COVID-19 Infant Feeding During the Postpartum Period
A webinar hosted by the California Breastfeeding Coalition (USA)

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PLEASE NOTE
• Content in this presentation is current as of 27 March 2020
• Information and guidelines are being updated rapidly, and information in this presentation may be outdated quickly beyond this date.
• This presentation is intended for a primary audience of lactation support persons in the United States.
• In this presentation, views are my own and are not representative of my university or any other organizations and institutions with which I am affiliated. They should not be construed as recommendations or guidance from these affiliated institutions or organizations.

DISCLOSURES
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DISCLOSURES
I have not accepted research funds, grants, donations, gifts, honoraria, or sponsorships from manufacturers or distributors (or their trusts, associations, or foundations) of infant or young child feeding products and related products, which are covered in the: International Code of Marketing of Breastmilk Substitutes (“The WHO Code”) and associated WHA resolutions.

A complete list of my funding, collaborations, and volunteer service are available upon request: apalmquist@unc.edu
What is known about COVID-19?

- Novel SARS-CoV-2 (other coronaviruses MERS-CoV, SARS-CoV)
- Primary respiratory transmission – through droplets in the air transferred from person to person
- Respiratory hygiene, hand washing, and social distancing are primary public health and clinical interventions

What is known about maternal to child transmission (MTCT) of COVID-19?

- Small number of studies → Interim Guidance
- Is SARS CoV2 present in human milk?
  - 7 clinical case studies, retrospective studies, case reviews
  - No virus found in milk
  - Theorize bioactives in human milk may interact with the virus to provide buffer against severe clinical disease
  - Respiratory transmission still considered primary mode of transmission

JAMA Letters March 26, 2020

- Single clinical case study: 29 year-old primiparous patient (34 weeks, 2 days gestation), COVID19+
- Vaginal swabs negative
- Amniotic fluid not tested
- Milk negative week after birth
- Elevated antibody levels and abnormal cytokine tests 2h after birth
- C-section birth, immediate postnatal separation and isolation

Dong et al. 2020, March 26, 2020, Possible vertical transmission of SARS-CoV-2 from infected mothers to her newborn, JAMA. Published online March 26, 2020. doi:10.1001/jama.2020.4621

Comment: Kimberlein & Stagno 2020, “more definitive evidence is needed” — https://jamanetwork.com/journals/jama/fullarticle/2763851

JAMA Research Letter March 26, 2020

- Cohort of 33 infants born to COVID-19+ mothers
- 3 infants diagnosed with early onset (neonatal) COVID-19, all born pre-term
- No deaths, clinical symptoms mild, favorable outcomes
- Maternal origin of infection suspected, uncertain

Pediatrics Research study, March 18 2020

- Nationwide case series (n=2143) pediatric cases in China
- 731 (34.1%) confirmed COVID-19 cases
- 1412 (65.9%) suspected
- Median age 7 years
- 90% COVID-19 cases asymptomatic, mild, or moderate

Comment: Greater illness severity found in suspected, not confirmed cases
- Other common causes of severe infection likely in group of suspected infants and children

Why is human milk critical for infants during COVID-19 pandemic?

- Colostrum is a baby’s first vaccine, personalized medicine
- Continuously nursing baby or providing expressed human milk offers ongoing immunological support:
  - Influenza
  - RSV
  - Pneumonia
  - Diarrhea
- Reduces reliance on formula feeding post-discharge
- Reduces burden on stressed health systems

WHO GUIDANCE IS CLEAR

- PUI or COVID-19+ patients should be supported to nurse their baby if they are well enough to do so:
  - Practice respiratory hygiene (masks, if available) — may need to provide instructions for donning and doffing masks
  - Wash hands thoroughly before and after touching baby, bottles, pump, cups for feeding
  - Avoid touching eyes, nose, and mouth (own and baby’s)
  - Routinely disinfecting surfaces they may have touched

- Close early contact is still recommended
  - Skin-to-skin should be supported along with respiratory and hand hygiene for all caregivers/helpers
WHO GUIDANCE IS CLEAR

- PUI or COVID-19+ patients who are too sick to care for their baby but wish for their baby to receive their own milk or donor milk:
  - Assistance with latching baby and support while baby nurses
  - Support to express milk, with pump or hand expression
  - Support with relactation
  - Access to pasteurized donor human milk when available
  - Provide mental health and psychosocial support
- Prior to discharge, assess patients for home care plans and resources: “Look, Listen, Link”

WHO GUIDANCE IS CLEAR

- PUI or COVID-19+ and nursing or expressing milk for baby at home
  - Guidance for if they are well or have mild symptoms
  - Guidance for if they are sick and have moderate to serious symptoms
- At home, another healthy caregiver can provide support to maintain lactation:
  - Help with latching baby, milk expression, feeding expressed milk
  - Use IPC best practices
  - Mental health and psychosocial support part of essential care
  - Lactation counseling and infant feeding support part of essential care
- Minimize exposure to others in the home who are at higher risk for severe disease (>50 years, smokers, asthma, high blood pressure, immunocompromised)

All countries are called upon to follow WHO guidance.

U.S. CDC Guidance

- CDC and WHO guidance are aligned
- CDC guidance specific for the resources and medical systems operating in the U.S. only
- CDC provides guidance for many scenarios in which infants may be separated from birthing parent and for when birthing parent wishes to room-in with and nurse their child
- Guidance for home care is nearly identical to WHO guidance
ABM Statement Summary

In Hospital:
• The choice to breastfeed is the mother’s and families. [CDC: If colocation (sometimes referred to as “rooming in”) of the newborn with his/her ill mother in the same hospital room occurs in accordance with the mother’s wishes]

• If the mother is well and has only been exposed or is a PUI with mild symptoms, breastfeeding is a very reasonable choice and diminishing the risk of exposing the infant to maternal respiratory secretions with use of a mask, gown and careful handwashing is relatively easy.

If the mother has COVID-19, there may be more worry, but it is still reasonable to choose to breastfeed and provide expressed milk for her infant. Limiting the infant’s exposure via respiratory secretions may require more careful adherence to the recommendations depending on the mother’s illness.

There are several choices in the hospital concerning housing for a breastfeeding mother and her infant:

Summary of ABM

Rooming-in (mother and baby stay in the same room without any other patients in that room)
• Respiratory hygiene (mask)
• If masks not possible --> infant kept in a bassinet 6 feet from the mother’s
• Hand hygiene before and after touching and feeding baby
• Ideally, there should be another well adult who cares for the infant in the room.

[CDC: If colocation (sometimes referred to as “rooming in”) of the newborn with his/her ill mother in the same hospital room occurs in accordance with the mother’s wishes, or is unavoidable due to facility limitations, facilities should consider implementing measures to reduce exposure of the newborn to the virus that causes COVID-19.]

• Consider using engineering controls like physical barriers (e.g., a curtain between the mother and newborn) and keeping the newborn ≥6 feet away from the ill mother.

• If no other healthy adult is present in the room to care for the newborn, a mother who has confirmed COVID-19 or is a PUI should put on a facemask and practice hand hygiene before each feeding or other close contact with her newborn.

• The facemask should remain in place during contact with the newborn. These practices should continue while the mother is on transmission-based precautions in a healthcare facility.]
Summary of ABM

Temporary separation – primarily because the mother is sick with the COVID-19 infection and needs medical care for herself in the hospital. Mothers who intend to breastfeed / continue breastfeeding should be encouraged to express their breast milk to establish and maintain milk supply.

• Dedicated pump provided to patient
• Hand hygiene
• Respiratory hygiene (masks)
• When mask not available, consider another healthy caregiver to feed baby

Mothers and families may need additional guidance and support to continue breastfeeding, to utilize expressed breast milk, to maintain her milk production and to store milk for later use while the mother is sick with COVID-19.

The WHO guidance is clear, but there is much confusion.

Risks of Routine Mandatory Postnatal Separation

Cascade of harm and trauma:
• Psychological trauma & attachment disorders
• Perinatal mood disorders
• Disrupted lactation
• Increased risk of maternal and infant readmissions
• Lack of space and supplies

Long-term negative population health impacts

Formula does not contain components that provide passive immunity to neonates and infants. Any amount of human milk is important for the health of a COVID-19 exposed infant.

Communities as Primary Care Settings

• Communities and families are being called upon already to support care in homes
• Urgent need for lactation support persons working in community settings to mobilize care for families with PUI/COVID-19+ infants and caregivers at home
• Create a social safety net to facilitate best possible care available in difficult circumstances
Clinical-Community Connections

Hospitals must plan for care beyond boundaries of their facilities:
• Relactation education & information for ALL MOTHERS/BIRTHING INDIVIDUALS
• Telehealth and virtual lactation support
• Facilitating donations to milk banks, education about donor human milk
• Linking families to community resources
• Food insecurity awareness
• Formula access assessment prior to discharge: “Look, Listen, Link”
• Buddy system, postpartum check-in: how to ensure families have what they need after discharge? Coordination needed?
• Mental health and psychosocial resources

COVID-19 will only worsen inequities in perinatal, intrapartum, and postpartum care in communities facing everyday structural inequities in care.

Some Immediate Actions

• Educate all pregnant and postpartum patients about the importance of immediate skin-to-skin, latching baby to nurse/milk expression and the guidance to support this, respiratory hygiene, and hand hygiene;

• Empower all patients to advocate for a support person during intrapartum and postpartum care, rooming-in, providing human milk for their baby;

• Advocate for facilities to use WHO guidance whenever possible. Adapt key messages from WHO guidance for patient-facing resources, community resources, resources for infant caregivers;

Some Immediate Actions

• Scale up training in providing virtual and mobile support
  • Hospitals
  • Communities
  • Private practice

• Rapidly scale up training in critical lactation counseling and support skills
  • Hand expression and cup or spoon feeding
  • Relactation, weaning off supplements, power pumping
  • Counseling about the introduction of complementary foods
  • Safe sleep
  • Reading and responding to your baby
  • Postpartum mental health for infants and their caregivers
• Provide support to parents/caregivers of formula dependent infants:
  • Hygiene, preparation, storage and handling of formula
  • IPC for formula-feeding parents PUI/COVID-19+ when another caregiver is not available
  • Reading and responding to baby
  • Connecting parents/caregivers with resources to ensure they have an adequate supply of formula for their baby, while protecting families against exposure to predatory marketing practices and tactics

• Policy & Advocacy Actions
  • Advocate that all public health and emergency response systems that are mobilized consider infant and young child feeding, and prioritize continuity of care from clinic to community
  • Lactation support persons and doulas are essential to positive pregnancy, birth, and infant feeding outcomes
  • Advocate for the adoption of WHO guidance for intrapartum and immediate postpartum care of PUI-COVID+ birthing parent and infant
  • Identify and strengthen opportunities to coordinate response in ways that center perinatal, postpartum, and infant health, particularly in marginalized and vulnerable communities and populations

• Community Mobilizing
  • Share key messages with parents and caregivers about infant feeding and care for COVID-19
  • Adapt perinatal, postpartum, family care services to strengthen community safety net
  • Survey what families in your communities need
  • Share needs with other community organizations
  • Coordinate support resources, consider innovations in care delivery

Are there nationwide formula shortages?

• There is not a nationwide formula shortage
• Distribution bottlenecks, stockpiling, inequities in access
• AAP provides good information on HealthyChildren.ORG: Are there shortage of infant formula due to COVID-19?
Where to Find Resources

- WHO FAQs
- UNICEF Resource page and FAQs (will launch 3/26/20)
- CDC Pregnancy and Breastfeeding FAQs
- ILCA Resources for Lactation Professionals
- Health Connect One Doula and Community Resources

We are all living in a time of uncertainty.

We need to minimize the harm to people who give birth, their infants, and those who care for them.

History and the scientific literature clearly illustrates that when public health, medical systems, and social services systems are weakened by disasters and emergencies, protecting, promoting, and supporting breastfeeding is the single most important intervention for infant survival.
Women with COVID–19 can breastfeed if they wish to do so. They should:

- Practice respiratory hygiene and wear a mask.
- Wash hands before and after touching the baby.
- Routinely clean and disinfect surfaces.

Patients still have a right to the most up-to-date information about the risks and benefits of infant feeding alternatives.

They have the right to skilled lactation support and to provide milk for their baby.

All women have the right to a safe and positive childbirth experience, whether or not they have a confirmed COVID–19 infection.

- Respect and dignity
- A companion of choice
- Clear communication by maternity staff
- Pain relief strategies
- Maternity in labour where possible and childbirth of choice

Patients still have intrapartum human rights protections.

Infants have a human right to the highest quality of available postnatal care.
Perinatal health experts warn of the harmful effects of separating infants from their mothers, whether they are infected with COVID-19 or not – separation is an unnecessary measure which at this moment is unadvised by the WHO in lieu of current evidence.

REFERENCES

- World Health Organization and UNICEF Global Guidance
  - Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected
    - Interim guidance on breastfeeding for a mother confirmed or under investigation for COVID-19
  - Coronavirus disease (COVID-19): What parents should know
  - Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and management of contacts
  - Q&A on COVID-19, pregnancy, childbirth, and breastfeeding
  - Academy of Breastfeeding Medicine (ABM)
  - GTAM (Global Nutrition Cluster Technical Assistance Mechanism)
  - International Lactation Association (ILCA)
  - National Perinatal Association
  - SafelyFed Canada
  - United States Breastfeeding Committee
  - World Alliance for Breastfeeding Action (WABA)
  - U.S. Centers for Disease Control and Prevention
    - Interim guidance on breastfeeding for a mother confirmed or under investigation for COVID-19
    - Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Health Care Settings
  - Human Milk Banking Position Statements
    - Human Milk Banking Association of North America (HMBANA)
    - European Milk Banking Association (EMBA)
  - Operational Guidance for Infant and Young Child Feeding in Emergencies

Thank You

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Please see our COVID-19 Resources:
https://sph.unc.edu/covid-19-resources/

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