

# Despite COVID-19, Data Support Kangaroo Care

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The Alliance for Patient Access ([allianceforpatientaccess.org](http://allianceforpatientaccess.org)), founded in 2006, is a national network of physicians dedicated to ensuring patient access to approved therapies and appropriate clinical care. AfPA accomplishes this mission by recruiting, training and mobilizing policy-minded physicians to be effective advocates for patient access. AfPA is organized as a non-profit 501(c)(4) corporation and headed by an independent board of directors. Its physician leadership is supported by policy advocacy management and public affairs consultants. In 2012, AfPA established the Institute for Patient Access (IfPA), a related 501(c)(3) non-profit corporation. In keeping with its mission to promote a better understanding of the benefits of the physician-patient relationship in the provision of quality healthcare, IfPA sponsors policy research and educational programming.



According to a global survey, more than 85% of neonatal health care personnel feared for their own health while working during COVID-19. (1) Inadequate or erratic availability of personal protective equipment, such as masks and gloves, was chief among providers' anxieties. Staff shortages and longer shifts increased providers' stress.

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Now, details about how those sentiments have changed the practice of maternal and neonatal medicine are coming to light.

According to the survey, two-thirds of healthcare providers would not support “kangaroo care” with mothers who had a positive or unknown COVID-19 status. The technique involves prolonged skin-to-skin contact and exclusive breastfeeding. It is an evidence-based best practice for small and sick newborns. World Health Organization guidelines strongly recommend initiating kangaroo care for all newborns weighing 2,000 grams or less as soon as the baby is clinically stable. (2)

Instead of following this guidance, however, some health care providers separated babies from their mothers to reduce COVID-19 exposure. In separating babies from their mothers, health care providers inadvertently traded one risk for another, more serious one.

A team of researchers from the WHO, London School of Hygiene & Tropical Medicine, and the University of California San Francisco modeled scenarios in which a COVID-19-infected mother would transmit the virus to her infant. The worst-case scenario, assuming 100% transmission, could result in 1,950 neonatal deaths, they found. (3) In contrast, they estimated more than 125,000 newborn lives would be saved if kangaroo care was practiced universally.

Study authors concluded infants had at least a 65-fold increase in death risk by *not* doing kangaroo care. The risk of virus transmission, they cautioned, cannot be mitigated completely, although “infection prevention and control practices have been shown to reduce that risk considerably.”

In short, COVID-19 separation policies have harmed newborns. Warned the authors: “Since the start of the COVID-19 pandemic ... coverage and quality of maternal and neonatal care has deteriorated.”

It behooves babies – and their mothers – for health systems to reevaluate precautionary policies that curtail parental closeness on account of coronavirus exposure. Kangaroo care, even if the mother is COVID-19 positive, is in the baby's best interest. Models have shown the benefits of kangaroo care far outweigh the risk of COVID-19 mortality.

As the world starts to look toward a life beyond COVID-19, patients, providers, and policymakers would do well to keep the pandemic's lessons top of mind. Deterring from long-standing, evidence-based care does not often turn out well, even when it is driven by the best of intentions.

## References

