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BFREE E-Newsletter

Success Spotlight: Two New Pediatric Practices in Suffolk County Receive “Breastfeeding Friendly” Designation

By: Yingna Wang, BA, CLC

In early November 2018, West Islip Pediatrics became the second practice in Suffolk County to earn the New York State Department of Health (NYSDOH) “Breastfeeding Friendly” designation. While West Islip Pediatrics was already very supportive of breastfeeding mothers, Dr. Timothy George and his staff worked closely with the Cohen Children’s Medical Center Breastfeeding Resiliency, Engagement, and Empowerment (BFREE) team and the NYSDOH to officially achieve designation and receive recognition for all that the practice does. Site champion Dr. George said: “We truly appreciate how much the BFREE team guided us in officially becoming a breastfeeding-friendly practice. With this new education and training, we are confident in being able to meet the needs of the breastfeeding mothers we serve. Many thanks to everyone who helped us accomplish this important milestone in our unending mission towards providing better health care for all!”

In addition to West Islip, the practice of Dr. Belinda Marquis in Wyandanch also achieved NYSDOH Breastfeeding Friendly designation in November, becoming the third practice in Suffolk County to receive this recognition. Dr. Marquis has worked diligently to support breastfeeding mothers by removing formula from her practice and connecting mothers with local breastfeeding resources, such as our Baby Café at the Community Nazarene Church of Wyandanch.

In order to better support breastfeeding mothers, all staff at both West Islip Pediatrics and Belinda Marquis, MD, PC have been trained and equipped with breastfeeding resources and understand the numerous short- and long-term benefits for both mothers and infants. Many mothers stop breastfeeding much sooner than the 6 months of exclusivity recommended by the American Academy of Pediatrics, but the offices of West Islip Pediatrics and Belinda Marquis, MD, PC are working to change this statistic and increase the breastfeeding duration of their patients.

The BFREE Team has been collaborating with West Islip Pediatrics, Belinda Marquis, MD, PC and other practices, worksites, and child care centers in targeted communities on Long Island to create a breastfeeding friendly care continuum in support of mothers and infants. 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 West Islip Pediatrics and Dr. Belinda Marquis, MD, PC on being recognized for all your hard work, and thank you for collaborating with our team! A list of Breastfeeding Friendly Practices in New York State can be found at: <https://www.health.ny.gov/prevention/nutrition/cacfp/bfpractst.htm>



Original artwork by Dondei Dean



**Creating
Breastfeeding Friendly
Communities**

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LETTER FROM THE EDITOR

Dear BFREE Coalition Members,

Happy New Year! We hope you had a great holiday season and that 2019 brings you and your families good health and happiness. We are delighted to share our January newsletter with you.

In this issue, we first celebrate the formal designation of two new pediatric practices as “Breastfeeding Friendly.” We are so grateful to these practices for their commitment to breastfeeding promotion and support. Next, we discuss breastfeeding in public to address some mothers’ questions on how to make it a positive and comfortable experience. We share tips and resources for moms and hear from two amazing women about their personal experiences breastfeeding in public. Finally, we feature an article on the common concerns held by breastfeeding mothers, including smoking and the consumption of alcohol and mercury while nursing. We hope that you find these useful.

As always, we are so grateful to the contributors to this edition, to the BFREE Steering Committee for their advice and engagement in our efforts, and to each of you for your passion for breastfeeding support. We welcome any feedback and contribution to future newsletters! Please email your ideas to us at BFREE@northwell.edu.

Many thanks for your time and support, and stay warm!



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

BREASTFEEDING IN PUBLIC: RESOURCES

By: Maggie Sherin, BA, CLC

The American Academy of Pediatrics recommends that babies are breastfed exclusively for six months and through one year with the addition of complementary solid foods. It would be nearly impossible for moms that choose to breastfeed to meet this recommendation without continuing with their social and professional lives. Therefore, it is extremely important that moms know their rights and options when breastfeeding in public.

Breastfeeding in public is permitted by law in all fifty states, the District of Columbia, Puerto Rico and the Virgin Islands. New York State has also developed the [Breastfeeding Mothers Bill of Rights](#), which lists the rights of moms in the workplace.

Beyond the fact that it is a legal right, breastfeeding is convenient because it doesn’t require warming, sterilizing, or cleaning-up bottle parts, and provides immediate relief for mom and comfort and nutrition for the baby. Unfortunately, many moms may still face judgment when breastfeeding in public. For nursing moms looking to breastfeed in public, these tips might be helpful:

- 1. Find breastfeeding-friendly places.** Typically, public parks, chain cafés, and shopping centers are good places to nurse when out. If you are visiting an unfamiliar region, the [Mamava app](#) or the [Moms Pump Here app](#) are helpful to find lactation pods and/or rooms.
- 2. Practice!** If you’re nervous or uncertain what others might see when you nurse in public, try breastfeeding in front of a mirror, a good friend, a partner, or a breastfeeding support group (such as [La Leche League](#) or [Baby Café](#)) to get feedback on positioning.
- 3. Try baby-wearing.** These comfortable wraps/carriers help keep your baby close, free up your arms, and provide easy-access to breastfeeding without exposing much skin. Some helpful tips for baby-wearing can be found at <https://www.lli.org/breastfeeding-info/baby-wearing/> or <https://kellymom.com/parenting/parenting-faq/sling/>.
- 4. Respond to criticism in a way that works for you.** Some people may respond to critics by providing educational information/resources, using humor to deflect hurtful comments, ignoring the individual, or letting the critic know how their comments made the mom feel. Explore your own way to respond at: <https://kellymom.com/ages/older-infant/criticism/>.



HENRY (HANK) BERNSTEIN,
DO, MHCM, FAAP



MOTHERS' PERSPECTIVES

Pioneering the Way

By: Roxanne Saroli



Roxanne is an office manager, dance instructor, and mother of 3-year-old Jack.

I was the first woman in at least the last three generations of my family to breastfeed. This was a challenge because I had no point of reference for breastfeeding, and lacked both understanding and overall support. Thankfully, my husband had been supportive of my intention to breastfeed from the start and my family slowly grew to understand. My initial unfamiliarity with breastfeeding made me self-doubting at home and flat-out terrified to nurse in public. However, like all aspects of motherhood, I became more confident with my abilities to breastfeed as time went on, and I eventually braved the inevitable for an exclusively-nursing mom: breastfeeding my child in public.

The first time I nursed my son outside of the home, I was at a parental support group at a place where I had previously attended a class on breastfeeding, so I knew it was a supportive environment. I nursed as “discreetly” as I could and, to my surprise, looked up to see another mom breastfeeding her daughter as well. This was the first time that any of the parents in the group had openly nursed, and I felt a sense of pride knowing that I had been the pioneer. That moment gave me reassurance that I could nurse outside of my home without being judged.

My self-doubt has diminished as my son has grown. Nursing my now 3 year-old has given me the confidence to not care what another person might think of breastfeeding in public. I could not have overcome my original discomfort without the support of my husband and my own determination to nurse my child. All women deserve support, respect, and encouragement to nurse regardless of the location.

Getting Comfortable

By: Sarah Protz

My first-born and I couldn't initially get the hang of breastfeeding. I pumped several times a day to keep up my milk supply and bottle-fed him for the first few months of his life. We didn't leave the house much during this period, and my morale was low. I finally saw a lactation consultant, which gave me the confidence I needed to breastfeed in the privacy of my own home, in front of my family, and, eventually, in the company of other breastfeeding women. Breastfeeding was awesome! Doing it in public amidst strangers, however, was not so awesome.

I am a shy and modest person. I like my body covered by clothing at all times, and breastfeeding in public is well outside of my comfort zone. But, I am a mom, so I do what must be done! The first time I breastfed in public was awkward— I definitely exposed myself by accident. How embarrassing for me! Fortunately, no one was harmed and no one commented on my slip-up. With continued practice and exposure (HAHA!), I gradually became less self-conscious about breastfeeding in public. Best of all, my son and I got out of the house and had many adventures.

Now, with my second child, breastfeeding is second nature. Though I would still prefer not to breastfeed around strangers, I am a bit jaded. I don't have time to worry about what onlookers think about my breastfeeding, or if I've flashed anyone. The kids and I have stuff to do and places to be. We can't stay home because someone might want some milk.



Sarah is a librarian, active milk-making machine, and full-time mom to Michael (3) and Olivia (1).

FOR MORE INFORMATION REGARDING BREASTFEEDING AND LIFESTYLE, INCLUDING THE RECOMMENDATIONS ON CAFFEINE INTAKE AND VACCINATIONS, VISIT:

[HTTPS://WWW.CDC.GOV/BREASTFEEDING/BREASTFEEDING-SPECIAL-CIRCUMSTANCES/INDEX.HTML](https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/index.html)

UPCOMING EVENTS

Baby Café Hours

- Wyandanch Baby Café:**
select Saturdays (1/12, 1/26, 2/2, 2/23, 3/2, 3/16, 4/13) 11:30AM-1:30PM
 Community Nazarene Church (Lower Level)
 58 Cumberbach St.
 Wyandanch, NY 11798
- Southside Hospital Baby Café:** *every Tuesday 1:30-3:30PM*
 301 East Main Street
 Bay Shore, NY 11706

Email BFREE@northwell.edu if you have an upcoming event you would like to share!

FROM THE EXPERT: A SAFE BREASTFEEDING LIFESTYLE

By Maggie Sherin, BA, CLC

Q: Can I drink alcohol while breastfeeding?

A: The safest option for breastfeeding mothers is not to drink. However, moderate alcohol consumption (up to 1 drink/day) has not been found to be harmful according to the Centers for Disease Control and Prevention (CDC), as long as the mother waits two hours per drink before nursing her baby. While waiting, mothers may feed their infants breast milk that was previously expressed and stored properly. “Pumping and dumping” does NOT reduce the amount of alcohol in breast milk, though it can relieve some pressure in the mother’s breasts.

Though up to one drink per day is generally considered safe for breastfeeding, exposing babies to levels of alcohol higher than this may disrupt development, growth, and sleep patterns. Additionally, drinking above a moderate level will likely affect a mother’s ability to safely care for her baby.

What’s in a drink? [The Dietary Guidelines for Americans](#) defines one drink as 12 oz of 5% beer, 8 oz of 7% malt liquor, 5 oz of 12% wine, or 1.5 oz of 40% (or 80-proof) liquor.

Q: Can I consume fish while breastfeeding?

A: In general, women do not need to restrict their diet while breastfeeding, and are encouraged to eat a healthy and diverse variety of foods! However, the CDC recommends limiting certain types of seafood because of mercury content, since mercury can pass from the mother to infant through breast milk and may affect the brain and nervous system of the breastfed baby. Breastfeeding mothers should follow the US Food and Drug Administration’s (FDA) advice about eating fish in the table to the right:

Q: Can I smoke if I am breastfeeding?

A: Regardless of how the baby is fed (breastfeeding or infant formula), maternal smoking is a risk factor for sudden infant death syndrome (SIDS), lower respiratory illnesses, ear infections, and impaired lung function in infants and children. Mothers should be encouraged to quit smoking during and immediately after pregnancy.

Certain chemicals found in cigarettes, e-cigarettes (including Juul and other vaping devices), cigars, pipe tobacco, and chewing tobacco (such as nicotine) can pass through the mother’s milk to the baby. Nicotine in these tobacco products also decreases a mother’s milk supply, since it lowers the hormones that begin milk production.

Mothers who use tobacco or e-cigarettes should still be encouraged to breastfeed, as the benefits to the infant and mother are numerous and outweigh the risks. Mothers who continue to smoke should follow certain safety guidelines to minimize exposure to babies, such as: never smoke near the infant; smoke outside; insist on smoke-free rules for the car and home; and change clothes and wash hands after smoking and before handling the baby.

Advice About Eating Fish

What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child’s growth and development.

- For women of childbearing age (about 15-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children:
 - Eat 2 to 3 servings of fish a week from the “Best Choices” list OR 1 serving from the “Good Choices” list.
 - Eat a variety of fish.
 - Serve 1 to 2 servings of fish a week to children, starting at age 2.
 - If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only one serving and no other fish that week.

Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The “Best Choices” have the lowest levels of mercury.

What is a serving?

To find out, use the palm of your hand!

For an adult, 4 to 7 ounces
For children, 2 to 4 ounces

Best Choices EAT 2 TO 3 SERVINGS A WEEK		OR		Good Choices EAT 1 SERVING A WEEK	
Anchovy	Herring	Scallop		Bluefish	Morokfish
Atlantic croaker	Lokefish	Shad		Rockfish	Pollock
Atlantic mackerel	American and spring flounder	Shrimp		Sablefish	Tuna, albacore/white, canned and fresh/frozen
Black sea bass	Mullet	Skate		Carp	Sheepshead
Butterfish	Oyster	Smelt		Clean sea bass/Paragonian toothfish	Snapper
Catfish	Pacific chub	Sole		Groupers	Spanish mackerel
Clam	Pacific halibut	Squid		Halibut	Striped bass (ocean)
Cod	Pink, freshwater and ocean	Tilapia		High meat/dolphinfish	White croaker/Pacific croaker
Crab	Pickled	Trot, freshwater			
Crawfish	Pileae	Tuna, canned light (includes skipjack)			
Flounder	Pollock	Whitefish			
Headlock	Salmon	Whiting			
Hale	Sardine				

Choices to Avoid HIGHEST MERCURY LEVELS

King mackerel	Shark	Tilapia (Gulf of Mexico)
Morok	Swordfish	Tuna, bigeye
Orange roughy		

*Some fish caught by family and friends, such as large oaks, sailfin, brook and perch, are more likely to have fish advisories due to mercury or other contaminants. Data collected in 2013 and last updated in 2014 and 2015.

www.fda.gov/ohrt/ohrt.htm
www.epa.gov/ohrt/ohrt.htm
www.fda.gov/ohrt/ohrt.htm

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