

Misalignment of global COVID-19 breastfeeding and newborn care guidelines with World Health Organization recommendations

Research snapshot¹

Interruption of exclusive and continued breastfeeding is responsible for nearly 700,000 maternal and child deaths annually. There are concerns that the separation of mothers and newborns to reduce mother-to-infant transmission of SARS-CoV-2 in the context of the COVID-19 pandemic is negatively affecting breastfeeding practices. A strategy for preventing the spread of the virus responsible for COVID-19 is to separate those who are infected from those who are not infected. In newborns, the risk posed by virus transmission must be weighed against the protection that breastfeeding provides. The World Health Organization (WHO) issued guidance for mothers suspected or confirmed as having COVID-19 and their newborns which supported maintaining mother and infants proximate to one another and early and exclusive breastfeeding.

This study reviewed guidance documents from 33 countries to assess their alignment with the WHO recommendations and the extent to

which the policy supported or undermined breastfeeding, namely (1) skin-to-skin contact, (2) early initiation of breastfeeding, (3) rooming-in, (4) direct breastfeeding, (5) provision of expressed breastmilk, (6) provision of donor human milk, (7) wet nursing, (8) provision of breastmilk substitutes, (9) psychological support for separated mothers and (10) psychological support for separated infants.

The findings showed that none of the guidance from the 33 countries recommended all aspects of the WHO guidance and most countries did not recommend keeping mothers and infants in close proximity or direct breastfeeding. Recommendations against practices supportive of breastfeeding were common, even in countries with high infant mortality rates. Decisions related to maternal and newborn proximity and breastfeeding have been based on other prominent organisations whose early guidance was based on fear of the unknown (the virus) instead of the standard practices and knowledge of past

viral epidemics of the WHO.

The authors recommend that those developing guidance need to appropriately consider the importance of skin-to-skin contact, early initiation of breastfeeding, rooming-in and breastfeeding to maternal and infant physical and psychological health. The implications of these acute changes in infant feeding practices, microbiomes, overall infant morbidity and mortality, maternal health and other unforeseen changes will remain unknown for a long time. Recommendations against maternal proximity and breastfeeding should therefore not be made without compelling evidence that they are necessary and less harmful than maintaining dyad integrity.

¹ Vu Hoang, D, Cashin, J, Gribble, K et al. (2020) Misalignment of global COVID-19 breastfeeding and newborn care guidelines with World Health Organization recommendations. *BMJ Nutrition, Prevention & Health* 3(2): 339-350. doi:10.1136/bmjnph-2020-000184

The Lancet Series on Maternal and Child Undernutrition Progress

Research snapshot¹

Thirteen years after the first Lancet Series on Maternal and Child Undernutrition, the latest series on Maternal and Child Undernutrition Progress revisits the global agenda for tackling undernutrition. It explores key advancements made on stunting, wasting and micronutrient deficiencies and lays out an 'agenda for action' to accelerate progress towards global nutrition goals. The series serves as an important milestone and a key moment to reinvigorate the nutrition agenda in 2021 as part of the Nutrition for Growth Year of Action.

The first paper, by Victora et al, reviews progress on undernutrition in 50 low- and middle-income countries using data from 2000 to 2015. It found that the prevalence of childhood stunting has fallen (from 32.5% in 2000 to 21.9% in 2017) but progress on wasting and low birth-weight (LBW) has been slow. New evidence has shown that 4.7% of children are affected by both wasting and stunting, a condition associated with a 4.8 times increase in mortality and that both wasting and stunting can exist at birth and peak in the first six months of life.

Among women of reproductive age, the prevalence of low body-mass index has reduced but the prevalence of short stature remains high. Data on micronutrient status is limited, particularly for women, but evidence has shown improvements in vitamin A status. The prevalence of zinc defi-

ciency and anaemia remain high. The paper further highlights the role of social inequalities in undernutrition and that the modest improvements made since 2000 may be offset by the COVID-19 pandemic. (Victora et al, 2021)

The second paper, by Keats et al, explores updated evidence on interventions to address maternal and child malnutrition, examining both direct and indirect interventions and offering a revised framework for nutrition actions. The evidence collected supports the continued effectiveness of all the interventions outlined in the 2013 Lancet Series. Evidence has strengthened for the effectiveness of antenatal multiple micronutrient supplementation in reducing the risks of stillbirths, LBW and babies born small-for-gestational age and there is emerging evidence for preventative small-quantity lipid-based nutrient supplementation (SQ-LNS) for reducing childhood stunting, wasting and underweight. However, evidence gaps remain on how to tackle malnutrition in school age children and adolescents. Overall, greater efforts are needed to improve intervention coverage. (Keats et al, 2021)

The third paper, by Heidkamp et al, outlines steps that must be taken if the 2025 World Health Assembly targets and the 2030 Sustainable Development Goals are to be met. It reaffirms the importance of multi-sector actions and the emphasis on the first 1,000 days. The paper

highlights several direct nutrition interventions that are ready for scaling up in health systems. However, it stresses the need for well-resourced nutrition data and information systems to inform approaches. The authors also note the need for more evidence on cost-effectiveness to allow governments to plan sufficiently for implementation and scale-up. The paper concludes with a call to action for nutrition stakeholders to unite around common priorities to tackle the so-called 'unfinished undernutrition agenda'. (Heidkamp et al, 2021)

In an accompanying commentary to the Lancet Series, Shekar et al explore progress in light of the COVID-19 pandemic and call for renewed efforts to support countries to prioritise interventions to be delivered at scale. (Shekar et al, 2021)

¹ <https://www.thelancet.com/series/maternal-child-undernutrition-progress>

References

Heidkamp, R A et al (2021) "Mobilising evidence, data, and resources to achieve global maternal and child undernutrition targets and the Sustainable Development Goals: an agenda for action." *The Lancet* 397(10282): 1400-1418.

Keats, E et al (2021) "Effective interventions to address maternal and child malnutrition: an update of the evidence." *The Lancet Child & Adolescent Health* 5(5): 367-384.

Shekar, M et al (2021) "Maternal and child undernutrition: progress hinges on supporting women and more implementation research." *The Lancet* 397(10282): 1329-1331.

Victora, C G et al (2021) "Revisiting maternal and child undernutrition in low-income and middle-income countries: variable progress towards an unfinished agenda." *The Lancet* 397(10282): 1388-1399.