Breastfeeding and Diabetes Prevention and Management

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Objectives

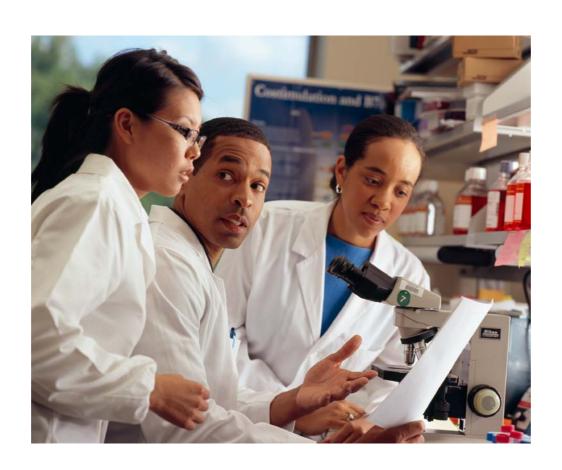
Diabetes educators will learn how and why:

- ▶ BREASTFEEDING DECREASES INCIDENCE OF DM (LONG-TERM).
- ▶ BREASTFEEDING IMPROVES GLUCOSE METABOLISM IN WOMEN WITH GDM (SHORT-TERM).
- MECHANISMS UNDERLYING THE POSSIBLE PROTECTIVE EFFECTS OF BREASTFEEDING AGAINST PROGRESSION TO T2DM.
- BREASTFEEDING DECREASES RISK OF DEVELOPING DIABETES IN CHILDREN.
- BREASTFEEDING IS MORE DIFFICULT FOR WOMEN WITH GDM.
- PROVIDERS CAN IMPROVE BREASTFEEDING RATES IN WOMEN WITH GDM

BREASTFEEDING DECREASES INCIDENCE OF DIABETES MELLITUS (LONG-TERM)



Limitations of studies



Munich, Germany Prospective Study



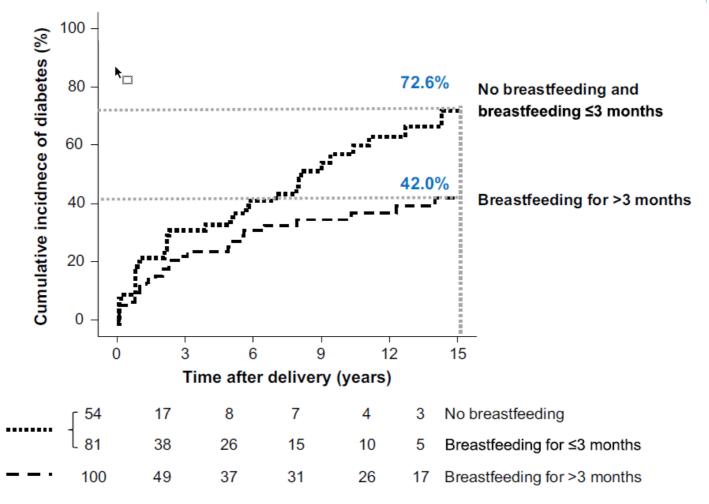


Figure 2: Cumulative life-table risk of postpartum diabetes in islet autoantibody negative women with gestational diabetes who breastfed for > 3 months (dashed line) compared with those who did not breastfeed or breastfeed for ≤ 3 months (dotted line). The numbers below the graph indicate the number of subjects at each follow-up. Published previously in Ziegler et al. Long term protective effect of lactation on the development of type 2 diabetes mellitus in women with recent gestational diabetes mellitus.

Diabetes 2012, 61(12):3167–3171. Copyright 2012 by the American Diabetes Association.

NHANES

- ► Have GDM? Odd of developing DM increases by 4.0 times.
- Breastfeed? Risk of developing DM decreased by 30%



Urs SS, Chandwani S. Benefits of Breastfeeding on Development of Diabetes Mellitus, In women with History of gestational Diabetes Mellitus using the National Health And Nutrition Examination Survey. Value in Health. 2015;18: A70.doi: 10.1016/j.jval.2015.03.404

Breastfeeding suppression with medications increases DM risk



Use of contraceptives increases DM risk

Women with GDM who used progestin hormonal contraceptives during breastfeeding tripled their risk of developing T2DM at 7.5 years postpartum.



BREASTFEEDING IMPROVES GLUCOSE METABOLISM IN WOMEN WITH GDM (Short-term benefits)



Kjos:

Lactating group lower total AUC for glucose, lower mean fasting serum glucose, lower mean 2-hour glucose and high mean serum HDL.

McManus:

Breastfeeding mothers had improved disposition index (DI) insulin sensitivity.

O'Reilly:

10% decrease in persistent hyperglycemia in breastfeeding women.

Diniz and Costa:

Decrease in AUC for insulin and peak insulin concentration at 12-18 months postpartum



Other effects of breastfeeding have on GDM

- Improved lipid and glucose metabolic profiles for first 3 months after birth.
- Prevalence rate of T2DM 3.3% vs. 3.7% for formula feeding at 6-9 weeks.
- Prevalence of prediabetes 24.6% vs. 41.5% for formula feeding

MECHANISMS UNDERLYING THE POSSIBLE PROTECTIVE EFFECTS OF BREASTFEEDING AGAINST PROGRESSION TO T2DM

Short-term effects of lactation

Direct effects via prolactin

Plasma glucose
(uptake by mammary gland for milk production)

Plasma Insulin
(secondary to lower glucose levels)

Glucose utilization (for milk production)

Lipotoxicity
(mobilization of intracellular lipids
from the liver and musclefor lactogenesis)

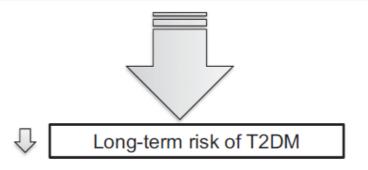


Pancreatic β cell mass

Pancreatic β cell proliferation

Insulin secretion (possibly through regulation of expression of menin)

Reduced β cell load + preservation of β cell function



BREASTFEEDING DECREASES RISK OF DEVELOPING DIABETES IN CHILDREN



Odds ratio 0.61

BREASTFEEDING IS MORE DIFFICULT FOR WOMEN WITH GDM



How to fix?

Exceptional in-hospital breastfeeding support.

Skin-to-skin.

Pre-teach potential difficulty.

BREASTFEEDING IS A LOW-COST INTERVENTION FOR PREVENTING T2DM

References

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- ▶ Kjos, S. L., Peters, R. K., Xiang, A., Thomas, D., Schaefer, U., & Buchanan, T. A. (1998). Contraception and the risk of type 2 diabetes mellitus in Latina women with prior gestational diabetes mellitus. Jama, 280(6), 533-538.
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