

## Supporting Breastfeeding during the COVID-19 Pandemic

2020 Healthy Start National Conference

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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.
4. Identify ways to engage the baby's father and other family members into breastfeeding.
5. Describe the role of Healthy Start staff in supporting new families during the COVID-19 pandemic.

### Healthy Start Breastfeeding Benchmarks

[Healthy Start 2016]

- Increase proportion of Healthy Start child participants whose parent/caregiver reports they were ever breastfed or pumped breast milk to feed their baby to 82%.
- Increase proportion of Healthy Start child participants whose parent/caregiver reports they were breastfed or fed breast milk at 6 months to 61%.

### 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)
- **The Microbiome**
  - The "microbiome" is the name given to all of the microorganisms that live in our body. There are thousands of microbes living in our mouths, nasal passages, skin, lungs, etc.

- When one species takes over another, the microbiome is out of balance, which can lead to infections and disease.
- Pregnancy: The uterus is not sterile. Babies colonize to some of the mother’s microbes within the uterus to prepare for germ exposure post-birth. In the last month of the mother’s pregnancy, there is a dramatic rise in good bacteria in the mother’s vagina.
- Birth: During labor, the baby is bathed in the mother’s vaginal microbes, which are extremely diverse. After the birth, the baby colonizes to the mother’s skin microbes during skin-to-skin contact.
- Breastfeeding: The breast is not sterile. It is normal to find a vast and diverse array of microbes. When the baby takes in these vital microbes they help the growing baby to digest food and keep harmful bacteria away (Pannaraj 2017). Gut bacteria plays a critical role in immune function and autoimmune disease.
- Microbiota of the breastfed infant is diverse compared to formula-fed infants.
- Establishing the infant’s immune system
  - Thymus is the central organ in the baby’s immune system.
  - The thymus produces T-cells and lymphatic tissue.
  - The thymus of the exclusively breastfed infant is twice the size of that of a formula-fed infant (thymic index of 38.3 vs. 18.3) (Hasselbalch 1996)
- HAMLET – lethal to 40 different types of cancer cells (Hakansson 1995; Svanborg 2003). Human Alpha-Lactalbumin Made lethal to Tumor Cells (HAMLET) has been shown to be effective in a number of cancers, including bladder, colon, lung, urinary, prostate, liver, skin, and gastro-intestinal tract cancers (Puthia 2014; Ho 2013; Mossberg 2010). HAMLET appears to spare healthy cells while causing cancer cells to self-destruct (Hakansson 2011).
- Breastfeeding matters to infant health and to maternal health (AHRQ 2007). Studies point to the importance of exclusive breastfeeding and longer duration in bringing about the biggest impact in positive health outcomes for infants. [See chart below.]

Health Outcome	BF ↓ Risk by:
Otitis media	
▪ any breastfeeding	23%
▪ exclusive breastfeeding 3-6 months	50%
Gastroenteritis	64%
Necrotizing Enterocolitis in preterm infants	82%
▪ Lower risk of surgeries for NEC (Ganapathy 2012)	83%
Hospital admission for lower respiratory tract infections (exclusive breastfeeding at least 4 months)	72%
Atopic dermatitis/eczema (exclusive breastfeeding at least 3 months)	
▪ Overall reduction	32%
▪ Family history	42%
Asthma (breastfeeding at least 3 months)	
▪ no family history	27%
▪ family history	40%

Obesity	24%
Type 1 diabetes	27%
Type 2 diabetes	39%
Childhood leukemia (breastfeeding duration at least 6 months):	
▪ Acute lymphocytic leukemia	19%
▪ Acute myelogenous leukemia	15%
Sudden Infant Death Syndrome	36%

- Breastfeeding also matters in reducing 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).

### 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, domestic abuse,
  - Manmade: war, terrorism, violence
- When an emergency occurs, the vulnerable are typically affected most significantly (people of color, infants and young children, people with medical conditions, those living in poverty or poor living conditions).
- Common needs in an emergency:
  - Reliable power
  - Clean water
  - Food (ready to eat)
  - Gasoline
  - Access to health care
- Families with young children may also need diapers, toddler disposable pants, closeness with children.
- Breastfeeding can help mitigate the negative impact of emergencies with vulnerable populations.

### COVID-19 Pandemic

- As of June 15, 2020 more than 7.5 million in 213 countries worldwide have been affected. In the U.S., more than 2 million have contracted COVID and more than 117,000 have lost their lives to the disease. (Note: up-to-date COVID-19 rates available at [https://www.worldometers.info/coronavirus/country/us/.](https://www.worldometers.info/coronavirus/country/us/))

- The virus has disproportionately affected African Americans: 33% of cases are to African Americans (even though this population only represents 18% of the population). Caucasians (which make up 59% of the population) comprise 45% of the cases. (CDC) [Note: See more at the CDC website, <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>].
- At the present time breastmilk has not been shown to contain the active COVID-19 virus. (WHO and CDC)
- 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."
- **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.
- 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):

**Human Milk Storage Guidelines**

	Countertop or table	Refrigerator	Freezer with separate door
<b>Storage Temperatures</b>	77° F or colder (25° C)	40° F or colder (4° C)	0° F or colder (-18° C)
<b>Freshly Pumped/Expressed Human Milk</b>	Up to 4 hours	Up to 4 days	Within 6 months is best, up to 12 months is acceptable
<b>Thawed Human Milk</b>	1-2 hours	Up to 1 day (24 hours)	Never refreeze human milk after it has been thawed

These guidelines are for healthy full-term babies and may vary for premature or sick babies. Check with your health care provider. Guidelines are for home use only and not for hospital use.

USDA | CDC | United States Department of Agriculture | Slightly Revised July 2018 | Find more breastfeeding resources at: [WICBreastfeeding.fns.usda.gov](http://WICBreastfeeding.fns.usda.gov) | [cdc.gov/breastfeeding/](http://cdc.gov/breastfeeding/)

- Resources from the Center for Health Equity, Education, and Research (CHEER) on breastfeeding and COVID-19:
  - Videos: : [https://www.youtube.com/channel/UC37CJqblbXi5o1I-i62\\_RkQ/videos](https://www.youtube.com/channel/UC37CJqblbXi5o1I-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/iycfe-resources.html>

### **Supporting New Families**

- Give key messages during pregnancy:
  - 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!

### **Reaching Healthy Start Participants During COVID-19**

- Virtual meetings (e.g., Zoom) for prenatal education or staff training
- Virtual Baby Café meetings or other postpartum support groups
- Livestream chat rooms via Facebook for education and support
- Partner with faith-based organizations or other community partners
- Promote hotlines/warmlines
- FaceTime and Skype
- Videoconferencing for lactation assistance



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

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

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