

# COVID-19 AND BREASTFEEDING

## CURRENT GUIDANCE FOR BREASTFEEDING MOTHERS WITH COVID-19

Here are current recommendations for breastfeeding mothers who have, or who are being tested for, COVID-19. This guidance has been sourced directly from world-leading health organisations and experts. It will be updated as new information becomes available.

### Further languages:

[French](#)

[German](#)

[Italian](#)

# WORLD HEALTH ORGANIZATION (WHO)

### Q&A on COVID-19: "Can Women with COVID-19 breastfeed?"

"Yes. Women with COVID-19 can breastfeed if they wish to do so. They should:

- Practice respiratory hygiene during feeding, wearing a mask where available;
- Wash hands before and after touching the baby;
- Routinely clean and disinfect surfaces they have touched."

[Website WHO](#)

## **Is it safe for a mother to breastfeed if she is infected with novel coronavirus**

“All mothers in affected and at-risk areas who have symptoms of fever, cough or difficulty breathing, should seek medical care early, and follow instructions from a health care provider.

Considering the benefits of breastfeeding and the insignificant role of breastmilk in the transmission of other respiratory viruses, the mother can continue breastfeeding, while applying all the necessary precautions.

For symptomatic mothers well enough to breastfeed, this includes wearing a mask when near a child (including during feeding), washing hands before and after contact with the child (including feeding), and cleaning/disinfecting contaminated surfaces – as should be done in all cases where anyone with confirmed or suspected COVID-19 interacts with others, including children.

If a mother is too ill, she should be encouraged to express milk and give it to the child in a clean cup and/or spoon – all while following the same infection prevention methods.

**Website UNICEF**

# CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

## **Transmission of COVID-19 through breast milk**

"Much is unknown about how COVID-19 is spread. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or

sneezes, similar to how influenza (flu) and other respiratory pathogens spread. In limited studies on women with COVID-19 and another coronavirus infection, Severe Acute Respiratory Syndrome (SARS-CoV), the virus has not been detected in breast milk; however we do not know whether mothers with COVID-19 can transmit the virus via breast milk."

### **Guidance on breastfeeding for a mother with confirmed COVID-19 or under investigation for COVID-19**

"Breast milk is the best source of nutrition for most infants. However, much is unknown about COVID-19. Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and healthcare providers. A mother with confirmed COVID-19 or who is a symptomatic PUI should take all possible precautions to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, if possible, while feeding at the breast. When expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow recommendations for proper pump cleaning after each use. If possible, consider having someone who is not infected feed the expressed breast milk to the infant."

**Website CDC**

# BREASTFEEDING PROMOTION SWITZERLAND

Translated by the Family Larsson-Rosenquist Foundation

"Gynécologie Suisse position statement on the coronavirus infection COVID-19 and pregnancy

Information about coronavirus COVID-19 and breastfeeding can be obtained from the Berufsverband Schweizerischer Still- und Laktationsberaterinnen [Professional Association of Swiss Breastfeeding and Lactation Consultants] and the European Institute for Breastfeeding and Lactation.

General information from the Bundesamt für Gesundheit BAG [Federal Office of Public Health]:

- Keep your distance: keep your distance from other people. Infection with the new coronavirus can occur through close (less than 2 metres) and prolonged (over 15 minutes) contact with someone who is already infected. You can protect yourself and others by keeping your distance.
- Wash your hands regularly with soap and water or use a hand sanitiser.
- Cough and sneeze into a paper tissue; or, if you don't have a tissue, cough or sneeze into the crook of your arm. Once used, dispose of paper tissues in a closed bin.
- If you have any respiratory problems, a cough or fever: stay at home. Do not go out in public anymore. Contact a doctor or health facility (for example, a hospital) right away. Always phone first.
- Don't shake hands."

**[Website Breastfeeding Promotion Switzerland \(in German\)](#)**

PROFESSIONAL ASSOCIATION  
OF SWISS BREASTFEEDING AND  
LACTATION CONSULTANTS

## Breastfeeding and SARS-CoV-2

Translated by the Family Larsson-Rosenquist Foundation

"So far, the virus has not been able to be detected in breast milk. There have been no reports yet of transmission via breast milk. Antibodies have, however, been detected in breast milk samples, which gives reason to believe that breast milk might have a protective effect.

If a breastfeeding mother contracts COVID-19, the child has already been exposed to the virus during the incubation period and so the mother may continue to breastfeed as long as she feels up to it. Whilst breastfeeding, she should take the following precautions:

- Wash hands before and after breastfeeding
- Wear a protective mask whilst in contact with the child and whilst breastfeeding
- Clean and disinfect any contaminated surfaces
- If using a breast pump, this is to be cleaned afterwards each time it is used

If the mother is too ill to breastfeed her child, the milk may be expressed and fed to the child. It is important that hygiene guidelines are strictly adhered to in the process.

There is controversy over which measures should be taken in the event that a woman contracts COVID-19 at the time of giving birth or tests positive for SARS-CoV-2.

Given that SARS-CoV-2 is transmitted by droplet infection, it is advised by some that the mother and child be spatially separated from each other in this instance. The mother should – if she feels up to it – be instructed to express her milk for her child. As soon as the mother is no longer considered to be infectious, the separation of mother and child can be ended and the mother may begin breastfeeding.

Other sources question the routine separation of mother and newborn owing to the lack of data at the moment and the risk associated with separating a mother from her child for both the mother-child relationship (lack of bonding) and breastfeeding.

The Royal College of Midwives apparently recommends leaving healthy newborns with their mothers and discussing the risks and benefits of breastfeeding as well as the risks and benefits of staying together and separating mother and child with the parents. The Academy of Breastfeeding Medicine considers it necessary to separate mother and child, especially if the mother's health and the ensuing treatment call for such a separation.

especially if the mother's health and the ensuing treatment call for such a separation. In each instance, it is recommended that the mother – as long as she is able to do so – expresses her milk, if she wishes to breastfeed, and that this is then fed to the child by a healthy person.

The parents make the final decision."

**Website of the Professional Association of Swiss Breastfeeding and Lactation Consultants (in German)**

# BABIES IN NEONATAL INTENSIVE CARE UNITS

**Is it Safe to Provide Milk for My NICU Baby if I Have or Have Been Exposed to Coronavirus Disease 2019 (COVID-19)?**

With so much news in the media about COVID-19, it is natural to be concerned about whether providing milk for your NICU baby is safe or even advisable.

Please click [here for guidance](#) from Paula P. Meier, PhD, RN & Aloka L. Patel, MD.

## LACTAMAP

**Current breastfeeding and COVID-19 guidance for health professionals**

LactaMap – the online lactation care support system - is now offering information based on what is currently known about COVID-19. Please note: additional care options for breastfeeding when mother or infant have tested positive for COVID-19 are based on limited evidence or expert opinion only.

LactaMap content has been developed by The University of Western Australia to help

health professionals provide lactation support for mothers and term infants from birth to 6 months of age.

**LactaMap is free, please register at: [www.LactaMap.com](http://www.LactaMap.com)**

# ACADEMY OF BREASTFEEDING MEDICINE (ABM)

## **ABM statement on coronavirus 2019 (COVID-19): transmission of COVID-19 through breast milk**

“Much is unknown about how COVID-19 is spread. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, like how influenza (flu) and other respiratory pathogens spread.

In limited studies on women with COVID-19 and another coronavirus infection, Severe Acute Respiratory Syndrome (SARS-CoV), the virus has not been detected in breast milk; however we do not know whether mothers with COVID-19 can transmit the virus via breast milk.

Breast milk provides protection against many illnesses. There are rare exceptions when breastfeeding or feeding expressed breast milk is not recommended.”

**Website ABM**

# UNITED NATIONS POPULATION FUND (UNFPA)

## **UNFPA statement on novel coronavirus (COVID-19) and pregnancy**

“Breastfeeding women should not be separated from their newborns, as there is no evidence to show that respiratory viruses can be transmitted through breast milk, according to UNICEF.

The mother can continue breastfeeding, as long as the necessary precautions below are applied:

- Symptomatic mothers well enough to breastfeed should wear a mask when near a child (including during feeding), wash hands before and after contact with the child (including feeding), and clean/disinfect contaminated surfaces.
- If a mother is too ill to breastfeed, she should be encouraged to express milk that can be given to the child via a clean cup and/or spoon – while wearing a mask, washing hands before and after contact with the child, and cleaning/disinfecting contaminated surfaces.”

**Website UNFPA**

THE LANCET  
7 MARCH 2020



## **Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records.**

By Huijun Chen, Juanjuan Guo, Chen Wang, Fan Luo, Xuechen Yu, Wei Zhang, Jiafu Dongchi Zhao, Dan Xu, Qing Gong, Jing Liao, Huixia Yang, Wei Hou, Yuanzhen Zhang

“Findings: All nine patients had a caesarean section in their third trimester. Seven patients presented with a fever. Other symptoms, including cough (in four of nine patients), myalgia (in three), sore throat (in two), and malaise (in two), were also observed. Fetal distress was monitored in two cases. Five of nine patients had lymphopenia ( $<1.0 \times 10^9$  cells per L). Three patients had increased aminotransferase concentrations. None of the patients developed severe COVID-19 pneumonia or died, as of Feb 4, 2020. Nine livebirths were recorded. No neonatal asphyxia was observed in newborn babies. All livebirths had a 1-min Apgar score of 8–9 and a 5-min Apgar score of 9–10. Amniotic fluid, cord blood, neonatal throat swab, and breastmilk samples from six patients were

tested for SARS-CoV-2, and all samples tested negative for the virus.

Interpretation: The clinical characteristics of COVID-19 pneumonia in pregnant women were similar to those reported for non-pregnant adult patients who developed COVID-19 pneumonia. Findings from this small group of cases suggest that there is currently no evidence for intrauterine infection caused by vertical transmission in women who developed COVID-19 pneumonia in late pregnancy.”

**[The Lancet, 7 March 2020: full text](#)**

# THE GLOBAL HEALTH NETWORK

## GENERAL INFORMATION ABOUT COVID-19

The Global Health Network is an open source platform that provides trusted knowledge, guidance, tools and resources to support the generation of more and better health research data. During emerging outbreaks it is vital to learn as much as possible to generate evidence on best practice for prevention, diagnosis and treatment and to facilitate effective preparedness and response for future outbreaks.

The pop-up space for 2019 Novel Coronavirus COVID-19 (formerly 2019-nCoV) supports evidence generation by pooling protocols, tools, guidance, templates, and research standards generated by researchers and networks working on the response to this outbreak. Findings from previous outbreaks, largely obtained during MERS and SARS are also available. This all aims to make research faster and easier and to enable standardised, quality data to be collected and prepared for sharing.

**[Member hub for COVID-19](#)**

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