

Webinar #1: Impact of COVID-19 on Breastfeeding

Healthy Start COVID-19 Webinar Series

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Personal Disclosures

- Contract with USDA Food and Nutrition Service; project director, *The WIC Breastfeeding Curriculum*.
- Contract with CHAMPS (Communities and Hospitals Advancing Maternity Practices); Trainer and Mississippi Liaison to CHAMPS

Learning Objectives:

1. Name ways human milk helps newborns establish a strong immune system.
2. Describe current recommendations for breastfeeding/milk expression during the COVID-19 pandemic.
3. Identify ways a pandemic crisis can affect vulnerable populations, and breastfeeding practices that can help lessen the impact.

Breastfeeding Matters

- “In all socio-economic settings, breastfeeding improves survival and provides lifelong health and development advantages to newborns and infants. Breastfeeding also improves the health of mothers.” (WHO 2020)
- The American Academy of Pediatrics recommends that babies be exclusively breastfed for 6 months; continue once solid foods begin for a year; and after that for as long as desired (AAP 2012).
- Breastfeeding could prevent 72% of hospitalizations for diarrhea and 57% for respiratory tract infections. Infants not breastfed have a mortality rate *eight times greater* than exclusive breastfed infants. (Victora 2016)
- Globally, the lives of more than 800,000 children annually could be saved if breastfeeding as recommended was universally practiced (Victora 2016). In fact, without human milk, infants are effectively *immunocompromised* (Gribble 2020; Vieira Borba 2018).
- Breastfeeding helps reduce health disparities. Suboptimal breastfeeding is associated with a greater burden of disease among African American and Hispanic populations (Bartick 2017). It has been deemed an important strategy in reducing disparities in breast cancer among African American women (Antsey 2017).

Early Practices that Help Facilitate Breastfeeding

- Any intervention that reduces newborn breastfeeding frequency can affect the successful establishment of breastfeeding (Gribble 2020).
- The first day of life matters! When babies breastfeed less than the recommended number (8 or more in 24), they are more likely to experience breastfeeding difficulties (Matias 2010).
- The onset of lactogenesis II (when copious milk production begins) is delayed when mothers do not feed their baby in the first hour or often enough (Nommsen-Rivers 2010; Morton 2014).
- Infants go through important physiological stages in the first hour after birth when they are with their mothers skin to skin (Widstrom 2010). When this does not occur, babies are less likely to be exclusively breastfeeding at hospital discharge and wean earlier (Moore 2016).
- Skin to skin is itself a proven factor in facilitating effective breastfeeding (Moore 2016).
- Babies who are skin to skin rely on maternal odors to stimulate chemical signals that trigger feeding behaviors (Porter 2004).
- Mothers who stay with their infants in close proximity in the early postpartum period take advantage of the heightened sensitive period that can improve bonding and attachment.

During Times of Emergency

- Emergencies can take many forms:
 - Natural disasters: earthquake, tornado, hurricane, floods, wildfires, ice storms, pandemic
 - Personal disasters: house fire, losing a job, house foreclosure, domestic abuse
 - Manmade: war, terrorism, violence
- Common needs in an emergency:
 - Reliable power
 - Clean water
 - Food (ready to eat)
 - Gasoline
 - Access to health care
- When an emergency occurs, vulnerable populations are typically disproportionately affected. Vulnerable populations include people of color, infants and young children, people with medical conditions, and those living in poverty or poor living conditions.
- Because of its role in optimizing health for the mother and baby, breastfeeding can help mitigate the negative impact of emergencies with vulnerable populations.

COVID-19 Pandemic Disparities

- As of October 20, 2020, more than 40 million in nearly every country and on every continent except Antarctica have been affected. In the U.S., more than 8.2 million have contracted COVID. and more than 220,000 have lost their lives to the disease. (*Note: up-to-date COVID-19 rates available at <https://www.worldometers.info/coronavirus/country/us/>.*)

- The virus has disproportionately affected African Americans, Latinos, and other marginalized populations in the U.S., leading to greater risk of comorbidities (Dorn 2020).
 - Although the pandemic has often been called “the great equalizer,” in reality it has been anything *but*. The virus has in effect shined a light on the great disparities that exist.
 - Data collected by the CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>.
 - COVID Data Tracker available at: <https://covidtracking.com/race/dashboard>
- One study found that economically and socially marginalized people are least able to minimize their viral exposure to the COVID-19 virus and are also least able to escape economic consequences of the pandemic (Ahmed 2020).
- African Americans and Latinos are more than *three times* more likely to contract the coronavirus and die as Caucasians. African Americans have a higher death rate from COVID-19.
- Common reasons for disparities (Urban League 2020; Dorn 2020)
 - Less likely to have health insurance
 - Less access to healthcare
 - Systemic racism in the healthcare system
 - Disproportionate make-up of “essential workers” (e.g., retail grocery workers, public transit employees, healthcare workers, food factories)
 - Greater underlying health conditions
 - African Americans represent an older population than Latinos
 - Politicizing the pandemic

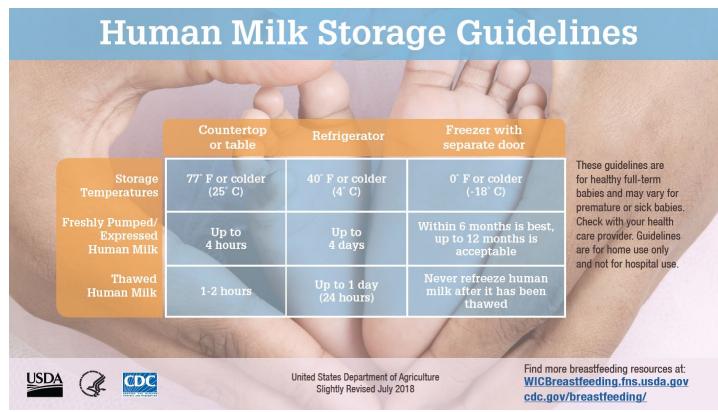
Breastfeeding and Coronavirus

- At the present time, there is no evidence of breastmilk containing the active COVID-19 virus, and no documented cases of transmission of infectious virus to a baby through breastmilk. (WHO and CDC; Salvatori 2020; Chambers 2020)
- Neonatal COVID-19 infection is uncommon, rarely symptomatic, and the rate of infection is no greater when the baby is born vaginally, breastfed, or remains with the mother. (Walker 2020)
- WHO and CDC both urge mothers to breastfeed. WHO states: “...numerous benefits of skin-to-skin contact and breastfeeding substantially outweigh the potential risk of transmission and illness associated with COVID-19.”
- Many breastfeeding parents are more reluctant to seek health care out of fear of exposure to the coronavirus in medical facilities.
- Mothers who are too sick to care for their baby (e.g., the mom needs respiratory support) need support to express milk to remain comfortable, and resume breastfeeding when they are able. Another caregiver can feed the expressed milk to the baby. Donor milk is another option if the mother is too ill to breastfeed or express milk. The decision about breastfeeding should be made with the mother’s healthcare team. (Ng 2020)

- WHO “infographics” on breastfeeding and COVID-19 available at <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-pregnancy-ipc-breastfeeding-infographics/en/>.

Guidance on Precautions

- **Basic precautions** for mothers who test positive for COVID-19 or who are suspected to have the virus:
 - Wash hands with soap and water for at least 20 seconds before handling the baby or using a breast pump. If soap and water are not available, use a hand sanitizer that contains 60% alcohol.
 - Wear a face covering when feeding the baby.
 - Wash all breast pump parts, bottles, and other items that touch the baby or the mother in hot soapy water. Consider sanitizing as an extra safety precaution.
- Although it is unlikely that pregnant mothers transmit COVID-19 to their infants, babies *can* become susceptible after the birth via respiratory droplets from the mother or other family members. Evidence to date suggests that the risk of the newborn acquiring infection during the hospitalization period after the birth is low when precautions are taken to protect the baby from respiratory secretions. Therefore, mothers should be encouraged to room-in with their babies and educated about safe precautions to take. (AAP Coronavirus Update -7-22-20; WHO *Clinical Management of COVID-19*)
- CDC informational flyer, “How to Keep Your Breast Pump Clean,” (in both English and Spanish) available at <https://www.cdc.gov/healthywater/pdf/hygiene/breast-pump-fact-sheet-p.pdf>.
- CDC information on creating a sanitary environment at work at <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- Milk storage guidelines (CDC and USDA Food and Nutrition Service) in English and Spanish:



- Resources from the Center for Health Equity, Education, and Research (CHEER) on breastfeeding and COVID-19:
 - Videos: : https://www.youtube.com/channel/UC37CJqbIbXi5o1I-i62_RkQ/videos

- Webinars for healthcare workers: <https://www.cheerequity.org/webinars.html>
- Resources for healthcare workers and families: <https://www.cheerequity.org/covid-19.html>
- Resources on infant and young child feeding: <https://www.cheerequity.org/iycke-resources.html>

Supporting New Families

- Give key messages during pregnancy:
 - It is not likely that mothers transfer the SARS-COVI-2 virus to their unborn child
 - Pregnant women should take precautions to avoid contracting COVID-19
 - Breastfeeding is vital, especially during an emergency
 - Mom makes milk specific to her baby's needs
 - Mom will grow breast-making tissue during pregnancy
 - Engage a champion
- Hospital practices to get breastfeeding off to a great start:
 - Skin to skin in the “magical first hour”
 - Stay close to baby during hospital stay
 - Latch baby effectively
 - Feed 8-12 times every 24 hours
 - Follow feeding cues
 - Engage dad and other family members
- Support new family after home from the hospital with key messages:
 - It’s normal for babies to lose weight at first...should regain by around 10 days. If not steadily gaining, refer!
 - Can’t measure what goes IN, but you can measure what comes OUT.
 - Feed 8 or more in 24 (hours)
 - Get help with early challenges - there ARE solutions!

Taking Care of Ourselves

<https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/healthyathome/healthyathome---mental-health>

- Keep informed. But minimize nonstop newsfeeds and social media.
- Be creative about social contact with others.
- Have a routine. Include such things as exercise, rest, healthy meals, and making time for things you enjoy.
- Be kind.
- Help someone else. Serve!

The Power of WE

- Impact of messaging - we are exposed to 20,000 messages each day.
- Rule of 7: repeating messages at least 7 times increases retention and acceptance.
- The more times a mother hears breastfeeding messages reinforced, the more she visualizes herself doing it...and continuing when problems arise.
- Roles for ALL staff!



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<http://www.pinterest.com/cathycarothers/breastfeeding-resources/>

<http://www.pinterest.com/cathycarothers/breastfeeding-resources-workplace/>

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