

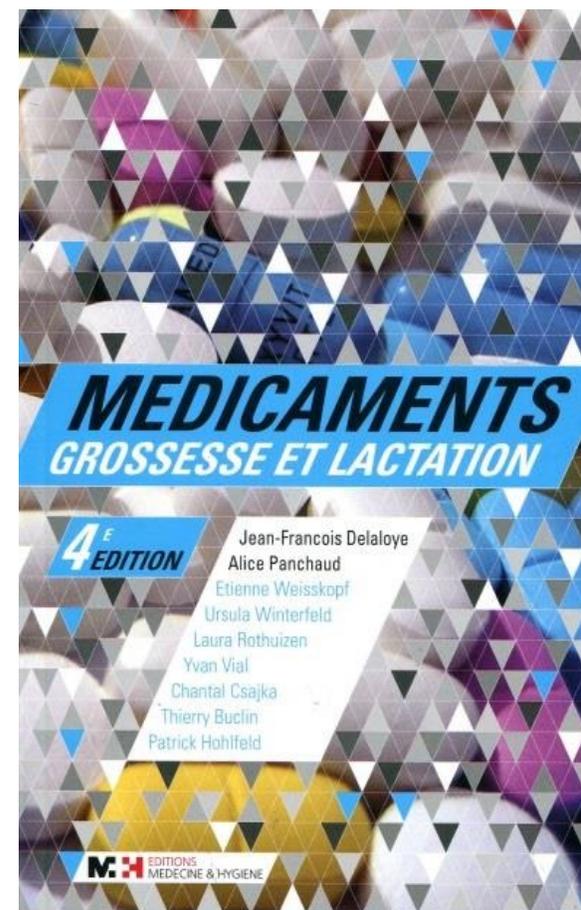
Allaitement: Que sait le gynéco?

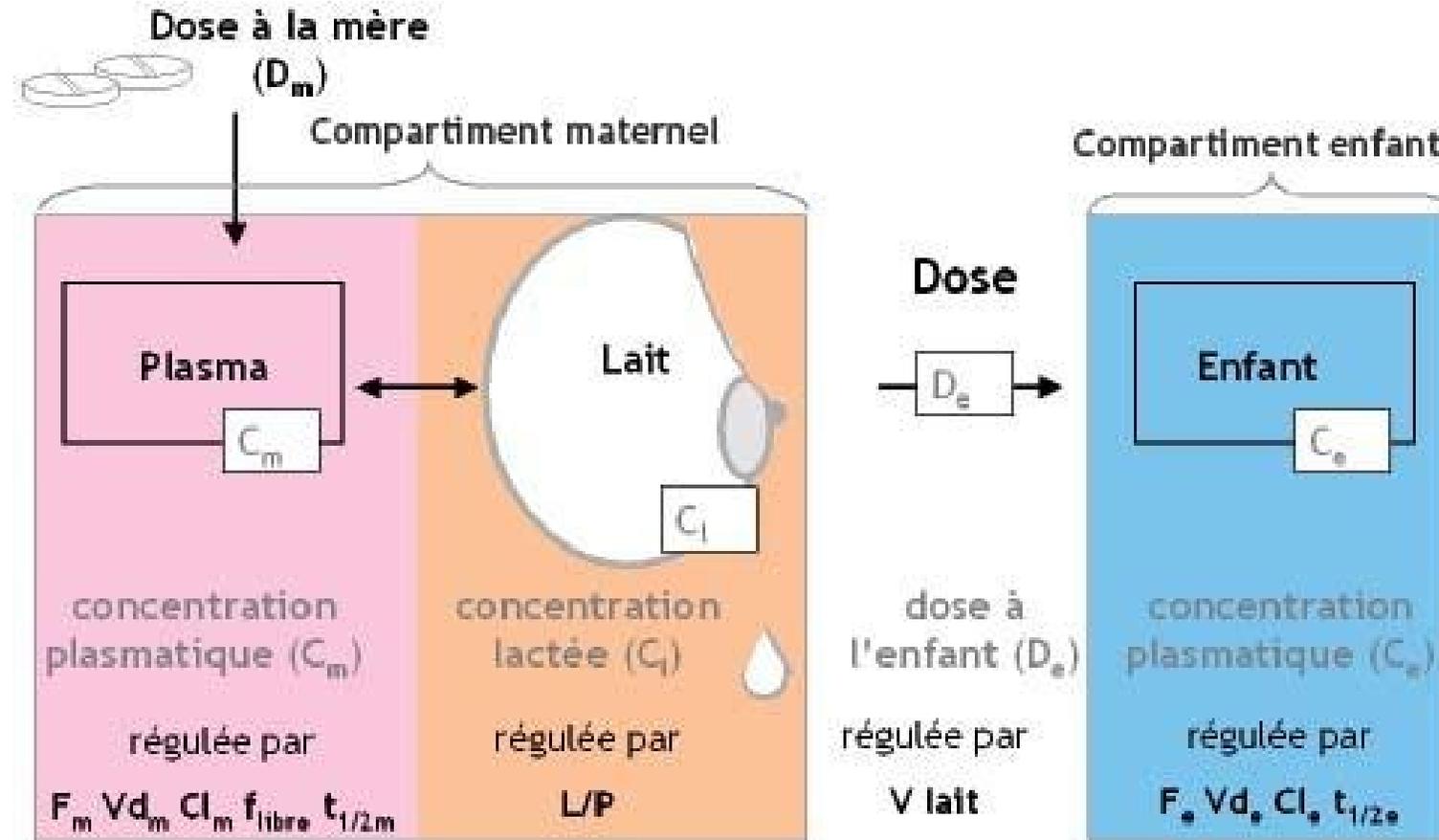


15 septembre 2021

David BAUD

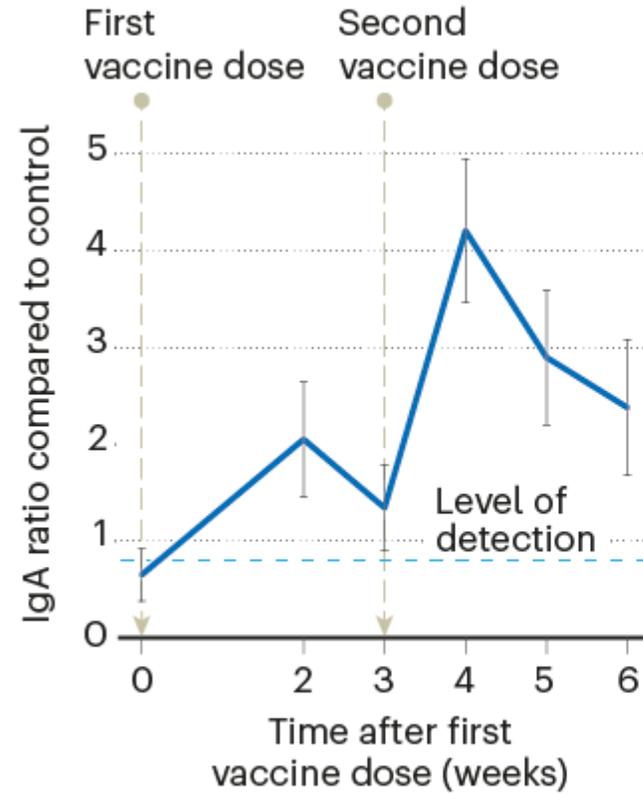
Materno-fetal and Obstetrics Research Unit
Department Woman-Mother-Child, Lausanne



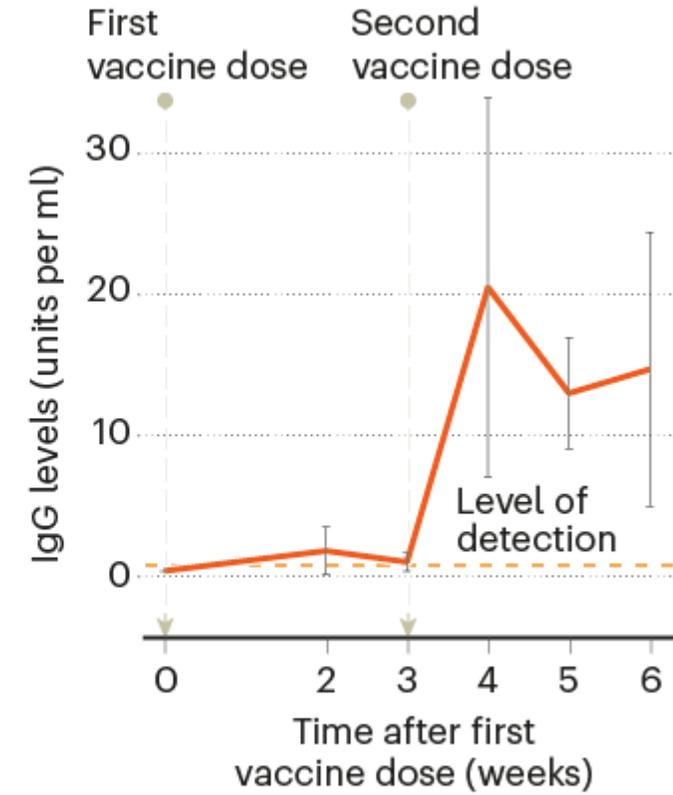




IgA



IgG

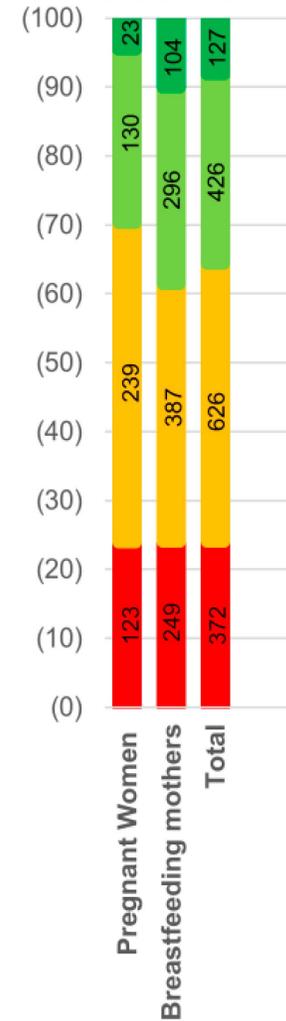


Article
SARS-CoV-2 Vaccine Willingness among Pregnant and Breastfeeding Women during the First Pandemic Wave: A Cross-Sectional Study in Switzerland

Sarah Stuckelberger ¹, Guillaume Favre ¹, Michael Ceulemans ^{2,3}, Hedvig Nordeng ^{4,5}, Eva Gerbier ¹, Valentine Lambelet ¹, Milos Stojanov ¹, Ursula Winterfeld ⁶, David Baud ¹, Alice Panchaud ^{7,8,*} and Léo Pomar ^{1,9,*}



SARS-CoV-2 vaccine



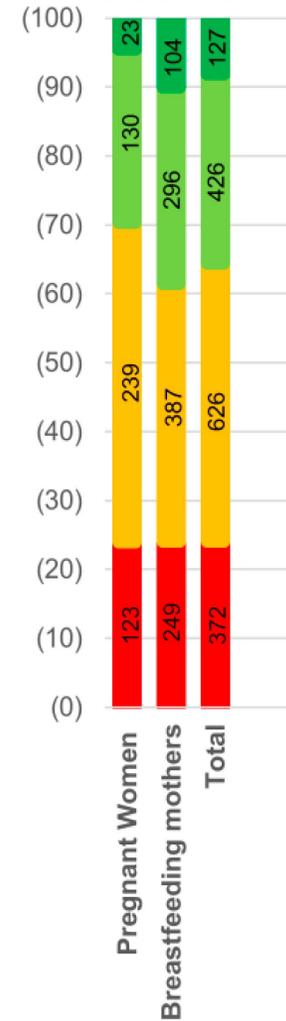
 No  Rather no  Rather yes  Yes

Article
SARS-CoV-2 Vaccine Willingness among Pregnant and Breastfeeding Women during the First Pandemic Wave: A Cross-Sectional Study in Switzerland

Sarah Stuckelberger ¹, Guillaume Favre ¹, Michael Ceulemans ^{2,3}, Hedvig Nordeng ^{4,5}, Eva Gerbier ¹, Valentine Lambelet ¹, Milos Stojanov ¹, Ursula Winterfeld ⁶, David Baud ¹, Alice Panchaud ^{7,8,*} and Léo Pomar ^{1,9,*}



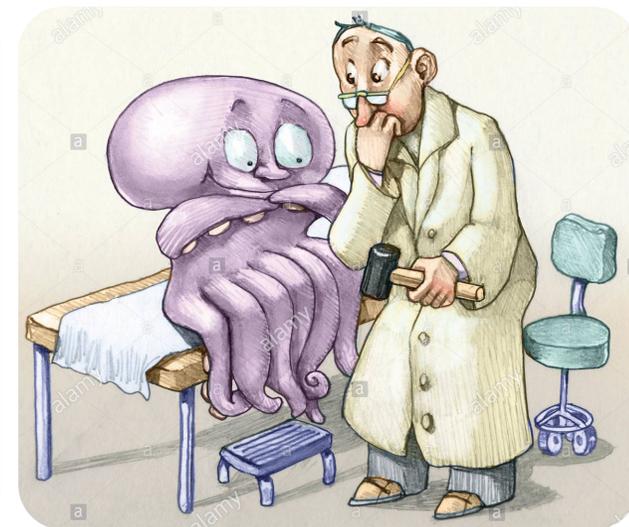
SARS-CoV-2 vaccine



Usually agree to influenza vaccination



 No  Rather no  Rather yes  Yes



Breastfeeding Benefits

For Mom



Breastfeeding burns as many as **500 extra calories each day**, which may make it easier to lose the weight you gained during pregnancy.



Women who breastfeed longer have **lower rates of type 2 diabetes, high blood pressure, and heart disease.**



Women who breastfeed have **lower rates of breast cancer and ovarian cancer.**



Breastfeeding triggers the release of **oxytocin** that causes the **uterus to contract** and may **decrease** the amount of **bleeding you have after giving birth.**



For Baby

Breast milk has the **right amount of fat, sugar, water, protein, and minerals** needed for a baby's growth and development.



Breast milk is **easier to digest than formula**, and breastfed babies have less gas, fewer feeding problems, and less constipation.



Breast milk contains **antibodies that protect infants** from certain illnesses, such as ear infections, diarrhea, respiratory illnesses, and allergies.



Breastfed infants have a **lower risk of sudden infant death syndrome.**



If your baby is born preterm, **breast milk can help reduce the risk of many of the short-term and long-term health problems.**



For additional information and resources, go to www.acog.org/breastfeeding



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS



Characteristics of Breastfeeding Discussions at the Initial Prenatal Visit

Jill R. Demirci, PhD, Debra L. Bogen, MD, Cynthia Holland, MPH, Jill A. Tarr, MSW, Doris Rubio, PhD, Jie Li, MS, Marianne Nemecek, MPH, and Judy C. Chang, MD



Characteristics of Breastfeeding Discussions at the Initial Prenatal Visit



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| Characteristic | All Visits Meeting Criteria (172 Total Visits) |
|--|---|
| Breastfeeding discussion | (29) |
| Initiation of discussion | |
| Patient | (12)* |
| Clinician | (88)* |
| Discussion timing | |
| During breast examination | (43)* |
| During prenatal history | (25)* |
| Random point in visit | (22)* |
| Multiple times in visit | (10)* |
| College recommendations | |
| Assessed prior breastfeeding exposure or personal experience | (15) |



%

The Impact of the Professional Qualifications of the Prenatal Care Provider on Breastfeeding Duration

Jordyn T. Wallenborn,¹ Juan Lu,¹ Robert A. Perera,² David C. Wheeler,² and Saba W. Masho¹

- 2800 patientes
- Virginie, USA
- Comparaison suivi prénatal sage-femme / obstétricien
- Un suivi par une sage-femme augmente les chances d'un allaitement de **+68%**
- Pas de différence entre suivi gynéco / généraliste

Research Article

Association between Breastfeeding Duration and Type of Birth Attendant

Jordyn T. Wallenborn  and Saba W. Masho 

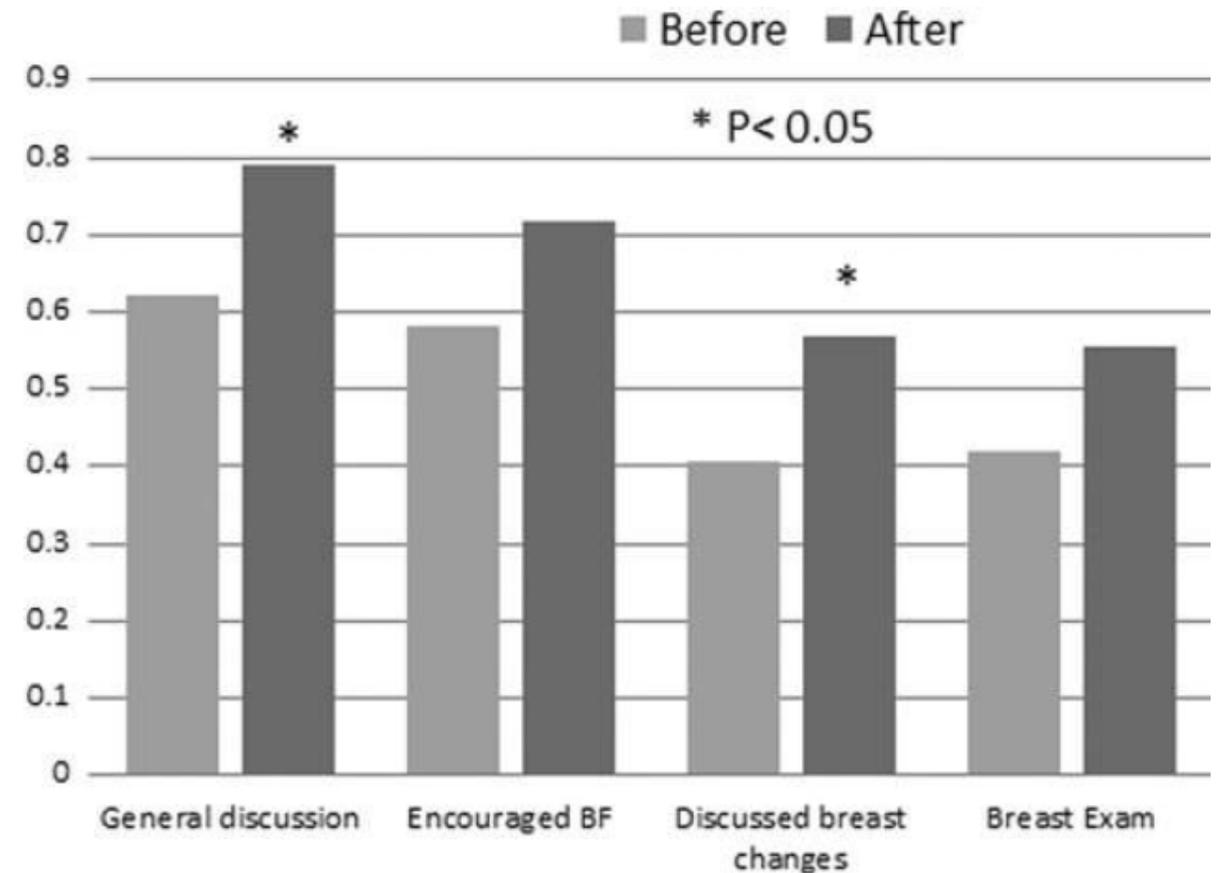
- 2300 patientes suivies par obstétricien / 200 suivies par sage-femme
- Influence de la personne présente à l'accouchement
- Sage-femme = **3x** plus de chance d'allaiter
6x plus de chance d'un allaitement exclusif >6 mois



Impact of an Educational Intervention on Breastfeeding Counseling Behavior of OB/GYN Residents

Ye Shen and Rebecca Rudesill

- Ohio, USA
- 43 gynécologues en formation, ont reçu **2 cours x 1h**
- Patientes interrogées:



Residency Curriculum Improves Breastfeeding Care

AUTHORS: Lori Feldman-Winter, MD, MPH,^a Lauren Barone, MPH,^b Barry Milcarek, PhD,^c Krystal Hunter, MBA,^c Joan Meek, MD, MS, RD,^d Jane Morton, MD,^e Tara Williams, MD,^f Audrey Naylor, MD, DrPH,^{g,h} and Ruth A. Lawrence, MDⁱ

- 417 gynécologues en formation, 69 hôpitaux USA
- Hôpitaux **avec cours** / Hôpitaux **sans cours**
- Cours développé par *American Academy of Pediatrics & ACOG*
- Connaissances améliorées de **3x**
- **4x** plus d'allaitement exclusif à 6 mois chez les enfants nés dans les hôpitaux **avec cours**

Lactation Education for Resident Obstetricians: Promoting Breastfeeding Advocates for the Future

Kari Radoff¹, CNM , Rosha Forman¹, CNM

Sadovnikova et al. *International Breastfeeding Journal* (2020) 15:8
<https://doi.org/10.1186/s13006-020-0254-5>

International Breastfeeding
Journal

COMMENTARY

Open Access



Development and evaluation of a high-fidelity lactation simulation model for health professional breastfeeding education

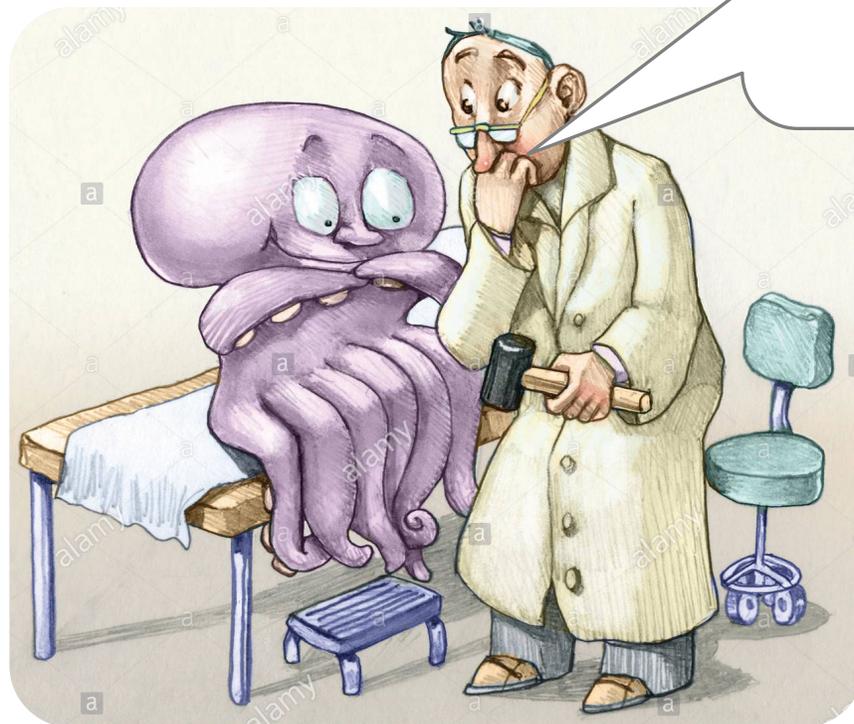
Anna Sadovnikova^{1,2*} , Samantha A. Chuisano¹, Kaoer Ma¹, Aria Grabowski³, Kate P. Stanley⁴, Katrina B. Mitchell⁵, Anne Eglash⁶, Jeffrey S. Plott^{1,7}, Ruth E. Zielinski⁸ and Olivia S. Anderson³

Table 4. Breastfeeding Education Simulation Stations^a

| Station | Aim | Description |
|-----------|--|--|
| Station 1 | Breastfeeding hands-on skills simulation | View 2 open-access videos teaching breastfeeding positioning and latch techniques, including attaching the baby to the breast with the Global Health Media “Helping a Breastfeeding Mother” video ^b and hand expression with the Stanford University “Hand Expression of Milk” video. ^c |
| Station 2 | Prenatal visit counseling; objective structured clinical examination | Counsel a standardized patient who is hoping to breastfeed but feeling nervous that she will not make enough milk. Learners are expected to elicit breastfeeding history and interest. Clinical communication goals for this station include effectively communicating the importance of breastfeeding and expectations for lactogenesis, milk letdown, and common concerns in the initial phases of breastfeeding and postpartum resources (Supporting Information: Appendix S1). |
| Station 3 | Basic lactation support with simulated patient | Simulation with a standardized woman-newborn dyad struggling with positioning and latch of newborn, facilitated by a hospital IBCLC. Volunteer women were given a list of prompts and clinical scenarios. Students were encouraged to teach multiple breastfeeding positions, basics of promoting a healthy latch, and hand positions for hand expression. Participants were instructed to use the World Health Organization breastfeeding observation aid ^d to assess the patient (Supporting Information: Appendix S2). |
| Station 4 | Pump station | Review set-up and use of various models of breast pumps. Learning objectives for this station were to effectively communicate the set-up and use of a breast pump, fitting of flanges, pump use inpatient and for back to work, storage and use of human milk, and donor milk policies (Supporting Information: Appendix S3). |
| Station 5 | Identification and management of common breastfeeding disorders | Clinical breastfeeding case studies with images related to engorgement, plugged duct, mastitis, nipple and ductal candidiasis, and low milk supply. The station facilitator read subjective concerns associated with each complication. Residents were asked to provide their assessment and plan for each disorder, review patient associated patient education, and receive appropriate feedback of their counseling (Supporting Information: Appendix S4). |



MERCI

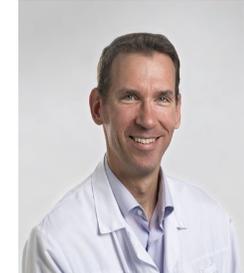


Quels bras utilisez-vous pour positionner votre bébé pendant l'allaitement?

COVI-PREG

International COVID-19 and Pregnancy Registry

- PIs
 - Prof. Alice Panchaud, PhD
 - Prof. David Baud, MD-PhD



- Study coordinator :
 - Dr. Guillaume Favre, MD, PhDc
 - Dr. Emeline Maisonneuve, MD, PhDc



- Research Team
 - Prof. Léo Pomar, PhD
 - Dr. Manon Vouga, MD-PhD
 - Ms. Karine Lepigeon, MSc

