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Antenatal expressing for women with gestational diabetes to improve exclusive breast feeding rates: A case study

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There is an immense amount of world-wide evidence that confirms the health benefits for mothers and infants (both long and short-term) when babies are breastfed. The World Health Organisation (WHO) suggests that all babies be exclusively breastfed for 6 months but statistics show that in many countries, rates of any breastfeeding at 6 months of age are 37% or less. Gestational diabetes (GDM) is one of the most common medical complications of pregnancy and Zheng, *et al.* (2016, p.349) says that the prevalence of GDM is consistently underestimated. Unfortunately, there is a significant reduction in exclusive breastfeeding rates on discharge from hospital for these women. In the 24 hours after birth, babies of GDM women are at risk of hypoglycemia, putting them at an increased risk of being given infant formula in hospital. The early introduction of formula, especially in hospital, is associated with reduced breastfeeding outcomes. A second risk factor for the early introduction of formula is that the mother with GDM is at risk of delayed milk secretion (Lactogenesis II). Supplementation for these babies can be with formula, or the mother's expressed breast milk. To improve exclusive breastfeeding, we will look at a case study from Wollongong Hospital, where the expression of breast milk while the mother was still pregnant (antenatal expressing) was used to have a store of her own colostrum available to feed to her baby instead of formula to maintain exclusive breastfeeding, and to effectively treat hypoglycemia in the newborn.

Recent Publications

1. Buchanan T, Xiang A and Page K (2012) Gestational diabetes mellitus: risks and management during and after pregnancy. Nature Reviews Endocrinology 8(11):639-649.
2. Chantry C J, Dewey K G, Peerson J M, Wagner E A and Nommsen Rivers L A (2014) In-hospital formula use increases early breastfeeding cessation among first-time mothers intending to exclusively breastfeed. The Journal of Pediatrics 164(4):1339-45.e5.
3. Haile (2016) Association between history of gestational diabetes and exclusive breastfeeding at hospital discharge. Journal of Human Lactation 32(3):NP36-NP43.
4. Oza Frank R, Moreland J J, Mcnamara K, Geraghty S R and Keim S A (2016) Early lactation and infant feeding practices differ by maternal gestational diabetes history. Journal of Human Lactation 32(4):658-665.
5. Stuebe A (2009) The risks of not breastfeeding for mothers and infants. Reviews in Obstetrics and Gynecology 2(4):222-231.

Biography

Mirna Schioler is a Clinical Midwife Specialist who has been an Integral Member of Maternity Services at Wollongong Hospital, initiating the set-up of a Gestational Diabetes Clinic which has helped to improve maternal and neonatal outcomes for all women with diabetes in pregnancy. Her open and inclusive manner of working with this cohort of women with co- morbidities has led to many accolades within the service. She endeavors to create new pathways for improving healthcare and has incorporated antenatal expressing into maternity pathways pregnancy since 2012. She is excited to be sharing her work today.

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