



Date: November 16, 2009

CDC Clarifies H1N1 Recommendations in Obstetric Settings

ILCA has learned that the U.S. Centers for Disease Control and Prevention has issued updated guidance regarding 2009 H1N1 Influenza in the early postpartum period. Interim Guidance: Considerations Regarding 2009 H1N1 Influenza in Intrapartum and Postpartum Hospital Settings is available at: <http://www.cdc.gov/h1n1flu/guidance/obstetric.htm>

The new CDC guidance clarifies earlier recommendations for labor and delivery, postpartum, and newborn care settings when new mothers have either confirmed or suspected 2009 H1N1 Influenza virus infection. As more is learned about the impact of H1N1 on infants and young children, CDC recommends a two-step approach to protect infants from exposure to infected droplets. In Step 1, CDC continues to recommend temporarily separating mothers who are ill with H1N1 from their infants immediately after delivery until they have met the criteria for contact with the infant outlined in Step 2. CDC recommends the mother be assisted to begin direct breastfeeding immediately upon meeting the criteria for contact, and that these precautions be followed for 7 days after symptom onset.

New recommendations regarding breastfeeding for the mother with confirmed or suspected H1N1 include:

- Counseling women beginning with the labor period about the importance of breastfeeding as the “best way to protect the infant against 2009 H1N1 virus and other respiratory pathogens”
- Assisting sick mothers with colostrum expression immediately after delivery
- Classifying newborns of mothers ill with H1N1 as “exposed” rather than “infectious” (which means babies no longer need to be isolated, opening opportunities to promote skin-to-skin contact by other caregivers)
- Providing lactation consultants to help mothers and infants establish breastfeeding
- Assuring adequate lactation follow-up following hospital discharge.

ILCA applauds the strengthened language supporting breastfeeding and the role of lactation consultants, but is concerned that the extremely cautious approach of temporarily separating mothers from their infants after delivery may be unwarranted, and may inadvertently introduce risks to the infant that outweigh the protection it affords. While we appreciate the seriousness of the 2009 H1N1 Influenza virus infection as a global health care concern, other groups such as the American Academy of Pediatrics and health ministries of other countries offer a less stringent approach. To learn more, see [Influenza References](#), listed on the home page of the ILCA website at: www.ilca.org.

It is important to keep in mind that CDC is not a regulatory agency, and CDC recommendations are considered “guidance” to be used in conjunction with clinical expertise. The CDC expects that each hospital and birthing facility will establish its own protocols based on hospital configuration, staffing, and surge capacity. Other factors should include the risks vs. benefits of separating sick mothers from babies given the population groups served and availability of in-hospital and postpartum community breastfeeding support services. International Board Certified Lactation Consultants (IBCLCs) are vital members of the health care team, and are in a unique position to assist in developing evidence-based protocols that will help protect the breastfeeding relationship, providing staff training, and supporting families. **Learn more about important opportunities for IBCLCs during flu season in ILCA’s revised document, [Action Items for Lactation Consultants at www.ilca.org](#).**

FREE WEBINAR on H1N1 and Breastfeeding!

ILCA and the United States Lactation Consultant Association (USLCA) are planning to co-sponsor a FREE webinar with a presentation from CDC. The webinar will address current guidance on H1N1 and breastfeeding and provide an opportunity to discuss ways lactation consultants working in hospitals and birthing facilities can participate in developing appropriate protocols that protect breastfeeding during flu season.

Watch for Details SOON!

Prevention is Key! During flu season, the easiest way to keep mothers and babies together after birth is to help them avoid contracting the H1N1 Influenza virus during pregnancy. Public health officials overwhelmingly encourage mothers to get the H1N1 vaccine during pregnancy both to protect the mother and to pass antibodies on to the fetus. Scrupulous attention to simple measures like frequent hand-washing and cough etiquette can also reduce the spread of the virus. Consider distributing ILCA's [Tips for Parents](#), now available in [English](#), [Spanish](#), and [French](#), to pregnant and new mothers.

NEW! ILCA has set up a new **Discussion Board** at www.ilca.org to share policies and resources, and to facilitate discussion about solutions for supporting breastfeeding mothers who are ill with H1N1.

As lactation consultants and educators, you are in a pivotal position to help both families and providers during flu season. Learn all you can about the issues! For more information, contact the ILCA Office at info@ilca.org, or call toll-free at: 1-888-ILCA-IS-U.

Thank you,



Sincerely,
Angela Smith, President
ILCA Board of Directors