ANNEX 39: GUIDELINES TO BABY FRIENDLY HOSPITAL INITIATIVE (BFHI) IMPLEMENTATION AND BREASTFEEDING PRACTICES DURING COVID-19 PANDEMIC

Baby Friendly Hospital Initiative (BFHI) is an integral part of hospital practice in Malaysia. In this time of COVID-19 pandemic, there has been concerns about the discontinuity of BFHI implementation and breastfeeding practices resulting in babies being exposed to the risks of not breastfeeding.

This document provides guidelines to enable the continuation of BFHI practices and applies to all baby friendly hospitals in Malaysia whether they are non COVID-19, fully COVID-19 or hybrid hospital.

COVID-19 spreads mainly by droplets. So far, there is no confirmed mother-to-child transmission and there are no reports of positive cord blood or vaginal samples. Similarly, evidence of increased adverse maternal or neonatal outcomes is uncertain, and limited to infection in the third trimester, with some cases of prelabour rupture of membranes, fetal distress and preterm birth reported. Existing evidence has not identified major risks of complications in babies born to mothers with COVID-19.

There is no real evidence that the virus is transmitted in breastmilk. There has been no reported cases of baby infected with COVID-19 as a result of breastfeeding. In infants, there are relatively few reported cases of confirmed COVID-19 and they are reported to have experienced only mild illness.

The main concern when a mother with suspected or confirmed disease breastfeeds her baby is the respiratory transmission of the said infection. However, the balance of risks is significantly different for infants than for adults. In infants, the risk of COVID-19 infection is low, the infection is typically mild or asymptomatic, and the consequences of not breastfeeding or separation of mother and child can be significant.

Breastfeeding protects against morbidity and death in the post-neonatal period and throughout infancy and childhood. The protective effect is particularly strong against infectious diseases that are prevented through both direct transfer of antibodies and other anti-infective factors and long-lasting transfer of immunological competence and memory.

Considering the benefits of breastfeeding and the risks of not breastfeeding, it is recommended that babies should be fed according to the WHO standard infant feeding guidelines and allowed breastfeeding while applying all the necessary hygienic precautions to prevent infection. Therefore, standard infant feeding guidelines should be followed with appropriate precautions for infection prevention and control (IPC).

Recommendations on the care and feeding of infants whose mothers have suspected or confirmed COVID-19 promote the health and well-being of the mother and infant. Such recommendations must consider not only the risks of infection of the infant with the COVID-19 virus, but also the risks of serious morbidity and mortality associated with not breastfeeding or the inappropriate use of breastmilk substitutes as well as the protective effects of skin-to-skin contact and kangaroo mother care.

Recommendations for pregnant and recently pregnant women with suspected, probable or confirmed COVID-19:

1. Mode of birth should be individualized, based on obstetric indications and the woman's preferences.

   WHO recommends that induction of labour and caesarean section should only be undertaken when medically justified and based on maternal and fetal condition. COVID-19 positive status alone is not an indication for caesarean section.

   Interventions to accelerate labour and childbirth (e.g. augmentation, episiotomy, operative vaginal birth) should only be undertaken if medically justified and based on maternal and fetal clinical condition.

2. The mother should have access to woman-centred, respectful skilled care, including midwifery, obstetric, fetal medicine and neonatal care, as well as mental health and psychosocial support, with readiness to care for maternal and neonatal complications.

   Woman-centred, respectful, skilled care refers to care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice.

   During labour and childbirth this includes a companion of choice, pain relief, mobility during labour and birth position of choice. The companion of choice shall be allowed if he/she is healthy and both mother and companion are able to carry out all the recommended hygienic precautions to prevent infection.

3. At birth, skin to skin and immediate breastfeeding shall be allowed. Early and uninterrupted skin-to-skin contact between mothers and infants should be facilitated and encouraged as soon as possible after birth, while applying necessary measures for IPC.

4. Delayed umbilical cord clamping (not earlier than 1 minute after birth) is recommended for improved maternal and infant health and nutrition outcomes. The risk of transmission of COVID-19 through blood is likely to be minimal. There is no evidence that delaying cord clamping increases the possibility of viral transmission from the mother to the newborn. The proven benefits of a 1–3 minute delay, at least, in clamping the cord outweigh the theoretical, and unproven, harms.

5. Mothers with suspected or confirmed COVID-19 while applying necessary IPC should be encouraged to initiate breastfeeding within 1 hour of birth and continue breastfeeding. From the available evidence, mothers should be counselled that the benefits of breastfeeding substantially outweigh the potential risks of transmission.

6. Mothers who are not able to initiate breastfeeding during the first hour after delivery should still be supported to breastfeed as soon as they are able. Assistance should be provided after recovery for relactation to re-establish a milk supply and continue breastfeeding.

7. Post-delivery, mothers and infants should be enabled to remain together and carry out skin-to-skin contact and/or kangaroo mother care.

   After transfer to the ward, both mother and baby should remain together to practise rooming-in 24 hours day and night throughout the hospital stay to ensure establishment of breastfeeding. All these should be carried out while practising safe distancing in between feeds.

   Mothers should not be separated from their infants unless the mother is too sick to care for her baby. If the mother is unable to care for the infant another competent family caregiver should be identified.

Remarks:

1. In patients who are unable to observe precautions for IPC, no companion at birth, immediate skin to skin or immediate breastfeeding will be allowed and baby will be temporarily separated from mother.

2. In situations when severe illness in a mother prevents her from caring for her infant or prevents her from continuing direct breastfeeding, mothers should be encouraged and supported to express milk with all the necessary infection prevention methods.The EBM should then be given safely to baby by a healthy person via a clean cup and/or spoon while applying appropriate IPC measures.

3. In the event that the mother is too unwell to breastfeed or express breastmilk, explore, the viability of feeding with donor human milk. If this is not possible, consider wet nursing or appropriate breastmilk substitutes, informed by feasibility, safety, sustainability, cultural context, acceptability to mother and service availability.

4. Breastfeeding mothers should be helped to clean her chest with soap and water if she has been coughing on it before breastfeeding. She does not need to wash her breasts prior to every breastfeed.

The above recommendations are for mothers who fall into the category of suspected/probable/confirmed COVID-19 or their infants have suspected, probable, or confirmed COVID-19 and conditions are such that they are able to observe the necessary hygienic precautions and/or the isolation ward assigned to them allows for safe distancing and adequate privacy for breastfeeding. Otherwise, mother and baby shall be temporarily separated and advised to practice EBM.

For suspected COVID-19 cases, asymptomatic or symptomatic mothers who are breastfeeding or practising skin-to-skin contact or kangaroo, should:

i. Wear a surgical mask.

ii. Perform frequent hand hygiene before and after contact with the baby (including breastfeeding) and after coughing or sneezing.

iii. Practise respiratory hygiene, if symptomatic, cover nose and mouth with tissue when coughing or sneezing and wash hands.

iv. Routinely clean and disinfect surfaces which the symptomatic mother has been in contact with.

Best practices for Breastfeeding:

1. Health facilities providing maternity and newborn services should enable a mother to breastfeed for as often and for as long as she wishes. Appropriate health care practices that enable a mother to breastfeed will minimise disruption to breastfeeding.

2. All mothers should receive practical support to enable them to initiate and establish breastfeeding and manage common breastfeeding difficulties. This support should be provided by appropriately trained health care professionals and communitybased lay and peer breastfeeding counsellors.

3. There should be no promotion of breastmilk substitutes, feeding bottles and teats, pacifiers or dummies in any part of facilities providing maternity and newborn services, or by any of the staff. Health facilities and their staff should not give feeding bottles and teats or other products that are within the scope of the International Code of Marketing of Breast-milk Substitutes and its subsequent related WHA resolutions, to infants.

4. Infants should be breastfed exclusively during the first 6 months after birth, as breastmilk provides all the nutrients and fluids they need. From 6 months of age, breastmilk should be complemented with a variety of adequate, safe and nutrientdense foods. Breastfeeding should continue up to 2 years of age or beyond.

5. If the mother is too unwell to breastfeed or express breastmilk, explore the best alternatives to breastfeeding a newborn or young infant, in priority order, as follows:

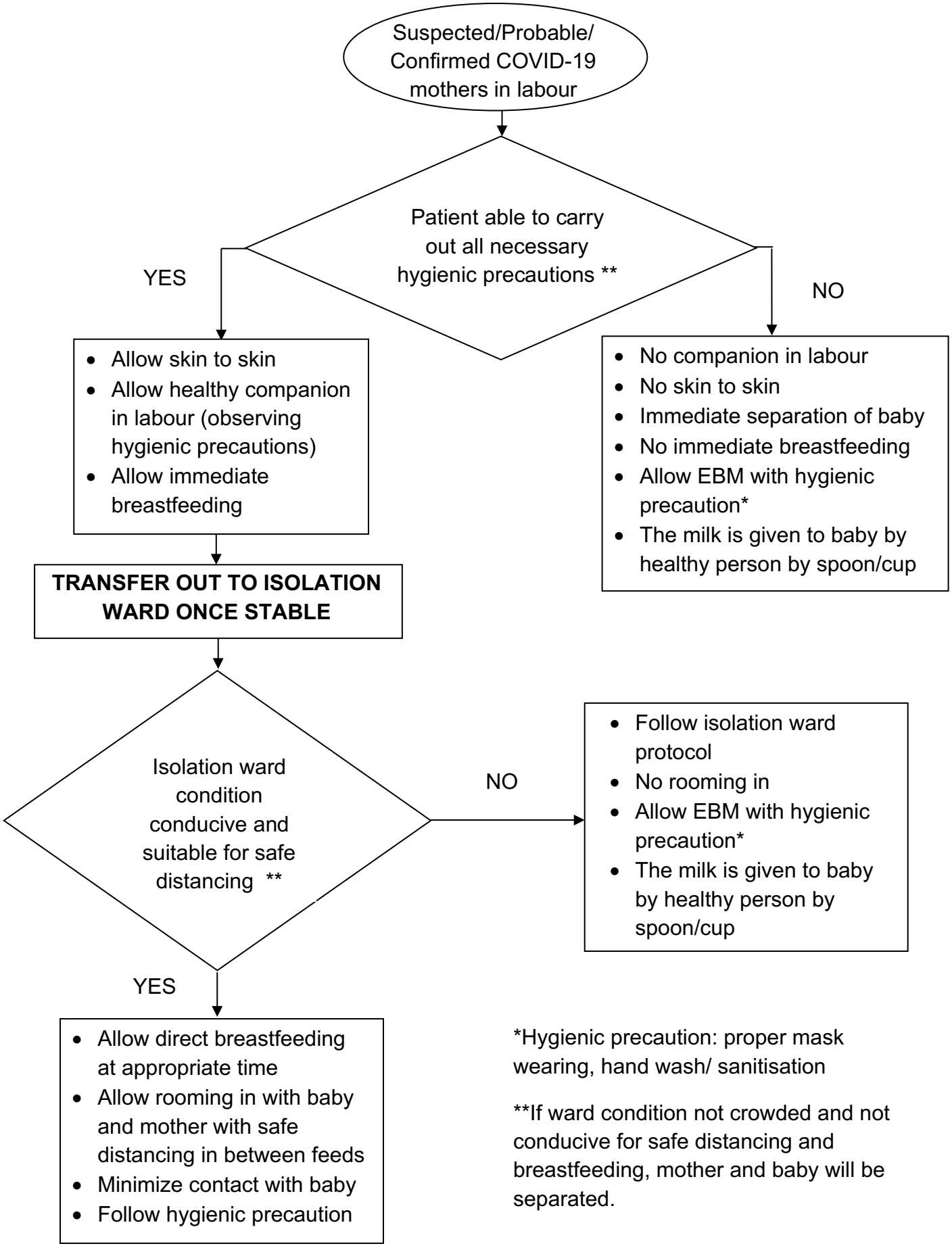
    i. donor human milk should be fed if available from a human milk bank;

    ii. if supplies are limited, prioritize donor human milk for preterm and low birthweight newborns;

iii. wet nursing may be an option depending on acceptability to mothers and families, availability of wet nurses and services to support mothers and wet nurses. COVID-19 testing of a woman who is a potential wet nurse is not required. Prioritize wet nurses for the youngest infants. In settings where HIV is prevalent, prospective wet nurses should undergo HIV counselling and rapid testing where available. In the absence of testing, if feasible, undertake HIV risk assessment. If HIV risk assessment or counselling is not possible, facilitate and support wet nursing;

iv. breastmilk substitutes may be used as a last resort.

GUIDE TO BFHI IMPLEMENTATION AND BREASTFEEDING PRACTICES



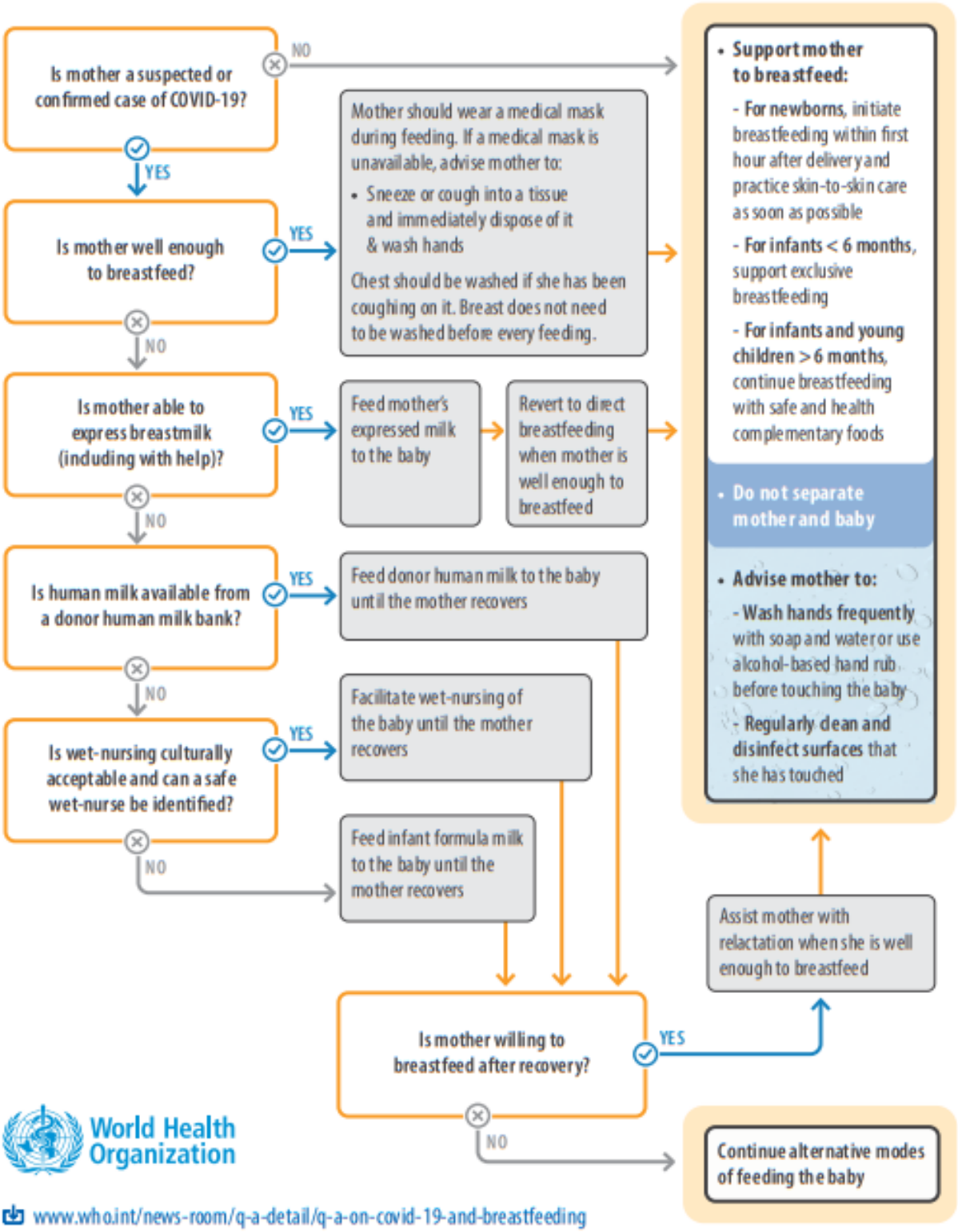
*Hygienic precaution: proper mask wearing, hand wash/ sanitisation

**If ward condition not crowded and not conducive for safe distancing and breastfeeding, mother and baby will be separated.

Updated on 21 November 2020

DECISION TREE

for breastfeeding in context of COVID-19: Guidance for **health care and community settings**



Updated on 21 November 2020