

Implementation Tips: Nutrition Care for Low-Income Families during the Novel Coronavirus Covid-19 Pandemic

PREAMBLE

The novel coronavirus disease 2019 (COVID-19) pandemic has created a rapidly evolving public health crisis. Although there is much to learn about the virus, current scientific consensus is that the primary mode of transmission is through respiratory droplets directly transmitted from person to person.

The purpose of this document is to provide guidance for registered dietitian nutritionists (RDNs) working with low-income families. This document is not official guidance for federal nutrition assistance programs and does not seek to replace existing policies within programs or facilities. This document aims to provide information to aid decision making for RDNs working with low-income women and children who participate in federal programs, such as the Women, Infants and Children (WIC) program. Food and nutrition assistance programs continue to function during the COVID-19 pandemic¹ and may be in greater demand due to consequent job losses and economic hardships. The recent Families First Coronavirus Response Act provides increased funding and flexibilities for federal food assistance programs².

This document addresses considerations for RDNs working with low-income women and children, such as WIC and the Supplemental Nutrition Assistance Program (SNAP), during the pandemic, including nutrition assessment, nutrition counseling, telehealth considerations and breast-feeding recommendations. In addition, each state setting will likely have facility-specific policies and procedures which need to be adhered to.

The pandemic is an evolving situation. Substantial ambiguity and variation in practice along with very limited evidence creates the need to adapt, revise and to use the best available information. At this time there are no current studies on nutrition management in COVID-19 patients, the following practice tips are based on the best knowledge and clinical experiences of RDNs in the field. RDNs have the opportunity to provide excellent care to clients and families by staying abreast of the latest developments.

IN-PERSON VS. REMOTE MEDICAL NUTRITION THERAPY

When possible, all client interactions should be done remotely to decrease risk of coronavirus exposure. When individuals must come to the clinic, consider screening clients for COVID-19 according to the facility's policy. If clients screen positive, have them call the state-specific COVID-19 hotline or their physician to determine appropriate next

steps. (Note: A WIC participants may designate an authorized, healthy adult to come to the appointment in her place).

Routine well care visits should be conducted by telehealth to avoid unnecessary risk of exposure.

Program coordinators should connect with clients to determine what kind of appointment works best for them. Some of the barriers to telehealth in the low-income community may include a lack of adequate technology, internet connectivity.

Your state may receive a USDA waiver to accommodate barriers posed by the current pandemic. This includes waivers allowing clients to postpone proof of residency, income or identity and - to allow for staff to sign on participant's behalf to attest that rights and responsibilities were provided verbally.¹

Inform clients about the new flexibilities and contingencies in federal food assistance programs, which can vary by state²:

- Clients may be able to enroll or re-enroll in food assistance programs without visiting a clinic in person.
- Providers may be able to issue benefits remotely, so clients don't have to pick up their benefits in person.
- Food assistance programs have the flexibility of substituting certain food package items based on availability.

NUTRITION ASSESSMENT

RDNs and clients are not able to meet in the same physical space, resulting in lack of anthropometric measurements and hematological screenings to inform the counseling process.

- If available, use information from a recent well child visit or prenatal appointment with their provider; otherwise, consider waiving this information until the next on-site appointment.
- Clients may be able to email the required documents to facilitate their appointment, most can easily take pictures and send to a secure email.
- Waivers must be requested by the state to the federal government and, therefore, may vary by state. Your state may receive federal waivers for the in-person nutrition assessment requirement, including blood work and anthropometric measures.¹

NUTRITION COUNSELING

Client-centered services may be more challenging to deliver remotely, because it may be more difficult to establish rapport with new clients and RDNs are unable to assess nonverbal cues such as body language when conducting appointments over the phone. RDNs working in community nutrition programs who have adapted to increased remote counseling have suggested additional considerations for counseling during the COVID-19 pandemic:

- It may be helpful to let clients talk about how stressful this situation is before trying to talk to them about nutrition.
- Some parents have expressed concern about how to get their kids to eat healthy during this time. It has been a benefit to have the client in their home when discussing this. RDNs can ask clients to go to the cupboards and refrigerator in order to suggest items that can be pulled together for meals or snacks. Parents have also been receptive and appreciative of ideas of ways to get their kids involved in the kitchen and connecting these activities to reading and math skills.^{3,4}
- If families have access to the internet in their home, sharing links to handouts and simple recipes has been well received. This technology aid has also been helpful with new families when trying to explain the food assistance program and discuss the food options available to them.
- For low-risk nutrition education, RDNs can ask their supervisors if it is possible to provide education information on the facility's social media pages or using an interactive client forum, such as WICHealth.org⁵ as an option to meet the required mid-certification education.
- Food insecurity is a concern many low-income families face in normal times. This situation has elevated that issue even more. As a provider continue to try to identify additional food resources families can access to fill the gaps that have been created from loss of income and even loss of employment. It may be useful to designate staff to research client resources during crises.

CONNECTING FAMILIES WITH BENEFITS AND RESOURCES

Food assistance programs such as WIC are operating during the pandemic and enrollment may increase due to job losses and resulting food insecurity. Some states may allow nutrition education/certification over the phone so that food benefits can be reloaded remotely¹. In states where benefits cannot be loaded remotely, offices may allow just one individual, rather than the family, to come to the office to reload benefits in order to decrease unnecessary exposure. Your state may request a federal waiver for food flexibilities for milk, eggs and bread.¹

The National WIC Association additionally provides resources for families needing assistance with accessing WIC benefits⁶. Talk with your supervisors about utilizing state resources and

client portals, such as Michigan's WIC Client Connect, that may be used to connect clients with WIC foods and retailers.⁷

Client challenges to locating WIC approved products should be addressed. For example, some expressed concerns with locating formula in approved WIC sizes. In this situation, staff may be able to reach out to stores and locate the needed products for the client. Since the onset of the pandemic, most larger stores have begun limiting purchase quantity of WIC-approved sizes of formula for anyone who is not a WIC client.

TELEHEALTH TIPS AND RESOURCES

RDNs who have been working in areas with high COVID-19 rates have suggested additional considerations for counseling during the COVID-19 pandemic that have been successful.

- Offer to be flexible with timing of the call: For example, if the kids are crying or some other chaos is occurring during the call, the RDN can offer to call back in a little while.
- Send text messages for clients who have indicated it's acceptable to send text messages, inform clients that the food assistance program is open and to contact their clinic to learn how they can continue their food assistance benefits.
- Combination of text and call: When calling clients for appointments, sending a text that someone will be calling from that phone number to conduct a phone appointment can be very helpful. This combination of text and call has dramatically increased the number of families who answer a call to conduct their nutrition appointments.
- A major barrier to providing remote services has been obtaining the equipment necessary to do so. A cell phone and laptop are essential for staff to function remotely in the provision of nutrition services.
- USDA has granted a number of waivers during the COVID-19 pandemic. These waivers, including making remote WIC appointments possible, have been essential to continuing to provide nutrition services to families during this time¹.

For additional telehealth-related information, refer to Academy of Nutrition and Dietetics' telehealth resources for RDNs at www.eatrightpro.org/coronavirus-resources.

BREAST-FEEDING COUNSELING AND RECOMMENDATIONS

For mothers and infants who are healthy, breast-feeding services should continue to the extent possible. Consider offering a video appointment option for breast-feeding clients with an International Board Certified Lactation Consultant (IBCLC), RDN to assist with breast-feeding positioning, challenges, and support.

There is limited scientific information on whether the novel coronavirus SARS-CoV-2 (i.e. the virus that causes COVID-19) affects breast milk and breast-feeding. Based on a small

number of breast milk samples collected from women with COVID-19 the virus was not detectable in the milk.⁸⁻¹² However, there has not been extensive testing of breast milk for SARS-CoV-2, with only 13 breast milk samples from 11 mothers tested in the previously cited literature. It is unclear if the collection and analysis methodologies used in these studies were optimized for human milk. Additionally, there is no information on: if the timing of COVID-19 infection influences its presence in breast milk, at what stage the studied mothers were in their production of antibodies to the virus, when these antibodies are passed to infants via breast milk, the viability of the virus in breast milk, and how milk storage methods influence the virus' survival. While existing limited evidence suggests that breast milk is unlikely to transfer the coronavirus, no information on: if the timing of COVID-19 infection influences its presence in breast milk, at what stage the studied mothers were in their production of antibodies to the virus, when these antibodies are passed to infants via breast milk, the viability of the virus in breast milk, and how milk storage methods influence the virus' survival. At this point in time there appears to be higher risk of viral transfer directly from mother to infant through respiratory droplets than via breast milk.

Recommendations on coronavirus and breast-feeding have been provided by the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), and the American Academy of Pediatrics (AAP) for the home and health care settings.¹³⁻¹⁵:

If the mother is COVID-19 positive or is not well and has unknown COVID-19 status, mom should wear a mask or strongly consider having someone who is well bottle-feed her expressed breast milk to the infant.¹³⁻¹⁵

Generally, for near-term and term neonates where the mother is well, mothers should practice usual hand washing precautions before breast-feeding to avoid spreading the virus to her infant. If pumping, the mother should wash her hands before touching any pump or bottle parts and follow recommendations for proper pump cleaning after each use.

Mothers using a face mask while feeding or caring for their infant should wash their hands with soap and water before putting on the mask. Mothers should not touch the mask while wearing it and should replace the mask if it gets damp or dirty. If a mask is accidentally touched while in use, hands should be washed. Single use masks should not be reused. If a face mask is not available, alternatives such as two-layered scarves and bandannas can reduce some respiratory droplets. Health care practitioners can advise clients to wrap a two-layer cloth like a scarf or bandanna around their nose and mouth while feeding their baby. The same hand-washing precautions should be followed with alternative masks.

If mother's milk is not available or supply is not adequate, mothers should be advised that feeding milk from another mother can be dangerous. According to the American

Academy of Pediatrics recommendations regarding donor milk sharing: "Health care providers should discourage families from direct human milk sharing or purchasing human milk from the Internet because of the increased risks of bacterial or viral contamination of non-pasteurized milk and the possibility of exposure to medications, drugs, or other substances, including cow milk protein".¹⁶

Special thanks to contributors Tracie Bolton, MS, RD, IBCLC, WIC Coordinator at the Ingham County WIC Program in Lansing, Mich., and Liza Ickes, RDN, LD, Manager of Nutrition Services at the Cuyahoga County WIC Program in Cleveland, Ohio. This document was published to the Academy of Nutrition and Dietetics' online Coronavirus (COVID-19) Professional Resource Hub on May 19, 2020. For practitioner resources, webinars and ongoing Q&A about coronavirus preparedness, patient care and the delivery of nutrition services, visit eatrightPRO.org/coronavirus-resources. For consumer handouts, articles and activities, visit eatright.org/coronavirus.

References

1. USDA Food and Nutrition Service. FNS Response to COVID-19. Available at www.fns.usda.gov/disaster/pandemic/covid-19. Accessed April 16, 2020.
2. USDA Food and Nutrition Service. Families First Coronavirus Response Act Available at <https://www.fns.usda.gov/resource/families-first-coronavirus-response-act>. Accessed May 1, 2020
3. USDA Choose MyPlate. MyPlate Kids' Place. www.choosemyplate.gov/browse-by-audience/view-all-audiences/children/kids. Accessed April 16, 2020.
4. USDA Choose MyPlate. Start Simple with MyPlate: Food Planning During the Coronavirus Pandemic. Available at www.choosemyplate.gov/coronavirus. Accessed April 16, 2020.
5. WIChealth. Available at wichealth.org/. Accessed April 16, 2020.
6. National WIC Association. COVID-19 Resources. Available at: www.nwica.org/covid-19-resources. Accessed April 16, 2020.
7. Michigan Department of Health and Human Services. Welcome to Michigan WIC Client Connect. Available at wiccp.state.mi.us/clientportal/. Accessed April 16, 2020.
8. Chen H, Guo J, Wang C, et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. *Lancet*. 2020;395(10226):809-815.
9. Liu WW, Q.; Zhang, Q.; Chen, L.; Chen, J.; Zhang, B.; Lu, Y.; Wang, S.; Xia, L.; Huang, L.; Wang, K.; Liang, L.; Zhang, Y.; Turtle, L.; Lissauer, D.; Lan, K.; Feng, L.; Yu, H.; Liu, Y.; Sun, Z. Coronavirus Disease 2019 (COVID-19) During Pregnancy: A Case Series. *Preprints*. 2020.

10. Kam KQ, Yung CF, Cui L, et al. A Well Infant with Coronavirus Disease 2019 (COVID-19) with High Viral Load. *Clin Infect Dis*. 2020.
11. Fan C, Lei D, Fang C, et al. Perinatal Transmission of COVID-19 Associated SARS-CoV-2: Should We Worry? *Clin Infect Dis*. 2020.
12. Cui Y, Tian M, Huang D, et al. A 55-Day-Old Female Infant infected with COVID 19: presenting with pneumonia, liver injury, and heart damage. *J Infect Dis*. 2020.
13. World Health Organization. Pregnancy, Childbirth, breastfeeding and COVID-19. www.who.int/reproductivehealth/publications/emergencies/COVID-19-pregnancy-ipc-breastfeeding-infographics/en/. Published 2020. Accessed April 13, 2020.
14. Centers for Disease Control and Prevention. Pregnancy and Breastfeeding. www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html. Published 2020. Accessed April 16, 2020.
15. Puopolo KM, Hudak ML, Kimberlin DW, Cummings J. Management of Infants Born to Mothers with COVID-19. Published 2020. <https://downloads.aap.org/AAP/PDF/COVID%2019%20Initial%20Newborn%20Guidance.pdf> Accessed April 13, 2020.
16. Committee on Nutrition; Section on Breastfeeding; Committee on Fetus Newborn. Donor Human Milk for the High-Risk Infant: Preparation, Safety, and Usage Options in the United States. *Pediatrics*. 2017;139(1).

Additional Resources

Academy of Breastfeeding Medicine. Statement on COVID-19 (Breastfeeding, Home and Inpatient Care): www.bfmed.org/abm-statement-coronavirus

Health Canada. Pregnancy, childbirth, breastfeeding, visitors, and mental health: www.canada.ca/en/public-health/services/publications/diseases-conditions/pregnancy-advise-mothers.html

International Society for Research in Human Milk and Lactation (ISRHML). Collecting human milk and breastfeeding: <https://www.isrhml.com/i4a/pages/index.cfm?pageid=3368>