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WHO Guidance on newborn care in the context of COVID-19

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WHO website for information and guidance

Continuously updated with latest evidence

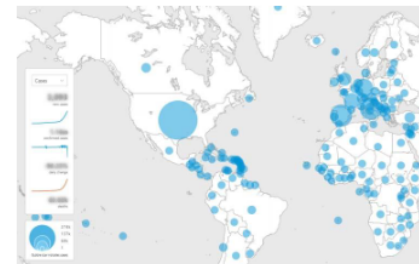


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Coronavirus disease (COVID-19) pandemic

All info here →

COVID-19 quick links	>
Scam alert	+
Advice for the public	+
Advice for health workers	+
Country & Technical Guidance	+
Situation updates	+
Research and Development	+



Coronavirus disease (COVID-19) Situation dashboard

This interactive dashboard/map provides the latest global numbers and numbers by country of COVID-19 cases on a daily basis.

For the latest on **#COVID19** watch the WHO press conference

Monday, Wednesday & Friday from 15:00 GMT at www.who.int/COVID-19

Watch the @WHO press conference for the latest updates on the global **#COVID19** response

Each Monday, Wednesday & Friday from 3pm GMT

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

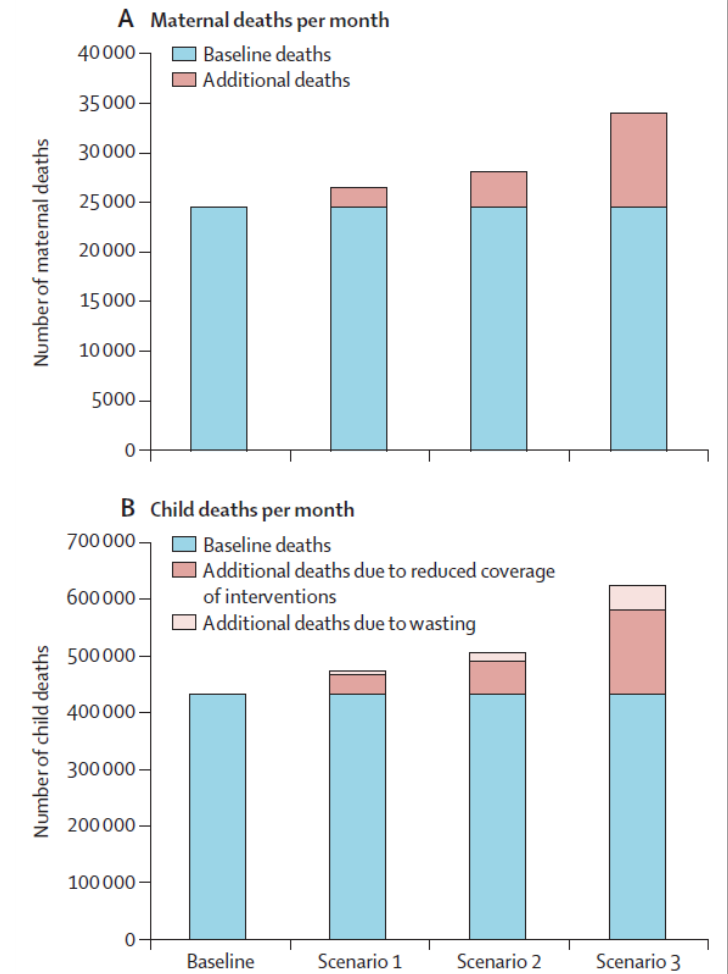
Progress toward decreasing maternal and newborn deaths and stillbirths is threatened



Pregnant women are at increased risk of mortality and negative outcomes because of reduced access to facility births / births with skilled health professionals due to deployment of staff to care for COVID patients and reduced care-seeking at health facilities due to fears about COVID-19 exposure and restrictions.

Although newborns are less likely to die from COVID they are at increased risk for mortality from other preventable and treatable conditions as access and availability to health services are disrupted due to the COVID pandemic.

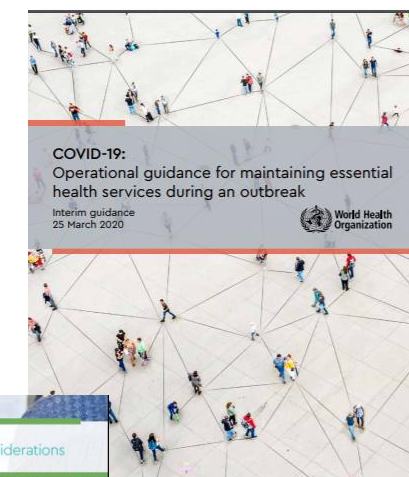
Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. *The Lancet Global Health*.



Guidance on Maintaining Essential Services



- Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic
 - Maintaining essential services: operational guidance for the COVID-19 context – Chapter 2 on life course and disease considerations
 - Clinical management of COVID-19 disease, chapter on management of pregnant or lactating women or newborns with suspected or confirmed COVID 19
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- https://www.who.int/maternal_child_adolescent/links/covid19-resources-and-support-for-mncah-and-ageing/en/





Well known benefits of no-separation and breastfeeding

- No-separation prevents hypothermia and infection and facilitates establishment of breastfeeding, bonding and attachment
- Breastfeeding protects against child morbidity and death, especially against infectious diseases
- For mothers, breastfeeding protects against breast cancer, improves birth spacing, and may protect against ovarian cancer and type 2 diabetes

What do we know about Covid-19 in newborns



- Uncertainty on possible increased risk of negative maternal or neonatal outcomes, with some cases of pre-labour rupture of membranes, foetal distress and preterm birth reported.
- No definitive evidence of vertical transmission of Covid-19.
- Infants are at low risk of infection and the few confirmed newborns with COVID-19 to date have experienced only mild or asymptomatic illness.
- Active particles of the COVID-19 virus has not been detected in the breastmilk of any mother with confirmed and suspected COVID-19 and there is no evidence so far that the virus is transmitted through breastfeeding.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Mother and infant contact regardless of COVID-19 status

- **Mothers should not be separated from their infants unless the mother is too sick to care for her baby because the benefits of no-separation largely outweigh risk of Covid-19.**
- If the mother is unable to care for the infant, another competent family caregiver should be identified.
- Mothers and infants should be enabled to:
 - practice **early and uninterrupted skin-to-skin contact**, including **kangaroo mother care**, as soon as possible after birth if infants are born preterm or low birth weight.
 - **remain together while rooming-in** through out the day and night, especially immediately after birth and during establishment of breastfeeding.

If breastfeeding is interrupted



If breastfeeding is interrupted because of maternal or baby illness

- **Mothers should be supported to express breastmilk** and the breastmilk provided safely to the infant, while applying appropriate IPC measures.
- **Mothers should be supported to breastfeed as soon as they are able** if they are not able to initiate breastfeeding during the first hour after delivery.
- **Assistance should be provided after recovery for relactation** to re-establish a milk supply and continue breastfeeding.

If a woman with **COVID-19** is too unwell to breastfeed, she can be supported to safely provide her baby with breastmilk in other ways, including by:



Expressing
milk



Relactation



Donor human
milk



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If the mother is too unwell to breastfeed or express breastmilk

- Explore the best alternatives to breastfeeding a newborn or young infant, in priority order, as follows:
 1. **Donor human milk** should be fed if available from a human milk bank
 - If supplies are limited, prioritize donor human milk for preterm and low birth weight newborns.
 2. **Wet nursing** (defined as another woman breastfeeds the child) may be an option depending on acceptability to mothers and families, availability of wet nurses and services to support mothers and wet nurses.
 - COVID-19 testing of a woman who is a potential wet nurse is not required. Prioritize wet nurses for the youngest infants.

If the mother is too unwell to breastfeed or express breastmilk... (continued)

2. **Wet nursing** in settings where HIV is prevalent:

- Prospective wet nurses should undergo HIV counselling and rapid testing where available.
- In the absence of testing, undertake HIV risk assessment, if feasible.
- If HIV risk assessment or counselling is not possible, facilitate and support wet nursing.

3. Breastmilk substitutes may be used as a last resort.



**Best practices for all
infants and young
children**

Practices during infant care if mother is COVID-19 positive

- Perform **frequent hand hygiene** with soap and water or alcohol-based hand rub, especially before contact with her child.
- Perform **respiratory hygiene**: sneeze or cough into a tissue and immediately dispose of the tissue. Hands should immediately be washed with soap and water or alcohol-based hand rub.
- **Clean and disinfect surfaces** which the mother has been in contact with.
- **Wear a medical mask** until symptoms resolution and criteria for release from isolation have been met.



Women with COVID-19 can **breastfeed** if they wish to do so. They should:



Practice respiratory hygiene and wear a mask



Wash hands before and after touching the baby



Routinely clean and disinfect surfaces



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Practices during all infant and childcare



https://www.youtube.com/watch?time_continue=6&v=OFGiy6t7k5E&feature=emb_logo

- Breastfeeding mothers should be helped to clean her chest with soap and water if she has been coughing on it before breastfeeding.
 - **A breastfeeding mother does not need to wash her breasts prior to every breastfeed.**
- **If the mother does not have a medical mask, she should still be encouraged to continue breastfeeding** as the benefits of breastfeeding outweigh the potential harms of transmission of the virus when breastfeeding while applying other IPC measures.
- **There should be no promotion of breastmilk substitutes, feeding bottles and teats, pacifiers or dummies in any part of facilities providing maternity or newborn services, or by any of the staff.**

Care of small and sick newborn possible adaptations

- Ensure parents are screened for COVID-19 before entering the NICU
 - Limit the number of caregivers providing KMC support to 1-2 persons trained in IPC with PPE
 - Develop strategies to enable support to continue KMC at home
 - Consider early discharge with follow-up of stable PT and LBW infants
- Maintaining essential health services: operational guidance for the COVID-19 context, WHO <https://www.who.int/publications-detail/10665-332240>
 - WHO guidance on clinical management of COVID-19 disease for management of pregnant or lactating women or newborns with suspected or confirmed COVID-19 <https://www.who.int/publications-detail/clinical-management-of-covid-19>



Protecting health care workers in areas of community transmission



- Use medical masks continuously during all routine activities in clinical areas
- Use additional personal protective equipment and precautions when caring for COVID-19 patients
- Clean hands before and after caring for the baby or mother
- Identify infected people quickly so that they can be isolated, their close contacts can be quarantined in appropriate facilities, and their disease can be properly cared for
- Limit close contact between infectious people and others; ensure a physical distance of at least 1 meter between people
- Keep the facility clean and well ventilated
- Cover coughs and sneezes with a tissue or bent elbow at all times
- Stay home if feeling unwell

COVID-19

Zero separation. Together for better care!

Keep preterm and sick babies
close to their parents.

#TogetherForBetterCare

#ZeroSeparation



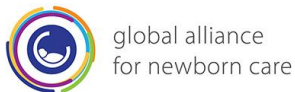
Maternal and newborn health services, including small and sick newborn care, remain core essential services during the pandemic. The COVID-19 response is already impacting availability, accessibility and quality of health services for pregnant women and newborns. The full impact of COVID-19 on maternal and newborn health is uncertain. Even a modest decline of 10% in coverage of pregnancy related and newborn health care would result in an additional 28,000 maternal deaths and 168,000 newborn deaths.

World Health Organization

www.who.int/publications-detail/10665-332240

In summary

- Regardless of COVID-19 status, mothers and infants should remain together, breastfeed, practice skin-to-skin contact and kangaroo mother care, and rooming-in day and night while applying necessary infection prevention and control measures.
- From the available evidence, mothers should be counselled that the benefits of breastfeeding substantially outweigh the potential risks of transmission.
- Services need to be reorganized and IPC measures applied to ensure safe care for newborns, families and health care providers.



global alliance
for newborn care



European foundation for
the care of newborn infants



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Thank you

