

COVID-19 disrupting care for newborns

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A mother with her newborn in India. A new study reports that health workers did not support Kangaroo Mother Care provided by mothers who are confirmed or suspected to have COVID-19. Credit: Kibae Park/UN Photo (<https://flickr.com/photos/theworldfishcenter/8509730368/>), CC BY-NC-ND 2.0 (<https://creativecommons.org/licenses/by-nc-nd/2.0/>)

The COVID-19 pandemic is disrupting newborn care services in hospitals as mothers are separated from their newborn babies despite a low risk of infection, a survey of health workers suggests.

Two-thirds of the 1,120 health workers surveyed across 62 countries worldwide did not support Kangaroo Mother Care (KMC) for COVID-19-positive mothers or mothers of unknown status for infection with the virus, according to the study published this month in *BMJ Global Health*.

This means mothers with COVID-19, or suspected to be infected, are often separated from their newborns, which may increase the risk of neonatal mortality. The direct mortality risk from COVID-19 infection continues to be low, however, the study indicated.

Kangaroo Mother Care, a life-saving technique, involves prolonged skin-to-skin contact for preterm babies and exclusive breastfeeding. A study published March in *EClinicalMedicine* showed that the benefits of KMC could be 65 times higher than the risk of neonatal death from COVID-19.

"Newborn care practices were disrupted both due to reduced care-seeking and a compromised workforce. More than half reported that evidence-based interventions such as KMC were discontinued or discouraged," the researchers say. "Separation of the mother–baby dyad ([clinical practice](#) of obligating mothers to care for the baby after birth) was reported for both COVID-positive mothers (50 percent) and those with unknown status (16 percent)."

According to the survey, there was poor overall preparedness for the pandemic, with eight in ten [health workers](#) fearing for their personal safety and nine in ten suffering from stress. There were also inadequacy regarding the guidelines for the care of small newborns and for availability of personal protective equipment.

Suman Rao, corresponding author of the study and professor, department of neonatology, St. John's Medical College Hospital,

Bangalore, India, tells SciDev.Net that Kangaroo Mother Care is one of the most cost-effective ways to protect small and sick newborns.

"Now it is more critical than ever to ensure mothers are supported to do KMC and that [healthcare professionals](#) feel safe and comfortable to support in the delivery," says Rao. "Our data show huge promise for many lives saved with universal KMC, so it's vital that we use this opportunity to strengthen care now and build back better after the pandemic."

Melissa Medvedev, corresponding author of the study in *EClinicalMedicine*, and assistant professor of pediatrics at the University of California, San Francisco, tells SciDev.Net that the new study shows how the COVID-19 pandemic has disrupted the coverage and quality of care for small and sick newborns, particularly in developing countries.

"In the context of COVID-19, more attention must be placed on protecting essential health services for newborns, such as KMC, and ensuring clearer messaging to keep mothers and babies together from birth," Medvedev says.

Sushmita Roy Chowdhury, director of pulmonology at the Fortis Hospital in Kolkata, India, tells SciDev.Net that the risk of malnourished newborns and those born to underprivileged, malnourished mothers dying early without receiving mother's milk is way higher than the risk of a newborn contracting severe COVID-19.

According to Chowdhury, Kangaroo Mother Care ensures nutrition and helps develop immunity in newborns. "The risk of spread of the infection can be reduced by mandatory mask use by [mothers](#) for the first two weeks."

More information: Small and sick newborn care during the

COVID-19 pandemic: global survey and thematic analysis of healthcare providers' voices and experiences. *BMJ Global Health* 2021;6:e004347. gh.bmj.com/content/6/3/e004347

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