

MATERNAL CHRONIC DISEASES DURING LACTATION



Janean Wedeking DO
IBCLC, NABBLM-C



CONFLICTS OF INTEREST

I do not have any relevant financial relationships to disclose for this lecture.





OUR JOURNEY

- 01 GOALS/OBJECTIVES
- 02 MATERNAL HEALTH CONDITIONS
CASE DISCUSSIONS
- 03 RESOURCES



OBJECTIVES

- Discuss anticipatory guidance for a pregnancy individual with polycystic ovarian disease
- Discuss delay in secretory activation for a lactating individual with a history of gestational diabetes
- Explain health issues to consider for lactating individuals with a history of thyroid disease
- Discuss appropriate screening for peripartum mood and anxiety disorders





GOALS

- I am NOT trying to teach to you diagnose and treat
- Goals
 - Recognize
 - Know resources
 - Refer (qualified person)
- Empower patients!
 - Advocate during breastfeeding
 - Have reliable places to turn to
- Recognize clinician limitations
- Know YOU are a valuable part of the team!



POLL



POLL



**DO YOU SEE A LOT OF
MOTHERS WHO OPEN UP
ABOUT THEIR MEDICAL
CONDITIONS UNPROMPTED?**

Yes
or
NO

POLL



**WHAT ARE THE MOST COMMON
MATERNAL CHRONIC MEDICAL
CONDITIONS YOU COME ACROSS?**

Please type in the chat....





MATERNAL HEALTH CONDITIONS CASE DISCUSSIONS



CASE NO. I

27YO GIPO @ 24W

- Your client is in a stable relationship, her partner has 2 other children and she works full time at a local store
- She is so happy to be pregnant as she has been trying for so long, but it was hard because her periods were irregular because of her PCOS
- BMI 38, Obese
- She wants to breastfeed, she is concerned that she has always had smaller breasts and wants to know if this will affect her ability to breastfeed
- She has dark colored hair growth on her chin/jaw

POLL



**WHAT MAKES YOU
CONCERNED ABOUT
THIS CASE?**

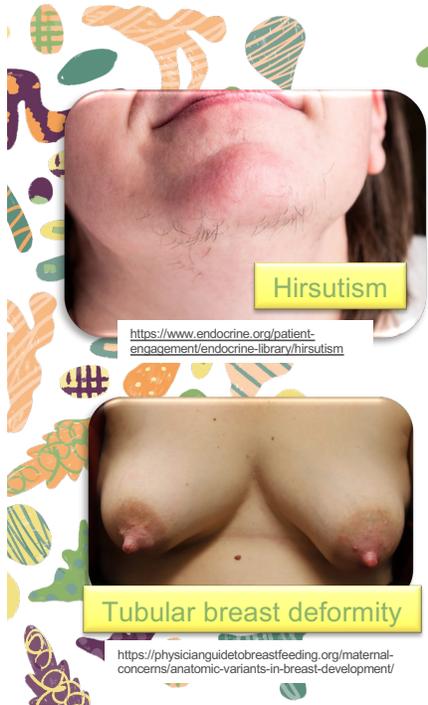
Please type in
the chat...



CASE NO. 1

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PCOS: POLYCYSTIC OVARIAN SYNDROME

CONSIDERATIONS

- Most common endocrine disorder women of reproductive age (10-13%)
- Majority are obese
- May be a link with lack of glandular tissue - congenital breast variant tubular breasts ("IGT, mammary hypoplasia")
- Insulin resistance – (PCOS & Obesity)
 - Insulin required for breast differentiation and milk initiation/production

WHAT ANTICIPATORY GUIDANCE WOULD YOU GIVE THIS CLIENT?

- A** Don't worry at all. Your PCOS will not affect your breastmilk supply.
- B** You don't need to worry about that right now. I would wait to see how breast feeding goes after the baby is born and then get help if you need it.
- C** I am here to help you meet your breastfeeding goals. There is a chance that your PCOS and weight may affect your breastfeeding journey and it will be important to discuss this with your provider, have a breast exam, and get connected early with lactation. Let me give you some resources.



CASE NO. 2

25YO GIPO @ 28W

- Your client is a single mother with good family support
- BMI 40, Obese
- You have assessed her intent to breastfeed during her visits, and she wants to breastfeed
- Medications: PNV, ASA, Insulin 4x daily
- Reported medical conditions: Gestational Diabetes

POLL

WHAT MAKES YOU
CONCERNED IN THIS CASE?

Please type in the chat....



CASE NO. 2

25YO GIPO @ 28W

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- Medications: PNV, ASA, Insulin 4x daily
- Reported medical conditions: Gestational Diabetes



GESTATIONAL DIABETES (GDM)

CONSIDERATIONS

- GDM = Insulin Resistance
 - Insulin important in developing milk making cells (lactogenesis 1) and initiating breast milk production after birth (lactogenesis 2)
- Diabetes (GDM, DMT1, and likely DMT2) > delayed lactogenesis 2 >>> decreased initiation and duration of BF
- Women with diabetes are at a higher risk of consequences that also delay lactogenesis 2 (hypoglycemia of infant, formula supplementation, preterm delivery, C-Section, NICU)

PCOS / OBESITY / DIABETES (GDM, DMT1, DMT2)



WHAT CAN YOU DO?

- Discuss intent
- Get support
- Get control (Refer)
- Encourage healthy weight gain/nutrition
- Antenatal hand expression
- Early/frequent hand expression
- Equipment
- Address SE factors

WHY IS IT IMPORTANT?

- Maternal / Infant benefits
- Future risks
- Empowerment



CASE NO. 3

32YO G4P2O12 @ 16W



- Your client is married and has 2 other children at home
- BMI 25
- She wants to breastfeed, when asked she states she has had trouble with low milk supply in the past
- Intake form: Medication Synthroid, h/o Hypothyroidism, was diagnosed with this ~10month after her first born
- She complains of being so tired, and really thought this would let up in the second trimester



POLL



WHAT MAKES YOU CONCERNED IN THIS CASE?

Please type in the chat...



CASE NO. 3

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- Your patient is married and has 2 other children at home
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THYROID CONDITIONS



CONSIDERATIONS

- Hypo Symptoms
 - Fatigue, increased hair loss, constipation, skin rashes, weight gain
- Hyper Symptoms
 - Jitteriness, diarrhea, fast heart rate, weight loss
- Postpartum thyroiditis ~5% prevalence
- Hyperthyroidism (Graves Disease): 65/100,000 > most 6-gmo.
- Can decrease breastmilk production (esp. hypothyroidism)
- May require medications (i.e.. Synthroid) or special evaluation
 - Hypo/Subclinical: Synthroid
 - Hyper/GD: Medications for heart rate and the thyroid, special radiology studies



SURGERY / ANESTHESIA / IMAGING



	Guidance
Gallbladder, Dental Musculoskeletal, Gynecological (female organs) Thyroid	<ul style="list-style-type: none"> • Surgery = safe • Can feed or pump when awake after anesthesia • Non-narcotic pain medication preferred • ABM Protocol #28, 35
Radiology studies (X-ray, CT, MRI etc.)	<ul style="list-style-type: none"> • Radiology = safe (with some exceptions of radioactive nucleotide studies) • ABM Protocol #31





SURGERY ANESTHESIA

Surgical Conditions

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Volume 14, Number 5, 2019
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DOI: 10.1089/bfm.2017.29190.mba

**ABM Clinical Protocol #35:
Supporting Breastfeeding During Maternal
or Child Hospitalization**

Melissa Bartick, MD, MS,¹ Maria Teresa Hernández-Aguilar, MD, MPH, PhD,² Nancy Wight, MD,³
Katrina B. Mitchell, MD,⁴ Liliana Simon, MD, MS,⁵ Lauren Hanley, MD,⁶
Samantha Melzer-Brosky, MD, MPH,⁷ and Robert M. Lawrence, MD,⁸
and the Academy of Breastfeeding Medicine



BREASTFEEDING MEDICINE
Volume 15, Number 8, 2017
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DOI: 10.1089/bfm.2017.29054.art

ABM Protocol

**ABM Clinical Protocol #15:
Analgesia and Anesthesia for the Breastfeeding
Mother, Revised 2017**

Sarah Reece-Stremtan,¹ Matilde Campos,² Lauren Kokajko,³ and The Academy of Breastfeeding Medicine

IMAGING

Radiology

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Volume 14, Number 5, 2019
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DOI: 10.1089/bfm.2019.29128.kbm

ABM Protocol

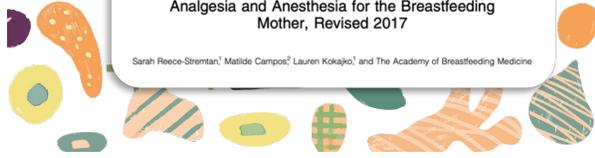
**ABM Clinical Protocol #31:
Radiology and Nuclear Medicine Studies
in Lactating Women**

Katrina B. Mitchell,¹ Margaret M. Fleming,² Philip O. ...
and the Academy of Breastfeeding Medicine

Advisory Committee on Medical Uses of Isotopes (ACMUI)
Sub-Committee on Nursing Mother Guidelines for the Medical Administration of
Radioactive Materials

Subcommittee Members:
Yasuke Itohizawa, M.D., Durbane Metter, M.D. (Chair), Christopher Palastro, M.D.,
Pat Zastrow, Ph.D.
From: February 1, 2018
Revised: June 19, 2018
Re-Reviewed: September 26, 2018
Final Report Submitted: January 31, 2019

Introduction
Nursing or breast feeding is the feeding of an infant from the female breast. Lactation is the
process of milk production. Shortly after delivery and along with the initiation of supply and
demand, the maintenance of lactation becomes relatively constant with a daily production of
about 800 mL.



CASE NO. 4



34YO G4P4004 4W POSTPARTUM

- Your client is in a stable relationship, her partner works 12h shifts, she had a difficult upbringing, and she has to go back to work at 6w PP
- Breastfeeding is going well, and her child is gaining well, has a pump and knows how to use it, when you assessed her goals she desires to breastfeed for at least 6mo
- Client's Concerns: having enough milk when she goes back to work and pumping a lot to store milk, paying for daycare, her fussy infant and wonders if her milk is the problem
- She is obviously overwhelmed and anxious... you can feel it in the room

POLL



WHAT ARE YOU CONCERNED ABOUT IN THIS CASE?

Please type in the chat...



CASE NO. 4

34YO G4P4004 4W POSTPARTUM

- Your client is in a stable relationship, her partner works 12h shifts, she had a difficult upbringing, and she has to go back to work at 6w PP
- Breastfeeding, going well, child is gaining well, has a pump and knows how to use it, when you assessed her goals desires to breastfeed for at least 6mo
- Concerns: having enough milk when she goes back to work and pumping a lot to store milk, paying for daycare, her fussy infant and wonders if her milk is the problem
- She is obviously overwhelmed and anxious... you can feel it in the room



PERIPARTUM MOOD & ANXIETY



CONSIDERATIONS

- Very common and can be debilitating
 - 1/5 will experience a mental health condition
- Number 1 cause of death if peripartum
 - Suicide and overdose
- Can also impact bonding, feeding, and coping
- ACOG Recommendations... Validated Screening
 - Well women, preconception, pregnancy, postpartum
 - Depression / Anxiety – Initial prenatal, later on, postpartum
 - Implemented where timely dx/tx/follow-up can be scheduled
 - Immediate medical attention for postpartum psychosis



POLL



**WHAT DO YOU USE TO ASSESS
PERIPARTUM MOOD/ANXIETY?**

Please type in the chat....





PERIPARTUM MOOD & ANXIETY

CONSIDERATIONS

- Combined Screeners (Anxiety/Depression/Mood/PTSD)
 - Edinburgh Postnatal Depression Scale (EPDS)
 - Patient Health Questionnaire (PHQ9)
 - Generalized Anxiety Disorder (GAD7)
 - Mood Disorder Questionnaire (MDQ)
 - Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

Lifeline
Screening for mood changes during pregnancy and after giving birth

1. Mood changes are a common thing that happens in the growing baby. They can affect you and your baby.

2. It is a common mood disorder, anxiety or high blood pressure during this time.

3. If you are having mood changes, getting help is the best thing you can do for you and your baby. You can get help from your doctor.

4. Mood changes are common. Because it is important to your health, we are going to be asking about them.

5. Please consider this a screening question. Your answers will help us figure out how to help you.

6. We are asking about you during pregnancy and after giving birth. Because of this, we will ask you a few more questions about your pregnancy after you have your baby.

Question	Never	Seldom	Sometimes	Often	Very Often
1. Have you been feeling sad or down?					
2. Have you been feeling nervous or worried?					
3. Have you been feeling like you are not yourself?					
4. Have you been feeling like you are not interested in things?					
5. Have you been feeling like you are not able to do things you used to do?					
6. Have you been feeling like you are not able to get things done?					
7. Have you been feeling like you are not able to take care of yourself or your baby?					
8. Have you been feeling like you are not able to take care of your baby?					
9. Have you been feeling like you are not able to take care of your baby?					
10. Have you been feeling like you are not able to take care of your baby?					
11. Have you been feeling like you are not able to take care of your baby?					
12. Have you been feeling like you are not able to take care of your baby?					
13. Have you been feeling like you are not able to take care of your baby?					
14. Have you been feeling like you are not able to take care of your baby?					
15. Have you been feeling like you are not able to take care of your baby?					
16. Have you been feeling like you are not able to take care of your baby?					
17. Have you been feeling like you are not able to take care of your baby?					
18. Have you been feeling like you are not able to take care of your baby?					
19. Have you been feeling like you are not able to take care of your baby?					
20. Have you been feeling like you are not able to take care of your baby?					

B Circle one of the four answers that best describes how often you have been bothered by any of the following problems?

1. Thinking, concentrating, or making decisions. Not at all Several days Most days Nearly every day

2. Feeling sad, hopeless, or empty. Not at all Several days Most days Nearly every day

3. Worrying too much about different things. Not at all Several days Most days Nearly every day

4. Trouble sleeping. Not at all Several days Most days Nearly every day

5. Being so restless that it is hard to sit still. Not at all Several days Most days Nearly every day

6. Feeling easily annoyed or irritated. Not at all Several days Most days Nearly every day

7. Feeling fatigued, or if sleeping, feeling not rested. Not at all Several days Most days Nearly every day

8. Trouble getting going in the morning. Not at all Several days Most days Nearly every day

9. Having trouble remembering things. Not at all Several days Most days Nearly every day

10. Having trouble concentrating. Not at all Several days Most days Nearly every day

11. Having trouble with your memory. Not at all Several days Most days Nearly every day

12. Having trouble with your attention. Not at all Several days Most days Nearly every day

13. Having trouble with your focus. Not at all Several days Most days Nearly every day

14. Having trouble with your concentration. Not at all Several days Most days Nearly every day

15. Having trouble with your attention. Not at all Several days Most days Nearly every day

16. Having trouble with your focus. Not at all Several days Most days Nearly every day

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18. Having trouble with your attention. Not at all Several days Most days Nearly every day

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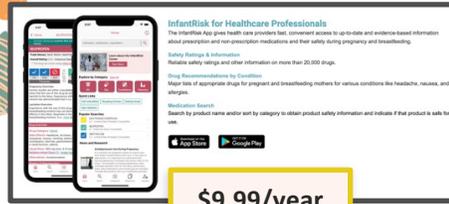
20. Having trouble with your concentration. Not at all Several days Most days Nearly every day



PERIPARTUM MOOD & ANXIETY

CONSIDERATIONS

- 75% of women with mental health conditions are **UNTREATED**
- Treatment may be required...
 - Consider referral to healthcare provider
 - Know your medication resources

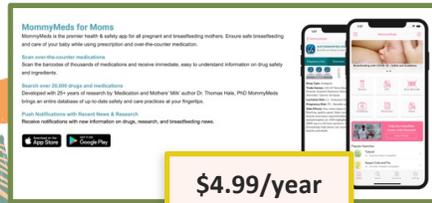


\$9.99/year

MEDICATION RESOURCES

INFANTRISK CENTER (DR. THOMAS HALE)

www.infantrisk.com



\$4.99/year



SUBSTANCE USE

Substance	Effects/Associations/Info	Guidance
Tobacco	<ul style="list-style-type: none"> • Low milk supply, slow infant weight gain • Decrease in milk supply • Concurrent mental health issues 	<ul style="list-style-type: none"> • Continue breastfeeding • Encouraged to quit • Reduce 2nd hand smoke (SIDS)
Marijuana Cannabis CBD	<ul style="list-style-type: none"> • Anxiety, other substance use, chronic pain • Nausea, cyclical vomiting 	<ul style="list-style-type: none"> • Cannabis during lactation not ideal • Not daily use less likely to harm than daily • AAP/ACOG – Avoid using but not stop BF • Reduce 2nd hand smoke (SIDS) • CBD fat soluble > milk (shared decisions)
Alcohol	<ul style="list-style-type: none"> • > 2 drinks/day, infant agitation, poor sleep • Heavy use – decreased milk production, difficulty w/ letdown, negative infant growth • Other substance use, mental health 	<ul style="list-style-type: none"> • Ok in lactation (moderation) • Milk level = maternal blood level • Peak 30-60min, eating decreases levels • Nursing/pumping 1hr prior decreases levels





IBALE: INSTITUTE FOR THE ADVANCEMENT OF BREASTFEEDING & LACTATION EDUCATION

<https://lacted.org>

IBALE
Institute for the Advancement
of Breastfeeding &
Lactation Education

HOME TEACH EVENTS IMPACT JOIN E-COURSES ITEMS

Breastfeeding Handouts

IBALE breastfeeding education handouts, written to help breastfeeding and lactating families, cover a broad range of lactation-related topics. Below are links to HTML and printable versions (pdf) of these handouts. These files will open in a new tab in your browser. You can save a copy to your computer. Alternatively, you can right-click on a link (pc) or equivalent action on Mac to save the file directly to your computer.

When using IBALE resources you agree to our [Terms of Media Use](#)

English Handouts

- Alcohol Use During Lactation - 4/22
- Antenatal Hand Expression - 7/22
- Bottle Refusal - 4/22
- Breast/Chest Surgery and Lactation - 4/22
- Cesarean Birth and Lactation - 11/22
- Engagement - 4/22
- Father/Partner Support During Lactation - 6/22
- Federal Law: Break Time for Nursing Mothers at Work - 4/22
- Feeding Cues - 7/22
- Healthcare Account Use for Human Milk Feeding Supplies - 4/22
- High Milk Production - 4/22
- Holidays, Vacations, and Lactation - 5/22
- Infant Allergic Proctocolitis and Bloody Stools - 7/23
- Jaundice in the Newborn - 7/23
- Keto/Low Carbohydrate Diets During Lactation - 4/22
- Latching Your Baby: Latching Well - 11/22
- Latching Your Baby: Positioning - 11/22
- Low Milk Production - 7/23

Programs

- Outpatient Breastfeeding Champion Course
- Outpatient Breastfeeding Champion Book Order
- Breastfeeding Education for Healthcare Providers
- The Breastfeeding Clinical Question Blog
- Breastfeeding Medicine Podcast
- Little Green Book of Breastfeeding Management
- Videos
- Breastfeeding Handouts

Breastfeeding & Lactation Map

Search Country/State/City

Search Name/Organization

University of Wisconsin-Madison
Ana Egahn
Madison
J 608.274.1...
Last one of 10 programs in the US list...

University of Missouri - Do...
Candy Linde
Columbia
J 573.884.8...
Family medicine physician certified...

Friday Health Nutrition Stories
Tanya Hamman
New Orleans
@tanyahamman
Family medicine physician certified...

IBALE is a member of the United States Breastfeeding Committee

IBALE is compliant with the International Code of Marketing of Breastmilk Substitutes

About Us
Breastfeeding Knowledge and Supportive Health Systems
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Conferences
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STANFORD NEWBORN NURSERY - BREASTFEEDING

<https://med.stanford.edu/newborns/professional-education/breastfeeding.html>

Stanford MEDICINE | Newborn Nursery at Lucile Packard Children's Hospital | Excellent Care from the Moment of Birth

Professional Education | Clinical Guidelines | Clinical Rotations | Contact Us

Getting Started with Breastfeeding

We strongly endorse breast milk as the optimal nutrition for newborns. We also know that, while breastfeeding is natural, it is not always easy, and that each family has unique circumstances. You and your baby are learning together!

Breastfeeding Resources

Books
The American Academy of Pediatrics' "New Mother's Guide to Breastfeeding"

Contacts
Lucile Packard Children's Hospital at Stanford - Lactation Advice Line: 650-723-4118
Nursing Mother's Counsel: 650-327-MILK (6435)
La Leche League International: 1-877-452-5324 (1-877-4 LA LECHE)
San Mateo County Women, Infants, and Children (WIC): 650-939-2168
US Office on Women's Health: 800-994-WOMAN (9662)

Websites and Media

Breastfeeding in the First Hour

En español - lactancia materna en la primera hora

Preparing for Successful Breastfeeding

A Perfect Latch

FIRST DROPLETS

<https://firstdroplets.org>

about | why | abcs | droplet | join us | downloads | español

Begin here if you're expecting a...

TEAM BABY | VERY EARLY BABY

ABCs for Professionals, the Science.

FIRST MILK MATTERS MOST.

PHYSICIAN GUIDE TO BREASTFEEDING

<https://physicianguidetobreastfeeding.org>



ACADEMY OF BREASTFEEDING MEDICINE

<https://bfmed.org>

Mastitis in Breastfeeding

General Information:

- Mastitis is inflammation of the breast. You may have redness, pain, and swelling.
- Most cases of mastitis resolve by treating inflammation (see below). Antibiotics are not needed in most cases.
- Milk is made and stored in groups of milk sacs called "lobules." Milk is not stored in ducts.
- Painful lumps are caused by full milk sacs. Ducts become narrow from swelling around them. Milk may flow slowly but there is no "plug." Squeezing will not help.
- Engorgement refers to breasts with very full milk sacs. It is not mastitis.
- Skipping feeding or pumping may cause redness and discomfort. This is not infection. This is inflammation.

With inflammation, milk sacs are large and lumpy. Cold compresses decrease swelling.

Abcesses and Milk Cysts:

- An abcess is a collection of pus (infected fluid).
- A milk cyst (galactocele) is a collection of milk.
- Abcesses and milk cysts often occur with too much milk production (hyperlactation).
- An abcess will need to be drained. A milk cyst will not need drainage if it is small. You can still breastfeed from the breast with the abcess or cyst, even before drainage.

Treatment:

- Use ice or cold compresses. Cold reduces pain and inflammation. Cold helps like it helps a sprained ankle.
- Use anti-inflammatory and pain-relieving medications: ibuprofen and acetaminophen (paracetamol).
- Wear a supportive bra to help swelling.
- Deep massage and squeezing will cause injury and make the inflammation worse.
- Do not feed more or express more milk on the side with the problem.
- Stop feeding or pumping if no milk is flowing. The swelling must improve first.
- Contact your healthcare provider if you do not feel better in 24 hours.
- Breastfeeding and breast milk are safe with mastitis, abcesses, and taking antibiotics.

Prevention:

- Avoid pumping if possible when you have mastitis or related symptoms. Pumping can injure breasts and nipples.
- Feed at the breast or hand express when possible.
- Do not pump large amounts of milk to store.
- Avoid nipple shields.

© 2024 Academy of Breastfeeding Medicine. This information is a general guide for discussion with your health care professional. It may not apply to your family or situation.

PROTOCOLS

ABM Publishes Protocols to Facilitate Best Practices in Breastfeeding Medicine

These protocols serve only as guidelines for the care of breastfeeding mothers and infants and do not delineate an exclusive course of treatment or serve as standards of medical care. Variations in treatment may be appropriate according to the needs of an individual patient.

Translated protocols that appear here have undergone a rigorous two-way translation to provide complete accuracy. Please be aware that translations that appear elsewhere, such as on other websites, are not "official" ABM translations, and ABM cannot assure their accuracy.

ABM's free Clinical Protocols are now also conveniently located within the new [ABM Education Center](#). Visit the [Education Center](#) to access all existing and future published protocols, webinar and conference session recordings, and additional digital education materials.

- Hypoglycemia (English revised 2021)
 - ENGLISH
 - CHINESE
 - INDONESIAN
 - JAPANESE
 - KOREAN
 - SPANISH
 - TURKISH
- Going Home Discharge (English revised 2022)
 - ENGLISH
 - CHINESE
 - INDONESIAN
 - ITALIAN
 - KOREAN
 - SPANISH
 - TURKISH
- Supplementation (2017)
 - ENGLISH
 - CHINESE
 - INDONESIAN
 - KOREAN
 - SPANISH
 - URDU
- Mastitis (2014)

Please refer to Clinical Protocol #36. Inlined below, for the most current recommendations.

WHAT EVERY PHYSICIAN NEEDS TO KNOW

Get instant Evidence-Based Breastfeeding Education at Your Fingertips Microlearning Videos on the Foundation of Breastfeeding Support, Management, and Clinical Problem Solving.

The innovative library of videos offers on-demand, just-in-time access to bite-sized learning covering key lactation and breastfeeding topics. Adapted from the full-day, in-person course, What Every Physician Needs to Know About Breastfeeding, Part 1, these videos empower all healthcare providers who serve lactating and breastfeeding persons to confidently and effectively address the most common breastfeeding issues.

Why you'll love these videos:

- Evidence-Based Expertise:** With content based on ABM's protocols, as well as statements and guidance from ACOG, AAP, AAF, and the Baby-Friendly Hospital Initiative, and presented by breastfeeding experts, you can trust the content is accurate, up to date, and evidence-based.
- Just-in-Time Microlearning:** Find answers quickly with a library of short, digestible videos on specific topics such as risks of not breastfeeding, management of breastfeeding in labor and delivery, breastfeeding the preterm infant, medications and human milk, and management of breastfeeding.
- Inclusive Knowledge:** Benefit from comprehensive information relevant to all providers committed to evidence-based practices and optimal breastfeeding outcomes.

Interested in registering for the full-day in-person? Save the date for [ABM 2024 International Meeting](#), November 14-17, 2024.

The What Every Physician Needs to Know Microlearning Videos were supported by a grant from the W. K. Kellogg Foundation.

Why Breastfeeding Risks of Not Breastfeeding

Process of Breastfeeding: Anatomy and Physiology

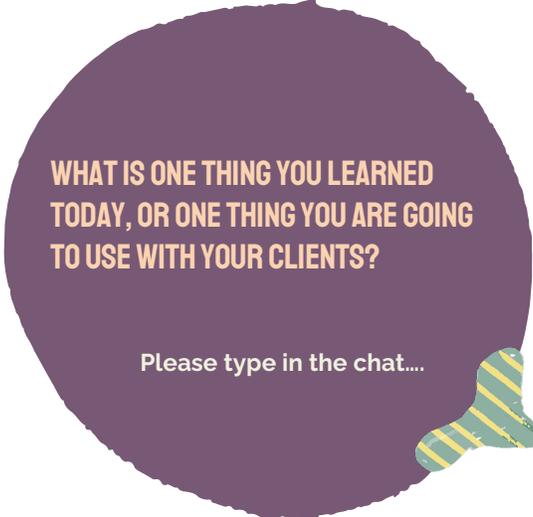
Management of Breastfeeding in Labor and Delivery

POLL



WHAT IS ONE THING YOU LEARNED TODAY, OR ONE THING YOU ARE GOING TO USE WITH YOUR CLIENTS?

Please type in the chat...



CITATIONS



- Physianguidetobreastfeeding.org
- Lacted.org
- ACOG. Patient Screening. <https://www.acog.org/programs/perinatal-mental-health/patient-screening#:~:text=ACOG%20recommends%20that%20screening%20for%20a%20standardized%2C%20validated%20instrument>
- Maternal Mental Health Leadership Alliance. Maternal Mental Health Conditions and Statistics: An Overview. <https://www.mmhla.org/articles/maternal-mental-health-conditions-and-statistics>
- Reece-Stremtan S, Campos M, Kokajko L; Academy of Breastfeeding Medicine. ABM Clinical Protocol #15: Analgesia and Anesthesia for the Breastfeeding Mother, Revised 2017. Breastfeed Med. 2017 Nov;12(9):500-506. doi: 10.1089/bfm.2017.29054.srt. Epub 2017 Aug 8. PMID: 29624435.
- Bartick M, Hernández-Aguilar MT, Wight N, Mitchell KB, Simon L, Hanley L, Meltzer-Brody S, Lawrence RM. ABM Clinical Protocol #35: Supporting Breastfeeding During Maternal or Child Hospitalization. Breastfeed Med. 2021 Sep;16(9):664-674. doi: 10.1089/bfm.2021.29190.mba. Epub 2021 Sep 6. Erratum in: Breastfeed Med. 2021 Nov;16(11):928. PMID: 34516777.
- Mitchell KB, Fleming MM, Anderson PO, Giesbrandt JG; Academy of Breastfeeding Medicine. ABM Clinical Protocol #30: Radiology and Nuclear Medicine Studies in Lactating Women. Breastfeed Med. 2019 Jun;14(5):290-294. doi: 10.1089/bfm.2019.29128.kbm. Epub 2019 May 20. PMID: 31107104.
- Andersen S, Olsen J, Carlé A, Laurberg P. Hyperthyroidism incidence fluctuates widely in and around pregnancy and is a variance with some other autoimmune disease: a Danish population-based study. The Journal of Clinical Endocrinology & Metabolism. 2015;100(3):1164-1171.
- Alexander E, Pearce E, Brent G, Brown R, Chen H, Dosiou C, Grobman W, Laurberg P, Lazarus J, Mandel S, Peeters R, Sullivan S. Guidelines of the American thyroid association for the diagnosis and management of thyroid disease during pregnancy and the postpartum. Thyroid. 2017;27(3):315-389.
- De Bortoli J, Amir LH. Is onset of lactation delayed in women with diabetes in pregnancy? A systematic review. Diabet Med. 2016 Jan;33(1):17-24. doi: 10.1111/dme.12846. Epub 2015 Aug 18. PMID: 26113051.
- Wu JL, Pang SQ, Jiang XM, Zheng QX, Han XQ, Zhang XY, Pan YQ. Gestational Diabetes Mellitus and Risk of Delayed Onset of Lactogenesis: A Systematic Review and Meta-Analysis. Breastfeed Med. 2021 May;16(5):385-392. doi: 10.1089/bfm.2020.0356. Epub 2021 Apr 23. PMID: 33891507.
- Britten FL, Lai CT, Geddes DT, Callaway LK, Duncan EL. Is Secretory Activation Delayed in Women with Type Two Diabetes? A Pilot Study. Nutrients. 2022 Mar 22;14(7):1323. doi: 10.3390/nu14071323. PMID: 35405936; PMCID: PMC9002373.
- Kam RL, Amir LH, Cullinane M. Is There an Association Between Breast Hypoplasia and Breastfeeding Outcomes? A Systematic Review. Breastfeed Med. 2021 Aug;16(8):594-602. doi: 10.1089/bfm.2021.0032. Epub 2021 Apr 23. PMID: 33891493.
- Marasco L, Marmet C, Shell E. Polycystic ovary syndrome: a connection to insufficient milk supply? J Hum Lact. 2000 May;16(2):143-8. doi: 10.1177/089033440001600211. PMID: 11153345.
- Vanky E, Nordskar JJ, Leithe H, Hjørth-Hansen AK, Martinussen M, Carlsen SM. Breast size increment during pregnancy and breastfeeding in mothers with polycystic ovary syndrome: a follow-up study of a randomised controlled trial on metformin versus placebo. BJOG. 2012 Oct;119(11):1403-9. doi: 10.1111/j.1471-0528.2012.03449.x. Epub 2012 Jul 25. PMID: 22827167.
- Gunderson EP, Hurston SR, Ning X, Lo JC, Crites Y, Walton D, Dewey KG, Azevedo RA, Young S, Fox G, Elmasian CC, Salvador N, Lum M, Sternfeld B, Quesenberry CP Jr; Study of Women, Infant Feeding and Type 2 Diabetes After GDM Pregnancy Investigators. Lactation and Progression to Type 2 Diabetes Mellitus After Gestational Diabetes Mellitus: A Prospective Cohort Study. Ann Intern Med. 2015 Dec 15;163(12):889-98. doi: 10.7326/M15-0807. Epub 2015 Nov 24. PMID: 26595611; PMCID: PMC5193135.
- Turcksin R, Bel S, Galjaard S, Devlieger R. Maternal obesity and breastfeeding intention, initiation, intensity and duration: a systematic review. Matern Child Nutr. 2014 Apr;10(2):166-83. doi: 10.1111/j.1740-8709.2012.00439.x. Epub 2012 Aug 20. PMID: 22905677; PMCID: PMC6860286.



MATERNAL CHRONIC DISEASES DURING LACTATION

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