

Infant and young child feeding in Australia's Black Summer and COVID-19

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Back Summer Statistics

Fires began in earnest September 2019

Escalated January and February

Burnt 186 000 km²

Destroyed 2800 homes, killed 34 people

**Hundreds of thousands evacuated or
prepared to evacuate**

Australia's IYCF-E planning is inadequate

BMC Public Health

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Research article | [Open Access](#) | [Published: 15 October 2019](#)

Emergency preparedness for infant and young child feeding in emergencies (IYCF-E): an Australian audit of emergency plans and guidance

[Karleen Gribble](#) , [Mary Peterson](#) & [Decalie Brown](#)

[BMC Public Health](#) **19**, Article number: 1278 (2019) | [Cite this article](#)

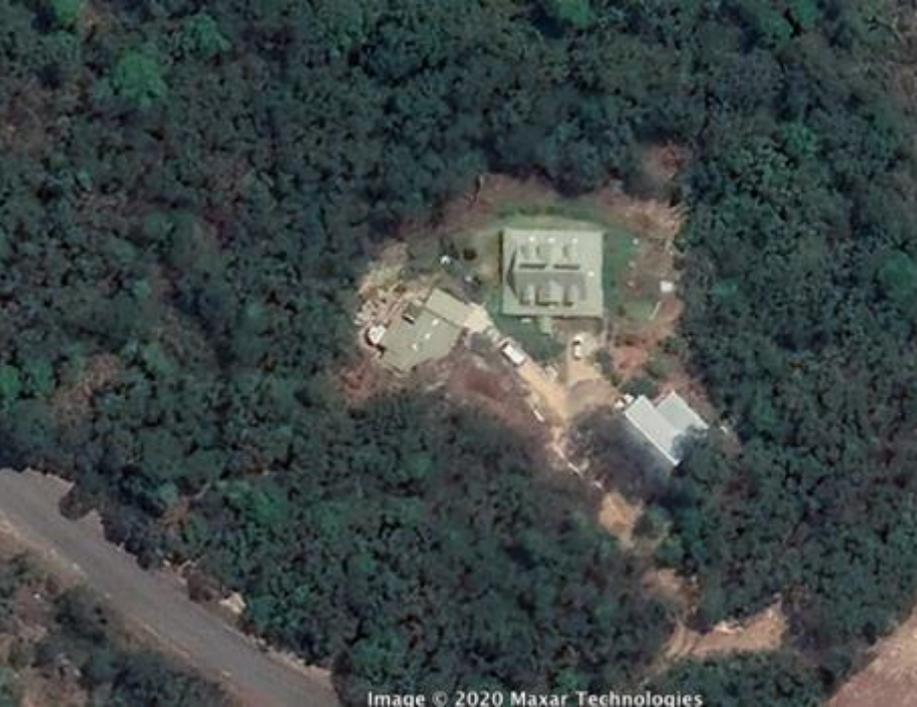
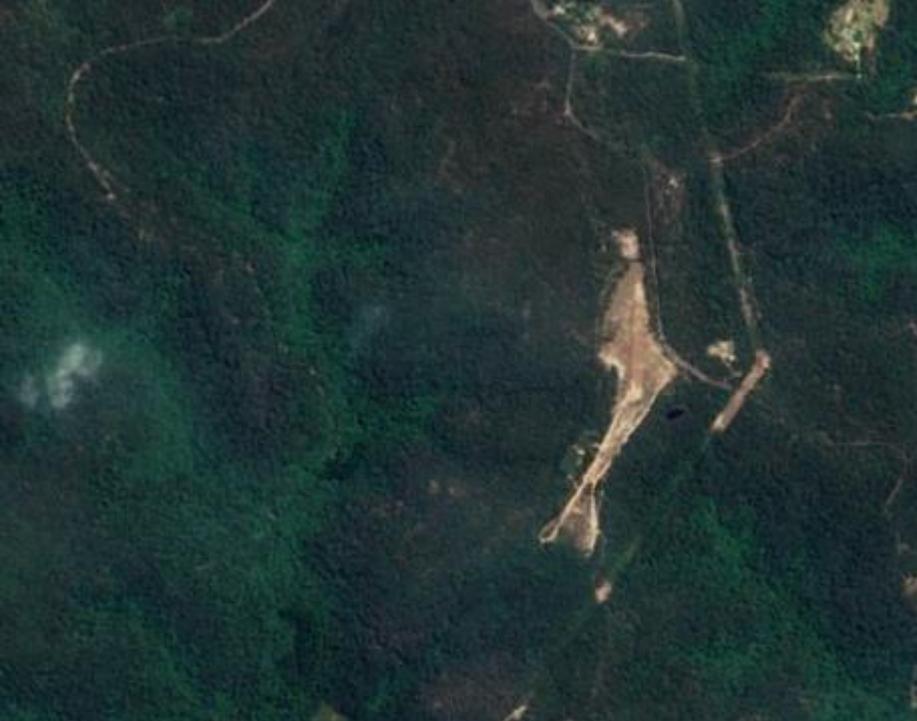


Image © 2020 Maxar Technologies



Formula-fed babies

If you are are formula feeding, we suggest the following as a minimum:

- an unopened tin of infant formula
- enough bottles and teats to have one for every feed (thoroughly washed, sterilised and completely dry before sealing in a ziplock bag)
- small bottles of still drinking water (not mineral or carbonated water) for reconstitution
- large containers or bottles for washing hands and the preparation area (about 500ml per time)
- detergent for washing hands and the preparation area
- paper towels for drying hands and the preparation area
- nappies and nappy wipes.

Emergency kit for formula fed infants



- 1 unopened tin of infant formula
- 27 feeding bottles and teats
- 14 small bottles of still water (not mineral or carbonated water) for reconstitution
- 15 L water for washing hands and the preparation area
- Detergent for washing hands and the preparation area
- 100 sheets of paper towel for drying hands and preparation area
- Large storage container with sealing lid for storage, the lid to serve as a preparation area
- 36 nappies and 100 nappy wipes

Bottles: All bottles to be washed, sterilised and completely dry before individually sealed in a ziplock bag for storage
For each feed: * Clean and dry preparation area and wash and dry hands thoroughly

- * Use small bottles of water for reconstitution
- * Correct amount of infant formula should be added
- * Milk should be fed to the baby straight away
- * Any unused infant formula should be discarded and bottles should not be reused

Designed to provide the basics to feed and care for a very young fully formula fed infant having around 8 feeds a day for up to 3 days isolation without access to mains water and electricity.

Dr Karleen Gribble
Dr Nina Berry

THE CONVERSATION

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It's difficult to recall what you might need as you're preparing to evacuate, so have your kit ready to go. [View Article Online](#)

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Every summer in Australia, bushfires, cyclones and floods threaten lives and properties. Preparing for these emergencies includes creating an [emergency kit](#) that contains everything you and your baby will need if essential services are disrupted or you need to evacuate.

Infants are [particularly vulnerable](#) in emergencies. Without access to appropriate food and fluid they can become seriously ill within hours, [particularly in hot weather](#).

[Read more: Hospitals feel the heat too from extreme weather and its health impacts](#)

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19 November 2019

Impact on caregivers of infants

Mass evacuations



© AFP via Getty Images

Holidaymakers attempting to flee Batemans Bay before temperatures reach 46C on Saturday were trapped on the roads with long rows of cars seen piled up on Thursday (pictured)

Abrupt evacuations



Karleen Gribble @DrKarleenG · Jan 3



This is what evacuation can look like. On a beach with thousands of others and no access to resources with your baby (bottom right).



41

577

984



Supply issues

No food, fuel or phones: fires showed we're only ever one step from system collapse

Anthony Richardson

Latest News



 Long queues form at the Milton IGA where shoppers could only purchase six items at once. Picture: Karleen Minney




Charles Sturt
University

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 Help

Isolation



Contaminated water



Important water quality advice

5 January 2020

Council and Essential Energy have worked together to provide generator power to pumps at Ben Boyd Dam in Eden. This now means that water can be replenished to Eden at a slightly faster rate. As a result, this means that in the short term, the quality of water for drinking purposes to Eden cannot be guaranteed.

A boil water notice has been issued for Eden and Boydtown due to the loss of power to chlorination facilities for Ben Boyd Dam which means the water is not being disinfected.



All water for drinking, food preparation, the cleaning of teeth and ice-making needs to be boiled before use. Water can then be allowed to cool and stored in a clean container with a lid and refrigerated.

If boiling water is not possible due to the loss of electricity, unscented household bleach (containing 4-5% available chlorine) can be used. Add 2 drops of bleach to 1 litre of water (or 4 drops if the water is cloudy), mix well and allow to stand for 30 minutes before use.

It is unnecessary to boil water, or add household bleach, for uses other than those listed above.

Bottled Water may be used as an alternative to boiling water from the town supply.

Water for Pambula, Pambula Beach, Merimbula, Tura Beach, Bega, Tathra and Kalaru remains safe to drink until further notice.

A boil water notice remains in place for Bemboka, Quaama, Cobargo, Bermagui, Beauty Point, Fairhaven, Wallaga Lake, Wallaga Lake Heights, Wallaga Lake Koori Village and Akolele, due to loss of disinfection infrastructure.

No power

Remaining Bermagui residents told power set to be restored, supplies inbound after fire threat

ABC South East NSW | By Daniel Doody and Baz Ruddick

Posted about 5 hours ago



PHOTO: At least 300 people attended the meeting in Bermagui. The vast majority of residents left town due to the bushfire threat. (ABC South East NSW: Daniel Doody)

The seaside town of Bermagui, on the Far South Coast of New South Wales, remains without electricity after fires on New Year's Eve took down infrastructure.

For nearly a week the village has been without fuel, food and electricity, though mobile phone service did return overnight.

This afternoon, at least 300 people gathered at the local surf club for a public meeting, where it was announced food supplies and generators will be trucked to the town this week.

"The hard cold reality is that fires take out powerlines and they take out communication," Member for Bega Andrew Constance said.

"They also affect water and sewerage and the ability for people to get services."

RELATED STORY: Backburning underway in a bid to curb bushfire crisis

RELATED STORY: Supermarkets told to raise milk prices as dairy farming industry "devastated" by fires

RELATED STORY: PM pledges \$2b in bushfire recovery funding but assistance can't pay the bills

Key points:

- A week after its skies were turned pitch black by fires, Bermagui is still without power
- Townsfolk have been told food and other supplies will be delivered this week, but the water still isn't fit to drink
- One resident said the lack of communication and provisions were a bigger problem than the fire threat itself



No mobile phones



Stressed and distressed mothers and caregivers



PHOTO: Al Bacon's partner Storm Sparks holds their son Zeke at the road into Wyalaliba. (AAP: Dan Peled)

Smoke



Pam Halnon Would that also account for this gulping when coming off, which wasn't part of their normal breastfeeding patterns?

Like · Reply · 14w



1



Karleen Gribble The gulping sounds a little bit like what babies will do when they have a cold and a bit of a blocked nose. Did it look like that to you?

Like · Reply · 14w



1

...



Pam Halnon Yes sort of, it was as if they needed both nose and mouth to get enough breath in , I only saw 2 babies physically do this but the other 3 mums mentioned it quite strongly when talking about the changes in baby's feeding behaviour

Like · Reply · 14w



3



Karleen Gribble I think that that could well be from the smoke. It does make it hard to breathe.

Like · Reply · 14w



4



Pam Halnon That was my thought too, it was very very strong and as an adult you had a constant dry throat, many adults seemed to have croaky voices or were losing their voice.

Like · Reply · 14w



2

Lack of planning was evident

Evacuation centres not appropriate for children



Evacuation guidance lacking



Pets and Bushfires

CFA Home > Plan & Prepare for Fires > Before and during a fire > Pets and Bushfires

Pets and Bushfires

When preparing your bushfire survival plan, you also need to plan and prepare for the safety of your pets.

What will you do with your pets on days of high fire danger?

- If you are leaving early with your pets, remember to prepare your pets as well; have bedding, food and water ready to go and make sure you can transport them – always put your own safety before the safety of your pets.
- Know where you could house your pets if you decide to leave early. This may include boarding kennels, a relative/friend's place or you may be able to keep them with you.
- If you choose to keep your pets with you, confine them early. Pets are safest inside a secure room, on a lead or in carriers. Make sure they have plenty of water to drink.
- Have towels and woollen blankets available to cover and protect your pets.
- Make sure your pets can be identified easily. Microchip your animals and include your details such as your phone number on collars. The National Pet Register provides free identification for cats and dogs.
- Discuss with neighbours about protecting your pets if you are not at home during a bushfire. Keep in regular contact with your neighbours during the fire danger period to let them know your plans.
- Keep your Bushfire Relocation Kit for pets within easy reach so you are ready to leave early.
- Practise how you will move your pets if you leave. It takes longer than you think.



Your Pet Bushfire Relocation Kit should include:

- Food and water
- A bowl for each pet
- A second collar and lead
- A carrier for cats and smaller pets
- Bedding and a woollen blanket
- A pet first-aid kit – seek your vet's advice
- A favourite toy
- Any medications, along with a written list of what they are
- Your pet's medical history, including proof of vaccination
- Your vet's contact details

Area - Info and Advice

During a Fire

Survival

Plan

Bushfires

Protect your property

Prepare Your Property

Home

Planning & Regulations

Emergency Info

Lack of breastfeeding support



Pam Halnon

5 January



From my experience at both Lakes Entrance and Mallacoota and on the evacuee ship over the last few days, I have spoken to a number of breastfeeding mums.

My observations

The smoke level was intense, at times you couldn't see the road 10metres away.

It appeared Mums felt babies seemed to be clingy and unsettled, demanding feeds constantly but having shorter feeds.

We spoke about feeding often, even if they were short feeds, and the fact that the breast was not just for food, but that baby's found comfort and security there. We spoke about mums keeping up with fluids and food and that babies were also in unfamiliar surroundings and often overstimulated by what is happening around them.

Some mothers also were worried about the smoke affecting babies feeding which was definitely an issue with breathing for adults, however watching babies feed of many different ages, I didn't notice any obvious change in normal feeding except most would come off after about 2 mins ? And many would do this funny pattern all during the feed.

Most mums were quite stressed and also worried about babies health with the smoke.

Can someone tell me how baby's breastfeeding are affected in smoke filled areas, and was the observation I found of short feeds, with lots of pauses and then looking as if they were taking gulping breathes before going back on ,was a reaction to the smoke or just coincidence.

Mothers of 5 babies ranging from 3 months to 15 months mentioned this. I spoke to 7 mums

Inappropriate donations and distributions of infant formula



a2 Milk Australia

January 6 at 10:06 AM · 🌐

Everyone associated with The a2 Milk Company has been moved by the ongoing impact of the devastating bushfires on communities, livelihoods and the environment across much of Australia. This extends especially to those who have lost their homes, businesses and loved ones.

We would like to extend our thanks to all who are bravely fighting these devastating bushfires, and the significant number of professionals and volunteers supporting our communities.

In support of those impacted, The a2 Milk Company is donating \$200,000 to help those in need; \$150,000 direct to the Australian Red Cross Disaster Relief and Recovery Fund and the balance to go towards fresh milk and a2 Platinum® infant milk formula product donations. Our partners at Foodbank Australia will co-ordinate the distribution of our products to fire-affected communities in Victoria and New South Wales.

If you would like to learn more or know how you can help please visit the websites for any of these organisations:

Australian Red Cross
The Salvation Army Australia
RSPCA NSW
WIRES
NSW Rural Fire Service
CFA (Country Fire Authority)
(Photo source: Matthew Abbott)



Lack of general planning



The Sydney Morning Herald

17 hrs · 🌐



This is Mallacoota, in Victoria's East Gippsland region, where day has turned into blood red night on Saturday afternoon.

Families with babies are stranded after being told they could not be evacuated via Navy ships because their children were under five. But flights out of the area were grounded due to the smoke.

"Both of my children have shown respiratory issues because of four days of constant smoke," said Sarah Beer, who has children aged 1 and 3. "We need to get out of the smoke but there are no planes or choppers going anywhere. We are still stuck."

Read more: <http://bit.ly/2MSYf7a>

Photos: Justin McManus



Dr Angela Rintoul

@AngeRintoul



I'm worried about all the asbestos fibres my son was probably crawling around in from the houses that burnt down around us 😞



Anne Kavanagh @Kavanagh_AM · Jan 4

Public health impacts of these fires are immeasurable. Cardio-respiratory but also mental health problems, PTSD etc

#AustraliaOnFire #Australianfires

theguardian.com/australia-news...

10:44 AM · Jan 5, 2020 from Melbourne, Victoria · Twitter for iPhone

"Olivia's baby was three weeks old when fires surrounded her home in Moruya and she had to evacuate. Olivia had been exclusively breastfeeding but the emergency was stressful and her baby became fussy at the breast. Olivia thought there was a problem with her milk. She got some infant formula at the evacuation centre and started bottle feeding. There was no electricity and the mains water was contaminated. Olivia did not have a gas stove to heat water and there were none to buy in the shops. She fed her baby the best she could."

Lack of planning and consideration of the needs of infants is evident again in the COVID-19 emergency

THE CONVERSATION

Academic rigour, journalistic flair

Q Search analysis, research, academics...

[COVID-19](#) [Arts + Culture](#) [Business + Economy](#) [Cities](#) [Education](#) [Environment + Energy](#) [Health + Medicine](#) [Politics + Society](#) [Science + Technology](#)



Coronavirus with a baby: what you need to know to prepare and respond

March 13, 2020 2:12pm AEDT

Confusion internationally



Close contact and early, exclusive breastfeeding helps a baby to thrive.

A woman with COVID-19 should be supported to breastfeed safely, hold her newborn skin-to-skin, and share a room with her baby.

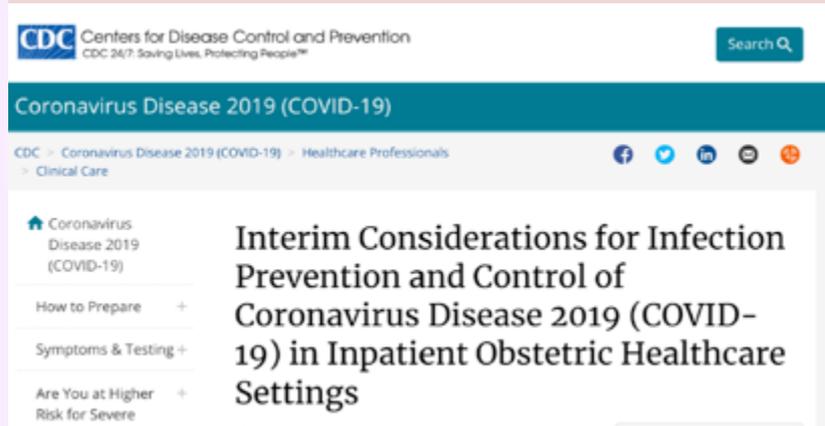


World Health Organization

#COVID19 #CORONAVIRUS

Chinese expert consensus on the perinatal and neonatal management for the prevention and control of the 2019 novel coronavirus infection (First edition)

Laishuan Wang^{1*}, Yuan Shi^{2*}, Tiantian Xiao^{1,3}, Jianhua Fu⁴, Xing Feng⁵, Dezhi Mu⁶, Qi Feng⁷, Mingyan Hei⁸, Xiaojing Hu¹, Zhankui Li⁹, Guoping Lu¹, Zezhong Tang⁷, Yajuan Wang⁸, Chuanqing Wang¹, Shiwen Xia¹⁰, Jianqing Xu¹¹, Yujia Yang¹², Jie Yang¹³, Mei Zeng¹, Jun Zheng¹⁴, Wei Zhou¹⁵, Xiaoyu Zhou¹⁶, Xiaoguang Zhou¹⁶, Lizhong Du¹⁷, Shoo K. Lee^{18,19}, Wenhao Zhou¹; on behalf of the Working Committee on Perinatal and Neonatal Management for the Prevention and Control of the 2019 Novel Coronavirus Infection



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Coronavirus Disease 2019 (COVID-19)

CDC > Coronavirus Disease 2019 (COVID-19) > Healthcare Professionals > Clinical Care

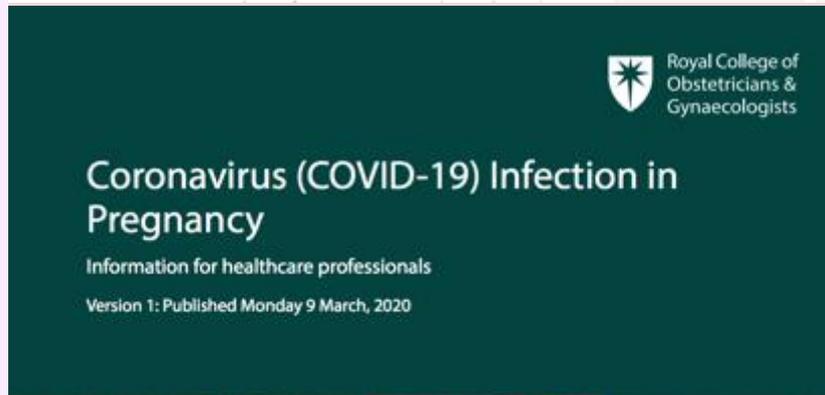
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Are You at Higher Risk for Severe

Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings



Royal College of Obstetricians & Gynaecologists

Coronavirus (COVID-19) Infection in Pregnancy

Information for healthcare professionals

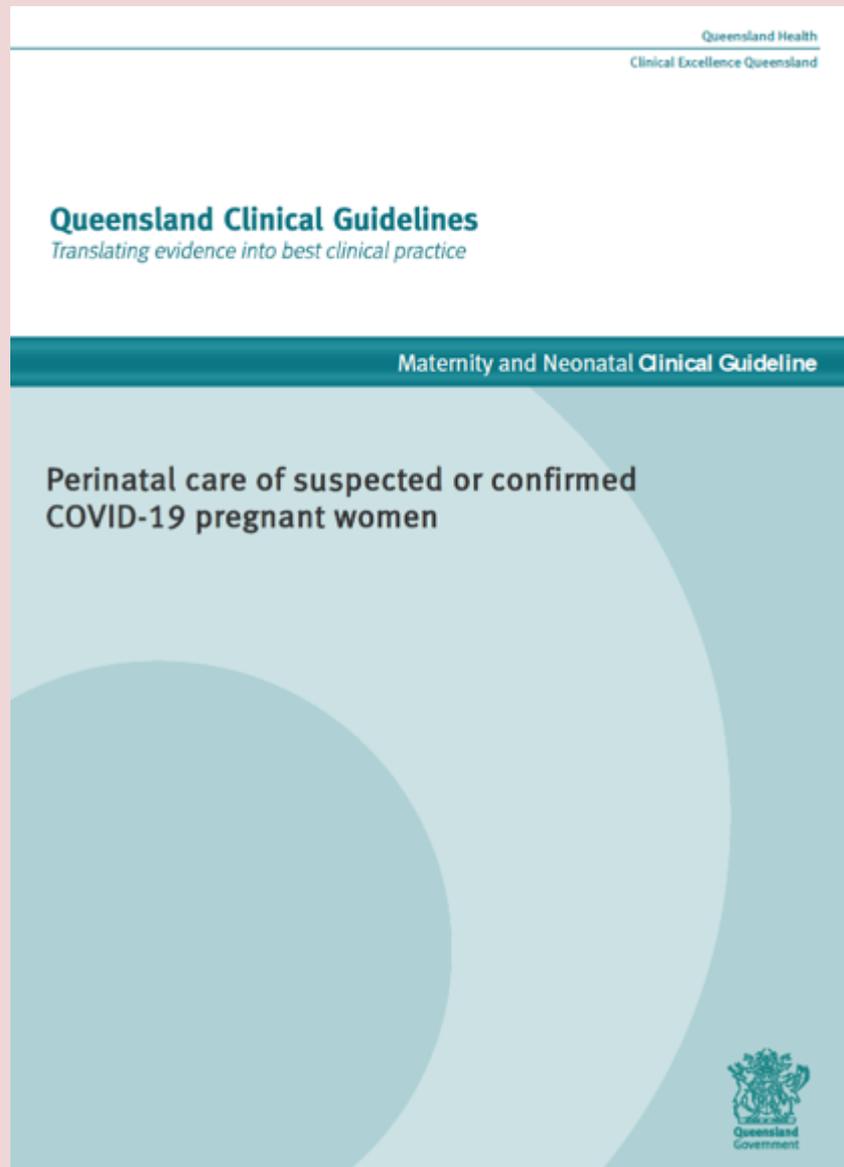
Version 1: Published Monday 9 March, 2020



THE ROYAL COLLEGE OF MIDWIVES

RCPCH Royal College of Paediatrics and Child Health

Late release of state and territory guidance



Problematic guidance



Information regarding changes for any COVID-19 positive patients

We would like to inform you of changes we have implemented in line with the advice from our infection control and medical team for COVID positive patients.

If you or your partner have been tested and returned a positive COVID result, please inform staff when you phone birthing unit for labour or if you need assistance with your pregnancy.

The birthing unit staff will ask you to park in the P2 carpark near the cancer centre entrance and wait until a midwife greets you wearing PPE including a mask, gown and eyewear.

You and your partner will be asked to put on a surgical mask and will be escorted up to the birthing room where you will be cared for by your midwife and obstetrician.

You will be requested to stay within your birthing room until it is safe for you to be transferred to a postnatal room. Your baby will be, with your consent, taken to a room close by straight after birth and nursed in a crib to reduce the transmission of the virus to your baby. This is in line with advice from our paediatricians and in accordance with hospital policy.

Unfortunately, we will be unable to provide skin to skin contact with your baby at birth. We understand this is a very difficult concept to consider, however the effect of the virus on your newborn is unknown and we will be doing everything possible to protect you both.

Your baby will be nursed separately from you until your tests, and those of your baby, are negative.

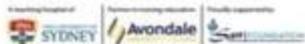
If you or your baby's clinical needs require it you may be transferred to another facility.

You will be encouraged to express breast milk, (if you plan to breastfeed) and the staff can feed this to your baby. If you are well and decide you want to breastfeed and care for your baby, you will be asked to sign a consent form prior to birth.

Throughout your labour and postnatal stay, staff will care for you in your room in full PPE to ensure the safety of other patients, staff and carers in the hospital environment. Early discharge home is advisable and we discuss this with you to ensure you are adequately supported when you go home.

This is not our normal birthing protocol or philosophy. We are taking these extraordinary measures to focus on ensuring we can keep you and your newborn safe and healthy.

We trust that this information will help provide an overview of the processes we have in place for COVID-19 positive patients, which if needed, will protect you, your baby and all other patients, partners and babies on the maternity ward.



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5. Breastfeeding should be encouraged. The mother should take all possible precautions to avoid spreading the virus to her baby, including washing her hands before touching the baby, cleaning her chest before breast feeding, and wearing a face mask while breastfeeding or touching the baby,
6. Consider using physical barriers (e.g., a curtain between the mother and newborn infant) and keeping the newborn infant 1.5 - 2 m away from the mother at other times.

Some good guidance and good practice

Coronavirus (Covid-19) – Pregnancy and Breastfeeding

Wollongong Hospital maternity services understands the concerns women and their families will have at this time. Our hospitals, clinics and staff are working very hard to ensure you and your baby are safe. You can expect up to date and evidenced based care in our facilities.

This poster aims to address some of your concerns briefly. Please refer to the ISLHD website under the Maternity and Women's Health tab for more information.

After birth and breastfeeding –

- After your baby is born you will be supported to continue to have your baby skin to skin, rooming in, and breastfeeding (if you choose), even if you are affected by Covid-19
- If you are infected with Covid-19 or are symptomatic it is important for you to wash your hands regularly and before handling your baby and to wear a mask while breastfeeding and cuddling
- There is no evidence to suggest Covid-19 is carried in breast milk
- The well-recognised benefits of breastfeeding in protecting against infection outweighs any potential risks to your baby
- If you are intending to formula feed your baby you may consider giving the first colostrum feed straight after birth – more information on Feeding Your Baby can be found on our ISLHD website under Maternity and Women's Services
- Only 1 visitor over the age of 16 while you are in hospital, we would encourage you to consider early discharge

DR. BELINDA LOWE (Orcid ID : 0000-0001-5626-4433)

Article type : Short Communication

COVID-19 VAGINAL DELIVERY – A CASE REPORT

Short Title

COVID-19 VAGINAL DELIVERY – A CASE REPORT

ABSTRACT

The novel coronavirus termed SARS-CoV-2 is a major public health challenge. Many maternity units around the country are currently considering management protocols for these patients. We report a case from a tertiary Australian hospital describing an uncomplicated vaginal birth in a SARS-CoV-2 positive mother. To our knowledge this is also the first case described of a mother with COVID-19 not separated from her infant. Management provided supports the current Royal College of Obstetricians and Gynaecologists and World Health Organization guidelines suggesting that it is possible to consider rooming in post delivery for COVID-19 positive parents. Encouragement of breast feeding appears possible and safe when viral precautions are observed.

Child health services struggling to adjust

Key Actions

1. To reduce face-to-face contact wherever possible, MCH service providers should:

- Replace face-to-face home visits and centre appointments by using telephone or electronic consultations, including Skype and Zoom. The length of these electronic consultations should reflect the needs of families. Electronic consultations do not need to be limited to 15 minutes.
- Prioritise additional essential face-to-face appointments only for at risk or high needs parents or children.
- Minimise physical contact during essential face-to-face appointments by ideally keeping them to 15 minutes or less.
- Practice universal precautions and infection control procedures at both individual and service level, including for example cleaning phones, keyboards and shared workspaces.
- Only use full PPE in accordance with current department guidance at <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>.

2. The department recommends priority access for essential MCH appointments (via electronic and phone consultations wherever possible) is given to:

- Young infants and new parents at key ages and stages (KAS) including the first consultation known as the 'home visit' and at 2, 4 and 8 weeks.
- Aboriginal parents, infants and children.
- Anyone with additional needs or complexity including those on the Enhanced MCH program.

ABA filling the gap

WESTERN SYDNEY
UNIVERSITY



COVID-19 and breastfeeding.

Breastmilk provides protection against many illnesses.

Keep breastfeeding even if you are sick.



If you need help with breastfeeding, or want to restart, call 1800 686 268.



Breastfeeding Helpline
1800 mum 2 mum
1800 686 268

Visit
breastfeeding.asn.au



Australian Breastfeeding Association ***

- March 12 · 🌐

There is lots of news media about COVID-19 and many people are concerned.

If either a mother or baby is unwell it is important to keep breastfeeding. Breastmilk contains protective antibodies to most viruses that the mother is exposed to.

To reduce risk of transmission, those who spend time with your baby should wash their hands frequently and cover their mouth and nose when coughing or sneezing.

If you need help with breastfeeding or would like to restart breastfeeding, call the National Breastfeeding Helpline on 1800 686 268.

ABA has recently released some updated information regarding the care of babies when you are unwell with a respiratory virus:

<https://www.breastfeeding.asn.au/bfinfo/covid-19>

www.breastfeeding.asn.au/bfinfo/breastfeeding-and-influenza

For specific information about the respiratory virus COVID-19 visit:

UNICEF www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know

www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html



Write a comment...



Possible adverse outcomes

- **Rise in unattended home births with associated morbidity and mortality**
- **Harms associated with interrupting breastfeeding including poorer maternal and infant physical and mental health**
- **Mothers not being able or willing to access health care, resulting in poor infant outcomes and complications such as breast abscesses**

Possible positive outcomes also- mothers at home with babies kept in close contact and able to provide frequent breastfeeds

In 2010 the World Health Assembly urged member states to ensure that: "*national preparedness plans and emergency responses follow the evidence-based Operational Guidance on infant and young child feeding in emergencies*"

Resolution 63.23

Australian National Breastfeeding Strategy

2019 and beyond



"Provide breastfeeding and lactation support and maternal health care to families in exceptionally difficult circumstances.. Ensure skilled breastfeeding and lactation support is available to mothers, infants and young children ... during emergencies and disasters...Develop a national policy on infant and young child feeding in emergencies"

We need to do better!

