Volume 5 Issue No.4 January 2022

BFREE Newsletter

Breastfeeding Resiliency, Engagement, and Empowerment

"Empowering parents to breastfeed every step of the way"

In this issue

LETTER FROM THE EDITOR

Dear BFREE Coalition & Community Members,

Happy New Year from the BFREE Team! We hope you and your families are continuing to stay safe as we go into the new year. We are especially pleased to present the January issue of our newsletter.

We are highlighting the breastfeeding experiences of mothers battling addictions and those who are in drug recovery , who face added barriers in finding breastfeeding support, often due to the inaccessibility of resources, or due to a lack of knowledge about their individual needs. We are grateful to all of the mothers and organization advocates who shared their stories and experiences in this issue.

First, we highlight efforts to connect with our Spanish-speaking communities across Long Island. Next, we spotlight the story of Paulina Araya, a teacher at Wyandanch Memorial High School, who used one of our lactation spaces in her breastfeed journey. Then, we hear from Joelle Puccio from The Academy of Perinatal Harm Reduction, an organization that strives to "improve the lives of pregnant and parenting people who use substances". They call attention to the need for more support offered to people battling addiction while pregnant or breastfeeding, and speak about the harmful stigma surrounding this topic. Next, we asked Joelle about their experiences supporting these individuals, and how health care providers and community members can support these parents along their journey.

Lastly, we are so excited to share our Mother's Perspective video. This video offers information and insight into the life of a mother battling addiction and her baby.
As always, we are sincerely appreciative to all of this edition's contributors, to the entire BFREE Steering Committee for its active engagement and sage advice, and to each of you, our many collaborators, for your collective passion in support of breastfeeding.

Please email us at BFREE@northwell.edu to share feedback and any potential contribution ideas for future newsletters!

Sincerely,

Henry Bernstein, DO, MHCM, FAAP
Principal Investigator
Creating Breastfeeding Friendly Communities

*The BFREE Team understands that the language around breastfeeding can be very gendered and risks alienating marginalized populations. While we are encouraging more inclusive language, such as "parents" over "mothers", "partners" over "fathers", and "human milk" over "breast milk", we also wanted to stay true to the voices that generously contributed to this newsletter. We hope to continue educating ourselves and expand the inclusivity of our work to promote healthy infant feeding for all parents.

Connecting With Our Spanish-Speaking Community

The BFREE Team remains grateful to Yezenia Chaparro (CBC), Paola Duarte (CLC), Sandy McCabe (IBCLC), and Fadhylla Saballos-Tercero (IBCLC) for participating in our ongoing Spanish Baby Cafés to promote services that are culturally and linguistically competent. We would also like to thank our new Subcommittee for Spanish-Speaking Communities for recommending this valuable initiative and for working tirelessly to advocate for the community!

The BFREE Team established this cross-collaborative subcommittee last November to actively engage our community members, partners, and stakeholders in an effort to improve our outreach strategies and cultural competence toward Latinx communities. Finally, we'd like to spotlight Anthony Garcia, Paulina Araya and Eugenia Cuadra for participating in radio show interviews about breastfeeding in Spanish with La Fiesta 98.5! We are grateful for their valuable insight and for our partnership with La Fiesta 98.5, which expands our capacity to promote healthy infant feeding among Latinx communities across Long Island.

This work is supported by a NYSDOH "Creating Breastfeeding Friendly Communities" grant, which aims to expand community-based breastfeeding partnerships and reduce disparities in the rates of breastfeeding across New York State. Congratulations to all for being recognized for your hard work, and we thank you so much for collaborating with our team!

Subcommittee for Spanish-Speaking Communities

Wendi Andria
Edgar Cerna
Julia Chachere
Yezenia Chaparro
Paola Duarte
Michelle Katzow
Yvette Molina
Cielito Peterson
Marleny Taveras
Lizeth Villa

Check out our website for more resources: https://www.bfreecoalition.org
Visit us on Facebook at: https://www.facebook.com/BFREE.Coalition/

This project is supported by NYSDOH Grant #530390. The content of this newsletter is the responsibility of the Contractor and does not necessarily represent the opinions and interpretations or policy of the New York State Department of Health.

NEW YORK STATE | Creating Breastfeeding Friendly Communities

Cohen Children's Medical Center
Northwell Health

Success Spotlight

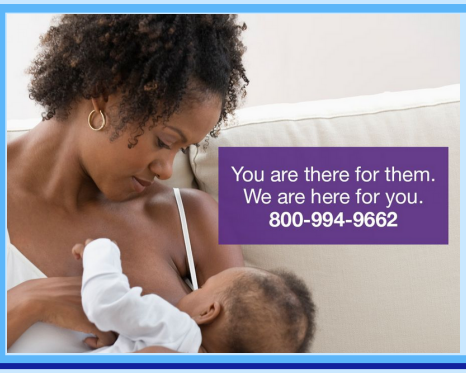
The BFREE Team is happy to celebrate Wyandanch Memorial High School! While we successfully worked with Wyandanch Memorial High School to achieve Breastfeeding Friendly Recognition previously, we are thrilled to see the lactation space we set up be put to good use. Wyandanch High School English and ESL teacher Paulina Araya provides a first hand account of her breastfeeding experiences and the role our lactation space played! In her interview she explains how the lactation space we provided allowed her to breastfeed her first child, and pump for her second child, while at work. This interview was conducted in Spanish as part of our partnership with La Fiesta 98.5 FM.

To access the video, click the linked image below

CACFP
CHILD AND ADULT CARE FOOD PROGRAM
SERVES OVER 4 MILLION CHILDREN
with healthy meals and snacks daily.

CHILD CARE COUNCIL
OF SUFFOLK, INC.

This work is supported by a NYSDOH "Creating Breastfeeding Friendly Communities" grant, which aims to expand community-based breastfeeding partnerships and reduce disparities in the rates of breastfeeding across New York State. Congratulations to all for being recognized for your hard work, and we thank you so much for collaborating with our team!



Office on Women's Health
National Breastfeeding
Helpline: 1-800-994-9662

Call anytime M-F 9am-6pm to talk with a health information specialist in English or Spanish

Harm Reduction for Lactating People who use Substances

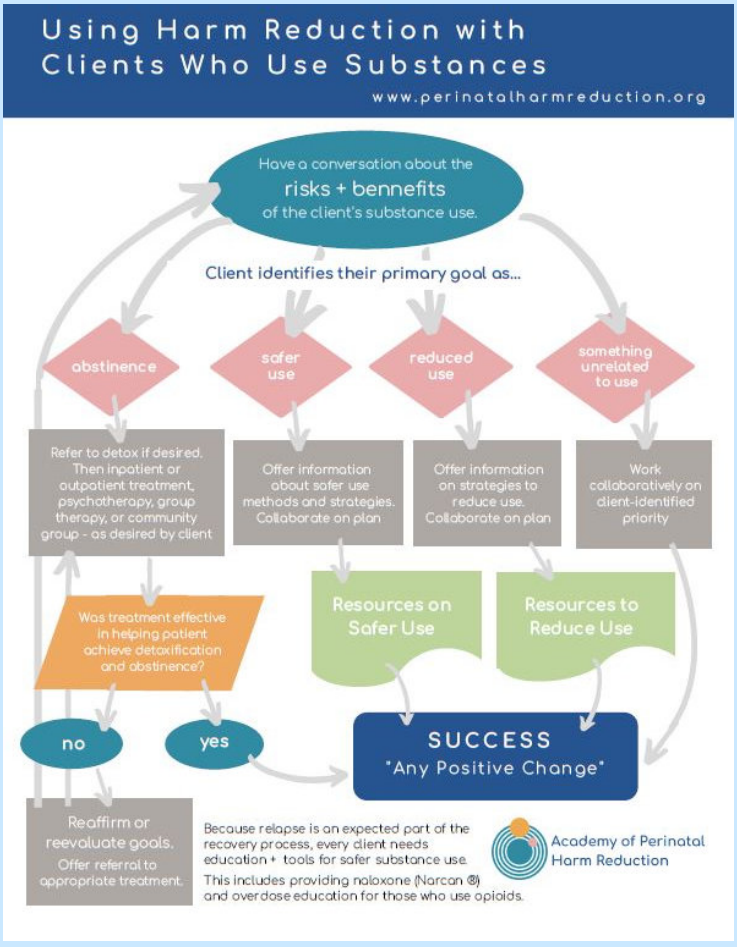
By: Joelle Puccio, BSN RN

Joelle Puccio is a registered nurse and the Director of Education of the Academy of Perinatal Harm Reduction

Harm Reduction is a concept, a social justice movement, and a care model whose goal is to improve the health and wellbeing of people who use substances. It is the idea that when we engage in behaviors that are associated with risk, we should do what we can to minimize those risks. This concept is not limited to substance use but can be seen in many areas of everyday life. A great example is car seats. Since banning children from riding in cars is not a strategy that will likely succeed, we can use car seats to reduce the risk of injury or death. Distribution of sterile syringes and Hepatitis testing for people who inject substances are examples of Harm Reduction strategies.

Implementing Harm Reduction into your care model is extremely easy, and you are probably already doing it! One practice you may be familiar with is the support of lactating people who smoke cigarettes. We know that abstaining from cigarette smoking is ideal for the lactation period, but we also know that the choice faced by people who have been unable to stop isn't between not smoking and smoking.

It is a choice between smoking and breastfeeding and smoking and formula feeding. Since the benefits of breast-/chestfeeding are so overwhelming, experts agree that we can continue to encourage smokers to decrease or stop while at the same time supporting their feeding goals. A Harm Reduction care model for people who use substances is one that is creative, patient centered, and celebrates any positive change. If you have a patient who uses substances, the care plan may focus on using less, using safer, stopping use, or you may start with something unrelated to use, like housing assistance or dental care. Click on the adjacent image for a list of resources demonstrating the process of using Harm Reduction.



Harm Reduction for Lactating People who use Substances (Continued)

By: Joelle Puccio

It is very unusual for any medication or recreational substance to be a contraindication for provision of human milk. Most medications which are commonly used in pregnancy and lactation are not studied or officially approved for this population. With alcohol use, we know that infant exposure is not safe, so we recommend that people wait 2-4 hours after each standard drink to provide milk (1). There are also commercially available alcohol testing strips designed for human milk. Cigarette smoking, as well as stimulants such as caffeine, cocaine, and methamphetamine, have been associated with lower milk supply and shorter duration of lactation (2,3). Because of the low amounts of substance passed into human milk and the low bioavailability of most of these substances in the infant gastrointestinal tract, for most patients, the proven benefits of human milk easily outweigh the risks. For example, about 1% of the parent's dose of THC passes into their milk, and infants absorb about 1% of that, making the infant dose about 1/1000 of the parent's dose (4). This is enough to cause a positive result on a urine drug screen, but not enough to outweigh the benefits of breastfeeding.

Parents who use substances and their babies have the same right to lactation support as every other family. Experts agree that lactation support, such as visits with a lactation consultant or prescriptions for a breast pump, should never be withheld on the basis of substance use. It is important to note that providing milk for their baby can be a strong motivator for parents to make positive changes in their relationship to substances. Healthcare providers can help their patients make the most of this window of opportunity and motivation for positive change. The most effective package of interventions for breastfeeding families with substance use is to give them factual information and support goals identified by the patient, whether that looks like reduced use, safer use, or stopping altogether.

References:
1. Committee opinion no. 496: At-risk drinking and alcohol dependence: obstetric and gynecologic implications. (2011). Obstetrics and gynecology, 118(2 Pt 1), 383-388. https://doi.org/10.1097/AOG.0b013e31822c9906
2. Section on Breastfeeding (2012). Breastfeeding and the use of human milk. Pediatrics, 129(3), e827-e841. https://doi.org/10.1542/peds.2011-3552
3. Liston J. (1998). Breastfeeding and the use of recreational drugs--alcohol, caffeine, nicotine and marijuana. Breastfeeding review : professional publication of the Nursing Mothers' Association of Australia, 6(2), 27-30.
4. Bertrand, K. A., Hanan, N. J., Honerkamp-Smith, G., Best, B. M., & Chambers, C. D. (2018). Marijuana Use by Breastfeeding Mothers and Cannabinoid Concentrations in Breast Milk. Pediatrics, 142(3), e20181076. https://doi.org/10.1542/peds.2018-1076

Spotlight on the Academy of Perinatal Harm Reduction

Interviewee: Joelle Puccio from the Academy of Perinatal Harm Reduction

Introduce yourself.

I'm Joelle Puccio, I'm a registered nurse and I've been working in perinatal care for almost 18 years. I'm also a harm reductionist and I've been working in harm reduction for people who use drugs for about 11 years. I came to this work by accident through a school project, but then once I started learning about harm reduction, it was honestly the only thing that matched what I saw in the real world about drug use. In Harm Reduction, it was just really simple; nobody is telling anybody what to do, nobody is right or wrong or good or bad. There's just these risks that we can minimize, and harm that we can eliminate and that just made so much sense to me.

Tell us about your organization.

I am one of three co-founders of the Academy of Perinatal Harm Reduction, and our mission is quite broad, to improve the lives of pregnant and parenting people who use substances.
Right now, due to the lockdown, we're focusing on education, so we create posters and pamphlets and other educational tools. We're working on a series of videos all focusing on what the science says about the effects of substance use in pregnancy and breastfeeding.
A lot of scientific research is behind paywalls which means you can't Google it and have access to it; we think that patients and families should have access to this information and know what the best practices are.

How does language shape our ideas?

The language we use not only tells other people where we stand and how we feel and how we judge various behaviors, but it also kind of shapes our own thinking. For example, just the other day I was working with a group on a document and I noticed that we used the word consequences a lot. Consequences is a word that has value judgments built into it, so consequences are something that happen when you do something bad. We should try to avoid value judgments on our patients- that's just basic ethics, and so I encourage people to use words instead like effect or outcome.

So, for that reason we use the language from the DSM5, which is not perfect, but is what we have right now and that's Substance Use Disorder, or Opioid Use Disorder in the case of a baby with opioid exposure.
This is also important when we're working with the next generation of birthing people to acknowledge that a lot of them may not identify as female. Many of us do not identify as straight and do not identify with the binary of genders. We often also do not have traditional family structures so it's really important in your language, to affirm those kinds of families.
We want to just make sure that not only are we making inclusive and safe spaces for women, because that is definitely needed, but we're also making inclusive and safe spaces for all pregnant people.

Can you briefly define Reproductive Harm Reduction?

Harm Reduction is extremely broad and extremely specific at the same time; it is the concept that if there are risks of harm associated with behaviors, we should do our best to minimize those risks to an acceptable level or to zero. In harm reduction, we accept stopping drug use or abstinence, and we also accept any positive change. For example, if a person usually drinks an entire bottle of vodka every night and then drives home, we would celebrate the positive change of drinking an entire bottle of vodka every night and taking the taxi home. When we start celebrating small positive changes and small wins, this helps support people to try bigger changes.
Reproductive Harm Reduction is just the same concept, and the same model applied to the reproductive years, so that that encompasses safe sex, prenatal care, childbirth, abortion, adoption etc. In reproductive harm reduction we bring that kind of non judgmental, any positive changes celebrated, approach to the reproductive years. For people who are pregnant, this is a radical difference from the way that they're typically treated. People who are using drugs, especially women and other people who can become pregnant, are extremely vulnerable to barriers and abuse in our systems of care.

What barriers do you face in your work?

We see what we do as service, but also as a partnership with all of our community members, whether patient, doctor, or family member. With all, stigma and misinformation are the greatest challenges. We are all victims of the false narrative. We all assume that this stuff that we "know" is true. We are cruel to people who use drugs, and people who use drugs are treated as less than human so many times that they come to believe they deserve it. So it requires different strategies to reach different audiences. One thing we all have in common though is that we want to do good. We know that a Harm Reduction model incorporating respect for people who use drugs is obvious once you have a little data and the desire to follow the evidence. It's cheaper, more effective, and most importantly, more humane than what we're doing now.

What do you wish more people knew about drug use and breastfeeding?

It is very unusual for any medication or recreational substance to be a contraindication for provision of human milk. Parents who use substances and their babies have the same right to lactation support as every other family. Experts agree that lactation support, such as visits with a lactation consultant or prescriptions for a breast pump, should never be withheld on the basis of substance use. It is important to note that providing milk for their baby can be a strong motivator for parents to make positive changes in their relationship to substances.

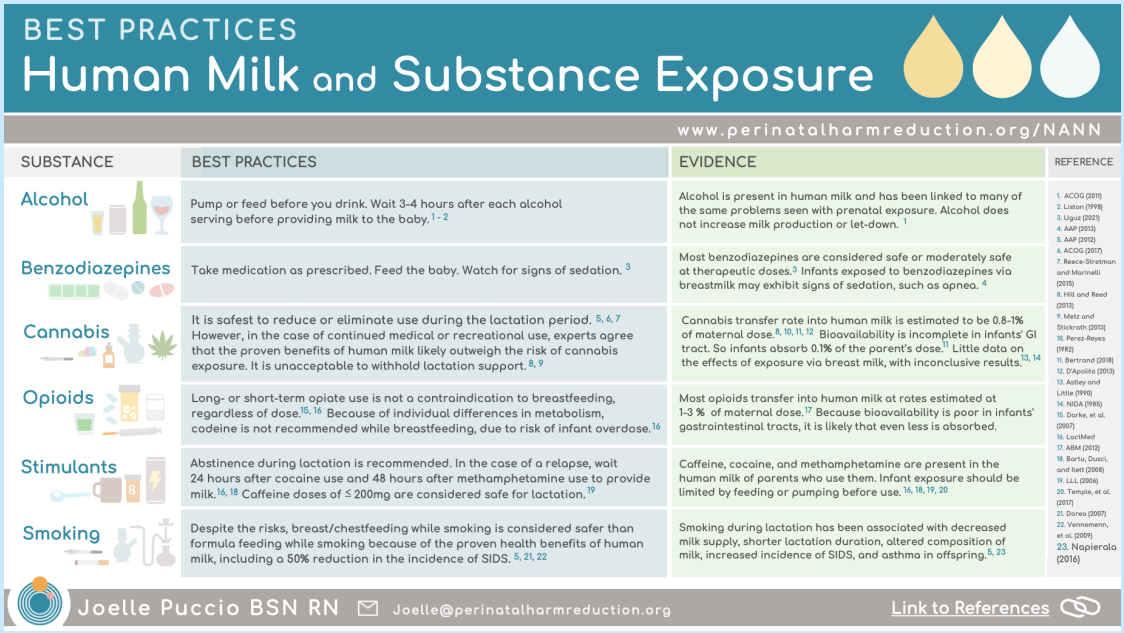
Healthcare providers can help their patients make the most of this window of opportunity and motivation for positive change. The most effective package of interventions for breastfeeding families with substance use is to give them factual information and support goals identified by the patient, whether that looks like reduced use, safer use, or stopping altogether.

What advice do you have for our readers who want to learn more about this topic, and providers who work with these patients?

Firstly, I would advise people to keep in mind that providing milk for your baby, whether that is breastfeeding or pumping, is a super powerful motivator to use drugs less or stop altogether. This is a huge open window of motivation for people to make positive changes in their lives. It just takes a little nudge and people can really surprise you in miraculous ways, so I would advise people to keep an open mind and an open heart with these families. For professionals, I would keep in mind that you're not the person who's currently going through a crisis. You have to have a little patience and wait for that rapport to be established before the patient will open up to you. Keep an open heart, an open mind and educate yourself a little bit about what substances actually do. Make sure that patients have access to a breast pump, teach them how to hand express, what the signs of mastitis are etc. These patients deserve that and, quite frankly, they have a right to all of the same care as anybody else.

To learn more about the Academy of Perinatal Harm Reduction please click below:

WEBSITE



Mother's Perspective

While we try to reach out to breastfeeding mothers to share their stories for each newsletter issue, due to the privacy concerns of this population, we were unable to find any women to share their private stories. However, we are sharing a video that follows the journey of a mother in drug recovery and her child. We hope you will take the time to listen to this powerful story!

To access the video, click the linked image below

BREASTFEEDING UNCOVERED: REDEFINING YOUR JOURNEY:
Follow the story of Tess, a mother who battled an opioid addiction as she aims to breastfeed her child.

Join us for BFREE Baby Cafés!

Tuesdays
1:30-3pm (English): http://bit.ly/sshbabycafe
6-7pm (Spanish): http://bit.ly/bfreebabycafe
7-8pm (English): http://bit.ly/bfreebabycafe

Thursdays
10-11am (Spanish): http://bit.ly/bfreebabycafe
11am-12pm (English): http://bit.ly/bfreebabycafe

PRENATAL CLASSES (CARING FOR TWO)

1st Thursday of Every Month
10am-12pm
(English, Spanish translation available)
http://bit.ly/bfreebabycafe

To learn more about the BFREE Team and to access our free resources, please click below:

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