

## KEY MESSAGES ON MATERNAL INFANT AND YOUNG CHILD NUTRITION IN COVID-19 EMERGENCY

### Pregnant women

#### **NOTE:**

***It is currently not known if pregnant women have a greater chance of getting sick from COVID-19 than the general public, whether they are more likely to have serious illness as a result or if a pregnant woman with COVID-19 can pass the virus to her fetus or baby during pregnancy or delivery. Pregnant women experience changes in their bodies that may increase their risk of some infections. With viruses from the same family as COVID-19, and other viral respiratory infections, such as influenza, women have had a higher risk of developing severe illness.***

- All mothers in affected and at-risk areas who have symptoms of fever, cough or difficulty breathing, should seek medical care early, and follow instructions from a health care provider.
- Pregnant women should do the same things as the general public to avoid infection i.e observe hand hygiene and cough etiquette guidelines.
- Considering asymptomatic transmission of COVID-19 may be possible in pregnant or recently pregnant women, as with the general population, all women with epidemiologic history of contact should be carefully monitored.
- Pregnant women with suspected, probable, or confirmed COVID-19, including women who may need to spend time in isolation, should have access to woman-centred, respectful skilled care, including obstetric, fetal medicine and neonatal care, as well as mental health and psychosocial support.
- Mothers with suspected or confirmed COVID-19 and isolated at home should be counselled to continue recommended feeding practices with necessary hygiene precautions during feeding.
- Actions through relevant systems (Food, Health, WASH, and Social Protection) should prioritize PLWs and children 6-23 months to mitigate the impact of the pandemic on young children's diets and wellbeing with strong linkages to early detection and treatment of child wasting.
- The inappropriate promotion of foods for infants and young children) in all contexts is prohibited in line with the recommendations of the BMS Act, 2012.
- Donations, marketing and promotions of unhealthy foods - high in saturated fats, free sugar and/or salt - should not be sought or accepted.

- All mothers should receive practical support to enable them to initiate and establish breastfeeding and manage common breastfeeding difficulties, including IPC measures. This support should be provided by appropriately trained health care professionals and/or community-based lay and peer breastfeeding counsellors
- In situations when severe illness in a mother with COVID-19 or other complications prevents her from caring for her infant or prevents her from continuing direct breastfeeding, mothers should be encouraged and supported to express milk, and safely provide breastmilk to the infant, while applying appropriate IPC measures.

***For decision making and/or support to pregnant/breastfeeding mothers suspected or infected with Covid-19, a multidisciplinary case-by-case assessment is desirable and recommended.***

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## Breastfeeding

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### **NOTE:**

- ✓ ***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. Infants born to mothers with suspected, probable, or confirmed COVID-19 should be fed according to standard infant feeding guidelines, while applying necessary precautions for IPC.***
- ✓ ***Breast milk is the best source of nutrition for most infants.***
- ✓ ***In limited case series reported to date, no evidence of virus has been found in the breast milk of women infected with COVID-19; however, it is not yet known if COVID-19 can be transmitted through breast milk (ie, infectious virus in the breast milk)."***
- ✓ ***Given low rates of transmission of respiratory viruses through breast milk, the World Health Organization states that mothers with COVID-19 can breastfeed."***
- ✓ ***There are rare exceptions when breastfeeding or feeding expressed breast milk is not recommended. Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and health care provider***
- ✓ ***Like influenza and other corona viruses, COVID-19 is unlikely to be transmitted via breastmilk. However, it can be transmitted from an infected mother to the baby through direct contact, respiratory droplets as well as contaminated surfaces.***

- ✓ ***Like with other viral infections, mothers of infants who are infected with Covid-19, should be encouraged to continue breastfeeding or feeding expressed breast milk to her infant.***

### **Guidance for breastfeeding for mothers who are infected with COVID-19 or a PUIs**

Protect, promote and support Exclusive breastfeeding to protect the newborn infant from infections including respiratory infections. Keeping the baby with the mother provides protective effects for child survival, in general and early initiation of breastfeeding allows passive transfer of anti-bodies

Breastfeeding counselling, basic psychosocial support, and practical feeding support should be provided to all pregnant women and mothers with infants and young children, whether they or their infants and young children have suspected or confirmed COVID-19.

To support infant and young child feeding in the advent of COVID-19, the following guidance shall apply;

- Each facility should consider their appropriate space and staffing needs to prevent transmission of the virus that causes COVID-19 including;
  - appropriate isolation of pregnant patients who have confirmed COVID-19 or are PUIs;
  - basic and refresher training for all healthcare personnel on those units to include correct adherence to infection control practices and personal protective equipment (PPE) use and handling;
  - sufficient and appropriate PPE supplies positioned at all points of care;
  - processes to protect newborns from risk of COVID-19.
  - Pregnant patients who have confirmed COVID-19 or who are PUIs should notify the obstetric unit prior to arrival so the facility can make appropriate infection control preparations. Facilities should ensure recommended infection control practices for hospitalized pregnant patients who have confirmed COVID-19 or are PUIs are consistent with Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings.
- All healthcare facilities that provide obstetric care must ensure that their personnel are correctly trained and capable of implementing recommended infection control interventions.
- If the breastfeeding mother is a case, she should wear a surgical/procedure mask when near the baby, practice respiratory etiquette, and perform hand hygiene before and after close contact
- Mothers and infants should be enabled to remain together and practice skin-to-skin contact, kangaroo mother care and to remain together and to practice rooming-in throughout the day and night, especially immediately after birth during establishment of breastfeeding, whether they or their infants have suspected, probable, or confirmed COVID-19.

- Because breast milk supply could decrease for some mothers while they are ill, mothers may need additional lactation support to address milk supply concerns, reduce the possibility of developing a breast conditions and support the breastfeeding relationship during this time.
- Infected Mothers **well enough** should continue breastfeeding while practicing appropriate infection prevention control measures.
- A mother with confirmed COVID-19 or who is a symptomatic PUI should take all possible precautions to avoid spreading the virus to her infant including;
  - wearing a face mask when near a child (including during feeding)
  - washing hands before and after contact with the child (including feeding)
  - cleaning/disinfecting contaminated surfaces whenever she interacts with others (confirmed or suspected COVID-19), including children.
  - consider asking someone who is well to feed expressed milk to the baby
- Infants who are ill need fluids to stay hydrated and breast milk is the best option. Expressed breast milk can also be given from a cup if the infant is unable to breastfeed directly at the breast.
- If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump and the entire pump appropriately disinfected following the manufacturer's instructions after every pumping session.
- If a mother is **ill**, she should be encouraged to express milk and give it to the child via a clean cup and/or spoon – all while following the same infection prevention methods.”
- In the event that the mother is **too unwell** to breastfeed or express breastmilk or has passed on , an appropriate breastmilk substitutes including Ready to use infant formula ( RUIF) in line with the Breast milk substitutes (regulation and control) Act, 2012

***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***

- All pregnant and lactating mothers in affected and at risk areas with symptoms consistent with COVID-19 should report to designated facilities or call the emergency numbers (Ministry of Health, Toll Free Line (in Kenya): 0800 721 316 Telephone Hotlines: +254 729 471 414 /+254 732 353 535)
- Clinical feeding guidelines should be used depending on individual child/mothers needs and presentation

***Anticipate and assess the impact of COVID-19 outbreak on IYCF, such as interrupted access to health and feeding support services; deterioration in household food security and livelihoods, transmission risks via breastfeeding; and maternal illness and death. Take actions to mitigate risks.***

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## Complementary feeding

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- With the potential for limited availability of and access to nutritious food choices at household level, coupled with increased demands on parents due to disruption of food systems, disruption and income shocks, caregivers could feel overwhelmed with childcare and feeding responsibilities. Provision of context specific and acceptable guidance on age appropriate and safe complementary foods and feeding practices is recommended.
- Caregivers and health workers should be counselled/ advised on the importance of healthy diets during complementary feeding and safe food preparation/ handling to reduce risk of transmission of COVID-19.
  - Parents should be supported to ensure that children 6-24 months of age are fed the minimum number of meals per day (age appropriate) to ensure dietary adequacy and from at least 4 out of 7 food groups to ensure dietary diversity
  - Mothers/Caregivers should avoid providing drinks or foods with low nutritional value, such as sugar-sweetened beverages, candy, chips and other foods high in sugar, salt and Trans fats.
- Before preparing or eating food, mothers/caregivers should ensure they implement the recommended hygiene practices such as handwashing with soap and regular cleaning and disinfecting of food preparation areas
- Parents and caregivers who may need to be separated from their children, and children who may be separated from their primary caregivers, should be referred for mental health and psychosocial support (MHPSS).
- Mothers/caregivers may be trained and issued with MUAC tapes and monitored for home MUAC measurements and self-referral in liaison with the Community Health Volunteers
- Monitor for BMS Act violations and report them to nearest facility/Public Health Officer or County/national MIYCN/nutrition coordinators.
- Families should be encouraged to prioritize purchase of fresh and healthy food options (as explained above) for young children.
- Create awareness on types of food to prioritise, as well as tips on food preparation at home (could link to the news story when published?)
- Discourage use of highly processed packaged foods as they are often less healthy, and contain high amounts of saturated fats, free sugars and/or salt.

## USEFUL GUIDANCE AND RESOURCES

1. **UNHCR/UNICEF/WFP/WHO. Infant and Young Child Feeding in the Context of the COVID-19 Pandemic, Eastern, Central and Southern Africa. Released 26 March 2020**
2. **Operational guidance on Infant feeding in emergencies:**  
[https://www.enonline.net/attachments/3127/Ops-G\\_English\\_04Mar2019\\_WEB.pdf](https://www.enonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf)
3. **UNICEF's programming guidance on improving young children's diets during the complementary feeding period:** [https://mcusercontent.com/fb1d9aabd6c823bef179830e9/files/1c81003c-e36d-4788-90e1-91610423755/Complementary\\_Feeding\\_Guidance\\_2020\\_portrait\\_ltr\\_web2.pdf](https://mcusercontent.com/fb1d9aabd6c823bef179830e9/files/1c81003c-e36d-4788-90e1-91610423755/Complementary_Feeding_Guidance_2020_portrait_ltr_web2.pdf)
4. **WHO Guidance on clinical management of COVID-19:** [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)
5. **WHO Interim guidance on home care for patients with COVID-19 presenting with mild symptoms and management of their contacts:** [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)
6. **UNICEF Coronavirus disease (COVID-19) – What parents should know:** [www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know](http://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know)
7. **UNICEF, ILO & UN Women, 2020. Family-friendly policies and other good workplace policies in the context of COVID-19: Key steps employers can take** <https://www.unicef.org/documents/family-friendly-policies-and-other-good-workplace-practices-context-covid-19-key-steps>
8. **WHO, 2020. Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts:** [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)
9. **GTAM, 2020. COVID-19: Summary of Guidance available for Nutrition in Emergencies Practitioners:** <http://nutritioncluster.net/resources/gtam-covid19-nutrition-technical-brief-20200313-final/>