

Maternal and child health in the context of the COVID-19 pandemic: evidence, recommendations and challenges

Dear editor,

The study by Cardoso *et al.*¹ deals with one of the many challenges faced worldwide in the last year due to the COVID-19 pandemic. Although until now it is not allowed to determine any consequences correlated to the pandemic and maternal-infant health, the study highlights the need for attention and monitoring, presenting evidence, recommendations and challenges to the health of the mother-child binomial.¹

The new Coronavirus that causes human infection had its first cases in late 2019 in China, emerging worldwide in late 2020. The World Health Organization (WHO) said it was a new public health problem, classifying COVID-19 as a pandemic. Among the risk groups, pregnant women, post-partum women and children under 5 years are considered susceptible, and despite presenting a mild form, the disease for this group is predisposed for complications of the flu-like syndrome, and may present a negative outcome.¹

So far, intrauterine transmission of SARS-CoV-2 has been ruled out and the results were negative, being identified after analysis in samples of amniotic fluid, umbilical cord blood, throat swab test in newborns and breast milk, not showing vertical transmission.^{2,3} However, authors have suggested strict infection control for newborns (NB) and for health professionals working in obstetric centers. The implementation of preventive measures is essential from the arrival at the maternal-infant unit, births and the permanence of the binomial in the unit, avoiding the transmission of SARS-CoV-2 of maternal origin.¹

The authors point out that breast milk represents protection for thousands of children, as long as breastfeeding is started, especially in the first hours of life.² Given the pandemic context, the practice is recommended by experts, insomuch as breast milk from an infected mother will benefit her baby with antibodies against SARS-Cov-2 considering the insignificance of the transmissibility of other viruses and there has been no record of severe cases in newborns so far.^{1,4} However, the study by Filho *et al.*⁵ highlights the controversy over the choices of breastfeeding or not by pregnant women with positive tests for COVID-19 after childbirth.⁵ In addition to experiencing a moment of fear and insecurity, leading to discouragement.^{1,5}

Since there is no concrete evidence of vertical transmission or breastfeeding from an infected mother to the NB, countries like China and Portugal have chosen to follow more cautious measures, regardless of whether the mother is suspected or confirmed with COVID-19, the practice of breastfeeding was not advised.² There is certainly a great concern ahead of the uncertainties about the experiences that occurred during the pregnancy cycle and about the pandemic context, however, the obstetric units are responsible for initiating maternal-infant care, considering the safety of the mother-child binomial.¹ Although the separation of the binomial is of great concern, isolation is necessary when the mother or baby presents instability in their clinical condition.¹⁻³ As well as, the bond formation needs to be guaranteed immediately in a timely manner.¹

To sum up, the study by Cardoso *et al.*,¹




describes the relevance of care related to maternal and child health, although the information and guidelines may suffer possible recurrent changes due to the COVID-19 results presented in future studies. Amid uncertain and unknown circumstances, the uncertainty of measuring the consequences presented by the new pandemic is notorious, since, in the midst of this disease that affects the world, the health of the mother-child binomial needs monitoring and attention, and it is necessary to ensure that isolation or discouragement of breastfeeding only be executed in the face of unstable cases.


Author contributions

All authors fully participated in the construction of the content and approved the release of the final version.


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