What we know about Breastfeeding and newborn care in the context of COVID-19

THE LATEST ON THE GLOBAL SITUATION & INFORMATION ON BREASTFEEDING WITH COVID-19
Overview

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Current global situation
As of 11 October 2020; (10H CEST)

• > 37 million cases
  • 5 countries with highest cumulative number of cases:
    - United States of America
    - India
    - Brazil
    - Russian Federation
    - Colombia

• > 1 million deaths
  • 5 countries with highest cumulative number of deaths:
    - United States of America
    - Brazil
    - India
    - Mexico
    - The United Kingdom
Current global situation

CASES REPORTED TO WHO AS OF 11 OCTOBER 2020, 10:00 CEST

* Cases depicted by bars; deaths depicted by line
Percentage change in COVID-19 over last 7 days
Relative to previous seven days

AS OF 11 OCTOBER 2020, 10:00AM CEST
Breastfeeding and prevention of illness

• **Breastfeeding and skin-to-skin contact** protects against child illness and death, especially against infectious diseases

• Children who are not breastfed are at higher risk from infectious diseases as well as lifelong ill-health from some non-communicable diseases

• For mothers, **breastfeeding protects against breast cancer** and improves birth spacing, and may protect against ovarian cancer and type 2 diabetes
Newborn and infant risk of COVID-19

- Newborns and infants are at low risk of COVID-19 infection.
- Of the few young children with COVID-19, most have had mild illness or a positive test without symptoms.
- The virus SARS-CoV-2 has not been detected in breastmilk of mothers with confirmed or suspected COVID-19 and there is no evidence of virus transmission through breastfeeding.

The benefits of breastfeeding substantially outweigh the risks of illness associated with COVID-19
Estimated infant deaths with and without breastfeeding

- Based on transmission among household contacts, estimated infant deaths in low and middle income countries due to COVID-19 could number between 1,800-2,800 if affected mothers breastfeed.
- In contrast, if mothers with SARS-CoV-2 infection were to be separated from their infants and avoid or stop breastfeeding, estimated infant deaths would range from 134,000 to 273,000.

Deaths of infants separated from mothers and not breastfeeding would be at least 60 times greater than possible deaths due to COVID-19.

Mother and infant contact

- Mother and infant should have contact at birth regardless of COVID-19 status
- A mother should not be separated from her infant unless too sick to care for her baby.
- If a mother is unable to care for her infant, another competent family caregiver should be identified.
- Mothers and infants should be enabled to:
  - practice early and uninterrupted skin-to-skin contact, such as kangaroo mother care*, as soon as possible after birth, including for preterm or low birthweight infants.
  - remain together while rooming-in throughout the day and night, especially immediately after birth and during establishment of breastfeeding.

* Kangaroo mother care is a method of care of preterm infants or low birth weight babies. Infants are carried with skin-to-skin contact by the mother or another family member. The baby uses minimal energy to maintain body temperature.

If breastfeeding is interrupted

• When severe illness prevents a mother from breastfeeding or caring for her infant, she should be supported to express breastmilk and provide it safely, while applying appropriate measures to prevent infections.

• Support mothers to breastfeed as soon as they are able if they cannot initiate breastfeeding during the first hour after delivery.

• Provide assistance after recovery for relactation to re-establish a milk supply and continue breastfeeding.
Alternatives to breastfeeding

If the mother is too unwell to breastfeed or express breastmilk, explore alternatives to breastfeeding a newborn or young infant, in priority order, as follows:

1. **Offer donor human milk** - if available from a human milk bank
   - Prioritize limited supplies for preterm and low birth weight newborns

2. **Offer wet nursing** (a woman breastfeeds another woman’s child) - where available, acceptable and supported
   - Prioritize wet nurses for the youngest infants. COVID-19 testing of a potential wet nurse is not required
   - Where HIV is prevalent, provide HIV counselling and rapid testing to prospective wet nurses
   - In the absence of testing, undertake HIV risk assessment, if feasible
   - If HIV risk assessment or counselling is not possible, facilitate and support wet nursing

3. **Breastmilk substitutes may be used as a last resort**
Best practice for infant care if mother is COVID-19 positive

- Perform hand hygiene with soap and water or alcohol-based hand rub, especially before contact with her child.

- Perform respiratory hygiene: sneeze or cough into a tissue and immediately dispose of the tissue. Wash hands with soap and water or alcohol-based hand rub.

- Clean and disinfect surfaces with which the mother has been in contact.

- Wear a medical mask until symptoms resolve and criteria for release from isolation have been met.

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.
Best practices for a breastfeeding mother who is COVID-19 positive

- A breastfeeding mother should be helped to clean her chest with soap and water if she has been coughing. A breastfeeding mother does not need to wash her breasts before every feed.

- If the mother does not have a medical mask, she should still be encouraged to continue breastfeeding as the benefits of breastfeeding outweigh the potential harms of the virus when breastfeeding.

- There should be no promotion of breastmilk substitutes, feeding bottles and teats, pacifiers or dummies in any part of facilities providing maternity or newborn services, or by any of the staff.

https://www.youtube.com/watch?time_continue=6&v=OFGiy6t7k5E&feature=emb_logo

29 May 2020
Breastfeeding during COVID-19
Care of small and sick newborn possible adaptations

- **Ensure parents are screened for COVID-19** before entering the infant care unit

- Limit caregivers providing support for kangaroo mother care to **1 or 2 persons with protective equipment** and trained in infection prevention and control

- Develop strategies to support continuing kangaroo mother care at home

- Consider early discharge with follow-up where possible for pre-term and low birthweight infants

**RESOURCES:**

- Clinical management of COVID-19, Chapter 19
  Feeding and caring for infants and young children of mothers with COVID-19.
  Download

- Maintaining essential health services: operational guidance for the COVID-19 context
  Guidance for management of pregnant or lactating women or newborns with suspected or confirmed COVID-19
  Download
In summary

- Regardless of COVID-19, mothers and infants should remain together, breastfeed, practice skin-to-skin contact and kangaroo mother care, and rooming-in day and night while applying necessary infection prevention and control measures.

- From the available evidence, mothers should be counselled that the benefits of breastfeeding substantially outweigh any possible risks of transmission.
WHO guidance and resources

- **WHO Science Brief: Breastfeeding and COVID-19**
  A WHO scientific brief and breastfeeding and COVID-19

- **FAQs: Breastfeeding and COVID-19 for health care workers**
  Frequently asked questions about breastfeeding & COVID-19 for health care workers
  (Arabic, English, French, Spanish, Portuguese, Russian, Chinese to follow)

- **World Health Organization. Kangaroo mother care: a practical guide**
  A practical guide explaining a method of care of preterm infants involving infants being carried usually by the mother and skin-to-skin contact

- **Video: Women with COVID-19 can breastfeed**
  Available in Arabic, English, French, Spanish, Russian and Chinese

- **Six infographics**
  Infographics featuring topics surrounding pregnancy, childbirth, breastfeeding and COVID-19

- **Q&A: Breastfeeding and COVID-19**
  Common questions about breastfeeding and COVID-19
How to protect ourselves & others
9 important COVID-19 prevention measures

01 Stay home and self-isolate if you feel unwell, even with mild symptoms

02 Clean hands frequently with soap & water for 40 seconds or with alcohol-based hand rub

03 Cover your nose and mouth with a disposable tissue or flexed elbow when you cough or sneeze

04 Avoid touching your eyes, nose and mouth

05 Maintain a minimum physical distance of at least 1 metre from others

06 Stay away from crowds and avoid poorly ventilated indoor spaces

07 Use a fabric mask where physical distancing of at least 1 metre is not possible

08 Use a medical / surgical mask if you may be at higher risk (age, medical conditions)

09 Regularly clean & disinfect frequently touched surfaces
WHO guidance on COVID-19

VIDEO RESOURCES

Masks

Medical and fabric masks: who wears what when?

How to wear a fabric mask safely

How to wear a fabric mask

How to wear a medical mask

Transmission

How to break the chains of transmission

Protecting ourselves

How to protect yourself against COVID-19

Seven steps to prevent the spread of the virus
Recent EPI-WIN webinars

**DISCUSSIONS ON CURRENT ISSUES RELATED TO COVID-19**

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**Empathy and emotions: navigating digital wellbeing & grief during COVID-19**
A conversation about the importance of empathy and community-based solutions to mental health challenges, including grief and digital wellbeing in the context of COVID-19 and beyond

Monday, 12 October 2020

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**Good participatory practices for COVID-19 research and response**
Good participatory practices for COVID-19 research and response, and practical examples of how these methods work to engage and empower communities through their involvement.

Tuesday, 13 October 2020

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Watch the recording