

Why I Can't Breastfeed My New-born Baby? Psychosocial Dilemma of a COVID-Positive Post-LSCS Mother

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Abstract

A 26-year-old postpartum COVID-positive mother admitted in COVID isolation facility at a tertiary care center in India. Her primary physical concern was suture site pain and concerns related to expressed breast milk discarding. Her psychological concerns include distrust on COVID report, belief of unjust isolation, lack of family support, loneliness, feeling of not breast feeding her baby, fear, anxiety, anger, stress, and depression. She was concerned about the stigma anticipated for herself and her baby. Spiritually, she was concerned as she was not able to make harmony between herself and environment.

Keywords: Breast feeding, COVID-19, postpartum, psychosocial, stigma

INTRODUCTION

Isolation is the key of COVID management.^[1] Every management has some adverse effects, and so does isolation. Quarantined individuals have complex psychosocial, spiritual, and stigma-related issues.^[2] We present the case of a 26-year-old postpartum COVID-positive mother, separated from her 28-gestational-week old premature baby who was in the neonatal intensive care unit (ICU). In this case, we are highlighting the physical, psychosocial, spiritual concerns, and stigma she had to face during the quarantine period.

CASE REPORT

A 26-year-old postpartum mother presented to COVID care facility with reverse transcriptase–polymerase chain reaction positive report for COVID-19. Baby was delivered prematurely at a gestational age of 28 weeks and was in neonatal ICU. Baby was tested negative for COVID. Soon after the diagnosis, she was directly sent to COVID care facility for quarantine.

She had been brought up in New Delhi, India, studied up to 10th grade and worked as sales person in a mall. She left her job before the delivery. Her husband is a clerk, and she lives in a nuclear family in Delhi.

Physical concerns

She complaint of pain and erythema at suture site, which was evaluated and found to be normal. She used to discard her expressed breast milk, which was causing her physical as well as psychological trauma.^[3]

Psychological concerns

My COVID Report is false: “My report was negative on first sample and it became positive on second, which was also taken on the same day. How is it possible?” Two consecutive samples were taken which was showing different report and that had created doubt in her mind that probably she is not positive and the report is false.

My isolation is not justified: “I have no symptoms like cough, fever, and shortness of breath then why am I kept here?” Having a preoccupied thought of false report along with

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asymptomatic clinical status; she had been forced to believe that her isolation is not justified.

My family doesn't support: *"When I talk to my family, I get more disturbed."* She was apprehensive about her COVID status and lack of family support aggravated her apprehension. Therefore, she started avoiding talks to the family.

I am alone: *"I have never stayed away from my family. I can't stay here."* Her un-anticipated isolation was difficult to cope as she could not find a friendly person to communicate during her isolation.

I want to breastfeed my baby: *"I have not touched my baby. I have not seen him yet. I have not breastfed him. I just want to go back, see him and breastfeed him."* Staying away from her baby, not able to perform her motherly duties, and not breastfeeding her baby was a major psychological concern. She had to express her breast milk and discard it, which caused feeling of guilt. She was also refrained from any updates on her baby as the family thought that can upset her more, adding more to her poor psychological state.^[4]

Fear, anxiety and anger: *"My baby is in hospital. Is he in a good health? What if he also contracts to COVID? When I go to see him, will he get infected from me? If I breastfeed him, will he get infected?"* She was in fear that her baby will get infected either due to his hospital stay or due to her breast feed. She was postoperative patient having a fresh surgical wound, thus she feared that her wound will get infected. Post- Lower segment caesarean section she had a few episodes of bleeding per vagina which is a normal phenomenon, but caused her to think that she is seriously sick. The cumulative impact of these fears caused anxiety and she was not able to sleep for many days. Later in course of her stay, her anxiety turned out as anger on health-care professionals.

Stress and depression: There was no quantitative assessment of stress and depression done, yet qualitatively she was found to have significant level of stress due to her sense of nonperforming motherly duties. She lost her appetite. She lost her interest in daily activities suggesting depression cannot be ruled out.

Social concerns

Stigma to patient

She was not hesitant on sharing her disease status but noticed a change in behavior of her friends and acquaintances when they get to know her disease status. She was in doubt that postdischarge people will judge her for her illness, and she would likely be discriminated by society. She doubted that her life will not be same as it was before the diagnosis of COVID.

Stigma to baby

Although she accepted that stigma depends on mentality of society, she had a doubt that her child will not be having a normal life as other kids do and people will judge her child because of her COVID infection. *"I think society will discriminate my child"*-she stated.

Spiritual concerns

She belongs to the Hindu community and was practicing Hinduism. She was worshipping daily, and her religious

beliefs were strong. But she could not perform her religious rituals because of isolation. Although she was not blaming God neither for her or her baby's condition nor for her own, yet she was finding it difficult to keep the harmony between body, mind, and soul.

DISCUSSION

Psychological concerns in quarantined people during a viral pandemic include stress, depression, irritability, insomnia, fear, confusion, anger, frustration, boredom, and stigma.^[5]

Unpredictable, uncertain, serious nature of the disease, along with misinformation and social isolation contributes to stress and mental morbidity.^[6]

Lack of incorporated psychological interventions into the health-care protocols causes increased psychological burden.^[7]

Stigma and discrimination have potentially harmful impact on patient and family.^[8] To avoid stigma, it is advised to restrict the word "COVID" in both verbal and written statements given to patients.^[9]

A COVID-positive asymptomatic or paucisymptomatic mother should be allowed to breastfeed her baby with strict infection control measures.^[10]

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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