

World Breastfeeding Week: A conversation with Jeniece Alvey, Global Health Fellow and Nutrition Advisor for Maternal Child Health and Nutrition at USAID's Bureau for Global Health and Clifton Kenon, Health Science Specialist with USAID's Office of Population and Reproductive Health.

Bea Spadacini: Hello and welcome to USAID's Bureau for Global Health's podcast! My name is Bea Spadacini and I am a Senior Communications Advisor for the Bureau for Global Health at USAID. This episode focuses on breastfeeding during the first 1,000 day window, the period from pregnancy to a child's second birthday, as this first week of August was World Breastfeeding Week. Here to fill us in more about global breastfeeding recommendations, breastfeeding in USAID programs and recent updates in this space are two international, board-certified lactation consultants in USAID's Bureau for Global Health: Jeniece Alvey, Global Health Fellow and nutrition advisor for the Office of Maternal and Child Health and Nutrition; and Clifton Kenon, health science specialist for the Office of Population and Reproductive Health. Welcome to you both.

Jeniece Alvey – Thank you.

Clifton Kenon- Thank you so much. We feel welcome.

Bea Spadacini – Jeniece, let me start with you. Can you tell us a bit about yourself? Your passion for nutrition, your work as a nutrition advisor at USAID, how you got started? And what does it mean to be a lactation consultant?

Jeniece Alvey – So I got very interested in lactation while working in Guatemala and doing research on infant/young child feeding practices. We were working with mothers and infants and looking at their practices, collecting breast milk samples from mothers and it just fascinated me how everything worked and the whole kind of system of mothers being stressed out and suddenly they would not be able to give us any more breastmilk samples, like their attention would just directed towards their child or a phone call and so the stress would just suddenly, and it stopped and it was like, "Wow". How can your body do that? When I went back for my master's degree I studied at the University of North Carolina Chapel Hill, and the Carolina Global Breastfeeding Institute has a program where you can become an international board-certified lactation consultant while getting your master's degree. Even though I don't have a clinical background, my advisor really inspired me and encouraged me to still get the certification because this type of knowledge and expertise is so critical in programming and policy and research even, and not just at the bedside or in pediatric offices. It's something that I think is needed well beyond clinical settings and as a Global Health Fellow and nutrition advisor, I get to use that throughout my work, so it's very exciting.

Bea Spadacini – Great, thank you. What about you, Clifton? How did you get interested in this space and you are also a lactation consultant so what brought you to this space?

Clifton Kenon – So thank you and thank you also, Jeniece, for such an illuminating background that you gave. So I am a nurse and I have been privileged to help families with breastfeeding since I was 18 years old. I have worked for both the Department of Defense and the Indian Health Service in clinical positions. I'm in maternal and child health at the hospitals at the community level and I've been working on and in breastfeeding programs for essentially my entire career. I have built a career around maternal and child and women's health. I was very pleased to be afforded the opportunity to come here to USAID and work in the reproductive health office and be able to bring that field clinical experience to reproductive health. So often we look at breastfeeding as a nutrition issue, as a maternal and child health issue, but from all the work I've done as a nurse and as a lactation consultant, I am convinced that breastfeeding is truly a public health and a societal issue, one that affects every sector, from education to population health to public health to maternal and child health, food security and so forth and so on. So as an IBCLC, which is the acronym for International Board-Certified Lactation Consultant, I'm afforded the opportunity to apply a clinical lactation lens to studies and to research and to outcomes and looking at how drugs or other interventions around reproductive health would protect breastfeeding. So privileged to be invited to conversations alongside fabulous people like Jeniece at the policy level, and looking at some of the international issues that affect breastfeeding and lactation from the policy level. I will say there's so much work to be done. There's room at the table for anyone who wants to join this space and I'm very happy to celebrate World Breastfeeding Week and month and to be here with you.

Bea Spadacini – So the next question I had for both of you was really why is breastfeeding important and Clifton, you've sort of answered that. But why is it still an issue? There's been a lot of conversations about women, particularly, but people in general know that breastfeeding is important. Why is there still a need to promote this and what's the gap?

Clifton Kenon – It's interesting that you would ask. I wouldn't say that breastfeeding was an issue, I would say protection and promotion of breastfeeding is an issue. And why is there still a need? Why is there still a need to promote adequate nutrition or healthy lifestyles period? I think we have to keep breastfeeding attached to societal norms and overall population health. Breastfeeding is an issue that is controversial in many spaces because it touches on so many aspects of society. We must continue to leverage efforts around protecting the dyad, families and communities from being able to provide safe spaces for breastfeeding and human lactation. We have a lot of work to do around healthy timing and spacing of pregnancy and really promoting breastfeeding through that two-year period and looking at minimizing the need for complementary food, early weaning and those things. I do not foresee that we are going to be able to overcome all of those issues here very soon but I think with a more societal and intersected approach, I think we will continue to make progress. Before the end of my career, it's my belief that breastfeeding will no longer be considered an issue, but rather it will be a place where it truly should be placed, that is a public health, life-saving intervention.

Bea Spadacini – Any comments on that Jeniece and I know you just came back from Rwanda recently, maybe some thoughts about breastfeeding in a country like Rwanda, how people or the government are approaching that, what are we doing as USAID?

Jeniece Alvey – Just to add, breastfeeding is so important because it truly does give a child the best start to life, there's so many essential nutrients, immune factors that get past through breast milk that help a child even survive through the first two years of life. And the benefits don't stop there. Even for the mother there's a reduction in risks of breast and ovarian cancer so I think, as Clifton said, it's a population health issue. Rwanda is a great case for breastfeeding support. They are one country that has one of the highest rates of exclusive breastfeeding and we had a USAID Rwanda staff member with us last summer and I just sat him down and said "How was this achieved?" And he said it's just normal. The first thing that you do when you walk into a new mother's house and the first thing you ask is, "How is breastfeeding going?" That support is there, it's societal support and I don't think we've really cracked how they've been able to do that. But I think that's one really important part of it and I think where we struggle in many areas of the world, it's just not really considered the norm, when it should be.

Bea Spadacini – So Rwanda is ahead of the game in this?

Jeniece Alvey – Yah, they are.

Bea Spadacini – That's great! Tell us how breastfeeding is integrated throughout USAID's multi-sectoral Nutrition Strategy. And what it means to be multi-sectoral?

Jeniece Alvey – So the USAID multi-sectoral nutrition strategy looks at nutrition through lenses of the different sectors. What are the direct causes of malnutrition? What are the underlying causes of malnutrition? So what sorts of things are contributing to malnutrition? It's not just the food that you are eating or that you are not eating. It has to do with the water, sanitation and hygiene; it has to do with the nutrient-rich foods that you are eating. It has to do with the health timing and spacing of pregnancies. It has to do with a number of factors and so the strategy really aims to address nutrition through those different kinds of interventions, the ones that are going to work towards those direct causes of malnutrition and the ones that are kind of contributing to malnutrition. And I think breastfeeding is just obviously placed throughout those types of interventions. You work in health facilities, you have family planning methods. You can use breastfeeding to have your pregnancies be timed healthily and spaced healthily. So I think that's one intervention within the multi-sectoral nutrition strategy that you can see its effects on different sectors.

Bea Spadacini – Clifton, can you give us an example of, our listeners, an example of a project, maybe in reproductive health, a specific project that is innovative in terms of how it approaches breastfeeding and promoting breastfeeding?

Clifton Genon – So we have several and the reproductive health office has a consistent and long history of promoting and protecting breastfeeding through a variety of ways, through ensuring that family planning and contraceptive methods do not undermine breastfeeding. We have a lot of exciting work happening in the reproductive health office now. We are looking at studies around the lactation amenorrhea method and how to best program that method, to promote exclusive breastfeeding while also promoting healthy timing and spacing of pregnancy. We are investing in stringent regulatory application and registration for the progesterone vaginal ring, which is a family planning method specific to breastfeeding women. It is an on demand method that is can be given advanced provision and it is for breastfeeding women. It was designed specifically for that population and it's for women breastfeeding out through one year. So that's an example of one of the commitments we have both on the implementation science side as well as the biomedical side, the research and development really showing our commitment in all aspects.

Bea Spadacini – Let me go back to both of you but let's start with Jeniece, where do you hope to see global breastfeeding efforts go over the next decade, let's say? And with a recent report that only 40% of children globally are exclusively breastfeeding, we've clearly not yet met the World Health Organization global nutrition target, to increase exclusive breastfeeding to at least 50% by 2025. Do you think we can reach that target in the next decade?

Jeniece Alvey – It's going to be a challenge but I think there's a lot of people who are up for the challenge and it's not going to be a sort of one intervention fixes it all kind of thing. I personally would like to see more skilled support for breastfeeding available to everyone everywhere. I think that means globally, in the United States, in the countries where USAID works. There's not enough skilled support once someone leaves the hospital and they go home. Maybe they have their family around, maybe they don't, but there's still need for support. Problems happen throughout the entire time that the child is nursing, breastfeeding. Having that skilled support, someone to lean on, to ask what do I do? He suddenly doesn't want to be feeding any more. And so I think there's a role for a special lactation support and that exists here in the United States. It exists in many countries. It doesn't necessarily exist in a lot of the countries where we work and so I think that's one area that I would really like to see expanded. WHO and UNICEF just launched last week the Global Breastfeeding Collective and that's a partnership of over 20 international agencies and organizations and I think seeing that many organizations globally, just really fired up and ready to get the attention back on the support that's needed for breastfeeding. They have 7 asks and one of them is for skilled support and it's really trying to get more attention on the different areas that are needed to achieve that breastfeeding goal, to get exclusive breastfeeding up to 50%.

Bea Spadacini – Any additional thoughts, Clifton, in terms of the next decade? What does success look like?

Clifton Genon – I think success in the next decade looks very much what Jeniece said. We must scale up skilled lactation care and make it accessible at multiple different levels. We also must

invest in the next generation of public health professionals. Many individuals that have been working in the breast feeding space have given their entire careers to this work and they have advanced the field significantly but those advancements must continue and there must be adequate preparation for individuals to take that work and continue to take it to scale, especially around the policy innovations that have happened. It's much more than just exclusive breastfeeding; it's the continuation of breastfeeding through that two years. It's being able to provide human milk to critically ill babies, which is beginning to be introduced and scaled-up in many of the countries that USAID works, but we must keep that momentum. In addition to exclusive breastfeeding, there's a lot of work to be done just in the global human lactation field and there must be consistent resources and interests and investments in continuing to study some of the microbiome and some of the other physiological aspects of breastmilk and human lactation that we are just beginning to understand. With all of the momentum we have now, I believe we can reach every goal there is but we have to keep the momentum going. We have to have dedicated people that are dedicated to this work, to keep working. As individuals retire or they move on, this work must continue and I want to do everything I can possible to help bring up that next generation of public health professionals.

Bea Spadacini – Thank you. So I have another question, more related bringing this down to an individual and particularly a mother, new mom. If there is one advice you would give to a new mom in terms of breastfeeding, what would it be? And I know Clifton you are a nurse so I'm sure you've done this in your career as well and Jeniece, you also. So what is one piece of advice for moms who might be listening to our podcast?

Jeniece Alvey – I think the one thing that I tell my friends, I told my sister who is about to have my new niece in a couple of weeks; do not hesitate to ask a question. Do not hesitate to reach out. Everyone says breastfeeding is normal, but it's hard if you haven't done it before, maybe. The child hasn't done it before. So it's a new thing and everyone is learning and there's no reason to be scared to ask a question or to think you are not doing it right and to be nervous about trying to reach out.

Clifton Genon – That's outstanding advice and I'll just complement that. As a nurse, as a new father, I will say let good thought really be your sword, let it be your shield. Surround yourself with positive energy. There are things that can happen and that can affect breastfeeding but so often the perception of the horror story that can happen can really interfere with our process that may have no problems. Learn your body and your baby and learn about each other together. And walk through things at your own pace and enjoy every moment of it. And when you go need help, reach out for help but think positively and surround yourself with people that are going to reinforce positive thinking. And go into breastfeeding believing that you can succeed because most people do.

Bea Spadacini – Thank you very much, this was a great way to celebrate World Breastfeeding Week.
Thanks to you both.