



Giacomo Pirrozzi | Alive & Thrive

ECDAN Webinar | 7 July 2020

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

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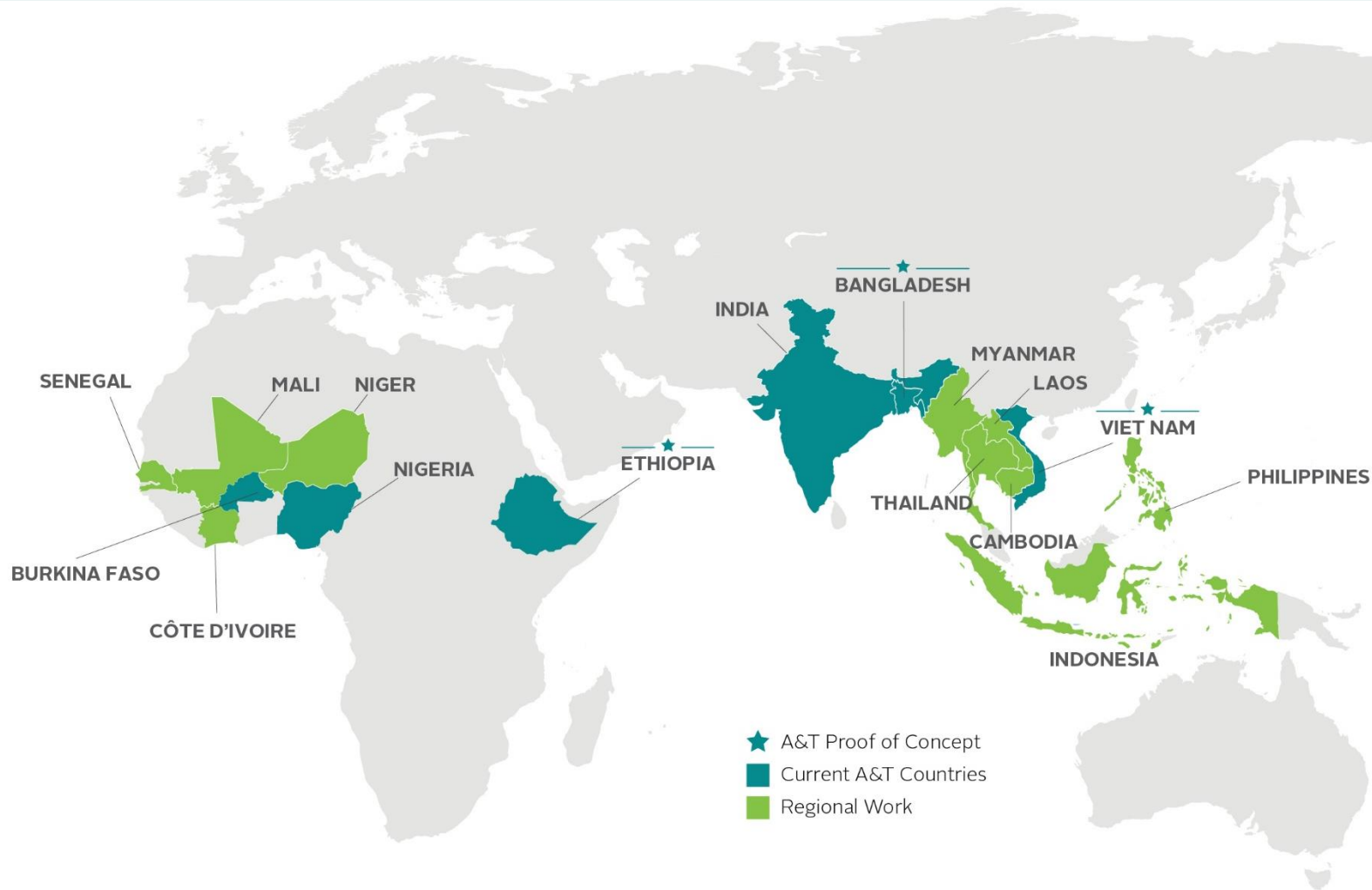
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Declaration of no conflict of interest

- 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



Review and coding of recommendations on 10 key breastfeeding-related practices

Practices

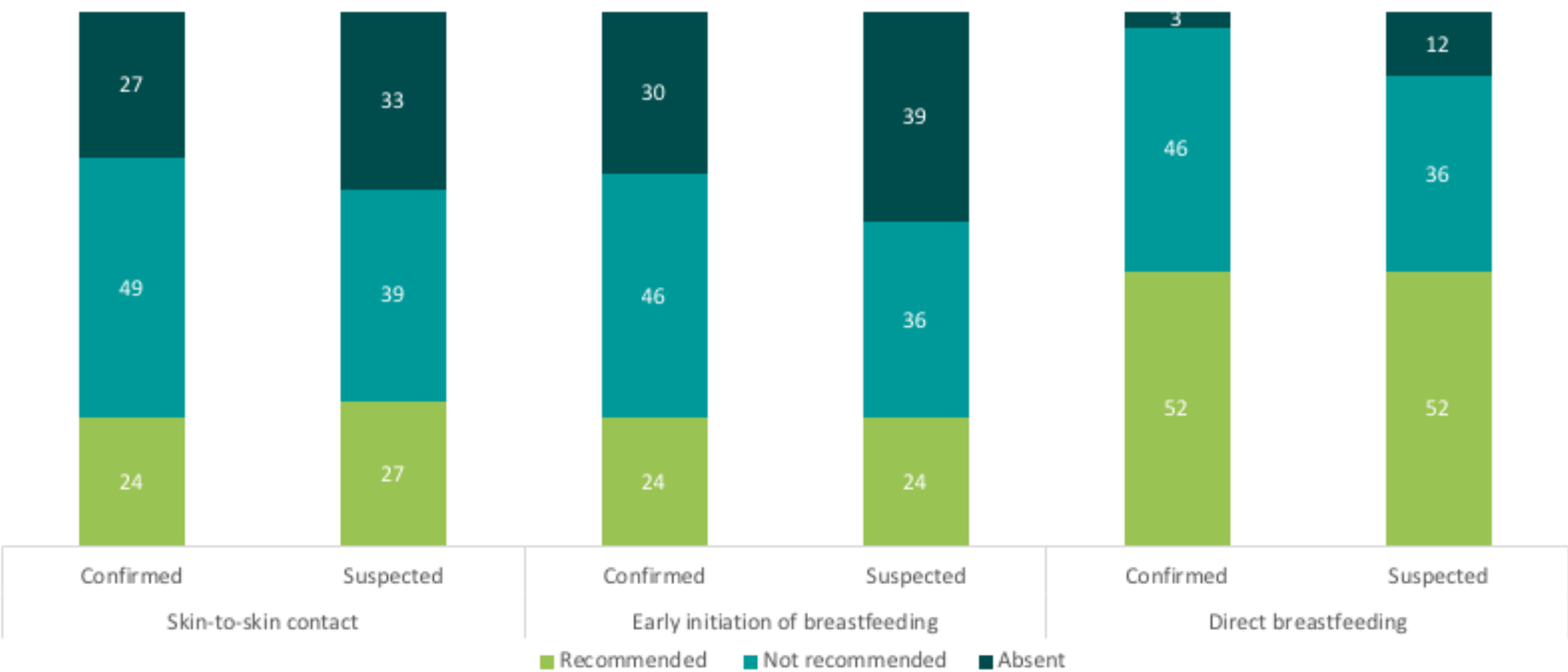
- Skin-to-skin contact (S2S);
- Early initiation of breastfeeding (EIBF);
- Rooming-in (RI);
- Direct breastfeeding (BF);
- Provision of expressed breastmilk (EBM);
- Provision of donor human milk (DHM);
- Wet nursing (WN);
- Provision of breastmilk substitutes (BMS);
- Psychological support for separated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

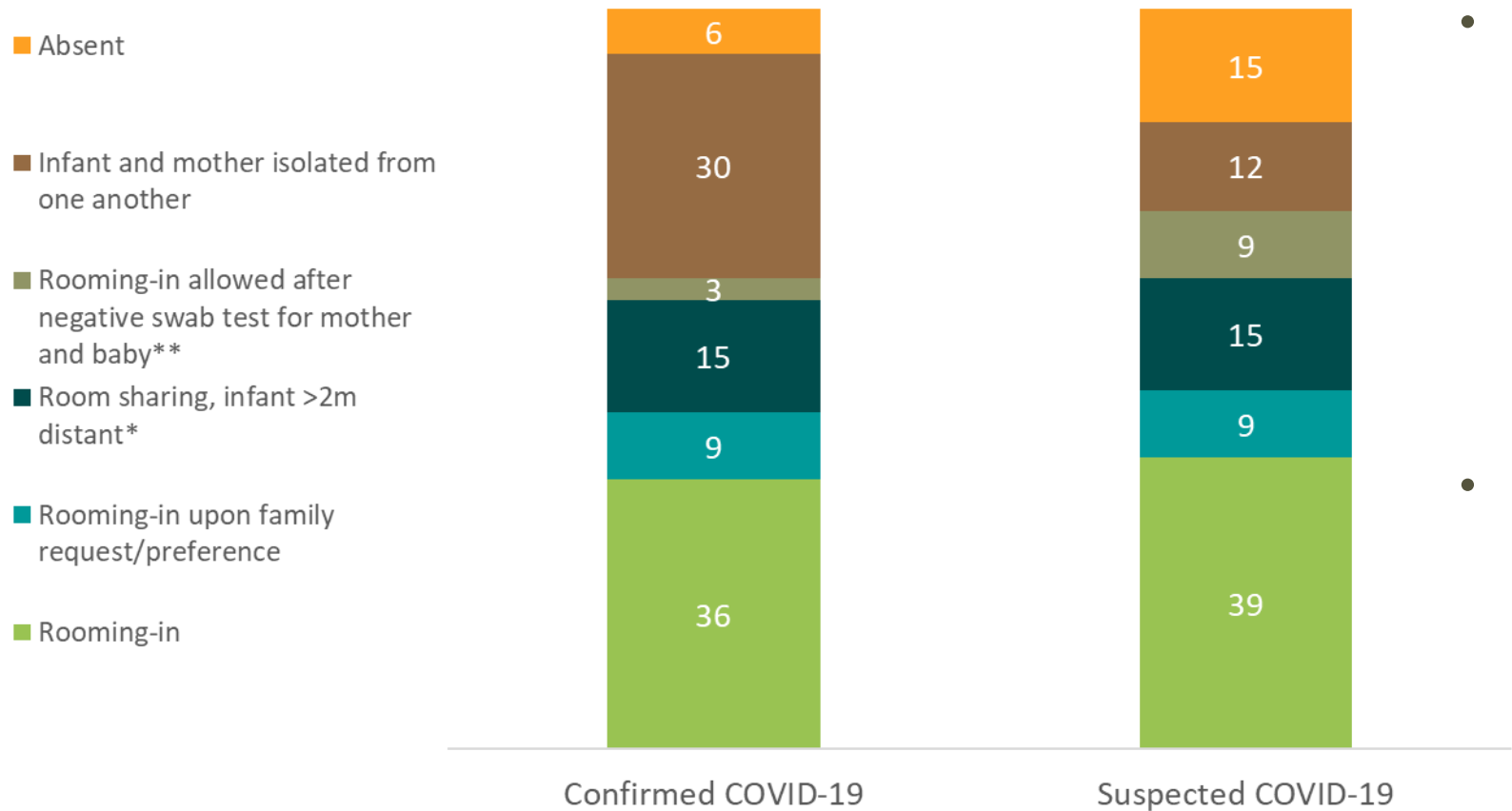
Less than one third of guidance documents reviewed recommend skin-to-skin contact and early initiation of breastfeeding in the context of COVID-19



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



- 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”

*Includes rooming in with 2 meters distance + family preference; **Includes rooming in with negative test + family preference

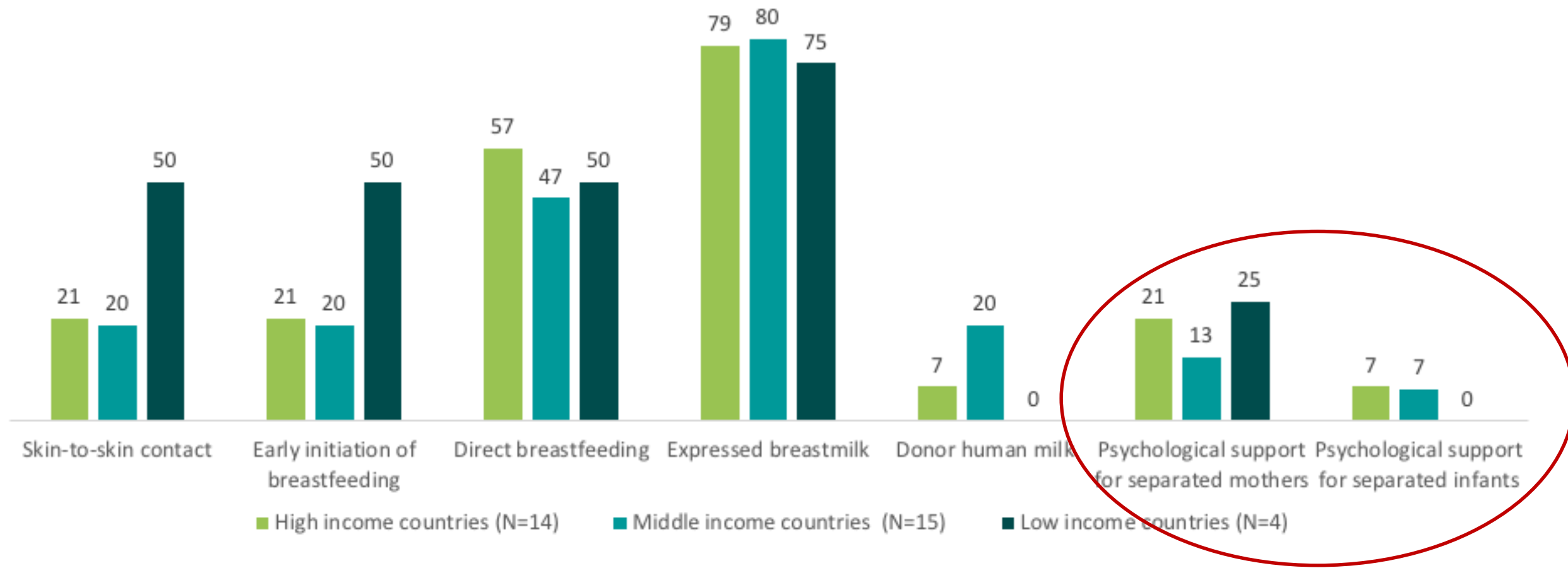
Most guidance documents recommended the provision of expressed breastmilk when direct breastfeeding was not supported or possible, while few mentioned donor human milk



- 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

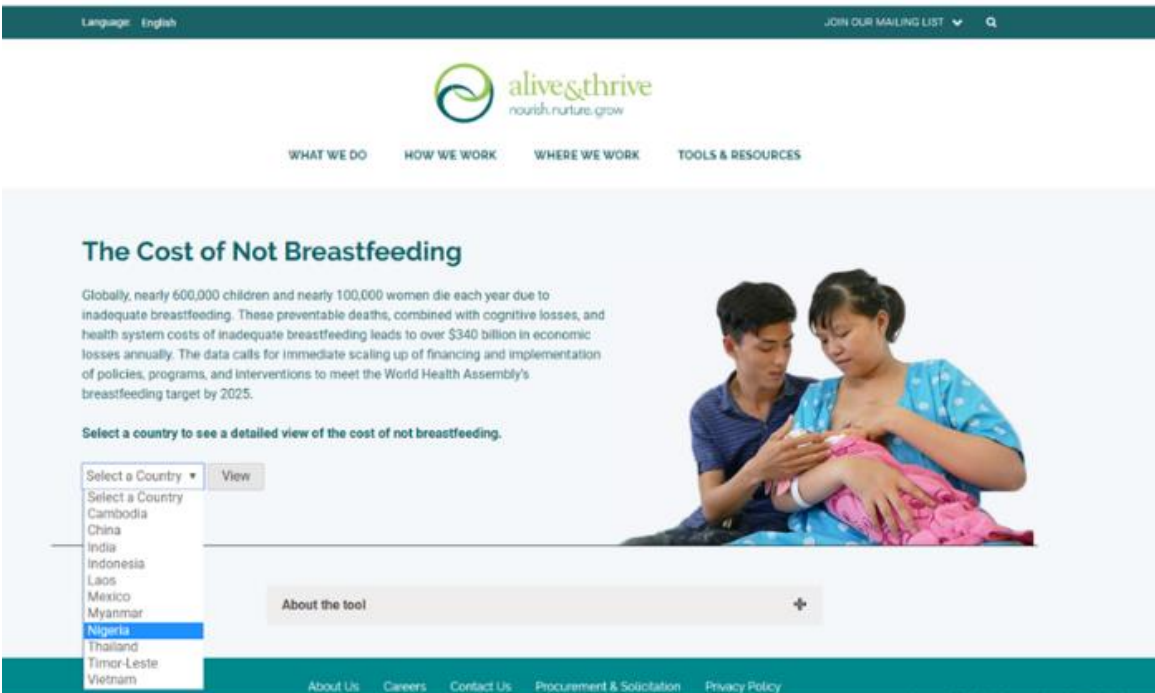
Alignment of national guidelines with WHO recommendations on breastfeeding and newborn care in the context of COVID-19 is poor

- 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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- Vu Hoang Duong, Alive & Thrive Southeast Asia
- Karleen Gribble, BRurSc, PhD, Western Sydney University
- Kathleen Marinelli, MD, IBCLC, FABM, FAAP, University of Connecticut School of Medicine
- Roger Mathisen, RD, MSc, Alive & Thrive Southeast Asia

Thank you to all partners from the 33 countries that helped to collect and translate guidance documents!



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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.



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