

BFREE E-Newsletter

April 2020

Breastfeeding and COVID-19 (Español)

By: Lauren Macaluso, MD, FAAP, FABM, IBCLC

The choice to breastfeed is the mother’s and families.

In their March 10, 2020 Statement on Coronavirus 2019 (COVID-19), The Academy of Breastfeeding Medicine states this choice continues during COVID-19. Breast milk protects infants from illness. It is rare when breastfeeding or feeding expressed breast milk is not recommended. The statement can be found here: <https://www.bfmed.org/abm-statement-coronavirus>.

In limited studies on women with COVID-19 the virus has not been detected in breast milk.

The World Health Organization states that mothers with COVID-19 can breastfeed.

A mother at home with confirmed COVID-19 (or who has symptoms and is being tested) should take precautions to avoid spreading the virus to her infant.

- Use hand hygiene (soap and water 20 seconds or alcohol based hand sanitizer) before touching the infant and wear a facemask, if possible, when feeding at the breast.
- If expressing breast milk, mom should perform hand hygiene before touching any pump or bottle parts
- Follow CDC recommendations for cleaning: <https://www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding/breastpump.html>
- If possible, have someone who is not sick care for the baby and feed the expressed breast milk to the baby.

Mothers with confirmed COVID-19 infection should be separated except for breastfeeding.

- The goal is to have another uninfected adult care for the baby.
- The mother should continue hand washing and mask wearing for at least 5-7 days until cough and respiratory secretions are improved.

In the hospital after delivery, there are similar recommendations for the confirmed COVID-19 or symptomatic mother who is being tested. The goal again is to have another uninfected adult caring for the baby.

- To avoid spreading the virus to her infant:
 - Separation is recommended with the infant in a bassinet 6 feet from the mother’s bed
 - Mom must perform hand hygiene before and after touching the baby or bassinet.
 - Mom must wear a face mask

If the mother with COVID-19 needs medical care for herself in the hospital, temporary separation from the baby may be necessary. Mothers who choose to breastfeed should be encouraged and helped to express their breast milk and establish their milk supply.

- The same recommendations again apply at home or in the hospital
 - Hand hygiene before hand expression and pumping
 - CDC pump part cleaning
 - Have an uninfected adult care for the baby and give expressed milk are recommended.

(continued on next page)



Original artwork by Dondei Dean



Creating Breastfeeding Friendly Communities

INSIDE THIS ISSUE

BF and COVID-19.....	1
News and Updates.....	2
Letter from the Editor.....	2
Barriers to Breastfeeding.....	3
WIC: Supporting Mothers.....	4
Mother’s Perspective.....	5

BFREE Editorial Board

Editor in Chief

Hank Bernstein

Managing Editor

Michelle Chen

Editors

Julia Feinstein

Jennifer L. Giordano

Pamela Reichert-Anderson

Anastasia Schepers

Maggie Sherin

Pearl Subramanian

Warmline with Allied

Health Foundation:

1-866-211-0404

Information is being updated by the CDC and WHO as it becomes available. You can check here for the most recent recommendations:

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html>

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

Additional Updates and Information

- Our Baby Café locations throughout Long Island have temporarily closed due to safety precautions with COVID-19. We thank you for your patience and understanding.
- We have partnered with Allied Health to give free breastfeeding webinars. Please check our [Facebook](#) page for the most up-to-date details.
- We encourage all expecting and breastfeeding mothers and families to call our Breastfeeding Warmline to speak with an International Board Certified Lactation Counselor (IBCLC) from the Allied Health Foundation. (1-866-211-0404)
- [Cómo mantener limpio el extractor de leche materno](#) (CDC)



Letter From the Editor

The beginning of spring is upon us, but many of our team members have been enjoying the beautiful weather inside and staying at least 6 feet apart as we do our part in social distancing. The BFREE team chose to focus this newsletter on breastfeeding and immigration a few months ago: we wanted to dedicate an issue to the unique barriers and challenges that immigrant families face when trying to breastfeed. However, given the current COVID-19 pandemic, we wanted to open this issue with some insight from Dr. Lauren Macaluso. Dr. Macaluso is a specialist in breastfeeding medicine who serves on our steering committee, and we thank her for taking the time to compile evidence-based support and resources for breastfeeding in this challenging time. Additionally, our team has included links to additional guides and resources that we hope you find useful. We hope that everyone is staying healthy and safe.

A handwritten signature in black ink that reads "Henry H. Bernstein".

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

BFREE Steering Committee

Wendi Andria
Anthony Aprile
Therése Aprile-Brzezinski
Zahrine Bajwa
Marta Blanco
Lauren Brand
Tracyann Camarda
Lynne DiGiuseppe
Colleen Farrell
Mary Goussis
Ellen Higgins
Edward Hill
Grace Ioannidis
Lauren Macaluso
Donna Moravick
Sharon Oliver-Murthy
Mabel Origho
Jennifer Shaer
Maria Vesey
Lizeth Villa

Barriers to Breastfeeding in Immigrant Communities

By: Omolara Thomas Uwemedimo, MD, MPH

Note from the editor: Due to space constraints, we were only able to publish a small part of our interview with Dr. Uwemedimo. To read her interview in its entirety and to learn more about the unique barriers to individual and community health for immigrant families, click [HERE](#).

Please tell us a little about yourself and your work, especially your current interactions with immigrant communities in our region.

I work with immigrant families in communities in a few different capacities. At the core of everything, I am a black woman, a wife, a mother, and a pediatrician, and these identities have shaped how I approach all of my work. I consider myself a “social justice physician,” and my main focus has always been to work towards achieving health equity for underserved and marginalized populations.

My work began outside the US, working in low-income countries to address public health crises such as the HIV epidemic. Shortly after, I began shifting my focus towards marginalized communities domestically- especially communities of color and immigrants. I have tried to increase the health access/status of these communities through research, education, and advocacy.

My priority is to address the unmet social health needs of communities and understand how their bigger questions of identity, such as language and immigration status, influence the health and wellbeing of families and their abilities to access healthcare. Only once we address these bigger questions can we focus on more specific issues.

In addition to this work, I do a lot of speaking at conferences, writing, rallies, and news media outlets to address the wider public. I also work with medical students/residents and lead the global health training program at Cohen Children’s Medical Center to help educate rising healthcare professionals on how to work with communities of color appropriately and responsibly to foster trust and address their specific health barriers.

What are some of the attitudes towards breastfeeding that you see in immigrant communities?

This is hard to answer because immigrant communities are so diverse. I have seen some immigrant communities who are super apt to breastfeed because it’s free, and also many communities who choose to breastfeed because they work primarily in health care-related industries so they are educated about breastfeeding’s many benefits. However, I’ve also seen a reluctance to

breastfeed because of the stigma. Many immigrant families come from countries where there was a huge push in the 1970s to use formula because it was a signal to others that you had greater means. Now, many immigrant parents and grandparents feel that breastfeeding is only for poor people, a belief that was really international before the push for Baby-Friendly.

For many immigrant mothers, it’s hard to admit when breastfeeding is difficult, especially when there’s a lack of peer to peer support with breastfeeding. We need more of mom-to-mom support, where someone who has breastfed before can talk to others about their experience, the challenges, and help educate them without being in a hierarchical position of power.

I am from an immigrant family, and in my experience, the primary source of information about childbearing/childrearing comes from family members, with pediatricians as a close second. Since current parents/grandparents may not have a lot of information about breastfeeding, there may be less acceptance or support for trying it. Especially since feeding is such an important way for parents/grandparents to be involved with the new baby, they may want to formula-feed because it’s what they’re comfortable with and knowledgeable about. Also, as soon as there are any challenges with breastfeeding, the default is often to switch to formula rather than work through knowledge curve and challenges.

That being said, I think there has been more of a push for breastfeeding among younger generations, although this depends on people’s access to education through media, support groups, health care providers, and more.

What breastfeeding support exists for immigrant communities?

In my experience, everything is transmitted by word of mouth in immigrant communities so your reputation is everything! Having a group or champion who is trusted by immigrant communities is essential, so you don’t just come in with a “solution” and act like a savior, but rather find those early adopters in the community and get to them to have conversations about improving health. These conversations will get communities to come together to have discussions and address concerns, and then also provide education in the background. It’s incredibly important to address communities’ primary concerns first. If housing is their primary concern, address housing, and then you can begin to talk about breastfeeding.

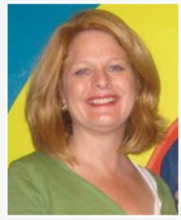
(continued on next page)

At the very core of it, very few parents do not want to do what's in the best interest of their child. We shouldn't present breastfeeding as just "the right thing to do," but rather we should tell families how breastfeeding will improve their children's health/development/milestones in the short term. This is especially important for first time moms who often feel confused or uncertain—anything you can do to put them in the driver's seat and allow them to actively contribute to their child's health is incredibly important.

What kind of breastfeeding support is missing?

Immigrant communities are often extremely isolated. Parents go to work, come back, sleep, and go to work again. By creating opportunities to get people together, we can not only foster communication and socializing, but also create focus groups where communities can devise solutions to their problems themselves. It's a much slower process, and not as fun as coming in with a magical solution, but it's also the most sustainable.

WIC: How We Can Support Immigrant Mothers and Breastfeeding



By: Dawn Kempa, RN, IBCLC

Dawn Kempa has been an RN and IBCLC for over 20 years, and currently works with both WIC and the BFREE Team to promote breastfeeding throughout Long Island.

Please describe any particular challenges you are aware of regarding immigration and breastfeeding.

Immigrants usually come here and think they have to get formula, because they think it's the American way (formula is more modern). Even the women who have a large milk supply come to WIC and ask for formula because it is free, and because people tend to think that if you go to WIC you automatically get formula. This throws the whole system off because breastmilk is actually the best nutrition for your baby. There is proof that formula and breastmilk both affect the microbiome, and even one ounce of formula will change the gut microbiome. Formula is also very expensive, but when pediatricians recommend it, communities know that they can get it at WIC. I wish more families knew that we have ways to help if mothers experience problems with breastfeeding. Many times, it is a confidence issue that prevents women from breastfeeding exclusively and meeting their goals.

What services does WIC provide to help immigrant/non-English speaking mothers with breastfeeding challenges?

WIC provides plenty of services to help with breastfeeding challenges, including for immigrant/non-English speaking mothers. We have IBCLCs, CLCs, and peer counselors who have all been trained to help mothers reach their breastfeeding goals. Many of these individuals are bilingual, and if not, there are always translators available to help.

Additionally, all WIC staff are trained not to ask about how long mothers have been in this country, citizenship status, and other demographic factors given the fear of deportation and trust issues that might prevent mothers from accessing WIC services.

How can we better reach, communicate with, and support immigrant communities with breastfeeding, recognizing that they have personal health priorities and face unique barriers?

We don't have to reinvent the wheel. Rather, we should look to groups and organizations that are longitudinal and that have good, existing reputations with their communities. For example, the Child Care Center of NY's Early Head Start Program, which helps parents get free child care and offers a collection of services to improve children's cognitive development, is really well trusted by families, especially since they have home visitations. Early Head Start is a great way to access families and leverage relationships with immigrant communities, because they are well-established and longitudinal. Schools, homes, and day cares are also great places to access families because they're places families have to interact with, even if they're working. We should try to use tried and true solutions rather than reinventing the wheel.

How has the current political climate influenced breastfeeding decisions by mothers?

In general, women are not coming to WIC, and if they are, it's mostly to get formula. Often times they will come to WIC for survival purposes (to get formula, food for their family), and so breastfeeding isn't the main priority. Although there is a lot of help in the community, such as baby friendly support groups, there is no attendance at the sessions.

It would be helpful to create a webinar Zoom room for breastfeeding support groups so that people can call in without having to leave their houses, and get tele-help from the Baby Cafés and other sources.

In your opinion, what are concrete next steps that can be taken to help the undocumented population meet AAP breastfeeding goals?

The most important things that can be done are to increase attendance at WICs and to get women to attend prenatal classes. WICs can increase their attendance by spreading the word through clinics in the area and by getting to know the local communities so that information spreads by word of mouth, through family and friend networks. Once at prenatal classes, WIC counselors will use the BAT (Breastfeeding Assessment Tool) to measure the knowledge, support, and attitude that women have toward breastfeeding. This way they can connect each woman to a peer counselor, schedule prenatal appointments before the baby is born, and teach them about positioning and manual milk expression for breastfeeding.

The Baby Friendly Hospital initiative has also helped more women to breastfeed earlier on and receive the help they need, so hopefully that will continue to gain traction. Additionally, more people should be made aware that Medicaid covers donor milk, and that hospitals should have donor milk on the postpartum floor (not just on the NICU floor).

Mother's Perspective

By Lizeth Villa, BA



Lizeth Villa is a trained psychologist from Colombia. Lizeth moved to the United States a few years ago and now lives in the Queens/Long Island area with her husband, two step sons, and 10-month-old baby boy. She is the newest member of the BFREE Steering Committee.

I worked full time during my pregnancy in Nassau county. I delivered via C-section, and was not sure what I had to do to breastfeed at first, as it took 2-3 hours to recover and I wasn't aware that those first hours were crucial for me, my baby, and my breastmilk. After initially trying to breastfeed my baby, I had to find counseling in the hospital.

As my baby started crying, I became curious about the process of breastfeeding. I didn't start off with a ton of breastfeeding knowledge – I didn't know how much to feed, if I had to supplement with formula, etc. I did eventually learn about colostrum, which was interesting.

Breastfeeding was going well, but then it became really painful and I had sore nipples. I continued breastfeeding my baby and began using a pump, as I planned on going back to work, but I ended up staying home to take care of him with some help from my parents.

During my time home, I started watching videos on Amazon, which helped me learn about milk banks. This was when I realized that breastfeeding was super important, and it can really make a difference to the baby. I wasn't planning on going to support groups for help with my breastfeeding, but I had a friend at the Maternal, Infant, Community Health Collaborative (MICHHC) who referred me to a counselor because of the pain I was experiencing.

I got sent a video from Latch123, at which point I realized a major issue with breastfeeding support was that most of the materials were in English. What if I didn't speak the language? What worked best for me was when I went to the Baby Cafés in Southside and Islip, and found that they helped me a lot! I was able to find other moms and speak with them, which really helped develop my confidence and comfort levels with breastfeeding. It really normalized the process for me, and I found the support extremely useful.

Many immigrant mothers who want to breastfeed face cultural and socioeconomic challenges. Transportation in Long

Island is a huge factor; personally speaking, my car broke, and I was unable to access resources for a period of time. Furthermore, many cannot afford breastfeeding counseling, which is why finding peer support is so essential. Luckily, I was in the right place at the right time and knew workers at MICHHC, so I was able to find help.

After the birth of my son, I also experienced some postpartum blues/symptoms of a mood disorder. I realized that I needed to take care of myself, and having support groups in the community helped, but this support was limited since they were only available in English. I volunteered to help in the future as a Spanish speaker, but no one ever got back to me. Furthermore, communication itself can present a challenge – sharing can be scary because a mother can feel as if no one has the same problem she is experiencing.

Some mothers who were in similar situations as I was ended up quitting breastfeeding because they didn't have the proper documentation, and they were scared that breastfeeding services might hurt instead of help. The workers that I found help with really offered a ton of their services to me and my husband, and also helped with legal status. However, I understand that applying for WIC or food stamps might be scary without legal status. The help is definitely there! But so many factors can make people afraid or prevent them from reaching services. As immigrants, we face a lack of resources, barriers, and difficulties with social integration. But we should know our rights and how to find help so that we can raise our children in a healthy environment. We are humans, and others need to understand that our feelings, expressions, and desires are essential. We are raising children with a bicultural touch and using different languages, and it can be hard to know whether we're sending the right or wrong message. But just use your instinct.

One event that was really helpful for me in the community was the the Latch On event. I was able to go and really liked how it had a raffle, and also talked about breastfeeding in public. There, I was able to exchange phone numbers with other Latina moms.

Finally, it is so important to advertise the rights that mothers have via social media, paper flyers, and more. The message I really want to promote is that: "you don't have to be afraid." I want mothers to be reassured and to know that breastfeeding is not easy for everyone, and that I've experienced difficulties too. You are brave, and you've got this. Motherhood is about love and it's a learning experience. We are mothers wherever we go, and we all have the same dream: to see our children happy and healthy.

BFREE Coalition

410 Lakeville Road, Suite 311

New Hyde Park, NY 11042

[facebook.com/bfreecoalition](https://www.facebook.com/bfreecoalition)

Phone: 516-838-6416 | E-mail: BFREE@northwell.edu



Cohen Children's Medical Center
Northwell Health™

This project is supported by NYSDOH Grant #530390



Creating
Breastfeeding Friendly
Communities