



A breastfeeding initiative by the
OHIO HOSPITAL ASSOCIATION and
the **OHIO DEPARTMENT OF HEALTH**

OHIO FIRST STEPS



Breastfeeding & COVID-19:
What We Are Learning

10/16/2020





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OHIO HOSPITAL ASSOCIATION and
the **OHIO DEPARTMENT OF HEALTH**



INTRODUCTION

First Steps Staff:

Bre Haviland, MS, RD,
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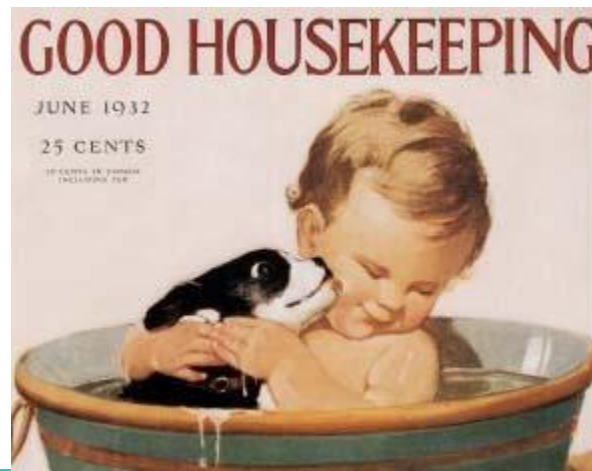
Ryan Everett, MPH



HOUSEKEEPING

We should all be experts at this by now 😊

- Attendee lines are muted, and videos are turned off
- Please use the Q&A function to ask questions
- Slides will be made available following the call – session will be recorded



Breastfeeding & COVID-19: What We Are Learning

- Intro/First Steps & Data Updates Ryan/Bre

- COVID-19 and Breastfeeding: Latest Literature Lydia Furman, MD

- COVID-19 and Post-discharge Breastfeeding Support Libby Svoboda, MEd, BSN, RN, IBCLC, FACCE

- Ohio Statewide Breastfeeding Hotline Stephanie Hutchinson, MBA, BS, IBCLC

FIRST STEPS UPDATES

Application
Updates

Renewal
Period
January 2021



OPAS

Ohio
Pregnancy
Assessment
Survey

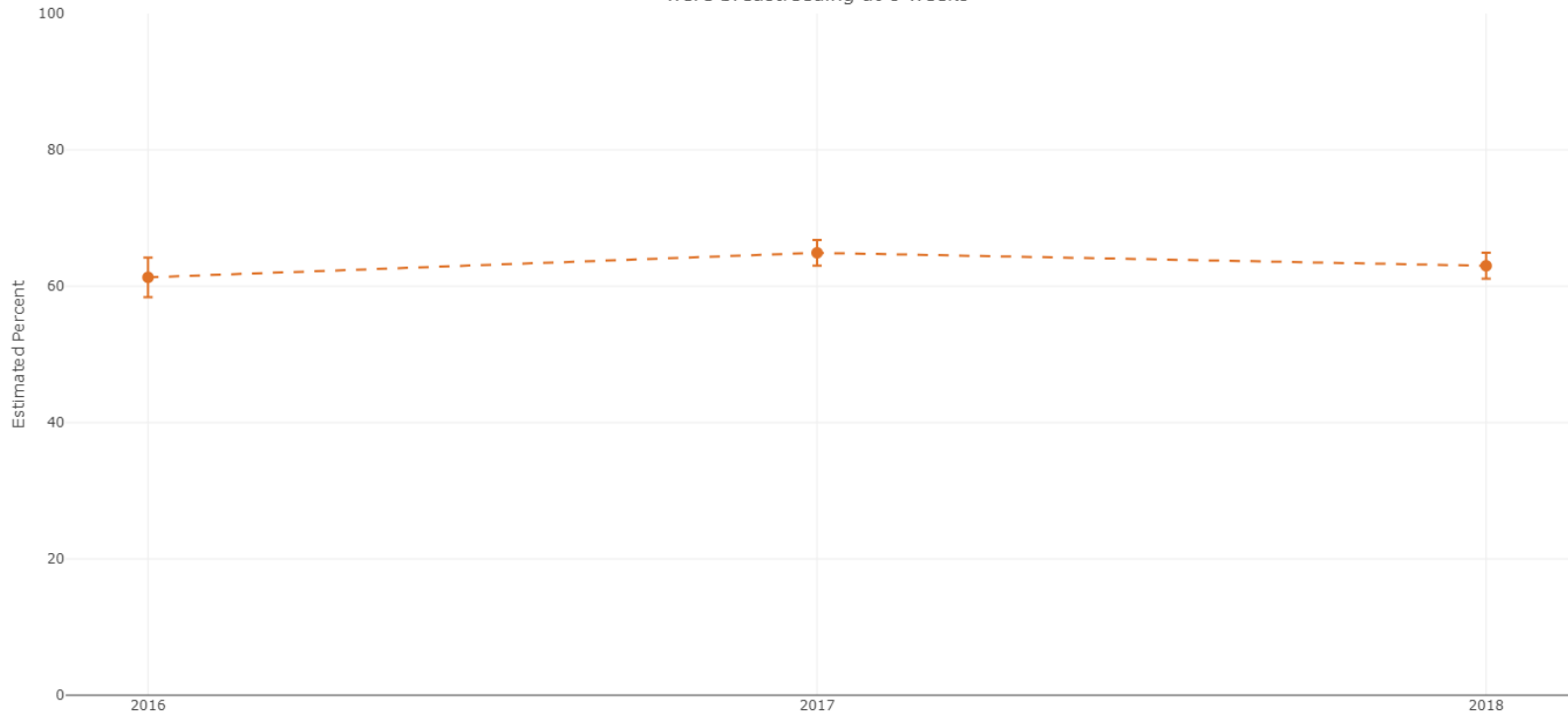
Ohio Pregnancy Assessment Survey – 216-2018

BREASTFEEDING SURVEY DATA

OPAS DATA

Breastfeeding at 8 weeks

Among women with a live birth who ever breastfed and whose baby was alive and living with them or still in the hospital, percentage who were breastfeeding at 8 weeks

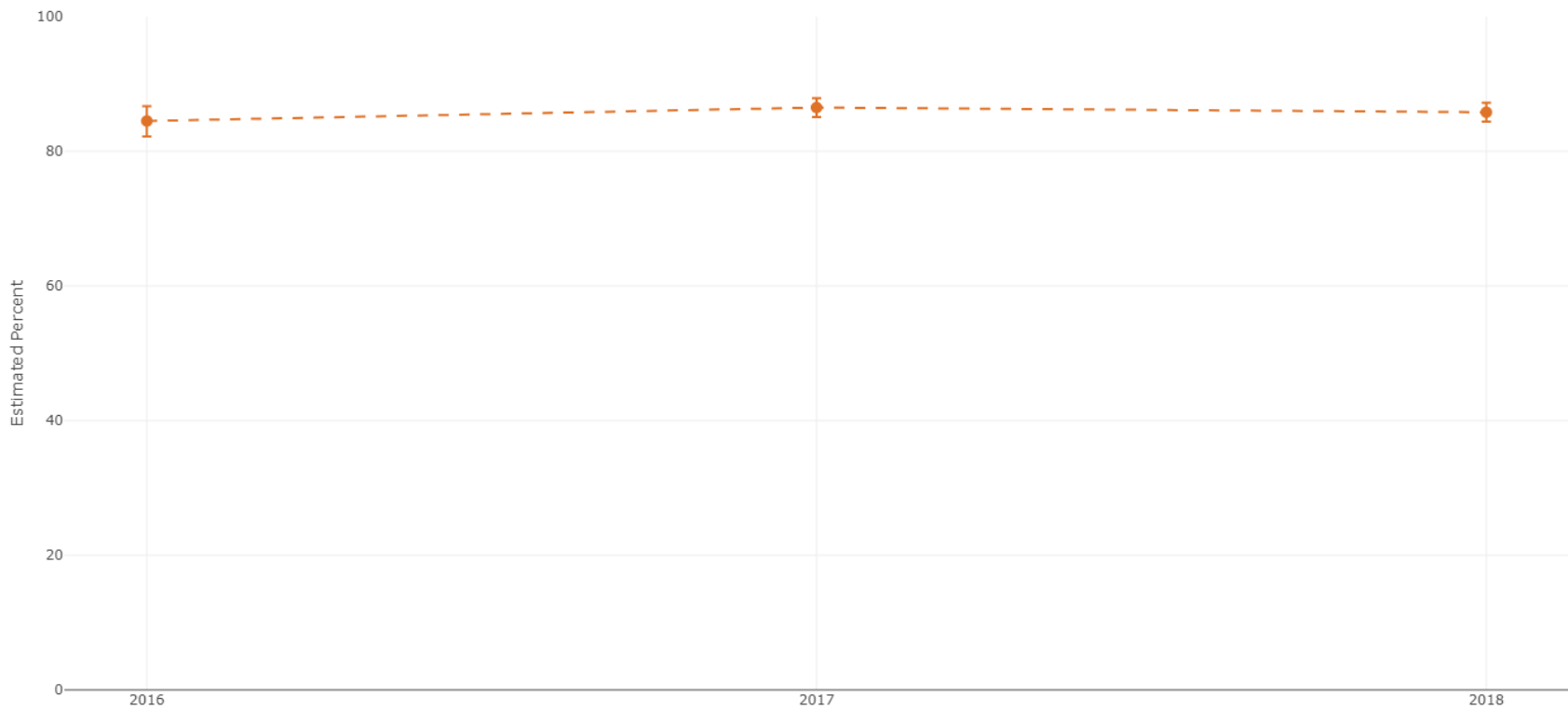


95% Confidence Intervals
Questions 61, 40, 41; OPAS Series 2016-2018

OPAS DATA

Ever breastfed

Among women with a live birth whose baby was alive and living with them or still in the hospital, percentage who ever breastfed

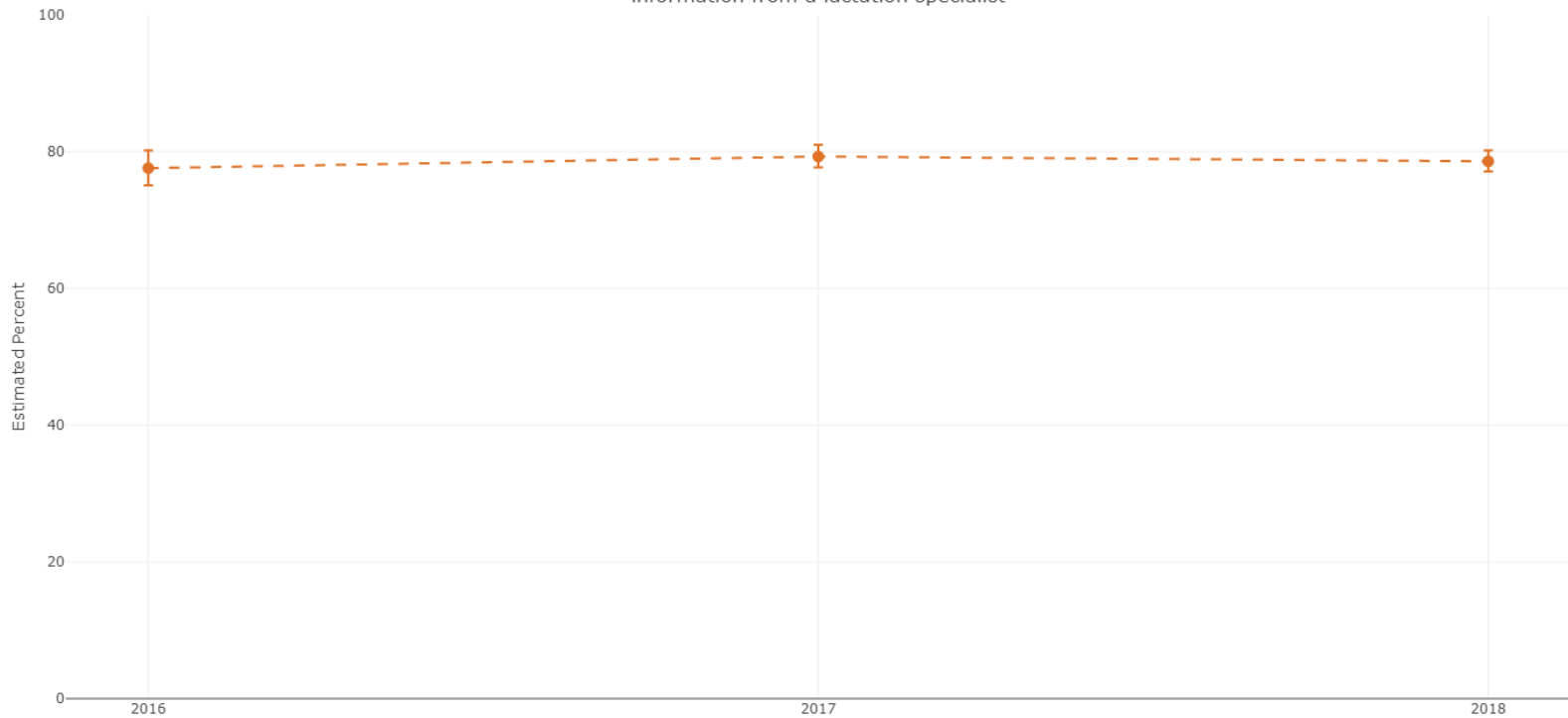


95% Confidence Intervals
Questions 59, 38, 39; OPAS Series 2016-2018

OPAS DATA

Women who received bf information from an LC

Among women with a live birth whose baby was alive and living with them or still in the hospital, percentage who received breastfeeding information from a lactation specialist



95% Confidence Intervals
Questions 58c, 37c, 38c; OPAS Series 2016-2018

OPAS DATA

Most Recent Data - 2018

Received breastfeeding information from:

- Doctor: 76.3%
- Nurse: 72.9%
- Lactation Consultant: 78.6%
- Baby's Doctor: 65.1%
- Support Group: 25.6%
- Hotline: 9.7%
- Family/Friends: 64.8%

*For moms who had ever breastfed

*Barriers Reported:

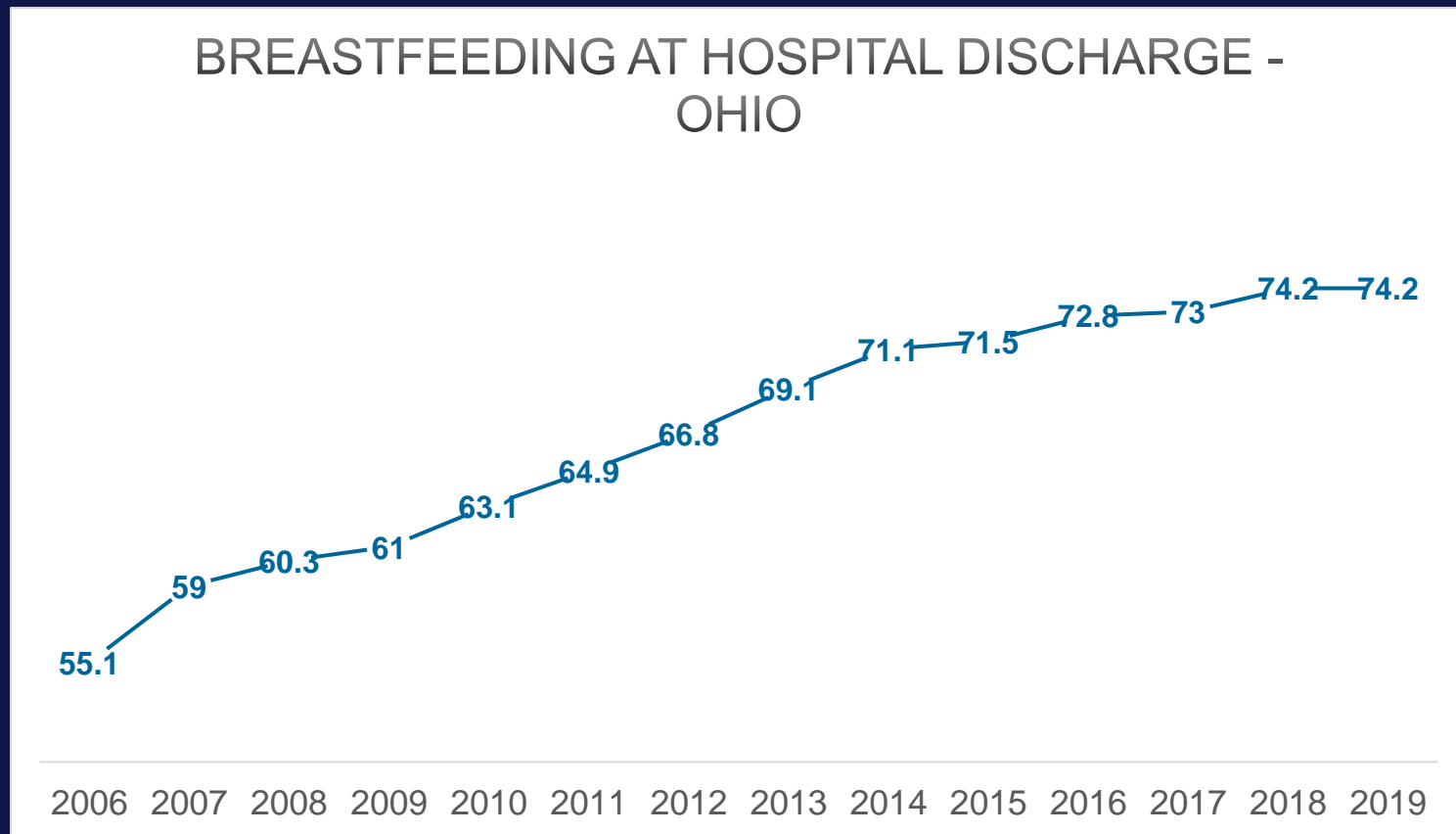
- Latching difficulties: 39.5%
- Baby not satisfied: 35.6%
- Weight gain concerns: 18.1%
- Painful: 23.8%
- Insufficient production: 62.1%
- Too many other duties: 20.4%
- Right time to stop: 10.8%
- Medical Reasons: 8.5%
- Return to work: 20.4%
- No partner support: 2%

ODH Vital Statistics Data

HOSPITAL BREASTFEEDING DATA

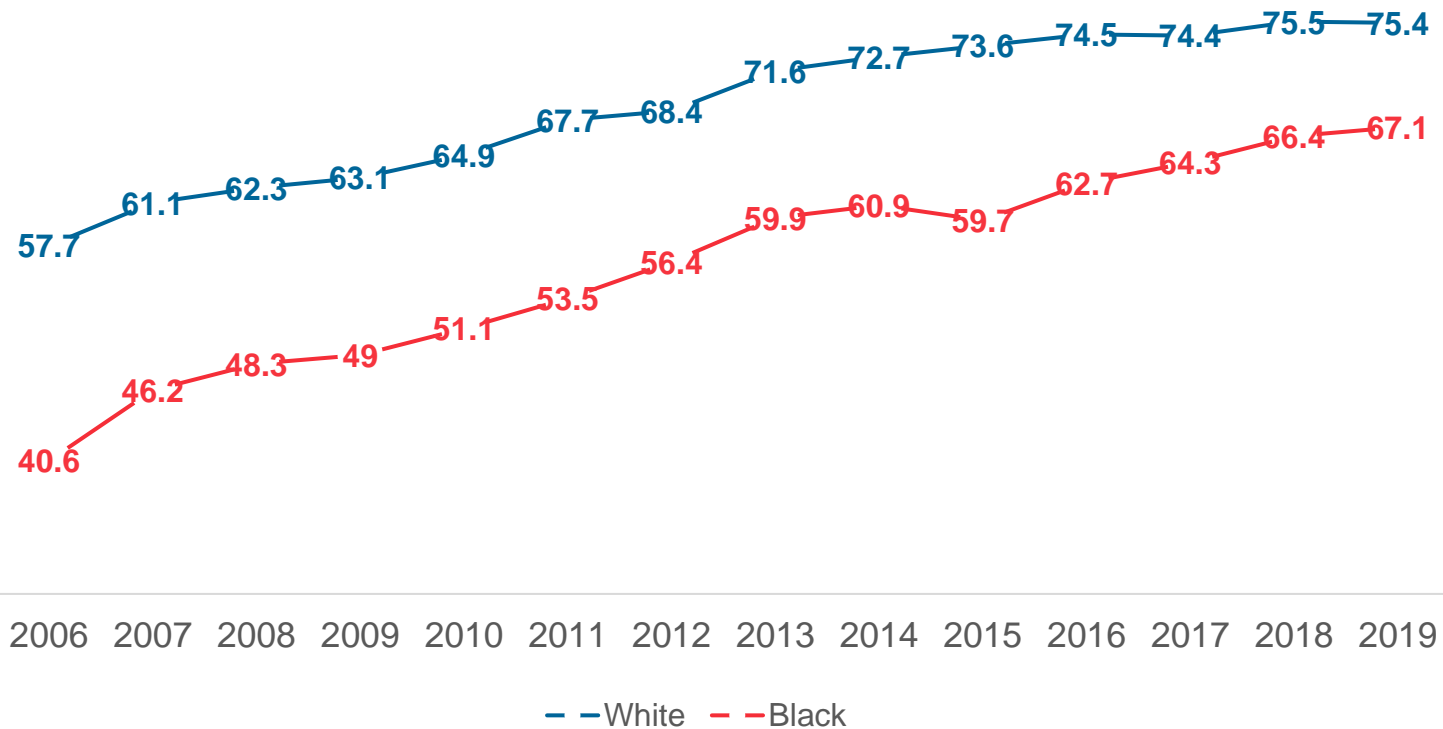
ODH VITAL STATISTICS

Breastfeeding at Discharge



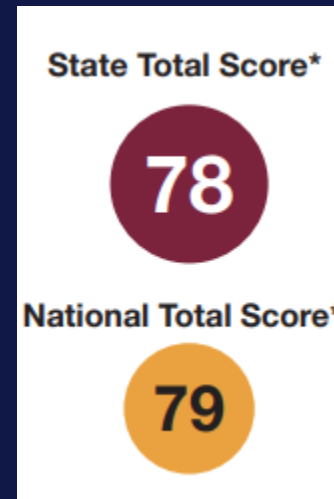
ODH VITAL STATISTICS

Breastfeeding at Discharge – By Race





mPINC Data



CDC HOSPITAL REPORTED DATA

HOW IS OVERALL HOSPITAL PARTICIPATION?



Recognized hospitals:
87 hospitals (87%)



+ Bag Free recognized hospitals:
90 hospitals (90%)

+ Hospitals who are using First Steps materials or attended trainings



99%





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the **OHIO DEPARTMENT OF HEALTH**

Thank you!

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 [HelpingOhioHospitals](#)

 [@OhioHospitals](#)

 www.youtube.com/user/OHA1915

SARS-CoV-2 and Breastfeeding

Lydia Furman MD FAAP

Rainbow Babies and Children's Hospital, Cleveland OH



Disclosures and Information



- I have no financial conflicts of interest
- I am an Associate Editor for *Pediatrics*
- I am a general pediatrician, and not an IBCLC, Obstetrician, Neonatologist or Newborn Nursery staff
- My academic interest is breastfeeding and racial health equity
- I am focusing on breastfeeding and COVID-19, not obstetrical management of mothers
- Use of organizational logos on slides is not intended to imply endorsement but rather indicate the source of the information

<https://www.thetot.com/mama/legal-rights-for-the-breastfeeding-mother/>

Definitions for us

- COVID-19 – Corona virus disease 2019, a contagious respiratory illness
- SARS-CoV-2 - Severe Acute Respiratory Syndrome Coronavirus 2
- RT-PCR – Reverse transcription polymerase chain reaction, which is a laboratory method of identifying SARS-CoV-2
- WHO- World Health Organization
- CDC – Centers for Disease Control and Prevention (USA)
- AAP – American Academy of Pediatrics
- ACOG – American College of Obstetricians and Gynecologist

<https://www.webmd.com/lung/coronavirus>



Learning Objectives

- To provide a framework for recommendations about breastfeeding and COVID-19
- To compare the recommendations of professional organizations relative to breastfeeding and COVID-19 – the learner will be able to define the key features of each policy
- To learn about new research relative to SARS-CoV-2 and breastfeeding
- To list elements of a possible evidence-based breastfeeding policy relative to SARS-CoV-2



<http://iu.english.ucsb.edu>

Recommendations: what should we consider?

- “...Recommendations on mother-infant contact and breastfeeding must be based on a full consideration of not only of the potential risks of COVID-19 infection of the infant, but also the risks of morbidity and mortality associated with not breastfeeding, the inappropriate use of infant formula milks, as well as the protective effects of skin-to-skin contact...”[1]

[1] World Health Organization. Breastfeeding and COVID-19. Scientific Brief.

<<https://www.who.int/news-room/commentaries/detail/breastfeeding-and-covid-19>> Accessed 9/29/2020.



Key Background from the CDC

- “...Transmission of SARS-CoV-2, the virus that causes COVID-19, to neonates is thought to occur primarily through respiratory droplets during the postnatal period when neonates are exposed to mothers or other caregivers with SARS-CoV-2 infection...”
- “...Rates of SARS-CoV-2 infection in neonates do not appear to be affected by mode of delivery, method of infant feeding, or contact with a mother with suspected or confirmed SARS-CoV-2 infection...”
- In general, mothers with suspected or confirmed SARS-CoV-2 infection and their neonates should be isolated from other healthy mothers and neonates and cared for according to recommended [infection prevention and control practices](#) for routine healthcare delivery. If a neonate does not remain in the mother’s room, facilities should consider the institution’s capacity and resources as well as the potential risk of SARS-CoV-2 transmission to other high-risk neonates
- Isolating infants with suspected or confirmed SARS-CoV-2 infection in a Neonatal Intensive Care Unit (NICU) should be avoided unless the neonate’s clinical condition warrants NICU admission...”

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html>

Recommendations from the CDC - Rooming in

- “...Early and close contact between the mother and neonate has many well-established benefits. The ideal setting for care of a healthy, term newborn while in the hospital is in the mother’s room, commonly called “rooming-in.” Current evidence suggests the risk of a neonate acquiring SARS-CoV-2 from its mother is low. Further, data suggests that there is no difference in risk of SARS-CoV-2 infection to the neonate whether a neonate is cared for in a separate room or remains in the mother’s room.
- There is, however, a potential risk of SARS-CoV-2 transmission to the neonate via contact with infectious respiratory secretions from the mother, caregiver, or other person with SARS-CoV-2 infection, including just before the individual develops symptoms when viral replication may be high. As such, all caregivers should practice infection prevention and control measures (i.e., wearing a mask, practicing [hand hygiene](#)) before and while caring for a neonate...”
- **Summary: Rooming in is encouraged and there is no evidence to support separation of the mother-infant dyad.** Shared decision making is optimal.

Recommendations from the CDC - Breastfeeding

- **“...Breast milk is the best source of nutrition for most infants. We do not know whether mothers with COVID-19 can transmit the virus via breast milk, but the limited data available suggest this is not likely.**
- Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and healthcare providers.
- A mother with confirmed COVID-19 should be counseled to take precautions to avoid spreading the virus to her infant, including [handwashing](#) and [wearing a cloth face covering](#)...”
- “...These considerations are based upon the limited evidence available to date about transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19...
- Breast milk is the best source of nutrition for most infants, and it provides protection against many illnesses. There are [rare exceptions when breastfeeding or feeding expressed breast milk is not recommended](#). We do not know whether mothers with COVID-19 can transmit the virus via breast milk, but the limited data available suggest this is not likely to be a source of transmission...” [we will address this shortly right here in this presentation!]



Recommendations - WHO

- **“WHO recommends that mothers with suspected or confirmed COVID-19 should be encouraged to initiate or continue to breastfeed. Mothers should be counselled that the benefits of breastfeeding substantially outweigh the potential risks for transmission.”**⁴
- **Mother and infant should be enabled to remain together while rooming-in throughout the day and night and to practice skin-to-skin contact, including kangaroo mother care, especially immediately after birth and during establishment of breastfeeding, whether they or their infants have suspected or confirmed COVID-19.”**
- Based on – “...A living systematic review of evidence that followed the procedures of the Cochrane handbook for systematic reviews of interventions was carried out with the latest search done on 15 May 2020 to identify studies including mothers with suspected or confirmed COVID-19 and their infants or young children.”⁵
- Limitations – “To date, studies of mother-infant dyads with data on feeding practices and COVID-19 infection have come from case reports, case series or a report of a family cluster. Other study designs such as cohort studies or case-control studies were eligible for inclusion, but none were identified. We are thus unable to measure and compare risks of infection based on feeding practices...”



Recommendations - ACOG

- “...Breastmilk provides protection against many illnesses and there are few contraindications to breastfeeding ([Committee Opinion 756](#), [CDC's Pregnancy and Breastfeeding](#)). It is not known whether COVID-19 can be transmitted through breastmilk, or if any potential viral components, if transmitted, are infectious...[see below – we do have some information on this] Therefore, suspected or confirmed maternal COVID-19 is not considered a contraindication to infant feeding with breastmilk at this time.”
- “...However, individuals with suspected or confirmed COVID-19 can transmit the virus through respiratory droplets while in close contact with the infant, including while breastfeeding....”
- Breastmilk expression with a manual or electric breast pump. This includes the importance of proper hand hygiene before touching any pump or bottle parts [and pump cleaning] ... If possible...consider having someone who does not have suspected or confirmed COVID-19 infection and is not sick feed the expressed breastmilk to the infant...
- A mother with suspected or confirmed COVID-19 who wishes to breastfeed her infant directly should take all possible precautions to avoid spreading the virus to her infant, including hand hygiene and wearing a mask or cloth face covering, if possible, while breastfeeding.... ”
- **Summary: Breastfeeding is conservatively encouraged with caveats and emphasis on shared decision making.**

Recommendations from AAP – Rooming in

- The AAP issued an interim “guidance” with FAQs which is not a Policy statement; revisions have updated the information already (in a breastfeeding-supportive direction).
- “...Delayed cord clamping practices and skin-to-skin care in the delivery room should continue per usual center practice. Mothers with COVID-19 should use a mask while holding their baby...”
- “...Among the over 3,000 mother-infant dyads in the National Perinatal COVID-19 Registry, the likelihood that an infant has a positive PCR test for SARS-CoV-2 is similar for infants who are separated from their mothers and for infants who room-in with mothers using infection prevention measures. Families can now be informed that evidence to date suggests that the risk of the newborn acquiring infection during the birth hospitalization is low when precautions are taken to protect newborns from maternal infectious respiratory secretions. This risk appears to be no greater if mother and infant room-in together using infection control measures compared to physical separation of the infant in a room separate from the mother. A mother who is acutely ill with COVID-19 may not be able to care for her infant in a safe way. In this situation, it may be appropriate to temporarily separate mother and newborn or to have the newborn cared for by non-infected caregivers in mother’s room.
- Currently we recommend the following for care of mothers with confirmed or suspected COVID-19 and their well newborns: Mothers and newborns may room-in according to usual center practice....”

American Academy
of Pediatrics



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Recommendations from AAP – Breastfeeding

- “...The AAP strongly supports breastfeeding as the best choice for infant feeding. Several published studies have detected SARS-CoV-2 nucleic acid in breast milk. Currently, however, viable infectious virus has not been detected in breast milk. One study demonstrated that pasteurization methods (such as those used to prepare donor milk) inactivate SARS-CoV-2. It is not established whether protective antibody is found in breast milk. Given these findings and uncertainties, direct breastfeeding is not contraindicated at this time.
- Mothers should perform hand hygiene before breastfeeding and wear a mask during breastfeeding.
- If an infected mother chooses not to nurse her newborn, she may express breast milk after appropriate hand hygiene, and this may be fed to the infant by other uninfected caregivers.
- Mothers of NICU infants may express breast milk for their infants during any time that their infection status prohibits their presence in the NICU. Centers should make arrangements to receive this milk from mothers until they are able to enter the NICU....”

American Academy
of Pediatrics



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A quick look at the literature

https://www.babycenter.com/0_baby-care-traditions-in-hispanic-culture_3654465.bc

Will breast milk from a mother with COVID-19 be infected with SARS-CoV-2? Evidence to date says “no”

- Laboratory evidence suggests “no”
 - Background: SARS-CoV-2 needs both an ACE2 (angiotensin converting enzyme2) receptor and a cell protease (TMPRSS2, CTSB, or CTSL) for the “unlocking” that permits viral cell entry. Without entry, there is not cell infection.
 - Goad et al. (*bioRxiv pre-print 2020*) looked at mammary (breast) luminal epithelial cells (as well as other female reproductive tract cells – see article) which is where milk is manufactured.
 - None of the mammary epithelial cells expressed both the ACE2 receptor and a protease
 - This means there is no route for SARS-CoV-2 to enter the cell and infect it.
 - This data suggests that breast milk cannot become infected by SARS-CoV-2

<https://www.medicalnewstoday.com/articles/319424>



Will breast milk from a mother with COVID-19 be infected with SARS-CoV-2? Evidence to date says no...

- Chambers et al. (*JAMA*, 2020) examined 64 milk samples from 18 women who were SARS-CoV-2 infected before and after testing (all but one was ill)
 - Only one sample had detectable SARS-CoV-2 by RT-PCR
 - This sample and 26 others from 9 of the women were cultured for live virus – none of the cultures were positive
 - This suggests that viral “shells” may pass through, but these are not infectious or live viral particles
- WHO conducted a systematic review of the literature (WHO, Scientific Brief, 2020)
 - Of 46 women with COVID-19 disease whose milk was tested, 43 were negative, and 3 had particles detected by RT-PCR
 - One of the 3 infants was positive for SARS-CoV-2 but feeding and preventive practices were not reported
- Preterm infants
 - Inadvertent feeding of SARS-CoV-2-positive milk to a 32 week 1614 gram infant led to no infection (Lugli, *Pediatr* 2020)
 - Of 45 COVID+ women, 7 premature infants received breast milk and none became ill or positive (Patil, *J Perinatol* 2020)

Summary - a “living” systematic review confirms above

- Centeno-Tablante et al. conducted a systematic review including 340 records, 37 with breast milk samples and 303 without.
 - **Study type** – “any” so included case reports
 - **Participant definition** – “...Pregnant or lactating women with suspected, probable, or confirmed SARS-CoV-2 infection as well as their infants or young children (0–24 months of age) regardless of breastfeeding status, with suspected or confirmed SARS-CoV-2 infection, were eligible for inclusion....”
 - **Exposure definition** - ”...Apparently healthy infants or young children consuming breast milk directly from the breast or expressed breast milk from a woman with confirmed SARS-CoV-2 infection were considered exposed....”
 - **Outcome** – “...The primary outcome was any infant with suspected, probable, or confirmed SARS-CoV-2 infection within 30 days of breastfeeding or receiving expressed breast milk from a woman with a suspected, probable, or confirmed SARS-CoV-2 infection....”
 - **Conclude** – risk of bias due to publication bias, paucity of detail, but,
- **Summary from abstract:** “...Currently, there is no evidence of SARS-CoV-2 transmission through breast milk....”

Additional clinical studies affirm these findings

- A retrospective cohort analysis from Manhattan NY including all newborns born to mothers who tested positive for or with suspected SARS-CoV-2 infection at the NewYork–Presbyterian Morgan Stanley Children’s Hospital and NewYork–Presbyterian Allen Hospital from 3/13/20-4/24/20. (Dumitriu et al JAMA 2020).
- 101 infants of 100 symptomatic mothers with positive (99) or suspected (1) SARS-CoV-2 infection, of whom 82 went to the well nursery and 19 went to the NICU (unrelated to COVID) had 141 SARS-CoV-2 tests (each had at least one). Mothers masked and practiced hygiene; most infants had vaginal delivery, skin-to-skin post-delivery, roomed in, & breastfed directly.
- **Key Points:** “**Findings:** In this cohort analysis of the first 101 neonates born to mothers with perinatal SARS-CoV-2 infections at a single institution, 2 (2.0%) had positive test results for SARS-CoV-2, but none had clinical evidence of coronavirus disease 2019 (COVID-19), despite most infants rooming-in with mothers and direct breastfeeding. Fifty-five infants were followed up in the first 2 weeks of life in a new COVID-19 Newborn Follow-up Clinic, all of whom remained healthy...”
- **Meaning** These findings suggest that during the COVID-19 pandemic, separation of affected mothers and newborns may not be warranted, and direct breastfeeding appears to be safe.”

Should breast milk from a mother with COVID-19 be expressed? pasteurized?

- **Women who are too ill to breastfeed directly, or have premature infants who cannot breastfeed directly, can express their milk for their infant**
 - Women who are well enough to feed directly do not need to express milk for others to feed the infant
- Pasteurization is known to inactivate MERS and SARS viruses and evidence is shortly coming that same is true for SARS-CoV-2
- **However, pasteurization is not a recommended practice in this setting**
 - Pasteurization has a negative effect on secretory IgA function and activity, which are protective antibodies (Peila et al., *Nutrients*, 2016)
 - There is early evidence that breast milk of women who were/are infected with SARS-CoV-2 contains antibodies to COVID (secretory IgA specifically) (Dong et al., *Emerg Microbes Infect.* 2020 and Fox, et al., *medRxiv* 2020)
 - These would likely be protective to the infant



Potential Recommendations based on Evidence and Guidance Presented

- For mothers who are SARS-CoV-2 + and mildly to even moderately ill
 - Mask and hand hygiene for all baby care
 - Skin to skin in the delivery room is recommended
 - Rooming in is recommended
 - Breastfeeding including nursing directly at the breast is recommended
- For mothers who are SARS-CoV-2 + and very ill
 - Infant care depends on mother's desire and ability
 - Mask and hand hygiene for all baby care
 - Express breast milk if possible for a family member/partner to give to baby
- Do not pasteurize/heat treat breast milk from mothers with COVID-19
- These recommendations are my opinion based on the Professional Recommendations presented above, and are not intended to represent the views of First Steps, ODH, OHA or my home institution

<https://www.moneycrashers.com/benefits-breastfeeding-mother-baby-tips/>

References – source documents for Recommendations

- World Health Organization. Breastfeeding and COVID-19. Scientific Brief. <<https://www.who.int/news-room/commentaries/detail/breastfeeding-and-covid-19> > Accessed 9/29/2020.
- Centers for Disease Control and Prevention. Care for Breastfeeding Women, Interim Guidance on Breastfeeding and Breast Milk Feeds in the Context of COVID-19. Updated June 9, 2020. <<https://www.cdc.gov/coronavirus/2019-ncov/hcp/care-for-breastfeeding-women.html> > Accessed 9/29/2020.
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- American Academy of Pediatrics Interim Guidance. FAQs: Management of Infants Born to Mothers with Suspected or Confirmed SARS-CoV-2 Infection, updated 9/10/2020. <<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/faqs-management-of-infants-born-to-covid-19-mothers/>> Updated 9/10/20, Accessed 9/29/2020.
- American Academy of Pediatrics Interim Guidance. Breastfeeding Guidance Post Hospital Discharge for Mothers or Infants with Suspected or Confirmed SARS-CoV-2 Infection, updated 9/18/2020. <<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/breastfeeding-guidance-post-hospital-discharge/>> Updated 9/10/20, Accessed 9/29/2020

References – source documents for Literature review

- Goad J, Rudolph J, Rajkovic A. Female reproductive tract has low concentration of SARS-CoV2 receptors. *bioRxiv* [Preprint]. 2020 Jun 22:2020.06.20.163097. doi: 10.1101/2020.06.20.163097. PMID: 32607512; PMCID: PMC7325285.
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References continued

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Breastfeeding Consultations and Support for Mothers & Babies

University Hospitals Lactation Services provide assistance to mothers and babies in Northeast Ohio who need a little extra help with breastfeeding. At every UH breastfeeding center, certified lactation consultants are available to work with you and your infant to ensure a successful and satisfying experience.

Options for Breastfeeding Support

Once you and your baby are home, our International board-certified lactation consultants can offer comprehensive breastfeeding support in several different ways:

Phone advice or in-person appointment (Monday – Friday, 9 a.m. – 4 p.m.)

Call lactation services at either UH MacDonald Lactation Center at University Hospitals Landerbrook Health Center at 440-995-3830 or University Hospitals Westlake Health Center at 440-250-2035 for phone advice or to schedule an in-person appointment.

In-person breastfeeding support services are available at the following locations:

University Hospitals MacDonald Women's Hospital
UH Rainbow Center for Women & Children
UH Landerbrook Health Center
UH Westlake Health Center

Tele-lactation virtual visit: In addition to our phone and in-person breastfeeding support, mothers can now conveniently access breastfeeding assistance from home. This virtual conversation with a certified lactation consultant assists breastfeeding mothers in their homes, via secure online two-way video on your personal device such as tablet or smartphone.

To find out more about our breastfeeding services, refer to:

<https://www.uhhospitals.org/services/obgyn-womens-health/patient-resources/pregnancy-resources/breastfeeding>

Call UH Lactation Services at 440-995-3830 with any additional questions or to schedule an appointment. You can speak to one of our lactation consultants, who will help determine the best type of visit for you and your baby.

Mom and Baby Too!

Make a new friend! Exchange parenting ideas and survival tips. An informal discussion group for expectant and new mothers, babies, and support person/s covering topics of special interest to new parents. Led by RN-Certified Lactation Consultant. No fees. 3 weekly support groups now being offered as "virtual discussion groups". Participants will be able to join using a phone, tablet or computer. Please call UH Lactation Services (phone numbers above) to receive virtual group access (phone meeting number and access code).



Welcome to the Lactation Room



This room is reserved for lactation use.



Please wear a mask at all times, practice social distancing (maintain 6 feet between pumping stations), and wash hands at sink or use hand sanitizer when entering room and after expressing.



Please disinfect hospital grade pump and furniture before and after each use including dials and power switch wearing disposable gloves with Sani-top wipes (purple top container) provided. Surfaces must remain wet for 2 min.



Questions? Issues? Please leave a message for the lactation team 216-844-7975

COVID 19 & LACTATION WORKPLACE SPACES RESOURCES

- <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/maternal-or-infant-illnesses/covid-19-and-breastfeeding.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- <http://californiabreastfeeding.org/focus-areas/covid-19-coronavirus/webinar-can-i-still-pump-at-work-pandemic-considerations-for-lactating-workers-in-california/>
- UNC Greensboro: The Department of Public Health Education at the University of North Carolina Greensboro updated their "[Recommendations and Considerations for the Use and Cleaning of Lactation Rooms During the COVID-19 Pandemic](#)." The publication includes recommendations to address air quality and flow in lactation spaces, cleaning, and behavior.

Ohio Statewide 24- Hour Breastfeeding Hotline

STEPHANIE HUTCHINSON, MBA, BS, IBCLC

FOUNDER AND PRESIDENT, APPALACHIAN BREASTFEEDING NETWORK (ABN)

OHIO STATEWIDE 24-HOUR BREASTFEEDING HOTLINE ADMIN

OHIO STATEWIDE BREASTFEEDING HOTLINE

FREE. ANSWERED BY LACTATION PROFESSIONALS 24/7

888-588-3423



FUNDED BY OHIO DEPARTMENT OF HEALTH

Grant Details

- March 1, 2020 – September 30, 2021
- Funded by ODH – MCH
- 24 Hour Hotline with translation and video capability
- This is a HOTline, not a warmline
- Anyone can call – free for callers
- Including HCPs and LCs

ABN's Hotline History

- First pilot in 2017 for 3 months
- In 2018, second pilot for 6 months
- Hotline operators so dedicated in time of lack of funding, continued to operate hotline voluntarily
- Currently funded until September 30, 2021

Hotline Staff

- All Staff Members must hold a valid lactation certification and liability insurance
- Currently there are 16 staff members
- 6 are IBCLCs
- 10 hold either a CLC or CLS certification (some hold both!)
- ABN offers training opportunities to continuously keep staff up to date
- Staff lives all across the state, encompasses many different cultures, regions for comprehensive representation

Hotline Operations

- All Staff Members must answer each call.
- At all times we have one person on call and one person as back-up
- An admin will be on call 24/7 as well as an IBCLC on call.
- Hotline operators must fill out proper documentation which is encrypted to gather data
- Motto is “Listen, Support, Refer”



LISTEN. SUPPORT. REFER.

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Approved Resources

- Ohio Breastfeeding Alliance Database
- ABN Lactation Resource Database
- Dr. Thomas Hale's Medications and Mother's Milk
- E-lactancia.org
- Kellymom.com
- ODH
- CDC
- WHO

Referral Protocols

Vocalink – Contracted language line that also provides ASL translation

IBCLC on call 24/7

Soft Referrals

Data

146 total calls
81 inbound calls
65 follow up calls

March

229 total calls
123 inbound calls
105 follow up calls

April

231 total calls
117 inbound calls
114 follow up calls

May

244 total calls
138 inbound calls
105 follow up calls

June

362 total calls
210 inbound calls
152 follow up calls

July

August/September

August

685 Total Calls

401 Incoming Calls

284 Follow Up Calls

September

488 Total Calls

289 Incoming Calls

199 Follow Up Calls

A look at October so far...

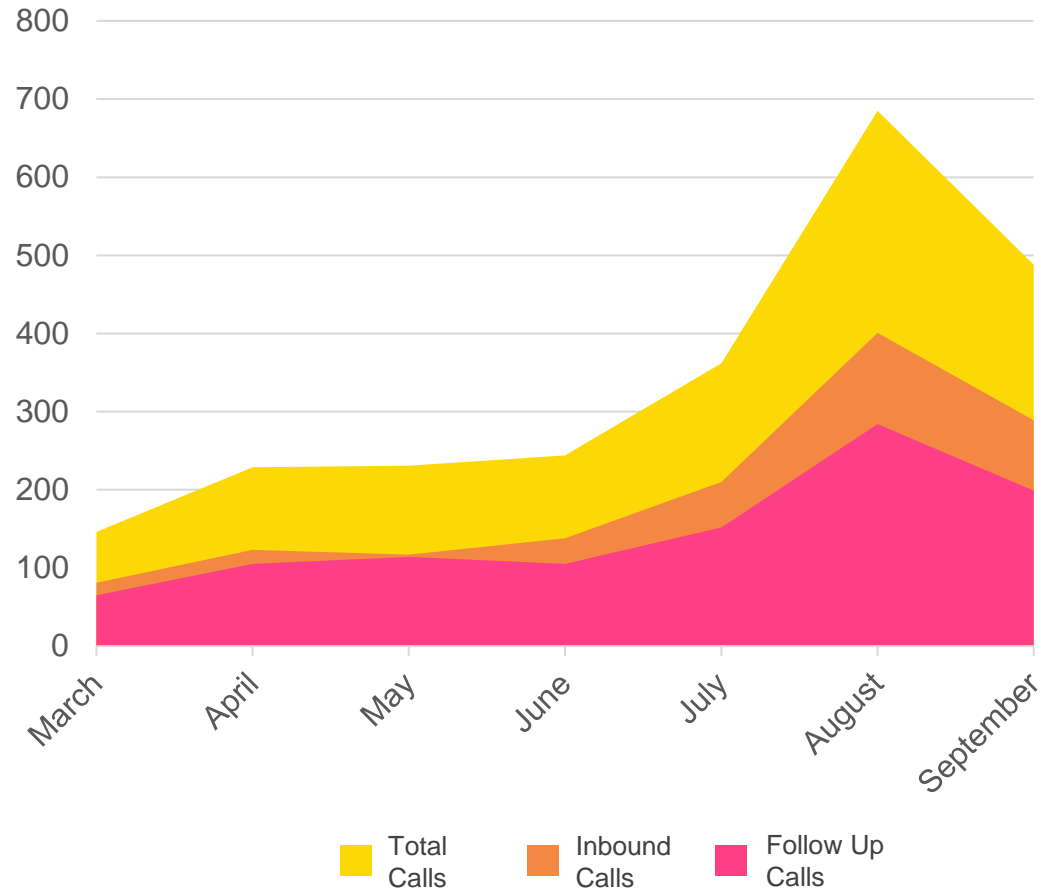
October

414 Total Calls

262 Incoming Calls

152 Follow Up Calls

A Breakdown



After Hours Calls in September

62.4%

In July, our after-hours calls were 62.4% of all calls. *After-hours calls are defined as in between the hours of 4 pm and 8 am.

August's Increase

29%

August consisted of 29% of all calls this grant period thus far, despite being the 6th month of operation.

Since March

2,385 calls

From March to September, the hotline has completed 2,385 calls over a 7 month period. August had the largest number of calls at 685 total calls.

Average Calls Per Day

11.14 calls per day

22.09 calls per day in August!

Top Three Insurance Type

1. Ohio Medicaid
2. Private Insurance through Employer
3. Tricare (Military)

Marketing

- Business cards with info sent to all WIC offices in Ohio, along with many birthing hospitals in Ohio.
- More business cards have been sent by request
- 3-month billboard in Portage County (organized by Portage County WIC)
- Facebook
- Instagram
- Twitter
- Google
- Car magnets on staff member cars
- Word of mouth/conferences/trainings

Reporting

- Monthly reports are sent to ODH
 - Include number of calls, number of after hours calls, type of insurance, and avg call time
- Meeting to discuss reports are conducted monthly
- All staff receives performance reviews quarterly
- Staff receives training/opportunities to engage quarterly following performance reviews

Types of Calls

- Low milk supply
- Baby not latching
- Medication questions
- COVID-19 questions
- Re-lactation/inducing lactation
- Possible mastitis calls
- ALL receive appropriate referrals!

Follow Up Calls

- All calls are followed up by an IBCLC within 48 hours
- Barrier – making contact with the callers after initial call
- Of those surveyed - on a scale of one to 5, one being the least satisfied and 5 being the most satisfied – ALL callers have rated the hotline a 5!

Review on Facebook

“I called this evening with some questions regarding mastitis, I didn't have to wait to speak to someone, I got my questions answered fast and was very pleased with this service. I found the number through another support group I'm a member of. I highly recommend this to anyone that might have questions.” – Jessica Y.

Questions?

THANK YOU

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