



**USAID**  
FROM THE AMERICAN PEOPLE

# Infant Feeding and COVID-19 Misinformation

## Webinar Transcript

### Kiersten Israel-Ballard

Information and tailor it to people's values where we're working, who're we're working with. We need to carefully craft communication and our own responses to misinformation. It can be tricky. You don't want to unintentionally and perpetually miss information with your communication's tools. And then how do continually build trust and maybe literacy? One of the reasons that we've had this issue in the infant feeding round is because of policy misalignment. We know the history here. This is a graphic pulled from Alive and Thrive and it's odd, we know that these changes but I love this because it really shows that in the round with infant feeding, we had changing discordant policy guidance. And it resulted in confusion and  health care professionals and inadvertent spread of information. What are we supposed to day around separating mothers and babies? Do we? Do we not? Is breastfeeding OK? Is virus in the milk? So we understand how these things happen. And honestly, it takes us back to the age.

So our communication staff has recognized that perhaps one activity we should focus on is misinformation related to infant feeding. Is anyone documenting this? What's happening? What are the stories out there? How are teams addressing it? How is it spreading? What can we do? So we've recognized that there is a gap in this comprehensive documentation and its impact actually on practice. So our committee has decided to develop an informational brief... a brief ... brief... brief we addressed. What are the common beliefs on this that we know are there focusing on breastfeeding and COVID? So what we've done is we've created a rapid survey, Survey Monkey, this is not a research tool to just quickly try to capture on breastfeeding beliefs, myths, rumors, fears related to COVID-19 and infant feeding. Here is the link if you like to take it. It's open for probably another week. We've sent this out globally. We don't have a huge number of completed surveys. A lot of people started and they don't finish. We have 41 completed surveys to date with 41 categories: health care providers, global health professionals, community or other. 19 countries are represented. The initial takeaways from this very small sample is the belief that COVID-19 can be passed from breastmilk. Mothers are still unsure if it is safe to breastfeed. COVID positive mothers should not be breastfeeding. It seems hospitals are still separating mothers and babies. The sources of misinformation vary: word of mouth, social media, family and friends, healthcare providers. One case I think reportedly was from India where there's this belief that COVID will be given to the infant via breast milk and if so, the baby's lungs will be gone. So this is just a snapshot. We hope that from this survey, we'll have some information to inform this brief. But clearly what is needed, and it's a call to this group, that rigorous research is needed to systematically document what is out there, how is it being spread, and what can we do about it? So with that, I want to turn this over to our panelists. We have four people that are subgroups identified from different regions of the world. I'm going to hand this over to Kimberley Manson. That blow of this panel discussion will be series of guided questions that we have simply to prompt discussion. We hope that this is just a very open and informal discussion among our attendees today, and to try and get a sense of impact from our analyst here on what's happening on the ground. So, I'm going to hand this over to Kimberly Manson.



## Kimberly Mansen

Great. Thanks Kiersten and good morning all or good afternoon for those in different parts of the world. We really appreciate the time and the chance to be able to connect with colleagues that have impulse on some of the messages that are being spread globally. And it's with great honor that we introduce these four panelists. Today, we have Ms. Betty Samburu, a nutrition officer with the UNICEF Kenya office. She holds a PhD in food nutrition and dietetics focusing of MYCN. Previously she was an assistant director of nutrition and dietetics services in the Ministry of Health in Kenya until this last January, when she joined UNICEF. So Betty is passionate about changing lives of vulnerable populations through evidence generation and innovative approaches. So welcome Betty, and I will say, although our first panelist, Betty can you confirm that you are on because I see a few phones numbers, but I do not see your name listed. So we may have to join later on. So Betty if you're there, please speak up. Okay, so we may have to join her later on.... Wonderful thank you Betty. Nice to have you on. Next we have Jennifer Cashin. Thank you Jennifer for joining our panel today. She's a public health nutritionist and certified lactation counselor who has worked over a decade in supporting nutrition, food security, public health and development, specifically in Myanmar and Cambodia. She's a regional technical specialist currently for Alive and Thrive in Southeast Asia. She's focusing on strengthening policy environment and breastfeeding friendly health system in Myanmar while also providing technical support to other countries in the ASEAN region. Her areas of expertise include research, curriculum development and capacity building. So thank you for joining us today Jen. Our third panelist today is Dr. Sarah Maria Vega-Sanchez. She's a pediatrician at IBCLC, a trained neonatologist, originally trained at the Wellstart Lactation Education Program in San Diego, California. She's the President of the Breastfeeding Committee of the Latin American Association of Pediatrics and serves as the Peruvian Country Coordinator of the IBLCE since year 2000. She was past President of the Peruvian Society of Pediatrics, She has worked in Breastfeeding Education, Promotion and Support since 1981 and is the Co-Founder of ACLAM PERU, the Peruvian IBCLCs Association. So thank you Dr. Vega Sanchez for joining us today.

## Dr. Sarah Marie Vega-Sanchez

Thank you.

## Kimberly Mansen

Our fourth panelist is Amila Psmythe Seger. She serves as the Deputy Director of the United States Breastfeeding Committee. As part of her Deputy Director roles, Amelia supports the formation and development of USBC's Constellations – topic specific collaborative of organizations working through an equity lens to achieve large-scale policy, systems, and environmental change. One of these groups, which I'm very thankful to be a part of, is the COVID-19 Infant and Young Child Feeding Constellation, which met just yesterday. So Amelia does an incredible job cohosting that group, also co-stewards with Dr. Aunchalee Palmquist also on this call today. So thank you Amelia for joining us today. So across our four panelists, I wondered if you could just give a hello so people know where you are on the screen. We will be quickly having these questions up here. We may, depending ...it's sometimes nicer to be able to see everyone's faces, and that's the difficulty with presentations. So at some point we may take down the questions, just so that we can see each other for this discussion other than the screen. But I do want to just briefly go over the questions that we'll be focusing on today. They will be focused more on what these panelists have heard within their communities, within their work in terms of beliefs, rumors or myths in regards to COVID-19. Has thins changed since the early days of the pandemic. Are



there differences between what communities members are hearing versus what the health care providers are discussing?

And then we do want to get into that that nature of we've been in the pandemic for long enough. And so just requesting from the perspective of change, has change happened throughout the pandemic? Are you seeing that change? And our message is being translated.

And finally, we'll be asking the panelists to address any beliefs surrounding IWCF, what is missing? How could we be strengthening this this field? So don't worry. You don't need to memorize these. I'll be asking them to the panelists, but just wanted to get a flavor of what will be going through and additionally leave space and room for anyone from our general team. If you have additional questions that come up, please put them in the chat and we will try to monitor that so that we can make sure to hear what your questions are as well.

So just this, that is. Do you want to start in just orienting us to what are you what are you hearing? Has this changed since the early concerns during the first months of the pandemic? Or what ...what are you hearing these days in terms of beliefs or myths, especially in regards to early infant feeding? Me, too. Sarah, Sarah, Leah, I welcome Sarah. I wondered if Betty Samburu, if she is perfect. First, thank you.

## Kimberly Mansen

Betty was online.

## Kimberly Mansen

Do you mind following up with following up on her?

## Speaker

She was online a few minutes ago,

## Kimberly Mansen

Wonderful and completely understand, no problem. The benefit of all being together remotely is we can follow up on the side very easily. So thank you, guys. So if you don't mind, Dr. Vega Sanchez, we would love to hear from you. Apologies for not being able to connect with Betty, by the way. But Dr. Rick Sanchez, what have you heard since the beginning of the pandemic? What are some of the beliefs, myths? Has that changed?

## Dr. Sarah Marie Vega-Sanchez

Rumors grow more means something to have. We have read them. A scientist from the scientific community, the organization, scientific information from committees about COVID 19 can change every day. That remains the same. No change. The other one is we have a lot to know about the sickness that remains the same. Every day we discover. Happily, we discover things that promote ... that make us that are working on breast feeding. We feel more confident, you know.

And the other thing that I think was misinformation is that the rapid serologic proves where it could be determinant to decide what to do with mothers and babies. This has changed. Now we know



progressively... not everyone in it in all the countries of Latin America. But this is the truth. No. And the other thing is that there was a very strong, very strong commitment is that the these signal is very, very good contentious that it that it was necessary to to keep and to respect the biosecurity measures like hand hygiene, and physical distancing, and surgical mask, facial shields and everything, and even use the protectors for all the body know and... and to protect personel... health personnel and also mothers.

They have some parents, some siblings, some person in their home ...at home that was sick. And probably they got the sickness there and not at the hospital. And finally, is that it was the most dangerous. And it was like a truth for everyone, is that was breastfeeding, skin contact, [ ] was very dangerous risk factors for getting them there, for being sick. This forgotten the sickness. No disease is changing because separation, this separate mother and child separation was a rule at the beginning of the pandemia. Now we are happy that it is changing a lot. No, that's quite [ ] I say.

## Kimberly Mansen

Thank you so much.

## Dr. Sarah Marie Vega-Sanchez

And sorry for my English.

## Kimberly Mansen

It's ...you do a great job, we're very thankful that you're willing to participate. So thank you. And just to ask a question back, you said that you're seeing changes in rooming in and separation, that you're starting to see change again where it's not seen as ...as dangerous as it was early. Are you seeing changes in policy or practice or both?

## Dr. Sarah Marie Vega-Sanchez

No, you must know that the policy in this country was... and we always correct, you know, but the problem is that policy doesn't decide what people do at the establishment. You know, even you have the policy if you have the all the rules. But people do not accomplish it. No. And it is there. But now. With evidence, with evidence, with local and international evidence, the evidence neonatologist and pediatrician that work at the delivery establishments, the maternity leave establishments are changing progressively. And now and I want to share with you what was the most awful things that that occurred in my country, and perhaps in other countries when a mother with COVID-19 wearing a got into the hospital with a pregnant women, then they decided with by the severe logic approval, by the by the symptoms that this was .. were mild. They decided that she was with COVID dissimilarities, separated in some hospitals, even 14 days the mothers from the child and other parents might take them to home and give them give the babies artificial formula. That is, it really doesn't happen anymore. No. And it was a pression of many patients with COVID 19. But this doesn't happen any more. Many go in some hospitals, not all hospitals with their mothers, even with COVID-19. And they got breastfeed. They are benefit with breastfeeding. No, but there still remains some that some believe in in saying that, no, you must separated during this time. But, you know, in my country, there is a culture in Bolivia also and other countries in Latin America there ... there is a culture of breastfeeding. 66 percent of our children



are breastfeeding infants with six less than six months now. So they as soon as a mother arrived to their homes, they give breastfeeding to ...breastfeed their babies. They told us that.

## **Kimberly Mansen**

Great. Thank you for sharing that. And we also are seeing stories and hearing stories that the policy may say one thing, but actual practice... there are fears that the provider level at the caretaker level that's influencing. So thank you.

## **Dr. Sarah Marie Vega-Sanchez**

Panic, panic, panic, panic in the health professionals.

## **Kimberly Mansen**

I hear that. Well, we want to come back to this. I do want to leave time and space for our other panelists. And I believe Betty, I believe you are on the line. Is that true? Can you hear me?

## **Betty Samburu Mogesi**

Yes, I am here.

## **Kimberly Mansen**

Wonderful welcome, very nice to hear your voice. So we wanted to open up the panel and I'd love to hear from you just with what is what are you generally hearing? What is happening? Has this changed since the early days of the pandemic in regards to infant feeding, particularly breastfeeding? What are you hearing this practice?

## **Betty Samburu Mogesi**

Yeah, I think you saw in the early days, I know there was quite a lot of misinformation regarding breast feeding and COVID know. One of the things that came because of a few guidelines, like we had published papers which had given direction that the baby and the mother be separated. And before we received the WHO guidance, which we took when we created the country guidance, or there was a lot of fear, and we could see in social media everywhere about separation of the mother and the baby. Some were fearing that even the pregnant mother will infect the baby that is from both the community and the health workers. And there was even an argument about conducting skin to skin contact immediately after delivery. When we actually received the guidelines from WHO when we were trying to make country guidelines. It was a really great debate given that in some instances, they are quite a number of guidelines which was created especially in line with social distancing, like there was guidance that mothers who lost their breasts before breastfeeding, and the baby and the mother should all be sure. But then there was the minimal growth monitoring. So all this was contributing now to the fear about about breastfeeding for the mother and the health workers, especially the issue of separation. And so this this trend of growth monitoring and promotion protocols, you know, mothers go to the



antenatal clinic to seek guidance, to seek counselling, so that now there was a lot of fear because the government is saying, yes, you don't need to bring the babies to the clinic because of this. Then the mothers look at it from their perspective and also the reproductive health putting that you should wash their breasts... And also, there was this issue that wearing a medical mask and then mothers now started believing more herbalists. You remember the conclusion, and, you know, we are bothering our neighbors in Tanzania where they really went strongly opposing the issues of COVID.

Then there was a lot of promotion of herbal medicine and herbal [ ]. So many mothers who going to seek herbalists as opposed to the health care. But now it is really getting over. Over. Really, you're muted. And, Betty, can you more specifically explain the changes in the growth monitoring that you mentioned?

But I think that the. So what's the guidance? Go ahead. So what they can what they country to the guidance, give funding, good monitoring was that the protocol was developed and, you know, so many guidelines were developed during that time. And one was we should stop seeking mothers to stop seeking growth monitoring unless services, unless it is in critical condition and only immunization services should go on. So when such guidance came, it made the mothers to feel so much going to the health facility.

Breastfeeding for the mother and the health workers, especially the issue of separation. And so this this trend of good monitoring and promotion protocols, you know, mothers go to the antenatal clinic to seek guidance, to seek counselling so that now there was a lot of fear because the government is saying, yes, you don't need to bring the babies to the clinic because of this. Then the mothers look at it from their perspective and also the reproductive health putting that you should wash their breasts. And also, there was this issue that wearing a medical mask and then mothers now started believing more herbalists. You remember the conclusion. And, you know, we are bothering our neighbors in Tanzania where they really went strongly opposing the issues of COVID. Then there was a lot of promotion of herbal medicine, so many mothers who going to seek herbalists as opposed to the health care. But now it is really getting over.

## **Kiersten Israel-Ballard**

You're muted.

## **Kimberly Mansen**

Thank you, Kiersten. Betty, can you more specifically explain the changes in the growth monitoring that you mentioned? Go ahead.

## **Betty Samburu Mogesi**

So what's the guidance? Go ahead. So what they can what they country to the guidance, give funding, good monitoring was that the protocol was developed and, you know, so many guidelines were developed during that time. And one was we should stop seeking mothers to stop seeking growth monitoring unless services, unless it is in critical condition and only immunization services should go on. So when such guidance came, it made the mothers to feel so much going to the health facility. And now that there was a lot of promotion, use of ginger garlic. So mothers thought this is an alternative, we can seek help from this herbalist who can give us medicine to prevent COVID. So I think even the rates, if



you can see even our graphs, the rates have gone low compared to the other years. These analyses which have been done comparison between [ ] and tell them that the trends have been going.

## Kimberly Mansen

And are those rates regarding number of mothers and infants seeking care or is that rates of breastfeeding? What is ...what are those rates you're referring to?

## Betty Samburu Mogesi

It's actually the number of mothers seeking and see services which have dropped greatly, drastically, and also the mother who are seeking, you know, these pregnant mothers who are seeking MC services, the results of mothers who are taking their children for growth monitoring. So that has drastically dropped. And, you know, we also used to promote some supplementation by a strategy called [ ] in the month of June and November. But this now has drastically dropped because such activities are no longer taken during the month of June, nor is it going to be undertaken in the month of November. So all these services were affected because the [ ] used to happen in the community and at the facility.

## Kimberly Mansen

The lack of contact and ability to provide those services is also an issue. Thank you, Betty, for sharing that from your perspective in Kenya and the region. I'd like to turn it over to Jen. Jen Cashin. Do you mind sharing specifically in the ASEAN region? As far as I'm familiar with, you're familiar with the policy level, some of the changes happening over time. What have you been hearing as is happening? And it's OK if it's just regarding policy, it's OK if it's stories that you've been hearing, anything from that region.

## Jennifer Cashin

Yeah. Thanks so much, Kim, and thanks for inviting me to participate today. So Alive and Thriving, a group of researchers from University of Connecticut and Western Sydney University, We did a quick study of thirty three country guidance documents and compared those in terms of 10 key areas related to breastfeeding, grooming in skin to skin contact. And yeah, I mean, there's very few countries are following all WHO's guidance in those 10 areas, those 10 breastfeeding and newborn care areas.

And what's particularly troubling is even countries with very high infant mortality rates were not aligned with WHO's recommendations. So a country like Ethiopia, for example, had none...took none of WHO's recommendations in there in their country guidance. Burkina Faso, only three. And so, you know, just thinking about the implications of that in the long term, it is really quite scary. And I think our colleagues working as clinicians will have more to say about kind of what's happening on the ground.

But what Betty said about kind of I think she touched on this disconnect between even policies within the country. So in the ASEAN region, we saw a lot of clinical guidelines that were more on the separation side, maybe acting out of caution or fear, but then the public health guidelines being more supportive of breastfeeding, you know, the standard WHO recommendations. So I think that is very hard for people in the country to navigate not only the international guidance being different, but also the countries ... within the countries guidance being different.

So I think that's been a challenge. We're going to look back at those thirty three countries and see how they've updated their guidance. We know that some have improved. So..so that's ... that's encouraging. Definitely Indonesia in particular, Philippines, have become more supportive, but a number of them



actually haven't in the ASEAN region anyway, haven't been updated, which is a shame. So some of the early recommendations for separation, unfortunately, kind of did the damage already.

So, yeah, I think getting the word out there that there is more evidence now and that these practices that we're all familiar with, the recommended breastfeeding practices can happen safely, I think is really important.

## Kimberly Mansen

Thanks Jen. And, and do you have a pulse on ... so for those countries that did in the beginning have separation policies, do you have a pulse on some of the pushback that is coming with the new research? Are there messages being shared that are against the new research or is it just sticking to the original policy? Any do you have any reasons behind why we're not seeing those changes?

## Jennifer Cashin

I mean, I think it depends on the country. In some countries, like in Southeast Asia, for example, the pandemic, I mean, they've been spared the worst parts of the pandemic, right? I mean, you have Vietnam, Lao Cambodia with a few hundred cases in the cases of Cambodia and Lao. So there really wasn't the impetus to revise their policies in other countries. I think just workload. I mean, in Myanmar, the health system just being stretched to the absolute brink, where clinical guidelines don't really seem like a priority, although they really are and then I think what Sara said about the policies can be one thing, but it doesn't always ... that doesn't always inform what happens at the hospital level is definitely true, too. So, yeah, I don't know how much consistency there is across the big hospitals, really.

## Kimberly Mansen

Well, that's really helpful. Thank you. And I'm sure some of these same themes will come back in and future questions to Amelia. I'd like to turn it to you, especially with the USPC experience. And I know if you wouldn't mind also sharing the way that stories were captured. I think it was interesting in the beginning of the pandemic and helpful and maybe other settings can learn from as well. So along with sharing what you're hearing and what how has that changed since the beginning of the pandemic? Do you mind just sharing how that was captured?

## Amelia Psmythe Seger

Yeah, yeah, certainly. Thank you so much for having me here. So I think that it was really lovely the way that you orchestrated that the arc of the panelists, because I think where I'm best positioned to share from is kind of the systems view within the United States, at least. So for those not familiar, United States Breastfeeding Committee is a 21 year old organization. We are the multispectral breastfeeding committee in the United States. And we have 100 member organizations that represent views from the grassroots to the tree tops.

And we function as a coalition of coalitions; and we bring people together and collaboratives organizations together in collaboratives that are topic specific based on where they have capacity and where they have interest. And by far, the largest of those collaboratives that we call Constellation's is the COVID-19 constellation with 43 organizations. We brought that together, of course, very quickly in response to this great disconnect we were seeing and the breakdowns that were being caused when





there was this very significant discrepancy between the WHO guidance and CDC and the way that things are structured here.

Hospitals were in a bind and providers were in a bind. So hospitals are often required to follow CDC guidance. But providers working within breastfeeding recognized that what was coming out from WHO was more in alignment with the best practices and the, you know, the evidence and the ways that structural and cultural change had been moving within hospitals for 20 years. And so this represented a crisis for individual providers. It meant there were binds for administrators and decision makers. And in that gap and that wrench ... wrenching all those feelings and the confusion about what to do, there was a cycle of myths and fear and uncertainty that got started for parents. And it was really our board. We are very proud of the youngest and most diverse board amongst national organizations in the United States. And it was really our board that first raised the alarm bells to staff saying, you know, the things that I am seeing, what I am being asked to do in my hospital, what I am seeing on my for my tribe, you know, is unacceptable.

We have to do something. So in addition to forming the Constellation, we also launched a story collector tool. So what we were aiming to do was to have a mechanism for listening to the wisdom and harvesting the lived experience of families and providers on the ground. One of the most interesting things about that story collector tool, which was simply an online Web page with prompts. And you could say what kind of view you were bringing in and then tell your story was interesting is the situation, especially at the beginning, was so fraught with fear and paranoia that we had a surprisingly low response rate at the very beginning because we and what started happening was when I ... when I created an option for people to contact me directly, we got a very different type of story, including that there were providers who were afraid that if they told the truth about what was happening related to separation and other harmful practices, that their hospital would be singled out, and that there would be harm against them or that they would not get PPE, that there would be like that needed safety equipment would be withheld from their facility if they were identified.

So we had a very big problem between like what we were hearing and what was being reported, and we needed to find the ways to reconcile that. So we're very grateful that Moms Rising is a sister organization that also had a story collector tool that was listening to the experiences of families, and so did help connect one another sister organization. And.

Then that... all of that has been put together. And, you know, my colleague. It's actually Ancelle Palmquist, was part of synthesizing what came from those stories, you know, I think that very important theme, in addition to just the fear and the uncertainty and the binds throughout every level of the system, is seeing how this exacerbated racial discrimination and house equity issues, the lack of safety and certainty that BIPAC families and populations expressed about like, is it even safe to go to the hospital? I don't know if I can go there alone. We saw some shifts in like looking for alternative places to give birth, just a real disconnect from feeling like the institutions were going to be able to really hold them in safety the way ... the way one would hope and expect.

So I think that's a good a good overview. I think I see that the time is getting short to the last thing I would leave with till you come back around is that where we're going next is we're very excited. We are engaging with a team that has built a tool called Rebel Science, which is based on radical transparency and a very different model of how to collect data and allow that to be viewed by every participating organization in life time. And so as soon as we launch this, we believe we're going to have a very different capacity, radically new capacity to understand what's happening in life time as we go through the pandemic and, you know, get a view into what's happening for families related to infant feeding.



## Kimberly Mansen

Thank you so much, Amelia. I have very much appreciated just the enriching stories through that that channel and I appreciate what you have to share.

I would like to draw attention to one specific question in the chat. It was specifically related after Sarah and Dr. Sanchez spoke and related to Latin ...Latino America. But I think it also relates quite globally and broadly. So I would welcome our panelists to answer. But Victoria asks, could you comment on if and how myths, misconceptions are spreading between countries, especially via WhatsApp, for example? How ...how are these messages spreading? How is the guidance and the language around breastfeeding different among countries of the region? So are there differences between countries that you're seeing in the guidance or language used? And how are the messages spreading, especially those related to misconceptions? So Doctor Vega Sanchez, would you like to ... ?

## Dr. Sarah Maria Vega Sanchez

Yes. Is it a well, a TV, TV, radio ,and of course, WhatsApp, where you have WhatsApp now and virtual... virtual communication, are talking about what is breastfeeding, but what you hear or you have heard is our information... information about cases that finally...finally were not proved of vertical transmission of acceptable, for example, of any scandal about that, No. One, two, three more cases. But they ...they're... all the population knew about them and fear or increasing. You know, it is difficult when you have social medium that just want to be famous. No spreading type of of of news, you know, and I think they were very detrimental and make that, for example, we were emphasizing in institutional delivery, institutional deliveries in establishments of health. But mothers now are increasingly having their babies at home because they have fear and panic with all the security that gives of being separated and of getting the infection. You know, so the media, social media, I think that if we have a balance, we're not in there. And I'm in favor of that trust in breastfeeding is showing is there is always the best.

## Kimberly Mansen

I think you raise a very good point around where messages are being received and who's listening to what channels in that social media does have quite an impact on the mothers themselves, which are in the case of breast feeding, you know, a very important one, if not the only end decision maker of that choice. So that's really interesting. And, Betty, can I draw you into this conversation, how our message is being spread in the East Africa region in Kenya? Is it primarily WhatsApp or is it just word of mouth? Are you also hearing radio, TV or other channels highlighting some of the misconceptions? Kimberly.

## Betty Samburu Mogesi

We are using quite a number of channels to spread the media, to spread the information about COVID, the right messaging for COVID and infant feeding, and one of the channels is mostly through the media, that is television. We have also, as working together with the Ministry of Health, developed some posters, animations... where video animations where we have incorporated the normal breastfeeding and when the mother has COVID so that we demystify the information. And these are being shared to health care workers in the public through WhatsApp and many other media. And the posters are being printed also to be shared at the same time to be given through the WhatsApp and other social media. We have also intensified quite a lot through webinars where we held quite a number of webinars with the different health care providers like electricians who are working in the national hospitals like



[Martiniuk]Hospital and together with the other Kouddous, quite a number of webinars and one of the webinars, which was very good, was where one of our pediatrician from the hospital, we were giving about myths and misconceptions about infant and young child feeding generally. And she was trying even to inform people about if the mother is really hospitalized and in critical care, she was teaching the population about relaxation because most of them were thinking when they leave the baby, the baby should now stop breastfeeding. But it was a very good forum. We also held the high level meeting with the counties that we have, 47 counties in Kenya and the facilities there, the wives to the governor. And also there is Kenya women parliamentarians where we held a meeting with them and they promised to really spread this gospel. And we have had some of them in the media where they have participated to promote breastfeeding and COVID messaging. Over to you.

## Kimberly Mansen

Thank you Betty, it sounds like he's been busy. That's a lot of communications channels wow, it's a full time job, just trying to get the right messages out there.

And you're speaking to the choir when the communications group of this rig is on this and helping chaired this meeting. So we understand the difficulties in getting the right messages out there. It's not it's not easy.

I wanted to invite a guest panelist from our chat, Daniel Robinson. You've mentioned that you were happy to share the experiences of, in the [] circumstances, the intensive care unit for the neonates. I think that's one area that we haven't really addressed in here. But I think you're right is important. Do you mind just taking one minute so we can finish up with one question with the panelists, but sharing that. I really appreciate you offering.

## Daniel Robinson

Hi, Yeah. No, thank my pleasure. Just for context, because I'm realizing through these conversations, all of these scenarios are in such different types of settings. And so just to give you the circumstances in which I work, I'm a neonatologist at our women's hospital, Prentice Women's. We have twelve thousand deliveries a year, ( ) admits about sixteen hundred babies a year and then directly connected the Children's Hospital, the freestanding children's hospital [] has a 60 bed capacity to get back to the women's hospital, our [] has an eighty six bed capacity, but we are with that volume. We definitely are having infant newborns of moms who are covered positive, both asymptomatic as well as symptomatic and at various stages of testing, every mom who comes in to deliver is tested, but some have had tests that were positive you know weeks or months earlier. So there are lots of different algorithms for that. The bottom line is when the newborn of a mom who is COVID positive comes into the ( ), there are also further algorithms, depending on whether that baby needs respiratory support or what we think is a risk for an aerosol ..aerosolizing generating procedure, intubation prongs in the nose, and that gets to negative pressure, isolation. But we do have for asymptomatic respiratory infants ... we do have cohosting in in a room where the infants have COVID positive moms are not in negative pressure isolation. More relevant to this, though, with that context, we are certainly, as we always do, advocating and supporting lactation and getting the milk expressed and brought to the ( ). How that happens gets back to all of those different scenarios, whether the mom is symptomatic, sick, asymptomatic, duration from her positive test and also really importantly, the partner status. So we definitely are. That's a big piece of this as hopefully this connection until and whenever the mom can come into the unit, because clearly some kids have very short length of stay. Some kids are in the unit for weeks and months. So there's a lot to it. But this boy... really there's more work to be done and better understand how this is



all happening, because globally, I'm sure there are a lot of different scenarios and it could pan out very differently, so maybe this is a subset of focus that's worthy more attention, I would. I believe it.

## Kimberly Mansen

Absolutely. I think what we've mainly been addressing is even where mom and baby can be together. But what you're bringing up is where baby is admitted, intubated potentially, or getting treatment that doesn't allow contact necessarily. So I think coming up with solutions for what ...what is happening, how is lactation support being provided to that mom and making sure that the mom, in addition to the baby is also. Thank you.

## Daniel Robinson

Just that brief, quick distinction, just because the parents entering the [] the exposure then to other babies, other families, it's a different ballgame than in the well, nursery immediately. Yes. For them.

## Kimberly Mansen

Yes, absolutely. So just because of our timing, I'm ... I'm going to open up just one last question and for those that can stay on, wonderful, but I fully understand those of you who have to drop off, But just in finishing up, we would like to ask the panelists for those that have the time what can we do as a field to address beliefs surrounding infant feeding and COVID-19, what is missing in our approach? And how could we be strengthening this? I think one thing that was just raised is specifically the [] population. We need to better understand the story. But in your settings and what you're working on, what could this group be doing? What could we be doing together? So I because we Jennifer and Amelia, we skipped out on you on the last question. Do you mind just commenting quickly on this one to end that? End this?

## Jennifer Cashin

Sure, so, and I think I can speak to this a lot more, but I mean, she mentioned kind of feedback loops from families and parents, and I think that's so important to hear, just to have your finger on the pulse, to hear what's going on. And I think in the in the ASEAN region, we learned that if you had a system set up to collect those stories and that information anyway prior to the pandemic, those settings did better in keeping ... keeping the support there for moms and also figuring out what was going on on the ground. So like Philippines had already had an existing phone support program for lactation and breastfeeding. You know, Vietnam also had a phone survey, post discharge phone survey. So they were actually able to monitor the practices that were happening in the hospitals where COVID was happening.

So having those things in place, I mean, it's we're already in the pandemic, but for the next one, I guess, to have those things in place and collect the stories. Yeah.

## Kimberly Mansen

Great point, Jennifer. Thank you, Amelia. Anything to add. And thank you for adding to the track, the website that people can see stories.



## Amelia Psmythe Seger

Yeah. So that will give you the overview of the different constellations. If you go into the COVID-19, then you can access the statement that they've published. So I think Jennifer really got it. You know, I think we need to be as where these very large entities we need to find the way to reach all the way into communities and have contact with families. And we're really hopeful that this science tool is going to allow us at scale and at last time to be having, you know, the finger on the pulse of the lived experience during this time.

And what will be cool is that you'll be able to kind of look locally, state and nationally at what happened. So you're an over time. So you're going to be able to say like what happened in Georgia when the governor said it was OK to go out and about without masks. Did that change the experience of families before and after? And so it's going to be a really neat tool, I think, for us to be able to see the snapshot of, you know, when we have an intervention or there's a policy change or something shifts, how does that end up impacting families? So, you know, I think growing that part of the infrastructure is going to be critical to remaining nimble and responsive and doing the things that are really going to matter.

## Kimberly Mansen

I like to hear it just you know, it's listening and having multiple routes to be able to listen to the right many voices. So and I believe, [ ] are you still on to help answer this question for a group or did you have to drop off?

## Betty Samburu Mogesi

And yes, I'm on.

## Kimberly Mansen

Wonderful. What would you give us guidance on, where do we need to go next?

## Betty Samburu Mogesi

Yeah, or I would like to say, and I've shared some of the comments on the chat, is that we need to speak as one if it is breast feeding, that it has been proven we speak that way so that even the collections that have been put that give like opposite or different information as opposed to what we received from the WHO, we receive with and also we engage the community. If the community then gets to give us feedback, it will be very good so that we are they also that participation, they feel participation in giving the solution to the ... to the infant feeding. But sometimes that the wrong way we go is we do messaging at the policy level here. And once they reach the community, they don't trust that. They don't believe them because we've not engaged them to be part of this. So I think also evidence generation is very key. We encourage a lot of research studies so that that collection like where we have already had the misinformation through research we bring to demystify that information through scientific evidence. Thank you.



## Kimberly Mansen

Thank you so much, baby. And Dr. Vega Sanchez, would you like to add that?

## Dr. Sarah Maria Vega Sanchez

I would like I think that we must work in two levels concrete. One are the population, mothers, mothers and population in order to give them key messages... key messages through the social media and the other level, very important, as important or more important for that of that than that is to work with neonatologists and pediatricians taking into consideration that most of them do not speak English. So they must have academic sessions that share with them the evidence ... with evidence we can change how we cut our way of our practices. Recent information is very important to become now known by them, you know to share contents.

## Kimberly Mansen

Very true. And it's something we've also recognized since there's multiple channels here for how messages are being shared. So thank you so much for that.

Well, I just want to thank all of the panelists for your time. This wasn't even enough time to start to get into the weeds and really dig in to understand what's going on. But we appreciate the high level and... and your participation to just guide those, the researchers and health professionals on this call. Very much appreciative. I would just like to leave that a chance to open it up. Dan, do you want to end with any comments?

## Dan Raiten

No. I want to also echo the thanks of the region or thank you for the panelists with the strategies and expertise you share. I just have one parenthetical comment, but we didn't hear much or hear anything about the additional stress, the information and how people make decisions is one thing, but an additional stress of someone who is experiencing COVID or even conflict with COVID. So we have we learned anything from moms themselves about what this means to them is obviously the psychology and the biology involved in that. And I think that we're not intending to be an important consideration. I I'm happy to keep going. I recognize that I've got lots of time to do so. I'll leave it up to the group. Well, how you want to proceed? Well, I will just say that the rig and the working groups are dedicated to these questions and will continue to work. One of the things we're going to be hopefully working on is starting a conversation about a framework for how to deal with the next stage, that we've gone through HIV, we've gone through COVID, Zika, now Ebola. We need to have a framework so that we can be more responsive and timely, that we're required to avoid some of the things we've heard about today. OK, thank you, everybody.

## Kimberly Mansen

Thank you, Dan, thank you all thanks to our panelists. I would promote as facilitators, we have one of the loudest voices just leaving more time potentially than within the rig for discussion on this topic.



And it would be nice if we could all have a chance just to hear feedback of what people took away from this. So maybe at a future we could leave some room for that. So thank you. Thanks for the chance to be able to do this. And Christine, anything to add at the end here?

## **Kiersten Israel-Ballard**

Just to thank you to the panelists. And clearly, there's more to learn and more to hear. Imagine this is only four panelists from four different settings. We need to better understand what's happening globally. So I think this is a first step and we'll have to put our heads together and discuss how we do this in a more comprehensive way. So we'll be sharing any results from that very brief survey. It's just going to give us serving as the tip of the iceberg, really on what information is out there.

And all of this is directed toward informing our current practices and future practice. So I think we all feel a sense of urgency around that.

## **Kimberly Mansen**

Thank you very much, everyone. Have a great day.

## **All panelists**

Thank you so much. Take care, everyone.



**USAID**  
FROM THE AMERICAN PEOPLE

## **USAID ADVANCING NUTRITION**

Implemented by:  
JSI Research & Training Institute, Inc.  
2733 Crystal Drive  
4<sup>th</sup> Floor  
Arlington, VA 22202

Phone: 703-528-7474  
Email: [info@advancingnutrition.org](mailto:info@advancingnutrition.org)  
Web: [advancingnutrition.org](http://advancingnutrition.org)

Month Year

USAID Advancing Nutrition is the Agency's flagship multi-sectoral nutrition project, addressing the root causes of malnutrition to save lives and enhance long-term health and development.

---

This document was produced for the U. S. Agency for International Development. It was prepared under the terms of contract 7200AA18C00070 awarded to JSI Research & Training Institute, Inc. The contents are the responsibility of JSI and do not necessarily reflect the views of USAID or the U.S. Government.