

## Telelactation with Increased Visibility During the Pandemic Process Pandemi Sürecinde Görünürlüğü Artan Telelaktasyon

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### Özet

SARS Koronavirüs-2 (SARS-CoV-2), Aralık 2019 yılında ortaya çıkmış ve Dünya Sağlık Örgütü (DSÖ) tarafından Şubat 2020'de COVID-19 pandemisi olarak ilan edilmiştir. Pandemi süreci koruyucu sağlık hizmetlerinden olan eğitim ve danışmanlık hizmet sunumlarını olumsuz etkilemiştir. Küresel sağlık hedefleri düşünüldüğünde pandemi sürecinde kesintisiz emzirme danışmanlığı için tele sağlık uygulamalarının aktif kullanılması önerilmektedir. Telelaktasyon, emzirmeyle ilgili bilimsel bilgi, emzirme sorun ve çözüm önerilerini sesli konuşma ya da video konferans yöntemleri ile sunan ve emzirmeyi teşvik etmeyi hedefleyen bir tele sağlık modelidir. Telelaktasyon, pandemi sürecinde kesintisiz profesyonel emzirme desteğinin sağlanması için fırsat olarak görülmeli ve aktif şekilde kullanımı yaygınlaştırılmalıdır.

**Anahtar Kelimeler:** COVID-19, emzirme danışmanlığı, telelaktasyon, tele sağlık

### Abstract

SARS Coronavirus 2 (SARS-CoV-2) emerged in December 2019 and was declared a COVID-19 pandemic by the World Health Organization (WHO) in February 2020. The pandemic process negatively affected the delivery of training and counseling services which are among the preventive health services. Considering the global health goals, it is recommended to use telehealth practices actively for uninterrupted breastfeeding counseling during the pandemic. Telelactation is a telehealth model that presents scientific information about breastfeeding, breastfeeding problems and their solutions via speech audio or video conference, and it aims to encourage breastfeeding. Telelactation should be seen as an opportunity to provide uninterrupted professional breastfeeding support during the pandemic process and its active use should be further popularized.

**Keywords:** Breastfeeding counseling, COVID-19, telehealth, telelactation

**Atıf için (how to cite):** Serhatlıoğlu, S., (2022). Telelactation with increased visibility during the pandemic process. Fenerbahçe Üniversitesi Sağlık Bilimleri Dergisi, 2(2), 506-514. <https://doi.org/10.56061/fbujohs.1091699>

*Submission Date: 23.03.2022, Acceptance Date: 09.06.2022, Publication Date: 25.08.2022*

## 1. Introduction

SARS Coronavirus 2 (SARS-CoV-2), a severe acute respiratory syndrome, appeared in the city of Wuhan, China in December 2019 and spread to all countries of the world, becoming an epidemic. The epidemic was declared as the COVID-19 pandemic by the World Health Organization (WHO) in February 2020 (Giacalone et al., 2020; Glass et al., 2020; Shen et al., 2020). COVID-19 is transmitted from infected individuals' mucosa of the eyes, nose, and mouth through droplet infection. Although evidence-based information on the exact signs of infection has not yet appeared, the most commonly reported symptoms are fever, fatigue, and dry cough (Shen et al., 2020).

After the declaration of the pandemic, breastfeeding education and counseling have been adversely affected due to the implementation of curfews, the limiting of hospital admissions unless necessary, being isolated from other individuals, the assignment of nurses and midwives in filiation, and the concerns about COVID-19. Pandemic has also reduced necessary access to breastfeeding counseling and social support for postpartum women (Hull et al., 2020; Stopsky & Benneche; 2021).

Guidelines for women's health practices on COVID-19 issued by WHO are constantly updated and expanded in line with the newly obtained information. These guidelines have crucial recommendations such as meeting the counseling services provided within the scope of safe motherhood services with the telehealth system, increasing the frequency of antenatal period follow-ups, medical management of pregnant women with COVID-19, planning the birth time, intrapartum monitoring, breastfeeding, and regulating the postpartum visit frequency (WHO, 2020b).

Therefore, this review was written to emphasize the importance of telelactation in the light of guidelines by WHO in maintaining breastfeeding education and counseling during the COVID-19 pandemic.

### *1.1 Importance of Breastfeeding and Breastfeeding Counseling*

Breastmilk is of great importance in the healthy start of the life of a newborn baby. Breastmilk contains live antibodies that support an infant's immune system. This is due to the milk's high nutritional value of proteins, fats, probiotics, carbohydrates, and antibiotics. When a lactating mother gets exposed to germs, her antibodies activate and these antibodies are passed to the new-born through breastfeeding. When the infant develops these antibodies, he or she becomes immune to subsequent viruses and germs. Breastmilk has long term benefits for the infant, such as preventing chronic diseases, allergies, cardiovascular diseases, and diabetes (Brahm & Valdes, 2017). In addition to the benefits of breastmilk to the infant, mother, and public health, it also contributes significantly to the global economy, therefore breastfeeding is a basic public health task (Yılmaz & Göncü Serhatlıoğlu, 2019).

Although breastfeeding is instinctive, it is an action that should be supported by education and counseling. In a systematic review including 5770 mothers, breastfeeding education and guidance by telephone follow-up after discharge have significantly increased the rate of exclusive breastmilk intake in the first six months (Schliep et al., 2019). Studies show that breastfeeding education and counseling services have significantly increased the rates of starting breastfeeding in the early period, exclusive

breastfeeding for the first six months, and breastfeeding up to the age of two years and above (Karaçam & Sağlık, 2018; McFadden et al., 2017; Onbaşı et al., 2011; Schliep et al., 2019; Sipsma et al., 2017; Vieira et al., 2013; Yılmaz & Göncü Serhatlıoğlu, 2019). On the other hand, it is seen that breastfeeding rates are lower in mothers not receiving breastfeeding counseling, newborn and child health are adversely affected, and health care costs increase (Kapinos et al., 2019; Uscher-Pines et al., 2019).

Sustainable Development Goals (SDGs), a strategy plan for 2030, were determined at the Sustainable Development Summit held by the United Nations (UN). SDGs have been signed and accepted by all the UN members, aiming to increase the development levels of the countries (Kartal & Gürsoy, 2020). Of these goals, "zero hunger" and "good health and well-being" are items directly related with breastfeeding. It is important to start breastfeeding in the early period, to give only breastmilk for the first six months and to continue until two years or older to achieve these goals (WHO, 2020b). According to the 2018 Turkey Demographic and Health Survey (TNSA), exclusive breastfeeding rates in the first six months (41%) are below the international targets and recommendations (50%) (TNSA 2018). Beginning complementary foods and using pacifier in the first six months causes insufficient breastmilk production by reducing the frequency of breastfeeding and it results in the termination of breastfeeding before the targeted breastfeeding duration of two years or more has been achieved. Considering the already low exclusive breastfeeding rates for the first six months and discontinuing breastfeeding up to two years in our country, to prevent a more dramatic decrease, breastfeeding counseling should not be interrupted and mother support should always be continued during the pandemic.

### *1.2 COVID-19 and Lactation Counseling*

WHO emphasizes the importance of breastfeeding, one of the preventive child health services during the pandemic process (ABM, 2020; CDC, 2020; UNICEF, 2020; WHO, 2020a). Considering the effects of breastfeeding on the infant, maternal health, and mother-infant bonding, it is very important to preserve, maintain, and raise awareness of families on breastfeeding by providing breastfeeding counseling during the pandemic (Bernstein et al., 2021).

In order to initiate breastfeeding successfully, breast examination should be performed and breastfeeding education should be given, especially in the last trimester (Oliveira et al., 2020). It is emphasized that the role of midwives/nurses is crucial in breastfeeding education to give support in antenatal, maternity, and postpartum period (Swerts et al., 2016). The pandemic has changed the daily working routine of all occupational groups, mostly the health professionals. Midwives/nurses who have active roles and responsibilities in the lactation process should continue their counseling services, despite the occupational intensity and pandemic restrictions. Considering the global goals, it is recommended to actively use telehealth applications for uninterrupted breastfeeding counseling during the pandemic for the sake of women and baby health (WHO, 2020a).

In a systematic review, it was reported that supporting breastfeeding and providing breastfeeding education play a key role in preventing breastfeeding problems (Oliveira et al., 2020). It is important to

prevent breastfeeding problems (such as insufficient milk perception, breast rejection, pressurized milk, nipple pain, nipple cracks, etc.) at immediate occurrence to continue uninterrupted breastfeeding during the pandemic (Uscher-Pines et al., 2019). WHO states that it is not possible to reach universal health goals unless the required investments in telehealth are made (Ferraz dos Santos et al., 2019; WHO, 2016). In parallel with WHO's statement, telelactation use and visibility have been gradually increasing in breastfeeding education and counseling during the pandemic period (Bernstein et al., 2021).

### *1.3 Telelactation*

Telelactation is a telehealth model that provides scientific knowledge on breastfeeding problems and treatment by speech audio or video conference and aims to promote breastfeeding (Demirci et al., 2019). Telelactation, which is the most commonly used telehealth application, eliminates the time and distance barriers while enabling the evaluation of breastfeeding and the continuity of counseling (Ferraz dos Santos et al., 2019). Telelactation services in the form of phone calls, video calls, and online video chat have improved the telelactation process for women who cannot receive adequate breastfeeding counseling due to socio-demographic characteristics (region of living, income status, etc.), disasters, and epidemics. The shortening postpartum discharge times during the pandemic has led to a shortening of the duration of breastfeeding education and counseling. Under these circumstances, it is a very important advantage to evaluate and follow up breastfeeding success by telelactation. As long as telelactation can be effectively implemented worldwide, it is an effective tool that has the potential to increase, promote, and maintain breastfeeding during COVID-19 pandemic (Uscher-Pines et al., 2019).

Synchronous and asynchronous methods can be used when providing telelactation services. The synchronous method is performed simultaneously by live telephone calls or via video conferences in real-time. The asynchronous method is performed with simultaneously recorded videos and audios. While the techniques/methods of breastfeeding are explained in the video calls and recorded videos, the use of the doll and breast model will help to increase the learning curve. Telelactation has both advantages and disadvantages compared to face-to-face counseling. The most important advantage is the quick availability of the service in a considerably short time, regardless of place and time of the day. On the other hand, disadvantages include the inability to make internet video calls when there is no internet connection and the mother's reluctance. Mothers' willingness can be increased with the assurance that privacy will be protected during interviews and by paying attention to security-related limits (Uscher-Pines et al., 2019; Ferraz dos Santos et al., 2019). Moreover, telehealth applications are not as effective as face-to-face counseling. During the telelactation video call; breastfeeding can be assessed and baby's weight (from the mother's knowledge by tracking baby's weight daily) and nipples can be evaluated. If the telelactation evaluation results in urgent concerns, the woman is referred to the hospital for immediate intervention and a more detailed evaluation. (CDC, 2020; Ulu, 2020, AAP, 2020).

Telelactation will be a savior for mothers who are positive or in contact with COVID-19 infection. WHO recommends that these mothers should continue to breastfeed their babies by taking into account the

potential benefits of breastmilk and by taking the necessary hygiene measures. According to the studies carried out, no significant results were obtained regarding the transmission of infection through breastmilk. (CDC, 2020; Chen et al., 2020; WHO, 2020a). Telelactation counseling can potentially prevent early cessation of breastfeeding and starting to use complementary food or formula during the pandemic. (Uscher-Pines et al., 2017). In addition, this support will provide confidence and skill in problem solving to the mothers (Dyson et al., 2010). During telelactation consultation, transmission routes of COVID-19 infection and prevention measures should also be explained to the mother. (Ulu, 2020).

In a study on breastfeeding counseling conducted in Australia, the most requested counseling subjects were insufficient milk perception, insufficient weight gain, relaxation, nipple pain and cracks, and reducing the formula given to the baby (Hull et al., 2020). In the same study, it was found that mothers were afraid of going to the hospital even though they had the symptoms of nipple pain and mastitis. However, if mastitis is not treated, it can cause tissue destruction and abscesses that require surgery (Boakes et al., 2018). This can have severe health consequences for both the mother and the baby. Although the pandemic has put limits on many things related to social life and brought the latter to a standstill, births continue to occur.

Therefore, breastfeeding problems might continue to be seen during the postpartum period. The consultancy follow-up is very important to provide an effective solution to breastfeeding problems (Hull et al., 2020). It is reported that using the knitted breast and puppet-supported visuals during online breastfeeding consultancy during the pandemic resulted in improved breastfeeding education and then the baby could painlessly and easily latch the mother's breast. Furthermore, different support approaches such as additional video links, photographs, screenshots, and verbal explanations showing/explaining the baby's perfect latching on the breast are also suggested to be used during telelactation service (Dhillon ve Dhillon 2020). In a qualitative study evaluating the effect of telelactation on breastfeeding, mothers included in the study reported that telelactation was appropriate and effective (Demirci et al., 2019). In a randomized controlled study evaluating whether telelactation counseling affects breastfeeding duration and continuing breastfeeding, it was found that 43 (91%) of 47 people who were interviewed were satisfied with the counseling they received. At the end of the 12-weeks follow-up, 56% of the telelactation participants and 45% of the control group mothers continued to breastfeed (Uscher-Pines et al., 2017). Telelactation has been reported as a viable and effective intervention to increase breastfeeding rates and duration of breastfeeding and to reduce early cessation of breastfeeding (Hubschman, 2022; Gavine et al., 2021). It has been reported that telelactation is a service needed in cases where breastfeeding counseling is inadequate and it increases the breastfeeding proficiency of the mother (Kapinos et al., 2019). It is recommended that midwives/nurses working in primary health care services in our country should provide telelactation services for puerperal women who are under their follow-up.

In our country, the duration of the midwifery/nursing care received by the mothers in hospitals has also decreased with the decrease in the discharge time in the postpartum period. Education about breastmilk and breastfeeding cannot be done adequately (Karaçam, 2015). If the mother and the baby

are planned to be discharged early, it can be done on the condition that home care and follow-up continue. It has been reported that the risks in terms of maternal and infant health increase in the absence of home care and monitoring (Karaçam, 2015; Kirlek & Can, 2016). At this point, it is thought that the telelactation service can effectively overcome this deficiency. For the telelactation service to become widespread in our country, it is necessary to see this service as an area of expertise, to support it with national policies, to include the service in clinical practices, to determine the sources of financial support, to determine the duties and responsibilities of the health professionals who can provide the service, and to plan special training to improve their communication skills. It is necessary to determine the type of service provided to women who do not have internet access, especially in rural areas (Anil Toygar, 2018).

Telelactation must be presented in a person-centered and trust-based relationship. (Ericson et al., 2017). In our country, telelactation counseling is provided by individual breastfeeding counselors and volunteer counselors under an association (<https://www.temasdernegi.com/annedestek.html>). It is recommended that this consultancy, which is presented to the requester in our country during the pandemic process, should be offered comprehensively to include all mothers in the postpartum period. Thus, it will be ensured that the mother gains the right breastfeeding behavior and the baby benefits from breastmilk at the desired level

## 2. Conclusion

Telelactation is an important opportunity to provide uninterrupted professional breastfeeding support during the pandemic process. While it is emphasized that the continuity of breastfeeding counseling is important during the COVID-19 pandemic, the use of existing telelactation practices should be increased to ensure that education and counseling are not interrupted. In this process, telelactation support programs should be implemented and disseminated to increase local and national breastfeeding rates and to maximize the preventive health benefits of breastfeeding for mothers/babies. Policies for telelactation in primary healthcare services should be developed by the Ministry of Health in our country. It is recommended to increase population-based studies so that telelactation counseling can be offered in the light of evidence-based information and by experts.

## Authors Contributions

Topic selection: SS; Design: SS; Planning: SS; Article writing: SS; Critical review: SS.

## Conflict of Interest

None declared.

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