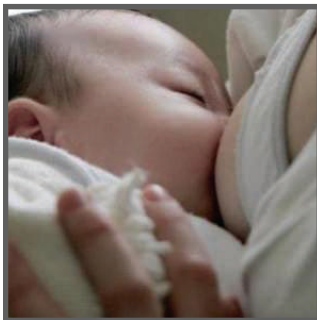


Eliminating Consumption of Alcohol as a Barrier to Breastfeeding

By Martha Hagen, MS, RD, LD, IBCLC

Almost everyone agrees that breastfeeding is best for infants, mothers, fathers, families, the environment, the United States and the world. While the goal is to help every mom who wants to breastfeed have a successful breastfeeding experience, barriers to breastfeeding successes occur every day. Preventing barriers and teaching moms and families how to manage situations is good for everyone.

One such barrier is the statement “You cannot drink alcohol if you are breastfeeding.” This statement is inaccurate. Mothers do not need to stop breastfeeding to enjoy an occasional alcoholic beverage with friends or for a celebration. While pregnant women should not drink alcoholic beverages, breastfeeding women can plan and have a drink.



The amount of alcohol transferred into breastmilk is the same level as in the mother's blood.¹ The highest alcohol levels in blood and milk occur 30 to 60 minutes after the intake of an alcoholic beverage. Food can delay the timing of peak blood and milk alcohol levels. Adults generally break down one ounce of alcohol in three hours. A mother drinking two glasses of wine should wait two to three hours before nursing. A mother should breastfeed **before** having an alcoholic beverage and **wait two to three hours** before breastfeeding again. Daily heavy use of alcohol is not recommended.²

Test strips are available to screen the alcohol level of breastmilk. The use of these test strips is not necessary if mothers follow the above recommendations. Encouraging use could set up another barrier to breastfeeding as the strips are pricey and the testing process is time consuming.

Breathalyzers which estimate blood alcohol content and thus breastmilk content are not necessary either for mothers who want to have an occasional drink. Following the above recommendation – “nurse, drink, wait two to three hours, then nurse and remember if you still feel the effects of the alcoholic drink then there is alcohol in your breastmilk” can be an easy guide for mothers. A mother who plans to really “party” can pump and store breastmilk to feed her infant and wait to nurse her infant until the effects of alcohol have dissipated.

Mothers who occasionally want to consume an alcoholic beverage should not be told they need to stop breastfeeding but should be educated about how to manage an occasional drink. Setting up one more barrier to breastfeeding should be avoided.

¹ Hale, T.W. and McAfee, G, A Medication Guide for Breastfeeding Moms 2005

² Drug and Lactation Database of the National Library of Medicine's TOXNET system. <http://toxnet.nlm.nih.gov>

2010 Perinatal Association of Kansas Conference

By Joe Kotsch, Perinatal Consultant

The 2010 Perinatal Association of Kansas (PAK) Conference was held at the Providence Medical Center in Kansas City, on June 18. The conference theme was "Health Care Reform: Impact on Perinatal Medicine."

Captain Jose Belardo, MSW, MS, JD who is the Deputy Regional Health Administrator for Region VII in Kansas City, Missouri, opened the conference by greeting the participants and presenting his experiences from work in Haiti following their devastating earthquake earlier this year. Captain Belardo was followed by Dr. Jason Eberhart-Phillips, MD, MDiv., MPH the Director of Health, KDHE. Dr. Eberhart-Phillips offered a positive vision for the health of Kansas if we will begin to smoke less, eat a more nutritious diet and exercise more often. By making these positive health choices and others, Kansans can expect to have a healthier future.

Merry K. Moos, RN, FNP, MPH, FAAN, spoke about barriers and opportunities that face our state and nation in terms of prevention before, during and after pregnancy. C.J. Harrison, MD, Director of the Infectious Disease Research Laboratory at Children's Mercy Hospital in Kansas City, Missouri, spoke about the impact of H1N1 influenza virus in the perinatal population.

At lunch, the PAK organization had their annual busi-

ness meeting. During this meeting, much to his surprise, Captain Jose Belardo was given the 2010 Kunsche award. The Kunsche award is given to a person outstanding in the field of perinatal health and is one that is awarded annually by PAK.

The conference concluded with a panel of speakers that included:

- Dennis Cooley, MD, a pediatrician in Topeka
- Kelly Fritz, ARNP, CNM, CNS, MSN, Adjunct Clinical Faculty, Saint Luke's College of Nursing in Kansas City, Missouri
- C.J. Harrison, MD, Children's Mercy Hospital
- Lori Boyajian-O'Neill, DO, Medical Services Core of Greater Kansas City
- Brian Robb, DO, an emergency services physician at the Liberty, Missouri Hospital

The panel addressed emergency preparedness planning for the perinatal population. Most people agreed that there is a need for more of these types of services in the perinatal population and suggested a variety of ways of working toward meeting this need from various professional perspectives.

For more information about the PAK organization, visit www.kansasperinatal.org/.

Smoking During Pregnancy: What You Need to Know

By Joe Kotsch, Perinatal Consultant

The Centers for Disease Control and Prevention (CDC) recently concluded a study that found if more women were able to quit smoking before becoming pregnant, more infant lives would be saved. Smoking during pregnancy remains a major cause of infant death, premature delivery and low birth weight infants.



The study included 3.3 million singleton births occurring in the United States (except in California) in 2002. The data was analyzed through use of the United States Linked Birth/Infant Death Data Set. About 11.5 percent of the infants' mothers smoked during pregnancy. According to the Tobacco Use in Kansas 2007 Status Report, 16.5 percent of pregnant women smoked.

Researchers believe there can be a 20 percent decrease in the incidence of low birth weight infants if pregnant women quit smoking. There can also be a 17 percent decrease in preterm births and an increase in birth weight by 28 grams.

If reductions can be achieved, there can be a health care cost savings estimated at more than \$200 million. Many families would also be spared the sorrow associated with an infant death since fewer infants will be at an increased risk for Sudden Infant Death Syndrome (SIDS).

It is recommended that women who are considering pregnancy get smoking cessation counseling to help them quit before becoming pregnant.

Resources related to quit smoking can be found on the KDHE website at: www.kdheks.gov/tobacco/.

Citation for the study referenced in this article: Dietz PM, *et al.* "Infant morbidity and mortality attributable to prenatal smoking in the US." *Am J Prev Med* 39(1), 2010.

World Breastfeeding Week August 1 - 7



Breastfeeding your baby is the best thing that a mother can do for her baby. It can be challenging, but there are many people who can provide support. For more information and tips about breastfeeding visit www.womenshealth.gov/breastfeeding.

For hands-on help, contact a lactation consultant. This type of health care professional is dedicated to helping you with all aspects of breastfeeding. To find a certified lactation consultant in your area, visit www.ilca.org.

The Kansas Breastfeeding Coalition, Inc., supports projects that enhance breastfeeding promotion and support in Kansas. For more information, contact Barbara Beier, Treasurer, Shawnee County Health Agency, 1615 W 8th, Topeka, KS 66605-1688.