Breastfeeding and Rooming-In During the COVID-19 Pandemic

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Current Risks and Benefits are Unclear

Breastfeeding

- Breastmilk confers antibodies and bioactive components that can be protective against infection
- Viruses are known to be transmitted through breastmilk and process of breastfeeding puts infant in close contact with the mother

Rooming-in vs. Separation

- Rooming-in allows mothers to bond with infants and establish breastfeeding with hospital lactation support, but may increase risk of transmission to infants
- Separation decreases risk of transmission of virus to infant, but precludes establishment of breastfeeding with hospital lactation support

Professional Organizations Differ in Recommendations

- WHO recommends rooming-in and direct breastfeeding with precautions
- AAP recommends separation and no direct breastfeeding if possible
- CDC recommends a shared-decision making approach with the families and consideration for direct breastfeeding and rooming-in vs. separation on a case by case basis

NeoQIC Practice Survey to 28 Hospitals (3/31 to 4/4)

Breastfeeding

- ~1/3 hospitals: only expressed milk
- ~2/3 hospitals: direct breastfeeding with precautions

Rooming-In vs. Separation

- ~1/4 hospitals: separation is default
- ~1/4 hospitals: rooming-in is default
- ~1/2 hospitals: case by case, based on maternal preference

Health Equity

- Breastfeeding is a modifiable health behavior that may offset adverse health outcomes for mothers and infants
- Breastfeeding occurs less often in low income mothers and African American mothers

- COVID-19 occurs more often among low income and under represented minority populations

At Boston Medical Center

- Total of 13 COVID + mothers that delivered since 3/31
  - 5 infants positive, 5 infants negative, 3 infants pending (in house)
  - All positive cases so far born to Hispanic mothers

- How should we address the issue of breastfeeding and location of newborn care at our center?
  - What do we think is the “right” approach at BMC?
  - How do we make it actually work?

BMC COVID + Mothers that Delivered To Date

Case #	Mother's Pref Assessed?	Admission Location	Discharge Location	Any BF?	Infant status	Notes
1	No	NICU	NICU	No	Pos	Mother→ PUI in PACU
2	N/A- preterm	NICU	NICU	Yes	Pos	
3	Yes	NICU	Nursery	Yes	Neg	
4	No	NICU	NICU	No	Neg	Infant w/desats in NICU
5	N/A- preterm	NICU	NICU	No	Neg	
6	Yes	NICU	Nursery	Yes	Pos	
7	N/A- preterm	NICU	In house	No	Pos	
8	Not sure	NICU	NICU	No	Pos	
9	Yes	NICU	Nursery	Yes	Neg	
10	No	NICU	NICU	No	Neg	Infant w/desats
11	N/A-preterm	NICU	In house	? Day 1	Pending	
12	Yes	Nursery	In house	Yes	Pending	Mother→ PUI in nursery
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Discussions by team: Week of 3/31

- We had cases where mothers became PUIs after birth and rooming-in had already occurred and we were separated after that time
- We felt that it was arbitrary to separate infants that had already been exposed to their mothers
- We decided that rooming-in vs. separation on case by case basis more appropriate

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Discussions by team: Week of 3/31 and 4/6

- We worked collaboratively to offer rooming-in to mothers
  - Coordination by NICU and nursery team
  - Developed criteria for rooming-in
  - Discharge coordination (circs, hearing screens, red reflex)
- Lactation support tailored to needs of COVID + mothers (expression and cleaning)

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Some success!

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<u>Balancing Measure:</u> Term infants that are closely monitored in a NICU have desats that require "spell counts" and delay discharge

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Discussions by team: Week of 4/13- current

- Goal for shared decision making to occur *prior* to delivery
  - Developed template for prenatal consults
  - Collaborate with L&D nursing team to observe infants and mothers before transfer to nursery

Other Reflections

- Collaboration and communication are critical
  - Many services involved
  - Nursing, physicians, ID, Infection Control, Audiology
  - Family Med, OB, Neos, Nursery
- Learn from each case
- Data tracking for COVID + mother-infant dyads
  - Location of care, testing, breastfeeding
- Equity
  - Use of translators, respect of cultural beliefs, shared decision making