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MIYCN in the context of COVID-19



CNCs

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By: Rose Wambu

MIYCN PROGRAMME

MOH

MOH-DIVISION OF NUTRITION AND DIETETICS

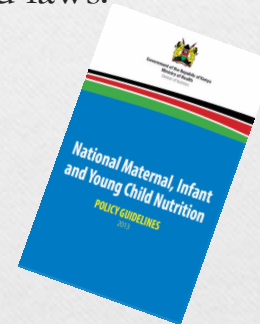
Background

- Poor maternal, infant and young child (upto 23 months) feeding practices causes malnutrition in the first two years of life (window of opportunity)
- Malnutrition in the first 1000 days period has largely irreversible long-term effects on health, cognitive, and physical development.
- Malnutrition contributes to the increased burden of diseases globally, with 45 percent of child deaths related to undernutrition.

MIYCN programme scope

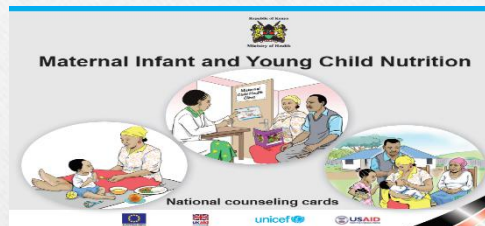
In line with the national mandate, the programme undertakes the following

1. Foster conducive Policy and legislative environment through review, development, dissemination and distribution of relevant policies and laws.
1. Coordination of MIYCN activities and actors
2. Development of capacity to deliver MIYCN services through development of content and training of national and county TOTs and TOFs



MIYCN programme scope cont'

4. Technical support for implementation of routine MIYCN services through various strategies (BFHI, BFCI, workplace support, BMS Act implementation)



5. Conduct periodic assessments and reporting
6. Advocacy for optimal feeding practices (WBW, MB, World prematurity days, etc)
7. Monitoring and Evaluation (routine(KHIS), KDHS)
8. Research in MIYCN and related

MIYCN and WHA targets

WHA target

2008 2014

- 1 achieve a 40% reduction in the number of children under-5 who are stunted;
- 2 achieve a 50% reduction of anaemia in women of reproductive age;
- 3 achieve a 30% reduction in low birth weight;
- 4 ensure that there is no increase in childhood overweight;
- 5 increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%;
- 6 reduce and maintain childhood wasting to less than 5%.

| | | |
|---------------------|------|------|
| U5 stunting | 35.3 | 26 |
| Anaemia 15-49yrs | 48 | 25 |
| LBW | 10 | 5.6 |
| U5 overweight | | 4.1 |
| EBF rates | 32 | 61.4 |
| U5 wasting | 6.7 | 4.0 |

WHO Recommendations for Breastfeeding & Early Feeding

Immediate initiation of Breastfeeding within the first hour of birth

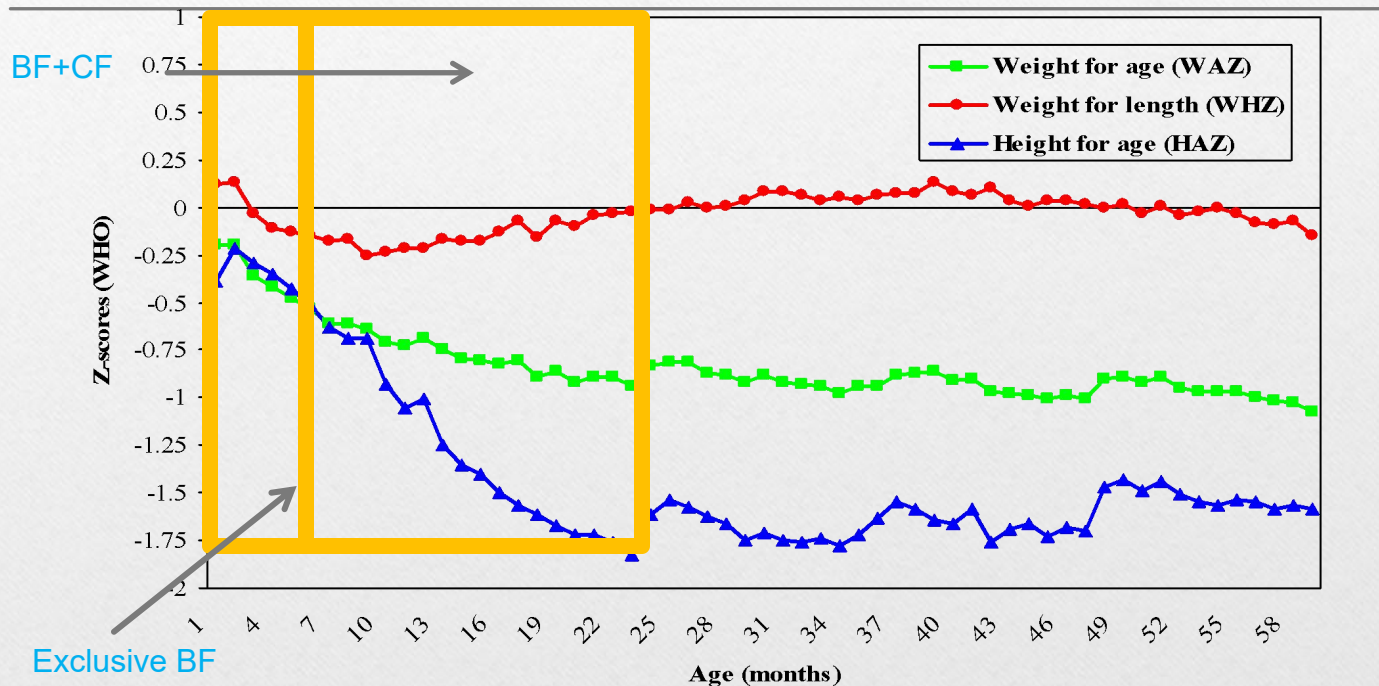
Exclusive breastfeeding for first six months of

Sustained breastfeeding for 2 or beyond alongside appropriate, adequate and safe complementary feeding from 6 months

Optimal maternal nutrition, social and community support

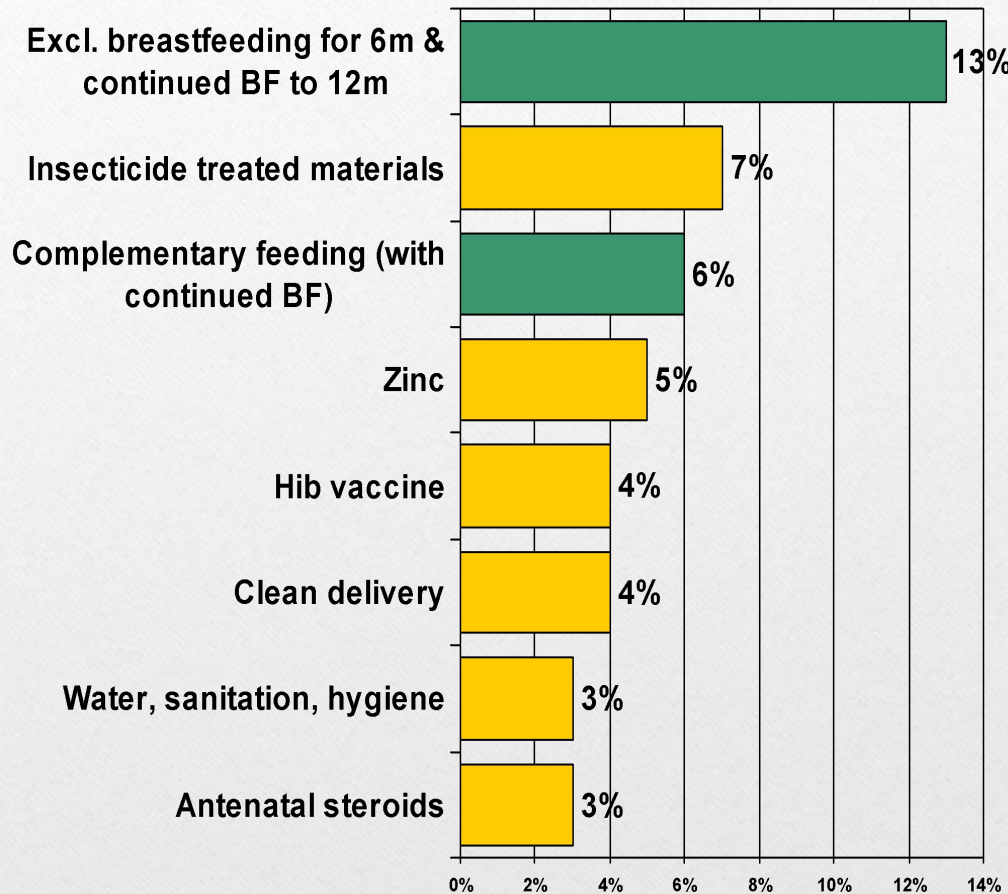
Window of opportunity: pregnancy to 2 years

Mean anthropometric z-scores by age for 54 studies, based on WHO standards



Source: Victora et al. Pediatrics, 2010 Mar;125(3)

Impact of IYCF (BF & CF) in child survival

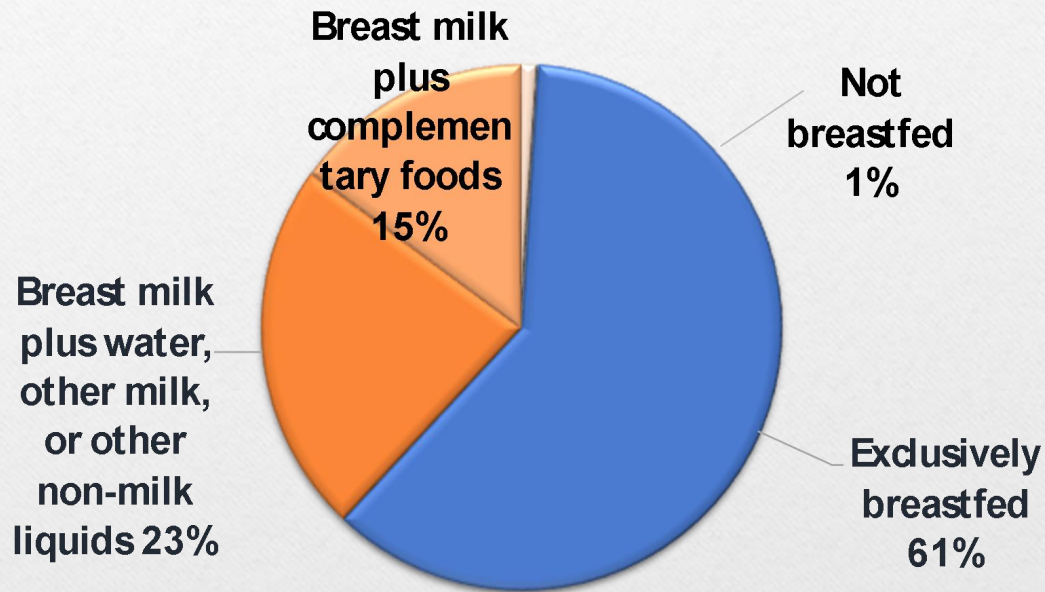


Breastfeeding & Complementary feeding have the single largest impact on child mortality of all preventive interventions: 19%

Breastfeeding feeding indicators

| <i>Infant and young child feeding practices</i> | <i>1998 KDHS</i> | <i>2003 KDHS</i> | <i>2008 KDHS</i> | <i>2014 KDHS</i> |
|---|------------------|------------------|------------------|------------------|
| <i>Initiation of breastfeeding (% of babies breastfed within 1 hour of birth)</i> | <i>58%</i> | <i>52%</i> | <i>58%</i> | <i>62%</i> |
| <i>Exclusive breastfeeding</i> | <i>17%</i> | <i>13%</i> | <i>32%</i> | <i>61%</i> |
| <i>Duration of breastfeeding</i> | <i>21 months</i> | <i>20 months</i> | <i>21 months</i> | <i>-</i> |
| <i>Breastfeeding at age 2 years</i> | | <i>20%</i> | <i>21%</i> | <i>21%</i> |
| <i>Bottle feeding (% of breastfed babies 1 to 12 months of age fed from bottles in the last 24 hours)</i> | <i>18%</i> | <i>28%</i> | <i>25%</i> | <i>11</i> |

Breastfeeding status for children under 6 months



*Source KDHS 2014

MIYCN and COVID-19

Evidence and Recommendations

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Pregnant women

Evidence: It is currently not known if pregnant women;

1.

- have a greater chance of getting sick from COVID-19 than the general public,

2.

- are more likely to have serious illness as a result

3.

- if a pregnant woman with COVID-19 can pass the virus to her fetus or baby during pregnancy or delivery.

Pregnant women

However,

- Pregnant women experience changes in their bodies that may increase their risk of some infections.
- With viruses from the same family as COVID-19, and other viral respiratory infections, such as influenza, women have had a higher risk of developing severe illness.

Based on that background, the
Recommendations are;



Microsoft Word
Document

Breastfeeding

Background

- Breast milk is the best source of nutrition for most infants.
- Breastfeeding protects against morbidity and death in the post-neonatal period and throughout infancy and childhood.
- The protective effect is particularly **strong against infectious diseases** that are prevented through both direct transfer of antibodies and other anti-infective factors and long-lasting transfer of immunological competence and memory.

Breastfeeding *Evidence:*

1.

- In limited case series reported to date, no evidence of virus has been found in the breast milk of women infected with COVID-19
- Given low rates of transmission of respiratory viruses through breast milk, the World Health Organization states that mothers with COVID-19 can breastfeed.”

2.

- Like influenza and other corona viruses, COVID-19 is unlikely to be transmitted via breastmilk. However, it can be transmitted from an infected mother to the baby through direct contact, respiratory droplets as well as contaminated surfaces.

3.

- There are rare exceptions when breastfeeding or feeding expressed breast milk is not recommended.

Guidance for breastfeeding for mothers who are infected with COVID-19 or a PUIs

- Protect, promote and support Exclusive breastfeeding to protect the newborn infant from infections including respiratory infections.
- Keeping the baby with the mother provides protective effects for child survival, in general and early initiation of breastfeeding allows passive transfer of anti-bodies
- Breastfeeding counselling, basic psychosocial support, and practical feeding support should be provided to all pregnant women and mothers with infants and young children, whether they or their infants and young children have suspected or confirmed COVID-19.

Breastfeeding recommendations

Refer to appended document

Complementary Feeding

COVID related factors that may influence CF include;

- potential for limited availability of and access to nutritious food choices at household level,
- increased demands on parents due to disruption of food systems,
- disruption and income shocks,
- caregivers could feel overwhelmed with childcare and feeding responsibilities.

Recommendations on CF

See appended notes on CF

During the pandemic,

- There should be no promotion of breastmilk substitutes, feeding bottles, teats, pacifiers or dummies in any part of facilities providing maternity and newborn services, or by any of the staff
- Anticipate and assess the impact of COVID-19 outbreak on IYCF, such as interrupted access to health and feeding support services; deterioration in household food security and livelihoods, transmission risks via breastfeeding; and maternal illness and death. Take actions to mitigate risks.

Questions?



Welcome and have a baby friendly week!!

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Useful Guidance and Resources

- **UNHCR/UNICEF/WFP/WHO. Infant and Young Child Feeding in the Context of the COVID-19 Pandemic, Eastern, Central and Southern Africa. Released 26 March 2020**
- **Operational guidance on Infant feeding in emergencies:** https://www.enonline.net/attachments/3127/Op-G_English_04Mar2019_WEB.pdf
- **UNICEF's programming guidance on improving young children's diets during the complementary feeding period:** https://mcusercontent.com/fb1d9aabd6c823bef179830e9/files/1c81003c-e36d-4788-90e1-91610423755/Complementary_Feeding_Guidance_2020_portrait_itr_web2.pdf
- **WHO Guidance on clinical management of COVID-19:** [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)
- **WHO Interim guidance on home care for patients with COVID-19 presenting with mild symptoms and management of their contacts:** [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)
- **UNICEF Coronavirus disease (COVID-19) – What parents should know:** www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know
- **UNICEF, ILO & UN Women, 2020. Family-friendly policies and other good workplace policies in the context of COVID-19: Key steps employers can take** <https://www.unicef.org/documents/family-friendly-policies-and-other-good-workplace-practices-context-covid-19-key-steps>
- **WHO, 2020. Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts:** [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)
- **GTAM, 2020. COVID-19: Summary of Guidance available for Nutrition in Emergencies Practitioners:** <http://nutritioncluster.net/resources/gtam-covid19-nutrition-technical-brief-20200313-final/>