

Going Home During a Pandemic: Challenges for Breastfeeding Families



Karen Bodnar MD, IBCLC, FABM
Anne Eglash MD, IBCLC, FABM

Objectives



- Identify national and international testing guidelines for COVID-19 in obstetric and newborn patients and risks and benefits of universal testing
- Discuss the risks and benefits of direct breastfeeding with COVID-19 vs trying to establish breastfeeding while maintaining infant/mother separation
- Recognize the current trend toward earlier discharge, the increased risks for babies and strategies to mitigate these risks
- Explain how to care for an infant in isolation, when to end isolation, and how to help those who choose separation to get back to the breast
- Identify barriers for moms with COVID-19 in obtaining lactation support and ways to overcome these barriers during birth hospitalization, at home after discharge and if infant is readmitted
- Summarize the exceptional barriers that all families currently face in obtaining in-person lactation support and identify ways to overcome this challenge

COVID-19 SPREAD & CONTAGION



How Do You Get COVID-19?



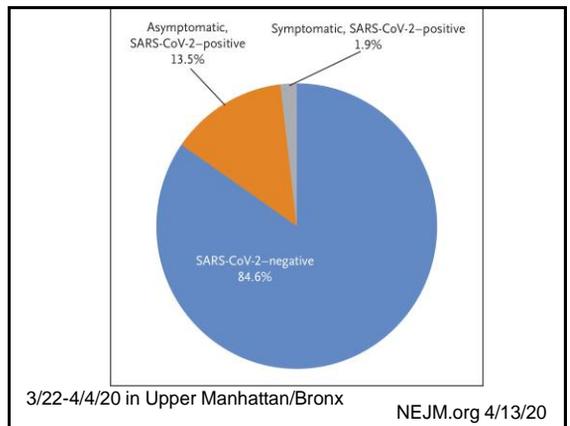
A person can contract COVID-19 if:

- They come in contact with another person infected with the virus
- Someone infected coughs or sneezes directly to them
- They touch any surface with little droplets from infected people's cough or sneezes and then touch their eyes, nose or mouth
- **Not from amniotic fluid**
- **Not from breastmilk**

Mom is admitted to the hospital in labor

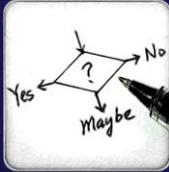


Significant # of COVID + asymptomatic cases



Viral Testing

Viral Testing sets the stage for what happens next!



Policies on Routine Testing

- World Health Organization
 - Pregnant women not yet found to be at higher risk of severe illness
 - Pregnant women with resp sx should be prioritized for testing
- Benefits of routine testing
 - Reduce spread to healthcare workers and other patients
 - Inform neonatal care
 - Guide use of PPE
- Center for Disease Control
 - Does not advise on routine testing for pts on L&D

Policies on Routine Testing

- Risks of routine screening of all mothers on L&D
 - False + testing
 - Mother may be nearing end of infectious state, and is now separated from infant
 - False negative testing (~15%-25%)
 - Mom may have mild URI sx, and test negatively, yet be infectious
 - Best to be considered PUI

What About Support Partners

- Crucial for the care and support of any mother/baby dyad
- Often is the parent of the newborn
- Routine screening at entrance for COVID sx
- No recommendations on routine testing
 - May be asymptomatic carrier!
- Should wear a cloth mask

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2F2019-ncov%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

Children and COVID-19



- Fewer cases of COVID-19 among children compared to adults
- In the US, 2% of confirmed cases of COVID-19 <18 yr
- In China, 2.2% of confirmed cases of COVID-19 were <19 yr
- In Italy, 1.2% of COVID-19 cases were among children ≤18 yr
- In Spain, 0.8% of confirmed cases of COVID-19 were < 18 yr

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>

Newborn Testing for COVID + Moms

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>

- CDC
 - Newborns of COVID + Mothers are PUI
 - Keep separate from other infants
 - May room with mother, 6 feet away, cared for by another caregiver
 - No guidance on testing infant unless ill
- AAP
 - Test at 24 hours, then at 48 hours if possible
 - Testing may not be available as an outpatient
 - If unable to test, consider PUI for 14 days from last contact with COVID + mother when she was symptomatic
 - If +, test every 48-72 hours until 2 consecutive neg tests

<https://www.aappublications.org/news/2020/04/02/infantcovidguidance040220>

Discontinuation of Transmission-Based Precautions for + Mother Who is Asymptomatic

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

2). Test-based strategy

Persons with laboratory-confirmed COVID-19 who have not had any symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)². See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 \(COVID-19\)](#). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Discontinuation of Transmission-Based Precautions for + Mother Who is Symptomatic

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

1). Symptom-based strategy

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 10 days have passed *since symptoms first appeared*.

2). Test-based strategy Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing.



Supporting Early Breastfeeding during a Pandemic

For COVID + and negative families

Optimizing the shorter time ALL families are in the hospital

- Provide hands on help
- Educational resources
- Prevent excessive weight loss
 - Teach hand expression to ALL families
 - Consider clipping anterior frenula
 - Avoid nipple shields
 - Ensure access to pumps
- Avoid formula gift bags
- Avoid routine formula supplements
- Identify mothers at risk for delay in lactation
- Harder to find outpatient help – update referral lists



Changes to Postpartum Care – Early Bathing



- AAP advises infants born to COVID+ mothers be bathed right away
 - Prevents skin to skin
 - Increased risk of poor feeding - <https://pediatrics.aappublications.org/content/138/3/e20161889>
 - Increases risk of hypothermia, causing fatigue and poor feeding - [https://www.jognn.org/article/S0884-2175\(18\)30391-5/fulltext](https://www.jognn.org/article/S0884-2175(18)30391-5/fulltext)

Infants Not Feeding Well at Discharge



- Shorter time in hospital truncates postpartum education
- Harder to access lactation appointments
- Telemedicine often does not take the place of face to face eval
- PCP may be deployed to another role, less connected with a pediatric physician
- Risk of triple feeds
- Parents often refuse to come in for weight checks
 - Risk of using their adult scales to weigh infants



The 37 1/7 Week Infant

- Often leaving at 24 hours
- Late preterm protocol does not apply
- Higher risk for
 - Poor feeding
 - Jaundice
 - Hypothermia
 - Dehydration
- Parents not always aware of these risks
- Harder to access appointments for lab (bili), and wt checks
- Harder to find outpatient appointments if COVID +

Buying Time for Breastfeeding

Families **must do 3 things** until they get help:

1. Feed the baby (*something*)
2. Remove Milk (*frequently & effectively*)
3. Rest



Feeding Guidelines for COVID + Moms



- World Health Organization
 - Relatively few infants have been confirmed COVID-19 positive; those reported had mild illness
 - Dyads should be enabled to remain together, practice skin-to-skin contact and rooming-in, especially immediately after birth during establishment of breastfeeding, whether they or their infants have suspected or confirmed COVID-19.
 - when complications prevents a mother from caring for her infant or continuing direct breastfeeding, mothers should be encouraged and supported to express milk, and safely provide breastmilk to the infant

[https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(cov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(cov)-infection-is-suspected)

Breastfeeding with COVID-19



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

World Health Organization #COVID19 #CORONAVIRUS

Feeding Guidelines for COVID + Moms



Parents and caregivers separated from their children, and children separated from their primary caregivers, should have access to appropriately trained health or non-health workers for mental health and psychosocial support.

[https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(cov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(cov)-infection-is-suspected)

Breastfeeding with COVID-19



- Center for Disease Control
 - **Breast milk provides protection against many illnesses**, is the best source of nutrition for most infants
 - Families along with healthcare providers, should decide whether and how to start or continue breastfeeding

<https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/maternal-or-infant-illnesses/covid-19-and-breastfeeding.html>

Breastfeeding with COVID-19

- If you are + and choose to **direct breastfeed**:
 - Wear a facemask and wash your hands before feeding
- If the you are + and choose to **express milk**:
 - Express milk to establish and maintain milk supply
 - A dedicated breast pump should be provided
 - Wash hands before touching any pump or bottle parts and expressing breast milk. After each use, clean all parts that come into contact with breast milk.
 - If possible, consider having someone who is well feed the expressed breast milk to the infant.

<https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/maternal-or-infant-illnesses/covid-19-and-breastfeeding.html>

Shared Decision Making Can Empower the Patient



We help patients:

- Understand risks and benefits
- Explore values based on past experiences, education and expectations
- Accept discomfort with the unknown
- Plan for challenges

Breastfeeding with COVID-19

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

AAP Initial Guidance: Management of Infants Born to Mothers with COVID-19 April 2, 2020

- Direct breastfeeding discouraged, pumping and bottle feeding of EBM by non-infected caregiver is encouraged
- The likely benefits of temporary maternal and newborn separation at birth for decreasing the **risk** of newborn infection should be discussed with the mother, optimally prior to delivery

Breastfeeding with COVID-19

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

- "Published data on newborn health outcomes after birth to mothers with COVID-19 universally describe separation at birth, in many cases for prolonged periods of time; therefore, the risks of postnatal infection in the immediate newborn period consequent to usual mother-infant care cannot be adequately assessed".
- The clinician should anticipate that this guidance will be revised when further evidence is available
- may not be applicable to every clinical environment, where availability of testing and PPE may require individualized risk/benefit assessment and different decision-making in the management of specific cases

Breastfeeding with COVID-19

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

- If the mother chooses to room-in; or if the center does not have the capability of caring for the infant in a separate area, the infant should remain at least 6 feet from mother at all times, with breast milk feeding per the above recommendations
- If the mother also requests skin-to-skin contact with her infant, including direct breastfeeding, she should comply with strict preventive precautions, including the use of mask and meticulous breast and hand hygiene

Breastfeeding with COVID-19

The UK Obstetric Surveillance System SARS-CoV-2 Infection in Pregnancy Collaborative Group. (2020). *Characteristics and outcomes of pregnant women hospitalised with confirmed SARS-CoV-2 infection in the UK: a national cohort study using the UK Obstetric Surveillance System (UKOSS)*. Manuscript submitted for publication.

- Design: Prospective national population-based cohort study
- Setting: All 194 obstetric units in the UK
- Participants: 427 pregnant women admitted to hospital with confirmed Sars-CoV-2 infection between March 1 and April 14, 2020; 694 comparison women who gave birth in 2017 and 2018
- Results: Twelve infants (5%) of women hospitalised with infection tested positive for SARS-CoV-2 RNA, six of these infants within the first 12 hours after birth.

<https://www.ukoss.ac.uk/wp-content/uploads/2020/05/UKOSS-SARS-CoV-2-IPG-2020-05-20.pdf> (Assessed May 12, 2020).

Breastfeeding with COVID-19

- **Background:**
 - outcomes for infants are largely reassuring when infection acquired before or during birth
 - the small number of early PCR + infants of mothers with infection did not have evidence of severe illness
 - only mild disease has also been reflected in early case reports of infant infection in the perinatal period
- **Discussion**
 - during the study period UK guidance for postnatal management of infants born to mothers with confirmed or suspected SARS-CoV-2 infection was to keep mother and infant together and to encourage breastfeeding with consideration of using a fluid-resistant surgical face mask
 - findings support the advice given by the World Health Organisation around precautions to take whilst breastfeeding.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7088881/figure/F1000029/COVID-19%20Paper%20Supp.pdf#fig=fig1> Accessed May 19, 2020.

So, what should we do?

Reality Check!

<h3>Separation & Milk Expression</h3> <ul style="list-style-type: none"> • Is there space & PPE? • How to safely: <ul style="list-style-type: none"> – Express – Store – Feed • Who can help? • When to reunite? • How to help with direct breastfeeding? 	<h3>Direct Breastfeeding</h3> <ul style="list-style-type: none"> • How to feed safely? • What about skin-to-skin? • How to help moms? • Asymptomatic vs sick?
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Safe Handling of Milk

HMBANA Guidelines

Milk Handling for COVID-19 Positive or Suspected Mothers in the Hospital Setting (4/14/2020)

- Express and transfer, then feed or label and store
- Unnecessary and unsafe to apply chemical disinfectants to milk storage containers
- How to transport to NICU from home or an outside hospital
- Send milk home if mom inpatient
- Patient education before d/c

Supporting a COVID + Mother at Home

- Provide food, fluids, other daily cares, errands etc
- Try to avoid close contact
- Use a separate bedroom and bathroom if possible
- Wash dishes/laundry/utensils with gloves and hot water. Don't share utensils
- Facemask for the ill mother is most important. Caregiver can also wear mask, but not protective from COVID-19
- Will need to self-isolate for 14 days after last day of sx of the mother

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>

Discharge Advice to COVID + Mom

- **CDC**
 - A mother with confirmed COVID-19 should be counseled to take all possible precautions to avoid spreading the virus to her infant, including hand hygiene and wearing a cloth face covering.
 - An infant being cared for by a mother with confirmed COVID-19 should be considered as having suspected COVID-19 for the purposes of infection control for the duration of the mother's recommended period of [home isolation](#) and 14 days thereafter
- **WHO**
 - Encouraged to breastfeed directly
 - Mothers with symptoms of COVID-19 are advised to wear a medical mask, but even if this is not possible, breastfeeding should be continued. Mothers should follow other infection prevention measures, such as washing hands, cleaning surfaces, sneezing or coughing into a tissue.
 - Wash hands frequently

Discharge Advice to COVID + Mom

- AAP
 - Mothers who are in the same household as their babies should maintain at least a 6-foot distance whenever possible and, when closer to the baby, wear a mask and use hand hygiene for newborn care until she has been afebrile for 72 hours without use of antipyretics **and** at least seven days have passed since symptoms first appeared.
 - Have a caregiver under age 60 for the infant
 - No direction on wearing PPE, only a cloth mask, gloves as needed
 - Direct breastfeeding discouraged, pumping and bottle feeding of EBM by non-infected caregiver is encouraged
 - Infant should be discharged with plan for follow-up

Reality Check!!



- Insufficient help in the home for chores, childcare
- Children will refuse to separate from mother
- Caregiver for infant does not have PPE to prevent acquiring COVID-19
- Older kids may contract COVID-19 from infant
- No separate spaces to self-isolate
- Grandparents not comfortable taking other children

Healthcare Support to the COVID + Mom at Discharge

- Mental Health support
- Telemedicine f/u for early pp visit
 - Answer questions re isolating, caring for infant
 - Check in on her symptoms
 - Education that some COVID sx might be something else
 - DVT/PE, pre-eclampsia, CHF
- Routine f/u via telemedicine for lactation
- When to stop isolation

'Becoming a mother broke me': For a woman collecting pandemic postpartum stories, the work is personal



Woman Bradley looks her son Troy shortly after giving birth at San Juan Hospital in Trujillo, on the island.

By Theresa Vargas
Columnist

POSTPARTUM DEPRESSION



- Lack of face to face lactation support
- Much less friend and family interaction
- No mother-baby groups
- Little help with other children
- Less sleep
- Less opportunity to exercise
- Afraid to seek help in the ER
- Primary care offices less accessible
 - Staff are furloughed

PERIPARTUM ANXIETY

- The most common psychiatric disorder during childbearing age
- Anxiety during pregnancy predicts pp depression
- Worrying is normal when pregnant and pp
 - Dx of Anxiety= worrying interferes with daily functioning
- Bodily changes contribute
 - Hormone changes
 - Shallow breathing due to enlarged abd

OB/Gyn Clinics of North America Sept 2018

GENERALIZED ANXIETY DISORDER

Diagnostic Criteria

- Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance)
- The individual finds it difficult to control the worry.
- The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):
 - Restlessness or feeling keyed up or on edge.
 - Being easily fatigued.
 - Difficulty concentrating or mind going blank.
 - Irritability.
 - Muscle tension.
 - Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).
- The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

SCREENING FOR PERINATAL ANXIETY

- Edinburgh Postnatal Depression Scale Questions 3-5
- #3 have blamed myself unnecessarily when things went wrong
- #4 I have been anxious or worried for no good reason
- #5 I have felt scared or panicky for no good reason

OB/Gyn Clinics of North America Sept 2018

RESOURCES

- Postpartum Support International- postpartum.net
- The Periscope Project - the-periscope-project.org
- National Institute of Child Health and Human Development
 - Mom's Mental Health Matters- explains perinatal mood disorders for families, and resources (long URL)
- National Suicide Prevention Lifeline- 1-800-273-TALK
- National Alliance on Mental Illness- nami.org
 - Free 24/7 support

Outpatient F/u of COVID + Babies

- AAP
 - Avoid waiting rooms
 - Self-rooming upon arrival, vs wait in car until ready for rooming
 - See newborns first thing in the am
 - Use separate entrances for ill and sick infants
 - Or separate clinics
 - Close f/u for observation to monitor for illness
 - In-person clinic f/u within 24-48 hours is preferred



Reality Check!!

- Many communities have insufficient # of providers seeing COVID + babies
- Hard to communicate infant COVID test status to outpatient provider
- Caregiver is exposed to COVID+ baby, and may be asymptomatic carrier into clinic
- Lack of communication between WIC and medical offices for lactation support services

Reality Check!!

- Families are afraid to go out
- Babies are falling behind on vaccines
- Weight gain is the BEST way to access feeding
- ALL families are getting less outpt lactation help
- Fewer home-visits, support groups, many WIC offices are closed



Challenges of Readmission

- Increased infant readmissions for jaundice, wt loss
- Some babies admitted with COVID-19
 - Poor feeding, mild URI or fever
 - Rapid recovery
- Mothers may not be allowed in hospital
 - If PUI or need to care for other kids
 - Some may not have access to pumps

Possible Solutions

- Sending home infant scales
- Drop-in/mobile weight checks
- Newborn Clinics
 - Including mothers via telemedicine
- Routine f/u via telemedicine for lactation
- Zoom support groups
- In-person LC help after quarantine
- More research

JOURNAL OF RACIAL AND ETHNIC HEALTH DISPARITIES
 Nature Publishing Group

J Racial Ethn Health Disparities. 2020 Apr 18 : 1–5.
 doi: 10.1007/s40615-020-00756-0 [Epub ahead of print] PMID: 32306369

The COVID-19 Pandemic: a Call to Action to Identify and Address Racial and Ethnic Disparities

- Lower SE and racial/ethnic minorities with higher morbidity and mortality from COVID-19
- FQHC's have less financial support
- Less access to private LCs, home scales, pumps
 - Historically insufficient coordination between WIC and medical systems
- Harder to socially distance to prevent spread of virus

Transitioning Babies to Breastfeeding*

- The magic of newborn reflexes
 - Mother reclined with infant skin-to-skin on chest
 - Vertical positioning to wake baby
 - Babies peck, bob and twist down
 - Chin touching breast = calm
 - Interpreting suck rhythms
 - Breast compression



*or chestfeeding

Studies of Breastfeeding COVID

COVID-19 and BREASTFEEDING
 NOW RECRUITING BREASTFEEDING WOMEN WITH COVID-19

Are you at least 18 years old and breastfeeding?
 Have you tested positive for COVID-19 in the past 48 hours?

For more information
 Web: www.umich.edu/breastmilk
 Email: breastmilk@umich.edu
 Call: 209-309-2742

This research is funded by the Bill and Melinda Gates Foundation and the United Way Foundation of Breast Milk Support by Waze.



HARVARD MEDICAL SCHOOL

If you or your baby had COVID-19, we want to hear about your experiences.
 Your input is vital.

Help us learn about COVID-19.
 Take our 8-minute survey!



COVID Mothers Study
CovidMothersStudy@gmail.com

Conclusions

- Routine screening for all mothers undergoing childbirth is more common and has advantages.
- COVID + mothers need guidance on ways to prevent viral spread, self-care for COVID-19 symptoms, pp problems, and support for breastfeeding and mental health.
- Breastfeeding support, both inpt and outpt, has changed with the pandemic and place dyads at risk for early weaning.
- Caregivers are at risk for contracting COVID-19 and need guidance on prevention and quarantining.
- Postpartum Depression and anxiety have increased, and proactive support is ideal.
- Families need shared decision making on breastfeeding and care of the infant at discharge, recommendations should be individualized.
- COVID+ families need guidance on f/u of infant to ensure optimal medical care
- Racial/Ethnic minority families at highest risk of illness, death, and falling thru the thinly woven web of societal support.