

Perinatal Outreach Breastfeeding Newsletter

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Building Maternal & Infant Health Awareness

By Kara Kaikini

October is both [Breast Cancer Awareness month](#) and [SIDS Awareness month](#). There is strong evidence showing the impact that breastfeeding can have on reducing both breast cancer and SIDS.

The following links will take you to recent publications on breastfeeding and breast cancer. This [study](#) shows that breastfeeding is inversely associated with hormone receptor-negative breast cancers, and this [study](#) concluded that exclusive breastfeeding among parous women reduces the risk of breast cancer compared with parous women who do not breastfeed exclusively.

We also know that breastfeeding significantly reduces the risk of SIDS. This 2017 [meta-analysis](#) published in Pediatrics shows the following risk reductions:

- Any breastfeeding for 2-4 months reduces the risk of SIDS by about **40%**
- Any breastfeeding for 4-6 months reduces the risk of SIDS by about **60%**
- Any breastfeeding for longer than 6 months reduces the risk of SIDS by about **64%**
- **Exclusive** breastfeeding for 4-6 months reduces the risk of SIDS by about **39%**
- **Exclusive** breastfeeding for 4-6 months reduces the risk of SIDS by 54%.

Here are some [NICHD safe sleep and breastfeeding resources](#) from to share with your colleagues and families you work with. If you haven't seen it yet, be sure to check out Maine's latest [Safe Sleep Campaign](#).

Breastfeed Your Baby to Reduce the Risk of SIDS

Many moms and moms-to-be know that breastfeeding offers many benefits for moms and babies. But they may not know that breastfeeding reduces baby's risk for Sudden Infant Death Syndrome (SIDS).

Babies who are breastfed or are fed expressed breastmilk are at lower risk for SIDS compared with babies who were never fed breastmilk. According to research, the longer you exclusively breastfeed your baby (meaning not supplementing with formula or solid food), the lower his or her risk of SIDS.



SAFESLEEP
- M A I N E -



Stay tuned for regular newsletters and educational opportunities, and contact me anytime with any questions!

~Kara Kaikini, MS, IBCLC

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SHARED CONVERSATIONS

Responses/Questions to Inspire Two-Way Conversations About Safe Sleep

(Adapted from [NICHQ's "Conversations Can Stop Sleep-Related Infant Deaths"](#))

Parent: "In my family/culture we sleep with our babies."

Sample Response: "Tell me more about how families in your culture typically sleep? Where do you plan to put your baby to sleep? What do you know about safe sleep? ... I see, I'd like to share some information about some things we have discovered about babies and their sleep environment..."

Parent: "My baby can't sleep by herself in her crib/bassinet but sleeps when she is with me in bed."

Sample Response: "I understand; it can be really challenging! An adult bed is not the safest place for a baby to sleep since there are more risks of suffocation. What do you think would work for you to ensure you and your baby get enough sleep? We can brainstorm together."

*NICHQ: Looking for more conversational tactics to address safe sleep? [Request a PDF](#) of all Q&A from our recent webinar: *Improving Infant Safe Sleep Conversation, Strategies for Helping Families Adopt Safe Sleep Habits*. Or, [click here](#) to view the recorded webinar.*

CONTINUING EDUCATION

- [Center for Breastfeeding Certified Lactation Counselor \(CLC\) Trainings](#)
- [United States Lactation Consultant Association Recorded Webinars](#) (wide-range of excellent webinars; pricing available for members and non-members)
- [Lactation Education Resources](#): Lactation Management Training: From Novice to Expert
- [Health e-learning](#): The International Institute of Human Lactation Inc; CERPs, free lectures, etc.
- SAVE THE DATE: [B.E.S.T. Connection Breastfeeding Conference](#), April 30th & May 1st, Seasons Event and Conference Center, Portland
- Maine CDC Maternal Child Health Conference, Spring 2020: details to come!

NEW RESEARCH

- **[Prevalence and Factors Associated With Safe Infant Sleep Practices](#)**
 - The journal Pediatrics has published a study that showing that safe infant sleep practices, especially those other than back sleep position, are suboptimal, with demographic and state-level differences indicating improvement opportunities.
 - Mothers who reported currently breastfeeding had a higher prevalence of using the back to sleep position (80.5% vs 75.2%) and no soft bedding (46.8% vs 37.5%) than mothers not breastfeeding. However, breastfeeding mothers had a lower prevalence of room-sharing without bed-sharing (53.3% vs 61.3%).
 - Currently breastfeeding mothers were 22% less likely than mothers not breastfeeding to use separate approved sleep surfaces, whereas mothers who were smoking were 23% less likely than nonsmokers to use separate approved sleep surfaces and 13% less likely to avoid soft bedding.
 - Receipt of provider advice is an important modifiable factor to improve infant sleep practices.
- **[Cochrane Special Collections: Breastfeeding](#)**
 - This Cochrane Special Collection of systematic reviews on Breastfeeding has been developed to bring the best available evidence on effective care to the attention of decision makers, health professionals, advocacy groups, and women and families, and to support the implementation of evidence-informed policy and practice. The collection focuses on reviews on support and care for breastfeeding women, including treatment of breastfeeding associated problems; health promotion and an enabling environment; and breastfeeding babies with additional needs.
- **[Primary Prevention of Cow's Milk Sensitization and Food Allergy by Avoiding Supplementation With Cow's Milk Formula at Birth; A Randomized Clinical Trial](#)**

Mitsuyoshi Urashima, MD, MPH, PhD^{1,2}; et al.; *JAMA Pediatrics*, Published online October 21, 2019. [doi:10.1001/jamapediatrics.2019.3544](https://doi.org/10.1001/jamapediatrics.2019.3544)

 - **Findings:** In this randomized clinical trial involving 312 newborns, risks of sensitization to cow's milk and immediate-type food allergy, including cow's milk allergy and anaphylaxis, were decreased by avoiding supplementation with cow's milk formula for at least the first 3 days of life.
 - **Meaning:** Results suggest that sensitization to cow's milk and clinical food allergies may be preventable by avoiding cow's milk formula supplementation at birth, which is easily and immediately applicable to clinical practice worldwide without the cost and time of therapy.

#LACTFACT

[Breastfeeding and Breast Cancer: Managing Lactation in Survivors and Women with a New Diagnosis](#) **[Annals of Surgical Oncology July 24, 2019](#)**

“This review serves as a comprehensive resource of evidence-based recommendations for managing lactation in breast cancer survivors and breastfeeding women with a new breast cancer diagnosis.”

Read More [here](#) and consider signing up for [IABLE](#)'s newsletters and LACTFACTs.

IABLE is a nonprofit organization whose mission is to optimize the promotion and support of breastfeeding for families in the outpatient sector. IABLE is dedicated to building Breastfeeding Friendly Medical Systems and Communities.

PARENT PEARL

What was the most helpful support or education you received from a healthcare provider about breastfeeding and/or safe sleep recommendations?

“I honestly don’t think I was given anything from a health care provider regarding safe sleep. Everything I came across was from social media on an evidence-based group. This group can be pretty rough around the edges, but they truly just care.

The only thing regarding breastfeeding that I was given as tips was how often to give breast to baby. In hospital they told me to try every 3 hours, and that was doing hand expressing too. Even the pediatrician only said we could go to 4 hours overnight.”

What breastfeeding or safe-sleep specific education or support do you wish you had received from a healthcare provider?

“Breastfeeding- I wish it were emphasized how hard it can be to get started. I had to hand express and after a few days pump before milk came in, and I didn’t know anything about hand expressing and how literally tiring it can makes your hand muscles.

Because I was hand expressing/pumping colostrum I was then giving to baby via syringe, and I didn’t know what to do when my milk came in. We ended up giving a bottle in the middle of the night and everything has been fine, but I still felt clueless when I saw milk for the first time.

I had joined a safe sleep Facebook group before I had my baby, so I felt pretty knowledgeable in that topic and honestly don’t know what information I would’ve wanted from healthcare provider.”

~ Danielle & baby PJ



FOR MORE INFORMATION

If you have any questions, requests for specific education, or something you’d like to include in a future newsletter, please contact us!

Also, if you received this email from a colleague and would like to be added to the distribution list, please contact Kara.

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