

27th European Diabetes Congress

June 20-21, 2018 | Rome, Italy

Preventing diabetes with breastmilk

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Type 2 diabetes constitutes 85% of all diabetes in Australia and as a potentially preventable disease; one way to target prevention strategies for T2DM is to look at our pregnant population and those with gestational diabetes (GDM). Some authors report a GDM prevalence of 15.0% amongst pregnant women and the risk of them developing type 2 diabetes is 18.9% compared with 1.9% in patients with a euglycemic pregnancy. Malcolm *et al.* (2012, p-308) states breastfeeding is one health promotion strategy that can reduce the incidence of type 2 diabetes for both the mother and her newborn and the World Health Organisation (WHO) suggests that all babies be exclusively breastfed for six months. Unfortunately, there is a significant reduction in exclusive breastfeeding rates on discharge from hospital for women with GDM. In the 24 hours after birth, infants of women with GDM are at risk of hypoglycemia, increasing the likelihood for infant formula as a supplementary feed, reducing exclusive breastfeeding outcomes. Recent research in Australia recommends that low-risk women with GDM may safely express breastmilk while still pregnant (antenatal expressing) to enable a store of their own colostrum to be available to feed their baby if required thus reducing the need for formula to be given and maintaining exclusive breastfeeding during that time. Exclusive breastfeeding, and the intention to exclusively breastfeed, have both been associated with a reduction in rates of T2DM for both mothers and babies. This suggests that educational strategies aimed at improving exclusive breastfeeding among women with GDM would be a practical, low-cost intervention that could improve overall health of and prevent a substantial proportion of T2DM in the future. A review of the literature will look at the best practical ways to achieve this.



Recent Publications

1. Lucas C, Charlton K, Brown L, Brock E and Cummins L (2015) Review of patient satisfaction with services provided by general practitioners in an antenatal shared care program. *Australian Family Physician* 44(5):317-321.
2. Lucas C, Charlton K, Brown L, Brock E and Cummins L (2014) Antenatal shared care: Are pregnant women being adequately informed about iodine and nutritional supplementation? *ANZJOG* 54(6):515-521.

Biography

Leanne Cummins is a Midwife and Childbirth Educator, passionate about helping women and their families through the journey of pregnancy and parenthood, and producing a series of DVDs in 2008 that are still popular today amongst educators. Since then she has worked in a GP Liaison role, coordinating the Antenatal Shared Care program in the Illawarra and researching patient satisfaction with health care providers to improve health resources. She is currently enrolled in a Master of Philosophy at University of Wollongong to discover whether antenatal expressing can increase the rate of exclusive breastfeeding on discharge from hospital for women with gestational diabetes.

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