



## *An Ardent Appeal*

### **From Kangaroo Mother Care Foundation**

## **For the continuation of Kangaroo Mother Care and Breast Feeding during the pandemic of COVID 19 in India**

### **Background:**

- During current difficult times of COVID 19 pandemic, babies continue to be delivered and more births are expected in near future.
- Pregnant women, apparently, are not more prone for COVID 19 infection than other healthy persons. COVID 19 infection in a pregnant woman is not a special indication for delivery by Caesarean Section.
- COVID threat is not likely to disappear in coming few months or even a few years.
- Currently, a lot of fears, conflicts and confusions are prevailing regarding promotion of direct skin to skin contact, Kangaroo Mother Care and Breast feeding for a baby born to a woman whose status of COVID 19 test is positive or suspected. Newborn babies are being separated from mothers without valid justifications
- We do appreciate that our current status of experience, knowledge and available quality of data regarding effect of mother's infection with COVID 19 on her newborn is very limited.
- In the best interest of safety and well being of our mothers and their newly born babies, we can definitely frame some interim guidelines, which are reasonably safe and practical for majority of our mothers and their newborns and also safe for their health care providers
- (Following factors need to be considered before framing the guidelines or making changes in a given region or situation:
  - \* Status of COVID 19 infection of mother, family contact, region (RED, ORANGE, GREEN or containment zone)
  - \* Health, educational and economic status of mother and support available from the family
  - \* Available infrastructure in the hospital in terms of trained staff, numbers, space, equipment, support from policy makers, patient load in the facility etc.
  - \* Available facilities at home including well oriented, willing helpers for care of the newborn including alternate KMC provider)
- The health care providers must be vigilant to collect latest information on COVID 19 outbreak from trusted resources like WHO website, National and local public health authorities, analyse and make suitable policy changes if required.
- Weighing the risks and benefits of non -separation of mother and her newborn, promotion of skin to skin contact soon after birth and Kangaroo Mother Care and Breast feeding under a given situation with its limitations and possible enablers, good counselling and proper guidance are very much essential for mothers preferably with their family members for making an informed decision.
- The final decision to do KMC, to give breast feeding to baby or not is with the mother. In the Indian context, mothers often require proper counselling and support of health care providers to arrive at proper decision. (Shared decision) The doctors and nurses must be empathetic and willing to provide the counselling and support with due considerations.
- The policy makers, program managers, academicians and members of professional organizations in our country should make the best efforts to increase the coverage and quality of these lifesaving interventions of KMC and Breast Feeding, even in this COVID 19 era, not only to enable the newborn babies for mere survival but also have good nurture and thriving well.



Considering various facts and weighing the risks and benefits, these recommendations are submitted to all the health care workers in public and private sectors, to support and practice Kangaroo Mother Care and Breast Feeding with good quality and wide coverage and not to separate the newly born baby from his/her mother as much as possible even in cases of mothers who have COVID 19 positive status depending on her capabilities.

### Disclaimer

- Current available experience, information and quality of data regarding transmission of COVID 19 from mother to baby and other related factors is very much limited.
- Guidelines may change depending on the emerging fresh information or data.
- Final decision (to practice Kangaroo Mother Care or not and to give breast feeding or not) is with mother. We can only counsel and guide a mother preferably with her family members.

### Recommendations

- **Benefits of breast feeding outweigh the risks of COVID 19 infection to newborns and their mothers**

It should be promoted as early as possible either as direct breast feeding or as expressed breast milk. Mother should observe suitable precautions like respiratory hygiene, hand hygiene including proper hand washing before and after feeding and touching any surfaces and cleaning surfaces and other measures of infection prevention and control of COVID 19 infection.

- **Early skin to skin contact between mother and her freshly born baby should be promoted in all possible cases**, soon after birth excepting those neonates who require resuscitation or any other immediate lifesaving interventions. Mother and the baby should not have the pangs and pains of separation.
- **A loving hug in the form of prolonged skin to skin contact /Kangaroo Mother Care including Breast milk feeding should be particularly offered for pre term and low birth weight babies** as per the guidelines and followed by planned early discharge and regular scheduled follow up for monitoring growth, immunizations and neuro development of the infant. It helps not only in the facilities but also for continued care at home by mothers with competence and confidence leading to better neonatal outcome in terms of physical and mental wellbeing (Good nurture and thriving)
- **Health care providers including doctors and nurses and the policy makers must have adequate knowledge and skills for the promotion of KMC including techniques of breast feeding and cultivate proper attitude and skills for good counselling and psychosocial support and enable the mother, preferably with her family members to take an appropriate shared decision.**
- **Up to date data collection from trusted sources like WHO, National and local public health authorities, good analysis and ongoing research** should simultaneously continue and policy changes made accordingly as required. The situation is unpredictable. So latest news should be checked regularly.
- **The health care providers should take adequate precautions and preparations to avoid the risk of COVID 19 infection to themselves during patient care.**

## Justifications to continue Breast feeding and Kangaroo Mother Care even in COVID 19 positive mothers

### Major concern: Fear of COVID 19 transmission risk to baby while breast feeding and being in close contact with mother and possible complications to baby

Hence baby is immediately separated from mother after birth and very often breast feeding is also not allowed depriving several lifesaving benefits.

**Weighing the risks and benefits, following important justifications to continue Breast feeding and Kangaroo Mother Care and zero separation of the baby from mother even in this COVID 19 era, have been highlighted here.**

#### \*\*\*Fear of COVID 19 transmission to baby while breast feeding and being in close contact:

- Chances of vertical transmission of virus through breast milk appear much less as no documented reports available so far through amniotic fluid. Placenta or breast milk.
- Very few newborns get COVID 19 infection from mother. The mode of transmission is likely to be horizontal contact from either mother or the birth attendants and other health care providers who may be handling the newborn.
- Even when the COVID 19 infection does transmit from mother to newborn, it has been found that very few get the infection.
- Neonatal COVID 19 infection is mostly non symptomatic or causes mild illness which is manageable. Serious illness is very rarely reported.

#### \*\*\*Why promote breast feeding?

- So far vertical transmission of the virus from mother to baby through breast milk, placenta or amniotic fluid has not been documented.
- Breast milk samples from mother after first lactation are negative for virus
- Recent few reports have documented presence of COVID 19 antibodies and immunoglobulins in mother's milk which may even offer protection to babies who are feeding on breast milk of COVID 19 positive mothers
- It appears acceptable on similar analogy of other viral infections like HIV, EBOLA and others.
- Breast milk is not only good, but also lifesaving, particularly in the context of COVID 19 pandemic situation due to several advantages.
- Formula feeding has multiple threats especially in resource restricted settings.
- Shortages of formula or non -availability, price hike and other factors add to the problem even in affluent societies during pandemic situation.
- Many doctors are advising for continued breast feeding in women who are supplementing with formula feeds and resorting to re lactation efforts for those who have stopped breast feeding in this COVID 19 situation even in developed countries.
- Threat of COVID 19 is expected to last longer- promotion of breast feeding is all the more beneficial now.
- This is the opportunity to upgrade and upscale the uptake of breast feeding more vehemently and get all the benefits of breast milk for our babies.

#### \*\*\*Why no separation /zero separation of mother and her baby even with COVID 19 transmission threat?

- Separation or hospital isolation may delay but not likely to prevent infection to infant. (Mostly because of continued home care after discharge from hospital)
- Mother baby separation is not evidence based.
- Initial few hours and days after birth are vital for establishing breast feeding and requires mother and her baby to remain in close contact especially with direct skin to skin contact.
- Separation interferes with early initiation of breast milk supply and leads to subsequent feeding problems depriving several benefits to baby including specific immune protection.
- Disrupts neonatal physiology - Higher Heart rate, Respiratory rate, low blood glucose levels etc.
- Increases mental stress for mother as well as baby and often aggravates post -partum depression in mothers leading to adverse immediate and long term consequences.
- Immediate skin to skin contact soon after birth is important for the colonization of the infant microbiome.
- Mother baby separation/isolation doubles the burden on health system.

#### \*\*\* Why promote Kangaroo Mother Care?

- Kangaroo Mother Care is not just skin to skin contact on mother's chest for a few minutes. It includes prolonged skin to skin to contact on mother's chest( Minimum of continuous one hour during each session of direct skin to skin contact) and also includes promotion of breast milk feeding ( Direct breast feeding or as expressed breast milk feeding) , planned early discharge combined with regular scheduled follow up for monitoring physical growth and development, Immunizations and special follow up for neuromotor, neuro sensory and behavioural development of a baby in a supportive environment in hospital and continued at home till the baby leaves skin to skin contact around 40 weeks of gestation or when the baby's weight is around 2500 grams. It is particularly useful for Low birth weight babies less than 2000 grams and pre term babies. It is a comprehensive method of care with several benefits.
- It has several added benefits in COVID 19 era to tackle financial crunch, staff and space crunch in hospitals and empowers mothers and their family members to take good care of the weak and sick babies even after going home.
- **Shared Decision: (Between mother, health care providers and if possible, family members)**  
Seek Participation                      Help Explore Options                      Assess preferences  
Reach a decision                      Evaluate the decision

## Practice guidelines

For mothers for zero separation, early direct skin to skin contact, breast feeding and Kangaroo Mother Care during COVID 19 era

### What to do in different situations:

- a) **Mothers coming from general population/COVID 19 status not known/ No contacts /asymptomatic**
- b) **Mothers from families with COVID 19 positive contact/ mother's status not known/Asymptomatic**
- c) **Mother Covid 19 positive and asymptomatic or mildly sick**

In all these situations delivery should be conducted with due IPC precautions.

Immediately after birth, irrespective of gestation, except those requiring urgent resuscitation or any other lifesaving intervention, the baby should be put on direct skin to skin contact on mother's abdomen as early as possible and then after delayed cord cutting and quick drying shifted on mother's chest for continued direct skin to skin contact and promote breast crawl and early initiation of breast feeding within one hour of birth for all term babies and near term babies.

For all babies and particularly for low birth weight and pre term babies who have no serious complications continue prolonged skin to skin contact as Kangaroo Mother Care with efforts to promote exclusive breast milk feeding either as direct breast feeding or as expressed milk feeding. The babies should be maintained in continuous kangaroo position for not less than one hour in each session. The other guidelines for KMC to be followed.

Depending on the facilities and expertise of the unit staff, KMC can be given to sick babies also.

In all these cases it is essential to follow guidelines of IPC including respiratory hygiene, hand hygiene and surface cleaning. (The details are given below)

#### d) **Mother COVID 19 positive and having serious illness**

A family member or some attendant to help the mother should be allowed. That person should follow all the regulations of IPC diligently and if possible, can help as an alternate KMC provider also.

Baby should be given expressed breast milk from mother with special precautions. Manual expression can be tried. In case a manual or electric pump is used for collection of expressed breast milk additional precautions to separate all the parts which have come in contact with breast milk and wash all the parts with soap and water carefully and other guidelines for cleaning must be observed. Care must be taken for collection, storage and administration of the EBM with all aseptic precautions and method of feeding can be decided as per the maturity of the newborn and capacity of taking milk with coordination of breathing, sucking and swallowing. (Cup feeding, spoon feeding or paladai feeding )

#### e) **Mother COVID 19 positive and critically ill**

EBM may not be possible. In order of preference following options may be tried:

- Donor human milk from breast milk bank
- Individual Human donor milk from a known healthy, willing mother
- Preterm milk formula if available
- Formula milk
- Animal milk from pasteurised dairy milk with standardized fat composition
- As a last resort, fresh animal milk which may be available, after boiling
- In case of Buffalo milk, cream to be removed after boiling and cooling. Cow's milk, goat milk can be given without removing the cream. Attempts to promote breast milk should continue.

### Summary

- Weighing the risks of COVID 19 transmission to the baby and several benefits of these interventions, nonseparation /zero separation of baby from mother and direct skin to skin contact of baby on mother's chest, early and exclusive breast feeding as per the guidelines of Infant and Young Child Feeding and Kangaroo Mother Care particularly to babies who are low birth weight including preterm, must be promoted as per the local guidelines and policies.

## Infection Prevention and Control (IPC) measures for COVID 19

- These are the first line defence against COVID 19
- General advice for mothers applicable in all situations:
  - 1) Wash your hands frequently with soap and water at least for 20 seconds each time.
  - 2) Wash before and after breast feeding the baby and also after touching any surface. It is not required to wash the breasts every time before breast feeding. But in case you happen to cough or sneeze on your chest, the area of breast and surrounding area should be washed thoroughly with soap and water. Alcohol based sterilizers should not be used on chest. In case soap and water wash is not possible, alternatively alcohol based sterilizing sprays can be used for cleaning the hands. But they should not be used before cooking or eating. Use of soap and water is much better.
  - 3) If you have cough or sneezing, cover your mouth and nose with bent elbow or handkerchief /clean pieces of cotton cloth or tissue. If you use handkerchief/or cotton cloth pieces, wash very frequently. If you use tissue, dispose of in a covered container after each use.
  - 4) While giving KMC or breast feeding, mother must use medical mask to cover her nose and mouth to minimize the chances of infection transmission to her baby. Proper use of mask must be learnt by mother and her helpers. Even when mask is not available, mother can continue breast feeding.
  - 5) Infants less than two years of age should not have any masks to cover nose and mouth to avoid suffocation.
  - 4) Keep social distancing. Do not go to crowded places. Avoid using public transport.
  - 5) Avoid contact with persons suffering from cough, fever, difficulty in breathing etc.
  - 6) Avoid touching mouth, nose and eyes as much as possible.
  - 7) Clean/disinfect contaminated surfaces such as tables, doorknobs, handles, mobile phones and other everyday objects like cup, plate, spoon, pen, paper etc.
  - 8) If you have cough, fever or difficulty in breathing, immediately contact your doctor.

Or visit the nearby hospital where all facilities for testing and management are available.

During hospital stay, it is specially recommended to keep the mothers with COVID 19 positive status and their newborns in a separate ward or place with some privacy. They should not be grouped together with other COVID positive persons in the same ward.

It helps in many ways including promotion of successful exclusive breast feeding in all cases and quality KMC for low birth weight babies. Policy makers must note this requirement.

- Postnatal anxiety and depression are common among parents and family members with COVID positive case, financial difficulties, social distancing and birth of a low birth weight or pre-term baby. The family should be offered psychosocial support for handling the situation.
- If the newborn is ill, s/he requires specialized care in NICU. Mother must be allowed to visit her baby with proper IPC measures.

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