

A public health approach for deciding policy on infant feeding and mother–infant

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The COVID-19 pandemic has raised concern about the possibility and effects of mother–infant transmission of SARS-CoV-2 through breastfeeding and close contact. The insufficient available evidence has resulted in differing recommendations by health professional associations and national health authorities. We present an approach for deciding public health policy on infant feeding and mother–infant contact in the context of COVID-19, or for future emerging viruses that balances the risks that are associated with viral infection against child survival, lifelong health, and development, and also maternal health. Using the Lives Saved Tool, we used available data to show how different public health approaches might affect infant mortality. Based on existing evidence, including population and survival estimates, the number of infant deaths in low-income and middle-income countries due to COVID-19 (2020–21) might range between 1800 and 2800. By contrast, if mothers with confirmed SARS-CoV-2 infection are recommended to separate from their newborn babies and avoid or stop breastfeeding, additional deaths among infants would range between 188 000 and 273 000.

Exclusive and continued breastfeeding, skin-to-skin contact initiated in the first hour of birth, and responsive caregiving are strongly recommended by WHO for all infants and young children.

Interpretation of existing evidence and how it should shape public health policy is challenging because the population effects and long-term health outcomes of COVID-19 among mothers and infants are uncertain. WHO interim guidance, on the basis of available evidence, recommends that “mothers with suspected or confirmed COVID-19 should be encouraged to initiate and continue breastfeeding”, while implementing infection control measures, and “should not be separated from their infants unless the mother is too sick to care for her baby”. The guidance notes that the severity of COVID-19 infections is much lower in infants than in adults and that “COVID-19 in infants and children represents a much lower risk to survival and health than the other infections and conditions that breastfeeding is

protective against”. Some national health agencies, however, have advised separation of infants from mothers with suspected or confirmed SARS-CoV-2 and avoidance of breastfeeding although some have revised their position. A Cochrane review of 19 national policies reported no consensus regarding whether breastfeeding should be contraindicated among mothers with confirmed or suspected COVID-19 and even among asymptomatic mothers with unknown COVID-19 status.⁷ Reports of SARS-CoV-2 RNA in breast milk, even without evidence of transmission, have fuelled uncertainty and anxiety and even led some authors to recommend against breastfeeding. Unsurprisingly, health workers and communities are confused about appropriate infant feeding recommendations.⁹ In some settings, local policies to prevent COVID-19 have resulted in delays in initiation of and disruption in breastfeeding among mothers with unknown COVID-19 status.⁹ Furthermore, the pandemic and related evidence gaps and anxieties are egregiously being exploited as a marketing opportunity by the breast milk substitute industry.

Even in the absence of high-quality data, public health policy should, to the extent possible, be evidence-based. We present an approach based on available evidence for the competing benefits and harms (panel) for developing policy on mother–infant contact and infant feeding practices in the context of COVID-19, or for other viral agents that might appear in the future, that balances the risks associated with viral infection with the effect on child survival, lifelong health, and development. Considerations include the incidence among mothers, duration of infectivity, feasibility of identifying infection in a timely manner, SARS-CoV-2 transmission risks, and effects of infection in infants, alongside the mortality and health risks of separation and not breastfeeding. In time, relevant data will become available and should be interpreted while recognizing complementary effects of these considerations and dependent outcomes. Here, we consider the risk of exposure to SARS-CoV-2 that is associated with close contact and breastfeeding and compare this risk with the risks of no contact between the mother and infant and avoidance or stopping of breastfeeding (and use of breast milk substitute).

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