wanted to gain skills to address these gaps and it's been a privilege to work with and learn from my patients with substance use disorders. I truly love what I do.

Mothers with SUD experience bias. Any recommendations to address that on our birthing centers? As a new mother myself, I have experienced firsthand just how hard breastfeeding is and the pressure you feel to succeed to show that "you are a good mother." I truly can't imagine how much harder it would be if I were dealing with a severe substance use disorder, in particular contending with the judgment and stigma from the healthcare system that is ubiquitous for such patients. We need much more humility and empathy in our approach to patients with substance use disorders in general, but in particular for new parents and mothers who are facing a host of new challenges, including breastfeeding. I believe that dismantling this stigma will require structural change, like updating local institutional breastfeeding guidelines. Meaningfully engaging women with substance use disorders in this process through, for example, advisory boards, will be important. Women who have first-hand experience with breastfeeding and substance use will have critical feedback to improve care and support structural change.

What do you think is a priority for future research? In writing these guidelines it was shocking how little research there was to support many recommendations. Thus, there are many priority areas for research but as a clinician, I would love more evidenced-based strategies that support breastfeeding initiation and continuation in people with addiction. For example, studies that examine if home lactation visits, or peer supports, or telehealth visits, etc, can have a positive impact on breastfeeding experiences in this population.

Getting to Know the Author

Which do you prefer? Roses or wildflowers? Wildflowers hands down.

Where is the last place you went on vacation? Beautiful Vancouver British Columbia, which holds a special place in my heart as the city where I completed my PGY 1-3 training years.



Board Member Spotlight: Alison Stuebe, MD, MSc, FACOG, FABM

This month we would like to feature and honor **Alison Stuebe, MD, MSc, FABM**, who will conclude her role as Immediate Past President at the ABM Annual International Meeting this November.

Dr. Stuebe completed her Obstetrics and Gynecology residency at Brigham and Women's Hospital and Massachusetts General Hospital in Boston. She completed fellowship training in Maternal Fetal Medicine at Brigham and Women's, and she earned a Masters in Epidemiology from the Harvard School of Public Health. She has published more than 200 peer-reviewed articles. She is currently a Professor of Maternal-Fetal Medicine at the University of North Carolina School of Medicine and Distinguished Professor of Infant and Young Child Feeding at the Gillings School of Global Public Health. She has been awarded grant funding from the National Institutes of Health, the Agency for Healthcare Research and Quality, the Patient Centered Outcomes Research Institute, and the American Heart Association. Her current research focuses on advancing justice, belonging, and humanity in maternal health.

She is a member of the Steering Committee for Moms Rising North Carolina, and a former board member of the Society for Maternal-Fetal Medicine. At the American College of Obstetricians and Gynecologists, she is a member of both the Breastfeeding Expert Work Group and the Maternal Mental Health Expert Work Group, and she chaired the Task Force on Reinventing Postpartum Care.

Dr. Stuebe has been a tireless steward of the work of ABM, as a board member from 2009-2015, an Executive Committee member from 2009-2018 and a Past President from 2017-2019. She also edited the Breastfeeding Medicine Blog from 2009-2018. She served as co-creator and principal investigator for the PCORI funded engagement project in partnership with Reaching Our Sisters Everywhere, "Setting the Agenda for Infant and Young Child Feeding."

When asked about what accomplishment at ABM that she looks back on to date as the most impactful she replied: "I'm most grateful to have played a role in developing the ABM Leadership Academy. As breastfeeding medicine specialists, every member of ABM has a role to play in transforming care systems to better enable mothers and birthing people to initiate and sustain lactation. The Leadership Academy is designed to equip members with key skills and build a community of practice for our members to lead these changes around the world."

Moving forward, she plans to continue to practice maternal-fetal medicine, and to pursue research and systems change to advance justice, belonging and humanity in maternal and child health.

Thank you, Dr. Stuebe, for your years of leadership and for many more years of engagement in ABM to come!



President's Column

NABBLM: Coming Soon! The First Board Exam for Breastfeeding and Lactation Medicine Doctors!

Ann Kellams, MD FABM, Anne Eglash MD, IBCLC, FABM 19 September 2023

For this, my penultimate President's column, I have chosen to highlight a massive effort underway in North America to create a certifying board exam for breastfeeding and lactation medicine. I invited Dr. Anne Eglash to co-author this column with me and help outline the goals and plans for this new initiative that many of us believe will take fire across the globe and advance the field. While this is not an ABM effort, per se, there are many Academy of Breastfeeding Medicine (ABM) members involved, and the work closely aligns with the ABM's strategic goal to have the field of Breastfeeding Medicine recognized as a medical subspecialty. [Read more.](#)

ABM Updates



Plan to an 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 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 **October 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.

[Submit a Proposal](#)

Visit the ABM Booth at AAP and the AAFP Family Medicine Experience!

Visit the ABM booth (#712) at the **2023 AAP National Conference & Exhibition**, October 20-24, in Washington, DC, and the ABM booth (#1533) at the **2023 AAFP Family Medicine Experience Conference**, October 26-29 in Chicago, IL. ABM participation at these conferences is supported by a grant from the W.K. Kellogg Foundation.

New Offsite Event Added to #ABM2023

ABM is excited to announce that an offsite event has been added to the 28th Annual International Meeting. The event will be held at the [Mother's Milk Bank of the Western Great Lakes](#), which is located just east of the Hyatt Regency Schaumburg in the neighboring suburb of Elk Grove Village. Transportation will be provided. Join your colleagues at this event!

- **When:** Friday, November 10
- **Cost:** \$50 (Light hors d'oeuvres, wine, and non-alcoholic beverages included)
- **Times:**
 - Group 1: Boards the bus at 5:45 pm, departs at 6:00 pm, returns to the hotel at 7:30 pm
 - Group 2: Boards the bus at 6:45 pm, departs at 7:00 pm, returns to the hotel at 8:30 pm

[Learn More](#)

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, and CE/CME/CERPS opportunities. [View](#) the schedule.

Register Today!

Have You Seen This?

Read on for a review of a recent article found in the August issue of *Breastfeeding Medicine* that features an RCT on alternative feeding methods in the premature infant. Their results may surprise you!

İnal, S., Küçük Alemdar, D., & Bulut, M. (2023). Comparison of Effect of Feeding Premature Infants with Either Cup, Bottle, and Syringe on Transition to Breastfeeding, Breastfeeding Success, Weight Gain, and Duration of Hospitalization. *Breastfeeding Medicine*, 18(8), 586–595. <https://doi.org/10.1089/bfm.2023.0069>

So many factors go into the decision to discharge the premature infant after a long stay in the NICU...physiologic stability, ability to gain adequate weight, treatment completion for complications including infection, neurological events, and more. BUT the most frequent cause of delay in discharge has been found to be feeding problems.

Methods used to feed the premature neonates vary based on gestational age, medical condition, and tolerance, with the goal to eventually transition to direct breastfeeding for those families who have made that informed choice. Many studies have compared bottle feeding to alternative methods such as cup and syringe. Cup feeding has emerged as the most popular method that appears to bridge the transition to breastfeeding the best. Many of us that support alternative feeding use in our facilities have, however, faced some pushback on the promotion of cup feeding, due to lack of quality evidence on its superiority (i.e., lack of RCT's—randomized controlled trials) and the messy and labor-intensive nature of the method.)

Enter the featured study out of Istanbul, Turkey that randomized 102 stable neonates, born between 29-34 weeks, to three groups: Bottle Fed, Cup Fed, or Syringe Fed.

Their conclusions were as follows:

- The syringe method led to more long-term breastfeeding success compared to bottle and cup feeding.
- The syringe method ensured infants reached full enteral feeding and full breastfeeding in a shorter period of time as compared to cup and bottle feeding.
- The syringe method also appeared to be safer and less strenuous for the infant as evidenced by an association with lower heart rates and higher O2 saturations during feeds.

Perhaps we should consider syringe feeding as a preferred alternative feeding method in the NICU setting. At the very least we should assure that all staff are trained in syringe feeding and that the syringe feeding method is part of the NICU menu! (Reviewed by **Paula K. Schreck, MD, IBCLC, FABM**)



Question of the Month

According to the updated ABM Protocol #21, when should breastfeeding be considered a feeding option for dyads effected by Substance Use Disorder (SUD)?

- a. If the mother has not had a relapse into the use of illicit or non-prescribed, controlled drugs in the 90 days prior to delivery
- b. If the mother has not had a relapse into the use of illicit or non-prescribed, controlled drugs in the 60 days prior to delivery
- c. If the mother has not had a relapse into the use of illicit or non-prescribed, controlled drugs in the 30 days prior to delivery
- d. If the mother has ceased the use of illicit or non-prescribed, controlled drugs before delivery as evidenced by a negative drug screen in the mother

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:

According to the updated ABM Protocol #21, when should breastfeeding be considered a feeding option for dyads effected by Substance Use Disorder (SUD)?

ANSWER: d.

If the mother has ceased the use of illicit or non-prescribed drugs before delivery as evidenced by a negative drug screen in the mother

ABM Insider

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