May 11, 2017

Dear Obstetrics Care Provider,

I am writing to you as a mother and advocate for Fed is Best.

You may have seen the story of Landon Johnson, who was welcomed into the world by his parents in February 2012. Like most new parents, Landon's mom and dad were lead to believe that Jillian would produce enough breast milk to meet Landon's caloric needs. The hospital where they delivered was "Baby-Friendly" and would only provide formula with a doctor's prescription.

While in the hospital, Landon cried whenever he was not latched onto his mom's breast. Jillian described him as inconsolable. She was told that this was normal. At less than 3 days of life they were discharged from hospital after having the appropriate number of wet and dirty diapers. However, less than 12 hours later, Landon was readmitted to hospital after suffering cardiac arrest due to severe dehydration. He suffered brain injury and ultimately died in the arms of his parents when life support was terminated. His is a story that you cannot read without tears in your eyes.

Because of the Fed is Best Foundation, I learned about the risk of accidental newborn starvation and my husband and I were able to come up with a plan to reduce the possibility of any adverse health outcomes while we waited for my milk to come in. Almost 5 years to the day of Landon's birth, on February 22, 2017 we welcomed our daughter to the world. After every nursing session, my husband offered a bottle of formula. In this manner, we were able to minimize her weight loss. Interestingly, she did not go through the "second night" of crying that we were warned about. In fact, she rarely cried but instead ate and slept, no doubt because she had a full tummy from our supplementing efforts. She remains, to this day, a happy breastfed baby.

The goal of the Fed is Best Foundation is to ensure that no newborn suffers complications while they wait for mother's milk to come in. Landon's parents tell the story about how *just one bottle* could have saved him and that is the message that the Fed is Best Foundation wants to spread: that *just one bottle* can protect a newborn from potentially serious consequences from being underfed. Jillian Johnson and Dr. Christie del Castillo-Hegyi, Co-Founder of the Fed is Best Foundation, recently spoke about Landon's story and the importance of being aware of the signs of accidental infant starvation on the Doctors Show.

According to peer-reviewed literature on breastfeeding complications as collected by the Fed is Best Foundation.

- 10% of vaginally-delivered and 25% of cesarean-delivered exclusively breastfed (EBF) babies lose excessive weight in the first days of life.[i]
- 10-18% of babies experience "starvation jaundice" from insufficient milk intake, according to the Academy of Breastfeeding Medicine jaundice protocol, a fact to which no breastfeeding or new parent educational manual alert new parents.[ii]

• 10% of EBF babies undergoing current breastfeeding protocols experience levels of hypoglycemia (low blood sugar), which can be associated with developmental complications.[iii]

• 10% of well-monitored exclusively breastfed babies undergoing the World Health Organization's Baby-Friendly Hospital Initiative protocol develop hypoglycemia of less the 40 mg/dL within the first 48 hours. This incidence is reported as 23% in babies born to first-time mothers.[iv]

• In a study of 280 mother-baby dyads, 22% of motivated mothers intending to exclusively breastfeed who received close lactation support experienced delayed onset of copious milk production which put her child at a 7-fold increased risk of excessive weight loss greater than 10%. This means more than 1 in 5 newborns are at risk of starvation-related complications if exclusively breastfed from birth.[v]

• A glucose of less than 46 mg/dL within the first 24 hours of life has been associated with a 3.7-fold increased risk of brain injury on MRI and a 4.8-fold increased odds of lower motor, cognitive and language scores at 1 year of age.[vi]

• Cognitive impairment can have life-long effects as evidenced by a study of 1395 newborns showing that newborns who develop transient hypoglycemia of less than 40 mg/dL had a 50% reduction in passing their fourth-grade proficiency test in literacy and math. Even a glucose less than 45 mg/dL resulted in a 38% reduction in passing the literacy test.[vii]

• The current standard of care tolerates a glucose between 40 and 45 mg/dL within the first 4 hours of life when there is no evidence that neurons have greater tolerance for hypoglycemia in the first hours than they do at any other time.[viii]

• Exclusive breastfeeding at discharge has been associated with an 11-fold higher risk of rehospitalization for underfeeding and dehydration.[ix]

The Fed is Best Foundation would like to offer you printed materials to make available to your patients so that they can learn about the potential negative health consequences of underfeeding and how to prevent feeding complications through the Fed is Best Foundation parent resource page (fedisbest.org/resources). If you are interested in helping your patients learn how to best feed their babies safely, through breastfeeding, formula-feeding or any combination of both, please consider counseling them on the importance of prioritizing the health and safety of their babies through adequate feeding and please email the Fed is Best Foundation with your mailing address at contact@fedisbest.org.

Sincerely,

Alysha Bayes
Mother and Fed is Best Advocate
Fedisbest.org

[i] Valerie J. Flaherman, MD, MPH, et al., Early Weight Loss Nomograms for Exclusively Breastfed Newborns, *Pediatrics*, 2015 Jan; 135(1): e16–e23. [ii] ABM Clinical Protocol #22: Guidelines for Management of Jaundice in the Breastfeeding Infant Equal to or Greater Than 35 Weeks' Gestation, The Academy of Breastfeeding Medicine Protocol Committee, *Breastfeeding Medicine*, Vol. 5(2):87-93. [iii] Purnima Samayam, et al., Study of Asymptomatic Hypoglycemia in Full Term Exclusively Breastfed Neonates in First 48 Hours of Life*, J Clin Diagn Res*. 2015 Sep; 9(9): SC07–SC10. [iv] *Id.* [v] Dewey KG, et al., Risk factors for suboptimal infant breastfeeding behavior, delayed onset of lactation, and excess neonatal weight loss, *Pediatrics*, 2003 Sep;112(3 Pt 1):607-19. vi] Emily W.Y. Tam et al., Hypoglycemia is associated with increased risk for brain injury and adverse neurodevelopmental outcome in neonates at risk for encephalopathy, *J Pediatr*., 2012 Jul; 161(1): 88–93. [vii] Jeffrey R. Kaiser, MD, MA et al., Newborn Hypoglycemia and Fourth-Grade Achievement Test Proficiency: A Population-Based Study, *JAMA Pediatr*., 2015;169(10):913-921. [viii] Postnatal Glucose Homeostasis in Late-Preterm and Term Infants, Committee on Fetus and Newborn, *Pediatrics*, 2011;127:575–579. [ix] Escobar GJ, et al., Rehospitalization for neonatal dehydration: a nested case-control study, *Arch Pediatr Adolesc Med*., 2002 Feb;156(2):155-61.