Breastfeeding and COVID-19: Time to patch the safety net

On March 17, 2020, British Columbia declared a state of emergency due to the COVID-19 pandemic. Recognizing that in emergency situations some groups bear negative impacts more than others (Pottie, 2015), action should mitigate the disproportionate burden that some vulnerable populations will face. Women and infants/children are a recognized vulnerable population (UNICEF, 2008); therefore, the provincial emergency response needs to ensure that the appropriate assistance and resources will be provided to address this group's specific needs.

Babies have unique food requirements (Health Canada, 2015), an undeveloped immune system (Simon et al., 2015) and are dependent on others for their physical and emotional care (Halfon et al., 2014), while women are the group most often tasked with infant feeding and caregiving work during times of crisis (Wenham et al., 2020).

In recognition of best practice related to infant feeding and COVID-19, international (UNICEF, 2020), national (Health Canada, 2020), and provincial guidelines (PSBC, 2020) recognize the importance of breastfeeding whenever possible.

Prior to the crisis, a system wide erosion of services for breastfeeding support was noted by our organization (BCLCA, 2017; Taylor, 2014). Now there is even less support due to social distancing and re-allocation of service away from directly supporting mother-infant dyads. For families this has resulted in reduced prenatal education options, limitations to prenatal visits with their primary care provider, less opportunity for evidence based messaging related to infant feeding, increased risk for mother-baby separation, limitations in family support presence in hospital, reduced postpartum staff support, early discharge, restricted early maternity public health services, as well as curtailed peer support opportunities. These changes put mother-infant dyads at risk of experiencing sub-optimal breastfeeding outcomes and the overall effect is that responsibility for infant feeding is now borne solely by the breastfeeding parent.

When going well, breastfeeding provides a vital safety net for infants, young children and mothers during times of crisis: it is a safe, secure and reliable food source (WHO, 2017); confers immunological support (Neville et al., 2012; Walker, 2010); and down regulates the stress response for both parent and babe (Tharner et al., 2012; Quigley et al., 2017). Breastfeeding leads to positive health outcomes for mother and baby for a lifetime (BC Ministry of Health, 2019). Our decisions today regarding care, resource allocation, and support will have a lasting impact on the future health of our population. Given that breastfeeding has the potential to ameliorate the harms of inequity (Hallowell et al., 2017), this is especially critical for perinatal populations facing reduced access to social and material resources or who are in remote communities.

Families cannot do it alone. It is the position of the British Columbia Lactation Consultants Association that steps are implemented to provide the necessary supports to families:

- Immediately act to ensure universal access to lactation consultant* services through 811 or create a dedicated provincial infant feeding support line, similar to what is available in Ontario.
- Minimize the erosion of existing breastfeeding and other maternal/child prevention services (e.g. postpartum mental health support).
- Establish a provincial virtual prenatal education program that includes evidence informed breastfeeding content.
- Scale up and invest in peer support services, such as La Leche League Canada to provide virtual supports; however, for sustainability it is preferable for these programs provide remuneration to workers (Chapman et al., 2010).
- Develop regional lactation consultant positions in order to support healthcare workers and primary care providers serving families in evidence-based infant feeding practices.
- For families requiring specialized help, consider lactation services billable to MSP or ensure access to these services through the creation of clinical positions in locations providing birthing services, prioritizing those facilities with NICU's.

Optimal infant feeding is not an individual responsibility with only individual consequences: now more than ever we need to have the supports in place to help families achieve their breastfeeding goals. The current crisis is an opportunity for us to re-evaluate our priorities and decide if breastfeeding is worth a real investment.

**Lactation consultant – an allied healthcare professional who has achieved board certification through the International Board of Lactation Consultant Examiners and specializes in evidence-based breastfeeding skills, knowledge and care.*

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