



To: The Chief Directors: Metro and Rural Health Services
The District Directors: Cape Winelands, Overberg, West Coast, Garden Route & Central Karoo Districts
The Substructure Directors: Khayelitsha/Eastern; Klipfontein/Mitchells Plain, Northern/Tygerberg, Southern/Western Substructures
The Chief Executive Officers: Tygerberg Hospital, Groote Schuur Hospital, Red Cross War Memorial Children's Hospital
EXECUTIVE DIRECTOR OF HEALTH: City of Cape Town
FACILITY HEADS: PHC facilities, District and Secondary Hospitals
Provincial Child Health, Neonatal Medicine and Paediatrics Clinical Governance Committee

CIRCULAR: H80/2020

RE: COVID-19– CARING FOR MOTHERS AND BREASTFEEDING INFANTS

The purpose of this circular is to provide guidance and share recommendations on caring for mothers and infants receiving breastmilk (breastfeeding or cup fed expressed breastmilk) during the COVID - 19 pandemic.

Many questions and concerns have been raised with the emergence of COVID-19 regarding the care for mothers and breastfeeding infants. World Health Organisation (WHO), United Nations Children's Fund (UNICEF) and Centres for Disease Control and Prevention (CDC) have provided guidelines and recommendations based on emerging evidence. The current consensus and recommendation is that breastmilk remains the optimum source of nutrition for babies and should be continued as per current recommendations (exclusive breastfeeding for the first 6 months and continued breastfeeding until 2 years or more). Mothers who are unwell or have confirmed COVID-19 may also continue breastfeeding while taking safety precautions (WHO, 2020).

The following should be considered when caring for mothers and infants breastfeeding:

1. Pregnant Women

It is always important for pregnant women to protect themselves from illnesses as they experience changes in their body that may increase their risk to infections. According to CDC no infants born to mothers with COVID-19 have tested positive for the virus as no virus was found in the breastmilk or amniotic fluid of the small sample tested¹. The virus has also not been found in samples of amniotic fluid or breastmilk at present. The impact of COVID – 19 on the pregnancy, delivery and health of the baby after birth is not known, however pregnant women are encouraged to take the same precautions as the general public, namely:

- Cover your mouth and nose with a bent elbow or tissue when coughing or sneezing, and immediately throwing away any used tissues in a closed bin, remembering to wash hands afterwards.
- Avoid people who are sick
- Clean your hands often and thoroughly using soap and water or alcohol-based hand sanitizer

¹ <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/maternal-or-infant-illnesses/covid-19-and-breastfeeding.html>

A single, asymptomatic birth partner should be permitted to stay with the woman, at a minimum, through pregnancy and birth as per maternity care practices. This partner should be advised on hand washing and physical distancing from all others in the facility, besides the woman with whom he is supporting.

2. Breastfeeding

Well women without Covid-19

- Breast feed as normal – do not switch to formula
- No need to wear a facemask or gloves
- Practice good hand hygiene
- Physical distancing of at least 1.5 meters from others
- Avoid people who are sick

Women suspected or confirmed with Covid-19

Standard infant feeding guidelines should be followed with appropriate precautions for Infection Prevention and Control²

- Women with confirmed or suspected COVID – 19 can breastfeed but need to practice respiratory hygiene during feeding, wearing a mask where available; wash hands for 20 seconds, before and after touching the baby, before touching pumps or feeding equipment and routinely clean and disinfect surfaces they have touched. If a mask is not available, the mother can cover her face with a light cloth during breastfeeding and wash the cloth after every feed or as often as possible or hang it in full sunshine. Avoid touching the cloth while breastfeeding.
- Do not use hand sanitizer on the baby's hands, use soap and water to wash your baby. Avoid touching the baby's hands and face as far as possible. Avoid allowing the baby to touch the face mask or cloth covering.
- Breastfeeding counselling, basic psychosocial support, and practical feeding support should be provided to all pregnant women and breastfeeding mothers, whether they or their infants have suspected or confirmed COVID -19. Anxiety around COVID-19 may lead to difficulties with breastfeeding and staff need support all mothers.
- When a mother is seriously ill with COVID-19 or other complications prevent her from continuing direct breastfeeding and from caring for her infant, she should be encouraged and supported to express milk (while applying appropriate IPC measures) which can be provided to the infant by health workers or family members who are healthy. Expressed breastmilk should be fed to the infant using a spoon or feeding cup (without a spout or teat). All efforts should be made to prevent the feeding of expressed breastmilk using a feeding bottle.
- Mothers and infants should as far as possible be enabled to remain together and practice skin-to-skin contact, kangaroo mother care and rooming-in throughout the day and night, especially during the first hour after birth when bonding and breastfeeding is being established, whether they or their infants have suspected, probable, or confirmed COVID-19.
- Parents and caregivers who may need to be separated from their children, and children who may need to be separated from their primary caregivers, should have access to appropriately trained health or non-health workers for mental health and psychosocial support.

For non-breastfeeding mother and infant pair it must be ensured that the mother (or caregiver) is fully conversant on the safe preparation and feeding of infant formula as per circular H1 66/2012 (Infant Feeding Counselling – step 2) and circular H1 53/2015 (Provision of Infant Formula to hospitalized neonates, infants and young children). It is recommended that these infants are cup fed and all attempts made to avoid bottles, teats and pacifiers to limit the exposure to germs and prevent common childhood illnesses such as diarrhea and upper respiratory tract infections. It should be remembered that respiratory hygiene must still be practiced and maintained in non-breastfeeding pairs.

3. Hospitalised breastfeeding sick and small babies

Immediate measures are required to mitigate COVID - 19 related transmission risk (to staff, patients and community) created by the daily travel of breastfeeding mothers to their hospitalised babies.

Currently non-infected mothers of small and sick babies are being expected to travel in from home daily or twice daily to breastfeed their infants or deliver expressed breastmilk as there are insufficient lodger mother facilities available at hospitals. To limit the spread of COVID - 19 necessitate the following urgent measures:

² World Health Organization, 2020. *Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: interim guidance*, 13 March 2020 (No. WHO/2019-nCoV/clinical/2020.4). World Health Organization.

- i. Provision of lodger mother facilities at all hospitals as a matter of urgency - the number of lodger beds to match the number of breastfeeding babies in the neonatal and baby wards.
- ii. Utilise the existing provincial policy (circular H82/2011) for providing meals for breastfeeding mothers whose babies are hospitalised.
- iii. Issue mothers who are not able to be lodged due to personal reason or limited capacity in the institution with a letter (Annexure A) to enable her to access the institution.

4. Human Milk Banking

Safety measures are in place in milk banks to ensure that donor milk is safe i.e. screening of donors, pasteurisation of donor expressed breastmilk and the microbiological testing of milk. Please refer to the Human Milk Banking circular H155/2017 (Western Cape Framework and Implementation guidelines for handling of expressed donor breastmilk).

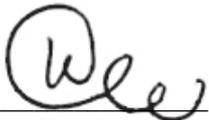
5. Food

WHO notes that unsafe food creates a vicious cycle of disease and malnutrition, particularly affecting infants, young children, elderly and sick people. Food safety must be applied to prevent further infection of already vulnerable individuals. During food preparation:

- i. Wash hands frequently for at least 20 seconds;
- ii. Practice good personal hygiene;
- iii. Sanitize work surfaces – clean and sanitize all surfaces after you have touched them, , clean and sanitize all food preparation equipment after use and practice clean as you go while preparing food;
- iv. Use separate cutting boards for raw meats, vegetables and produce, and cooked foods to prevent cross contamination;
- v. Cook foods to safe temperatures;
- vi. Keep hot foods hot and cold foods cold and
- vii. Do not share eating utensils (including straws).

Should you require more detailed information or have enquiries please contact Dr Hilary Goeiman (Tel: 021 483 5663 or email: Hilary.Goeiman@westerncape.gov.za) or Ms. Nicolette Henney (Tel: 021 483 8664 or email: Nicolette.Henney@westerncape.gov.za).

Thanking you in this regard



Keith Cloete (Dr)

Western Cape Government: Health: Head of Department

Date: 14 May 2020



To whom it may concern

This serves to inform you that _____ with identity number _____ has a premature infant admitted to neonatal ICU or a sick infant admitted to the Paediatric ward who is currently receiving care at _____.

For the baby's survival it is imperative that the baby continues to receive breastmilk for survival and therefore it is imperative that the mother regularly expresses breastmilk and delivers it to the hospital. Similarly some babies have progressed to feeding from the breast and the mother is required to travel to the hospital to feed the baby and leave expressed breastmilk for when she is not present.

Only one parent / caregiver is allowed to visit the baby in the respective ward (in the event that the mother is unable to deliver the expressed breastmilk herself).

Please contact the respective ward if you have any concerns or questions:

Ward name and contact number:

Yours faithfully

Head of the institution

Name:

Rank

Stamp with institution/ward name and date