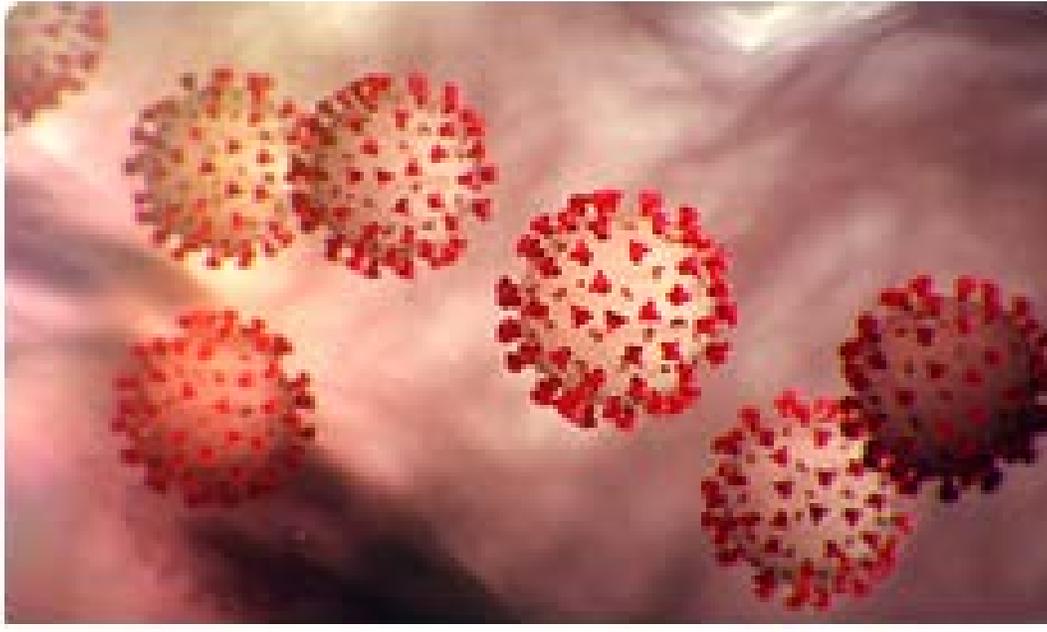


BREASTFEEDING AND COVID-19

POST WEBINAR UPDATE TO CDC GUIDANCE AND MEDICATION QUESTIONS FROM ATTENDEES

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html?fbclid=IwAR0UZqcoi3n9WvHKM3WPdkMQ2>



April 9, 2020

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.

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.

Posted April 9, 2020

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

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 ≥ 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.

SAFETY OF POTENTIAL MEDICATIONS DURING LACTATION

NOTE: The FDA has approved Emergency Use Authorization for COVID-19 management

- Azithromycin (Zithromax): LRC 2.
 - Poor oral absorption. Excreted minimally into breastmilk; the level of exposure to the infant is unlikely to be clinically relevant.
- Chloroquine (anti-malarial): LRC 2.
 - The WHO considers chloroquine to be suitable for both prevention and treatment of malaria in lactation and pediatrics (2010).
- Hydroxychloroquine (Plaquenil): (anti-malarial and lupus) LRC 2.
 - Due to huge volume of distribution, milk levels are quite low with relative infant dose of 2.9%.

For more information, go to <https://www.halesmeds.com/>