ASTHO Brief
Exploring critical issues in state and territorial public health.
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Advancing Breastfeeding During a Pandemic

Introduction

Breastmilk contains substances vital for infant immunity and early brain development and is associated with reduced risk of obesity, sudden infant death syndrome (SIDS) and other conditions for infants, as well as reduced risk of type 2 diabetes, certain types of breast cancer, and ovarian cancers for mothers. Skin-to-skin care and breastfeeding initiation within one-hour after birth is crucial for establishing exclusive breastfeeding and is associated with reduced risk of neonatal mortality. However, mothers face many barriers to breastfeeding, including inadequate education and social support, insufficient workplace lactation accommodations, and unsupportive maternity care practices. This brief discusses how states in ASTHO's Breastfeeding Learning Community (BLC) are overcoming COVID-19 challenges and continuing efforts to make policies, systems, and environments more breastfeeding-friendly.

COVID-19 Challenges for Breastfeeding Dyads

COVID-19 presents challenges for breastfeeding families and may exacerbate barriers faced by low-income women and women of color in initiating and continuing breastfeeding. Early medical and public health recommendations to consider temporary separation of mothers with COVID-19 from newborns may have contributed to breastfeeding initiation challenges. CDC COVID-19 guidance now indicates that with appropriate infection prevention and control practices, there is no apparent difference in mother-to-newborn transmission risk regardless of whether providers separate mothers and infants. ASTHO's BLC states also reported that hospitals have discharged mothers and their infants more quickly, reducing time available for inpatient lactation support. Ultimately, mothers have reported confusion and lack of cohesive information regarding breastfeeding and COVID-19.

Impact on State Breastfeeding Initiatives

ASTHO hosted a COVID-19 BLC listening session to provide states an opportunity to discuss barriers to improve breastfeeding and learn how other states are implementing solutions. Half of participants reported being temporarily reassigned to COVID-19 response efforts, and approximately 85% of participants noted that either staffing changes or having to juggle home and work responsibilities delayed progress in breastfeeding work. Additionally, the pandemic required state partners in hospitals, worksites, outpatient clinics, and early childhood education centers (ECEs) in at least 45% of BLC states to prioritize resources and attention on the COVID-19 response. For example, roughly 20% of BLC states paused collaborative hospital efforts to improve inpatient breastfeeding support, and another 20% of states postponed activities related to improving breastfeeding practices in ECEs.

States also discussed the impact of COVID-19 on addressing breastfeeding inequities. Due to physical distancing, more than 70% of state teams reported canceling or postponing in-person lactation support trainings, educational meetings, and research focused on improving breastfeeding support for women of all races, ethnicities, and income levels. However, all states eventually converted these activities into virtual formats to ensure this important work continued.

Adapting to COVID-19

Despite challenges, BLC states have skillfully adapted their programs to meet COVID-19 constraints. Many BLC states addressed COVID-19 challenges by utilizing online technology to continue breastfeeding promotion, including creating new programs. For example, the Alaska Department of Health and Social Services converted in-person breastfeeding trainings into an interactive and collaborative three-year online breastfeeding training program for Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) staff. The Illinois Public Health Institute collaborated with lactation support staff across the state to create short virtual breastfeeding support videos on breastfeeding positions, latching, breastfeeding challenges, and other topics for mothers who were quickly discharged after birth and may have received insufficient inpatient lactation support.

In partnership with the Missouri Department of Health and Senior Services, community-based organizations Uzazi Village and Jamaa Birth Village are addressing breastfeeding disparities by convening online (rather than in-person) focus groups aimed at understanding experiences of Black women giving birth in Baby-Friendly designated hospitals. The Connecticut Department of Public Health used time gained from postponed activities to incorporate education about institutional racism into online breastfeeding trainings.

Other states are addressing COVID-19-related financial concerns on improving workplace lactation accommodations. The Utah Department of Health removed application requirements for worksites to match 25% of UDOH grant funds for improving lactation accommodations. In their communications with employers regarding workplace COVID-19 exposures, the Ohio Department of Health emphasized how lactation accommodations can financially benefit businesses by facilitating employee retention during economic re-openings.

Conclusion

State breastfeeding programs are using diverse strategies to address COVID-19 challenges, advance breastfeeding supports, and improve outcomes during the pandemic. Strategies include creating online training and education and conducting online research, capitalizing on opportunities to improve health disparities and address systemic racism, and addressing COVID-19 financial concerns. As the pandemic evolves, state breastfeeding initiatives must continue to adapt and innovate to successfully support families.