



Kansas  
Breastfeeding  
Coalition, Inc.

# Meeting

April 10, 2020



# Welcome!

Please enter your name and city in the “Chat” box”  
This meeting is being recorded.

**KBC Mission:** To improve the health and well-being of Kansans by working collaboratively to promote, protect and support breastfeeding.

**KBC Vision:** Breastfeeding is normal and supported throughout Kansas.

# **Approval of Past Minutes Additions to the Agenda**



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# COVID-19 & Breastfeeding



Women with COVID-19 can **breastfeed** if they wish to do so. They should:



Practice respiratory hygiene and wear a mask



Wash hands before and after touching the baby



Routinely clean and disinfect surfaces



World Health Organization

#COVID19 #CORONAVIRUS

If a women with **COVID-19** is too unwell to breastfeed, she can be supported to safely provide her baby with breastmilk in other ways, including by:



Expressing milk



Relactation



Donor human milk



World Health Organization

#COVID19 #CORONAVIRUS



# AAP Initial Guidance: Management of Infants Born to Mothers with COVID-19

April 2, 2020

**Breastfeeding:** Because studies to date have not detected the virus in breast milk, mothers may express breast milk after appropriate breast and hand hygiene. Caregivers who are not infected may feed the breast milk to the infant. Mothers who request direct breastfeeding should comply with strict preventive precautions that include use of a mask and meticulous breast and hand hygiene.

[https://downloads.aap.org/AAP/PDF/COVID 19 Initial Newborn Guidance.pdf](https://downloads.aap.org/AAP/PDF/COVID_19_Initial_Newborn_Guidance.pdf)



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# CDC Guidance

## April 9, 2020

### Breastfeeding if you have COVID-19

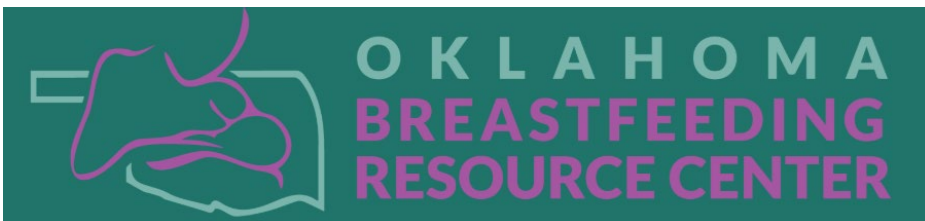
- **Breast milk provides protection against many illnesses** and is the best source of nutrition for most infants.
- You, along with your family and healthcare providers, should decide whether and how to start or continue breastfeeding
- **In limited studies, COVID-19 has not been detected in breast milk;** however we do not know for sure whether mothers with COVID-19 can spread the virus via breast milk.
- If you are sick and choose to **direct breastfeed**:
  - Wear a facemask and wash your hands before each feeding.
- If the you are sick and choose to **express breast milk**:
  - Express breast milk to establish and maintain milk supply.
  - A dedicated breast pump should be provided.
  - Wash hands before touching any pump or bottle parts and before expressing breast milk.
  - Follow [recommendations for proper pump cleaning](#) after each use, cleaning all parts that come into contact with breast milk.
  - If possible, consider having someone who is well feed the expressed breast milk to the infant.

# REVISED CDC GUIDANCE FOR INPATIENT OB SETTINGS

- Visitors should be limited to those essential for the pregnant woman's well-being and care (emotional support persons).
  - Depending upon the extent of community-transmission, institutions may consider limiting visitors to one essential support person and having that person be the same individual throughout the hospitalization.
- Infants born to a pregnant woman with suspected COVID-19 for whom testing is unknown (either pending results or not tested) are **NOT** considered to be infants with suspected COVID-19.
- Infants born to mothers with known COVID-19 at the time of delivery should be considered infants with suspected COVID-19. As such, infants with suspected COVID-19 should be isolated from other healthy infants, and cared for according to the Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19.

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html#anchor\\_1582067966715](https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html#anchor_1582067966715)

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# REVISED CDC GUIDANCE FOR INPATIENT OB SETTINGS

## Mother/baby contact

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

The determination of whether or not to separate a mother with known or suspected COVID-19 and her infant should be made on a case-by-case basis using shared decision-making between the mother and the clinical team.

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# REVISED CDC GUIDANCE FOR INPATIENT OB SETTINGS

## Mother/baby contact

Considerations in this decision [to separate or room in] include:

- The clinical condition of the mother and of the infant
- SARS-CoV-2 testing results of mother (confirmed vs. suspected) and infant (a positive infant test would negate the need to separate)
- Desire to feed at the breast
- Facility capacity to accommodate separation or colocation
- The ability to maintain separation upon discharge
- Other risks and benefits of temporary separation of a mother with known or suspected COVID-19 and her infant

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# REVISED CDC GUIDANCE FOR INPATIENT OB SETTINGS

## Mother/baby contact

If separation is not undertaken, other measures to reduce the risk of transmission from mother to infant could include the following, again, utilizing shared decision-making:

- Using engineering controls like physical barriers (e.g., a curtain between the mother and newborn) and keeping the newborn  $\geq 6$  feet away from the mother.
- Mothers who choose to feed at the breast should put on a face mask and practice hand hygiene before each feeding.
- If the mother is not breastfeeding and no other healthy adult is present in the room to care for the newborn, a mother with known or suspected COVID-19 should put on a face mask and practice hand hygiene before each feeding or other close contact with her newborn.
- The facemask should remain in place during contact with the newborn. These practices should continue while the mother is on Transmission-Based Precautions in a healthcare facility.

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## LORI FELDMAN-WINTER, MD, MPH PROFESSOR OF PEDIATRICS, COOPER MEDICAL SCHOOL, NJ

*As we struggle to develop guidance for breastfeeding during the COVID-19 outbreak, we must always **consider the risks of not exclusively breastfeeding**. Mother-baby separation, use of pumps and other equipment to express and feed human milk to a newborn, and other techniques to reduce both contact and droplet spread, may seem reasonable as ways to reduce viral spread from the mother to her newborn. However, each of these strategies comes with a **risk of supplementation or cessation of breastfeeding**.*

***First do no harm.** Without all the evidence, and especially in times of overwhelmingly rapid spread of COVID-19, **depletion of resources including health care workers and spaces to care for mother and baby**, we must act prudently to protect the health of the mother and her baby. This includes effective management of exclusive breastfeeding and recognizing the **potential increased risk of disease in formula fed infants**.*

With permission from Dr. Feldman-Winter



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## **Webinar slides 4/8/20:**

<https://obrc.ouhsc.edu/LinkClick.aspx?fileticket=svU8SH1Gk48%3d&portalid=195>

## **Update 4/9/20:**

<https://obrc.ouhsc.edu/LinkClick.aspx?fileticket=MgE05p-334o%3d&portalid=195>

## **Recording coming soon to:**

<https://obrc.ouhsc.edu/Resources>



# **NEW Article: Should Infants Be Separated from Mothers with COVID-19? First, Do No Harm**

By Dr. Alison Stuebe, Chair, Academy of Breastfeeding Medicine, published online April 7, 2020

Questions the effectiveness and impact of separation during the hospital stay:

- Separation may not prevent infection once infant and mother go home
- Interruption of skin-to-skin disrupts newborn physiology
- Separation stresses mothers, could worsen her COVID-19 recovery
- Separation interferes with provision of maternal milk to the infant, disrupting innate and specific immune protection.
- Early separation disrupts breastfeeding, and not breastfeeding increases the risk of infant hospitalization for pneumonia
- Separate isolation doubles the burden on the health system

[https://www.liebertpub.com/doi/10.1089/BFM.2020.29153.ams?utm\\_source=Adestra&utm\\_medium=email&utm\\_term=&utm\\_content=Click%20here&utm\\_campaign=BFM%20PR%20APR%209%202020](https://www.liebertpub.com/doi/10.1089/BFM.2020.29153.ams?utm_source=Adestra&utm_medium=email&utm_term=&utm_content=Click%20here&utm_campaign=BFM%20PR%20APR%209%202020)



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# COVID-19: KBC Resources

## ➤ Webpage:

<http://ksbreastfeeding.org/resources/information-and-resources-for-covid-19-and-breastfeeding/>

## ➤ Hotlines

## ➤ Online prenatal education

## ➤ Section Meetings

# COVID-19: KBC Response & Support

- In-person classes rescheduled
- Listening Tour postponed
- Providing GoToMeeting support to local breastfeeding coalitions

What do you need?

# High 5 for Mom & Baby

best practices, best health outcome, best for mom & baby



NeuroNurture

## A brief history....

High 5 for Mom & Baby was created in 2012 after a coming together of minds, a workgroup made up of many talents from the lactation field in Kansas, met for about a year to create the foundation of the program.

We modeled the program after the "Colorado, Can do Five" which educated hospitals about five changes in practice that have an impact on initiation, duration and exclusivity of breastfeeding.

Beginning in October of 2012, High 5 for Mom & Baby has educated 63 maternity care hospitals across the state.

We have provided regional skills fairs, frequent webinars and individual support as needed. We have provided each hospital with the opportunity to further educate one or more members of their team. All of this has been funded by the United Methodist Health Ministry Fund.





# High 5 for Mom & Baby

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**Focuses on 5 of the 10 Steps to Successful Breastfeeding**

**To date, 63 Hospitals enrolled**

**47 Hospitals "Recognized"**

**Seven have gone on to become Baby-Friendly Designated**



- 1 Assure immediate and sustained skin-to-skin contact between mother and baby after birth
- 2 Give newborn infants no food or drink other than breastmilk unless medically indicated
- 3 Practice "rooming in" –allow mothers and infants to remain together 24 hours a day
- 4 Give no pacifiers or artificial nipples to breastfeeding infants
- 5 Provide mothers options for breastfeeding support in the community (such as a telephone number, walk-in clinic information, support groups, etc.) upon discharge

# High 5 for Mom & Baby

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In talking with hospitals across the state we found that some hospitals are unable to attain Baby-Friendly Designation  
And wanted a way to improve their practice more than High 5 for Mom & Baby Recognition



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## Introducing, High 5 for Mom & Baby Premier



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# High 5 for Mom & Baby Premier

High 5 for Mom & Baby Premier will incorporate parts of all 10 Steps to Successful Breastfeeding

Hospitals must do all 10 to become a Premier hospital

Participation is voluntary

Upon completion of all 10 steps at 80% or greater, a hospital can earn the High 5 for Mom & Baby Premier Recognition



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# High 5 for Mom & Baby Premier

- 6 Facility will have a written maternity care and infant feeding policy that addresses all ten High 5 for Mom & Baby practices supporting breastfeeding
- 7 Facility will maintain staff competency in lactation support
- 8 All pregnant women will receive information and instruction on breastfeeding
- 9 Families will be encouraged to feed their babies when the baby exhibits feeding cues, regardless of feeding methods
- 10 All families will receive individualized infant feeding counseling





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# High 5 for Mom & Baby Premier

Thank you to the Kansas Breastfeeding Workgroup, the United Methodist Health Ministry Fund and all the High 5 for Mom & Baby enrolled hospitals.



# New KBC Documents & Resources

- Marijuana & Your Baby
- Breast Pump Bag Tags
- “Pumping Tips” webpage
- Breastfeeding and Swimming Pools
- Breastfeeding and Breast Cancer (for patients) – Spanish
- Breastfeeding Friendly Food Pantries (Colorado)
- Health Minister’s Guide to Breastfeeding (The Partnership Center)

# 2020: Year of Listening

LISTENING  
TOUR



- Four regional “Listening Stops”:
  - Dodge City – May 29
  - Quinter – June 2
  - Topeka – June 3
  - Wichita – TBD
- “Share Your Thoughts” online form  
<https://www.surveymonkey.com/r/ThoughtsBreastfeeding>
- KBC Executive Director attending local breastfeeding coalition meetings



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# 2020 Breastfeeding Conference October 29 & 30 Wichita, KS

Save the dates! Registration will open soon.

Put your education dollars to good use! Your registration supports the Kansas Breastfeeding Coalition, a nonprofit organization that works tirelessly to:

- Provide you with the tools you need to support families in your community
- Integrate breastfeeding support into the landscape of Kansas
- Advocate for breastfeeding families

Partial funding for this conference is provided by Kansas WIC and Kansas Department of Health and Environment's Bureau of Family Health

Register for one  
or BOTH days

## DAY 1 Hot Topics in Lactation

\$110 Registration Fee  
*Continuing education  
credits will be provided  
for nurses, dietitians  
and lactation consultants.*

## DAY 2 Coalition Day Registration is FREE



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# Get Social with the KBC!



KSBreastfeeding – *NEW on Instagram!!*



@KSBreastfeeding



KSBreastfeeding



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