

Protecting, promoting and supporting IYCF during the COVID-19 pandemic: reflections and recommendations

Monday 6th April 2020

Today's Webinar

- Introduction and welcome
- Overview of evidence and recommendations
- Communicating about breastfeeding during COVID-19 pandemic (the dos and don'ts)
- Suggestions for IYCF programme adaptation during the COVID-19 pandemic (scenarios and potential adaptations)
- Q&A



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Webinar Objectives

- Provide an overview of the latest global and evidence-based recommendations related to IYCF and COVID-19
- Outline suggestions and reflections around:
 - Communication about breastfeeding with health care providers and caregivers
 - Programming adaptation in the context of COVID-19



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Today's Presenters



Andi Kendle

- Program Director, Tech RRT



Jodine Chase

- Co-Lead Safely Fed Canada



Mija-Tesse Ververs

- Senior Associate, Department of International Health, Johns Hopkins University Centre for Humanitarian Health



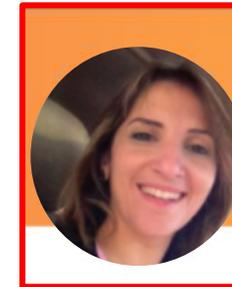
Alessandro Iellamo

- Global IYCF-E Advisor, Save the Children UK



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Infant Feeding and COVID-19



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CURRENT EVIDENCE AND RECOMMENDATIONS

MIJA VERVERS

WEBINAR ON 6TH APRIL 2020- PROTECTING, PROMOTING AND SUPPORTING IYCF
DURING THE COVID-19 PANDEMIC: REFLECTIONS AND RECOMMENDATIONS

This session is about

Infant feeding and COVID-19

- What does the science tell us?
- What are the recommendations?

NOTE:

Contents on subject is rapidly evolving ('up-to-date' until 4 April 2020) and designed for **global** audience

Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University ...

Total Confirmed
1,260,104

Confirmed Cases by Country/Region/Sovereignty

391,351	US
120,754	Spain
120,648	Italy
110,801	Germany
60,862	France
60,862	China
18,295	Iran
15,487	United Kingdom
11,969	Turkey
11,880	Kuwait/Kand



Estimated

68,413

15,887 deaths	Italy
12,418 deaths	Spain
2,560 deaths	France
4,934 deaths	United Kingdom
3,603 deaths	Iran
3,290 deaths	

Total Recovered

258,588

77,207 recovered	China
38,080 recovered	Spain
28,700 recovered	Germany
21,815 recovered	Italy
17,734 recovered	Iran
14,824 recovered	

Cumulative Confirmed Cases
183

Lancet Inf Dis Article: [Here](#), Mobile Version: [Here](#), Visualizations: [JHU CSSE Automation](#)
Support: [Carl Living](#), [Afia](#) teams and [JHU APL](#), [Contact Us](#), [FAQ](#).
Data sources: [WHO](#), [CDC](#), [ECDC](#), [MHC](#), [COV](#), [Twitter](#), [BBC](#), [Worldometers.info](#), [FRED](#), state and national.



<https://coronavirus.jhu.edu/map.html>

Transmission – COVID-19 (1)

Respiratory infections can be transmitted through droplet particles:

>5 μm in diameter = respiratory droplets

<5 μm in diameter = droplet nuclei

Transmission – COVID-19 (2)

Respiratory infections can be transmitted through droplet particles:

>5 μm in diameter = respiratory droplets (like 'fluids')

<5 μm in diameter = droplet nuclei

COVID-19 virus probably primarily transmitted between people through respiratory droplets and contact routes.

1. When a person is in **close contact (within 1 m) with someone who has respiratory symptoms** (e.g., coughing or sneezing) -> infective respiratory droplets can enter body via mouth, nose or conjunctiva (eyes)
2. Transmission through objects (clothes, utensils, toys, doorknobs, etc.) in the immediate environment around the infected person. I.e. **direct contact with infected people and indirect contact with surfaces in the immediate environment**

Adapted from source: WHO Scientific brief 29 March 2020. <https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>

Transmission – COVID-19 (3)

Respiratory infections can be transmitted through droplet particles:

>5 μm in diameter = respiratory droplets (like 'fluids')

<5 μm in diameter = droplet nuclei (airborne)

Droplet nuclei can remain in the air for long periods of time and be transmitted to others over distances greater than 1 m.

In the context of COVID-19, airborne transmission possibly more in clinical setting with specific procedures (intubation, ventilator, resuscitation, etc.) BUT....

Last word not yet said about this - further studies are needed to determine whether it is possible to detect COVID-19 virus in air samples from patient rooms and beyond.

Adapted from source: WHO Scientific brief 29 March 2020. <https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>

COVID-19 Infection - Children vs Adults

Severe COVID-19 infection is characterised by a **massive inflammatory response** ('cytokine storm') resulting in respiratory distress and organ dysfunction

Inflammatory responses in adults and children differ and vary throughout the lifespan – **this inflammatory response might be less within children**

Reasons? Less exposure? Still relatively immature immune response? Or decreased likelihood of illness, even if infected?*

Among 72,314 cases in China** : 1% <10 years

Sources: *Eleanor J. Molloy and Cynthia F. Bearer, COVID-19 in Children and Altered Inflammatory Responses, *Pediatric Research* doi:10.1038/s41390-020-0881-y (accessed 4 April 2020) <https://www.newscientist.com/article/2237259-why-dont-children-seem-to-get-very-ill-from-the-coronavirus/>

Rasmussen SA, Thompson LA. Coronavirus Disease 2019 and Children: What Pediatric Health Care Clinicians Need to Know. *JAMA Pediatr.* 2020 Apr 3. doi: 10.1001/jamapediatrics.2020.1224. [Epub ahead of print] PMID: 32242896

**Wu Z, McGoogan JM. Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China Summary of a Report of 72 314 Cases From the Chinese Center for Disease Control and Prevention. *JAMA.* Published online February 24, 2020. doi:10.1001/jama.2020.2648

Research and Publications

781 trials COVID-19 (3 April 2020)

A lot of focus on **treatment** and **vaccines**



What do we know COVID-19 and children

Many people are **asymptomatic or pre-symptomatic** (but can still transmit COVID-19) – including children

One study: 13% confirmed children asymptomatic.*

Children in general – mostly asymptomatic, mild or moderate symptoms

Case fatality rate China: <40 years: 0.2% and <USA: 0–54 years: 1%.**

One study in China: 2,143 children 34% confirmed, 66% suspected

“young children, particularly infants, were vulnerable to COVID-19.’..... Proportion of severe/critical cases was 11% <1 year.’

However: More severe/critical cases amongst suspected. -> it could have well been other respiratory diseases

Source: * Dong Y, Mo X, Hu Y, et al. Epidemiological Characteristics of 2143 Pediatric Patients With 2019 Coronavirus Disease in China. *Pediatrics*. 2020. **CDC COVID-19 Response Team. Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) – United States, February 12–March 16, 2020. *MMWR Morbidity and mortality weekly report*. 2020. and Novel Coronavirus Pneumonia Emergency Response Epidemiology T. [The epidemiological characteristics of an outbreak of 2019 novel coronavirus diseases (COVID-19) in China]. *Zhonghua Liu Xing Bing Xue Za Zhi*. 2020;41(2):145-151.

Controversies



Temporary separation of mother (suspected or confirmed) and newborn?

Breastfeeding transmitting virus to infant?

Transmission mother-infant

Studies sampling e.g. amniotic fluid, cord blood, tested negative for the virus

Currently no evidence for intrauterine infection caused by vertical transmission in women who develop COVID-19 in late pregnancy.

Feces – virus presence, but transmission?

However

A recent paper from JAMA Pediatrics reports that among **33 neonates of COVID-19 mothers**, 3 had respiratory symptoms in the first days of life and tested positive on day 2 after childbirth

Transmission route?

The only seriously ill neonate in this case series was a 31 weeks gestational age preterm infant.

Zeng, Xia, Yuan, et al. Neonatal Early-Onset Infection With SARS-CoV-2 in 33 Neonates Born to Mothers With COVID-19 in Wuhan, China. *JAMA Pediatr.* Published online March 26, 2020. doi:10.1001/jamapediatrics.2020.0878

Until now: Breastmilk samples **NEGATIVE** for COVID-19 virus

Chen, H., Guo, J., Wang, C., et al. (2020). Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. *The Lancet* 2020 Feb 12, 395(10226), 809-815. [https://doi.org/10.1016/S0140-6736\(20\)30360-3](https://doi.org/10.1016/S0140-6736(20)30360-3)

Zhang, Y. H., Lin, D. J., Xiao, M. F., et al. (2020). 2019-novel coronavirus infection in a three-month-old baby. *Chinese journal of pediatrics*, 2020 Feb 11;58(0):E006. DOI: 10.3760/cma.j.issn.0578-1310.2020.0006. *In Mandarin Chinese only*

Kai-qian Kam, Chee Fu Yung, Lin Cui, et al. A Well Infant with Coronavirus Disease 2019 (COVID-19) with High Viral Load, *Clinical Infectious Diseases*, 28 February 2020, <https://doi.org/10.1093/cid/ciaa201>

Cuifang Fan, Di Lei, Congcong Fang, et al. Perinatal Transmission of COVID-19 Associated SARS-CoV-2: Should We Worry?, *Clinical Infectious Diseases*, 17 March 2020, <https://doi.org/10.1093/cid/ciaa226>

Yuxia Cui, MD, Maolu Tian, MM, Dong Huang, MD, et al. A 55-Day-Old Female Infant infected with COVID 19: presenting with pneumonia, liver injury, and heart damage, *The Journal of Infectious Diseases*, 17 March 2020, jiaa113, <https://doi.org/10.1093/infdis/jiaa113>

Wang, S., Guo, L., Chen, L., Liu, W., Cao, Y., Zhang, J., & Feng, L. (2020). A case report of neonatal COVID-19 infection in China. *Clinical Infectious Diseases*, 12 March 2020, <https://doi.org/10.1093/cid/ciaa225>

Li Y, Zhao R, Zheng S, Chen X, Wang J, Sheng X, et al. Lack of vertical transmission of severe acute respiratory syndrome coronavirus 2, China. *Emerging infectious diseases*, 26(6). 5 March 2020, <https://doi.org/10.3201/eid2606.200287>

Research related to Mother/Newborn and COVID-19

Starting in various locations on:

Pregnancy, delivery, post-partum transmission (samples from breastmilk (incl. colostrum), amniotic fluid, feces, umbilical cord, placenta, serum, etc.)*

Includes research of effects of skin-to-skin contact....hopeful.,



*(USA: Universities, CDC, National Institute of Health (NIH), Gates Foundation et al)

What are the recommendations currently?

DECEMBER 2019



APRIL 2020



Guidance varies as is

- Country specific
- Mandate specific
- Context specific (e.g. resources, culture)
- Target group specific (HCW, parents, professional groups, etc)



INFANT & YOUNG CHILD FEEDING IN THE CONTEXT OF COVID-19

Brief No. 2 (v1)
(March 30th, 2020)

To support implementers on how to prepare and respond to the COVID-19 pandemic, a series of evidence-informed guidance briefs will be produced and updated every ten (10) days as new information and evidence emerges. This Brief is meant to provide information specific to infant and young child feeding (IYCF) in the context of COVID-19. This Brief does not cover wider mitigation and response measures available in other guidance. As a nutrition community, we will continue to develop our understanding on practical solutions to deliver programming in the context of COVID-19. Documenting and disseminating these lessons and emerging evidence will be key to implementing the most appropriate and effective responses in the face of this pandemic.

This brief consolidates recommendations on Infant and Young Child Feeding in the context of the COVID-19 pandemic. The recommendations align with WHO's interim guidance on *Home Care for Patients with COVID-19 presenting with mild symptoms and management of contacts* (17 March 2020), the *Clinical Management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected* (13 March 2020) and *Operational guidance on infant feeding in emergencies* (2017).

KEY MESSAGES AND PRIORITIES

4 INFECTION PREVENTION & CONTROL

Infection prevention and control precautions apply for staff, patients and accompanying family members at health facilities. Establish a patient flow that includes triage before entrance into the health facility and an isolation area that patients with COVID-19 symptoms can be escorted to. See guidance [here](#).

Where applicable, ensure facility and health worker readiness for inpatient obstetric care. Every effort should be made to minimize overcrowding of maternity wards to reduce the risk of healthcare-associated infections.

► Develop/adapt protocols for the management of COVID-19 in pregnancy including labor and birth in line with national protocols. In the absence of obstetric complications or risk factors consideration could be given to advising women to stay at home for early labor if limitation of contacts is feasible (complete self-isolation is not advised for laboring women).

► Intrapartum care of women with suspected or confirmed COVID-19 needs to ensure (1) isolation of the patient from other patients and (2) PPE (mask, goggles, gloves, gown/apron) for relevant health staff; the number of staff in contact with the woman should be reduced to a minimum ensuring capacity to deal with both maternal and potential neonatal complications.

► The benefits of breastfeeding, early and uninterrupted skin-to-skin contact, prolonged kangaroo mother care, and enabling mothers and infants to remain together in the same room throughout the day and night outweighs the potential risks of SARS-CoV-2 transmission. The following precautions should be taken for mothers with suspected or confirmed COVID-19 infection:

- wear a mask when holding a child
- wash hands before and after contact with her child
- clean/disinfect surfaces she has been in contact with

If a mother is too ill to breastfeed, she should be encouraged to express milk that can be given to the child by cup or spoon.

► The design and provision of temporary facilities should consider the needs of mother and newborns including adequate space for breastfeeding, kangaroo mother care, and management of sick newborns.

Breastfeeding and Coronavirus Disease-2019. Ad interim indications of the Italian Society of Neonatology endorsed by the Union of European Neonatal & Perinatal Societies

Davanzo, Moro, Sandri, et al. 28 March 2020
<https://onlinelibrary.wiley.com/doi/epdf/10.1111/mcn.13010>



Inter-Agency Working Group on Reproductive Health in Crises

<https://iaiwg.net>





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



Close contact and early, exclusive breastfeeding helps a baby to thrive.

A woman with COVID-19 should be supported to breastfeed safely, hold her newborn skin-to-skin, and share a room with her baby.

WHO GUIDANCE IS CLEAR (1)

Suspected/confirmed mothers, if well enough, should be supported to nurse their baby

- Practice respiratory hygiene (masks, if available) – *may need to provide instructions on use of masks*
- Wash hands thoroughly before and after touching baby, bottles, pump, cups for feeding
- Avoid touching eyes, nose, and mouth (own and baby's)
- Routinely disinfecting surfaces they may have touched

Close early contact is still recommended

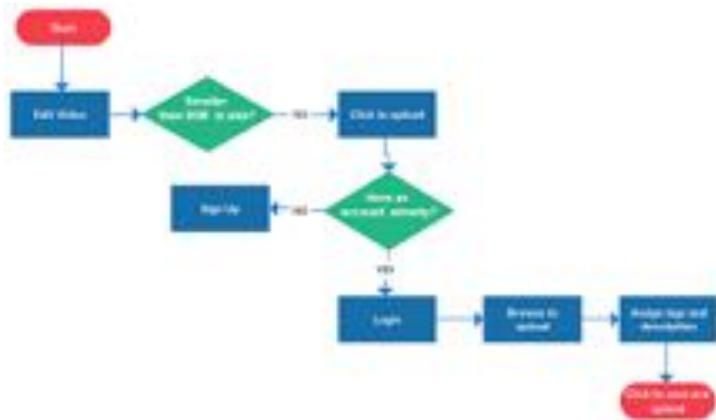
- Skin-to-skin should be supported along with respiratory and hand hygiene for all caregivers/helpers

WHO GUIDANCE IS CLEAR (2)

- Suspected/confirmed mothers who are too sick to care for their baby but wish for their baby to receive their own milk or donor milk
 - Assistance with latching baby and support while baby nurses
 - Support to express milk, with pump or hand expression
 - Support with relactation
 - Access to pasteurized donor human milk when available
 - Provide mental health and psychosocial support

Decision tree – coordinated by WHO

in collaboration with UNICEF, WFP, UNHCR, Johns Hopkins, ENN, Save the Children and MSF



If mother is unable/unwilling to provide breastmilk – use of breast milk substitutes (wording to be confirmed)

Some guidance materials

Focus seems more on **risk of disease transmission** than

- The benefits of breastmilk
- The risks of NOT receiving breastmilk (and therefore exposure to risks of use of BMS)
- The risks of NO skin-to-skin contact, mother-infant separation, etc.

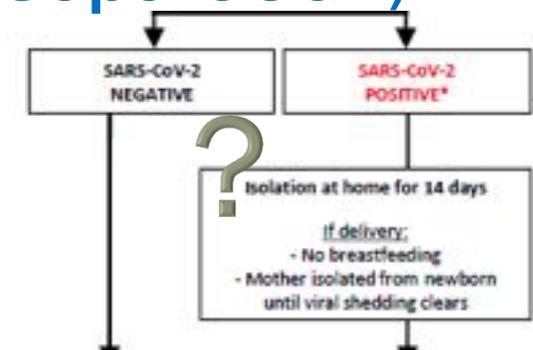


Figure source - Supplement to: Favre G, Pomar L, Qi X, Nielsen-Saines K, Musso D, Baud D. Guidelines for pregnant women with suspected SARS-CoV-2 infection. Lancet Infect Dis 2020; published online March 3. [http://dx.doi.org/10.1016/S1473-3099\(20\)30157-2](http://dx.doi.org/10.1016/S1473-3099(20)30157-2).

What is still not clear?

Skin-to-skin contact – any transmission risks?

Virus – inactivation by heat/cold?

Safe alternatives to masks?

Can virus appear in breastmilk week/weeks later after mother with COVID-19 has recovered?

Can infant infect a mother?

What are safe ways of disinfection of masks (or alternatives)?

Programmatic evidence?

And many, many more questions.....





Thank you!

Infant Feeding and COVID-19



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CURRENT EVIDENCE AND RECOMMENDATIONS

MIJA VERVERS

Infant and Young Child Feeding in the Context of COVID-19

Aashima Garg, Ph.D

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Webinar on “Protecting, promoting and supporting IYCF
during the COVID-19 pandemic”

April 6th, 2020

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Evidence-informed Recommendation

Mothers with suspected or confirmed COVID-19 and isolated at home or in health facility should be advised to continue **recommended infant and young child feeding practices with necessary hygiene precautions** during feeding and care of infants and young children

IYCF in the context of COVID-19

Recommended IYCF practices

- **Early initiation of breastfeeding** within 1 hour
- **Exclusively breastfeeding** for the first 6 months
- **Timely introduction** (at 6 months) and **age-appropriate, adequate, safe complementary feeding** from 6 months till 24 months of age
- **Continued breastfeeding** for up to 2 years of age or beyond.

Necessary hygiene precautions

- **Mothers should always wash hands with soap and water at critical times**, including before and after contact with the infant.
- **Routinely clean the surfaces around the home** that the mother has been in contact with, using soap and water.
- **Use a face mask or mouth/nose covering when feeding or caring for infant.** Locally available/adaptive face mask can be used as an alternative.
- **Mother with her infant should maintain physical distancing from other people** (at least 1 m) and avoid touching eyes, nose and mouth.

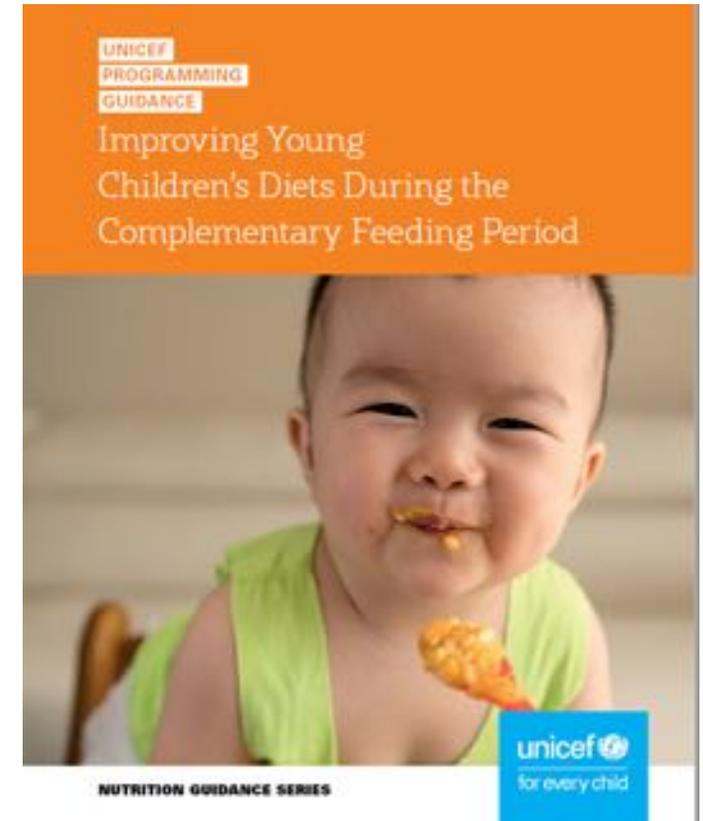
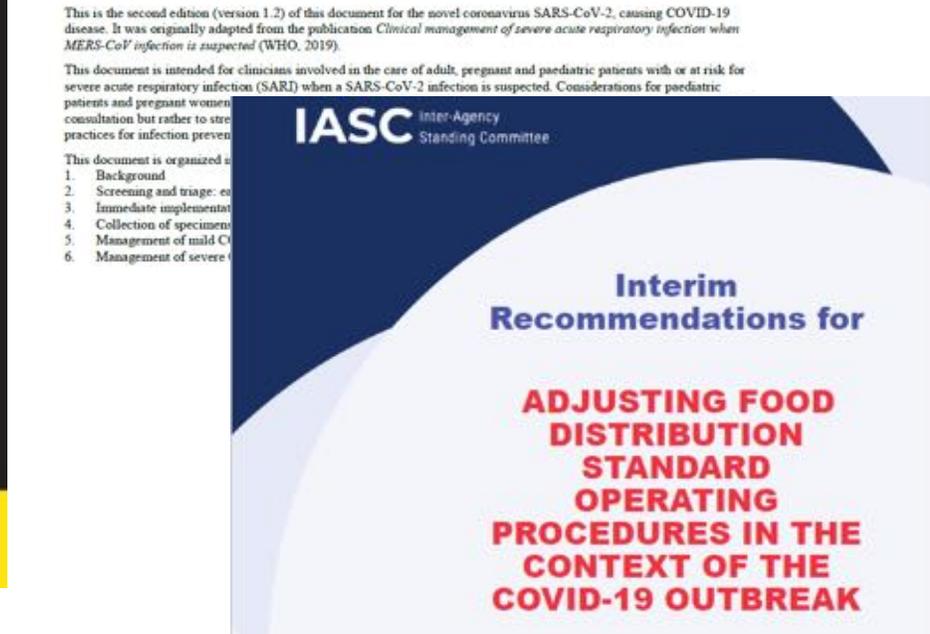
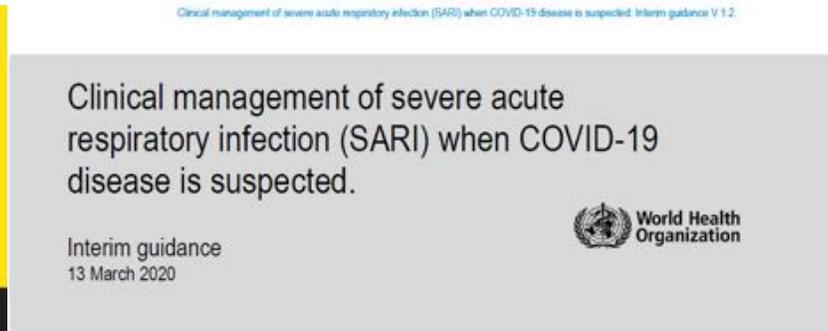
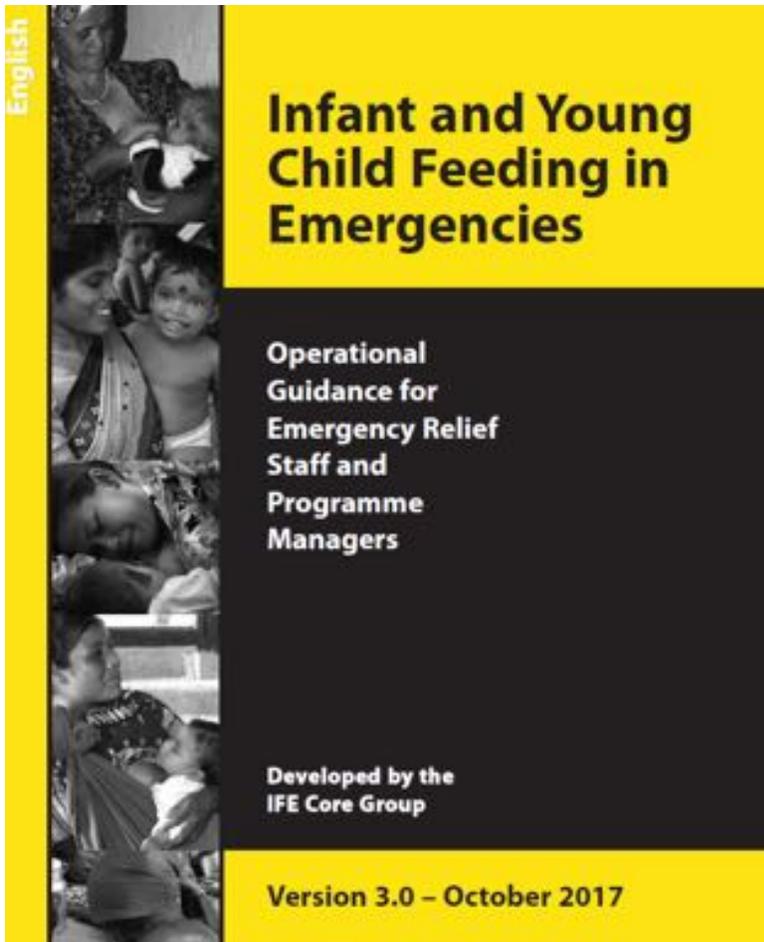
Programmes and services to protect, promote and support optimal breastfeeding and age-appropriate and safe complementary foods and feeding practices **should remain a critical component of the programming and response for young children in the context of COVID-19.**

HOW?

Understanding the programming context and the gaps/bottlenecks/barriers

- **Reduced mobility/lockdowns** – limited availability and access to services and nutritious and healthy foods choices (fresh produce)
- **Information/advice to support breastfeeding and complementary feeding (what, when and how to feed)** - limited/not available/not correct
- Are **emergency preparedness and response plans** for nutrition, health, food security and livelihood, agriculture, WASH, social protection and mental health and psychosocial focusing on reaching infants and young children in the context of COVID-19?
- **To what extent are the systems able to deliver services for infants and young children?** –
- **What are the alternative options for delivering services** (digital, social media, radios, TV, announcements etc.) which can be leveraged?
- How is the **adherence to International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions** as well as **donations, marketing and promotions of unhealthy foods**?
- **Who are the stakeholders involved and how is the response being coordinated?** Maximize resources and build of comparative advantage
- **Status of malnutrition in your context** – high malnutrition rates predispose the infants and young children to higher risks of disease and malnutrition in this context

Designing IYCF Response and continue to deliver services for infant and young children



A programmatic brief was released last week by UNICEF, GNC and GTAM



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KEY MESSAGES AND PRIORITIES

1. Programmes and services to protect, promote and support optimal breastfeeding (early and exclusive) and age-appropriate and safe complementary foods and feeding practices should remain a critical component of the programming and response for young children in the context of COVID-19.
2. Mothers with suspected or confirmed COVID-19 and isolated at home should be advised to continue recommended feeding practices with necessary hygiene precautions during feeding.
3. Alignment and coordination in the mitigation plans across nutrition, health, food security and livelihood, agriculture, WASH, social protection and mental health and psychosocial support to focus on reaching infants and young children in the context of COVID-19.
4. Actions through relevant systems (Food, Health, WASH, and Social Protection) should prioritize the delivery of preventive services to mitigate the impact of the pandemic on young children's diets and wellbeing with strong linkages to early detection and treatment of child wasting.
5. Full adherence to the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions (including WHA 69.9 and the associated WHO Guidance on ending the inappropriate promotion of foods for infants and young children) in all contexts in line with the recommendations of IYCF Operational Guidance.
6. Donations, marketing and promotions of unhealthy foods - high in saturated fats, free sugar and/or salt - should not be sought or accepted.

- **Consolidates recommendations** on infant and young child feeding in the context of COVID-19
- **Suggests key considerations for operationalization** of the recommendations in the context of COVID-19
- **We don't have all answers and learning as we go!**

Access at: https://mcusercontent.com/fb1d9aabd6c823bef179830e9/files/ffa9cdc1-17de-4829-971216abe85c2808/IYCF_Programming_in_the_context_of_COVID_19_30_March_2020.pdf

Protection, promotion and support of infant and young child feeding AT HOME

To continue recommended feeding practices with necessary hygiene precautions during feeding:

- Intensify support to families on what, when and how to feed** infant and young children at home
- Intensify promotion of safe hygiene behaviours**
- Make simple, practical and context-specific information available using all available communication channels** (digital, broadcast and social media) to the families **on healthy feeding options for young children** in the context of lockdowns and financial barriers

Strengthen the ENABLING ENVIRONMENT to support delivery of services for infant and young children

1. Ensure **alignment and coordination in the mitigation plans across nutrition, and other relevant sectors** to focus on reaching infants and young children in the context of COVID-19.
2. Ensure **alignment with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions** (including 69.9).
3. **Donations of breastmilk substitutes (BMS), complementary foods and feeding equipment should not be sought or accepted** by the Government and partners.

Actions through **Food, Health, WASH and Social Protection** systems should **prioritize the delivery of preventive services to mitigate the impact of the pandemic on young children's diets and wellbeing** with strong linkages to early detection and treatment of child wasting

Delivering through the Food System in the context of COVID-19

- 1. Access to fresh foods and essential staples for children, women and families -** by maintaining access to local markets, shops and stores (both physical and online groceries).
- 2. Guidance to the community and families on healthy food purchase** in the context of Covid-19.
- 3. Control the marketing, promotion or mass distribution of unhealthy foods -** high in saturated fats, free sugar and/or salt - for children.
- 4. Donations of unhealthy foods -** high in saturated fats, free sugar and/or salt - **should not be sought or accepted by the Government and partners.**
- 5. Engagement with companies that produce 'unhealthy foods' should be avoided for financial or in-kind contributions.**

Delivering through the Health System in the context of COVID-19

In health facilities -

- **Establish safe breastfeeding protocols** to ensure that infants are fed according to the recommendation
- **Mothers and infants should be provided with skilled breastfeeding support** including skin-to-skin contact, expressing and feeding expressed breastmilk following appropriate hygiene measures

Through health facility, community and/or remote platforms -

- **Infant and young child feeding counselling, basic psychosocial support, and practical feeding support should be provided to all pregnant women and mothers with infants and young children**, whether they or their infants and young children have suspected, probable or confirmed COVID-19

Delivering through the WASH System in the context of COVID-19

Intensify the **integration of messages on safe hygiene practices for young children using innovation communication channels** (digital, broadcast and social media)

- **In case of operational service delivery** - ensure integration of recommended hygiene practices into the counseling and support
- **Virtual channels** (such as digital and social media-based applications) will have to be used for delivering key messages on safe food preparation, feeding, storage as well as importance of safe and palatable drinking water for young children
- **Ensure integration of harmonized messages** on safe hygiene into all relevant opportunities and multiple communication channels

Delivering through the Social Protection System in the context of COVID-19

- 1. Improve access to nutritious and healthy food choices coupled with nutrition counseling through Social Protection programmes and services** (direct or indirect food assistance) for infants and young children
 - This may also include provision of nutritious food options or vitamin and mineral supplements to improve the quality of young children's diets
- 2. Avoid provision of unhealthy foods as part of alternative arrangements and avoid partnerships with food and beverage companies that produce unhealthy foods** in maintaining social protection services

Thank you

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Communication

Protecting, promoting and supporting breastfeeding during COVID-19

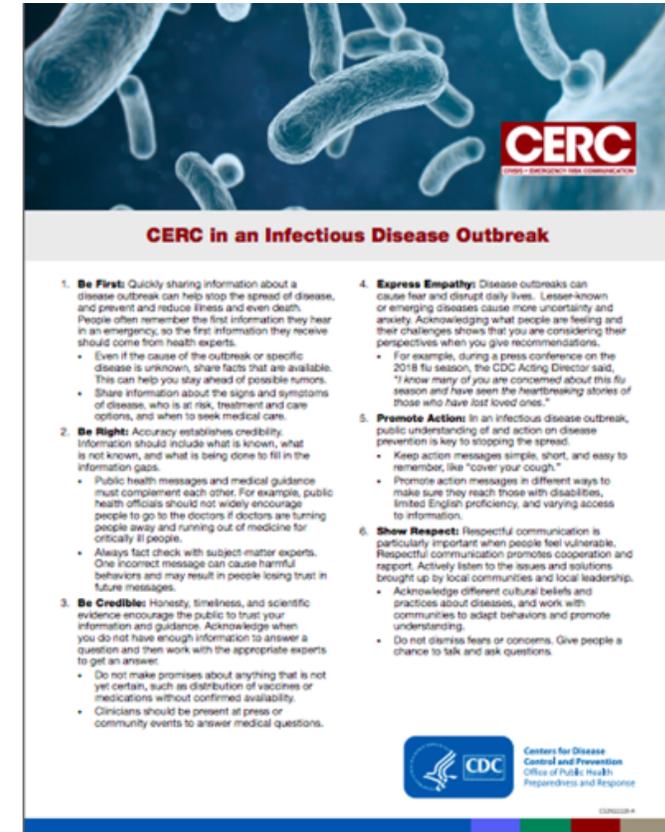
Michelle Pensa Branco MPH IBCLC & Jodine Chase

Monday April 6, 2020

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Communications - CERC Model (1)

1. Be first.
2. Be right.
3. Be credible.
4. Express empathy.
5. Promote action.
6. Show respect.



(1) CDC. Undated. CERC in an Infectious Disease Outbreak

https://emergency.cdc.gov/cerc/resources/pdf/CERC_Infectious_Diseases_FactSheet.pdf

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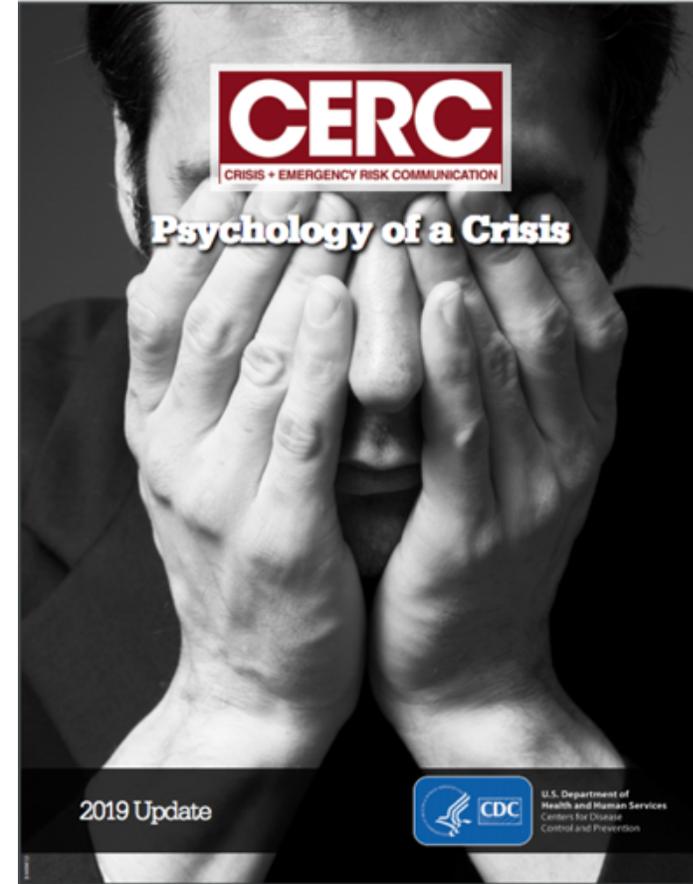
Emergency risk communication (2)

Emergency risk communications

What do people need to know?

What are the **psychological barriers** to having people hear your message

In a crisis people take-in, process, and act on information differently



(2) CDC. (2019). CERC: Psychology of a Crisis
[https://emergency.cdc.gov/cerc/ppt/CERC Psychology of a Crisis.pdf](https://emergency.cdc.gov/cerc/ppt/CERC_Psychology_of_a_Crisis.pdf)

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Four ways we process in a crisis

1. We **misunderstand and simplify** messages

- Don't fully hear, can't process multiple facts
- Less ability to remember

*Use **plain** language and **simple** messages*

Four ways we process in a crisis

2. We **hold on to our current beliefs**

- We reject contrary messaging
- We interpret message as consistent with existing beliefs (ie in a hurricane, messages to evacuate to a safe place may be interpreted as “my house is safe”)

*Messages need to come from a **credible** source*

Four ways we process in a crisis

3. We look for additional information and **opinions**

- Go online or change the TV channel to see if others are saying the same thing
- Check in with friends, family and trusted sources

Use **consistent** messages

Four ways we process in a crisis

4. We **believe the first message**

- When additional information comes we *compare* it to the first message we heard

*Release **accurate** information quickly*

***Repeat** with multiple credible sources*

Some dos and don'ts

Replace “myth/fact” messaging with

Learn More

Stopped breastfeeding? Worried about COVID-19?



You may be able to **restart** breastfeeding, especially if you recently stopped.

Learn more...

COVID19 Pandemic - Formula Feeding Families

SafelyFed
Canada
www.safelyfed.ca



Be specific

to the current crisis and target

Offer positive,

realistic courses of action

Don't repeat incorrect information

Use chunking and layering to offer the opportunity for people to learn more

SafelyFed
Canada

Some dos and don'ts

Communicate the behaviour you want

- Words
- Images

**CORONAVIRUS DISEASE (COVID-19)
PREGNANCY, CHILDBIRTH
AND CARING FOR NEWBORNS:
ADVICE FOR MOTHERS**

COVID-19 is a new disease and we are still learning how it affects pregnant women. There is currently no evidence that suggests pregnant women are at a higher risk of becoming seriously ill from COVID-19. There is a risk that your child could be born with COVID-19.

Childbirth

There is currently **no evidence of mother-to-child transmission** through childbirth when the mother gets COVID-19 in the third trimester.

- if you plan to give birth in a hospital or birth centre, learn about the policies in place.
 - Most hospitals and birth centres have reduced visitors or a no-visitor policy.
 - In most cases, only one support person may be permitted.
 - Your support person is not considered a visitor.
- if you plan to give birth at home, talk to your midwife about:
 - whether homebirths are still an option in your province or territory during the pandemic; and,
 - precautions to take to ensure your home environment is safe.
- if you have COVID-19, talk to your health care provider about the preferred birth plan. The birth plan should be individualized and based on your preferences, the safety of the care provider, as well as obstetric recommendations.
- Your health care provider will consult perinatal (immediately before birth), neonatal (after birth), infectious disease and intensive care specialists, as required.

Childbirth

Since changes in their or illnesses, such as COVID-19, it is important for you to follow precautions when giving birth. This includes:

- **Sept for important** appointments.
- **Midwife** about the birth appointments, home, and water for at least 24 hours before birth.
- **Use alcohol-based hand sanitizer** at a distance of at least 2 metres.
- **Wear a mask** and eyes.
- **Wash hands**. Make limited contact with others.
- **Do not** have close contact with anyone suspected to have COVID-19.
- **Self-isolate**. If you have COVID-19, or are waiting for COVID-19 test results, you must self-isolate.

Childbirth

Canada

E.g. - if you *want* breastfeeding, *show* breastfeeding

Don't normalize the behaviour you are seeking to avoid (i.e. don't use bottle images when you want people to use cups or spoons)

Determining audience for key protection messages

COVID-19 Audiences - *complex*

- affected communities
 - inc. vulnerable populations
- and those who serve them
 - Workers
 - Health care
 - Emergency authorities*
 - Peer/community

* In a pandemic emergency, authorities are usually but not always health authorities



Determining audience for key protection messages

Key takeaways

- **Be specific - who is message for?**
 - Identify vulnerable populations
 - Late-term pregnant women
 - Those with newborns
 - Breastfeeding fully or partially
 - Not breastfeeding
- **Be direct - what do we want these people to do?**
- **Consider the why**

Breastfeeding along with formula?

Worried about COVID-19?



COVID19 Pandemic - Mixed Feeding Families

Offer the **breast more often**
Switch sides frequently and
use **compressions**

Expecting a baby soon?



COVID19 Pandemic - Pregnant Families

Breastfeeding

will help keep you and
your baby healthy during
the COVID-19 crisis.

Learn More...

SafelyFed
Canada
www.safelyfed.ca

Formula feeding?

Worried about COVID-19?



COVID19 Pandemic - Formula Feeding Families

Have about **2-4 weeks** of
formula & supplies on hand
Keep up **sterilization**
and hygiene

SafelyFed
Canada
www.safelyfed.ca

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Save the Children

How can we continue to protect, promote and support IYCF in the Context of COVID 19?



SESSION OBJECTIVES

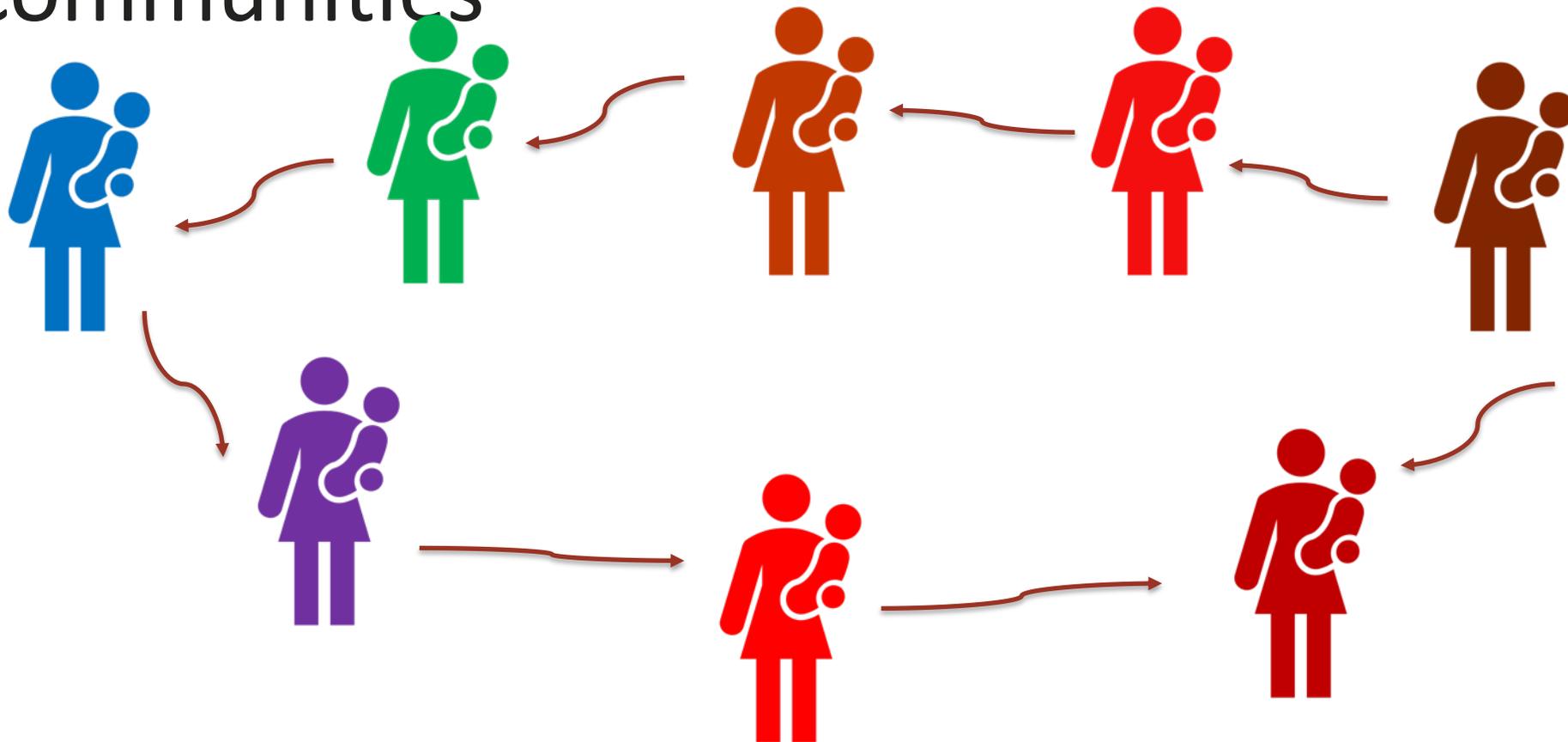
By the end of this session, you will be able to:

- Identify concrete adaptations to basic IYCF interventions
- Understand what are the potential platforms that we can help protect, promote and support IYCF in different settings

IYCF intervention (s) in the Context of COVID 19

Intervention (s)	Fears and Concern (s)	What can we do to adapt?
Individual Counselling	<ul style="list-style-type: none"> - Fear of contact - Fear of exposure of health worker/counsellor/CHW. Volunteers staff 	<ul style="list-style-type: none"> - Ensure respiratory and hygiene protection as needed for the HWs and the mother/child
Mother Support Groups and/or Care Groups	<ul style="list-style-type: none"> - Fear of contact - Fear of exposure of health worker/counsellor - Gatherings increased risks of transmission 	<ul style="list-style-type: none"> - Invest and empower lead mothers and members to share messages/network using local technology (e.g.) - “Visit the neighbour approach” ensuring distancing, hygiene and respiratory protection if and when needed - Engage using other platforms
Group education and awareness activities	<ul style="list-style-type: none"> - Fear of contact - Fear of exposure of health worker/counsellor/CHW. Volunteers staff - Gatherings increased risks of transmission 	<ul style="list-style-type: none"> - Reach and engage using other platforms - Ensure messages using visuals/images in open areas/visible/shops. Groceries/facilities

But what other platforms can we use to reach the women and their children and the communities



IYCF PPS and Phone

Patel et al. *BMC Pediatrics* (2018) 18:337
<https://doi.org/10.1186/s12887-018-1308-3>

BMC Pediatrics

RESEARCH ARTICLE

Open Access

Effectiveness of weekly cell phone counselling calls and daily text messages to improve breastfeeding indicators



Archana Patel^{1,2}, Priyanka Kuhite², Amrita Puranik^{2*}, Samreen Sadaf Khan², Jitesh Borkar² and Leena Dhande¹



Results: Rates of timely initiation of breastfeeding were significantly higher in intervention as compared to control (37% v/s 24%, $p < 0.001$). Rate of exclusive breastfeeding was similar between groups at 24 h after delivery, but significantly higher in the intervention at all subsequent visits. Adjusting for covariates, women in intervention were more likely to exclusively breastfeed than those in the control

IYCF PPS and Media

The Journal of Nutrition
Community and International Nutrition



Scripted Messages Delivered by Nurses and Radio Changed Beliefs, Attitudes, Intentions, and Behaviors Regarding Infant and Young Child Feeding in Mexico¹⁻³

Eva C. Monterrosa,^{4,5*} Edward A. Frongillo,⁴ Teresa González de Cossío,⁶ Anabelle Bonvecchio,⁶ Maria Angeles Villanueva,⁶ James F. Thrasher,⁴ and Juan A. Rivera⁶

Results: ...

Coverage 87% for the nurse and 34% for the radio. Beliefs, attitudes and intention, but not social norms, about IYCF significantly improved in the intervention communities (improved BF, consumption of vegetables, etc.)

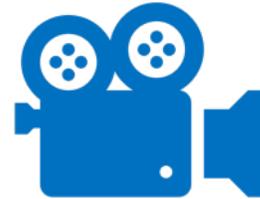


IYCF PPS and Media

Public Health Nutrition: 21(2), 273–287

doi:10.1017/S1368980017002786

Review Article



Systematic review of the design, implementation and effectiveness of mass media and nutrition education interventions for infant and young child feeding

Matthew M Graziose^{1,*}, Shauna M Downs², Quentin O'Brien³ and Jessica Fanzo⁴

¹Department of Health and Behavior Studies, Teachers College Columbia University, 525 West 120th Street, Box 137, New York, NY 10027, USA: ²Department of Health Systems and Policy, Rutgers School of Public Health, New Brunswick, NJ, USA: ³Mailman School of Public Health, Columbia University, New York, NY, USA: ⁴Berman Institute of Bioethics and the School of Advanced International Studies, Johns Hopkins University, Baltimore, MD, USA

Results: 15 of 18 studies confirmed that there were improvements in breastfeeding and complementary feeding practices using the recommended WHC indicators

IYCF PPS and Social Media

Received:
18 June 2018
Revised:
17 September 2018
Accepted:
13 February 2019

Cite as: Amanda J. Wagg,
Margie M. Callanan,
Alexander Hassett. Online
social support group use by
breastfeeding mothers: A
content analysis.
Heliyon 5 (2019) e01245.
doi: 10.1016/j.heliyon.2019.
e01245



Online social support group use by breastfeeding mothers: A content analysis

Amanda J. Wagg^{a,*}, Margie M. Callanan^b, Alexander Hassett^b

^a *Canterbury Christ Church University, UK*

^b *Salomons Centre for Applied Psychology, Canterbury Christ Church University, Kent, UK*

* Corresponding author.

E-mail address: m.wagg524@canterbuy.ac.uk (A.J. Wagg).



Results: The group was used from pregnancy and until the child was over two years old.

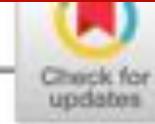
The majority of infants discussed were aged 6 weeks to 6 months. Informational support was the greatest reason for use (65%), followed by esteem support (18%) and emotional support (10%). Thirteen topics of conversations were identified.

Conclusion: Mothers are using online social support groups in the thousands to seek information from people in similar situations.

IYCF PPS and Social Media

Received: 4 January 2018 | Revised: 3 July 2018 | Accepted: 4 July 2018

DOI: 10.1111/mcn.12658



ORIGINAL ARTICLE

WILEY | Maternal & Child Nutrition

Protecting, promoting, and supporting breastfeeding on Instagram

Alessandro R. Marcon¹  | Mark Bieber² | Meghan B. Azad³ 



Results:

...the study found that Instagram is being utilized by users to publicly display and share diverse breastfeeding-related content and to create supportive networks that allow new mothers to share experiences, build confidence and address challenges related to breastfeeding

FOOD FOR THOUGHT

1. We can adapt existing activities to continue protecting, promoting and support breastfeeding and complementary feeding practices

- We need to ensure that we comply with the current government and organizational recommendations and restrictions, and we need to ensure that respiratory and hygiene practices are supported as needed

2. There are other evidence based platforms that can be adapted in our contexts to PPS IYCF

- Phone counselling and promotion
- Radio and TV messages
- Social media
- Pictorials and key messages on critical points of contact

REMEMBER THAT:



Exposure to behavioural change interventions matters for **impact** on IYCF practices



A combination of interventions is needed to PPS IYCF for the mother and her child/children

REMEMBER THAT:



Visual/Images/Pictorials are essential in low literacy environments



Integration of relevant IYCF messages with other sectors' interventions will greatly contribute to you programme



Save the Children

**BREASTFEEDING AND TIMELY, APPROPRIATE AND
SAFE COMPLEMENTARY FEEDING:
SAVE LIVES AND PROTECT WOMEN AND THEIR CHILDREN**



THANK YOU



Save the Children

Q&A



Technical
Rapid
Response
Team



Credit: AAH, Christian Boisseaux



Technical Rapid Response Team



unicef  | for every child

Child wasting programming in response and preparation to the COVID-19 pandemic: experiences from the field

Thursday 9th April 2020 (2-3.30pm, GMT+2, Geneva time)



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