Lactation during COVID-19

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OBJECTIVES

- Identify the current questions and uncertainties about breastfeeding in COVID 19
- Briefly summarize current recommendations from expert groups and highlight some of the differences between these.
- Review the current Mayo policy and practice on this issue
- Discuss some of the downstream implications of care modifications for Mother-infant dyads affected by COVID 19

What is the question?

- For COVID Positive and PUI Mothers “Is it safe?”
  - Delayed Cord Clamping
  - Skin to Skin
  - Rooming in with infant
  - Supplying expressed breast milk
  - Direct Breast feeding

AAP Statement

- ***"While difficult, the safest course of action from the perspective of minimizing the likelihood of the infant becoming infected is to separate mother and infant, at least temporarily. This may provide time for the mother to become less infectious. (1)"***
- ***"To date, breastmilk is considered to be an unlikely source of transmission of SARS-CoV-2, and the AAP strongly supports breastfeeding as the best choice for infant feeding. (2)"***
- If mother has confirmed COVID 19,
  - Maintain 6 feet of distance between mom and baby when not breastfeeding
  - Hand hygiene prior to nursing
  - Mask when nursing, or direct care of baby

1) https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/faqs-management-of-infants-born-to-covid-19-mothers/
2) https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/breastfeeding-guidance-post-hospital-discharge/

CDC Statement

- ***"…temporary separation of the newborn from a mother with confirmed or suspected COVID-19 should be strongly considered to reduce the risk of transmission to the neonate. (1) "***
- If separation does not occur (2):
  - Mother uses cloth face covering and practices hand hygiene during all contact with the neonate. Cloth face coverings should not be placed on neonates or any children younger than 2 years of age.
  - Engineering controls like physical barriers are used (e.g., placing the neonate in a temperature-controlled isolette), and the neonate is kept ≥6 feet away from the mother as much as possible.

1) https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html
2) https://www.cdc.gov/coronavirus/2019-ncov/hcp/care-for-breastfeeding-women.html

WHO Statement

- ***"Transmission of active COVID-19 (virus that can cause infection) through breast milk and breastfeeding has not been detected to date. There is no reason to avoid or stop breastfeeding"***
- ***"…Immediate and continued skin-to-skin care, including kangaroo mother care, improves the temperature control of newborns and is associated with improved survival among newborn babies... The numerous benefits of skin-to-skin contact and breastfeeding substantially outweigh the potential risks of transmission and illness associated with COVID-19."***
    - With breastfeeding, masking is recommended (but encouraged to breastfeed even if a mask is not available)

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-on-covid-19-and-breastfeeding

So what to do?

- The evolving body of data collectively seems to lean in favor of rooming in and breastfeeding as reasonable options.

1. "…This suggests that SARS-CoV-2 RNA does not represent replication-competent virus and that breastmilk itself is likely not a source of infection for the infant."

2. "Based on the currently available data, prolonged skin-to-skin contact and early and exclusive breastfeeding remain the best strategies to reduce the risks of morbidity and mortality for both the mother with COVID-19 and her baby."

3. "At present, studies illustrate the possibility of postnatal neonatal infection with no evidence of transplacental transmission. Breastfeeding is possible in suspected or confirmed SARS-CoV-2 positive mothers, with proper hand and breast hygiene."

4. "Whenever possible, breastfeeding should be promoted and supported in mothers with suspected or confirmed COVID-19 infection, without disregarding the option of mother's milk expression"

1. https://www.medrxiv.org/content/10.1101/2020.06.12.20127944v1
2. https://doi.org/10.1111/apa.15413
3. https://doi.org/10.1007/s12098-020-03379-9
4. https://journals.sagepub.com/doi/10.1177/0890334420934391

Current Mayo Policy – Neonatal action plan

- **Current policy for COVID Positive or PUI mothers**
  - Neonatology consult prior to delivery (if possible).
  - During consultation, the family is educated on how infection concerns may impact the newborn's plan of care

"You have some options about how and where your baby will be cared for immediately after birth. There is a risk that your baby could become infected with the COVID-19 virus. I'd like to discuss the options with you and help decide what the best choice is for you and your baby."

Current Mayo Policy – Neonatal action plan

Options offered after delivery include: **Modified post-deliver care plan or Separation care plan**

- Modified post-delivery care plan
  - Delayed cord clamping may be performed
  - Following hand hygiene and mask application for the mother, the newborn can be placed in skin-to-skin contact with the mother.
  - The newborn will be bathed as soon as possible after birth.
  - The newborn will room in with the mother separated by 6-feet.
  - Breastfeeding will be an option with hand hygiene and a mask.

Current Mayo Policy – Neonatal action plan

Separation care plan

- Delayed cord clamping may be performed.
- The newborn will be taken to the warmer, and after initial stabilization, transferred to a separate inpatient room for care by postpartum nursery staff +/- a dedicated family member/delegate.
- The newborn will be bathed as soon as possible after birth.
- The dedicated family member/delegate will not be allowed to visit the newborn's mother (until maternal SARS-CoV-2 PCR testing returns as negative).
- The newborn will not be able to breastfeed but can be fed either expressed maternal breast milk or formula.
- Separation can be discontinued if maternal SARS-CoV-2 PCR testing results are negative.

Additional points (Mayo Practice)

- If mother is confirmed COVID positive and infant is <35 weeks or needs more than brief resuscitation – infant goes to separate Neo Room or directly to NICU
- COVID positive moms are not able to visit the NICU
- COVID positive and PUI mothers are *encouraged* to collect breast milk which is taken to their baby in the NICU.
- BREAST MILK
  - SARS-CoV-2 has not been reported to be detected in samples of breastmilk
  - Expressed breast milk from a PUI or SARS-CoV-2-infected (previously referred to as COVID-19 positive) mother may be provided to the neonate following consultation between the mother and health care provider. If the mother prefers to NOT use breast milk, provide formula or donor milk as indicated.
  - If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow recommendations for proper pump cleaning after each use.

Additional points (Mayo Practice)

- Discharge timing:
  - ACOG recommends discharge 24 hours after vaginal birth and 48 hours after cesarean birth to limit risk of inadvertent exposure and infection.
  - This is often not the most ideal situation for transitioning of the infant, bonding, establishment of breastfeeding, etc
  - Clear communication between obstetric and newborn teams is essential – this plan is considered and modified on a case-by-case basis.

https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics

COVID Practices and Potential Implications

- Infant separation may cause long-term impacts on maternal milk supply and infants microbiome
  1. Skin to skin contact and breastfeeding within the first hour
     - “Immediate skin-to-skin contact provides the initial colonisation of the baby's microbiome outside of the mother, a swarming of the mother's skin bacteria.”
     - ”Skin-to-skin contact has been shown to increase breastfeeding initiation and exclusive breastfeeding while reducing formula supplementation in hospital, leading to an earlier successful first breastfeed 2, 11, 12, as well as more optimal suckling 3, 13.”
  2. Consider, is this sustainable through hospital stay and once home?
     - Who will care for the infant once separated from the mother
     - United States Lactation Consultant Association has a comprehensive resource available for determining a need for infant separation

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6949952/
2. https://uslca.org/wp-content/uploads/2020/04/Shared-Decision-making-for-infant-separation.pdf

COVID Practices and Potential Implications

- Discharge timeline based on medical indication, for many as early as 24 hours of age
  - Little time to practice breastfeeding with assistance
    - May lead to perceived need for supplementation, especially on infants second night
    - It is currently more difficult to schedule and come in for outpatient breastfeeding support
      - In person and telephone visits are being scheduled with our outpatient IBCLC
      - CLC's or nurses with lactation specific training are available in the clinic
      - Our breastfeeding moms support group is no longer meeting

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What's happening in Minnesota WIC

- An increase in eligibility and caseloads
- No in-person appointments: waiver on collecting height/weight and hemoglobins runs through June, extension has been applied for
- With early discharges, the concern is follow-up care for breastfeeding women

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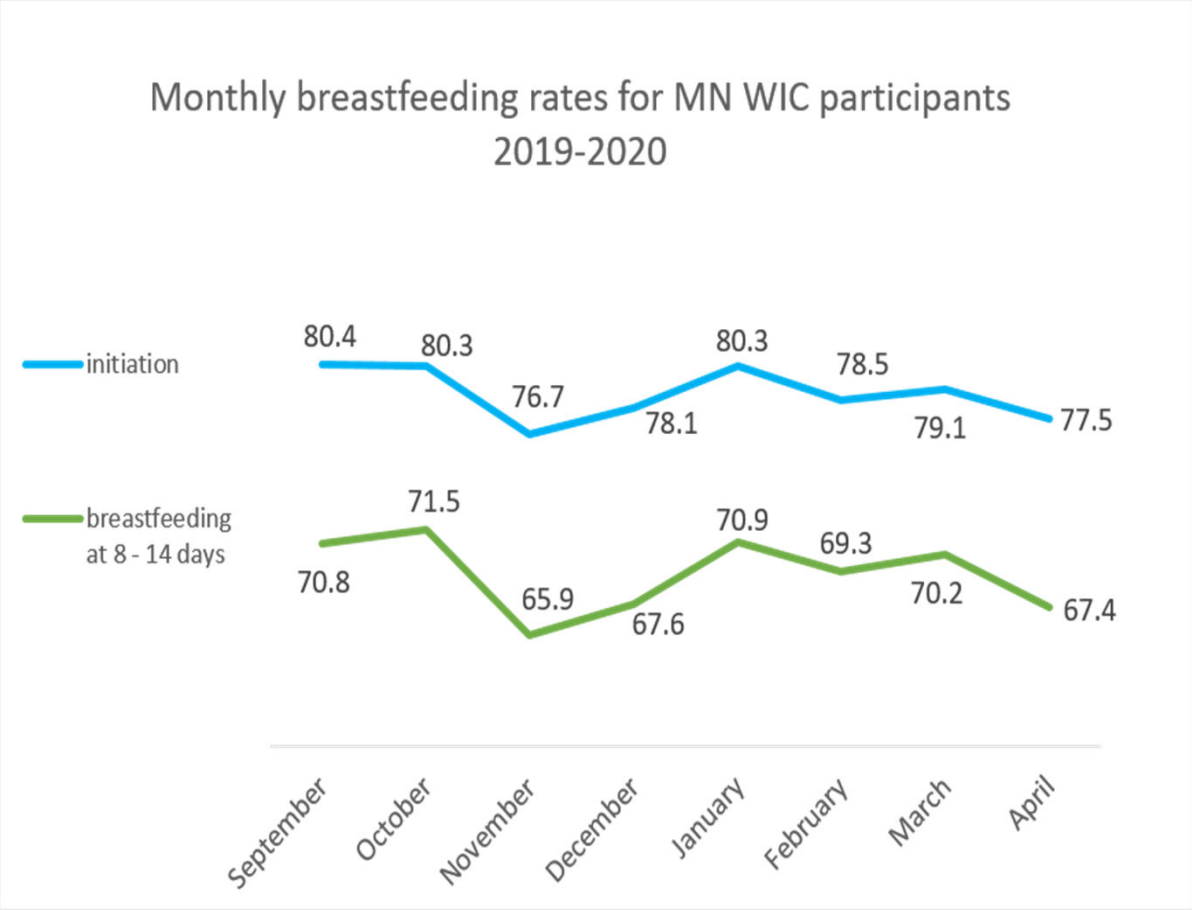

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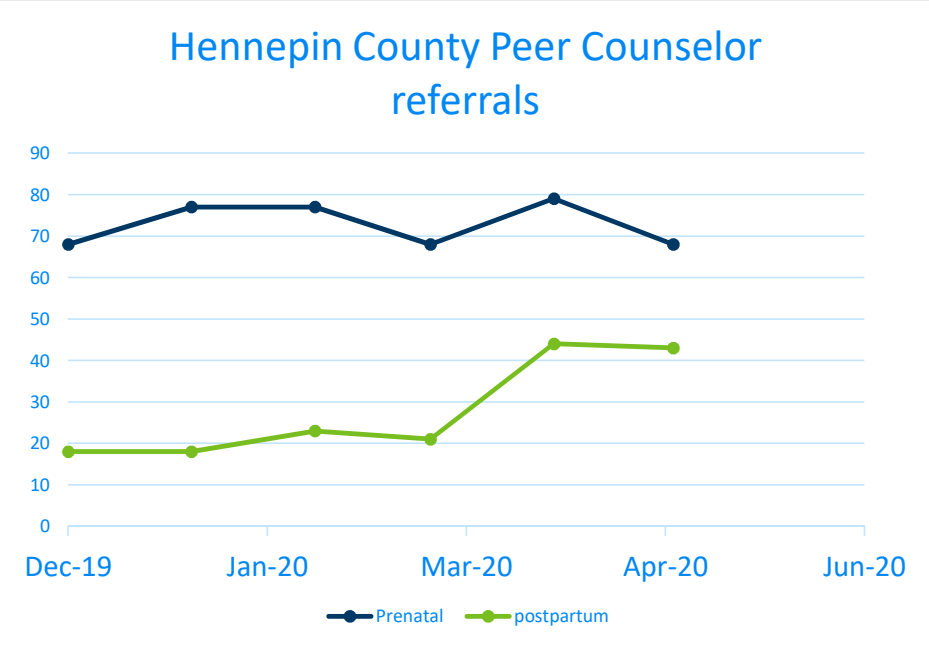
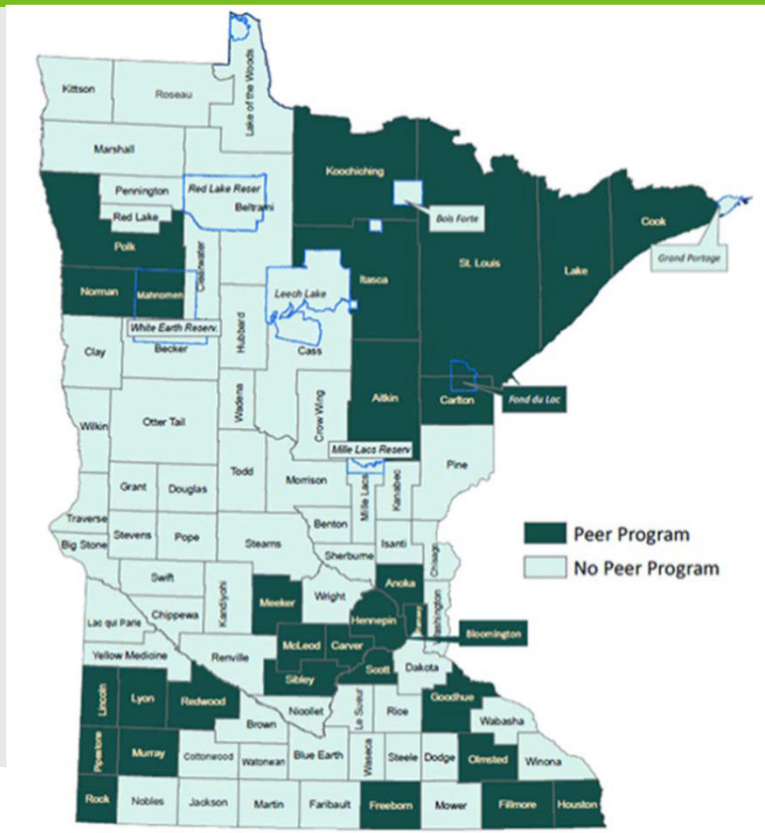
WIC peer counselors are available in many areas of the state





https://www.health.state.mn.us/docs/people/wic/localagency/reports/bf/maps/2017peermap.pdf