

Maternity Practices in Infant Nutrition and Care (mPINC) COVID-19 Supplemental Survey

Wisconsin Hospitals' Breastfeeding Practices and Support

Background

Research has shown that there is no better food than breast milk for the baby's first year of life. Breastfeeding provides many health, nutritional, economic, and emotional benefits to the lactating parent and baby. There are also significant benefits to the community, workplace and the environment. We know that most families intend to breastfeed. Unfortunately, policies or practices in birthing hospitals may undermine these intentions by creating barriers, such as placing newborns in infant warmers upon delivery instead of skin-to-skin, providing infant formula or water to breastfed infants without medical indication, or removing newborns from the birthing parent's room at night.

Some recommended hospital practices to encourage and establish breastfeeding, particularly related to parent - newborn contact, changed during the COVID-19 pandemic. This was primarily due to rising concerns about the potential for parent-to-newborn transmission of SARS-CoV-2.

To understand changing hospital practices, the Centers for Disease Control and Prevention (CDC) conducted a COVID-19 survey (July 15-August 20, 2020) among 1,344 hospitals that completed the 2018 Maternity Practices in Infant Nutrition and Care (mPINC) survey to assess current practices and breastfeeding support in the hospital. National results from this survey were published in the Morbidity and Mortality Weekly Report on November 27, 2020 (Vol. 69, No. 47: pages 1767-1770).

In March 2021, the Wisconsin Division of Public Health replicated the MMWR article analysis for Wisconsin hospitals that responded to the COVID-19 mPINC supplemental survey. The goals of this analysis were to understand changing hospital breastfeeding support practices as a result of the COVID-19 pandemic within Wisconsin, and compare those changes to the rest of the U.S.

Results

Forty-five Wisconsin hospitals responded to the COVID-19 survey between July 15 and August 20, 2020. Eighteen hospitals (40%) indicated that no infants had been born to mothers with confirmed COVID-19 since the start of the pandemic to the time they completed the survey. Twenty-seven hospitals (60%) said that between one and 19 infants had been born to mothers with confirmed COVID-19 since the start of the pandemic to the time they completed the survey. This represents a range of 27 to 513 infants potentially born to mothers with confirmed COVID-19 infection.

Thirty-four Wisconsin hospitals (75.6%) were providing universal COVID-19 testing among women admitted to labor and delivery, which was slightly higher when compared to all U.S. hospital respondents (64.3%). Thirty-eight Wisconsin hospitals (84.4%) said they had adequate tests available for women admitted to labor and delivery, which was slightly lower compared to all U.S. respondents (90.2%).

Table 1. Characteristics of hospitals participating in CDC's Maternity Practices in Infant Nutrition and Care (mPINC) COVID-19 survey – Wisconsin, July 15–August 20, 2020

Characteristic	No. (%)
Total respondent hospitals	45 (100%)
No. of infants born to mothers with confirmed COVID-19 since the start of the pandemic*	
0	18 (40%)
1-19	27 (60%)
20-59	0
60-99	0
≥ 100	0
Do not know	0

Abbreviation: COVID-19 = coronavirus disease 2019
*Sample size for this question is 45. Hospitals were asked to estimate the approximate number of infants born to mothers with confirmed COVID-19; no definition of confirmed COVID-19 was provided.

Table 2. Hospital maternity care practices and breastfeeding support in the context of the COVID-19 pandemic – Wisconsin compared to U.S., July 15– August 20, 2020.

Hospital maternity care practices (U.S. No. with available information)	WI, No. (%)	U.S., No. (%)
Universal COVID-19 testing among women admitted to labor and delivery (1,344)	34 (75.6)	864 (64.3)
Adequate COVID-19 tests available for women admitted to labor and delivery (1,343)	38 (84.4)	1,211 (90.2)
Is hospital separating mothers and newborns until the mother receives a negative COVID-19 test? (1,322)		
Yes, all newborns are separated until mother receives a negative result	0 (0.0)	64 (4.8)
No, newborns are only separated from mothers with symptoms or known exposure while awaiting results	6 (13.3)	378 (28.6)
No, all mothers and newborns remain together until the mother receives a positive result	20 (44.4)	320 (24.2)
No, all mothers and newborns are kept together regardless of symptoms, known exposure, or test results	19 (42.2)	560 (42.4)
Skin-to-skin care in the first hour after birth of a healthy newborn whose mother has suspected/confirmed COVID-19 (1,335)		
Encouraged	8 (17.8)	178 (13.3)
Determined case-by-case shared decision with the mother	32 (71.1)	883 (66.1)
Discouraged	5 (11.1)	187 (14.0)
Prohibited	0 (0.0)	87 (6.5)
Rooming-in for newborns of mothers with suspected/confirmed COVID-19 (1,334)		
Encouraged; no precautions required	1 (2.2)	34 (2.6)
Encouraged, with precautions to maintain distance	30 (66.7)	726 (54.4)
Discouraged, but allowed if mother's preference	14 (31.1)	504 (37.8)
Prohibited; newborn was cared for in a room separate from mother	0 (0.0)	70 (5.3)
Breastfeeding for mothers with suspected/confirmed COVID-19 (1,344)		
Direct breastfeeding encouraged with precautions (e.g. mask, handwashing)	37 (82.2)	893 (66.9)
Direct breastfeeding discouraged but allowed with precautions if mother chooses	6 (13.3)	268 (20.1)
Direct breastfeeding not supported, but mothers encouraged to express breast milk for feeding by a healthy caregiver	2 (4.4)	170 (12.7)
Formula feeding recommended	0 (0.0)	3 (0.2)
Breastfeeding for mothers with suspected/confirmed COVID-19 who are not breastfeeding are supported to start expressing breast milk (US = 1,316; WI = 44)		
Within 1 hr of birth	19 (43.2)	438 (33.3)
1-3 hrs after birth	19 (43.2)	645 (49.0)
4-6 hrs after birth	5 (11.4)	195 (14.8)
Timing is not a consideration	1 (2.3)	34 (2.6)
Mothers are discouraged from expressing breast milk	0 (0.0)	4 (0.3)
Because of the COVID-19 pandemic, direct lactation support has decreased (1,339)	6 (13.3)	239 (17.9)
Because of the COVID-19 pandemic, hospital is discharging mothers and newborns <48 hours after birth (1,337)	40 (88.9)	975 (72.9)
Post-discharge breastfeeding support currently offered by the hospital* (1,344)		
In-person breastfeeding support consultations	38 (84.4)	802 (59.7)
Virtual breastfeeding consultations	20 (44.4)	655 (48.7)
Information on how to access a breast pump	33 (73.3)	1047 (77.9)
Renting or lending hospital-grade breast pumps	19 (42.2)	469 (34.9)
Hospital exclusive breastfeeding rate since start of the pandemic (1,341)		
Increased	4 (8.9)	152 (11.3)
Decreased	1 (2.2)	164 (12.2)
Stayed about the same	35 (77.8)	924 (68.9)
Don't know	5 (11.1)	101 (7.5)

Abbreviation: COVID-19 = coronavirus disease 2019. *Wisconsin N= 45 unless otherwise noted.

**Hospitals could indicate all types of discharge support that applied

When asked about separation of mothers and newborns for COVID-19-related maternity practices, 20 Wisconsin hospitals (44.4%) said mothers and newborns remained together until the mother received a positive COVID-19 result. This was nearly 20% higher than all U.S. hospitals (24.4%). Only six Wisconsin hospitals (13.3%) indicated they were separating mothers with symptoms or known exposure while awaiting results, while 28.6% of U.S. hospitals were.

Forty Wisconsin hospitals (88.9%) were either encouraging or determining on a case-by-case shared decision with the mothers with suspected/confirmed COVID-19 whether or not to practice skin-to-skin care in the first hour after birth of a healthy newborn. The majority—32 hospitals (71.1%)—were encouraging skin-to-skin care, which was higher than all U.S. hospital respondents (66.1%). No Wisconsin hospital was prohibiting skin-to-skin care, while 6.5% of U.S. hospitals said they were.

Wisconsin hospitals (88.9%) were more likely to discharge mothers and newborns < 48 hours after birth, still offer in-person breastfeeding support consultations (84.4%), and rent or lend hospital-grade breast pumps (42.2%) when compared to all U.S. respondents (72.9%, 59.7%, and 34.9%).

Conclusions

Comparisons between Wisconsin and all U.S. hospital respondents highlight differences in maternity care practices in response to the COVID-19 pandemic. In general, Wisconsin hospitals encouraged mothers and newborns in supportive breastfeeding practices at higher rates when compared to the U.S.

However, this survey represents a snapshot in time before the fall 2020 surge in COVID-19 cases and hospitalizations across the U.S. It is possible that hospitals adapted their breastfeeding practices and supports following this survey. Additionally, only 40 Wisconsin hospitals responded to the supplemental COVID-19 survey, representing only 45 percent of birthing hospitals.

More analysis is needed to determine if existing practices within Wisconsin hospitals changed throughout the pandemic. Because mPINC is a biannual survey, further analyses could link identified hospital responses for practices surveyed over time to monitor potential impacts of the pandemic on breastfeeding practices and support.

Results should be reviewed by the Division of Public Health breastfeeding-focused programs and key external partners, so we can support hospital staff in implementing safe and supportive breastfeeding policies and practices in an informed manner.

