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Effects of Covid-19 on Pregnancy and Breastfeeding

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1 Effects of Covid-19 on Pregnancy and Breastfeeding

Clinical Questions

COVID-19 is a mono RNA virus that has been encapsulated. COVID-19 immunologic response, like many other viruses, is dependent on a functioning immune system. COVID-19 disease can cause either moderate illness, in which the virus is virtually eliminated by the immune function, or serious infections, with significant death rates. A pregnant female's location on this spectrum is uncertain. During gestation, the immune system changes to permit the formation of a semi-allogenic fetus, leading to an altered immunological response to viral infection.

COVID-19 is a concern for everyone, but pregnant women and those expecting a child may be concerned about how the new coronavirus may influence their health and the health of the infant. Because the virus has just recently emerged, researchers have not yet gathered enough evidence to determine how the virus impacts the health of pregnant women, fetuses, or newborns (Wastnedge et al., 2021). Several official groups, however, have issued recommendations on how pregnant women and new mothers should proceed with the pandemic. Compared to non-pregnant persons, pregnant ones have a higher chance of developing a severe illness from COVID-19, while the total risk remains low. They may also be at greater risk for other negative consequences, such as premature delivery. Therefore, the CDC and WHO suggest that pregnant women take precautionary measures to decrease their chance of becoming ill. Pregnant women, older adults, and pediatric patients are all considered vulnerable by the World Health Organization (WHO). They are also highly likely to have severe problems such as premature births or stillbirth. Approximately two-thirds of expectant mothers infected with COVID-19

exhibit no symptoms, which is referred to as asymptomatic). Many pregnant women who do have symptoms have moderate cold or flu-like symptoms.

New moms with COVID-19 may wonder aloud whether or not they should breastfeed their infants. Breast milk offers several advantages for babies, including being a rich supply of nutrition and antibodies and hormones that protect newborns from sickness and help them develop. Experts typically recommend breastfeeding. However, mothers who have COVID-19 may be concerned about transferring the virus to their children. Women with COVID-19 should still take measures during nursing to prevent the virus from being passed on to the child. Women who intend to breastfeed their children should wear a face mask and wash their hands before they touch the child. Before and after using a breast milk pump, a lady with COVID-19 has to wash her hands well. If feasible, the feeding should be performed by someone who is not infected with the illness (Trocado et al., 2020).

This paper will evaluate the signs for the consequences of the Covid-19 virus through the pregnancy period and breastfeeding. It will assess the impacts of Covid-19 positive mothers breastfeeding the children. It will also evaluate the risks of these mothers passing over the virus to the unborn.

Evidence

Rochester Medical Center University and other institutions found in a study that a positively tested lactating mother cannot pass the virus to the newborn through breast milk. Breast milk contains essential antibodies that help neutralize the virus. The study, which was published in the journal mBio on February 9th, examined 37 breast milk samples from women infected with COVID-19 who had been diagnosed with it. All samples were free of the virus; however, two antibodies specific to the virus were found in approximately two-thirds of the

samples. Importantly, this research shows that women who test positive for COVID-19 should not be removed from their newborn infants (World Health Organization, 2020). The epidemic's beginning was marked by conflicting recommendations from key health organizations about the necessity of separating the two strains. This study is expected to provide postpartum moms with more specific advice.

Despite the fact that both mothers and healthcare professionals acknowledge the importance of breastfeeding, the FMR Global Health study found that COVID-19 has had a significant influence on the actual maternity services and breastfeeding support services provided in the United States. As a result of COVID-19, there is less breastfeeding and lactation assistance available, which impacts the amount of care offered to women. Using US birth data from 2019-2020, it is predicted that by 2020, around 237,000 fewer women who need an intervention to boost the beginning of milk production will use a pump. COVID-19 prevents 15% of women who require a pump to properly start their breastfeeding journey in the hospital from getting one.

Because of COVID-19's lower breastfeeding assistance and earlier release, moms are now forced to initiate nursing on their own, with little help. Any difficulties in reaching secretory activation or lactogenesis II, the stage of abundant milk production (often characterized as the sensation of "milk pouring in"), lower the probability of the mother achieving established lactation and are related to shorter nursing periods (Busch-Hallen et al., 2020).

In another study, it is revealed that expectant mothers with COVID-19 symptoms are significantly more likely to have an early birth, putting the infant at risk of preterm. A previous study also discovered that pregnant women who contracted the COVID-19 Virus at the time of conception were twice as likely to experience pre-eclampsia. They were also likely to require an emergency cesarean section and twice as likely to have pregnancy complications, even though

the exact figure of stillbirths stays low. The January 2021 report of the UK Obstetric Surveillance Study (UKOSS) details 1,148 pregnant women with coronavirus who were hospitalized within March and September 2020. Almost one out of every five women with symptomatic COVID-19 gave birth prematurely (Phoswa & Khaliq, 2020). Mothers ² who tested positive for COVID-19 but did not exhibit any symptoms were not more likely to deliver delivery prematurely. Newborns to COVID-19 infected mothers were likely to be hospitalized in the neonatal intensive care unit (NICU), although virtually all infants survived.

Conclusion

COVID-19 has had a significant influence on maternity services and breastfeeding assistance due to three interconnected factors: infection fear, early misunderstanding, and severe clinical and budgetary limitations on healthcare systems. Breastfeeding should be encouraged whenever feasible, including in women with proven or suspected COVID-19, according to leading national and international organizations. According to market research performed in Europe and the United States, women's initial inclination to breastfeed has not reduced during the epidemic. The majority of healthcare professionals (HCPs) continue to encourage breastfeeding. Despite this commitment to breastfeeding among both mothers and HCPs, COVID-19 has had a considerable impact on the actual prenatal care and breastfeeding support services provided. COVID-19 results in early discharge from maternity wards and neonatal intensive care units (NICUs), more separation of women and infants, restrictions on partners or other visitors, less in-hospital or community breastfeeding support, and increased use of breast-milk substitutes. In addition, COVID-19 has placed a great deal of additional strain on the mother throughout the labor phase. About 70% of the 1473 women who gave birth in the United States in July 2020 felt that COVID-19 had added stress to their hospital stay. COVID-19 places

an additional burden on pregnant or breastfeeding women because of the added stress it causes. New moms may have increased depression symptoms if all of these variables are present at the same time.

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