

UNICEF UK BABY FRIENDLY INITIATIVE

STATEMENT ON INFANT FEEDING ON NEONATAL UNITS DURING THE CORONAVIRUS (COVID-19) OUTBREAK



Updated 20 April 2021

To help health professionals continue to provide care for babies, their mothers and families during the coronavirus (Covid-19) crisis, the UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative has produced a series of statements, guidance sheets, education refresher documents, resources and frequently asked questions. This statement is intended to support best practice on neonatal units. We suggest that all practitioners also follow latest updates from the [Royal College of Paediatrics and Child Health](#) and the [World Health Organization \(WHO\)](#). As the current crisis continues, strategies will be needed to ensure that services which have been stopped or amended are not lost, but instead are reinstated and/or reimagined based on the best possible evidence.

Use of breastmilk and breastfeeding

There is a wealth of evidence that breastmilk and breastfeeding reduce the risk of babies developing infectious diseases. There are numerous live constituents in breastmilk, including immunoglobulins, antiviral factors, cytokines and leucocytes that help to destroy harmful pathogens and boost the baby's immune system. [There is evidence](#) to suggest that mothers infected with Covid-19 and mothers who have received a Covid-19 vaccine pass their antibodies to the virus into their breastmilk, suggesting protective effects for their baby.

Babies born sick and / or preterm are vulnerable, and breastmilk can help to protect them from harmful diseases such as respiratory infections and necrotising enterocolitis. In addition, breastmilk 'primes' the immature baby's gut, helping it to mature and develop. Therefore, considering the protection that breastmilk and breastfeeding provide and the minimal role they play in the transmission of respiratory viruses, it is vital that we do all we can to continue to promote, protect and support breastfeeding for all sick and preterm babies either in transitional or neonatal care.

To facilitate expressing and breastfeeding, mothers and babies should be enabled to stay together as much as possible, to have skin-to-skin contact, to have regular skilled assessments of – and support with – expressing, to feed responsively when possible and to have access to ongoing support when this is needed.

When babies are receiving milk, mothers should be encouraged to maximise the amount of expressed breastmilk (EBM) they are able to provide. When babies can breastfeed, mothers should be encouraged to give as many feeds as possible. If mothers are considering stopping expressing or breastfeeding, it is worth having a sensitive conversation about the value of continuing during the Covid-19 outbreak. Advocating for the use of infant formula to facilitate earlier discharge should be discouraged. Support should be provided to encourage mothers to breastfeed or provide EBM for as long as possible for the baby's health and wellbeing during the Covid-19 outbreak.

At present, there is no conclusive evidence that the Covid-19 infection is transmitted through breastmilk. Infection can be spread to the baby in the same way as to anyone else. Everyone should be encouraged to:

- wash their hands before touching the baby, breast pump or bottles

- clean the breast pump thoroughly following local infection / Covid-19 control procedures
- clean and sterilise all feeding equipment thoroughly following local infection / Covid-19 control procedures
- express, label and store EBM as per unit guidance
- transport EBM to the neonatal unit in a clean freezer bag and an insulated bag that is thoroughly cleaned between use
- practice respiratory hygiene during cares, including when feeding, for example by avoiding coughing or sneezing on the baby and by wearing a fluid-resistant face mask, if applicable
- in addition, when the mother (or family member) has suspected or confirmed Covid-19 infection:
 - the mother should be provided with an effective breast pump to use while she cannot be with her baby on the unit
 - a plan should be put in place to transport her EBM safely to the neonatal unit
 - care should be taken to ensure that the external surface of the container is thoroughly cleaned by the person receiving the EBM in line with local infection / Covid-19 control procedures
 - the EBM should be stored separately.

Human milk is essential for preterm babies, as it significantly reduces the risk of serious complications related to prematurity in the short and long term. Mother's own milk should always be the first choice, as this is responsive to her and her baby's environment. However, if mother's own milk is not available, donor human milk is the second choice. Speak to your local breastmilk bank to assess availability. Always ensure that screening and pasteurisation processes for donor milk comply with the [NICE clinical guidelines 93](#) and [European Milk Banking Association Covid-19 guidelines](#).

Supporting close and loving relationships

Regardless of feeding method, it is essential that sick and preterm babies' profound need for emotional attachment with their parents / primary caregiver continues. [Keeping parents and babies together](#) and responding to the baby's need for love and comfort will not only enable breastmilk and breastfeeding, but will also protect the baby's short- and long-term health, wellbeing and development. In addition, this will support the mother's mental wellbeing in the postnatal period. Within the parameters of safety, enable as much touch as possible through containment holding, skin-to-skin contact and supporting communications, such as talking, reading and singing to the baby.

Parents as partners in care

Concerns about the Covid-19 outbreak have resulted in a number of restrictions and separations of parents and babies on neonatal units. Whilst the safety of babies, their parents and staff working within neonatal services is paramount, it is important to acknowledge both the short- and long-term impact that this separation may have on already vulnerable babies and their families. [Studies show](#) that separation of parents and babies compounded by babies receiving invasive interventions can result in elevated stress levels, which over time can lead to insecure early attachment, poorer neurological outcomes, lower immunity and a potential impact on parental mental health and wellbeing.

The UNICEF UK Baby Friendly Initiative neonatal standards recognise this and promote the role of parents as partners in the care of their baby to help support improved outcomes for babies and their families. This includes being actively involved in caregiving and advocating

for their baby. When planning for infection control during the Covid-19 crisis, it is important to consider the negative impact of separating parents and babies and how this can be minimised whilst maintaining safety for families and staff. It is suggested that:

- [the same arrangements](#) for testing should be offered to parents as are applied to staff
- parents are not treated as visitors, but are able to advocate for and [participate fully in their baby's care](#)
- units do all that they can to enable parents to be present on the unit at all times
- staff check regularly on how parents are coping with the stress of the situation and acknowledge their anxieties – referral for additional support may be necessary.

When should parents wear face masks?

Early attachment between the mother (and/or other parent) and baby is critically important for a baby's wellbeing and development. It is important to support new mothers to keep their babies close to them so that they can respond instinctively through gazing, stroking and talking. Infant cues such as smiling, crying or other facial expressions are powerful motivators of maternal behaviour, helping the mother to communicate and form attachments with her baby. In response, the baby learns to recognise his mother's face, posture, tone of voice and to form a secure attachment. The baby's brain grows rapidly from birth, and at one year will have developed 70 per cent of its 'wiring' for the future and 90 per cent by age three. The development of positive neural pathways is significantly impacted by early parent-infant relationships.

With this in mind and based on the latest review of the evidence ([Renfrew et al, 2020](#)), we recommend that **parents who are asymptomatic are not required to wear a mask when interacting with their baby**. If a mother/parent has suspected or confirmed coronavirus, she/he should wear a mask when handling the baby, but should be enabled to remove it and interact visually with the baby at a safe distance. When babies are being cared for on a neonatal unit, parents can be asked to wear a mask when entering and moving around the unit. However, providing that they are asymptomatic, steps should be taken to enable them to interact with their babies without wearing a mask.

You can also find more information at:

- [Royal College of Paediatric and Child Health](#)
- [BAPM Perinatal Covid-19 Resources](#)

UNICEF UK BABY FRIENDLY INITIATIVE RESOURCES FOR PARENTS

- [Baby Friendly support for parents](#)
- [Breastfeeding resources](#)
- [You and your baby: Supporting love and nurture on the neonatal unit](#)
- [FAQs on infant feeding and coronavirus](#)