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Lactation and Progression to Type 2 Diabetes Mellitus After Gestational Diabetes Mellitus

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TO THE EDITOR

Gunderson and colleagues' prospective cohort study (1) clearly shows an inverse relationship between lactation intensity and duration and the incidence of newly diagnosed diabetes mellitus among women diagnosed with gestational diabetes mellitus. These results provide strong evidence that breast milk–based feeding in patients with gestational diabetes protects against progression to type 2 diabetes. However, we offer 2 comments on the study design and analysis.

First, the study protocol (2) planned for lactation intention to be estimated using an infant feeding intention scale (3), but the article provided no data on this scale. We consider that lactation intensity could not have been accurately evaluated using categories based only on a daily amount of formula; rather, the authors should have performed sensitivity analysis using categories based on breastfeeding frequency and quantity as measured by feeding diaries. In addition, if data from feeding diaries from the study period are available, we would like to know whether the 4 categories reflect the total amount of breastfeeding. We propose that the operationally defined main exposure, lactation intensity, should be clinically reasonable or more directly reflect what the authors aimed to assess. Any difference between the definition and what they intended to evaluate probably would have led to information bias or misclassification (4).

Second, we would like to know why 83 women with a mixed feeding or inconsistent lactation pattern at 4 to 6 weeks after delivery were excluded from the study population at enrollment. Lactation intensity was classified into 4 groups, including a mixed or inconsistent lactation group; the excluded population could have been included in this group.

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