



## **Interim Public Health Guidance for Voluntary Breastfeeding Groups in the context of the Sars-CoV-2/COVID-19 Pandemic**

***Face to face support group meetings and home visits***

***Effective from 20<sup>th</sup> September 2021***

**Version 2**

**mychild.ie**



Version	Date	Change from previous
V1.0	06/07/2020	Original version
V1.1	07/07/2020	Edited group meeting size Added detail on contact tracing in event of positive case
V1.2	07/07/2020	Minor edit to detail on contact tracing
V1.3	09/07/2020	Minor update to sections on meetings and visits regarding social distancing and use of face coverings Changed detail on platforms to use for virtual meetings and visits Added line recommending mothers and volunteers download COVID Tracker App Added Appendix 3 regarding legal basis for log of persons at meetings Added table of version edits
V1.4	10/07/2020	Appendix 4 – How to use face coverings added
V1.5	17/07/2020	Added information to key points on group meetings Changed wording of point regarding need for contact tracing in event of a positive case post visit/meeting
V1.6	05/08/2020	Added authorship and acknowledgements
V1.7	07/08/2020	Addition to acknowledge possibility of additional children brought to group meetings
V1.8	20/11/2020	Addition of national framework for living with Covid 19 to the guidance on indoor/outdoor meetings. Amended self isolation advice to 10 days from 14 days in last revs.
	21/01/21	No changes made to guidance. Updated level 1-5 Framework image in Appendix 5 & rev. date.
1.9	04 <del>2</del> /06/2021	<ol style="list-style-type: none"> <li>1. Inserted updated HPSC guidance for home visits from Feb 21 into introduction.</li> <li>2. Referred to new variants of concern, vaccination programme and the need to continue IPC measures at this time,</li> <li>3. Reference to complying with COVID-19 Resilience and Recovery: The path ahead guidance.</li> <li>4. Added vaccine bonus benefits to home visits section.</li> <li>5. Added section on COVID-19 vaccines and breastfeeding</li> </ol>
2.0	14/09/2021	<ol style="list-style-type: none"> <li>1. Inserted updated HPSC guidance for home visits (v2.5) June 21 into introduction.</li> <li>2. Amended advice on face to face groups and home visits based on updated GOV.ie advice <i>COVID-19:reframing the challenge, continuing our recovery and reconnecting from 20<sup>th</sup> September</i></li> <li>3. Effective date for guidance is from 20<sup>th</sup> September</li> </ol>

#### **Authorship and Acknowledgement**

*This guidance was developed by Dr. Ciara Kelly, Specialist Registrar in Public Health Medicine; Dr. Melissa Canny, Specialist in Public Health Medicine; Laura McHugh, National Breastfeeding Co-ordinator and Meena Purushothaman, Assistant National Breastfeeding Co-ordinator on behalf of the HSE National Breastfeeding Implementation Group, in consultation with the three voluntary breastfeeding agencies in Ireland - La Leche League, Cuidiú and Friends of Breastfeeding, and with thanks to the Health Protection Surveillance Centre for review and input.*

## Table of Contents

Introduction .....	4
Scope.....	4
Background .....	4
Brief background information on COVID-19 .....	4
Public health advice for the general population .....	5
Face to face support group meetings .....	5
Key points on face to face support group meetings .....	6
Home Visits .....	7
Key points on home visits .....	7
Mothers or babies with a previous diagnosis of COVID-19 .....	10
COVID-19 vaccines and breastfeeding.....	10
Appendix 1 - Figure 1: Hand Hygiene - How to Handwash .....	11
Appendix 2 - Figure 2: Respiratory Hygiene .....	12
Appendix 3 - Legal basis for holding log of names for contact tracing purposes in a pandemic .....	13
Appendix 4 – How to use face coverings .....	14
References .....	15

## **Introduction**

Evidence is overwhelmingly in support of breastfeeding as the best source of nutrition for infants (1). The World Health Organisation and the HSE recommend that mothers with suspected or confirmed COVID-19 should be encouraged to initiate or continue to breastfeed, and that the benefits of breastfeeding substantially outweigh the potential risks for transmission (2, 3, 4, 5). There is evidence that mothers with COVID-19 pass their antibodies to their baby through breastmilk, thereby giving protection to their baby (6, 7). Due to restrictions in the context of the global COVID-19 pandemic, peer to peer and voluntary organisational support for breastfeeding mothers has been delivered predominantly virtually as opposed to in person in recent times. In Ireland, the transition through the phases of the country's roadmap to re-open society and business has meant that certain groups are permitted to gather again in a social context, although certain requirements must be fulfilled, for example regarding maximum numbers in attendance and adherence to public health advice by those present. This is a welcome change for breastfeeding mothers, as although digital technology and platforms have allowed group meetings to continue virtually, this is not the same as in person conversation and support, whether in a group setting or in the home. However, the health and safety of mothers and their infants is paramount, particularly as there has been an increase in concern regarding the risk of transmission in the context of new variants of the SARS-CoV-2 virus. Appropriate guidance for both group meetings and home visits for breastfeeding mothers is warranted, which volunteers and mothers alike can follow to minimise any risk to them and the children. The COVID-19 vaccination programme for Ireland is now well established and we have seen very positive trends in the reduction of the number of cases of serious illness and hospitalisation due to Covid-19. However, the need for infection prevention and control precautions remains. This will be kept under review as the vaccination programme progresses and further information on the risk of transmission becomes available.

## **Scope**

This document is intended for all of those working with voluntary breastfeeding organisations in Ireland, in the context of the global COVID-19 pandemic, to guide their managers, leaders and volunteers in the organisation of face to face support group meetings and home visits for breastfeeding mothers and their infants.

The Health Protection Surveillance Centre publication '*COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver healthcare V2.5 - 06/07/2021*' (8) was adapted and used to inform the development of this guidance document.

This publication can be found at the following link: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/homecarevisitsguidance/COVID-19%20IPC%20Guidance%20for%20%20HCW.pdf>

## **Background**

### **Brief background information on COVID-19**

The virus which causes COVID-19, SARS-CoV-2, is spread mainly through respiratory droplets generated by coughing and sneezing, and indirectly through contact with contaminated surfaces.

The virus can survive on surfaces at least for some hours and for up to 2 to 3 days in some cases if not removed or destroyed by cleaning or disinfection.

People are most likely to spread infection around the time that they start to have symptoms. People with severe disease may be more infectious. Some people have become infected from people before those people had symptoms. People usually become sick about five to six days after they become infected but people may become sick as early as 1 day after infection or as late as 14 days after infection. Most people with COVID-19 will have mild disease and will recover but some develop more serious illness. People at higher risk of developing more serious illness include older people, people who are immunocompromised and those with certain other medical conditions.

Important symptoms of infection include fever, cough, shortness of breath and loss of sense of smell or taste. We now know that many frail older people may not have these symptoms when they first become ill. In some cases they may just feel generally unwell, lose their appetite, become confused and have an unexplained change in their baseline condition.

Testing for COVID-19 is based on taking a swab from the throat and nose.

**Public health advice for the general population to prevent the spread of the coronavirus:**

- Limit where you go.
- Avoid crowded indoor spaces.
- Work from home if possible in line with government advice - if you cannot work from home, be sure to practice social distancing.
- Practice social distancing (keep a space of 2 metres (6.5 feet) between you and other people and avoid shaking hands or making close contact with other people, if possible).
- Washing your hands properly and often (see Appendix 1).
- Do not touch your eyes, nose or mouth if your hands are not clean.
- Covering your mouth and nose with a tissue or your sleeve when you cough and sneeze (see Appendix 2).
- Wear face coverings on public transport, shops and healthcare settings, and where physical distance of 2 metres cannot be maintained in line with gov.ie advice at that time (see appendix 4).
- Individuals not yet fully vaccinated should wear a face covering when visiting older people or other vulnerable people - be sure to practice social distancing for their safety.
- Follow the most up to date timelines for the easing of restrictions and recommendations as per [COVID-19:reframing the challenge, continuing our recovery and reconnecting \(7\)](#) available at gov.ie.

**Face to face support group meetings:**

- Indoor breastfeeding support group meetings can resume from 20<sup>th</sup> September 2021. Follow gov.ie for the most up to date timelines and recommendations for indoor and outdoor face to face meetings.
- Virtual group meetings should continue to be utilised as much as possible via HSE-approved virtual platforms.
- Volunteers, mothers and/or infants who are at high or very high risk from coronavirus and remain unvaccinated against COVID-19 should not attend face to face meetings.
- Any mothers or babies who are symptomatic/referred for testing for coronavirus/awaiting results of tests or have been identified as close contacts of confirmed cases of COVID-19 (whether the contact occurred in their household or elsewhere) should not attend face to face group meetings and may be suitable for virtual meetings instead if appropriate and available. Symptomatic persons should contact their GP for advice.

**Key points regarding face to face support group meetings returning from 20<sup>th</sup> September:**

- Breastfeeding support group meetings can take place with capacity limits of 100 people (with appropriate protective measures) where all mothers and group facilitators are fully vaccinated or recovered from COVID-19 within previous 6 months.
- Where attendees have mixed immunity status, pods of up to 6 participants will be permitted (excluding group facilitators).
- Multiple pods will be permissible having regard to the size of venue and at least 2 metre social distance between individual pods.
- Certification of vaccination is required as a prerequisite for allocation of seating, i.e. where an attendee does not have full immunity, they should be seated in a pod of no more than 6 people.
- Wear face coverings for the duration of the meeting, face coverings should continue to be worn from 22<sup>nd</sup> October where there is mixed immunity status within attendees to breastfeeding group meetings.
- Where possible, mothers should not bring other children to the group meeting. In the event that a mother has other children with her, they should remain together and make arrangements such that a minimum 2 meter distance is maintained from others.
- A log of attendees and their contact details must be recorded in case details are subsequently required for contact tracing (See Appendix 3 for further information regarding the legal basis for holding contact details).
- Attendees to the group meetings should avoid making close contact with others as much as possible, and avoid sharing utensils (e.g. cups, mugs, etc.).
- Attendees should be seated/positioned at least 2 metres from each other to ensure social distancing is adhered to. This requirement can be removed from 22<sup>nd</sup> October.
- There should be a plan developed by the group organisers for the possibility that a group attendee might become symptomatic during the meeting (e.g. self-isolation pathway, availability of face coverings, cessation of meeting, symptomatic persons to contact their GP for advice).

- After the meeting – ensure the room (s) used for the meeting is cleaned according to public health guidelines.

#### **Home Visits:**

- Virtual visits should be utilised as much as possible via HSE-approved virtual platforms.
- Volunteers, mothers and/or infants who are at high or very high risk from coronavirus and are not yet fully vaccinated should have virtual home visits.
- If either mother or baby are symptomatic/referred for testing for coronavirus/awaiting results of tests, or have been identified as close contacts of confirmed cases of COVID-19 (whether the contact occurred in their household or elsewhere), the home visit should be postponed or carried out virtually if appropriate. Symptomatic persons should contact their GP for advice.
- The feasibility of home visits will depend upon the guidance at that time under the *Reframing the challenge: Continuing our recovery and reconnecting* at the time of planning such a visit.
- Those awaiting full vaccination should continue to maintain physical distancing in private settings.
- There is no requirement for physical distancing between fully vaccinated people in private settings.
- Those awaiting full vaccination should continue to wear a face covering/face masks where physical distancing cannot be maintained.
- There is no requirement for face coverings/masks between fully vaccinated people in private settings.

#### **Key points regarding home visits:**

##### **Planning and preparing for the visit:**

- Volunteers play a vital role in ensuring the safety of themselves and their clients. They can do this by accepting vaccination as soon as it is available to them.
- Ensure volunteers have access to alcohol hand rub, face coverings and aprons to deliver the care they provide in a manner that is safe for the mother/baby and for them.
- Review the contact details for the mother, and communicate with her remotely through use of a mobile telephone or other similar device before a visit to check that she and her baby have no new symptoms on that day. Confirm also that no member of the household has symptoms of COVID-19.
- Preliminary discussions between the volunteer and mother should take place on the phone or via virtual mediums prior to the visit in order to reduce the amount of face to face time required.
- Volunteers should review the care that may be required by the mother/baby, and check that they have all the items that are likely to be required for the visit in their vehicle.
- Volunteers should be told that if they are unwell and have symptoms of COVID-19 such as cough, temperature, shortness of breath or new loss of smell or taste or if they are a contact of someone with COVID-19 they must call their manager before going to work.

- If a volunteer develops symptoms prior to a visit they must report immediately to their manager and not conduct any home visits.
- If a volunteer is concerned that they may have COVID-19 they should stay at home and self-isolate and contact their doctor (GP) by telephone.
- In so far as possible, if more than 1 visit is anticipated to the mother and baby, maintain the same volunteer who visits to the mother and minimise the number of different mothers visited by each volunteer.
- Establish if there is room directly off the entrance hall of the home and if so arrange that if possible the parent/guardian will meet the volunteer with the infant there.
- Establish if there are children or others in the residence and if so that they are asked not to greet the volunteer and if possible to remain in a separate room or rooms during the visit.
- Establish if there are companion animals and if so that they are safely contained so that they do not interrupt or distract from the visit.

During the visit:

- Volunteers should bring a limited number of the items they expect to use with them into each mother's home.
- Bring as little as possible of personal items into the home. Where it is necessary to bring personal items with them, they should try to avoid using them in the home and minimise any contact between the mother/baby and personal items. If a mobile phone is brought into the mother's home, the volunteer should try to avoid using the phone during the visit.
- On entering the home volunteers should perform hand hygiene and avoid unnecessary direct touching gestures.
- Volunteers should try to avoid eating or drinking in the home.
- In situations where mix immunisation status exists between volunteers and mothers, the following advice should be adopted
  - maintain physical distancing of 2 metres whenever it is practical to do so
  - wear a suitable cloth face covering/face mask where maintaining physical distancing of greater than 2 meters is not practical to do so
- Should the volunteer become symptomatic during the home visit, they should put a face covering on and immediately leave the home to self-isolate and contact their GP for advice.
- Should the mother or baby become symptomatic during the home visit, the mother and volunteer should put face coverings on, the volunteer should leave the home, and the mother should self-isolate with her baby and contact her GP for advice.

On completion of the visit to the mother's home:

- Volunteers should perform hand hygiene after leaving the home and before returning to your vehicle.
- There is no indication that use of a vehicle is a contributor to the overall risk of infection to staff and no specific cleaning or decontamination of vehicles used for home visits is recommended.



**Note:** Following the visit or group meeting, should a volunteer, mother or infant test positive for the Sars-CoV-2 virus (COVID-19), close contacts may need to be identified for the purposes of contact tracing.

Volunteers and mothers are encouraged to download the COVID Tracker app (see [www.covidtracker.ie](http://www.covidtracker.ie) for more information).

**Mothers or babies with a previous diagnosis of COVID-19:**

A previous diagnosis of COVID-19 does not exclude a mother or baby from face to face group meetings or home visits.

If the mother/baby has completed 10 days of self-isolation following their diagnosis, the last five of which have been fever-free, they have followed appropriate public health advice during this time and are medically well with no new symptoms, attendance at face to face group meetings or a home visit may be feasible, following the above guidance.

**COVID-19 vaccines and breastfeeding**

If you are breastfeeding the HSE advise that you should get your COVID-19 vaccine when it is offered to you. There is no reason to avoid breastfeeding if you are vaccinated. If you were vaccinated while pregnant, research studies have shown that antibodies against COVID-19 pass into the breast milk and may give some protection to your baby.

The HSE advice all pregnant women to get the COVID-19 vaccine as soon as it is offered to you and it is safe to receive the vaccine at any stage during pregnancy.

How long it takes for vaccines to work.

You can follow the COVID-19 vaccine bonus advice:

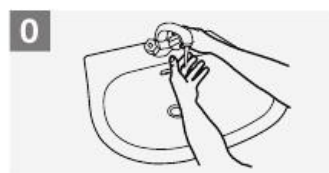
- 7 days after your Pfizer-BioNTech dose
- 14 days after your 2<sup>nd</sup> Moderna dose
- 14 days after the Janssen vaccine – (single dose vaccine)
- 28 days after your first AstraZeneca dose – (need 2<sup>nd</sup> dose to strengthen vaccine protection lasts longer)

Appendix 1 - Figure 1: Hand Hygiene - How to Handwash

# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

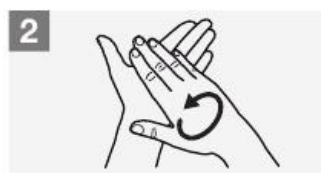
 Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



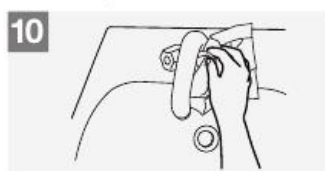
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



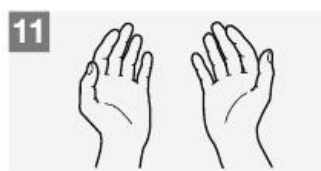
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this document. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. WHO acknowledges the Hôpital Universitaire de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

Appendix 2 - Figure 2: Respiratory Hygiene

# COVER UP

## COUGHING AND SNEEZING

- 
  - Turn your head away from others
  - Use a tissue to cover your nose and mouth
- 
  - Drop your tissue into a waste bin
- 
  - No tissues? Use your sleeve
- 
  - Clean your hands after discarding tissue using soap and water or alcohol gel for at least 15 seconds

  These steps will help prevent the spread of colds, flu and other respiratory infections

### **Appendix 3 - Legal basis for holding log of names for contact tracing purposes in a pandemic**

In relation to the legal basis for holding names for contact tracing purposes, the following legal underpinnings support this action during a national pandemic.

#### **Under the Infectious Diseases Regulations 1981 as amended;**

In the context of:

- The Public Health Emergency of International Concern relating to Covid-19 illness;
- The serious risk of Covid-19 transmission in congregate settings due to the high transmissibility of SARS CoV2 (the virus that causes Covid-19);
- The serious health, healthcare and broader impacts of uncontrolled Covid-19 in a population;
- The unprecedented efforts that were required to control Covid-19 in Wave 1 of Covid-19 in the first half of 2020, especially in relation to congregate settings;
- The ethical and public health imperative to prevent all avoidable cases of Covid-19, and so protect individual people;
- The ethical and public health imperative to break all chains of transmission particularly in view of the exponential potential, to protect our communities and the people of Ireland.

**Under Article 11, I, as a Medical Officer of Health under the Health Act 2004, consider it necessary and desirable; and under Article 19, I require and direct that the following are put in place immediately:**

- Contact details of those in a congregate setting are recorded, and made available in a timely manner on request of a Medical Officer of Health, for the investigation and control, including contact tracing of people exposed to SARS CoV2/ Covid-19
- All recorded data should be kept secure as per Article 5 of the GDPR, not used for any other purposes, and destroyed when no longer required under this direction.

## Appendix 4 - How to use face coverings



# How to use Face Coverings

**ALWAYS CLEAN YOUR HANDS BEFORE AND AFTER WEARING A FACE COVERING**

### Correct Covering

**Medical masks should be reserved for health workers or patients in treatment.**

If you have been advised to wear a medical mask, always have the coloured side showing and the metal band at the top of your nose.



### Check Your Fit

Check that the face covering is made from a fabric that you are comfortable wearing.

Check that it is easy to fit and completely covers your nose and mouth, all the way down under your chin.

Tighten the loops or ties so it's snug around your face, without gaps. If there are strings, tie them high on top of the head to get a good fit. Do not touch or fidget with the face covering when it is on.



**DO NOT:**  
Wear the face covering below your nose.



**DO NOT:**  
Leave your chin exposed.



**DO NOT:**  
Wear it loosely with gaps on the sides.



**DO NOT:**  
Wear it so it covers just the tip of your nose.



**DO NOT:**  
Push it under your chin to rest on your neck.



### FOLLOW THESE TIPS TO STAY SAFE:

**ALWAYS** wash your hands before and after handling your face covering.

**ALWAYS** change your face covering if it is dirty, wet or damaged.

Carry unused face coverings in a sealable clean waterproof bag, for example, a ziplock.

Carry a second similar type bag, to put used face coverings in.

**CHILDREN UNDER 13** should not wear face coverings.

**ALWAYS** wash cloth face coverings on the highest temperature for cloth.

### Safe Removal

Use the ties or ear loops to take the face covering off.

Do not touch the front when you take it off.



### Disposing Of Single-Use Mask

Always dispose of single-use masks properly in a bin.

Don't forget to clean your hands and keep social distance.



**Stay safe. Protect each other.**



## References

1 Victora et al (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect <https://www.thelancet.com/series/breastfeeding>

2 WHO (2020)

COVID-19 and breastfeeding Position paper

[https://www.euro.who.int/\\_data/assets/pdf\\_file/0010/437788/breastfeeding-COVID-19.pdf](https://www.euro.who.int/_data/assets/pdf_file/0010/437788/breastfeeding-COVID-19.pdf)

Breastfeeding safely during the COVID-19 pandemic. <https://www.who.int/news-room/commentaries/detail/breastfeeding-and-covid-19>

3 Jhu et al (2021) SARS-CoV-2 genome and antibodies in breastmilk: a systematic review and meta-analysis Arch Dis Child Fetal Neonatal Ed;106:F514–F521. <https://fn.bmj.com/content/106/5/514>

4 RCPI (2021) Information for women who are pregnant or breastfeeding about the COVID-19 vaccine <https://www.rcpi.ie/news/releases/information-for-women-who-are-pregnant-or-breastfeeding-about-the-covid-19-vaccine-update/>

5 HSE (2020) Recommendations for breastfeeding during the Coronavirus (Covid-19) Pandemic (CD19-043 002 / 11.05.20) <https://hse.drsteevenslibrary.ie/c.php?g=679077&p=4865142>

6 Gray et al (2021) COVID-19 vaccine response in pregnant and lactating women: a cohort study <https://www.medrxiv.org/content/10.1101/2021.03.07.21253094v1>

7 Golan et al (2021) Immune response during lactation after anti-SARS-CoV2 mRNA vaccine <https://www.medrxiv.org/content/10.1101/2021.03.09.21253241v2>

8 Health Protection Surveillance Centre (2021). *COVID-19 Infection Prevention and Control Guidance for Health and Social Care Workers who visit homes to deliver healthcare V2.5 /0/2021*. Available at: <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/homecarevisitsguidance/COVID-19%20IPC%20Guidance%20for%20%20HCW.pdf>

8 Government of Ireland (2021) COVID 19 Resilience and Recovery: The Path Ahead. <https://www.gov.ie/en/publication/3361b-public-health-updates/>