Global review of national guidelines for breastfeeding and newborn care in the context of COVID-19

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Declaration of no conflict of interest

• I am an employee for Alive & Thrive Southeast Asia and receive a salary for my work

• I have no conflict of interest to declare
Introduction
Alive & Thrive improves maternal, infant and young child feeding practices at scale
Methods
Integrated literature review of guidance on breastfeeding and newborn care in the context of COVID-19

• **Aim of study**: Determine alignment of published governmental and organizational guidance on breastfeeding and newborn care in COVID-19 with WHO recommendations

• **33 country guidance documents**: across Asia (13), Oceania (1), North America (4), South America (1), Europe (8), and Africa (6)

• **March 1 to April 30, 2020**: collected guidance documents through direct request to authors in government and NGOs and advertisement of requests on social media
  – No updates to database if newer versions published after April 30

**Hierarchy of inclusion**

1) National government guidance
2) State/provincial government guidance
3) Professional medical association guidance
Review and coding of recommendations on 10 key breastfeeding-related practices

### Practices
- Skin-to-skin contact (S2S);
- Early initiation of breastfeeding (EIBF);
- Rooming-in (RI);
- Direct breastfeeding (BF);
- Provision of expressed breastmilk (EBM);
- Provision of donor human milk (DHM);
- Wet nursing (WN);
- Provision of breastmilk substitutes (BMS);
- Psychological support for separated mothers (PS-M); and
- Psychological support for separated infants of mothers (PS-I)

### Coding of recommendations
- **Recommended (V)**—guidance unambiguously supportive of the practice.
- **Not recommended (X)**—guidance does not support the practice.
- **Allowed with conditions (X, condition)**—practice only supported with conditions (e.g. on family request, with 2 meters distance).
  - Ex) Rooming in: x, 2 = Rooming in allowed with 2 meters distance b/n mother’s bed and crib
- **Absent (0)**—no information provided about the practice.
Results
Less than one third of guidance documents reviewed recommend skin-to-skin contact and early initiation of breastfeeding in the context of COVID-19.

Proportion (%) of guidance documents recommending skin-to-skin contact, early initiation of breastfeeding and direct breastfeeding for newborns of mothers with suspected and confirmed COVID-19.
Many guidance documents recommend isolating mothers with confirmed or suspected COVID-19 from their newborns.

### Recommended Maternal-Infant Proximity for Women with Confirmed or Suspected COVID-19

<table>
<thead>
<tr>
<th>Category</th>
<th>Confirmed COVID-19</th>
<th>Suspected COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>Infant and mother isolated from one another</td>
<td>30</td>
<td>12</td>
</tr>
<tr>
<td>Rooming-in allowed after negative swab test for mother and baby**</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Room sharing, infant &gt;2m distant*</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Rooming-in upon family request/preference</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Rooming-in</td>
<td>36</td>
<td>39</td>
</tr>
</tbody>
</table>

- The Baby-Friendly Hospital Initiative definition of rooming-in requires that infants share a room with their mother as well as either share a bed or be placed in a side-car attached to her bed or a crib directly beside her bed (Jaafar et al., 2016).

- Recommendations allowing for room sharing with the infant at a distance, or behind a curtain or other barrier were not coded as “rooming in”.

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*Includes rooming in with 2 meters distance + family preference; **Includes rooming in with negative test + family preference
Most guidance documents recommended the provision of expressed breastmilk when direct breastfeeding was not supported or possible, while few mentioned donor human milk.

- No guidance documents mentioned wet nursing as an alternative feeding option.
- A number of guidance documents from countries with human milk banks (HMBs) did not mention donor human milk.

Proportion (%) of guidance documents recommending alternative feeding methods when mothers’ breastmilk is unavailable or not recommended.
Guidance documents from low income countries were more supportive of skin-to-skin contact and early initiation of breastfeeding, while few addressed the need for psychological support.

Proportion (%) of guidance documents that unconditionally support ("v") breastfeeding and relevant practices for mothers with confirmed COVID-19 by income group.
Discussion
Alignment of national guidelines with WHO recommendations on breastfeeding and newborn care in the context of COVID-19 is poor

• No guidance document reviewed followed all of WHO’s recommendations.
• Low-income countries more likely to follow WHO recommendations, but sample size was small.
• None of the guidance documents that recommended separating mothers and babies had any provision for psychological support.
• Absence of recommendations for psychological support for separated mothers and infants in the vast majority of guidance documents is alarming, cannot be justified on the basis of infection control risk.
• Gaps in guidance documents leave health workers to make difficult decisions.
• Influence of other guidance documents:
  – Widespread citation of US CDC guidance, which has since changed to be more supportive of breastfeeding
  – In contrast, RCOG and WHO guidance released later and has not changed

Most commonly cited guidance documents:
• China Consensus (6 February) – 15%
• US CDC Guidance (18 February) – 33%
• ACOG Guidance (25 February) – 27%
• RCOG Guidance (9 March) – 33%
• WHO Guidance (13 March) – 55%
700,000 child and maternal deaths attributable to not breastfeeding each year

- 595,379 child deaths from diarrhea and pneumonia.
- 98,243 maternal deaths from breast and ovarian cancers and type II diabetes.
- 974,956 cases of childhood obesity.
- Over $340 billion in economic losses every year

The cost of preventing or impeding breastfeeding through recommendations that advise against skin-to-skin contact, early initiation of breastfeeding, rooming-in and direct breastfeeding are likely to be significant.

Cost of Not Breastfeeding online tool: www.aliveandthrive.org/costofnotbreastfeeding/
Study limitations

• Does not include all COVID-19 guidance documents
• Guidance documents are continually revised; our analysis may no longer be completely current
Acknowledgements

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Thank you to all partners from the 33 countries that helped to collect and translate guidance documents!
The Alive & Thrive initiative, managed by FHI Solutions, is currently funded by the Bill & Melinda Gates Foundation, Irish Aid, the Tanoto Foundation, UNICEF, and the World Bank.