

Volume 4
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July 2020

BFREE Newsletter

*Breastfeeding Resiliency, Engagement, and Empowerment
(BFREE)*

"Empowering mothers to breastfeed every step of the way"

IN THIS ISSUE

SUCCESS
SPOTLIGHT
pg. 2

ASK THE EXPERT
pg. 3

TELELACTATION
pg. 5

MOTHER'S
PERSPECTIVE
pg. 6

MENTAL HEALTH
DURING
COVID-19
pg. 9



Letter from the Editor

Dear BFREE Coalition Members,
Happy beginning of summer! Although this summer looks different than any we have seen before, we hope that you are able to enjoy the warm weather in health and with family. Given the current moment, we wanted to focus our July newsletter on the COVID-19 pandemic and the numerous effects that it has had on mothers and especially new mothers, many of whom have been discharged less than 24 hours after giving birth.

In this newsletter, we will hear from mothers about the successes and challenges of motherhood during this time. We will also hear from many of our partners about their experiences helping breastfeeding mothers in this unique environment and about the impact the environment has had on mental health. We will also explore what virtual lactation support has looked like, including our own team's efforts to support mothers.

As always, we are so grateful to this edition's contributors, to the BFREE Steering Committee for their advice and engagement in our efforts, and to each of you for your passion for breastfeeding support. Please share any feedback and contribution to future newsletters! Please email your ideas to us at BFREE@northwell.edu.

Henry Bernstein, DO, MHCM, FAAP
Principal Investigator
Creating Breastfeeding Friendly Communities

July 2020

Success Spotlight



Below is an anecdote from Danielle, one of our Baby Cafe facilitators in Southampton, NY.

A breastfeeding mom on the front-line, whose child is being cared for at the Child Care Center of Hamptons, recently expressed concern over the challenges of breastfeeding while at work. Because of the current public health crisis, she expressed that she was having difficulty finding the time to pump at her workplace due to multiple layers of protective gear that she needed to remove to be able to pump. A private donor heard about her struggle and donated money towards a Willow pump, a hands-free breast pump that fits in your bra and works while mom goes about her work. The Child Care Center of the Hamptons also contributed toward the purchase of the pump, and had it overnighted to the mom. The mom was so thankful

upon receiving the pump and said, "You did not have to do this (for me)." Danielle from Child Care Center of Hamptons replied, "You do not have to be on the front-line for the community, (but you are)." Given everything going on, this mother chose to be on the front-line fighting for the health of her community. This small gesture was the least her community could do for her.

The BFREE team thanks all the front-line workers for the sacrifices they are making during this time to keep our communities healthy.

Join us for virtual BFREE Baby Cafes!

Tuesday
1:30-3pm (English)*
<http://bit.ly/sshbabycafe>

Tuesday
7-8pm (English)
Thursday
10-11 am (Spanish)
11am-12pm (English)
<http://bit.ly/bfreebabycafe>

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Ask the Expert

For this quarter's newsletter, our BFEE Team asked three International Board-Certified Lactation Counselors (IBCLCs) about their insights regarding how COVID-19 has impacted breastfeeding for mothers. **Wendi Andria (WA)**, is an IBCLC at Southside hospital working on the delivery floor. **Jennifer Giordano (JG)** is an IBCLC with her own private practice in Long Island and supports mothers upon discharge from the hospital. **Dawn Kempa (DK)** is an IBCLC and a WIC Program Director at Cohen Children's Medical Center, working with mothers and families in the community.

How has COVID-19 impacted mothers' hospital experiences with breastfeeding?

WA: My anecdotal opinion is that there has been a higher exclusive breastfeeding rate in the hospital, but higher failure rate after discharge. Early discharge -- going home at 24-28 hours after birth -- resulted in less hands-on IBCLC support, less time for education, more anxiety and fear, and no support person to turn to when they need help. COVID-positive moms are getting separated from babies with any respiratory symptoms, and due to COVID, NICU visiting for all parents is limited to only one hour per day -- this means that some mothers are seeing their baby for the first time at discharge!

JG: Mothers are not getting enough time to be well educated, supported, evaluated, and referred. Someone should sit with the mom, but assessment and observation aren't

happening. Failures of our system are currently becoming exacerbated -- the staff is stretched too thin as they are mostly skeleton crews and all the nurses need to be on COVID units.

Mothers are so vulnerable in the first 24 hours, and their family members can't even come in and ask how they are. But the biggest failure of all is that we don't have somewhere to send them for help after discharge.

DK: Mothers are very stressed. They are dealing with the life-changing experience of giving birth on top of dealing with the COVID-19 pandemic. Sure, moms are educated on the benefits of breastfeeding, but the added stress seems to change things. When the babies want to cluster feed in the first days, some moms will give formula.

What are issues you are seeing regarding breastfeeding after discharge from the hospital? Are they the same as before, or different due to COVID/early discharge times?

WA: Higher failure rates after discharge, mothers are being discharged before the baby begins cluster feeding, therefore they don't have the support to tell them about normal newborn behavior. Also, not as many moms are reaching out for support. When I do call backs, many have already given up on breastfeeding. Painful latches are still a major problem, but it is difficult to help virtually. There is more nipple shield use on discharge, and more formula supplementation or beginning to

use pump before recommended 3-4 weeks.

DK: During the early months of the pandemic, we were giving out more formula than ever. You would think the mom would put the baby on the breast to get the magic milk, but that didn't seem to be the case. Recently, however, exclusive breastfeeding rates are up. Moms seem to be settling in to the new norm. When our WIC peer counselors conduct follow up calls, moms are saying that they did not use the formula. More of them are choosing the larger food package instead of the package with formula and slightly less food.

How important is partner/family support of breastfeeding during this time?

WA: They are very important. They take in a lot of the education about breastfeeding and can remind the mother. They can help pick the baby up, change diapers and hold the baby so mom can rest. It is difficult without a support person with the mother in the hospital. Mom is not getting much rest, and is more overwhelmed, so then she is more likely to supplement with formula.

DK: Support is very important, especially during the first two weeks. Family members can bring the baby to mom for feedings, change diapers and hold the baby so mom can rest. However, well-meaning family members can undermine the process by holding and engaging baby so much that breastfeeding sessions are overlooked.

JG: Prenatal education is so important -- you can tell the excitement and relief in the

mom's voice once she receives the support. Partner support is the next most essential facet. Educating partners about resources is crucial.

It's hard to even know if some Lactation Counselors are working – the health care practitioners (HCP) don't even know which lactation counselors are working, so how can we expect patients to?

Also, the virtual appointments are so quick after postpartum that breastfeeding is being neglected more than ever. People are resorting to using formula earlier – especially our underserved population. They have a huge fear of not having access to formula, which they want because what if breastfeeding doesn't work? Having formula on hand would mitigate the food insecurity. Additionally, the media portrayal of the pandemic – lack of supplies in grocery stores -- may influence people to stock up on formula. Finally, high unemployment rates may lead to lack of money and support, and

lack of confidence regarding their ability to breastfeed.

Can you share a particular meaningful experience you have had with a mom?

WA: I had a mother that was one of our first PUI (persons under investigation)'s because of a one time fever in labor. While waiting for her COVID results, the mother and baby were separated and her husband was sent home. This was her first baby after years of failed IVF. The mom was extremely emotional, rightfully so. This prompted me to call a meeting with our department leaders to discuss our process. As a result of the meeting, we concluded that a respiratory asymptomatic PUI or COVID positive patient did not need to be separated from her baby and should cohort together. I was able to bring her baby to her and we faceted her husband. We all cried together! In the end the mother was COVID-negative. The entire experience was very difficult for this mother. She attended one of my virtual baby

café sessions recently, and was still exclusively breastfeeding.

JG: Every day that you work is rewarding, but now more than ever, these moms and dads are beyond thankful. They can't find anyone and are so thankful to get support during this hard time. Also, mental health support and education are so important right now. It's always important to remind them that they are not alone, that mom has a place to turn to, a phone number to call and that moms can call and ask if they can help other moms, which creates a community support network. Also, the Association of Lactation Providers should provide every hospital a list of resources in their discharge packet.

DK: There was a period when visitors were not allowed in the delivery room. Moms delivered their newborn without the support of their husband or significant other. The nurses in the labor and delivery room and the postpartum unit became their support team, and they did an amazing job!



Telehealth Lactation Services: See a Provider From Your Home

BFREE Pilots Weekly Telelactation Sessions

Since the COVID-19 pandemic began in March 2020, an increasing number of healthy, full-term newborns are being discharged 24 hours after delivery. No study, however, has shown the presence of SARS-CoV-2 in breast milk, so promotion and education of breastfeeding are still of utmost importance. But with shelter-at-home recommendations in place, mothers are facing the challenge of finding in-person lactation guidance, our telehealth virtual breastfeeding support program effectively fills that gap.

Telehealth breastfeeding support for expectant and new mothers (and families), piloted by the BFREE team, provides breastfeeding education through interactive support groups, facilitated by lactation professionals using telehealth services. Each session provides the opportunity individualized questions on video chat or chatbox, with additional breastfeeding guidance and resources provided on slides. A team member manages the technology, including slides, attendance and the chatbox, with the IBCLC serving solely as subject matter expert.

Our 5-week pilot initiative has successfully created telelactation sessions, facilitated by IBCLCs and CLCs, that have provided breastfeeding education to new mothers in the community. Using telehealth services for our virtual breastfeeding support groups allows vital accessibility to essential support for mothers during this public health crisis. Despite the notable challenges of technology, language, marketing and timing of the sessions, transitioning to a virtual support environment has resulted in increased attendance and engagement.



Maureen McCormick, BSN, RNC-MNN, IBCLC – Katz Women’s Health Center Virtual Breastfeeding Support Group

Katz Institute for Women’s Health – Northwell Health offers a virtual support group on Thursdays that has had great success. Participants have more than doubled since the initiative went virtual. Leaving the house in the first few days post-delivery, even before the breakout of the pandemic, is quite challenging and impractical for most women. The virtual sessions now enable more women to get the support they need from the comfort of their homes, making them increasingly appreciative of the initiative. But of course, technology presents its own unique challenges of access and reliability as network interruptions and fluctuations sometimes mar the experience for patients. Nevertheless, experts across fields agree that virtual engagements in this regard will remain with us even after COVID-19, not replacing in-person connections, but allowing for efficient, easier and faster service delivery in most cases. For now, more and more moms are getting comfortable with virtual support and are thankful for its availability at this time.

Linda Stopsyk RN, BSN, IBCLC, CDE, LCCE – Northwell Breastfeeding Telehealth

A benefit I have experienced using telehealth is being able to reach out to patients who are experiencing short hospital stays due to the current pandemic. Telehealth adds another layer of support that most moms are appreciative of the help, even as some moms are able to receive multiple visit sessions. Video telehealth enables us to see moms face to face - how they look, how they are feeling, etc. The sessions are conducted with the mom in the comfort of her own home. Telehealth visits are made to accommodate the mom’s schedule and they eliminate time spent in a waiting room for in-person visits. Many moms have responded positively, understand the technology and

are very comfortable with virtual lactation support; some even prefer phone calls. Telehealth will change the way lactation support is provided and it is here to stay, as a good addition to in-person visits. Sometimes a patient just needs emotional support and a confirmation that everything is going the way it should, and telehealth is proving an effective way to provide this. It is a wonderful vehicle for patient care and should continue to grow and be utilized.

Theresa O'Donnell, RN, BSN, IBCLC – Northwell Health General Pediatrics Breastfeeding Telehealth

Some of the benefits of virtual lactation support to moms include the comfort of being able to receive such vital support in the comfort and relaxed atmosphere of their homes. They do not need to worry about taking the baby out of the home in the risk of the pandemic and bad weather. Technology platforms such as Facetime, Amwell and WhatsApp provide effective interfaces as long as there is someone to help if and when needed. Moms already using telehealth services have very positive reviews.

One challenge I have experienced using telehealth for lactation support is that moms can be distracted with other kids in the house and unable to totally focus on the session. It is also hard to help some moms properly position the baby; I advise that they go to websites and look up positions prior to calling. The timing of the appointment can also be a challenge as the baby may not be hungry at the time of the appointment and may therefore be difficult to position and latch. In addition, families do not always answer the phone for their scheduled appointment. The way we provide lactation support in the future will change with increased telehealth visits rather than home and office visits – at least for the next year or so until this pandemic is over. This will not be as much of a change for new moms, since they are most likely to be at home (distance to protect baby), compared to moms with previous children.

References

[1] "Breastfeeding Facts." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, December 28, 2019. <https://www.cdc.gov/breastfeeding/data/facts.html>.

[2] "Pregnancy and Breastfeeding." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, April 15, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>.



Mother's Perspective

By: Jaclyn Shoup

I had my second daughter on April 30th. Her due date was May 11th so she came a little early. It was stressful leading up to the delivery with so many changes literally every day. With my first daughter, who is now 2 1/2, I didn't go in with a set birth plan; I just knew that I didn't want a C-section. There ended up being a lot of changes along the way: the baby's heart rate had dropped and the cord was wrapped. There was so much to process, but I had my husband. I was nervous about my husband potentially not being at my second daughter's birth, in case something happened or if there were going to be challenges. I was nervous there wouldn't be someone who knew me personally and knew best how to help me make those decisions. I was nervous that if my baby got whisked away, my husband wouldn't be there to go with her. I was comfortable with the nurses where I delivered at St. Charles, but it isn't the same.

Ultimately, my husband was able to be there. When I was admitted to the hospital, they gave me a COVID test and took our temperatures, asked us questions, and of course we were wearing masks. Once we were there, he was able to stay for the whole delivery and postpartum until I was discharged. He was the only visitor allowed, unlike when I had my other daughter and my parents and sister were there. He wasn't able

to leave the room. We did room service for food so that we weren't leaving the floor.

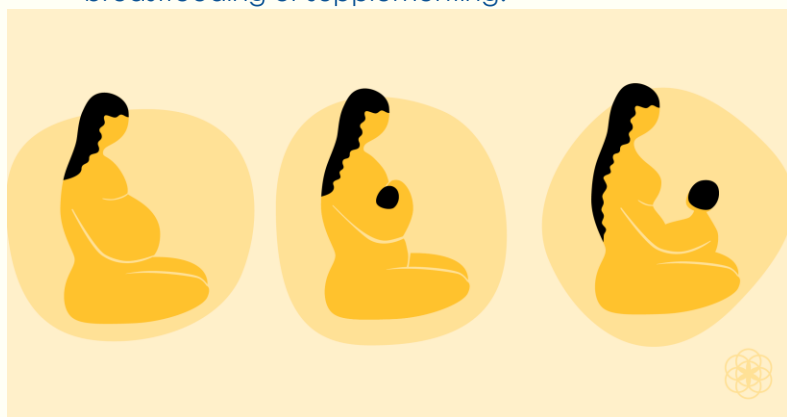
I was allowed to leave the hospital 24 hours after delivery, but I chose to stay an extra night. I was going home to a toddler and wanted to feel 100 percent, but I wasn't there yet after the first night. My husband and I felt safe at the hospital. The nurses reassured us that they were taking extra precautions. Once they got to the hospital for the day, they stayed on the maternity floor and didn't leave. All of the rooms were private and no one ever came into our room other than a nurse in a mask. We were pretty isolated from anybody. So much can happen after the initial 24 hours with blood pressure and uncertainty, so I am very thankful I had the opportunity to stay and that the hospital was even encouraging moms to stay if they were comfortable.

The hospital I delivered at is very pro-breastfeeding. The nurses in the delivery room ask the mom if she is going to breastfeed or bottle feed so they know after. They immediately give a solid hour of skin to skin to get a good latch. The first hour is so important. They always checked up on me and even do so now to make sure I have a solid latch and to see how I am feeling. The lactation consultant also came during postpartum, checked the baby's chart to see output on diapers, and gave some basic breastfeeding information and a packet of lactation consultants doing telemedicine for follow-up if I felt the need. I felt very supported and glad that the nurses didn't assume that breastfeeding would come easily just because I had breastfed my first daughter for 26 months. Although I was able to breastfeed her for so long, I had struggled with her, as the latch took a little longer to establish as a first-time mom. This time, I was more relaxed, comfortable, and confident, especially with the nurse in delivery always checking in on me and the latch.

After delivery, I went to see Jenn in her office. I felt confident that it would be safe there since I already knew her. I first got connected to Jenn through my older daughter's pediatrician. Although I didn't recognize it then, I had really bad postpartum depression for months after my first daughter was born. I didn't know how bad it was until I came out on the other side and was like "wow that was bad." I think it was really due to a lot of outside noise and pressure, such as with breastfeeding. Now, there is so much pressure to breastfeed, breastfeed, breastfeed for a

year (not six months anymore). But Jenn was there as a safety net for me. She said we are going to do this if it is your goal. You can do this. She was someone who I could talk to openly. She was so helpful the first time that I knew I should go back to her with my second daughter. I felt so good knowing that I had that outlet. Although I was confident with breastfeeding when I left the hospital, I wanted Jenn to tell me that I was doing okay. I don't think many of us are strong enough to admit that we need to be told that we are okay.

Because of my first experience and having this baby in the age of COVID, I really worked on my mental health and mentally prepared myself. It really is a different world. But through it all, I know that I have to be present for my two girls, my husband and myself no matter whatever comes, whether it means breastfeeding or supplementing.



One way that I have found support during this time is through being open with my husband about everything and how I am feeling. I am very lucky that we are able to have real heart to heart conversations. I can tell him "hey this is what I want to do," "this is how I am feeling," or "I need a minute to process everything." Also, one of my best friends is my sounding board for all things, even just to tell me that I am not screwing up my kids. She's also a mom so she gets it. She just had her daughter in August and her son is a year older than my first daughter, so we are going through this little child phase together, navigating together through the bad days and the good.

I am also very confident in going to my pediatrician and my husband is allowed to come to the newborn visit, which is nice. The office moved sick patients to another building. You call when in the parking lot and go straight into the room. Everything that they would have done at the front desk is done in the room now. The doctor is in an N95 mask and washes their hands

as soon as they get in the room. We are also being diligent about washing hands and surfaces.

The biggest challenge during this time is that I have decided not to see my parents. They aren't working, only going to food stores when necessary, and taking extra precautions so I feel comfortable with my decision. But sometimes I even question that. Although it's also good for my mental health to know they are just 5 minutes away. I'm sad to not be doing all of the things I got to do with my first. I didn't get to do the newborn family photo shoot. We didn't get to do the sip and sea family barbecue that we were planning. That tugs at me. There is so much to celebrate. You feel robbed of it because you aren't getting this time back.



Another hard thing was my husband missing out on my sonogram appointments and all that. Normally, he would at least have the option to come, even if he weren't able to make all of them. I had also been bringing my daughter to the appointments to help her with the transition, and to show her, her baby sister on the screen. Usually, after an at-home pregnancy test, it takes time to help the family become connected to the pregnancy and the sonograms helped with that. But now it's just 'mommy is going to the baby doctor.' Also, my husband and I don't know if we are having more children, so it might have been the last time we could have seen a baby on the screen. Those are milestones that you don't get back. That is the hardest thing: all the things you are missing out on. But I try not

to focus on that because you can go down in a rabbit hole.

When my husband sometimes gets caught up in it, I remind him that we didn't do anything to cause this so we have to make it the best we can. That's what we live by and that's how we have been able to manage so well with bringing home a newborn in this pandemic. You either sink or swim. You can either go down that black hole or you can take advantage of going for a walk as a family every day or playing in the backyard. On the other side, my husband and I are not working right now, so we are adjusting. We are lucky our finances are ok, although not great. There are a lot of moms and families for whom that would be a huge stressor, but we have enough in our savings and support from my parents so I don't feel that pressure from not being able to work. We are getting the unemployment and loans for our business so it's ok. We are doing the best we can.

Looking at the silver linings, we are having so much family time, getting to be home together and learning how to now be a family of four. Before, I was planning on getting one-on-one mommy and me time with my older daughter away from baby, for instance by leaving to go to Target or her gym class twice a week. Now, I have to think about how to get mommy and me time when being stuck in the house with such limited stuff during this time. It's also positive that my husband and I have become closer during quarantine. We have our moments, but I look at it like we are navigating this together and hopefully in 6 months or a year we look back at this as something that we went through together. We are now a stronger team, and are able to know better when we need a break to get that "me time" or get stuff done. Although at first it was hard to adjust, I like the new normal. I am not feeling pressured to go get my nails done, go to Target, do this, or do that. All that went away. I am okay with that. I like that we are sitting down and having family dinners every night. Life was so chaotic and crazy before. We were always go, go, go. Now it is definitely a slower pace, but we are taking time for each other more. The screen time has gone up a little bit which I feel guilty about, but I try to remind myself that this is just a season in life; nothing is permanent. I am just getting myself through a hard, rainy day with my husband, a 2 1/2 year old, a dog and an infant.

Mental Health in the Time of COVID-19

Despite COVID-19, A Special Team Continues to Help New Mothers with Breastfeeding, Mental Health, and So Much More

By: Micole Galapo-Goldstein, FNP

Contributions from: Health Solutions Department

Amparo Abel-Bey, MPH, Zenobia Brown, MD, MPH, Hallie Bleau, ACNP-BC, Ashley Meskill, MS, FNP, Chani Traum BSN, RN, Keisha Sumner, MPH

Northwell Health Visits is a team of trained and certified staff providing individualized guidance to families around many topics, including explanation of hospital discharge instructions, social distancing and recommendations during the COVID-19 pandemic, caring for their newborn, lactation and breastfeeding, environmental safety, and childcare plans. As a result of standard needs assessments and behavioral health screening tools, the team also provides linkages and referral to Northwell Health practices and specialists as needed, including but not limited to Behavioral Health support via the Zucker Hillside Perinatal Psychiatry program and the Women's Heart Health program for ongoing assistance regarding blood pressure and diabetes concerns, as well as connections to community networks of necessary services to address social determinants of health for the family, holistically. In alignment with Family Connects International policies and under Northwell Health's recommendations and guidance, the team has switched from compulsory in-home visitation to a model of telehealth, with the opportunity for in-home visitation due to clinical escalation, to continue to support the hundreds of New York families they serve, while keeping safety the team's number one priority for everyone. One of its major community partners, Help Me Grow-Long Island, has been instrumental in connecting families that we refer to them to essential needs such as diapers and other baby items, meals, childcare and family support services.

Northwell Health Visits is more than a universal program. It is a preventive system of care and coordination across a complex health and wellness landscape.

Before the onset of COVID-19, Northwell Health Visits was conducting an in-home randomized-controlled trial of the Family Connects International model and visiting moms anywhere from 2-4 weeks after delivery.

We were able to be very hands-on because we were in the home -- moms loved and appreciated this particular format of the program. March 13, 2020 was our last compulsory in-home visit. However, if deemed clinically necessary, the team had proper PPE provided by the Health Solutions Department to be able to make a home visit. After temporarily pausing the research component of the Northwell Health Visits program we started transitioning to telehealth and working with COVID-positive moms, as the hospitals were testing moms for COVID.

Immediately we saw a lot of asymptomatic moms, which caused the OB/GYN service line at Northwell to see these moms needed ongoing guidance and follow up as they understood the care in the hospital was now shortened. During that period, hospitals decided that discharge after vaginal delivery would be 24 hours, and discharge after C-section would be 48 hours.

Health Solutions operations shifted and we mostly supported moms by telephone, with telehealth guidance when necessary. Our visits are very detailed and go cover CDC recommendations around COVID, including lactation and other concerns related to the mom, baby, and family. The team tries to visually support the mom to get the baby to latch and takes the time to understand what the mom's goals are.

A challenge that we are finding with moms is that their milk hasn't come in yet, and they've barely have had time to get baby on breast due to the quick turnaround time from the hospital setting. Some moms have a low nighttime fever when milk comes in, and they are worried, thinking it is COVID. Our program model includes a call at 24 hours after discharge to ensure patient stability, 48 hours post discharge to support moms through this crucial lactation period, a call between day 5-8, based on observed COVID disease process in which patients can appear stable and then can suffer a decompensation due to cytokine storm or clotting around this time, and a 14 day discharge call to reinforce end of isolation education. The frequency of touches follows a rigorously tested and streamlined approach to connect with moms; to help guide them through the whole period of time after discharge from the hospital when things are changing so much. As it relates to breast feeding, our team of care navigators talk about what to expect with the breast, with the milk, about milk supply and demand, cluster feeding, keeping the baby awake and much more.

According to the CDC, moms who are asymptomatic can feed their babies while wearing a mask. There's so much unknown with COVID that moms are sometimes getting advice that they can't breastfeed and they have to pump. With so many different recommendations and with information being updated, some moms struggle mentally and emotionally. One mom we called and left a message, called us back at the end of the day, crying. She said,

"I want to know about breastfeeding." Her pediatrician had told her she couldn't even be near her baby, which made her extremely upset because breastfeeding was going so well. We discussed the CDC's recommendation and she said she would speak to her pediatrician to discuss it further. She was so appreciative of information coming not just from me but from CDC and felt educated and empowered to discuss with the pediatrician. In this and many other cases, we ensure that we circle back to pediatricians and other providers to ensure patient safety and education is aligned.

Another big challenge they're facing is with what other moms are saying, and with what erroneous information is out there. We guide moms with facts from health officials.

During the time we are navigating the breast feeding moms, we talk to them about how to care for their breast pumps. We make sure they have one and know how to clean and store their pumps and breast milk. We especially emphasize proper cleaning when the mom is COVID positive. Some of COVID positive moms do end up exclusively pumping.

The fear of COVID, breastfeeding and exposing the infant is the main challenge we are facing that is different for us during this time, especially because we can't be in the house physically helping moms putting the baby on the breast and showing them what needs to be done. Fortunately, we've been able to change and adapt our approach and leverage technology to overcome this circumstance. It has still been very successful and for the moms via telehealth. They are very appreciative.

Our maternal care program also supports postpartum moms who meet high risk criteria that are not COVID positive as we are particularly concerned with health disparities and seek to address them insofar as extending our services to those who need it most. The criteria include: hypertension, diabetes, postpartum mood disorders, and a history of anxiety and depression. We've found that there are moms who are finding it difficult to thrive during the pandemic. One unfortunate consequence is that extended families can't meet the new babies. A mom had recently stated that, "facetime is not the same and having to be six feet apart is not the same." It's truly very difficult for the moms to not be able to share this special time. There's nothing we can personally do for these moms besides talk with them and support them through this, but we're there for them, they know it and they appreciate it.

We really try to put a positive spin on the interactions we have with these moms. I've said to a couple of moms -- as a female in this nation, we're always fighting for our rights. We're fighting especially for maternity care and maternity leave and lactation benefits. Only recently did we win the fight to have time and special space to pump. Here, in these unique circumstances, we have an opportunity where we're stuck at home, we have nowhere to go. Interestingly, we're forced to be at home and we're still working and getting a paycheck and still breastfeeding. This is something we fought for, and it's amazing. It's such a great opportunity for moms. They start to see breastfeeding as something more special than ever. We try to highlight the positives to help people get through such a tough time.

Some of the COVID-positive moms verbalize that they feel bad that the dads have to do everything. Maternal instinct isn't just having time to pump and feeding with the bottle. It's so hard to step away from the instinct to push everyone else away and feed and take care of the baby themselves.

Another situation during the postpartum period that is always difficult for our moms is if we have to send them back to hospital - due to a medical necessity. They want to go back to the hospital with the baby, and not be separated, especially in these times. It's a very emotional time for them. During our telephonic visits we talk about postpartum blues and depression with ALL moms and we let them know what's normal and what's not, which is especially important in this scenario.

As a result of COVID, the Northwell Health Visits program had the great opportunity to adapt, change and expand to help moms in this unique and unprecedented time of need. As the number of COVID-positive patients we are taking care of diminish, we will continue to take care of moms who are high risk for severe maternal and infant morbidity and mortality. With the support of the OB/GYN service line at Northwell, this program will continue to grow and expand across all hospitals that do deliveries.

As always, we focus on the support and education we give moms – they know that we are there for them with any decision that they make or challenge that they have and that goes very far for the moms. We are an extension of the hospitals and an added support to the care they receive from their physicians. We make sure we are supporting the mom, baby and family and assuring there is communication across the continuum of care at Northwell.