

VOICES FROM THE FIELD

COVID-19 & INFANT FEEDING

The COVID-19 pandemic has created seismic shifts in the infant and young child feeding landscape with dangerous compromises to the initiation and establishment of breastfeeding. The U.S. Breastfeeding Committee is collecting stories from families, clinicians, and allied health workers to create a public record of their lived experiences. This second installment of *Voices from the Field* demonstrates the impact of the pandemic and associated policy responses on families and communities. It is a sampling of stories shared with the USBC between April 9 and May 13, 2020.

**The graphics represent themes reflected in the stories.*



Fear & Uncertainty



COVID-19 Related Stress



Valuing Prevention



Maternity Care Practices

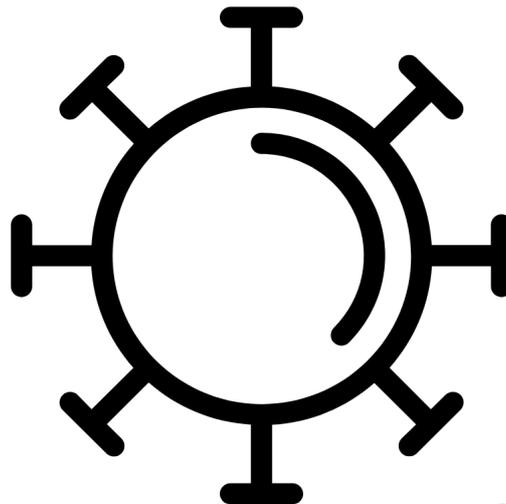
Native Experience



Separation Following Childbirth



Accessing Infant Feeding Supplies



Inequities in Care Based on Insurance Provider



Accessing Community Support



Optimism



Early Discharge Following Childbirth



Hospital Visitor Policy Changes



Accessing Telehealth

Thank you to all who shared their story with us.

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"I'm a first-time mom, tested positive for COVID-19 at 39 weeks pregnant (with no symptoms since around 35 weeks) and a registered nurse. My daughter ended up in NICU for 48 hours for monitoring due to suspected chorioamnionitis. During this time neither myself nor my husband were able to see her or have any contact with her. I was given a pump from the hospital to use, with little instruction until a virtual visit was set up with lactation consultant the second day. Although I had a positive antibody test before delivery, the hospital wasn't taking that into consideration at the time, leading to a delay in skin to skin and breastfeeding initiation until leaving the hospital just over 48 hours after delivery. Throughout our hospital stay the lactation consultant did keep in contact with me via phone and video chat, as best she could..."

SEPARATION - ACCESSING TELEHEALTH - MATERNITY CARE PRACTICES



"My baby brother and his girlfriend are new young parents and live on a reservation-they have no breastfeeding support and an internet connection for video calls is very limited. They mix formula with breast milk when possible but the formula they feel comfortable using is much more expensive and usually sold out in their area, plus our tribe has a curfew. I get them the supplies they need and meet them at the border of the reservation. I haven't held my niece ever but I know I'm keeping her safe by not being near her."

NATIVE EXPERIENCE - INFANT FEEDING SUPPLIES - FEAR/UNCERTAINTY



"At our facility, mothers are screened at the door with temperature and verbal history of exposure to COVID-19. Anyone who is [a Person Under Investigation] is treated as COVID+ and put in a queue for testing. Our facility has rapid (15 min) tests, semi-rapid (4 hour) tests, and regular (24-48 hour) tests, but supplies are limited and shared across the entire hospital... that means all kinds of factors including time of day and presentation of the mother can impact if/when/which test she is given, if any. Because we don't have enough tests, we are erring on the side of separating all. We are doing that without any shared decision-making. All mothers are encouraged to pump, but we have very limited telehealth capabilities, our unit having been deemed last to receive the upgrades and training."

SEPARATION - ACCESSING TELEHEALTH - MATERNITY CARE PRACTICES



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"I'm a WIC breastfeeding peer counselor. Due to policy changes related to COVID-19, fewer moms have access to breast pumps when they need them through WIC. It's really hard to tell a mom unfortunately she doesn't qualify for a breast pump for any reason, and it is even harder when we know this woman needs a breast pump but is going to have to pay for one herself or forgo getting one and thus forgo her breastfeeding relationship due to shortages and policy change. This is a time where we should be doing more for these women and not less."

COMMUNITY SUPPORT - INEQUITIES IN CARE BASED ON INSURANCE PROVIDER VALUING PREVENTION - INFANT FEEDING SUPPLIES



"I am currently working in public health. I have been staying up-to-date on the most recent CDC /WHO guidelines for COVID19-positive breastfeeding mothers, just in case that knowledge is needed! Though we are all operating in a constant state of stress these days, I have noticed that my mommy friends and clients are more interested than ever in starting/continuing to breastfeed. I think it gives a bit of control to the situation. I am also very pleased to hear that some of the local pediatricians are encouraging families to continue to breastfeed as a way to keep baby safe and healthy."

VALUING PREVENTION - OPTIMISM - COVID-19 RELATED STRESS



"COVID-19 has destroyed breastfeeding initiatives at my facility. We are testing every mother who comes to deliver at our facility, asymptomatic or not. If positive, the infant is separated at birth and kept in nursery in isolation until tested at 24 hrs of age. They are all bottlefed (we are a Baby-Friendly designated facility.) All infants thus far have been negative. We are encouraging early discharge at 24 hrs. If mother tests positive she also remains on isolation for the duration of her stay. At discharge, if there is a spouse or family member that is untested without symptoms or COVID-19 negative, they are escorting the infant to the vehicle in the car seat and mom is discharged masked, separate from infant. It is the most ridiculous scene I've witnessed in 30 years. I must add that with the takeover of our private rooms to COVID-19 patients, there is no ability to have spatial distancing between mother and baby in our current rooms. Breastfeeding is out the window for 1/3 of mothers."

SEPARATION - EARLY DISCHARGE - CHANGE IN VISITOR POLICIES - FEAR/UNCERTAINTY

