

Infant Feeding and COVID-19 in Nova Scotia: Stakeholder Discussion Report



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Introduction

Researchers at the Milk and Micronutrient Assessment (MAMA) Lab at Mount Saint Vincent University recently published a study exploring the impact of COVID-19 emergency measures on infant feeding in Nova Scotia. We surveyed 335 new parents across the province in April and May 2020, beginning four weeks after the provincial State of Emergency was declared. During this time, the order to limit direct social contact led to the suspension of some non-emergency healthcare services, closure of public indoor spaces and non-essential businesses, and even outdoor activities were limited.

Study Summary

Participants (n = 335) were 99% female and mostly White (87%). Over half (60%) were breastfeeding, and 71% had a household income over CAD\$60,000. Most participants (77%) received governmental parental benefits before the emergency, and 59% experienced no COVID-19-related economic changes. Over three quarters of participants (77%) scored moderate levels of perceived stress. Common themes of concern included social isolation, COVID-19 infection (both caregiver and infant), and a lack of access to goods, namely, human milk substitutes ('infant formula'), and services, including health care, lactation support, and social supports. Although participants were experiencing moderate self-perceived stress and shared numerous concerns, some caregivers reported positive experiences such as more time at home with their infant. Very few COVID-19-related changes to infant feeding were reported, and there were few differences by socio-demographic characteristics, likely due to a strong economic safety net in this setting, as well as the high socioeconomic status of the sample. The full study can be accessed [here](#).

Workshop Description

We hosted two small workshops with stakeholders to gain further insight into COVID-19 and infant feeding in Nova Scotia. One workshop was held with participants working in public health or community settings (February 17, 2021), and the other with participants working in clinical settings (February 23, 2021). The workshops included a brief overview of study findings, followed by an informal focus group discussion-style conversation, prompted by our findings.

The main objectives of these workshops were to:

- share study findings with stakeholders,
- discuss experiences around COVID-19 and infant feeding in both public health/community and clinical settings in Nova Scotia, and
- brainstorm recommendations and future directions for knowledge translation, research, programs, and more.

The main findings from both workshop discussions are summarized in this report by theme.



1) Supporting Infant Feeding During COVID-19

"I went from breastfeeding to formula feeding after a month of my son being born. I feel like the stress of being isolated and him not getting the proper attention from public health visits to doctors visits (since they have all been over the phone) made me unable to produce enough milk for him. Also, me not knowing his weight weekly (public health and doctors) scared me into switching to formula since it guaranteed him gaining weight..."

In-Person Support for Parents of Newborns during COVID-19

In the study, some participants reported concerns about access to both maternal and infant care. Both groups of stakeholders identified potential gaps in supports (accessibility), as well as the importance of support (preferably one-on-one, in-person) to reassure parents and increase maternal confidence with breastfeeding, as well as reduce shame and guilt for mothers who feel unable to breastfeed. During COVID-19, many families were not following the standard schedule of follow-up visits with primary care providers, and several additional services (such as Well Baby Clinics at Family Resource Centres) were cancelled, limited, and/or moved online. Some clinicians reported parents were attending their one-week check-up with their primary care provider, but were often not seen again until one or two months of age due to cancellations by health care providers, as well as hesitancy by new parents to go out to public places with their infant. During the discussion, there were also some reports of negative impacts related to these changes, such as delayed identification of infant weight-loss, and delayed follow-up of high-risk infants after discharge. The cancellation of weight-checks has been distressing to many families. In addition, the cancellation of baby play groups in family resource centres has created a gap in more informal "check-ups" postnatally.

More generally, stakeholders from rural areas discussed an ongoing need for more lactation consultants, and the idea of re-thinking the current model of breastfeeding support in Nova Scotia was also discussed – shifting focus from a primarily health care provider support system to a more sustainable, family- and peer-based support system.

Remaining Questions

Where are new parents primarily seeking support for infant feeding (health care providers, community groups, etc.)?

Is there too much parental reliance on infant weight as a success indicator for breastfeeding? How can we bolster mom's confidence in breastfeeding?

Virtual Care during COVID-19

Discussion around virtual care was mainly focused on programming. Prenatal classes and peer support groups, such as La Leche League (LLL), have been online since the pandemic started (and prior to this for the LLL). However, stakeholders reported difficulties in cultivating relationships and connection with families online through these programs. This was reflected in a decrease in postnatal calls for support in both types of groups, sometimes even despite similar numbers of program participants compared to pre-COVID-19 times.

Stakeholders were unsure why parents were not reaching out for support, but possible reasons discussed included: parents feeling less comfortable reaching out to someone they had not met in person, moms not feeling comfortable showing their breasts online or feeling supports would be sub-optimal through video alone, lack of awareness of resources, and slow internet connection. In one rural area, the regional hospital's perinatal clinic saw an increase in appointments (beyond scheduled 48-hrs postnatal visits) when health care provider visits transitioned to virtual calls, because parents wanted in-person care. Another barrier discussed was community educators feeling they were not well supported in transitioning their services online.

Conversely, stakeholders also discussed the benefits of virtual care, such as: increased accessibility (commute and time-wise), the ability for partners to attend, effectiveness of video-calls in supporting breastfeeding mothers with questions about milk transfer or similar, no need for personal protective equipment (PPE), and time effective care (for example, parents video-recording a feed to show to their healthcare provider later).

Remaining Questions

How do we foster connection online for parents of young infants?

Are parents of new infants aware of virtual supports such as peer breastfeeding support groups? What is their perception of these groups?

Formula Feeding during COVID-19

Some study participants experienced difficulties accessing formula during COVID-19 due to reduced store hours, and also noted that there were some instances of false information being spread online about formula supply early in the pandemic, which may have increased panic and stockouts. In line with study findings, some stakeholders reported formula feeding families sometimes feeling guilt and shame for not breastfeeding.

One new trend that emerged during the pandemic was an increase in physicians and other healthcare providers suggesting families keep formula in their home "just in case", despite the potential adverse impact this could pose to successful breastfeeding. Some stakeholders also observed more families bringing formula to the hospital, and discussed the possible impact of reduced support (from public health, family resource centres) prompting families to switch to formula.

Remaining Questions

How do we eliminate judgment around infant feeding choices (and other parenting choices)?

How did health care providers change their infant feeding advice and recommendations during COVID-19?

Other Experiences during COVID-19

Stakeholders observed both positive and negative impacts on the parents of newborns throughout the pandemic. They noted that some parents enjoyed the visitor restrictions in hospital, feeling they had more privacy and time to focus on the new baby, as well as increased skin-to-skin at home. However, several stakeholders noted that isolation during the first few weeks postpartum was difficult for some new parents, particularly when they would have normally sought support from family and friends living out-of-province.

Remaining Questions

How has maternal isolation affected breastfeeding confidence (being away from peer support and family support)?

Has the lack of family and peer supports for families impacted infant feeding?

During times of social isolation, do new parents know what to expect with breastfeeding (feeding patterns, growth, etc.)?



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2) Beyond COVID-19

“Being a new mom, separated by family and up through the night for night feeds are difficult. Sleep deprivation combined with fears due to Covid19 have created difficult moments.”

An underlying theme of both workshop discussions was the idea that many infant feeding issues identified during the COVID-19 pandemic were not new, but rather existing issues that were simply highlighted or exacerbated because of the pandemic.

Timing of support

Many participants agreed that the timing of support is critical for optimal infant feeding outcomes. Prenatal care varies across the country and across the province, and may not sufficiently prepare parents for infant feeding. Also, parents can only retain so much information prenatally, so continued, tailored support postnatally would be ideal.

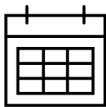
Peer Support

Both groups discussed the need for strong peer support networks (i.e. social media, community groups, etc.) that provide evidence-based information, as opposed to just experienced-based, personal anecdotes of peers. Stakeholders believed that parents are generally more comfortable accessing, and learning from, their peers. La Leche League was discussed as an evidence-based peer support network that could be more highly promoted.

Sources of Information

Related to peer support, new parents often struggle to access evidence-based information. This seems counter-intuitive given the abundance of information provided as paper resources upon hospital discharge, but also available online. It may be that the format of these resources is overwhelming, or not ideal for end-users (searching through books while struggling with a feed). A few common examples of mis-information seen spreading on social media in Nova Scotia are: the growing popularity of nipple shields (without guidance from a health care provider), and the belief that pumping is necessary for successful breastfeeding.

Participants discussed the need to streamline and promote captivating, online, evidence-based information such as IWK videos, or partnering with social media influencers.



3) Actions and Future Directions

“I am very fortunate to have online access to food, resources and video chatting. I also have access to online breast support groups which ease stress.”

Several organizations have already taken actions to address infant feeding during COVID-19 (and beyond).

Current Actions

- A community group in the Western Zone provided basic lactation training (Step 2 Education course) to all members before the pandemic.
- La Leche League Zoom calls are being promoted throughout the province to create a sense of community, provide evidence-based information, and exposure for lived experiences.
- Groups such as the National BFI Quality Improvement Collaborative have continued meeting throughout the pandemic, and many hospitals across the country are still working towards BFI accreditation despite COVID-19.

- A new program called “Helping Families at Home” is being planned in the Western Zone. This program will have postpartum doula check in on families after birth between the standard primary care check-up schedule.
- Private practice lactation consultants offered volunteer visitation and weighing for public health clients or parents who might not otherwise be able to afford private IBCLC sessions.
- IWK will soon be starting prenatal classes via Zoom.
- One organization compiled a list of all supports available via family resource centres for internal use.

Future Directions: Interventions

A number of potential ‘next steps’ were identified through these workshop discussions. While many are relatively low-input, rapid actions, some are more long-term, requiring more resources and time to implement.

- Media and social media campaigns to promote evidence-based information, and also increase the visibility of breastfeeding of infants and children (particularly during this time of social isolation).
- Modify messages, expanding from ‘breast is best’, to messages that provide more support/information for mothers, parents, and the community at large (e.g. reassuring mothers about sufficient intakes, cluster feeding, etc; normalizing breastfeeding beyond infancy)
- Include partners in support programs and provide information so they can reassure and give confidence to breastfeeding people.
- Take actions to normalize and publicize well-established peer support groups (such as LLL).
- Health care professionals to provide information about, and empower new parents to access community resources at the one-week check-up.
- Promote recommendations for breastfeeding while suspected or confirmed positive for COVID-19.
- Improve awareness of the range of supports available via family resource centres and public health (in general, and still offered during COVID-19), and promote for new parents.
- Publicly funded lactation consultants and doulas.
- Increase awareness around available infant feeding apps and promote options that are evidence-based.

Thank you to all our workshop participants for your contributions!

Report written by Kathleen Chan, Hillary Fry and Dr. Kyly Whitfield

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