

Letter to the Editor
Carta ao Editor

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Intervention strategies in the Care Routine at the Human Milk Bank in the face of the COVID-19 pandemic

Estratégias de intervenção na Rotina de Cuidados no Banco de Leite Humano diante da pandemia de COVID-19

LETTER TO THE EDITORS

Given the Coronavirus Disease 2019 (COVID-19) pandemic, caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and the recommendation to mothers with suspected or confirmed COVID-19 to continue breastfeeding⁽¹⁾, the health team of the State Reference Center of the Human Milk Bank of the University Hospital Cassiano Antonio Moraes (CRE-BLH/HUCAM) adopted new care routine strategies in maternal and child care based on the recommendations of the Ministry of Health (MS) and the Technical Notes of the Brazilian Human Milk Bank Network⁽²⁻⁴⁾.

There is a growing body of evidence regarding COVID-19 in maternal and child health. Information of great relevance for speech-language pathologists on breastfeeding and Coronavirus was recently published, and the article highlights that health professionals must intervene positively on breastfeeding recommendations and be up to date on international recommendations⁽⁵⁾.

Postpartum women and nursing mothers need the support network right after the baby is born, and the Human Milk Bank (BLH) is the service that promotes, encourages and supports breastfeeding and the donation of human milk in the most varied clinical and educational actions. Women feel comfortable and safe in the BHL to share breastfeeding concerns and difficulties^(2,6,7).

The need for social distancing caused by the COVID-19 pandemic represents a major challenge for the care of mothers and babies until the breastfeeding process is established.

In view of this current scenario, the BLH/HUCAM routine had to be abruptly restructured to ensure the compliance and the quality of assistance to all customers. To safely serve nursing mothers, infants, family and staff, the Ministry of Health recommends reducing the number of appointments in the Service in order to avoid crowding people, in addition to requiring that all professionals and employees use Personal Protective Equipment (PPE) throughout the work process⁽⁸⁾.

The Telehealth resource of the institution has been a very significant alternative. This resource aims to ensure assistance and detect breast complications early, answer questions and promote breastfeeding, thus avoiding early weaning and the family travel to the hospital.

Teleconsulting is a remote healthcare service, without direct physical contact with the patient, through any telecommunication tool⁽⁹⁾. In this type of interaction, the mothers use

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their personal computers, tablets or smartphones from their own home.

Since May 2020, the CRE-BLH/HUCAM has been conducting teleconsultations in real time, by videoconference, twice a week, with the participation of a qualified team of three nurses, a speech-language pathologist and a doctor. On average, the institute conducts thirty 1-hour virtual appointments per month, and all teleconsultations follow a previous screening and scheduling. Generally, five mothers with similar complaints are scheduled to access the online consultation with their baby at the appointed time.

At first, there is a virtual reception, and the puerperal women share their complaints, anxieties and difficulties faced in breastfeeding. On this occasion, health professionals perform a careful differentiated listening to ensure the proper conduct for each individual case.

When there is a need for specialized intervention, the BLH provides face-to-face consultations, and health professionals perform the necessary procedures to ensure the biosecurity of everyone in the Sector⁽⁸⁾. It is worth mentioning that all women assisted in the Telehealth Service have an electronic medical record and clinical evolutions are performed after each session. Although the puerperal women are not familiar with the technology, most have adhered to the proposed model so far and there has been a positive impact on care.

According to the literature, teleconsulting reduces the number of people in the Sector, the risk of contamination and the spread of the hospital pandemic⁽¹⁰⁻¹²⁾, thus proving to be an efficient resource for remote management with puerperal women who need assistance in the BLH⁽¹³⁾.

A recent study using telehealth in the pandemic period of COVID-19 reported that remote care had the same quality as face-to-face care, proving to be an efficient resource in the field of Speech-Language Pathology⁽¹⁴⁾.

In some cases, the lack of physical examination of the breast's anatomy and evaluation of the baby's oral sensory motor system are relevant obstacles, which cannot be performed in virtual care and are understood as a disadvantage of teleconsulting. However, it is being a positive alternative in access to health care in the face of the risks of the COVID-19 pandemic.

The use of telehealth is expected to become an important resource in healthcare practices in the BLH after the COVID-19 pandemic, so that nursing mothers, infants and families who live far from the hospital, or who have difficulty traveling to the hospital, can receive support for breastfeeding, human milk donation and maternal and child care in a safe way.

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REFERENCES

1. OMS: Organização Mundial da Saúde [Internet]. Relatórios de situação da doença coronavírus 2019 (COVID-2019). Brasília: OMS; 2019 [citado em 2020 Maio 30]. Disponível em: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>
2. Brasil. Ministério da Saúde. Fundação Oswaldo Cruz. Rede Brasileira de Bancos de Leite Humano [Internet]. Recomendação Técnica No 01/20.170320. Assunto: Covid-19 e Amamentação. Rio de Janeiro: rBLH [citado em 2020 Junho 30]. Disponível em: <https://rblh.fiocruz.br/covid-19-e-amamentacao-recomendacao-n0120170320>
3. Brasil. Ministério da Saúde. Fundação Oswaldo Cruz. Rede Brasileira de Bancos de Leite Humano [Internet]. Recomendação Técnica No 02/20.170320. Assunto: Covid-19 e Amamentação. Rio de Janeiro: rBLH [citado em 2020 Junho 30]. Disponível em: <https://rblh.fiocruz.br/covid-19-e-amamentacao-recomendacao-n0120170320>
4. Brasil. Ministério da Saúde. Secretaria de Atenção Primária à Saúde. Departamento de Ações Programáticas Estratégicas [Internet]. NOTA TÉCNICA Nº 7/2020-DAPES/SAPS/MS. Assunto: avaliação de medida para o enfrentamento da situação de emergência em saúde pública decorrente do Coronavírus (Covid-19), sobre questionamento da Rede de Atenção à Saúde (RAS) respectivo à preservação da amamentação em situação de risco iminente de transmissão do respectivo vírus, em situações que a mãe apresente sintomatologia compatível com síndrome gripal. Brasília: Ministério da Saúde; 2020 [citado em 2020 Junho 30]. Disponível em: https://www.sogesp.com.br/media/2161/nota-tecnica-7-ms_gestantes-covid-19.pdf
5. Miranda VSG, Rech RS, Maahs MAP, Berbert MCB, Almeida ST. Fonoaudiologia, amamentação e COVID-19: informações aos fonoaudiólogos. CoDAS. 2020;32(3):e20200124. <http://dx.doi.org/10.1590/2317-1782/20192020124>. PMID:32428084.
6. Brasil. Agência Nacional de Vigilância Sanitária. Resolução RDC nº 171 de 4 de setembro de 2006. Dispõe sobre o Regulamento Técnico para o funcionamento de Bancos de Leite Humano [Internet]. Diário Oficial da União; Brasília; 5 set 2006 [citado em 2012 Maio 18]. Disponível em: <http://www.anvisa.gov.br/hotsite/segurancadopaciente/documents/rdc/RDC%20N%C2%BA%20171-%202006.pdf>
7. Brasil. Ministério da Saúde. Secretaria de Atenção Primária à Saúde. Nota Técnica Nº 5/2020-COCAM/CGCIVI/DAPES/SAPS/MS Assunto: condutas para a doação de leite materno aos Bancos de Leite humano e postos de coleta de leite humano no contexto da infecção pelo Coronavírus (SARS-CoV-2) [Internet]. Brasília: Ministério da Saúde; 2020 [citado em 2020 Junho 21]. Disponível em: http://www.sgob.org.br/wp-content/uploads/2020/04/SEI_MS-0014132552-Nota-Te%C2%AC%C2%A7%C2%AD%C2%A1nica-Doac%C2%AC%C2%A7a%C2%AC%C2%A8o-de-LM.pdf.pdf
8. Brasil. Ministério da Saúde. Fundação Oswaldo Cruz. Rede Brasileira de Bancos de Leite Humano. Recomendação Técnica No 03/20.160420. Assunto: Recomendações para Acolhimento e Manejo Clínico em aleitamento materno de gestantes, puérperas e lactantes assintomáticas ou sintomáticas de COVID-19 pelo Banco de Leite Humano. Brasília: Ministério da Saúde; 2020 [citado em 2020 Junho 21]. Disponível em: https://rblh.fiocruz.br/sites/rblh.fiocruz.br/files/usuario/80/recomendacao_tecnica_no.0320.160420_recomendacoes_para_acolhimento_e_manejoclinico_em_aleitamento_materno_de_gestantes_puerperas_e_lactantes_assintomaticas_ou_sintomaticas_de_covid-19_pelo_banco_de_leite_humano.pdf
9. Wosik J, Fudim M, Cameron B, Gellad ZF, Cho A, Phinney D, et al. Telehealth transformation: COVID-19 and the rise of Virtual Care. J Am Med Inform Assoc. 2020;27(6):957-62. <http://dx.doi.org/10.1093/jamia/ocaa067>. PMID:32311034.
10. Lurie N, Carr BG. The role of telehealth in the medical response to disasters. JAMA Intern Med. 2018;178(6):745-6. <http://dx.doi.org/10.1001/jamainternmed.2018.1314>. PMID:29710200.
11. Portnoy J, Waller M, Elliott T. Telemedicina na era da Covid-19. J Allergy Clin Immunol Pract. 2020;8(5):1489-91. <http://dx.doi.org/10.1016/j.jaip.2020.03.008>. PMID:32220575.
12. Zhai Y, Wang Y, Zhang M, Gittell H, Jiang S, Chen B, et al. From isolation to coordination: how can telemedicine help combat the COVID-19 outbreak? medRxiv. 2020. <https://doi.org/10.1101/2020.02.20.20025957>.

13. Brasil. Conselho Federal de Enfermagem – COFEN. Resolução COFEN nº 634/2020. Autoriza e normatiza, “ad referendum” do Plenário do Cofen, a teleconsulta de enfermagem como forma de combate à pandemia provocada pelo novo coronavírus (Sars-Cov-2), mediante consultas, esclarecimentos, encaminhamentos e orientações com uso de meios tecnológicos, e dá outras providências [Internet]. Diário Oficial da União; Brasília; 26 mar 2020 [citado em 2020 junho 21]. Disponível em: http://www.cofen.gov.br/resolucao-cofen-no-0634-2020_78344.html
14. Dimer NA, Canto-Soares N, Santos-Teixeira L, Goulart BNG. Pandemia do COVID-19 e implementação de telefonaudiologia para pacientes em domicílio: relato de experiência. CoDAS. 2020;32(3):e20200144. <https://doi.org/10.1590/2317-1782/20192020144>.

Author contributions

All authors of this study helped to write and develop the Letter to the Editors. JAN and MBP wrote the first draft; EHMA and SWM conducted a critical review and all authors participated in the final review of the study.