ADOPTION OF BREASTFEEDING RECOMMENDATIONS IN THE CONTEXT OF COVID-19

KEY FINDINGS FROM AN ONLINE SURVEY IN LOW- AND MIDDLE-INCOME COUNTRIES

Background

Optimal breastfeeding practices remain critical, including when mothers are confirmed or suspected to have COVID-19.1 The numerous benefits of breastfeeding substantially outweigh the potential risks of illness associated with the virus.2 WHO and UNICEF recommend that mothers with suspected or confirmed COVID-19 be encouraged to initiate or continue to breastfeed and enabled to remain with their infant and practice skin-to-skin. When severe illness prevents a mother from continuing direct breastfeeding, she should be encouraged and supported to express milk; and breastmilk must be provided safely to the infant, while applying appropriate infection prevention and control measures. The viability of feeding with donor human milk should also be explored. If this is not possible, wet nursing (defined as another woman breastfeeding the child) or appropriate breastmilk substitutes should be considered, informed by feasibility, safety, sustainability, cultural context, service availability, and acceptability to the mother.

Recommendations for breastfeeding in the context of COVID-19 exist; however, it is not clear whether and how they have been adopted by countries. Therefore, UNICEF conducted an online survey in all seven regions in June 2020 to assess the extent to which breastfeeding recommendations have been adopted in the context of COVID-19. Eighty-eight country offices completed the survey.3 Respondents were also invited to provide information on barriers and challenges faced within countries.

This brief presents the key findings from this survey.

Key finding 1: Many countries have implemented breastfeeding recommendations in the context of COVID-19

- 72 out of 88 countries (82 per cent) have adopted the recommendation of skin-to-skin contact.
  - The countries not practicing skin-to-skin were primarily from Eastern Europe and Central Asia (ECA) (7), East Asia and the Pacific (EAP) (4) and Latin America and the Caribbean (LAC) (3) regions.
- 80 out of 88 countries (91 per cent) are promoting optimal breastfeeding practices, including early initiation, exclusive breastfeeding for 6 months and thereafter continued breastfeeding. The regions with the highest level of adoption of WHO recommendations are West and Central Africa (WCA) (19 out of 20 countries) and South Asia (SA) (5 of 6 countries).
- 79 out of 88 countries (90 per cent) are providing breastfeeding counselling and practical support.
- 74 of 88 countries (84 per cent) have adopted the rooming-in recommendation. In contrast, 14 countries (16 per cent) mostly in ECA and EAP, have national policies promoting the separation of mothers and infants when mothers are positive with COVID-19. In 5 of the 14 countries, the recommendation is standard and not specific to COVID-19.
- If breastfeeding is interrupted, 81 countries recommend breastmilk expression by mothers.
Key finding 2: Too many countries are recommending infant formula as one or the only alternative feeding option when the mother is too unwell to breastfeed

- While WHO recommends infant formula as the last option when all other options are not feasible or available, 41 per cent of the responses mention infant formula, followed by expression of breastmilk (33 per cent), donor human milk (14 per cent) and wet nursing (12 per cent).
- Out of the 88 countries assessed, 20 indicate that infant formula is the only recommended alternative when a mother is too unwell to breastfeed, particularly in ECA and ESA regions.
- Ten out of 16 countries in ECA and 7 out of 18 countries in Eastern and Southern Africa (ESA) recommend infant formula as the only option.

Figure 2. Options proposed when mother confirmed or suspected with COVID-19 is too unwell to breastfeed (n=146)
Key finding 3: For women without COVID-19, almost all countries continue to recommend optimal breastfeeding practices and provide breastfeeding counselling and practical support

- Skin-to-skin and rooming-in have been adopted by more countries, 82 and 81 countries, respectively.

Figure 3: Number of countries adopting breastfeeding recommendations in the context of COVID-19, for women without COVID-19 (n=87)

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin-to-skin with infection prevention and control measures</td>
<td>82</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding (early initiation, exclusive and continued) with infection prevention and control measures</td>
<td>85</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Rooming in with infection prevention and control measures</td>
<td>81</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding counselling with practical support</td>
<td>84</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Expression of breastmilk when breastfeeding is interrupted</td>
<td>81</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

SUMMARY OF OPEN COMMENTS HIGHLIGHTING CHALLENGES AND LESSONS LEARNED

Many countries are adopting global guidelines with a few exceptions

- As part of the formal adoption process, global guidelines and other reference documents on breastfeeding in the context of COVID-19 are shared widely by the Ministries of Health with all partners. In some countries (such as the Democratic Republic of Congo and Niger), governments and partners have signed joint declarations to align recommendations and reinforce government leadership.

- While many countries have adopted the WHO guidelines without any changes or with minor changes (such as Peru, Uruguay, and several others) some countries have issued recommendations or guidelines that differ from the WHO recommendations. For example, some government guidelines are restrictive towards skin-to-skin contact and rooming-in during day and night. China piloted skin-to-skin contact immediately after birth and early initiation in healthy women with infection prevention and control measures in selected areas.

- A few national guidelines (Bhutan and Malaysia) do not recommend breastfeeding by COVID-19 positive/suspected mothers; others (such as El Salvador) specifically include use of infant formula as one option in their national guidelines; and very few countries (such as Mongolia) have no guidelines.

Continuation of routine breastfeeding services is being negatively impacted as health systems manage increasing numbers of COVID-19 cases

- The closure of some health facilities has affected the delivery of essential infant feeding services such as the decrease in one-on-one counselling and support for breastfeeding difficulties. Some mobile clinics (that operate in rural settings) have ceased activities during the lockdowns.

- Health workers and community workers have been directed to services to support the COVID-19 response through awareness raising and contact tracking instead of breastfeeding protection, promotion and support.

- In a few settings, use of mobile phones for counselling is being explored as fewer women have physical access to health facilities. Organizing online activities for breastfeeding counselling and support by health care personnel is proving challenging with weak or no internet connection.
• The adoption of guidelines on breastfeeding during COVID-19 requires building capacity of health workers to provide skilled counselling in this context. In several countries, counselling skills and activities were already weak before the pandemic, posing an additional challenge.
• In a few countries (for example in Serbia), specialized facilities are provided for pregnant women who are suspected or confirmed to have COVID-19 and for breastfeeding women (Sudan).

Misconceptions about breastfeeding in the context of COVID-19 are widely reported by most countries
• Lack of awareness among decision-makers and leaders on the importance of breastfeeding during emergencies continues.
• Maternal health care-seeking behaviours are negatively affected by the pandemic. Because of quarantine/lockdown and the fear of possibly contracting the disease while seeking health services, mothers’ access to services and gatherings to conduct information dissemination are prohibited.
• Communications materials on breastfeeding recommendations in the context of COVID-19 were developed by most countries, followed by awareness-raising activities; however, implementation of these activities is sometimes impaired by inadequate resources or low connectivity.
• In some countries, despite following infection control measures, mothers with COVID-19 choose not to breastfeed their babies due to fear of COVID-19 transmission.
• The adoption of wet nursing as one potential option when breastfeeding is not possible is constrained due to religious beliefs or prevalence of HIV in a few settings.

Reporting of increased promotion of breastmilk substitutes by infant formula companies along with weak monitoring and enforcement mechanisms for the International Code of Marketing of Breast-milk Substitutes during COVID-19
• Donations of infant formula are found in a few countries. Breastfeeding is also being undermined by promotion of breastmilk substitutes occurring through advertisement and distribution of free samples in health services and communities.
• Monitoring of Code violations in the context of COVID-19 remains weak.

CALL TO ACTION

WHO and UNICEF recommend to support optimal breastfeeding with adequate infection prevention control measures in the context of COVID-19.

We urge governments, policy makers and partners to support breastfeeding before, during and after the COVID-19 pandemic. Together we must:
• Disseminate accurate information about the value of breastfeeding, its life-saving importance and its benefits, which outweigh the risk of transmission of the coronavirus, and the heightened risks associated with the use of breastmilk substitutes during the COVID-19 pandemic;
• Support the monitoring of the International Code of Marketing of Breast-milk Substitutes and report violations to the relevant authorities to ensure that the COVID-19 pandemic is not exploited for commercial interests;
• Advocate with the medical profession and other professional associations to strengthen their capacities in providing skilled counselling support to breastfeeding mothers affected by COVID-19 using innovative approaches, such as phone or online counselling;
• Promote research and monitoring of breastfeeding practices during COVID-19 and document breastfeeding support interventions to track progress and share lessons learned;
• Increase investments in breastfeeding programmes during the COVID-19 pandemic to ensure adequate breastfeeding protection, promotion and support.
Endnotes


2. While research continues to test breastmilk from mothers with confirmed or suspected COVID-19, current evidence indicates that active COVID-19 virus that can cause infection has not, to date, been detected in the breastmilk of any mother with confirmed/suspected COVID-19. It is therefore unlikely that COVID-19 could be transmitted through breastfeeding or by giving breastmilk that has been expressed by a mother who is confirmed or suspected to have COVID-19. [Lackey KA, Pace RM, Williams JE, et al. 2020. SARS-CoV-2 and human milk: What is the evidence? DOI: 10.1111/mcn.13032]

3. This was an online survey to collect information from country offices on the adoption of breastfeeding recommendations in the context of COVID-19. The online survey included questions on: feeding recommendations for women with and without COVID-19, skin to skin contact, rooming in, initiation and continuation of optimal breastfeeding practices and options adopted when mother is too unwell to breastfeed. The survey data was analyzed for all countries.