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# ANALYTICAL ARMADILLO'S RESEARCH ROUNDUP



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# BREASTFEEDING FACTORS AND RISK OF EPITHELIAL OVARIAN CANCER

## **OBJECTIVE:**

Previous studies suggest that breastfeeding reduces epithelial ovarian cancer (EOC) risk. However, the effects of age, timing and episode details on the EOC-breastfeeding relationship have not been examined. The objective of this study was to examine the association between breastfeeding factors and epithelial ovarian cancer.

## **CONCLUSIONS:**

Breastfeeding for as few as 3 months is associated with reduced EOC risk. Although this association decreases over time, it persists for more than 30 years. Longer cumulative duration, increasing number of breastfeeding episodes, and earlier age at first breastfeeding episode are each associated with increased benefit.

<https://www.ncbi.nlm.nih.gov/pubmed/30686553>

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# SHAPING THE GUT MICROBIOTA BY BREASTFEEDING: THE GATEWAY TO ALLERGY PREVENTION?

Evidence is accumulating that demonstrates the importance of the gut microbiota in health and diseases such as allergy. Recent studies emphasize the importance of the “window of opportunity” in early life, during which interventions altering the gut microbiota induce long-term effects. The neonate's gut microbiota composition and metabolism could therefore play an essential role in allergic disease risk. Breastfeeding shapes the gut microbiota in early life, both directly by exposure of the neonate to the milk microbiota and indirectly, via maternal milk factors that affect bacterial growth and metabolism such as human milk oligosaccharides, secretory IgA, and anti-microbial factors. The potential of breastmilk to modulate the offspring's early gut microbiota is a promising tool for allergy prevention. Here, we will review the existing evidence demonstrating the impact of breastfeeding on shaping the neonate's gut microbiota and highlight the potential of this strategy for allergy prevention.

<https://www.frontiersin.org/articles/10.3389/fped.2019.00047/full>

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# BREASTFEEDING INITIATION AND DURATION AND CHILD HEALTH OUTCOMES IN THE FIRST BABY STUDY

## Highlights

- Breastfeeding duration associated with fewer reported acute illnesses at 6 months
- Breastfeeding duration negatively associated with diarrheal illness/constipation
- Analyses demonstrated breastfeeding negatively associated with child BMI
- Longer breastfeeding duration resulted in lower rates of overweight/obesity

<https://www.sciencedirect.com/science/article/pii/S0091743518302986>

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# ORAL SUCROSE VERSUS BREASTFEEDING IN MANAGING INFANTS' IMMUNIZATION-RELATED PAIN: A RANDOMIZED CONTROLLED TRIAL.

**RESULTS:** There were significant differences in pain scores and crying duration during and after immunization ( $p < .001$ ) for the breastfeeding group compared with the sucrose and control groups.

**IMPLICATIONS FOR PRACTICE:** Health staff and parents need education and support in use of breastfeeding for pain management during immunization

<https://www.ncbi.nlm.nih.gov/pubmed/30807328>

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# ASSOCIATION OF BREASTFEEDING (BF) AND IQ RANDOMISED CONTROLLED TRIAL

In univariable analysis, mean IQ scores were higher at age 5 with any BF ( $96.7 \pm 15.1$ ) than without ( $91.2 \pm 15.0$ ,  $P < 0.001$ ), and IQ  $< 85$  occurred less frequently after any BF (21.5%) than without BF (36.2%,  $P = 0.001$ ). The final multivariable adjusted model for low IQ included BF, education, insurance and male sex. BF was associated with reduced odds of low IQ (aOR 0.62, 95% CI 0.41-0.93). In adjusted models, each month of BF was associated with lower risk of IQ  $< 85$  (aOR 0.967, 95% CI 0.939-0.996,  $P = 0.028$ ).

BF was associated with lower risk of IQ scores  $< 85$  at age 5.

[https://www.ajog.org/article/S0002-9378\(18\)31353-X/abstract](https://www.ajog.org/article/S0002-9378(18)31353-X/abstract)

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# WOMEN'S EXPERIENCES OF BREASTFEEDING- RELATED PAIN

## **CLINICAL IMPLICATIONS:**

Breastfeeding-related pain is an unpleasant sensory and affective experience for women, postpartum. Availability and accessibility of breastfeeding supports are essential to enable women to achieve their breastfeeding goals. Providing anticipatory guidance may help women to cope more effectively with their pain to achieve their breastfeeding goals.

<https://www.ncbi.nlm.nih.gov/pubmed/30688667>

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# TWENTY-FIVE-YEAR TRENDS IN BREASTFEEDING INITIATION: THE EFFECTS OF SOCIODEMOGRAPHIC CHANGES IN GREAT BRITAIN, 1985-2010

An increasing proportion of mothers in GB identified as being of black or minority ethnic origin. Reported smoking in pregnancy declined. These same characteristics independently predicted higher odds of breastfeeding initiation; the associations between these characteristics and breastfeeding initiation did not vary significantly over time.

Conclusions Marked inequalities in breastfeeding initiation persisted over the study period, hidden among the increasing initiation rate at the population level. The increasing overall rate of initiation was most likely driven by the rising prevalence of those groups of mothers who were, and remain, characteristically most likely to breastfeed.

<https://www.ncbi.nlm.nih.gov/pubmed/30653579>

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# BREASTFEEDING AND TYPE 2 DIABETES: SYSTEMATIC REVIEW AND META-ANALYSIS

Breastfeeding has short- and long-term benefits for child health. In this systematic review, we updated a review on the association between breastfeeding and type 2 diabetes.

A meta-analysis published in 2015 reported that breastfeeding protects against type 2 diabetes (pooled odds ratio, 0.65 (95% confidence interval, 0.48; 0.86)). In the present update, we identified three recently published studies. An internet-based study reported that at a mean age of 25.6 years, exclusive breastfeeding in the first 6 months protected against type 2 diabetes (odds ratio, 0.63 (95% confidence interval, 0.41; 0.95)).

## Summary

The updated systematic review and meta-analysis suggests that breastfeeding protects from type 2 diabetes.

<https://link.springer.com/article/10.1007/s11892-019-1121-x>

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# METABOLIC EFFECTS OF BREASTFEEDING IN WOMEN WITH PREVIOUS GESTATIONAL DIABETES DIAGNOSED ACCORDING TO THE IADPSG CRITERIA

**Background:** Some studies have already investigated about the short-term favorable metabolic effects of breastfeeding in women with previous gestational diabetes mellitus (GDM).

**Aim:** The aim of our study is to confirm whether the positive effects reported are maintained in the larger cohorts of patients with mild form of gestational diabetes mellitus (GDM) because recently diagnosed according to IADPSG criteria.

**Conclusion:** These encouraging results confirm our determination to warmly advice the women affected by GDM to breastfeeding at least for 3 months.

<https://www.tandfonline.com/doi/abs/10.1080/14767058.2017.1377175>

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# GESTATIONAL DIABETES MELLITUS REDUCES BREASTFEEDING DURATION: A PROSPECTIVE COHORT STUDY

**Conclusions:** GDM was associated with shorter breastfeeding duration. Women with GDM require ongoing support after hospital discharge to maintain long-term breastfeeding.

<https://www.liebertpub.com/doi/10.1089/bfm.2018.0112>

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# ASSOCIATION OF BREASTFEEDING AND GESTATIONAL DIABETES MELLITUS WITH THE PREVALENCE OF PREDIABETES AND THE METABOLIC SYNDROME IN OFFSPRING OF HISPANIC MOTHERS

The effects of breastfeeding (BF) on metabolic syndrome (MetS) and diabetes mellitus in children exposed to gestational diabetes mellitus (GDM) in utero have rarely been evaluated.

This study assessed BF and GDM in relation to the prevalence of prediabetes and MetS in Hispanic children and adolescents (8-19 y).

## Conclusions

These results show BF is protective against prediabetes and MetS in offspring regardless of GDM status.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/ijpo.12515>

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# BREASTFEEDING OUTCOMES IN EUROPEAN NICUS: IMPACT OF PARENTAL VISITING POLICIES

Policies regarding visiting hours, duration of visits and possibility for parents to stay during medical rounds and spend the night in unit differed within and across countries. After adjustment for potential confounders, infants cared for in units with liberal parental policies ( $PPS \geq 7$ ) were about twofold significantly more likely to be discharged with exclusive maternal milk feeding and exclusive direct breastfeeding.

## Conclusion

Unit policies promoting parental presence and involvement in care may increase the likelihood of successful breastfeeding at discharge for very preterm infants.

<https://fn.bmj.com/content/104/2/F151.abstract>

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# PREDICTORS OF BREASTFEEDING NON-INITIATION IN THE NICU

This study compared predictors of breastfeeding non-initiation between infants who were and were not admitted to the NICU so that interventions can target high-risk mothers whose infants desperately need breastmilk.

The rate of breastfeeding initiation is lower in infants admitted to the NICU than those who are not, especially among mothers with limited prenatal care. Interventions should target mothers who smoke because they are least likely to breastfeed and their babies, who are prone to serious health conditions, could especially benefit from breastmilk.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/mcn.12797>

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# FACTORS AFFECTING BREASTFEEDING OUTCOMES AT SIX MONTHS IN PRETERM INFANTS

At discharge, mothers of very preterm infants perceived a lower level of breastfeeding self-efficacy (measured with the Breastfeeding Self-Efficacy Scale–Short Form) and had a higher level of depression symptoms (measured with the Edinburgh Postnatal Depression Scale [EPDS]) than mothers of moderate and late preterm infants ( $p < .05-.01$ ). Nearly half of all mothers had an elevated EPDS score, considered to be symptomatic of postpartum depression. At 6 months, only 22.5% of all infants were exclusively breastfeeding.

## **Conclusion:**

The prevalence of breastfeeding at 6 months for preterm infants in this sample was low. Strategies to improve breastfeeding duration for preterm infants are needed, including support and education of mothers while in the hospital.

<https://journals.sagepub.com/doi/abs/10.1177/0890334418771307>

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# BENEFITS OF BREASTFEEDING FOR EARLY GROWTH AND LONG TERM OBESITY: A SUMMARIZED REVIEW

Breastfeeding is therefore a preventative strategy, which is both evidence-based and has large potential benefits for public health. Programming of obesity by infant nutrition has two major implications for health care. First, more resources have to be targeted to encourage exclusive breastfeeding by the high proportion of mothers in the UK still choosing to formula-feed. Breastfeeding promotion may be particularly important for reducing inequalities in health, as populations of low socioeconomic status tend to both formula feed and have lifestyle risk factors predisposing to obesity. Second, with the increasing evidence that growing too fast has detrimental long-term effects on health, mothers and healthcare professionals have to be aware of the harmful effects of over nutrition and growth acceleration and not focus exclusively on identifying suboptimal growth and under nutrition in infants.

<https://bit.ly/2SYNAI2>

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# ADDRESSING RACIAL INEQUITIES IN BREASTFEEDING IN THE SOUTHERN UNITED STATES

Race is a predictor of breastfeeding rates in the United States, and rates are lowest among African American infants. Few studies have assessed changes in breastfeeding rates by race after implementing the Ten Steps to Successful Breastfeeding (hereafter referred to as the Ten Steps), and none have assessed the association between implementation and changes in racial disparities in breastfeeding rates.

## **CONCLUSIONS:**

Increased compliance with the Ten Steps was associated with a decrease in racial disparities in breastfeeding.

<https://pediatrics.aappublications.org/content/143/2/e20181897.abstract>

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# DURATION OF BREASTFEEDING IS ASSOCIATED WITH EMOTIONAL EATING THROUGH ITS EFFECT ON ALEXITHYMIA IN BOYS, BUT NOT GIRLS

As hypothesized, for boys but not for girls, longer duration of breastfeeding was related to less difficulties in identifying feelings, resulting in lower degrees of Emotional Eating in adolescence. It is concluded that breastfeeding in infancy may protect boys against EE through its positive association with better ability to identify feelings.

<https://www.sciencedirect.com/science/article/pii/S0195666318302198>

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# BREASTFEEDING SELF-EFFICACY AND RELATED FACTORS IN POSTPARTUM VIETNAMESE WOMEN

Breastfeeding self-efficacy was related to mothers' age, mother's occupation, previous breastfeeding experience, mode of delivery, skin-to-skin contact with the baby, and extent of breastfeeding in the hospital. It was also positively correlated with social support and was significantly lower in women with more postpartum depression.

Strategies to foster breastfeeding self-efficacy should focus on decreasing the incidence of postpartum depression and promoting social support for breastfeeding. Health care providers should screen for and pay close attention to signs of postpartum depression. Moreover, health care providers should offer adequate support tailored to the mother's needs and involve her social network in breastfeeding education.

<https://www.sciencedirect.com/science/article/pii/S026661381830370X>

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# BREASTFEEDING RATES AND PROGRAMS IN EUROPE: A SURVEY OF 11 NATIONAL BREASTFEEDING COMMITTEES AND REPRESENTATIVES

National governments should commit to evidence-based breastfeeding monitoring and promotion activities, including financial and political support, to improve breastfeeding rates in the Europe. Renewed efforts for collaboration between countries in Europe, including a sustainable platform for information exchange, are needed.

<https://bit.ly/2TIXlyK>

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# SURVEY OF HEALTHCARE PROFESSIONAL AND PARENTAL EXPERIENCE IN ACCESSING SUPPORT FOR BREASTFEEDING DURING AN ACUTE HOSPITAL ADMISSION

Breastmilk confers many advantages to infants and mothers as well as promoting the formation of the parental bond (1). International guidance recommends that breastmilk should be the preferred choice of feed for infants, with current guidelines from the World-Health- Organisation (WHO) stating infants should be exclusively breastfed for the first 6 months-of-life and in combination with weaning until 2 years-of-life (2-4). There is a paucity of information regarding parental experience of breastfeeding an infant during an acute-hospital admission, in addition to health care professional (HCP) experiences of supporting breastfeeding parents.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/apa.14561>

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# EXPOSURE TO NON- INHERITED MATERNAL ANTIGENS BY BREASTFEEDING AFFECTS ANTIBODY RESPONSIVENESS

These data suggest that oral neonatal exposure to non-inherited maternal red blood cell antigens through breastfeeding for at least two months diminishes the risk of alloimmunization against these antigens when encountered later in life.

<http://www.haematologica.org/content/104/2/263.abstract>

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# SHORT-TERM EFFICACY OF TWO BREAST PUMPS AND IMPACT ON BREASTFEEDING OUTCOMES AT 6 MONTHS IN EXCLUSIVELY BREASTFEEDING MOTHERS: A RANDOMISED TRIAL

This trial compared the effectiveness and acceptability of two breast pumps in mothers exclusively breastfeeding (EBF) their healthy term infant. It also tested whether provision of pumps versus vouchers of equivalent value influenced breastfeeding or attainment of mothers' goals at 3 and 6 months.

Philips single-electric pump, Natural bottle  
Medela Swing single -electric pump, Calma bottle

Milk weight/flow pattern did not differ between the two groups. Pump A scored significantly better for ease-of-use, cushion-feel, need-to-lean-forward, pleasant, comfort. At 3 and 6 months, %EBF or meeting their goal was not significantly different.

Pump provision did not significantly influence breastfeeding practices or attainment of goals but resulted in higher EBM provision, which was associated with lower EBF but not other breastfeeding categories at 6 months.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/mcn.12779>

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# A TYPOLOGY OF BREASTFEEDING MOTHERS OF PRETERM INFANTS A QUALITATIVE ANALYSIS

**Background:** Breastfeeding is an important element of motherhood with a preterm infant, but the role of maternal emotions in relation to breastfeeding is vague.

**Purpose:** To describe maternal emotions regarding and insights into breastfeeding during the first year after a preterm birth.

**Implications for Practice:** Being aware of the typology could help nurses and midwives carefully observe mothers' individual counselling needs. Mothers' wishes and decisions regarding breastfeeding need to be respected and supported without any judgment.

**Implications for Research:** The possibilities to tailor breastfeeding interventions based on the typology should be investigated.

<https://bit.ly/2VSn7hq>

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# BREASTFEEDING AND CARDIOVASCULAR RISK FACTORS CURRENT OPINION IN LIPIDOLOGY

Reports on breastfeeding often appear in the media. Reports that women are made to feel uncomfortable while breastfeeding in public [1] are unfortunate given that breastfeeding is normal and natural, and its benefits have been widely recommended [2&]. However, some women find it difficult to initiate or persevere with breastfeeding because of personal or health reasons. These women feel unduly pressured by peers and/or healthcare professionals leading to feelings of guilt. This has resulted in change in advice for midwives in the United Kingdom to accede to requests for formula feeding if mothers wish to do so [3] Although the benefits of breastfeeding for infant are well known, there have been recent reports of cardiovascular protection in women who have breastfed...

## **Conclusion**

It is fascinating and intriguing how breastfeeding results in cardiovascular benefits for both mother and infant, in the short and long term.

[https://journals.lww.com/co-lipidology/Citation/2019/02000/Breastfeeding\\_and\\_cardiovascular\\_risk\\_factors.8.aspx](https://journals.lww.com/co-lipidology/Citation/2019/02000/Breastfeeding_and_cardiovascular_risk_factors.8.aspx)

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# BREASTFEEDING DURATION AND THE RISK OF CORONARY ARTERY DISEASE

## Conclusions:

Parous women who breastfeed  $\geq 5$  months in at least one pregnancy seem to be at decreased risk of CAD later in their life, whereas parous women who either never breastfed or discontinued breastfeeding early seem to be at increased risk. More research is needed to more reliably quantify and determine the nature of the relationship between parity, breastfeeding duration, and risk of CAD.

<https://www.liebertpub.com/doi/full/10.1089/jwh.2018.6970>

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# ANTENATAL DEPRESSIVE SYMPTOMS AND EARLY INITIATION OF BREASTFEEDING IN ASSOCIATION WITH EXCLUSIVE BREASTFEEDING SIX WEEKS POSTPARTUM

## Conclusions

Women reporting depressive symptoms during pregnancy seem to be more vulnerable to the consequences of a postponed first breastfeeding session on exclusive breastfeeding duration. Consequently, women experiencing depressive symptoms may benefit from targeted breastfeeding support during the first hours after birth.

<https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-019-2195-9>

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# ASSOCIATION OF MATERNITY CARE PRACTICES AND POLICIES WITH IN-HOSPITAL EXCLUSIVE BREASTFEEDING IN THE UNITED STATES

**Background:** Experiences during the birth hospitalization affect breastfeeding outcomes. In the United States, hospital policies and practices supportive of breastfeeding are routinely assessed through the Maternity Practices in Infant Nutrition and Care (mPINC) survey; however, mPINC does not capture data on breastfeeding outcomes.

**Conclusions:** Higher mPINC scores were associated with higher rates of in-hospital exclusive breastfeeding. Hospitals can make improvements to their maternity care practices and policies to support breastfeeding.

<https://www.liebertpub.com/doi/abs/10.1089/bfm.2018.0196>

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# BREASTFEEDING INITIATION AND DURATION IN FRANCE: THE IMPORTANCE OF INTERGENERATIONAL AND PREVIOUS MATERNAL BREASTFEEDING EXPERIENCES — RESULTS FROM THE NATIONWIDE ELFE STUDY

## **Key conclusions and implications for practice:**

Mother's mother and mother's previous breastfeeding experience have a strong influence on breastfeeding practices. Breastfeeding interventions should be tailored to the mother's level of experience and should provide extra support for multiparous mothers with no previous breastfeeding experience.

<https://www.sciencedirect.com/science/article/pii/S0266613818303176>

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# PAID FAMILY LEAVE EFFECTS ON BREASTFEEDING: A QUASI-EXPERIMENTAL STUDY OF US POLICIES

## **Conclusions:**

Exclusive breastfeeding improved after implementation of paid family leave policies in the overall sample, and additional benefits were noted for more advantaged mothers. This contributes critical evidence to an ongoing policy discussion, suggesting that subsequent paid family leave policies should be designed to target more vulnerable mothers.

# HORMONAL CONTRACEPTION, BREASTFEEDING AND BEDSIDE ADVOCACY: THE CASE FOR PATIENT- CENTERED CARE

It is crucial for providers to strive to recognize their own biases. Providers need to respectfully recognize each patient's values and preferences regarding hormonal contraception and breastfeeding. Developing a patient-centered decision tool or implementing patient-centered interview techniques specifically around breastfeeding and contraception could help to minimize provider-driven variability in care.

<https://www.sciencedirect.com/science/article/pii/S0010782418304840>

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# UPPER LIP TIE AND BREASTFEEDING: A SYSTEMATIC REVIEW

## Results and Conclusion:

No RCT were found, and the evidence for routine ULT release in infants with breastfeeding difficulties is poor. The classification system proposed by Kotlow has not been found reliable both in terms of inter and intraobserver agreement and in terms of predicting the severity of the breastfeeding difficulties.

<https://www.liebertpub.com/doi/abs/10.1089/bfm.2018.0174>

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# NAPNAP POSITION STATEMENT ON BREASTFEEDING: NATIONAL ASSOCIATION OF PEDIATRIC NURSE PRACTITIONERS, BREASTFEEDING EDUCATION SPECIAL INTEREST GROUP

The National Association of Pediatric Nurse Practitioners (NAPNAP) recognizes that optimal nutrition for newborns and infants consists of exclusive breastfeeding for the first 6 months of life, ideally beginning with skin-to-skin contact and early infant-led breastfeeding within the first hour of life.

At about 6 months of age, with the addition of appropriate complementary solid foods, continuation of breastfeeding is recommended until at least age 1 year and longer as mutually desired by the mother and infant (Academy of Breastfeeding Medicine [ABM], 2015; American Academy of Pediatrics [AAP], 2012, 2018; American College of Obstetricians and Gynecologists, 2016; American Dietetic Association, 2009; U.S. Breastfeeding Committee, 2010; U.S. Department of Health & Human Services [USDHHS], 2009, 2011; United Nations Children's Fund [UNICEF], 2017; World Health Organization [WHO], 2017).

[https://www.jpedhc.org/article/S0891-5245\(18\)30479-6/abstract](https://www.jpedhc.org/article/S0891-5245(18)30479-6/abstract)

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# CESSATION OF BREASTFEEDING IN ASSOCIATION WITH OXYTOCIN ADMINISTRATION AND TYPE OF BIRTH. A PROSPECTIVE COHORT STUDY

## Conclusion

Planned cesarean birth without oxytocin is associated with the cessation of exclusive breastfeeding at 1, 3 and 6 months of life. It would be desirable to limit elective cesarean births to essentials as well as to give maximum support to encourage breastfeeding in this group of women. The dose of oxytocin given during birth and puerperium period is not associated with cessation of exclusive breastfeeding.

<https://www.sciencedirect.com/science/article/pii/S1871519218300519>

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# PROMOTION OF BREASTFEEDING BY DENTAL TEAMS: A SURVEY OF EARLY CAREER DENTISTS

Breastfeeding provides a range of positive health benefits for both mother and baby. Due to maternal exemption of dental charges, dentists have the access and opportunity to provide information to expectant and nursing mothers, and are in an optimal position to positively influence breastfeeding behaviour.

Early career dentists in the East Midlands reported limited knowledge and a lack of confidence in the delivery of breastfeeding advice. Wider incorporation of training into undergraduate and postgraduate programmes could be considered, which may improve breastfeeding rates.

<https://www.magonlinelibrary.com/doi/abs/10.12968/johv.2019.7.1.24>

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# BREASTFEEDING AT NIGHT IS RARELY FOLLOWED BY HYPOGLYCAEMIA IN WOMEN WITH TYPE 1 DIABETES USING CARBOHYDRATE COUNTING AND FLEXIBLE INSULIN THERAPY

## Conclusions/interpretation

The percentage of night-time spent in hypoglycaemia was low in the breastfeeding mothers with type 1 diabetes and was similar in the control women. Breastfeeding at night-time rarely induced hypoglycaemia. The historical recommendation of routine carbohydrate intake at night-time breastfeeding may be obsolete in mothers with type 1 diabetes who have properly reduced insulin dose with sufficient carbohydrate intake.

<https://link.springer.com/article/10.1007/s00125-018-4794-9>

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# THE PRIVATE JOURNEY: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS OF EXCLUSIVE BREASTFEEDING

Exclusive breast milk provides complete nutrition for a baby's first six months of life. In Australia, breastfeeding initiation rates are high, however duration rates are low. Although numerous studies have explored the reasons behind low levels of breastfeeding, few have examined the experiences of women who maintain exclusive breastfeeding for the recommended six-month duration.

The mothers were not prepared for public debates around infant feeding methods, where mothers judge each other and give advice that supports their own goals, both of which create an unnecessary divide between mothers. Despite these issues, the findings highlight the personal and social meanings aligned with exclusive breastfeeding and point to the significance in fostering determination as a means to achieve exclusive breastfeeding goals.

<https://www.sciencedirect.com/science/article/pii/S1871519217303232>

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# BREASTFEEDING AND NAFLD FROM THE MATERNAL SIDE OF THE MOTHER-INFANT DYAD (NON-ALCOHOLIC FATTY LIVER DISEASE)

Breastfeeding has health benefits for both partners in the mother-infant dyad. Human breast milk provides the infant with optimal nutrition, immune protection, and metabolic regulation. The advantages of breastfeeding for mothers are not as well studied as those for infants, but there is adequate evidence to state that women who breastfeed are likely to have improved health in the short-term, and are at lower risk of developing future diseases.

These data suggested that to reduce the risk of NAFLD in late adolescence, one needed to begin before birth by encouraging normal body mass index prior to conception and promoting exclusive breastfeeding for at least the first 6 months of life. Beyond the risk for NAFLD, breastfeeding has also been implicated as a potential protective factor in the severity of NAFLD in children. Among children with NAFLD, those who were breastfed had lower odds of non-alcoholic steatohepatitis (NASH) and lower odds of fibrosis on index biopsy than those who were not breastfed as infants. The data suggested a dose or time dependent protective effect with the duration of breastfeeding.

[https://www.journal-of-hepatology.eu/article/S0168-8278\(18\)32514-5/fulltext](https://www.journal-of-hepatology.eu/article/S0168-8278(18)32514-5/fulltext)

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# INTERRACIAL COUPLES AND BREASTFEEDING INITIATION IN THE UNITED STATES

## Highlights

- Intra-racial Hispanic parents had the highest odds of breastfeeding initiation.
- Intra-racial black parents had the lowest odds of breastfeeding initiation.
- Interracial couples with at least one Hispanic parent were more likely to breastfeed.

Nurses, midwives, physicians, and other medical staff should discuss potential barriers that may be unique to interracial couples and provide additional breastfeeding education and support.

<https://www.sciencedirect.com/science/article/pii/S0091743519300234>

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# THE EFFECT OF MATERNITY PRACTICES ON EXCLUSIVE BREASTFEEDING RATES IN U.S. HOSPITALS

## Key messages

Most maternity care practices measured in the 2013 Maternity Practices in Infant Nutrition and Care survey and included in our analysis were significantly related to exclusive breastfeeding rates. No one maternity care practice was able to predict exclusive breastfeeding rates as well as a collection of practices.

The Baby Friendly Hospital Initiative, which is a bundle of maternity care practices, is an important initiative to improve exclusive breastfeeding rates.

This study supports the need for a systematic approach in providing breastfeeding support as no one maternity care practice was able to explain the variability in EBF rates as well as a collection of maternity care practices.

<https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12670>

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# PROTECTING, PROMOTING, AND SUPPORTING BREASTFEEDING ON INSTAGRAM

This systematic analysis of breastfeeding-related content on Instagram evaluated 4,089 images and 8,331 comments. Very little educational content was found, contrasted by frequent depiction and discussion of commercial products. We observed a diverse range of images accompanied by discussions that were overwhelmingly positive and supportive, with virtually no antagonistic content.

Instagram is currently used by breastfeeding mothers to create supportive networks and could potentially offer new avenues and opportunities to protect, promote, and support breastfeeding.

Instagram might be a useful platform for public health or educational campaigns to promote and “normalize” breastfeeding; however, there is little evidence of this occurring at present.

<https://onlinelibrary.wiley.com/doi/full/10.1111/mcn.12658>

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# COMPOSITION AND VARIATION OF THE HUMAN MILK MICROBIOTA ARE INFLUENCED BY MATERNAL AND EARLY-LIFE FACTORS

## Highlights:

Milk microbiota variability is affected by maternal factors and other milk components

Some factors have phylum-specific effects

Some variations in milk microbiota are sex-specific

Feeding method (at the breast versus pumped) was strongly associated with milk microbiota

## Summary:

Breastmilk contains a complex community of bacteria that may help seed the infant gut microbiota. The composition and determinants of milk microbiota are poorly understood. Among 393 mother-infant dyads from the CHILD cohort, we found that milk microbiota at 3–4 months postpartum was dominated by inversely correlated Proteobacteria and Firmicutes, and exhibited discrete compositional patterns. Milk microbiota composition and diversity were associated with maternal factors (BMI, parity, and mode of delivery), breastfeeding practices, and other milk components in a sex-specific manner.

[https://www.cell.com/cell-host-microbe/pdfExtended/S1931-3128\(19\)30049-6](https://www.cell.com/cell-host-microbe/pdfExtended/S1931-3128(19)30049-6)

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# DISTRIBUTION OF BIOACTIVE FACTORS IN HUMAN MILK SAMPLES

## **Results:**

We detected the presence of each bioactive factor in every layer of the milk samples during the first 6 months of breastfeeding in widespread concentration ranges.

## **Conclusions:**

The novel findings of this investigation were the presence of Flt-3L and MDC in all layers of breast milk, and nearly all bioactive factors in the lipid phase. Due to their widespread physiological effects these factors may have an essential role in organogenesis.

<https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-019-0203-3>

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# THE EFFECTS OF KANGAROO MOTHER CARE ON THE TIME TO BREASTFEEDING INITIATION AMONG PRETERM AND LBW INFANTS: A META-ANALYSIS OF PUBLISHED STUDIES

## Results

In this meta-analysis, the overall pooled mean time to initiate breastfeeding was 2.6 days (95% CI 1.23, 3.96). Preterm and low birthweight infants receiving kangaroo mother care intervention initiated breastfeeding 2 days 14 h 24 min earlier than conventional care of radiant warmer/incubator method.

## Conclusions

Kangaroo mother care promotes early initiation of breastfeeding as compared to conventional care method. Therefore, health facilities need to implement the kangaroo mother care for preterm and low birthweight infants.

# TOO OLD TO BE BREASTFED? EXAMINATION OF PRE- HEALTHCARE PROFESSIONALS' BELIEFS ABOUT, AND EMOTIONAL AND BEHAVIORAL RESPONSES TOWARD EXTENDED BREASTFEEDING

## Results

The results indicated that students responded predominantly with negative emotions and neutral responses to extended breastfeeding, with a small number of participants responding with positive emotions. Many participants believed that it would bring benefits to the child and that it would be burdensome to the mother. Participants displayed a variety of behavioral responses when asked about advice that they would provide to future mothers with whom they will interact in a clinical setting. Practical implications are discussed..

<https://www.tandfonline.com/doi/abs/10.1080/10410236.2019.1584739>

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