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BFREE E-Newsletter

SUCCESS SPOTLIGHT: GLEN COVE FAMILY MEDICINE BECOMES FIRST BREASTFEEDING FRIENDLY PRACTICE IN NASSAU COUNTY

By: **Amanda Wang, BA, CLC**

In August 2018, the Family Medicine Ambulatory Care Center at Glen Cove Hospital became the first practice in Nassau County to receive New York State Department of Health (NYSDOH) “Breastfeeding Friendly” designation. Under the leadership of Dr. Edward Hill, co-site Breastfeeding Champions Elizabeth McCabe, RN-BC and Mary Goussis, RN, CBC, worked closely with the CCMC Breastfeeding Resiliency, Engagement, and Empowerment (BFREE) team. “Be free to breastfeed in our practice as we are breastfeeding friendly,” McCabe and Goussis shared, upon receiving designation. “We not only welcome breastfeeding, we encourage it!”

Although exclusive breastfeeding offers tremendous 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. In order to better support breastfeeding mothers, all staff at Glen Cove Family Medicine have been trained to understand the risks associated with not breastfeeding and equipped with breastfeeding resources to share.

As part of the “Breastfeeding Friendly” designation, Glen Cove Family Medicine will continue to protect its patients from formula advertising and the promotion of breastmilk substitutes. Additionally, the staff will continue to provide culturally-appropriate breastfeeding information and resources to ensure that breastfeeding remains accessible to all interested mothers. This early breastfeeding protection and support are key elements for mothers to establish nursing with their infants and ensure adequate milk supply.

The BFREE Team has been collaborating with Glen Cove Family Medicine and other clinical practices, worksites, and child care centers in four targeted communities on Long Island to create a breastfeeding friendly care continuum in support of mothers and infants. This work is funded by a NYSDOH “Creating Breastfeeding Friendly Communities” grant, which aims to expand community-based breastfeeding partnerships and reduce disparities in the prevalence of breastfeeding across New York State.

In addition to clinical practice sites, childcare and daycare centers are an important part of the care continuum. Tiny Treasures Childcare Center in Islip also received NYS “Breastfeeding Friendly” Childcare Designation in July, joining the increasing number of Breastfeeding Friendly childcare centers on Long Island. Congratulations to Tiny Treasures for supporting mothers as they return to work or school!

List of Breastfeeding Friendly Practices in New York State:

<https://www.health.ny.gov/prevention/nutrition/cacfp/bfpractst.htm>

List of Breastfeeding Friendly Child Care Centers in New York State:

https://www.health.ny.gov/prevention/nutrition/cacfp/breastfeeding_centers/



Original artwork by Dondei Dean



**Creating
Breastfeeding Friendly
Communities**

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LETTER FROM THE EDITOR

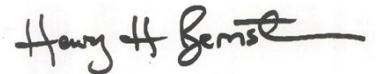
Dear BFREE Coalition Members,

Welcome to our October BFREE Newsletter! We wish you all the best heading into fall and a new school year. This issue highlights the special challenges and considerations faced by sub-populations of breastfeeding mothers.

First, we are excited to welcome two new sites to our “Breastfeeding Friendly” care continuum this quarter: Tiny Treasures Childcare Center in July and Glen Cove Family Medicine Ambulatory Care Center in August! Next, October is National Breast Cancer Awareness Month, so our featured article explores the relationships between breastfeeding and breast cancer. Additionally, we have the opportunity to hear from the Long Island Center for Independent Living’s Director of Planning and Public Policy, Therése Aprile-Brzezinski. She is extremely knowledgeable about the unique experiences of breastfeeding mothers with disabilities, notably, the lack of support received when these mothers want to breastfeed. Finally, we are excited to then share two important perspectives from mothers with experienced these special challenges first-hand.

We are grateful to the contributors to this edition, to the BFREE Steering Committee for their ongoing helpful guidance and direction, and to each of you for your engagement and 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 continued support!



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



HENRY (HANK) BERNSTEIN,
DO, MHCM, FAAP

FEATURE: BREASTFEEDING AND BREAST CANCER*

Worldwide, breast cancer is the most frequently diagnosed cancer and the leading cause of cancer death among women (9). Fortunately, women are now surviving breast cancer at higher rates. In this article, we highlight the role of breastfeeding in breast cancer prevention and considerations for breast cancer survivors who wish to breastfeed.

Breastfeeding reduces the risk for breast cancer. Specifically, the risk of breast cancer is decreased by 4.3% for every 12 months of cumulative breastfeeding, and by 32-45% for women who carry the BRCA -1 gene (2,7,8). By increasing the number of women who breastfeed for 6 months by 16%, UNICEF estimates that we could avoid 1.6% of expected breast cancer cases every year (8).

Breast cancer survivors face unique challenges with breastfeeding. Breast conserving surgery (BCS) and radiotherapy may contribute to limited postpartum milk production (2). Other factors that affect lactation in breast cancer survivors include the proximity of surgery to the areola and nipple, dose and type of radiotherapy, and concerns about being able to identify breast cancer recurrence, since mammograms are often difficult to decipher when lactating (6). Breast cancer survivors might also experience general challenges of breastfeeding (i.e., exhaustion, frustration, frequent pumping, and concern about insufficient milk supply) to a greater degree because of heavy reliance on one breast (6). Survivors should not breastfeed if they are still undergoing chemotherapy or are using drugs contraindicated with breastfeeding (see resources below).

Individualized lactation counseling right before/after delivery and resources specific to survivors, such as access to other women who have breastfed after cancer treatment, can make a big difference in helping breast cancer survivors successfully breastfeed. If you or someone you know is a pregnant breast cancer survivor, visit the resources below or talk with your doctor about how you can best incorporate breastfeeding into your infant care!

Resources on Pregnancy & Breastfeeding after Breast Cancer:

[American Cancer Society: Pregnancy after Breast Cancer](#)

[Breastfeeding After Treatment for Early-Stage Breast Cancer](#)

[Drugs and Lactation Database](#)

[Exposures During Pregnancy and Breastfeeding](#)



MAGGIE SHERIN, BA, CLC

**For more information on breastfeeding and breast cancer and references for this article, please see the addendum article at the end of this edition of the BFREE newsletter.*

MOTHERS' PERSPECTIVES

A Difficult but Worthwhile Journey

By: Jessica Leest



Nursing is so important to me and my entire family. I had such a difficult time nursing with my first born but I never gave up. When he was born, we had trouble with getting him to latch, and later found out that it was because he was having seizures while I was trying to feed him. He was diagnosed with a rare Genetic Epilepsy. He was bottle fed for a while, but eventually ended up with a feeding tube.

When I had my second child, I decided to give any extra supply of breast milk to Ethan, my first born, through his feeding tube, and I truly believe that is what has kept him out of the hospital for the past 2 plus years. Providing him with breast milk was the best thing I ever did for his immune system. Before this, he had been in and out of the hospital for all kinds of colds and infections. After I started providing breast milk through the feeding tube, I saw such a big change in his immune system. My pediatrician was even surprised by how much less frequently he was seeing him!

Being a new mom is hard, and it's even more overwhelming with a special needs child. I remember going through Facebook mom groups for support, and I wished that there had been more resources like that specifically for moms of special needs kids. Although I think more support would have been helpful, I am so thankful for my husband who has been incredibly supportive. With all of the troubles we've had with breastfeeding, a lot of people around me were telling me to just give up, but I am so glad I didn't. Just because you're a mom of a special needs child doesn't mean you can't do whatever you were planning to do, including breastfeeding. Especially since special needs children often have more challenges, it was all the more important to give him the best start possible with breast milk.

It is a difficult journey... but the best journey ever.

Jessica is a special education teacher and a mom of three.

Breastfeeding after Breast Cancer

By: Anonymous

At 36, I was diagnosed with Early Stage breast cancer. I underwent a lumpectomy, chemo, and radiation to treat it. I became pregnant one month after completing treatment!

After learning that I was pregnant, I was unsure about how I would feed my baby. I knew that breastfeeding provides many health benefits to both mom and baby and wanted to breastfeed; however, I did not know much about how to. Breastfeeding was not discussed at any OB/GYN visits during my pregnancy and I was not aware of any community resources or breastfeeding support groups. Going into late pregnancy, I was concerned about whether I would be able to make enough milk for our baby, and wondered: was I the only person breastfeeding after breast cancer treatment?

I remember calling breast cancer hotlines asking to speak to someone who had a child after breast cancer as I wanted to talk with someone my age with similar experiences (hoping to ask about breastfeeding). The hotlines had a difficult time finding someone for me to speak with; however, they did find a mom that had children after leukemia treatment and was able to offer peer breastfeeding support. I will never forget the support and comfort she offered regarding our decision to breastfeed. After our son was born and I successfully breastfed, I was sure to volunteer on a breast cancer hotline to make myself available to offer support to other young moms regarding their decision to breastfeed after breast cancer treatment.

I encourage breast cancers survivors to discuss their infant feeding plans with their health care provider early in the pregnancy to allow time to prepare for breastfeeding. I received support regarding our decision to breastfeed from an oncology health care professional. It was suggested I limit breastfeeding to 6 months so I could have follow up testing to ensure there was no recurrence of the breast cancer. They informed me that there was no proof that breastfeeding would increase the chance of a recurrence and may actually lower my risk of recurrence.

I was really excited about being able to breastfeed after breast cancer as I felt I was able to offer our baby what I thought was the best nutrition and closely bond with him. Both my son and I were able to experience the health benefits of breastfeeding for six months as the AAP recommends, and my husband and I are proud parents of a healthy 20 year old son today!

This mother wishes to remain anonymous.



**THERÉSE E. APRILE-
BRZEZINSKI, M.A.**

Therése Aprile-Brzezinski is the Director of Planning and Public Policy for the Long Island Center for Independent Living, Inc. (LICIL), located in Levittown, Long Island, New York. She oversees the advancement of the organization's Disability policy agenda with an emphasis on the development of public policy that promotes and protects civil rights, full community access and equal opportunity for people with disabilities.

UPCOMING EVENTS

Baby Café Hours

- **Wyandanch Baby Café:**
select Saturdays (Oct 27, Nov 3, Nov 17, Dec 1, Dec 15)
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: BREASTFEEDING WITH DISABILITIES

What are some special challenges mothers with disabilities face regarding breastfeeding?

One of the greatest challenges is the absence of accurate information and consistent support on the issue. Often, breastfeeding is not even presented as an option for moms with disabilities because healthcare practitioners assume that the process would "be too much for her" to handle on top of existing disability related "issues." Some have been known to rush to start baby on the bottle, even though mom has every intention to breastfeed. Such factors arise from outdated, but deeply embedded societal messages that insist that motherhood and disability are mutually exclusive. Moms with disabilities may be influenced by these misguided notions, so it is crucial to offer complete, accurate information and reassuring support. Provide mom with facts, good tools and resources, and give her room to decide. She will make the choice that's best for herself and her baby.

What are some misconceptions disabled moms might have?

Moms with disabilities may tend to make a couple of common assumptions about breastfeeding: First, and understandably, women who take medications may think their breast milk would be harmful for baby, and therefore decide against breastfeeding. It is always worth a conversation with one's physician to consider how particular drugs may affect breast milk. Many medications have little/no effect on milk supply or baby's well-being. Second, moms with disabilities may assume breastfeeding will require too much energy and fear that they may be unable to meet the physical demands involved. Yet, a chat with your physician, a knowledgeable lactation consultant,

and perhaps a disabled mom who has breastfed may reveal that breastfeeding could help you conserve energy and even minimize physical demands. A creative approach to positioning baby and supporting the breast could help minimize the need to get up and down or otherwise move around. And that's not to mention that on-the-spot availability of breast milk reduces the need to fuss with bottles and formula.

How can communities best support moms?

Communities that welcome moms with disabilities will make a difference for generations to come. That's because moms who are invited and encouraged to participate in community life will raise children who grow up to enrich the future for everyone. When designing spaces, programs and events, do so with the intention of accommodating the greatest possible range of participants. Create ease of use for everyone by making spaces physically accessible and building flexibility into the policies and procedures that drive the activities and opportunities you offer. And don't forget to include people with disabilities in the planning process. Their lived experience makes them an invaluable source of information and insight.

Anything else you would like to share?

Nothing quite compares to talking to someone who has "been there and done that." So don't miss opportunities to suggest and connect peer support to moms with disabilities. After all, who better to offer helpful tips, mom-hacks and nuggets of wisdom than someone who has lived a similar experience?

Resources for Moms with Disabilities:

- The Disabled Parenting Project—disabledparenting.com
- Through the Looking Glass—throughthelookingglass.org
- Long Island Center for Independent Living, Inc. (LICIL) — LICIL.net

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The BFREE Team is now on Facebook! @ [facebook.com/bfreecoalition](https://www.facebook.com/bfreecoalition)

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