Providing the best possible solutions in less-than-ideal circumstances: Integrating hospital practices for COVID-19 positive and PUI birthing parents with consideration of infection control and Baby-Friendly practices

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Objectives

1. State the benefits and risks of skin to skin and separation due to COVID-19

2. Counsel patients using the LOVE strategy of shared-decision making

3. Educate parents about infant care and breastfeeding in the hospital and at home

4. Identify and refer parents to resources to ensure they receive breastfeeding support after discharge
Some Background on SARS CoV-2
Where did this virus come from? Was it made in a laboratory?

- Coronaviruses are not new, there are common strains that cause colds
- Mammals and Humans (especially bats)
- But “bad actors” periodically emerge
  - SARS
  - MERS
  - 2019 nCoV
- This Strain first appeared in China in December, so only around for 4 months.
- NOT man made, evolved from strains already around

Slide courtesy of H Fraimow, MD, Infectious Diseases at Cooper
The main issues and questions:

• Direct breastfeeding vs. providing expressed mother’s milk vs. donor milk vs. formula
• Rooming-in vs. mother-infant separation
• Skin-to-skin care immediately following birth vs. not
• Bathing the newborn immediately vs. delayed
• Cleansing the breast vs. not

Additional Questions:

• What to do when mom is too sick to directly breastfeed? Support Persons (SPs) banned?
• What to do when baby is in the NICU?
• Who is a PUI? Maternal fever? First or second hand exposure? Mom’s occupation? Geography, high risk group?
Why is this so much worse than the flu?

1. It is probably at least 3-5X as deadly as the flu
2. No-one is immune or vaccinated against it, so if exposed to it you will get it.
3. People may be the most infections the day they become sick or the day before.
4. Many people who are infected have no symptoms at all and may be spreading it
5. So avoiding only sick people is NOT going to keep you safe
California COVID-19 By The Numbers
April 17, 2020
Numbers as of April 16, 2020

CALIFORNIA COVID-19 SPREAD
27,528 Total Cases

Ages of Confirmed Cases
• 0-17: 472
• 18-49: 13,144
• 50-64: 7,488
• 65+: 6,360
• Unknown/Missing: 64

Gender of Confirmed Cases
• Female: 13,424
• Male: 13,865
• Unknown/Missing: 239

Hospitalizations
Confirmed COVID-19
3,180/1,174 Hospitalized/in ICU
Suspected COVID-19
1,712/310 Hospitalized/in ICU

985 Fatalities

For county-level data: data.chhs.ca.gov

covid19.ca.gov

Cooper Medical School of Rowan University
COVID-19 cases among children* aged <18 years, among those with known hospitalization status (N = 745), † by age group and hospitalization status — United States, February 12–April 2, 2020

†Number of children missing hospitalization status by age group: <1 year (303 of 398; 76%); 1–4 years (189 of 291; 65%); 5–9 years (275 of 388; 71%); 10–14 years (466 of 682; 68%); 15–17 years (594 of 813; 73%).

L&D protocols: How are we determining who has the virus or is a PUI?

Hospitals are going in 2 directions:

• Test all admissions to L&D
• Screen based on symptoms and/or exposures

Either way: Intrapartum fever is relatively common: approx. 7%

Intrapartum or PP fever can be from Obstetric causes or COVID-19.

2 most common obstetrics causes: epidural use/chorioamnionitis

Fever can also be the first sign of COVID dz
Asymptomatic testing for COVID-19 on L&D

- March 22 and April 4, 2020, 215 pregnant women admitted to one hospital, all tested
- 15.5% were positive
- Of those positive, 89.9% were asymptomatic at the time of presentation.
- Now becoming more common on L&D’s in urban areas

Sutton D et al. NEJM April 13, 2020
Why do asymptomatic testing on L&D?

- Help teach patients how to safely care for and feed their babies.
- Staff can use appropriate PPE while caring for the patient /baby
- Infant is not incorrectly cohorted in a unit as a “PUI”
- Guide plans for safe follow up (CoV+ should not enter offices until cleared or go to specialized CoV clinics for essential care)
- Educate families how to interact/isolate in their homes, help them obtain masks/sanitizer
Example: MGH protocol

• **Test** all admissions to L&D
• **Screen** all support persons (one support person who cannot come and go, must stay with the patient)
• If scheduled Induction or Cesarean: screen 48 hrs in advance
• If patient is without symptoms, she is NOT a PUI while test is being run
• If patient is WITH symptoms, she is a PUI
• All people are masked (patients, visitor and staff)
MGH OB COVID-19 L&D Screening & Management Flowsheet

Does not apply to triage visits

**Does the patient have a confirmed case of COVID-19?**

- NO
  - Does the patient have symptoms of COVID-19?
    - NO
      - Known recent exposure?
    - YES
      - COVID PCR FOR ASYMPTOMATIC PT
        - POSITIVE
          - Standard precautions for labor; enhanced respiratory precautions for delivery & CS
        - PENDING
        - NEGATIVE
          - Standard precautions, including for delivery or CS

**COVID-19 CONFIRMED OR SUSPECTED**

- YES
  - COVID ISOLATION & TESTING PANEL
    - All patients managed as confirmed or suspected COVID-19 regardless of test result

**Enhanced respiratory precautions**

- Notify: PCIA, MFM, Resource RN, OB/CNM, DR1

**Vaginal Delivery Planned**

- Labor: Early epidural, no nitrous
- Time of delivery: Page DR1 “COVID” if pedi team needed for routine indications

**Cesarean Delivery Planned**

- Communicate plans early
- Review PPE, airway concerns in huddle
- Minimize providers in OR
- Use PPE from isolation cart by OR
- Page DR1 “COVID” for delivery

**Delivery Not Planned**

- Review case with MFM, MFM to determine appropriate unit w/Med Senior if admission needed

**Enhanced Respiratory Precautions:** gown, gloves, eye protection, N95 mask or PAPR

**Neonatal**

- Routine delayed cord clamping
- No skin-to-skin
- Mother baby co-locate, separated 6 ft
- Breastfeeding with precautions (hand hygiene and mask) or expressed milk/formula can be given to baby by healthy caregiver (refer to nursing protocol)
- If no healthy caregiver available or maternal status worsens, infant moved to nursery/NICU

**Maternal**

- If main issues are COVID-related: COVID ward with MFM following (coordinate with Med Senior)
- If main issues are not COVID-related: postpartum floor with ID consulting
- If uncertain of appropriate disposition: discuss with MFM

**N95 Reuse/Extended Use Guidelines:**

- If no AGP used for mom or infant, N95 can be REUSED
- If AGP used for mom or infant, N95 can be worn for EXTENDED uses (must be discarded once removed)

**AGPs (aerosol-generating procedure) commonly used on L&D for mom or infant:**

- intubation, deep suctioning, CPAP, nasal swabs for COVID testing
- Nasal cannula O₂ is NOT an AGP
Exclusive breastfeeding matters for both short and long-term health outcomes

- Some breastfeeding benefits are more apparent in exclusively breastfed infants than in mixed fed infants (e.g. protection against ear infections)
- Other benefits rely on exclusive breastfeeding (e.g. lower respiratory tract infections and serious persistent diarrhea)
- Some benefits are associated with direct breastfeeding (e.g. obesity prevention, and possible reduced chance of allergy)
Exposures at Birth Lead to Lifelong Effects

Early-life exposures
- Mode of delivery (maternal microbes)
- Infant diet (selective substrates)
- Antibiotics (selective killing)
- Probiotics (selective enrichment)
- Physical environment (environmental microbes)

Symbiosis
- Immune tolerance
- Intestinal homeostasis
- Healthy metabolism

Gut microbiota

Dysbiosis
- Immune disease (e.g., atopy, asthma, multiple sclerosis)
- Intestinal disease (e.g., inflammatory bowel disease, necrotizing enterocolitis, colon cancer)
- Metabolic disease (e.g., diabetes, obesity)

http://biomeonboardawareness.com/cesarean-studies-microbiome-manipulation/
Setting the Stage for Exclusive Breastfeeding/Breast Milk Feeding

- Prenatal education and support
  - Is mom COVID exposed, COVID +, or in high risk area?
- Maternity care practices: the Ten Steps (?)
- Community and Partner Support (if mom + no SP?)
- Prenatal and Intra-partum breastfeeding assessment
- Coordination of care
  - Who will see dyad after D/C
  - Who takes baby home?
Synergy of the Ten Steps

TABLE 5 Odds of Achieving Exclusive Breastfeeding Intention by Number of Baby-Friendly Hospital Practices Experienced, IFPS II, 2005–2007 (n = 1457)

<table>
<thead>
<tr>
<th>No. Steps Experienced</th>
<th>% Met Goal&lt;sup&gt;a&lt;/sup&gt;</th>
<th>aOR&lt;sup&gt;b&lt;/sup&gt;</th>
<th>95% CI</th>
</tr>
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<tbody>
<tr>
<td>0–1</td>
<td>23.4</td>
<td>1.0</td>
<td>——</td>
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<tr>
<td>2</td>
<td>26.0</td>
<td>0.9</td>
<td>0.5, 1.6</td>
</tr>
<tr>
<td>3</td>
<td>26.6</td>
<td>1.1</td>
<td>0.7, 1.8</td>
</tr>
<tr>
<td>4</td>
<td>32.7</td>
<td>1.5</td>
<td>0.9, 2.5</td>
</tr>
<tr>
<td>5</td>
<td>40.6</td>
<td>2.1</td>
<td>1.3, 3.5</td>
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<tr>
<td>6</td>
<td>46.9</td>
<td>2.7</td>
<td>1.5, 4.8</td>
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</table>

<sup>a</sup> Cochrane-Armitage trend test P < .0001 for percentage who met goal.

<sup>b</sup> aOR adjusted for maternal age, race/ethnicity, poverty-to-income ratio, education, prepregnancy weight status, parity, smoking status, WIC participation, Cesarean delivery, marital status, and intended duration of exclusive breastfeeding.

Ten Steps Support Exclusive Breastfeeding for those most vulnerable: Issue of Equity

Equity in the time of COVID: what is the problem?

• Inequity in burden and consequences of disease
  – Living and working circumstances of many of our patients make social distancing and in-home isolation challenging
  – Many public health messages delivered primarily in English
  – Access to testing not uniform by population
  – The prevention mechanism – home confinement – increases risk for gender-based violence, particularly for those with fewer resources
  – Co-morbid conditions (diabetes, asthma, obesity, hypertension) that are risk factors for severe COVID-19 illness are differentially distributed in U.S., due to long-standing inequities in access and quality of care, structural racism

• These concerns overlay the maternal and infant mortality crisis in the U.S., particularly for Black women and children
COVID-19 rate (unadjusted for age)

- Lower than rest of Boston
- Similar to rest of Boston
- Higher than rest of Boston

Boston
Rate = 18.1 cases per 10,000 residents
n = 1,233 cases

Rate = rate per 10,000 residents (unadjusted for age); n = number of COVID-19 cases confirmed by testing

DATA SOURCE: Boston Public Health Commission, Boston Surveillance System (Jan 3, 2020 to April 2, 2020, 1:00pm); U.S. Census Bureau, American Community Survey, 2018 5-yr estimates (2014-2018)
DATA ANALYSIS: Boston Public Health Commission Research and Evaluation Office
Chelsea, MA

COVID-19 Infection Rate per 10,000 pop. (as of 4/10/2020)

<table>
<thead>
<tr>
<th>Massachusetts</th>
<th>Chelsea</th>
</tr>
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<tbody>
<tr>
<td>33</td>
<td>96</td>
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</tbody>
</table>
Exhibit 2

Black Americans are overrepresented in nine of the ten lowest-wage jobs considered high-contact, essential services.

Black Americans in high-contact essential services, by annual income, % share

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Annual Income</th>
<th>% Share</th>
</tr>
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<tbody>
<tr>
<td>Psychiatric aides</td>
<td>$32,590</td>
<td>39</td>
</tr>
<tr>
<td>Orderlies</td>
<td>$30,710</td>
<td>38</td>
</tr>
<tr>
<td>Nursing assistants</td>
<td>$30,720</td>
<td>33</td>
</tr>
<tr>
<td>Cooks, restaurant workers</td>
<td>$28,700</td>
<td>16</td>
</tr>
<tr>
<td>Pharmacy aides</td>
<td>$30,490</td>
<td>15</td>
</tr>
<tr>
<td>Food prep supervisors and servers</td>
<td>$36,960</td>
<td>15</td>
</tr>
<tr>
<td>Childcare workers¹</td>
<td>$25,510</td>
<td>15</td>
</tr>
<tr>
<td>Pharmacy technicians</td>
<td>$35,250</td>
<td>14</td>
</tr>
<tr>
<td>Medical assistants</td>
<td>$35,720</td>
<td>14</td>
</tr>
<tr>
<td>Funeral attendants</td>
<td>$29,830</td>
<td>11</td>
</tr>
</tbody>
</table>

Parity with US population

McKinsey & Co., 2020
COVID-19: Investing in black lives and livelihoods
Prenatal care: equity considerations

Spacing of outpatient visits and replacing some visits with virtual communications may not work well for all populations

• Medical needs, social needs and their intersection may need more frequent monitoring (e.g. DM + newly unstable housing)

• Differential access to and uptake of electronic communication
  – Fewer patients of color enrolled in electronic messaging
  – Ability to use medical interpreters for virtual visits; diminished quality of telehealth visits through interpreter
  – Access to adequate minutes/data for devices
Clinical care: equity considerations

- Poor health literacy, fear of losing employment, mistrust of medical system and government may contribute to seeking care later for respiratory symptoms
- When COVID testing and treatment resources are scarce, algorithms may “inadvertently” disproportionately disadvantage underserved populations
- Discharge for COVID-related and obstetrical admissions may require complex planning and resource allocation at a time when teams and services are thin
Evidence for skin to skin: Baby

– More likely to have successful breastfeeding with first feed
– Greater stability of cardiorespiratory system
– Higher blood glucose levels
– Decreases pain in the newborn
– Improves gastrointestinal adaptation
– Leads to more restful sleep patterns, less crying and better growth
– Improved bonding (fMRI)

Evidence for Skin to Skin: Mother

• Decreases maternal stress and improves paternal perception of stress in the relationship with baby
• Depression scores and salivary cortisol levels lower over the first month among postpartum mothers providing SSC
• Enhances opportunity for early first breastfeed, which in turn leads to more readiness to breastfeed, organized suckling pattern, and more success in exclusive and overall breastfeeding

When do we NOT Recommend immediate SSC

• Maternal issues: unstable due to PP hemorrhage, hypertension, sepsis, severe nausea/vomiting

• Newborn issues: HIV (bathe first), hypotonia, need for resuscitation, meconium, or if any of the following: HR<100, low tone, decreased respiratory effort

• SARS CoV-2??
Additional issues: Delivery/PP

• Highest level of PPE is required for “AGP” aerosol generating procedures
  – Intubation/CPAP for mother or infant: N95
• Large debates about 2\textsuperscript{nd} stage of labor: is it AGP? Is surgical mask enough?
• What is the supply chain?
• Delayed Cord Clamping: recommended by ACOG but many hospital protocols avoid “to be cautious”
• Personnel/staffing: may see Baby-Friendly practices revert, less time to provide breastfeeding ed after delivery, LCs being pulled d/t workforce shortages
Delaying the Bath

• Delayed immersion vs. immediate sponge baths reduce hypothermia (no increase in bf) (Brogen 2017)
• 2 hours vs. >12 hours associated with increased exclusive breastfeeding AOR=1.49 [95% CI 1.14, 1.96] (Dicioccio 2019)
• Increased overall breastfeeding AOR=2.66; [95% CI 1.29, 5.46] (Preer 2013)

• What are the added Risks of SARS-CoV-2?
• HIV washed immediately
Newborn Bath

- Newborn skin is vulnerable to environmental exposures that trigger irritation, immune reactions, and skin barrier breakdown.

- Vernix caseosa, (composed of water, proteins, barrier lipids, and antimicrobial agents), contributes to skin hydration, lower pH, and protection against pathogens, suggesting that vernix removal in non-folded locations immediately post birth can be unfavorable.
  - Coughlin CC, Taieb A. Pediatric Dermatology. 2014

- Does Bathing Newborns Remove Potentially Harmful Pathogens from the Skin? Medves J. Birth 2001 (RCT soap & H2O vs. H2O)
  - Bathing with mild soap as opposed to bathing in water alone has minimal effect on skin bacterial colonization.
Express milk using hands

• Method of milk expression correlated with time since birth, purpose of expression, and the individual mother and infant.

• Low-cost interventions including initiation of milk expression sooner after birth when not feeding at the breast, relaxation, massage, warming the breasts, hand expression and lower cost pumps may be as effective, or more effective, than large electric pumps for some outcomes.

• Hand hygiene (Gloves?), Breast hygiene?

Milk Expression

Open system; More concern for COVID-19 than closed system of mechanical milk expression?

http://newborns.stanford.edu/Breastfeeding/HandExpression.html

Photo © Jane Morton, MD, FAAP

Photo © Kay Hoover, MEd, IBCLC
Breast Hygiene

• Many hospital protocols recommend/require washing the chest/breast skin to “remove virus” that could be ingested.

• No indication of either vertical transmission or transmission via breastfeeding

• Consider risks of soaps (peeling agents, acids, allergens, microbiome) with benefits of exercising caution

• What if the mother is POD 0 and has not gotten out of bed, increased burden on staff?
Potential BF Problems with COVID-19

- **Maternal**
  - Production problem (may be exaggerated if separated)
  - Too sick to breastfeed (or express milk?)
- **Dyad- milk transfer**
  - Hygiene: hands and breast
  - Problems latching/suckling (if permitted to directly breastfeed)
  - Problems with MER (conditions of stress)
- **Infant**
  - High demand- sepsis, hypoglycemia, hyperbilirubinemia
  - Excessive weight loss
  - Is the baby sick with COVID-19?
Maternal illness severity:

- Location of mother: postpartum unit for “well” mothers, otherwise, may go to a COVID unit for specialized care with OB consulting
- May need ICU level of care
- May need intubation
- May need prone positioning (either intubated or not)
  - Strategy to improve oxygenation, recruit more lung tissue, improve ventilation/perfusion matching
  - Generally unable to express milk if prone

- May be completely asymptomatic
COVID medications and Lactation

- Remdesivir (anti-viral): likely safe but little data
  - Low bioavailability based on data from species of monkey similar to human metabolism
  - Molecular Weight 602, relatively larger molecule
  - Neonate was also given the drug for Ebola virus, published in 2017 no adverse outcomes
  - Half life in humans = 20 hrs
- Monoclonal antibodies: very large molecules likely safe
- Hydroxychloroquine: compatible
- Azithromycin: compatible
- Other antibiotics: generally compatible
Some Practical Issues

• Babies will likely consume less volume if they are not bottle fed
• Expressed mother’s milk is likely sufficient in volume during first days
First do no harm!

- Protect mom’s supply
- Monitor weight lost: normal 7-10%, <75% on NEWT curve
- Assess glucose among high risk newborns, and jaundice in all babies
- Arrange follow-up 1-2 days after going home
- Avoid re-hospitalization (hyperbili)
- Remember: First do no harm!
Discharge to Home: Two Approaches

- Dyad together with hand washing and mask
- Involve support system
- Direct breastfeeding
- Follow up in person 24-48 hours after going home to check weight, baby’s PE, risk for jaundice
- Follow up tele-lactation visits video or phone
- Use labs or homecare for bilirubin check and/or Wt.

- Discharge separately, baby to well caregiver, mom to home until well
- 72 hours no fever without Tylenol; and >7 days since symptoms started
- Express milk using hygiene and provide milk to baby (needs to get there!)
- Who will care for mom?
- Does person caring for baby have experience: newborn issues, safe sleep, etc.?
Hospital Follow Up

• Need to find pediatric practices open to do face-to-face visits
• Newborn weight is needed
• Physical exam
• If directly breastfeeding observe latch and suckling
• Can do subsequent visits by tele-lactation
Post Partum period for new mother

- Cultural norms usually involve mother’s mother, aunts, sisters supporting mother by visiting, often for weeks, caring for other children in the home, cooking, cleaning, providing emotional support
- Typically a time for family/friends to support new parents, bringing food, gifts
- **Now a time of strict isolation.**
- Do not want vulnerable older generations visiting
- Underlying mood disorders may be exacerbated
- Will the incidence of postpartum depression change?
- Processing the birth and time in the hospital may be complex for a COVID pos new mother
How can we help?

• COVID positive list: Every patient gets a phone call every 1-2 days until cleared to assess symptoms and answer questions, ensure safety.

• Virtual prenatal classes, breastfeeding, infant care classes
• Virtual doula services
• Virtual postpartum visit in 1-2 weeks
• Virtual social worker visits, virtual therapy visits
• Virtual new mothers group online platforms
• Virtual tele-lactation support
• WIC support by phone
• In person visiting nurse appointments in the home
Have you given birth just before or during the coronavirus outbreak?

We at Harvard University and Mass General Hospital would like to learn how you, mothers who recently gave birth, are coping with motherhood in the face of the coronavirus (COVID-19) pandemic.

Click here to complete an anonymous survey. Your participation alongside many other women around the globe will help us better understand and raise awareness to the special needs of mothers during this time.

(You can also paste the following into your browser to access the survey: https://is.gd/mothers_coronavirus)
Risks of Supplementation

**Mom**
- Decreases confidence
- Decreases milk removal leading to increased autocrine control and decreased milk synthesis
- Leads to premature weaning

**Baby**
- Increases risk of short and long term disease
- Changes microbiology and immuno-biology of gut

**Dyad**
- Interferes with effective latch
- Decreases hormonal stimulation via afferent nerve receptors

**Parent and Family**
- Bottle/formula feeding
- Caring for sick child
Supplementation Decision Algorithm

1. Feed infant at breast on cue, 8-12x per 24 hours
   - No
   - Yes
       - Does the infant have signs of insufficient intake?
         - No
           - Continue to reassess
         - Yes
           - Feeding evaluation: Is infant able to transfer milk from the breast?
             - No
               - Feed expressed mother’s milk
             - Yes
               - Help mother increase supply by pumping at each supplemental feed
               - Decrease supplements as mother’s milk supply increases

2. Does infant require more milk than what mother is currently producing?
   - No
     - Continue to reassess
   - Yes
     - Is donor human milk available?
       - No
         - Supplement with formula
       - Yes
         - Supplement with donor human milk
If supplement needed

- Mother’s own milk > donor milk > formula
- Methods to deliver may include spoon, cup, SNS, syringe, or paced bottle feeds
- Assist mother to express milk each time the baby is supplemented
- Give opportunities to “practice” at the breast
A Conversations Approach

• Engage families at the speed of trust
• Use open ended questions to begin conversations
• Understand what matters most to the mother and the family
• Provide support for decision and help to bring clarity to any misconceptions
• Promote, protect and support breastfeeding
Why Do Mothers Stop Breastfeeding Early?

60% of mothers do not breastfeed as long as they intend

- Issues with lactation and latching
- Concerns about infant nutrition and weight
- Mother’s concern about taking medications while breastfeeding
- Unsupportive work policies and lack of parental leave
- Cultural norms and/or lack of family support
- Unsupportive hospital practices and policies


How Can We Become Better Listeners?

• Provide a safe space
• Hearing concerns
• Probing
• Validating feelings
• Filling the knowledge bank
• Dispelling myths without discounting the source
• Acknowledge bias
One Approach to Conversations

- Listen to what moms are saying
- Ask open-ended questions
- Validate feelings
- Educate on point
After Listening and Acknowledging

Step two: Ask open ended questions

• “What are your plans for breastfeeding?”
  – “Have you thought about breastfeeding your baby?” (YES/NO)

• “What have you heard about COVID-19 and breastfeeding?”
  – “Do you know the recommendations for COVID + moms?” (YES/NO)

• “What are your feelings about directly breastfeeding or being separated and expressing your milk?”
  – “Are you okay with us separating the baby and pumping your milk?” (YES/NO)

“What” is the key word!
Probes

Extending:
• What else...?
• Could you tell me a little more about how you feel about....?

Clarifying:
• What do you mean by...?
• Do you mean... by saying ....?

Reflecting or acknowledging:
• “So you think...?”
• “So you’re saying...?”
• “So you’ve heard....?”

Redirecting:
• “What other concerns...?”
• “Besides ....what else bothers you?”
Practice Evidence-Based Medicine

• Embrace triad of EBM: (1) the evidence, (2) the physician bias (pre-test probability or Bayesian thoughts) and (3) the PATIENT(s)’ preferences (if only babies could talk!)

• If we don’t know something works, acknowledge it: “Is separation really better than rooming-in and room-sharing?”

• Establish equipoise- marketing interventions of a study arm disrupts equipoise and increases therapeutic misconception
Wrap Up

• Rapidly evolving issue, new evidence and publications coming online daily
• Protocol development/evolution: team members must be open to change / flexibility
• We all have a role in supporting new parents/families: THANK YOU

• Thank you to the CBC, Susan Crowe, Robbie Gonzalez Dow for invitation
• Allison Bryant, MD for equity slides