

Supporting your Perinatal Units During COVID-19: *Breastfeeding Guidance*

September 10, 2020



Webinar Logistics

- Attendees are automatically muted upon entry
- The “chat” function has been disabled. **Please utilize the Q&A box if you are having technical difficulties and to submit any questions you have for the presenters.** We will answer a select number of questions relevant to the topics presented during the Q&A portion of the webinar. The remainder of the questions may be used to inform the topics of future webinars in this series.
- **The slides and webinar recording will be made available on www.CAperinatalprograms.org shortly after the webinar.** Due to the rapidly changing guidelines around COVID-19, the slides and recording may be taken down after two weeks.

Disclaimer

- The information shared in this webinar series and on our resource site serve as examples of how hospitals, healthcare workers, and families in California are responding to COVID-19. We understand that each hospital is working with a different set of resources and constraints. As such, some of the recommendations presented may not apply to your hospital setting. Guidelines and recommendations should be adapted to fit your local needs.
- As this is a rapidly evolving public health situation, we encourage you to consider the most recently available local health department and CDC guidance when developing your internal protocols.

Today's Presenters

- **Elliot Main, MD**, Clinical Professor of Obstetrics and Gynecology (Maternal-Fetal Medicine), Stanford University School of Medicine and Medical Director, CMQCC
- **Susan Crowe, MD**, Clinical Professor of Obstetrics and Gynecology (Maternal-Fetal Medicine), Stanford University School of Medicine
- **Janelle Aby, MD**, Clinical Professor of Pediatrics, Stanford University School of Medicine
- **Robbie Gonzalez-Dow, MPH, RD**, Executive Director, California Breastfeeding Coalition

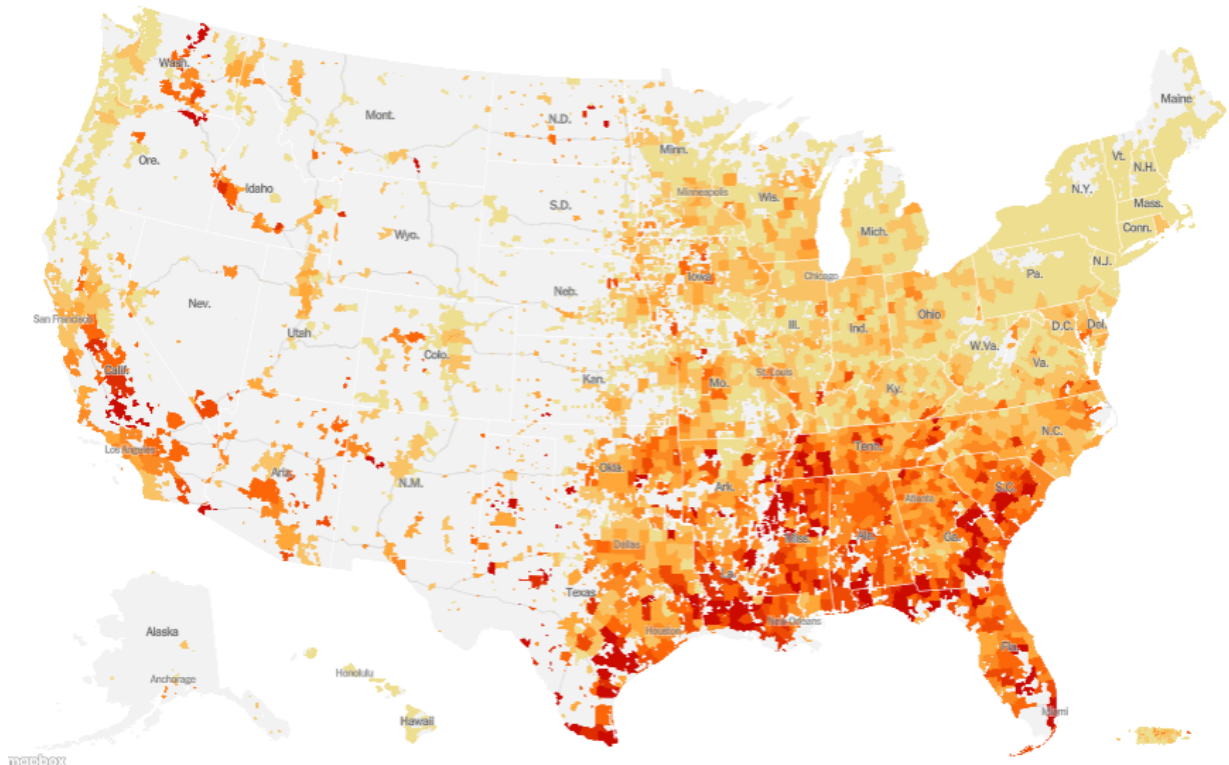
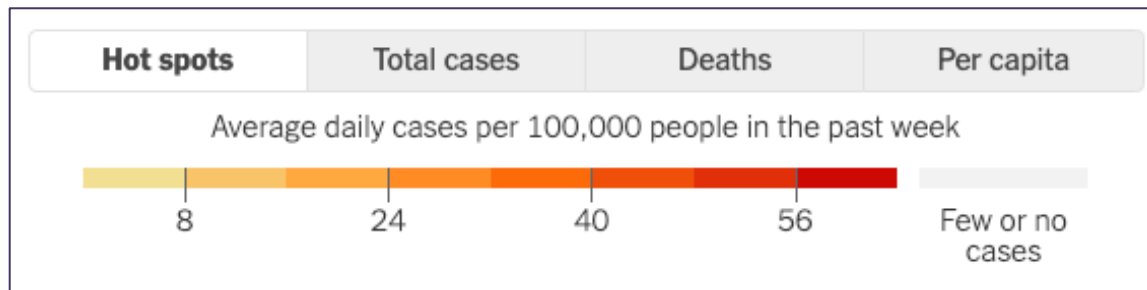
** Today's presenters have nothing*

California COVID-19 Update

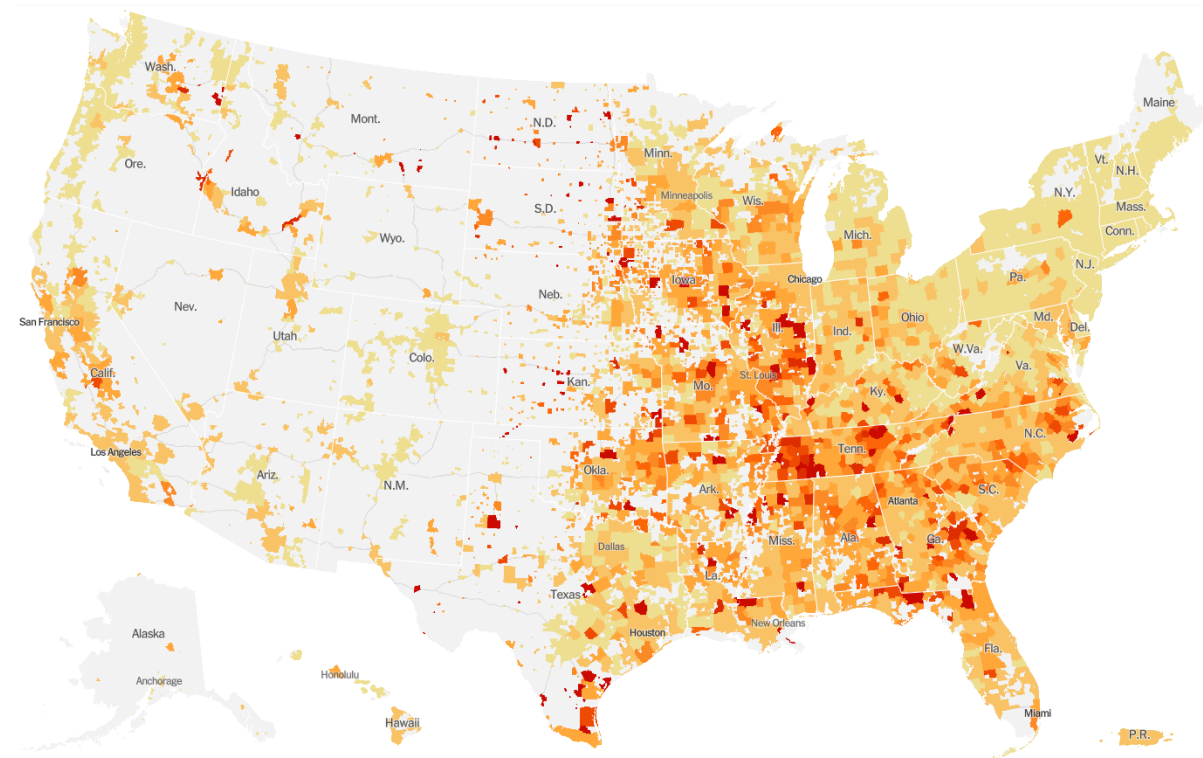
Elliott Main, MD

CMQCC

CPQCC



July 28, 2020



September 9, 2020

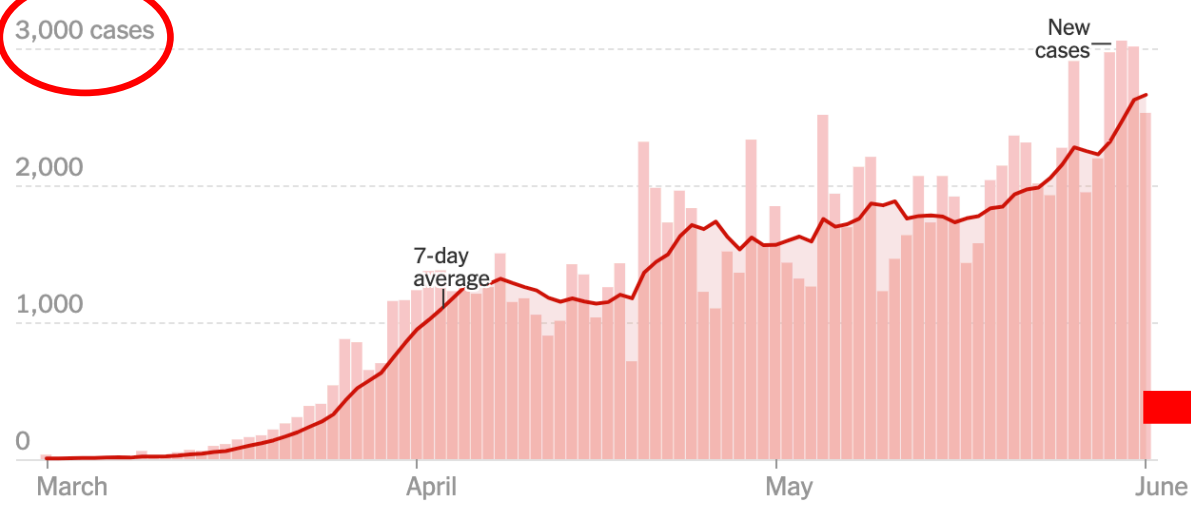
COVID Test Positive Rates By State

(averaged over last two weeks)

	COVID Testing % Positive
South Dakota	21%
Alabama	18%
Iowa	17%
Nevada	13%
Texas	10%
Nebraska	10%
Georgia	10%
Arizona	9%
Wisconsin	9%

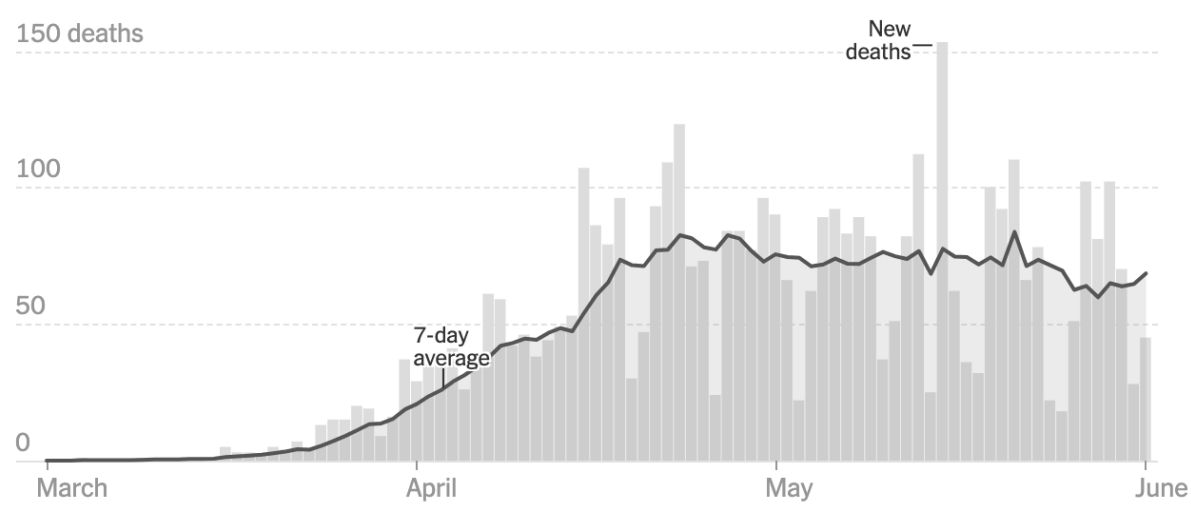
	COVID Testing % Positive
California	5%
Oregon	5%
Colorado	3%
Illinois	3%
Michigan	3%
Massachusetts	2%
New Jersey	1%
New York	1%
Vermont	0%

New reported cases by day in California

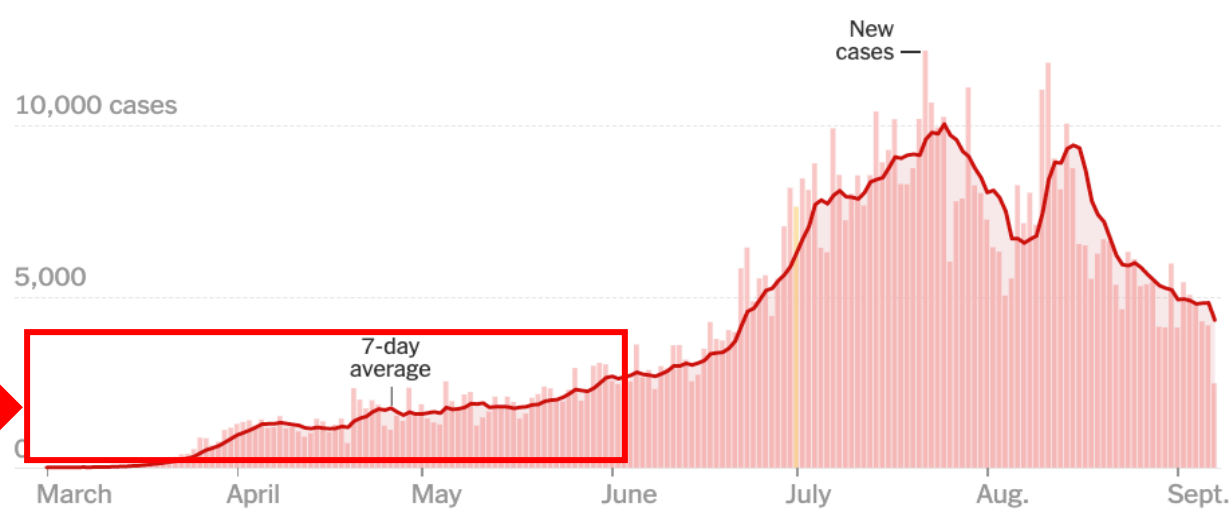


Note: The seven-day average is the average of a day and the previous six days of data.

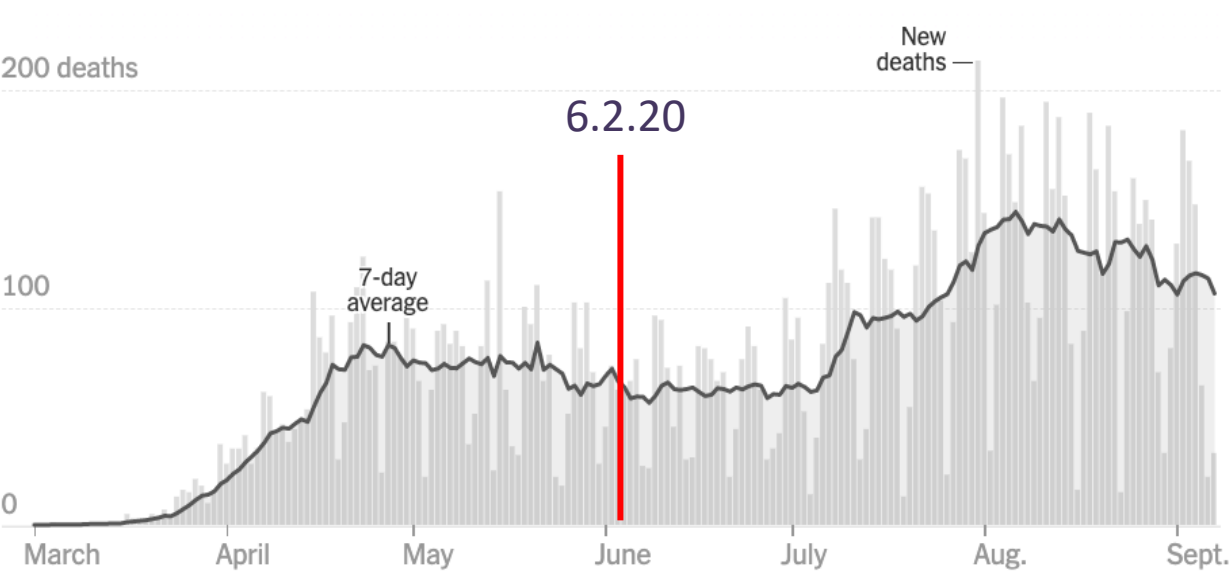
New reported deaths by day in California



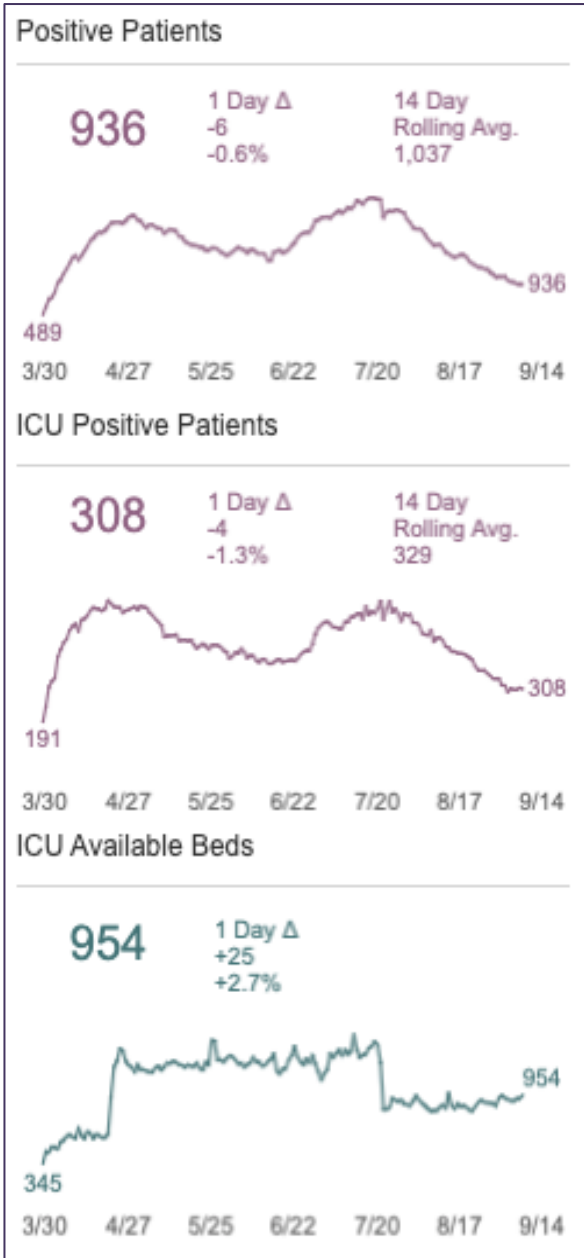
New reported cases by day in California



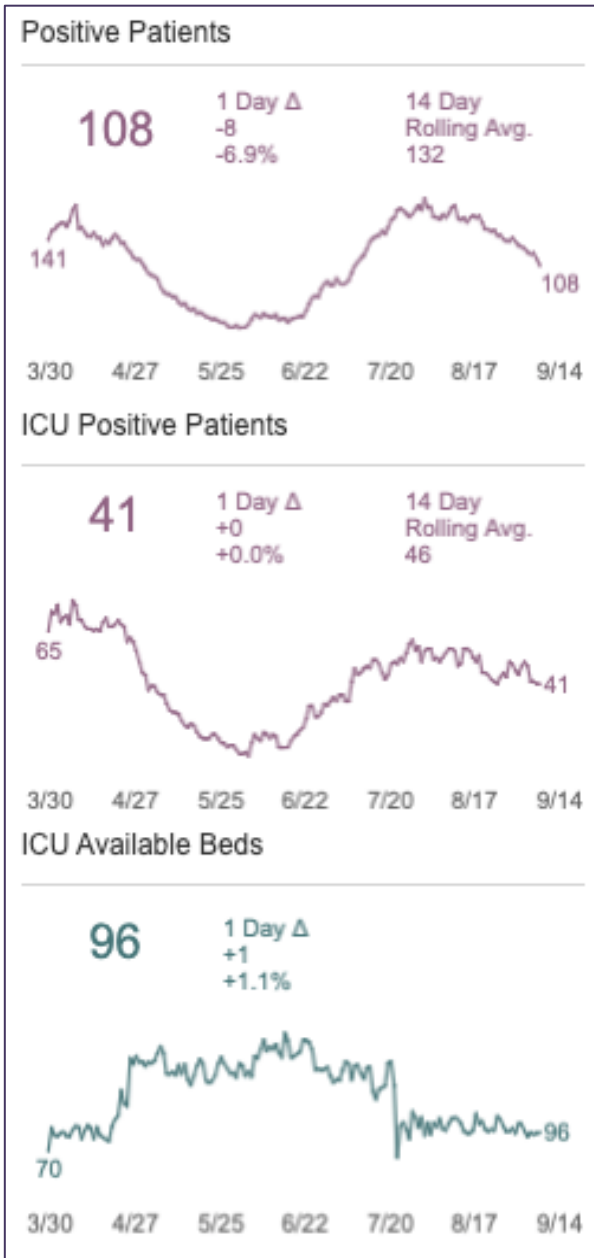
New reported deaths by day in California



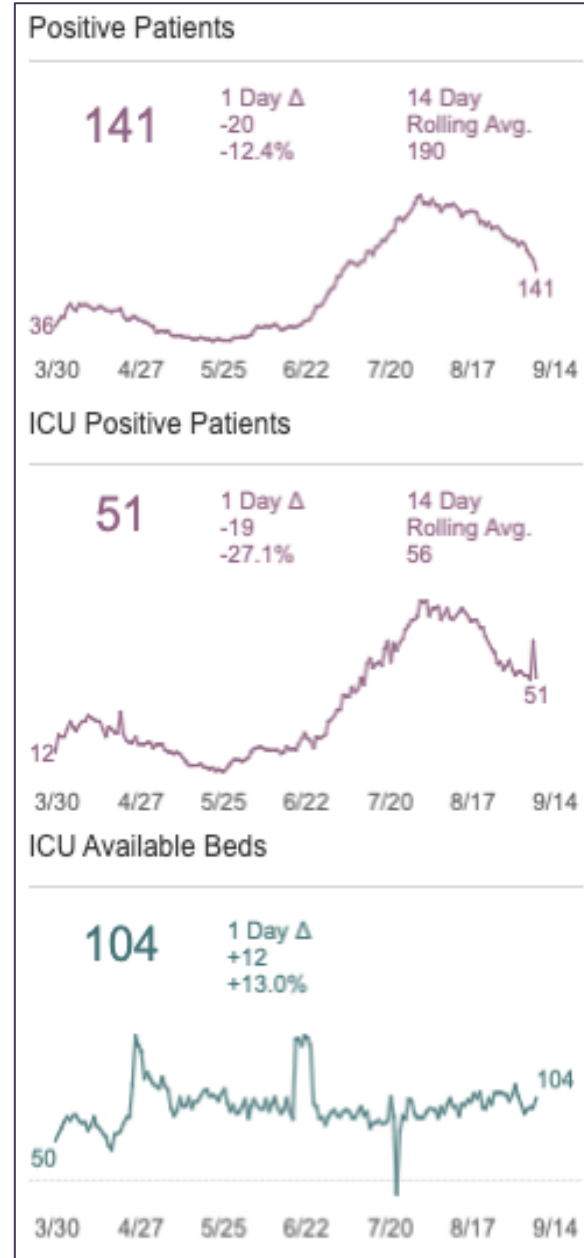
The content on these slides is current as of September 10, 2020.
 Los Angeles County



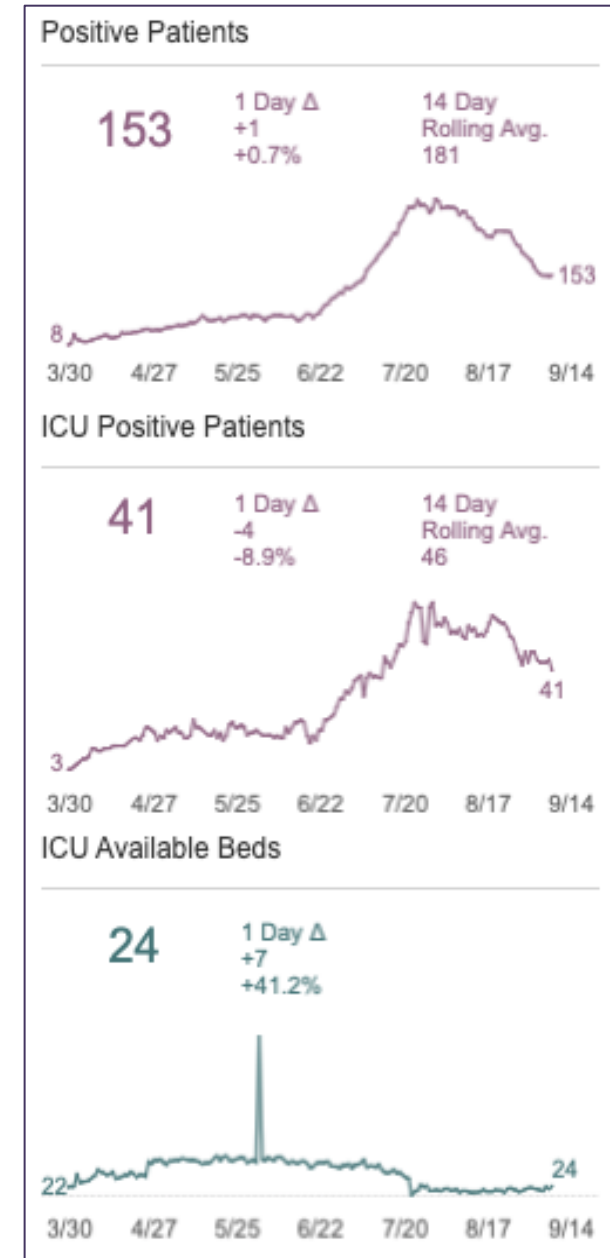
Santa Clara County



Sacramento County



Fresno County



California COVID Deaths by Race as of 9.9.20

RACE/ETHNICITY	POSITIVE CASES	DEATHS	CA POPULATION
AI AN	0%	0%	0.5%
Asian	6%	12%	15%
Black	4%	8%	6%
Latino	61%	48%	39%
NH PI	1%	0%	0.3%
White	17%	30%	37%
Multiracial	1%	1%	2.0%
Other/Unknown	11%	1%	n/a

Total Deaths: 13,758

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CMQCC California COVID OB Working Group

Time	Region	Asymptomatic Positives	ICU cases
May thru Early June	Bay Area	0.5% to 3%	~10, often antepartum, no deaths
	Southern CA	<0.5% to 1.5%	~15, largely lower income
	Central Valley	<0.5%	None reported

There are ~35,000 births every month in California

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Mid-June thu Mid-July	Bay Area	1-3% concentrated in LatinX	~6
	Southern CA	<0.5% high income / 4% low income	~15
	Central Valley	<0.5%	None reported

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	Central Valley	<0.5%	None reported
Mid-July Thru Late August	Bay Area	1-2% concentrated in LatinX	~5
	Southern CA	<0.5% high income / 10% low income	~40, ~5 on ECMO but OK
	Central Valley	4-8% concentrated in LatinX	~5

There are ~35,000 births every month in California

Breastfeeding Guidance During COVID-19

Susan Crowe, MD

Janelle Aby, MD

Robbie Gonzalez-Dow, MPH, RD

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Breastfeeding Report Card:

8/2020 United States Breastfeeding Rates

	2007	2013/2017	2015/2017 Non-Hispanic Black	2017 CA
Ever	75.0	81.1/ 84.1	69.0/ 73.7	90.3
6 months	43.8	51.8/ 58.6	44.7/ 47.8	67.1
1 year	22.4	30.7/ 35.3	24.0/ 26.1	43.3
Exclusive breastfeeding				
To 3 months				
To 6 months		44.4/ 46.9	36.0/ 38.7	50.1
Received formula before 2 days of age		22.3/ 25.6	17.2/ 21.2	28.2
		17.1/19.2		

cdc.gov

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1 HOSPITAL POLICIES

Hospitals support mothers to breastfeed by...

- Not promoting infant formula, bottles or teats
- Making breastfeeding care standard practice
- Keeping track of support for breastfeeding

2 STAFF COMPETENCY

Hospitals support mothers to breastfeed by...

- Training staff on supporting mothers to breastfeed
- Assessing health workers' knowledge and skills

3 ANTENATAL CARE

Hospitals support mothers to breastfeed by...

- Discussing the importance of breastfeeding for babies and mothers
- Preparing women in how to feed their baby

4 CARE RIGHT AFTER BIRTH

Hospitals support mothers to breastfeed by...

- Encouraging skin-to-skin contact between mother and baby soon after birth
- Helping mothers to put their baby to the breast right away

5 SUPPORT MOTHERS WITH BREASTFEEDING

Hospitals support mothers to breastfeed by...

- Checking positioning, attachment and suckling
- Giving practical breastfeeding support
- Helping mothers with common breastfeeding problems

6 SUPPLEMENTING

Hospitals support mothers to breastfeed by...

- Giving only breast milk unless there are medical reasons
- Prioritizing donor human milk when a supplement is needed
- Helping mothers who want to formula feed to do so safely

7 ROOMING-IN

Hospitals support mothers to breastfeed by...

- Letting mothers and babies stay together day and night
- Making sure that mothers of sick babies can stay near their baby

8 RESPONSIVE FEEDING

Hospitals support mothers to breastfeed by...

- Helping mothers know when their baby is hungry
- Not limiting breastfeeding times

9 BOTTLES, TEATS AND PACIFIERS

Hospitals support mothers to breastfeed by...

- Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers

10 DISCHARGE

Hospitals support mothers to breastfeed by...

- Referring mothers to community resources for breastfeeding support
- Working with communities to improve breastfeeding support services

The TEN STEPS to Successful Breastfeeding

Early Evolution of Breastfeeding Guidance During COVID-19

CDC: 2/2020

- Temporary separation of COVID positive/PUI mother and her baby

AAP: 4/2/2020

- 6 ft separation if space constraints or mother's choice
- Mother's milk may provide protective factors against COVID

ACOG: 4/16/2020

- Not enough info on transmission through breastmilk
- Breastmilk protective against many illness and best nutrition for most babies

CDC: 5/20/2020

- Shared decision making on temporary separation, variety of options on how to achieve
- Limited data suggest breastmilk is not likely to be a source of transmission



WHO: 3/2020

- Room share, direct breastfeeding, skin-to-skin

CDC: 4/4/2020

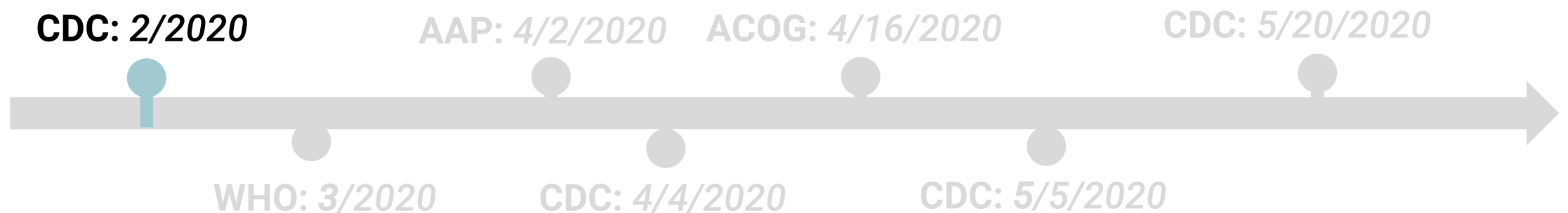
- Case-by-case basis
- Shared decision making

CDC: 5/5/2020

- Instructions for Mother
- Instructions for Expressed Milk
- Guidelines for Breastfeeding Employees

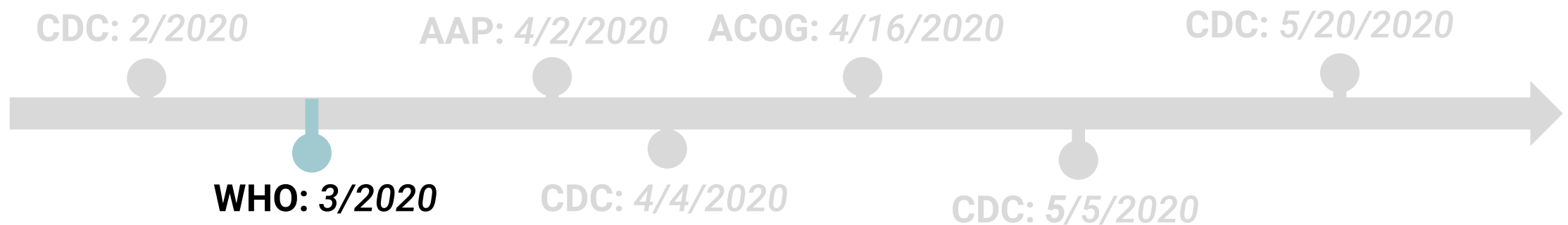
CDC: 2/2020

- “To reduce the risk of transmission of the virus that causes COVID-19 from the mother to the newborn, facilities should consider temporarily separating (e.g., separate rooms) the mother who has confirmed COVID-19 or is a PUI from her baby until the mother’s transmission based precautions are discontinued...”



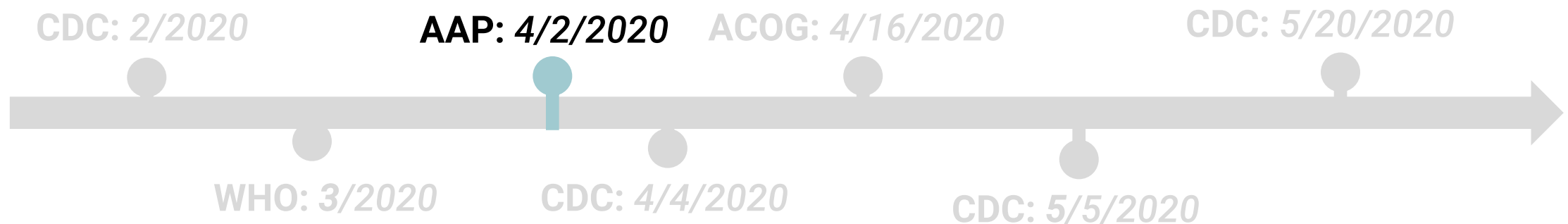
World Health Organization: 3/2020

- “...even if a mother has COVID-19, she is encouraged to touch and hold her baby, breastfeed safely with good respiratory hygiene, hold the baby skin-to-skin, and share a room with the child.”
- Recommend direct breastfeeding and skin to skin



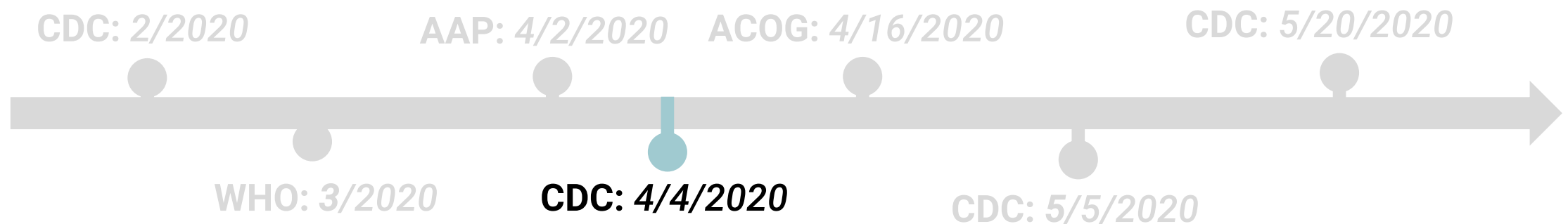
AAP Initial Guidance: 4/2/2020

- “While difficult, temporary separation of mother and newborn will minimize the risk of postnatal infant infection from maternal respiratory secretions.”
- “If the center cannot place the infant in a separate area — or **the mother chooses rooming-in despite recommendations** — ensure the infant is at least 6 feet from the mother. A curtain or an isolette can help facilitate separation.”
- In addition to the known benefits of breastfeeding, **mothers’ milk may provide infant protective factors after maternal COVID-19**. Promoting breast milk feeding and supporting establishment of maternal milk supply may offer additional benefits to well and sick newborns.



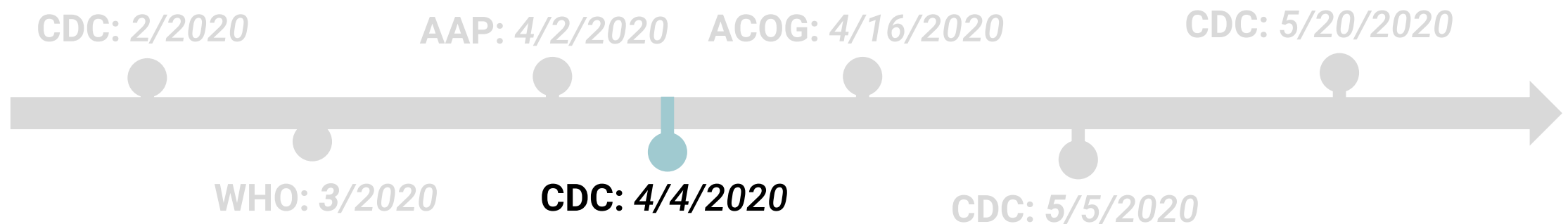
CDC: 4/4/2020

- “Determination of whether to keep a mother with known or suspected COVID-19 and her infant together or separated after birth on a **case-by-case basis**, using **shared decision-making** between the mother and the clinical team.”



CDC: Mother/Baby Contact

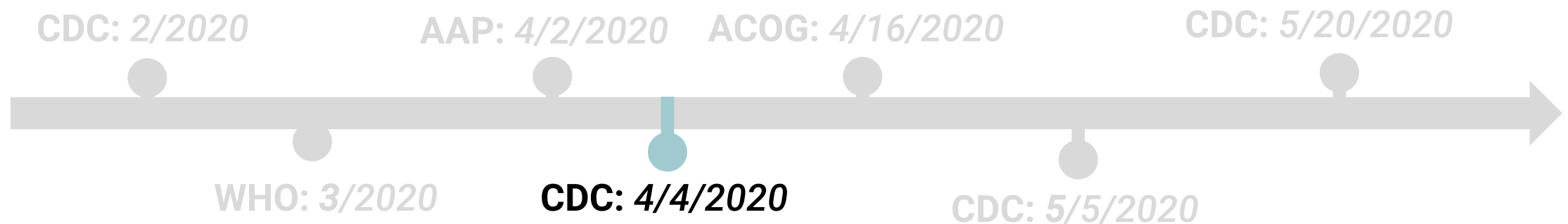
- “The many **benefits of mother/infant skin-to-skin contact** are well understood for mother-infant bonding, increased likelihood of breastfeeding...and though transmission of SARS-CoV-2 after birth with infectious respiratory secretions is a concern, **the risk of transmission and the clinical severity...in infants are not clear.**”



CDC: To Separate or Not?

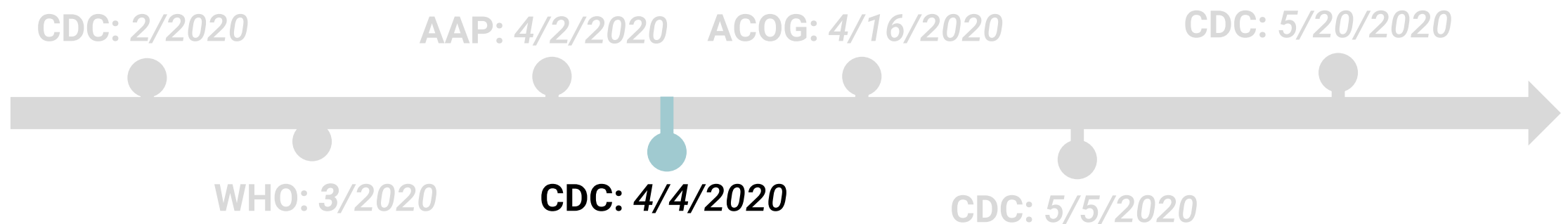
Consider:

- Clinical condition of mother and infant
- Testing results of mother and infant
- Desire to feed at the breast
- Facility capacity
- Ability to maintain separation at discharge



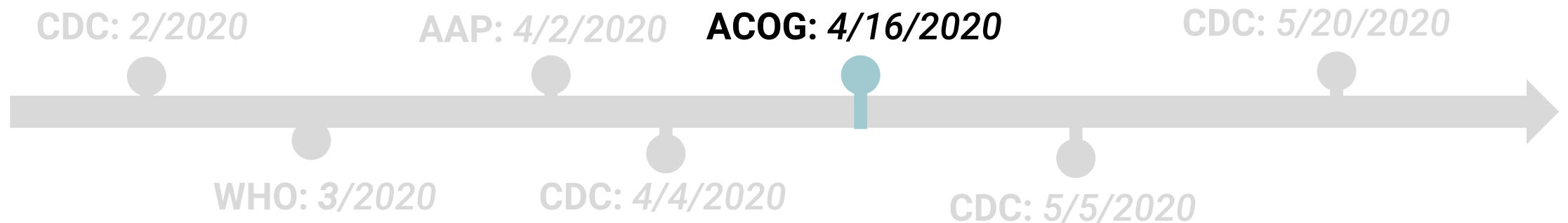
CDC: Co-isolation

- Keep newborn 6 feet away from mother
- Physical barriers
- If feeding at the breast, mother should place facemask, hand hygiene before feed



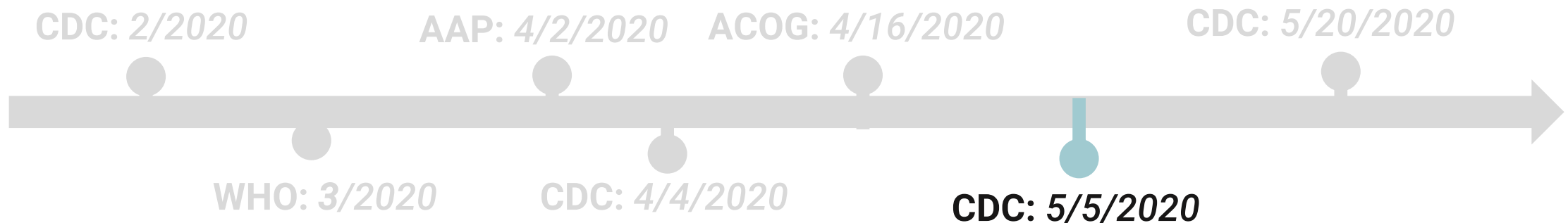
ACOG: 4/16/2020

- “So far, the virus has not been found in breast milk. But there is **not enough information yet on whether women who are sick can pass the virus through breast milk**. Breast milk gives babies protection against many illnesses. It also is the best source of nutrition for most babies. Talk with your ob-gyn or other health care professional about whether to start or continue breastfeeding. You can make this decision together with your family and health care team.”



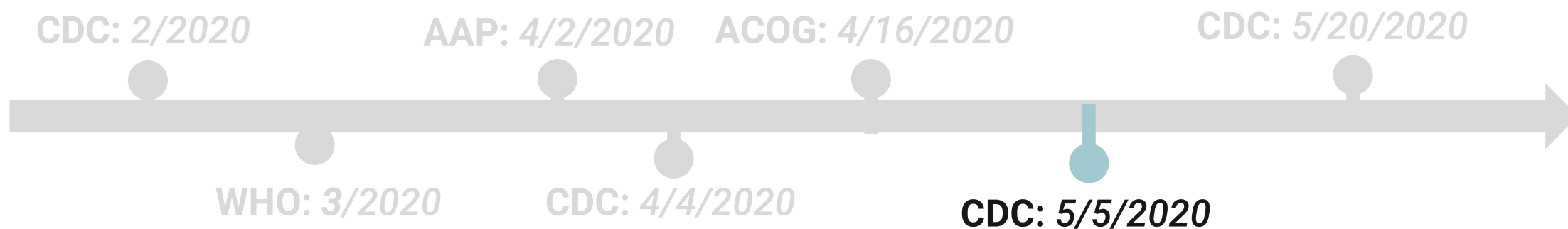
CDC: 5/5/20 Instructions for Mother

- Mother should be instructed to wash her hands using soap and water, especially if her hands are visibly soiled, before touching the infant.
- If soap and water are not available, she should use a hand sanitizer with at least 60% alcohol.
- Mothers should wear a cloth face covering while feeding at the breast.



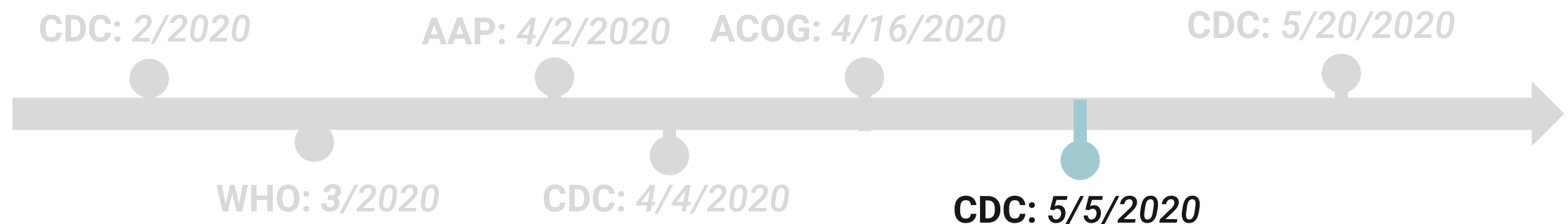
CDC: 5/5/20 Instructions for Expressed Milk

- If expressing breast milk either by hand expression or with a breast pump, the mother should clean her hands before touching any pump or bottle parts and wear a cloth face covering.
- Mothers should be educated about recommendations on how to properly clean and sanitize breast pumps.
- If possible, **expressed breast milk should be fed to the infant** by a healthy caregiver, who is not at high-risk for severe illness from COVID-19.



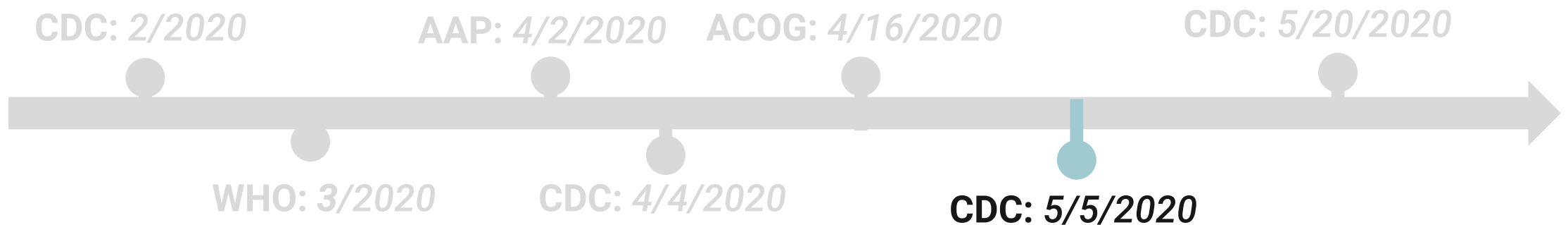
CDC: 5/5/20 Breastfeeding Employees

- Breastfeeding mothers who work in settings with higher risk of potential exposure to SARS-CoV-2, such as healthcare personnel and first responders, may have additional concerns related to expression of breast milk while at work. These mothers should follow the same recommendations outlined above given they may be at higher risk of infection with SARSCoV-2. **Ideally, employers would provide breastfeeding employees with a private, non-bathroom space for milk expression.**



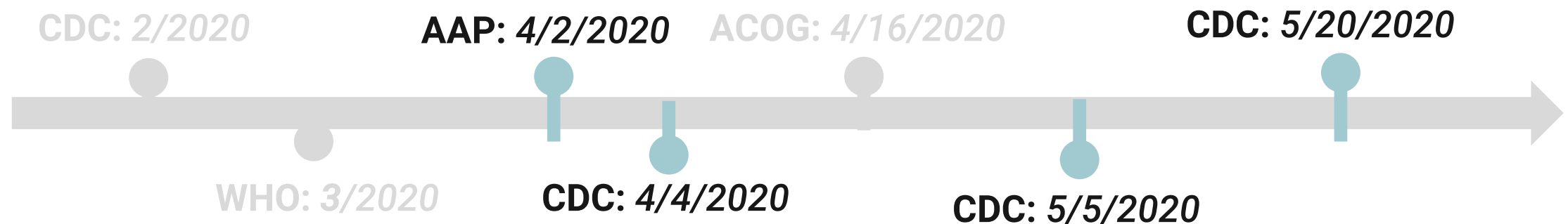
CDC: 5/5/20 Breastfeeding Employees

- There is evidence that SARS-CoV-2 remains on surfaces for several hours to days. Healthcare providers **should discuss a mother's individual circumstances** (e.g., level of exposure to persons with suspected or confirmed COVID-19, availability and proper use of personal protective equipment) when counseling the mother about additional precautions prior to breastfeeding or expression of breast milk while at work.
- There **is a lack of evidence to support precautions such as cleansing the breast prior to breastfeeding or milk expression or disinfecting external surfaces of milk collection devices** (e.g., bottles, milk bags).



4/2/20-5/20/20

- CDC guidance: primarily recommending shared decision making
- AAP guidance: primarily recommending separation of dyads



Patient Counseling:

What was NOT known (4/2020)

- Whether mother-infant separation decreases coronavirus transmission or if it does, to what extent.
- For how long someone with COVID-19 remains contagious.
- For babies who have required hospitalization for COVID-19, it is not known whether or not they were breastfed or cared for by a COVID-19 positive caregiver.

Patient Counseling:

What was known (4/2020)

- There have not yet been any neonates <28 days old who have died from COVID-19, anywhere in the world.
- The two infants who died in the US with possible COVID-19 were 6 weeks and 9 months old. In both cases, the causes of death are still under investigation. It is not yet known if COVID infection contributed to the deaths.
- The number of infants who get sick with COVID-19 is very small compared with the number of adults who get sick.

Benefits of Co-Location

- Consistent with current WHO recommendation, which says mothers with suspected or confirmed COVID-19 “should be enabled to remain together and practice skin-to-skin contact, kangaroo care and to remain together and to practice rooming in throughout the day and night.”
- Enables skin-to-skin contact which improves temperature, heart rate, respiratory rate, and glucose levels in newborns.
- Enables breastfeeding, a feeding method associated with a decreased risk of pneumonia and other infections. **Infants who are not breastfed have 3.5 x the risk of being hospitalized for pneumonia compared with infants who are breastfed exclusively for ≥ 4 months.**
- Provides consistent newborn care practices across both hospital and home environment for those families who will NOT be separated after discharge.
- Allows new mothers to have help with breastfeeding initiation and develop skills for calming and caring for their babies.
- Decreases stress for mothers.
- Enables modeling of good hand washing and mask use during infant care.

Thank you Dr. Janelle Aby, Medical Director LPCH Well Baby Newborn Nursery

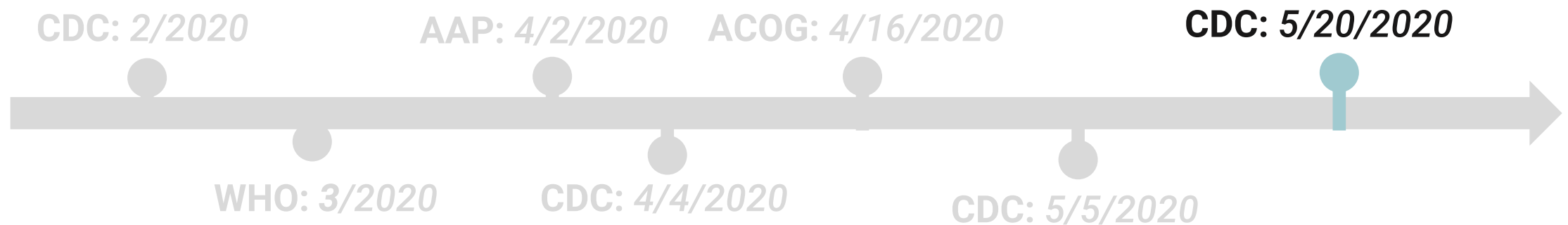
Benefits of Mother-Infant Separation

- Provides consistent newborn care practices across both hospital and home environment for those families who WILL be separated after discharge.
- May be temporarily easier for mothers or staff if the mother is unwell or is having difficulty managing cough or secretions.

Thank you Dr. Janelle Aby

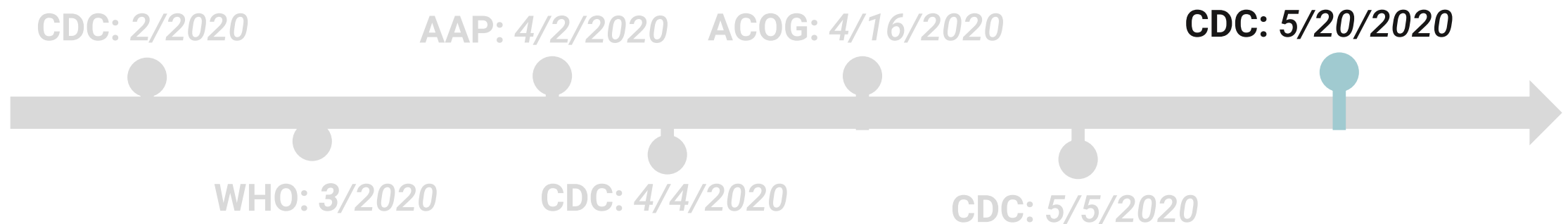
CDC: 5/20/20

Although temporary separation of a neonate from a mother with confirmed or suspected COVID-19 should be **strongly considered** in healthcare settings, it may not always be feasible. For these situations, the risks and benefits of temporary separation of the mother from her baby should be discussed with the mother by the health care team, and decisions about temporary separation should be made **in accordance with the mother's wishes**.



CDC: 5/20/20

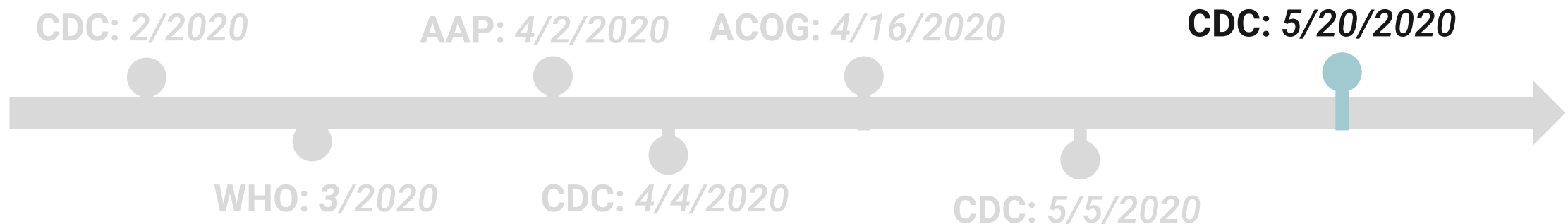
Temporary **separation in the clinical setting can be achieved in many ways**, including a separate room, maintaining a physical distance of ≥ 6 feet between the mother and neonate, and placing the neonate in a temperature-controlled isolette if the neonate remains in the mother's room.



CDC: 5/20/20

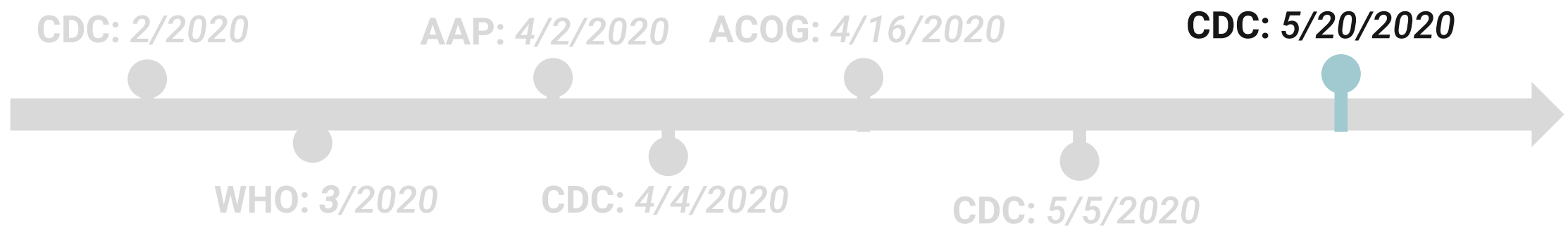
Considerations include:

- **Clinical conditions** of the mother and neonate
- Separation may be necessary for infants at higher risk for severe illness (e.g., preterm infants and infants with medical conditions)
- Availability of testing, staffing, space, and PPE in the healthcare facility



CDC: 5/20/20

Breast milk is the best source of nutrition for most infants, and it provides protection against many illnesses. There are rare exceptions when breastfeeding or feeding expressed breast milk is not recommended. We do not know whether mothers with COVID-19 can transmit the virus via breast milk, but the **limited data available suggest this is not likely to be a source of transmission.**



AAP: 7/22/20 Risk to Newborn

- Approximately 2-5% of infants born to women with COVID-19 near the time of delivery have tested positive in the first 24-96 hours after birth.
- There are published reports of infants requiring hospitalization before one month of age due to severe COVID-19 infection.
- Families can now be informed that evidence to date suggests that the risk of the newborn acquiring infection during the birth hospitalization is low when precautions are taken to protect newborns from maternal infectious respiratory secretions.

AAP: 7/22/20 Rooming-In

- Among the over 1,500 mother-infant dyads in the National Perinatal COVID-19 Registry, **the likelihood that an infant has a positive PCR test for SARS-CoV-2 is similar for infants who are separated from their mothers and for infants who room-in** with mothers using infection prevention measures.

AAP: 7/22/20 Rooming-In

We **recommend**:

- **Mothers and newborns may room-in** according to usual center practice.
- During the birth hospitalization, the mother should **maintain a reasonable distance from her infant when possible**. When mother provides hands-on care to her newborn, **she should wear a mask and perform hand-hygiene**. Use of an isolette may facilitate distancing and provide the infant an added measure of protection from respiratory droplets.

AAP: 7/22/20

- **Delayed cord clamping practices should continue per usual center practice.** Mothers with COVID-19 should use a mask while holding their baby during delayed cord clamping.
- Infants born to mothers with confirmed or suspected COVID-19 **should be bathed** after birth to remove virus potentially present on skin surfaces.
- No further mention of “breast hygiene.”

AAP: 7/22/20 Breastfeeding

- The AAP strongly supports breastfeeding as the best choice for infant feeding. Several published studies have detected SARS-CoV-2 nucleic acid in breast milk. It is not yet known whether viable, infectious virus is secreted in breast milk, nor is it yet established whether protective antibody is found in breast milk. Given these uncertainties, **breastfeeding is not contraindicated at this time.**

AAP: 7/22/20 Breastfeeding

- Mothers should perform hand hygiene before breastfeeding and wear a mask during breastfeeding.
- If an infected mother chooses not to nurse her newborn, she may express breast milk after appropriate hand hygiene, and this may be fed to the infant by other uninfected caregivers.
- Mothers of NICU infants may express breast milk for their infants during any time that their infection status prohibits their presence in the NICU.

AAP: 7/22/20 After Hospital Discharge

- There is no specific benefit for infants born to mothers with COVID-19 that results from discharge earlier than usual center practice.
- A COVID+ mother (asymptomatic or not severely ill) **should use a mask and hand-hygiene when directly caring for the infant, until**
 - she has been **afebrile for 24 hours** without use of antipyretics
 - at least **10 days have passed since her symptoms first appeared** (or, in the case of asymptomatic women identified only by obstetric screening tests at least 10 days have passed since the positive test), and
 - **symptoms have improved.**

AAP: 7/22/20 NICU Visitation

- Immunocompetent persons may be considered non-infectious as per prior slide. For persons severely or critically ill with COVID-19, and for severely immunocompromised individuals, the length of time since symptoms first appeared can be extended to 20 days.
- Extending that period to 14-20 days from onset of symptoms or first positive test (whichever comes first) is a reasonable option that will provide additional protection in the NICU environment.
- Use of PCR test-based criteria to determine when individuals are no longer infectious may unnecessarily restrict visitation.

CDC: 8/3/20 Transmission

- Transmission of SARS-CoV-2, the virus that causes COVID-19, to neonates is thought to occur primarily **through respiratory droplets** during the postnatal period.
- There are **insufficient data to make recommendations on routine delayed cord clamping or immediate skin-to-skin care** for the purpose of preventing SARS-CoV-2 transmission to the neonate.

CDC: 8/3/20 Risk to Newborn

- Current evidence suggests that SARS-CoV-2 infections in neonates are uncommon. If neonates do become infected, **the majority have either asymptomatic infections or mild disease** (i.e., do not require respiratory support), and they recover.
- Severe illness in neonates, including illness requiring mechanical ventilation, has been reported but appears to be rare.
- Neonates with underlying medical conditions and preterm infants (<37 weeks gestational age) may be at higher risk of severe illness from COVID-19.

CDC: 8/3/20 Rooming-In

- Rates of SARS-CoV-2 infection in neonates **do not appear to be affected by mode of delivery, method of infant feeding, or contact** with a mother with suspected or confirmed SARS-CoV-2 infection.
- The **ideal setting** for care of a healthy, term newborn while in the hospital is in the mother's room, commonly **called "rooming-in."**
- There is no difference in risk of SARS-CoV-2 infection to the neonate whether a neonate is cared for in a separate room or remains in the mother's room.
- Healthcare providers **should respect maternal autonomy** in the medical decision-making process.

CDC: 8/3/20 Rooming-In

- Mothers who room-in with their infants can more easily learn and respond to their feeding cues, which **helps establish breastfeeding**. Breastfeeding reduces morbidity and mortality for both mothers and their infants. Mothers who choose to breastfeed should take measures, including wearing a mask and practicing hand hygiene.
- Mother-infant bonding is facilitated by keeping the neonate with its mother.
- Rooming-in promotes family-centered care and can allow for parent education about newborn care and infection prevention and control practices.

CDC: 8/3/20 IPC Precautions

Mothers with suspected or confirmed SARS-CoV-2 infection should not be considered as posing a potential risk of virus transmission to their neonates if they have met the criteria for discontinuing isolation and precautions:

- At least 10 days have passed since their symptoms first appeared (up to 20 days if they have more severe to critical illness **or are severely immunocompromised**), and
- At least 24 hours have passed since their last fever without the use of antipyretics, and
- Their other symptoms have improved.

CDC: 8/3/20 IPC Precautions

- Separation may be necessary for mothers who are too ill to care for their infants or who need higher levels of care.
- Separation may be necessary for neonates at higher risk for severe illness (e.g., preterm infants, infants with underlying medical conditions, infants needing higher levels of care).
- Separation in order to reduce the risk of transmission from a mother with suspected or confirmed SARS-CoV-2 to her neonate may not be necessary if the neonate tests positive for SARS-CoV-2.

CDC: 8/3/20 IPC Precautions

- Mothers should wear a mask and practice hand hygiene during all contact with their neonates. Of note, plastic infant face shields are not recommended, and masks should not be placed on neonates or children younger than 2 years of age.
- Engineering controls, such as maintaining a physical distance of >6 feet between the mother and neonate or placing the neonate in an incubator, should be used when feasible.

The content on these slides is current as of September 10, 2020.

Exclusive Breastfeeding Matters for Both Short and Long-Term Health Outcomes

- Some breastfeeding benefits are more apparent in exclusively breastfed infants than in mixed fed infants (e.g. protection against ear infections)
- Other benefits rely on exclusive breastfeeding (e.g. lower respiratory tract infections and serious persistent diarrhea)
- **Some benefits are associated with direct breastfeeding** (e.g. obesity prevention, and possible reduced chance of allergy)

Credit: Dr. Lori Feldman-Winter and Dr. Lauren Hanley, CBC Webinar



Synergy of the Ten Steps

TABLE 5 Odds of Achieving Exclusive Breastfeeding Intention by Number of Baby-Friendly Hospital Practices Experienced, IFPS II, 2005–2007 (n = 1457)

No. Steps Experienced	% Met Goal ^a	aOR ^b	95% CI
0–1	23.4	1.0	—
2	26.0	0.9	0.5, 1.6
3	26.6	1.1	0.7, 1.8
4	32.7	1.5	0.9, 2.5
5	40.6	2.1	1.3, 3.5
6	46.9	2.7	1.5, 4.8

^a Cochrane-Armitage trend test $P < .0001$ for percentage who met goal.

^b aOR adjusted for maternal age, race/ethnicity, poverty-to-income ratio, education, prepregnancy weight status, parity, smoking status, WIC participation, Cesarean delivery, marital status, and intended duration of exclusive breastfeeding.



Perrine CG, Scanlon KS, Li R, Odom E, Grummer-Strawn LM. Baby-Friendly hospital practices and meeting exclusive breastfeeding intention. *Pediatrics*. 2012;130(1):54–60.

Credit: Dr. Lori Feldman-Winter and Dr. Lauren Hanley, CBC Webinar

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Ten Steps Support Exclusive Breastfeeding for those Most Vulnerable: *Issue of Equity*

TABLE 2 Associations Between Improvements in Maternity Practices and Breastfeeding Initiation and Exclusivity

	Overall		African American		Hispanic		White	
	Rate Ratio	95% CI	Rate Ratio	95% CI	Rate Ratio	95% CI	Rate Ratio	95% CI
Breastfeeding initiation								
Skin-to-skin care, vaginal delivery	1.09	(1.03–1.15)	1.12	(0.99–1.26)	1.21	(1.07–1.37)	1.04	(0.97–1.11)
Skin-to-skin care, cesarean delivery	1.15	(1.08–1.23)	1.38	(1.25–1.53)	1.19	(1.07–1.32)	1.05	(0.99–1.12)
Rooming in	1.07	(1–1.15)	1.15	(0.99–1.32)	1.02	(0.93–1.12)	1.08	(0.99–1.18)
Breastfeeding exclusivity								
Skin-to-skin care, vaginal delivery	1.14	(1.04–1.25)	1.19	(0.94–1.52)	1.33	(0.9–1.95)	1.17	(0.96–1.44)
Skin-to-skin care, cesarean delivery	1.20	(1.07–1.34)	1.65	(1.31–2.08)	1.50	(1.18–1.91)	1.10	(1–1.21)
Rooming in	1.10	(0.99–1.22)	1.54	(1.14–2.07)	1.30	(0.89–1.89)	1.12	(0.99–1.28)



Merewood A, Bugg K, Burnham L, et al. Addressing Racial Inequities in Breastfeeding in the Southern United States. *Pediatrics*. 2019;143(2):e20181897.

Clinical Care: *Equity Considerations*

- Poor health literacy, fear of losing employment, mistrust of medical system and government may contribute to seeking care later for respiratory symptoms
- When COVID testing and treatment resources are scarce, algorithms may “inadvertently” disproportionately disadvantage underserved populations
- Discharge for COVID-related and obstetrical admissions may require complex planning and resource allocation at a time when teams and services are thin

Credit: Dr. Lori Feldman-Winter and Dr. Lauren Hanley, CBC Webinar

Evidence for Skin to Skin: *Mother*

- Decreases maternal stress and improves paternal perception of stress in the relationship with baby
- Depression scores and salivary cortisol levels lower over the first month among postpartum mothers providing SSC
- Enhances opportunity for early first breastfeed, which in turn leads to more readiness to breastfeed, organized suckling pattern, and more success in exclusive and overall breastfeeding

Moore ER. Cochrane Database Syst Rev 2012;5.

Credit: Dr. Lori Feldman-Winter and Dr. Lauren Hanley, CBC Webinar

Evidence for Skin to Skin: *Baby*

- More likely to have successful breastfeed with first feed
- Greater stability of cardiorespiratory system
- Higher blood glucose levels
- Decreases pain in the newborn
- Improves gastrointestinal adaptation
- Leads to more restful sleep patterns, less crying and better growth
- Improved bonding (fMRI)

Moore ER. Cochrane Database Syst Rev 2016;11.

Credit: Dr. Lori Feldman-Winter and Dr. Lauren Hanley, CBC Webinar

Newborn Bath

- Vernix caseosa, (composed of water, proteins, barrier lipids, and antimicrobial agents), contributes to skin hydration, lower pH, and protection against pathogens, suggesting that vernix removal in non-folded locations immediately post birth can be unfavorable
 - Mutic AD, et al. MCN Am J Matern Child Nurs.
 - Coughlin CC, Taieb A. Pediatric Dermatology. 2014
- Delayed immersion vs. immediate sponge baths reduce hypothermia (no increase in bf) (Brogen 2017)
- 2 hours vs. >12 hours associated with increased exclusive breastfeeding AOR=1.49 [95% CI 1.14, 1.96] (Dicioccio 2019)
- Increased overall breastfeeding AOR=2.66; [95% CI 1.29, 5.46] (Preer 2013)

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SONIA Y. ANGELL, MD, MPH

State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM

Governor

AFL 20-38.4

August 7, 2020

TO: All Facilities

SUBJECT: Visitor Limitations Guidance
(This AFL supersedes AFL 20-38.3)

All Facilities Letter (AFL) Summary

- This AFL notifies all facilities of updated visitor guidelines for pediatric patients, patients in labor and delivery, neonatal intensive care unit (NICU) patients, pediatric intensive care unit patients (PICU) patients, and patients at end-of-life and patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments.
- Health facilities may permit a support person to accompany a patient for whom a support person has been determined to be essential to the care of the patient (medically necessary), including patients with physical, intellectual, and/or developmental disabilities and patients with cognitive impairments.
- This AFL has been updated to clarify that long-term care facilities and hospitals may permit students obtaining their clinical experience into the facility if they meet the [CDC guidelines](#) for healthcare workers. This revision also clarifies when a doula may be permitted during labor and delivery.

The content on these slides is current as of September 10, 2020.

JOIN OUR CBC LEARN
FACEBOOK GROUP

CBC LEARN WEBINAR SERIES

The California Breastfeeding Coalition is hosting webinars that provide evidence-based information and best practices related to breastfeeding in light of COVID-19. The CBC Learn series is funded by the California Health Care Foundation and supported by the California WIC Association and Inland Empire Breastfeeding Coalition. Save the dates for June 8 and June 18!

Recordings of prior webinars are still available and accessible online.
Past webinars include:

- COVID-19: Infant Feeding During the Postpartum Period
- Providing the Best Possible Solutions in Less Than Ideal Circumstances
- Filling the Gap: Infant Feeding in the NICU and COVID-19 Considerations
- Making the Shift from In-Person to Virtual Care and Support
- Going Home During a Pandemic: Challenges for Breastfeeding Families
- The Magical Process of Relactation
- Creating Community Online: How to Provide Connection and Support in Virtual Groups

Access past webinars at bit.ly/2Xt56Zn

If you'd like to discuss the webinar series and talk with other participants, join our [CBC Learn Facebook group](#).

#CBCCOVID19



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<http://californiabreastfeeding.org/focus-areas/covid-19-coronavirus/>

Guía Para Padres Sobre

La Toma De Decisiones Compartidas

Para La Lactancia Materna Y COVID-19

La lactancia materna le ayuda a usted y a su bebé para que estén sanos. Su leche protege a tu bebé de muchas enfermedades. No se ha descubierto que el virus COVID-19 se transmitido en la leche materna. Hable con su proveedor de atención médica sobre amamantar durante las visitas prenatales y cuando comience el trabajo de parto.

COVID-19 puede propagarse cuando una la persona con el virus tose, estornuda o habla cerca de otra persona. El virus también puede propagarse tocando una superficie, como un mostrador, la cerradura de la puerta o el teléfono que contiene el virus y después te tocas la cara.

¿Usted piensa que podría tener COVID-19?

Si está embarazada o amamantando y piensa que podría tener COVID-19, su proveedor de atención médica recomendará formas en que puede continuar con la lactancia materna y mantener a usted y a su bebé sano.

Usted todavía puede amamantar a su bebé si tiene COVID-19. Si quiere amamantar, usted tendrá que decidir si quiere hacerlo:

Alimentar a su bebé directamente de su pecho

O

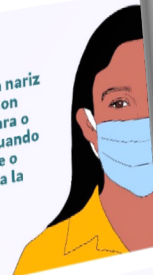
Que su bebé se quede en otra habitación y que alguien comere la leche materna que se extrajo del pecho

En el caso de que haya resultado positivo en la prueba de COVID-19 o tenga síntomas

Lávese las manos antes y después de tocar o alimentar a su bebé.



Cúbrase la nariz y la boca con una máscara o un paño cuando amamante o se extraiga la leche.



Mantenga una distancia de 6 pies entre usted y el bebé cuando no lo esté alimentando o cuidando.



Obtenga ayuda de otro adulto para el cuidado del bebé cuando sea posible.

If you have tested positive for COVID-19 or have symptoms

Wash your hands before and after touching or feeding your baby



Cover your nose and mouth with a mask or cloth when breastfeeding or expressing



Keep 6 feet distance between you and baby when not feeding or caring for your baby



Have another healthy adult help with baby's care when possible

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Parent's Guide To

Shared Decision-Making

For Breastfeeding And COVID-19

Breastfeeding helps you and your baby to be healthy. Your milk protects your baby from many diseases. The COVID-19 virus has not been found to be transmitted in breast milk. Talk with your health care provider about breastfeeding during your prenatal visits and when your labor begins.

COVID-19 can spread when one person with the virus coughs, sneezes or talks near another person. The virus can also spread by touching a surface, such as a counter, door handle or phone that has the virus on it and then touching your face.

Think you might have COVID-19?

If you are pregnant or breastfeeding and think you might have COVID-19, your health care provider will suggest ways to support breastfeeding and keep you and your baby healthy.

You can still provide breastmilk to your baby if you have COVID-19. If you have COVID-19 and want to breastfeed, you will have to decide whether you want to:

Feed your baby directly from your breast

OR

Have your baby stay in another room and have someone feed your baby milk that you expressed from your breast

If you have tested positive for COVID-19 or have symptoms

Wash your hands before and after touching or feeding your baby



Cover your nose and mouth with a mask or cloth when breastfeeding or expressing



Keep 6 feet distance between you and baby when not feeding or caring for your baby



Have another healthy adult help with baby's care when possible

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Examples of some breastfeeding care options for mothers with COVID-19:

Talk with your health care providers about options for care that work for your situation.

Based On:

World Health Organization

May 2020

[Frequently Asked Question: Breastfeeding and COVID-19 for health care workers.](#)

American Academy of Pediatrics

July 2020

[FAQs: Management of Infants Born to COVID-19 Mothers and Breastfeeding Guidance Post Hospital Discharge for Mothers or Infants with Suspected or Confirmed SARS-CoV-2 Infection.](#)

Centers for Disease Control

June 2020

[Care for Breastfeeding Women: Interim Guidance on Breastfeeding and Breast-Milk Feeds in the Context of COVID-19.](#)

Skin-to-skin care

Improves breastfeeding and baby transitions; decreases depression for mothers

Care Options

- Immediate skin-to-skin care after birth
- Skin-to-skin delayed and with a healthy caregiver

Newborn bath

Delayed bath helps normal newborn transitions; bathing may reduce virus exposure

Care Options

- Delay baby bath until after first feeding
- Bathe baby immediately after birth

Temporary separation of baby from mother

Not shown to reduce virus exposure; may be hard to create a strong milk supply

Care Options

- Baby in mother's room with 6 feet distance and possible curtain barrier
- Baby cared for in a separate room

Breastfeeding

Protects baby from infections and illnesses; provides many health benefits for baby and mother

Care Options

- Baby feeds at the breast
- Mother's milk is expressed and fed to baby by a healthy caregiver

Q&A

*Moderated by
Christina Oldini, MBA, RN, CPHQ and
Courtney Nisbet, RN, MS*

Closing

Christina Oldini, MBA, RN, CPHQ

Disclaimer

- The information shared in this webinar series and on our resource site serve as examples of how hospitals, healthcare workers, and families in California are responding to COVID-19. We understand that each hospital is working with a different set of resources and constraints. As such, some of the recommendations presented may not apply to your hospital setting. Guidelines and recommendations should be adapted to fit your local needs.
- As this is a rapidly evolving public health situation, we encourage you to consider the most recently available local health department and CDC guidance when developing your internal protocols.

The content on these slides is current as of September 10, 2020.



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The content on these slides is current as of September 10, 2020.

COVID-19 Resource Site

www.CAperinatalprograms.org



The screenshot shows the header of the website with the CPQCC logo (California Perinatal Quality Care Collaborative) on the left and the CMQCC logo (California Maternal Quality Care Collaborative) on the right. Below the logos is the main heading "COVID-19 Resources for Maternal and Infant Health" in blue. The text below the heading states: "The safety and well-being of the healthcare workers, patients, and communities of California hospitals is our top priority. We have aggregated the following resources about COVID-19 in maternal and infant health to help hospitals and healthcare workers respond to the situation as it unfolds." It continues: "The webinars and sample hospital resources shared on this website serve as examples of how individual hospitals in California are preparing their perinatal units to respond to COVID-19. We understand that each hospital is working with a different set of resources and constraints. Some of the recommendations presented may not be directly applicable to your hospital setting. Guidelines should be adapted to fit your local needs." Below this is the date "Last Updated: Aug 18, 2020 @ 3:35 pm PDT". At the bottom, there are two columns of links: "Important Updates" (CPQCC/ CMQCC Webinars, Sample Hospital Resources, Organizational Recommendations, Caregiver Support Resources) and "Patient Resources" (Key Data Sources for California, Data Registries, About Us).

- The slides and webinar recording will be made available on our resources site later today. Due to the rapidly changing guidelines around COVID-19, they may be taken down after two weeks.
- For more information email: info@CAperinatalprograms.org