

**NUTRITION NOTES**  
**August 2020**

**Vitamin D and Breastmilk:** There is a common misconception that vitamin D cannot pass through breastmilk, but in reality, the amount that passes depends on the mother's intake and stores. Due to the high prevalence of vitamin D deficiencies in the US, it is common for breastmilk to lack adequate amounts for babies. Research has shown a compliance rate of less than 20% when supplementing babies with vitamin D. A recent study concluded supplementing the breastfeeding mother with 6,400 IU of vitamin D every day could be an alternate strategy to supplementing the baby.

**Plant-Based Protein and eGFR:** The source of protein might be as important as restriction of total protein intake. Studies found diets higher in plant-based proteins (compared to animal sources) are associated with a slower decline in eGFR. Plausible explanations are that plant-based proteins reduce acidosis, while animal-based proteins add to the total acid load (causing hyperfiltration and proteinuria); and/or, plant-based proteins decrease the rate of intestinal phosphorus absorption.

**Postbiotics:** These are byproducts of the fermentation process in the gut and are being explored for their potential health benefits: controlling inflammation, cholesterol, and blood pressure; facilitating weight management, cell growth, and immune system health; and providing a gut barrier. Postbiotics aren't live microbes, so they have a longer shelf life, don't require strict production/storage conditions, and can be consumed by the immunocompromised population.

**Nutrition and Chronic Pancreatitis:** New recommendations include five to six small meals per day; intake of high-protein, high-calorie foods; avoiding high fiber diets (which can block the action of pancreatic lipase) and nutritional supplements if needed. Fat restriction is no longer recommended (unless steatorrhea is uncontrolled), as it can cause a decrease in pancreatic enzyme secretion, make supplemental pancreatic enzymes less effective, and cause deficiencies in fat-soluble vitamins.

**Case Study:** MT was referred to BN for new dx of DM (A1c: 6.6%), hypertriglyceridemia (trig 121, but had been as high as 1080) and weight management (197.4#). Treatment protocol included improving patient's relationship with food (intuitive eating) to prevent "good vs bad" food mentality; MyPlate balanced meals to improve glycemic control; fat facts; emphasizing the importance of physical activity, placement of CGM for pattern management; and routine f/u with RD. Patient outcomes: decrease in A1c (5.9%), decrease in triglycerides (98) and other lipids, weight loss (175#), improved relationship with food - listening to hunger/satiety cues, increase in fruits and vegetables, and regular physical activity.

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