

<b>Standard of Practice</b>	Contact and Feeding Guidelines for Caregivers with Confirmed or Suspected (PUI) COVID-19 Infection	
<b>Owner:</b>	Manager of Women's Care	
<b>Department/Program:</b>	Women's Care	
<b>Approval By:</b> Director of Women's Care	<b>Approval Date:</b> April 9 <sup>th</sup> 2020	
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## BACKGROUND

Breastmilk is the best source of nutrition for most infants. There still remains, however, many unknowns about Covid-19. For that reason, families should participate in the decision to use breastmilk for infant feeding with the support of their healthcare providers. The virus has not been shown to be present in breastmilk. It is preferable that a well, alternate caregiver feeds the baby. A consult to the Lactation Consultant is recommended for all confirmed and suspect patients, to help assess and advise feeding.

During spacial separation or temporary isolation, patients who intend to breastfeed should be encouraged to express their breastmilk to establish and maintain milk supply. If possible, a dedicated breast pump should be provided and kept in the room until the patients discharge. Prior to expressing breastmilk, patients should wash their chest and breasts with soap and water, practice good hand hygiene, and maintain their mask. After each pumping session, all parts that come into contact with breastmilk should be cleaned according to the manufacturer's instructions and unit policy.

Breast pump kit cleaning will be performed by hospital staff. Since there are a wide variety of breast pumps and each type has unique and different cleaning protocols, the Ameda breast pump and kit should be used. This will avoid possible damage during the cleaning process with unfamiliar kits. Ameda kits may be provided free of charge in order to streamline the process for the bedside caregiver and alleviate financial stress on the family.

## General Principles of Management

Feeding options will be reviewed with all patients with confirmed or PUI Covid-19 infections. The Infection Prevention and Control Considerations (IPAC) recommendations for well newborns not admitted to the NICU with confirmed or PUI Covid-19 infection, are as follows:

- Rooming in, skin to skin contact and breastfeeding with precautions for contact upon discussion with Medical Team regarding risks of transmission (Informed Consent)
- Patient to maintain masking, don clean gown, and perform good hand hygiene with alcohol-based hand rub or soap and water, and where applicable wash breast area with soap and water before each contact with baby
- Keep infant more than 2 meters (6 feet) from patient's face if feasible at other times
- Access to infant for caregivers who are confirmed or PUI Covid-19 infection will be assessed on a case by case basis that will consider the clinical status of the infant and the caregiver
- If possible, consider having someone who is well (i.e. asymptomatic) and who has practiced good hand hygiene and donned clean Personal Protective Equipment (PPE) feed the infant

The Infection Prevention and Control Considerations (IPAC) recommendations for well newborns admitted to the NICU and mothers with confirmed or PUI Covid-19 Infection, are as follows:

- COVID-19 or PUI patients or caregivers will not be permitted in the NICU

## PROCEDURE

### Feeding Options:

1. Breastfeeding
  - 1.1. A patient with confirmed or PUI Covid-19 infection should take all possible precautions to avoid spreading the virus to the infant, including:
    - 1.1.1. Cleansing the breast area with soap and water prior to initial feeding or skin to skin
    - 1.1.2. Prior to touching the infant, patient should practice hand hygiene
    - 1.1.3. Wearing a face mask for any/all contact
2. Feeding expressed breastmilk
  - 2.1. Prior to expressing breastmilk, patients should practice hand hygiene and wash breast area with soap and water
  - 2.2. A dedicated electric breast pump should be provided and kept in the patients' room
  - 2.3. The breast pump should be kept greater than 2 meters away from baby, if possible
  - 2.4. When finished pumping, have someone, who has donned clean PPE pour the breastmilk into a clean one time use bottle (e.g. volufeeders) and seal OR wipe down the bottles using sanitization wipes
  - 2.5. If syringes are used to collect expressed breast milk
    - 2.5.1. have the patient express into a medicine cup
    - 2.5.2. have someone, who has donned clean PPE, draw up the colostrum into clean syringes
  - 2.6. Place filled bottles and/or syringes in a clean location greater than 2 meters from the patient
  - 2.7. After each pumping session,
    - 2.7.1. All parts that come into contact with breastmilk should be cleaned according to the manufacturer's instructions and unit policy
    - 2.7.2. Pump parts should be washed in the patient's room after each use
    - 2.7.3. The pump kit should be placed into the sterilizer bag
    - 2.7.4. The sterilizer bag should be wiped down with hospital grade disinfectant before leaving the room to the sanitization room
    - 2.7.5. Nurse or delegate is to return sanitized components and place on a clean towel in a clean location greater than 2 meters from the patient's bed to dry
  - 2.8. All bottles should be handled with gloves as breastmilk is a body fluid
  - 2.9. Preparation area in the sanitization room should be disinfected after each use
  - 2.10. The goal is to feed the baby any pumped milk, however, if storing of breastmilk is required, it can be kept in a cooler with ice packs at the patient's bedside
    - 2.10.1. The cooler can be obtained from Milk Prep ext 63132, the Lactation Consultant can be contacted to arrange this
    - 2.10.2. Sanitized bottles can be stored in these disposable coolers and the cooler can be sent home with the patient at discharge
3. Feeding infant formula by bottle
  - 3.1. Indications
    - 3.1.1. For patients too unwell to breastfeed
    - 3.1.2. For patients too unwell to express breastmilk

- 3.1.3. For caregivers who have chosen formula to feed the infant
- 3.2. Keep formula out of the patient's room until it is needed

#### 4. Feeding donorbreastmilk

##### 4.1. Indications

- 4.1.1. For infants who qualify for donor breastmilk as per current NICU feeding guidelines
- 4.1.2. Typically, infants that qualify for donor milk will be in the NICU, however in the interest of this Covid-19 outbreak, there may be exceptions.

## Contact and Feeding Guidelines for Caregivers with Confirmed or Suspected (PUI) COVID-19 Infection

### General Principles of Management

- Consult to Lactation Consultant recommended for all confirmed and suspected patients
- Ameda breast pump and kit should be used & cleaned by hospital staff
- Rooming in, skin to skin contact and breastfeeding with precautions for contact upon discussion with Medical Team regarding risks of transmission (Informed Consent)
- Patient to maintain masking, don clean gown, and perform good hand hygiene with alcohol-based hand rub or soap and water, and where applicable wash breast area with soap and water before each contact with baby
- Keep infant more than 2 meters (6 feet) from patient face if feasible at other times
- Access to infant for caregivers who are confirmed or PUI Covid-19 infection will be assessed on a case by case basis that will consider the clinical status of the infant and the caregiver
- If possible, consider having someone who is well (i.e. asymptomatic) and who has practiced good hand hygiene and donned clean Personal Protective Equipment (PPE) feed the infant
- COVID-19 or PUI patients or caregivers will not be permitted in the NICU

### Select Feeding Option

#### Breastmilk

#### Breastfeeding

Take all precautions including:

- Consider cleansing the chest and breast with soap and water prior to initial feeding or skin to skin
- Prior to touching her infant, mothers should practice hand hygiene
- Wearing a face mask for all contact with infant

OR

#### Feeding expressed breastmilk

- Prior to expressing breastmilk, mothers should practice hand hygiene and wash breast area with soap and water
- A dedicated electric breast pump provided and kept in the patient room
- Keep breast pump greater than 2 metres from baby, if possible
- When not in use, breast pump should be stored greater than 2 metres away from mother
- When finished pumping, person in clean PPE to pour breastmilk into one-time use bottle and seal, OR, wipe bottles with sanitation wipes
- If syringes are used to collect expressed breast milk
  - have the mother express into a medicine cup
  - have someone in clean PPE, draw colostrum into clean syringes
- Place filled bottles and/or syringes in a clean location greater than 2 metres from the patient
- After each pumping session, all parts that come into contact with breastmilk should be cleaned according to the manufacturer's instructions and unit policy
  - Pump parts washed in patient room after each use
  - Pump kit placed into sterilizer bag
  - Sterilizer bag wiped down before leaving room to sanitation room
  - Nurse or delegate returns sanitized components on clean towel
- All bottles should be handled with gloves as breastmilk is a body fluid
- Preparation area in the sanitization room should be disinfected after each use
- Goal is to feed baby any pumped milk, however, can be stored in cooler with ice packs at patient bedside
  - Cooler can be obtained from Milk Prep, x63132, contact Lactation Consultant
  - Sanitized bottles can be stored in cooler, cooler sent home with Pt. on discharge

#### Alternative Feeding Methods

#### Feeding infant formula by bottle

- Keep formula out of patient room until needed
- All bottles should be handled with gloves
- Keep formula out of patient room until needed

#### Feeding donor breastmilk

- For infants who qualify for donor breastmilk as per current NICU feeding guidelines
- Typically, infants that qualify will be located in NICU, however, exceptions may apply