COVID-19 Forum Questions and Answers
May 27th, 2020

The May 27th members only Forum was focused on breastfeeding and post-partum care during the COVID-19 pandemic and a number of questions were posted by participants.

We have compiled the questions, and provided answers from experts within our field, with guidance that is applicable in the Canadian context. With limited published evidence, most answers represent consensus of expert opinion and were considered current at the time of the May 27th Forum.

1. What has been the effect of COVID-19 on breast feeding rates?
   • In general, the current self report breastfeeding rates are about 90% across Canada for initiation (Statistics Canada 2018). We don’t have good data for exclusivity at hospital discharge – in a national Baby-Friendly Initiative quality improvement project of 26 participating hospitals, there are 50-60% exclusive breastfeeding from birth to discharge; The WHO recommends 80%, Canada recommends 75% and this includes rates due to supplementation with medical indications.
   • The same national QI project also anecdotally suggests that, once families receive information about the benefits of breastfeeding, more are choosing to initiate even during the current COVID-19 pandemic. Future data analysis will determine if breastfeeding rates are impacted.
   • The WHO has a very nice decision tree and FAQs related to breastfeeding and COVID-19 (https://www.who.int/who-documents-detail/frequently-asked-questions-breastfeeding-and-covid-19)

2. Has COVID 19 impacted the supply of banked human breast milk?
   • Concerns have not been heard. Follow up with Roger Hixon Ontario Milk Bank May 28 (personal communication Dr. Unger) and BC Women’s Milk Bank (personal communication Frances Jones) confirmed they have a full inventory of donor milk.
• We are worried about the recommendation of washing the breast because it is cumbersome and stressful for mothers (breastfeeding happening 8 times and more per day) and worry that this might be spilling to thousands of mothers breastfeeding in Canada everyday. Washing the breast could interfere with skin integrity and result in pain with breastfeeding. It prevents baby from olfactory markers to help her latch. It also makes the mother wonder that breastfeeding is dangerous. Therefore it is important to be practical about the advice when washing the breast could be considered: if the mother has just coughed over her bare chest (the mother will more likely have coughed in her mask, handkerchief, elbow or on her clothing.)

3. *Is there concern about skin to skin during the COVID-19 pandemic?*

• We definitely need professionals to get the messages out that usual practices are recommended more than ever (skin to skin, no mother and baby separation unless medical justified reasons). Indeed, skin to skin is encouraged, but if a COVID-19 positive mother has just coughed or sneezed, the mother should wash her breast area before breastfeeding or skin to skin contact; otherwise, there is no need to wash the breast before each feeding or skin to skin contact. Also the COVID-19 positive mother may decide that she doesn’t want to risk the baby getting infected, so they could be separated. These decisions are always require a balance between the precautions and the overall benefits to the mother and to the baby.

• Immediate skin to skin (critical and irrecuperable) and colocation are very important for milk production. Professionals should make sure to share this information with parents when considering not recommending skin to skin or separation. Again, it is so important to help the parents understand what we know – we need to tell them what we know with certainty and also what we don’t know. We still cannot be sure of the effects of COVID-19 on the neonate or about vertical transmission, but we are starting to learn more and there may be impacts.

4. *If the partner is a direct contact of the COVID-19 positive woman, will he/she be allowed in the hospital as a support person?*
• The assumption is that the partner is also likely to be COVID-19 positive; you treat them as if they are positive. The Ontario Provincial Guideline recommends exclusion of a partner who screens positive, but some hospitals have made exceptions and isolate both together while other still don’t let the partner in with the positive patient, so there is variability across provinces and across the country.

5. How would it work in the NICU where most NICU units are open concept, if the mother is positive with COVID-19??
• Again, this is a balance between the precaution and the infant’s overall health. Some centres are working on processes so that the baby can have their parents with them, even if parents are COVID-19 positive, because of the critical importance of this for the baby’s health.

6. Based on limited data from accumulated births to COVID-19 mothers, vertical transmission, if it exists, must occur rarely. How would that be explained from a pathophysiologic point of view?
• The USA, Italy and Spain are collaborating with Canada and other countries to learn more about vertical transmission, through an International registry. Preliminary data seem to show that, although vertical transmission could be plausible, the occurrence is extremely low. This may have to do with maternal viral load – perhaps mothers who are critically ill, with more of a viral load, may have more possibility of vertical transmission. But this is not known yet and is just observational evidence coming from China at the moment.

7. Are the possible long term sequelae of COVID-19 infection in the neonate felt to be proportional to severity of neonatal illness with COVID-19? In other words, for asymptomatic COVID-19 positive babies, is there evidence to suggest adverse long term sequelae?
• We don’t know yet, but babies born to COVID-19 positive mothers are going to be followed in a number of studies around the world. The worry is the woman who has been infected in 1st to 2nd trimester, because if she has recovered, she will not be tagged as having been COVID-19 positive nor will that baby will be identified of having had prenatal exposure to COVID-19.
Resources:


A paper in the American Journal of Perinatology has a nice graphic presentation of how to care for a COVID-19 positive mother and her newborn. Many hospitals have adopted the staggered approach, but there will be full support if baby requires some other interventions.