

## Rooming in, KMC and Exclusive Breastfeeding in COVID Era— A Pediatrician's Dilemma

We read with interest the recent article on ensuring exclusive human milk diet in COVID-19 times [1], which covers practical aspects of newborn care and breastfeeding during the pandemic. However, it does not fully answer the pediatrician's query whether to practice rooming in, kangaroo mother care (KMC) and exclusive breastfeeding, when baby is positive/negative and when mother is positive and symptomatic/asymptomatic.

In general, COVID-19 pandemic has shown adverse effects on newborn nutrition and KMC. Many facilities consider separating neonates and mothers for unspecified periods, until the mother is non-contagious. It is known that temporary early separation and disruption of newborn physiology can affect immunity and increase the risk of infant hospitalization and double the burden on the health system [2]. Practicing KMC has been documented to improve breastfeeding rates compared to conventional neonatal care in COVID-19 [3]. The World Health Organization (WHO) recommends that infants and mothers with suspected/confirmed COVID-19 should be enabled to practice rooming-in and give skin-to-skin contact throughout day and night [4].

In a study on 46 mother-infant dyads, three breastmilk samples tested positive for COVID-19 by RT-PCR and one out of three babies tested positive. This was not concluded as transfer through breastmilk, as there was also close contact with positive mother [4]. As there is no clear evidence of transfer of the virus through breastmilk, the general agreement is that stable neonates exposed to COVID-19 infection can be roomed-in with exclusive breastfeeding [5]. The mother-baby dyad must be isolated from other mothers. The neonate and the mother may be managed in separate isolation facility, if sick/symptomatic [5]. The La Leche League International (LLI) stands firm in giving breastfeeding after observing good hygiene practices to reduce viral transfer. This will offer immunological protections to the breastfed baby, as mothers who become infected shortly before giving birth and those who become infected while breastfeeding, will produce specific secretory IgA antibodies and many other critical immune factors to protect

their neonates. According to LLI, if someone who is breastfeeding becomes ill, it is important not to interrupt direct breastfeeding. The baby has already been exposed to the virus by the mother and/or the family and will benefit most from continued direct breastfeeding [6].

Therefore, rooming in, giving KMC and exclusive direct breastfeeding are recommended in newborns of COVID 19 suspected or confirmed mothers after taking adequate precautions like wearing mask and with strict hand hygiene practices and cough etiquette. Separation, KMC by another family member and giving expressed/donor milk may be practiced only if that is medically indicated, the mother or baby being critically ill.

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## A Tale of COVID-19: Beyond Physical Ailment

Since the initial days of the coronavirus disease 2019 (COVID-19) outbreak, there is increase in fear and anxiety in general population which is palpable worldwide [1]. Pandemics are known to cause short- and long-term mental health issues, particularly in children and adolescents [2].

A 9-year-4-month-old girl was referred to our child development clinic with complaints of on-and-off shortness of breath, crying episodes and excessive fear of the COVID-19 to herself and family members. These symptoms were present since a week. She was developmentally normal. She was reported as a bright and friendly child. No psychiatric illness was reported in any family members. The screen usage of family was increased significantly mainly related to news on the outbreak. Ten days back, her neighbours, including her close