Small Great Things

Jodi Picoult, Ballantine Books © 2016, 480 pages, hardcover, \$15.57

Available from: <https://www.jodipicoult.com/small-great-things.html>

I heard a story at a breastfeeding conference about a White family who came to a hospital in Michigan to give birth and who did not want any person of color to touch their baby, and posted a sign stating so on their baby's crib. The hospital, instead of supporting its diverse staff, honored the parent's request.

Author Jodi Picoult has taken this real-life situation and run with it, creating an engrossing novel where the main characters take turns telling the story. Ruth, the African American nurse, her European American lawyer Kennedy, and Turk, the White Supremacist father of the baby give their different points of view. It is a testimony to Picoult's writing skills that each voice is distinct enough to keep the story exciting and thought provoking. Ruth speaks truth about hundreds of daily microaggressions; Turk's story is a very human one, full of complication and pain.

While the twists in the story may wrap it up a bit too neatly, the power of the narrative as fuel for dialogue remains. I recommend it for a book or journal club discussion, for healthcare

professionals and students, and for anyone seeking to understand more about what is going on in the U.S. about race.

The reason this book is important for the lactation community is that it, like the rest of U.S. society, started out as lily-white, to the point of not returning phone calls asking for breastfeeding help that originated from particular exchanges, because those exchanges were from neighborhoods where people of color lived. Disparities in breastfeeding rates between races persist today, reflected in CDC statistics about initiation, exclusivity, and duration. While being oriented as a white nurse new to working in a maternity unit, I was told "those women don't breastfeed" and was encouraged to assume that mothers of color would be formula-feeding.

As Sister Mary Lou Kownacki has said, "There isn't anyone you couldn't love once you've heard their story." *Small great things*, through the stories it tells, is a book that could help the lactation community move further along the road to equity in breastfeeding promotion and support.

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BREAST AND BABY

A designer probiotic to support lactation comfort and infant immune health†

Introduction

Breast milk is one of the primary contributors to the development of gut microbiota of the infant. Enteric-breast circulation occurs and is higher in late pregnancy and lactation. This may explain why orally administered probiotic supplements can directly influence health of breast microbiota.¹ Although the study of probiotics in human milk is a relatively recent field of research, the existence of a human milk microbiome has been described for more than a decade.

Current research is focused on bacterial composition of the breast milk microbiome, as well as on how the maternal environment and mode of delivery influence it. Under healthy conditions, breast milk has been shown to contain Lactobacilli, Streptococci, Staphylococci, *Enterococcus* spp, and Bifidobacteria, as the predominant bacterial groups.² Although they may alter bacterial load, conventional drug treatment options fall short when it comes to relieving breastfeeding discomforts, and have well-documented negative impact on the maternal and infant microbiota.³

Research has shown that Lactobacilli isolated from breast milk demonstrate significant immunomodulatory properties.¹⁴ Recent studies further demonstrate that breast comfort, infant immune health, and the balance of bacteria in the breast and gut microbiota can be favorably influenced by supplementation with probiotics. Target b² is a novel probiotic formula containing *Lactobacillus fermentum* CECT5716 (Hereditum® Lc40), a unique strain clinically shown to improve breast comfort in breastfeeding women and immune health in infants.¹

Product features

- Clinically demonstrated to provide a safe and effective approach to reducing lactation discomfort and dysbiosis¹
- Clinically shown to support infant immune health¹

Target b² with Hereditum Lc40⁵

Intervention	Complete Resolution	Recurrence (90 days)
Hereditum Lc40	88%	10.5%
Conventional Therapy	29%	30.7%

Other research has demonstrated that *L. fermentum* CECT5716 supports immune health and is safe and well tolerated in both adults and infants.^{6,9}

Target b² clinical research

L. fermentum CECT5716 (Hereditum Lc40) has been shown to provide a safe and effective approach to maximizing breastfeeding comfort and duration while supporting infant immune health. Many clinical trials have validated the efficacy of *L. fermentum* in human health. Two clinical trials to date have specifically demonstrated its effects on breast health.

In an open-label, 3-arm study comparing two strains of Lactobacilli and conventional treatment in 352 women with lactation-related discomfort and mammary dysbiosis,⁵ *L. fermentum* CECT5716 (Hereditum Lc40) and another, commercially unavailable, *Lactobacillus* strain were administered at 9 billion CFU per day for 21 days. A third (control) group received conventional treatment. On day 0, the mean bacterial counts in milk samples of the three groups were similar, and Lactobacilli could not be detected. On day 21, mean bacterial counts in the probiotic groups were significantly improved compared with the control group. Women taking probiotics showed more improvements in comfort and had less recurrence compared to the conventional method. The authors concluded that *L. fermentum* CECT5716 represented an efficient alternative for supporting breast comfort and healthy microbiota during breastfeeding.¹

In the second study—a randomized, double-blind, placebo-controlled clinical trial—researchers in Spain evaluated three different amounts of *L. fermentum* CECT5716 to assess its ability to favorably alter microbial balance in the breast milk of 148 women suffering from breastfeeding discomfort.¹⁰ Three groups received the probiotic strain for three weeks, at 3, 6, or 9 billion CFU per day. A fourth group (controls) received maltodextrin. The primary outcome of the study was bacterial counts in breast milk. Secondary outcomes included bacterial counts, IgA and IL-8 concentrations in breast milk, and also scores related to breast pain. After three weeks, bacterial balance and breastfeeding was significantly improved in the probiotic groups compared to baseline levels, whereas there was no change in the maltodextrin group.

Conclusion

Conventional therapies for lactation discomfort are ineffective and carry many disadvantages, including side effects, maternal dysbiosis, loss of maternal-infant bonding, and undesirable effects on infant immune system maturation. The advent of safe, effective support options for maternal breast and infant immune health should be a matter of intense interest for obstetricians, lactation consultants, nurses, midwives, and other allied health professionals who provide primary care for breastfeeding mothers.

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†These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure, or prevent any disease.

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