

COVID19 RESOURCES AND STATEMENTS RELATED TO BREASTFEEDING

**SafelyFed
Canada**

Last updated Apr 13 2020 15:00EDT

*SafelyFed Canada has developed this resource document for Canadians during the COVID-19 outbreak. It contains the source, published or updated or last retrieved date, a link to the original document, and an excerpt of the specific guidance on COVID-19 as it relates to breastfeeding. This is an evolving situation and this is a living document. The most current version is here: <http://safelyfed.ca/covid19-resources/>
Please email any suggestions to info@safelyfed.ca.*

Major changes/additions

Apr 13 2020 15:00EDT

- PHAC: Clinical Management of patients with moderate to severe COVID-19 (based on WHO guidance)
- British Columbia CDC: Guidance includes postpartum care following hospital birth and care after discharge
- UNICEF UK Statement on infant feeding on neonatal units
- US CDC Major revision: Considerations for Inpatient Obstetric Healthcare Settings

Mar 31 2020 21:00EDT

- UNICEF IYCF in the context of COVID-19 Brief No 2
- International Congress of Midwifery Official Statement
- Federation of Obstetric & Gynecological Societies of India; National Neonatology Forum, India; Indian Academy of Pediatrics: Clinical Practice Guideline

Mar 18 2020 19:00

- Updated SOGC Committee Opinion – COVID-19 in Pregnancy
- Royal College's Coronavirus (COVID-19) Infection in Pregnancy; Information for Health Care Professionals; Version 3
- * ILCA Statement on Breastfeeding and Lactation Support During the COVID-19 Pandemic

Mar 14 2020 21:00

- WHO updated guidance for "Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected" (v. 1.2) - Sections 11 and 12
- GTAM CORONAVIRUS DISEASE (COVID-19) Summary of Guidance for Nutrition in Emergencies Practitioners VERSION 1.1
- HMBANA Milk Banking and COVID-19 Statement
- EMBA COVID-19: EMBA Position Statement

Mar 12 2020 17:00

- Expert guidance from the Italian National Institution of Health
- Academy of Breastfeeding Medicine statement with guidance for home and hospital

Canadian Guidance

Public Health Agency of Canada (PHAC)

Case Management in the Home and Co-Living Settings (self-isolation) -- Published/ revised 13 Mar 2020

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-cases-contacts.html>

“For breastfeeding mothers: considering the benefits of breastfeeding and the insignificant role of breast milk in transmission of other respiratory viruses, breastfeeding can continue. If the breastfeeding mother is a case, she should wear a surgical/procedure mask when near the baby, practice respiratory etiquette, and perform hand hygiene before and after close contact with the baby.”

En français: *Prise en charge par la santé publique des cas de maladie à coronavirus (COVID-19) et des contacts qui y sont associés -- Publié/Révisé le 13 mars 2020*

<https://www.canada.ca/fr/sante-publique/services/maladies/2019-nouveau-coronavirus/professionnels-sante/directives-provisaires-cas-contacts.html>

Public Health Agency of Canada (PHAC)

Canadian Critical Care Society

Association of Medical Microbiology and Infectious Disease Canada

Clinical Management of Patients with Moderate to Severe COVID-19 - Interim Guidance - Sections 8.1 and 8.2 - Published/Revised 2 Apr 2020,

[https://canadiancriticalcare.org/resources/Documents/Clinical%20Care%20COVID-19%20Guidance%20FINAL%20April%20ENGLISH\(1\).pdf](https://canadiancriticalcare.org/resources/Documents/Clinical%20Care%20COVID-19%20Guidance%20FINAL%20April%20ENGLISH(1).pdf)

“This guidance has been adapted for Canadian use from the WHO document entitled Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected – Interim guidance - 13 March 2020.

...

Pregnant women with a suspected, probable or confirmed COVID-19 infection, including women who may need to spend time in isolation, should have access to woman-centred, respectful skilled care, including obstetric, foetal medicine and neonatal care, as well as mental health and psychosocial support, with readiness to care for maternal and neonatal complications.

... The mode of delivery should be individualized based on obstetric indications.

... All recently pregnant women with COVID-19 infection or who have recovered from COVID-19 should be provided with counselling on safe infant feeding and appropriate infection prevention measures to prevent COVID-19 transmission.

...

Caring for Infants and Mothers with COVID-19 – IPC and Breastfeeding

Relatively few cases have been reported of infants confirmed with COVID-19 infection. At this time there is no clear evidence that vertical transmission may occur. Breast milk samples from the mothers after the first lactation were also all negative for the COVID-19 virus (68,69). Infants born to mothers with suspected, probable, or confirmed

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COVID-19 should be fed according to standard infant feeding guidelines while providing necessary infection prevention precautions. Symptomatic mothers who are breastfeeding should practice respiratory hygiene, including during feeding (for example, use of a mask when near a child if the mother has respiratory symptoms), perform hand hygiene before and after contact with the child, and routinely clean and disinfect surfaces with which the symptomatic mother has been in contact. In situations when severe illness in a mother due to COVID-19 or other complications prevents her from caring for her infant or prevents her from continuing direct breastfeeding, mothers should be encouraged and supported to express milk, and safely provide breast milk to the infant, while applying appropriate IPC measures. Mothers and infants should be allowed to remain together and to practice rooming-in if desired, especially during establishment of breastfeeding, whether they or their infants have suspected, probable or confirmed COVID-19. Parents and caregivers who may need to be separated from their children, and children who may need to be separated from their primary caregivers, should have access to appropriately trained health or nonhealth workers for mental health and psychosocial support. ...”

British Columbia Centre for Disease Control (BCCDC)

Interim Guidance: Public Health Management of cases and contacts associated with novel coronavirus (COVID-19) in the community -- Revised 9 Apr 2020

http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/CD%20Manual/Chapter%201%20-%20CDC/2019-nCoV-Interim_Guidelines.pdf

“For breastfeeding mothers: considering the benefits of breastfeeding and the insignificant role of breast milk in transmission of other respiratory viruses, breastfeeding can continue. If the breastfeeding mother is a case, she should wear a medical mask, or if not available, a non-medical mask or facial covering, e.g. homemade cloth mask, dust mask, bandana, when near the baby, practice respiratory etiquette, and perform hand hygiene before and after close contact with the baby. Other cases in the home, e.g. non-breastfeeding parent or other caregiver should refrain from contact with the infant. ”

Pregnant Women with COVID-19+ or PUI General Guidelines for Admission and Hospital Treatment - Published/ revised 13 Mar 2020

<http://www.bccdc.ca/Health-Professionals-Site/Documents/Pregnancy-COVID19-Hospital-Admission-Treatment.pdf>

“Postpartum Care: Keeping mother baby together is recommended. Mother to mask and utilize strict hand washing protocol for breastfeeding and skin to skin. Test infant for COVID-19. For mothers wishing to breastfeed, precautions should be taken to limit viral spread to baby: o Hand washing before touching the baby, breast pump or bottles; o Try and avoid coughing or sneezing on your baby while feeding at the breast o Consider wearing a face mask while breastfeeding o Follow recommendations for pump cleaning after each use o Consider asking someone who is well to feed expressed milk to the baby.

No isolation of infant from mother unless clinically indicated by disease severity. Ensure COVID19+ status relayed to Public Health Nurse via liaison form. Discharge mother and baby as soon mother is stable. Follow-up for newborn after discharge home: Where appropriate, early discharge of the baby with a parent or caregiver, should be facilitated. Advice should be given to mother about self-isolation measures while at home until mother is completely asymptomatic. Resources regarding virtual support groups should be provided to mother. Follow-up by with a

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pediatrician or FP or MW should be arranged within 3-5 days of discharge. Public health should be informed of babies born to COVID + mothers on discharge in order to follow-up with them in the community.”

Society of Obstetricians and Gynecologists of Canada (SOGC)

Updated SOGC Committee Opinion – COVID-19 in Pregnancy -- Published/Revised 13 Mar 2020:

https://www.sogc.org/en/content/featured-news/Updated-SOGC-Committee-Opinion__COVID-19-in-Pregnancy.aspx

“Intrapartum care

...

Cesarean delivery should be reserved for obstetrical indications. ... There is no evidence to avoid delayed cord clamping or to encourage early cleansing of the infant. Routine practices such as skin-to-skin contact (with the mother wearing a mask and after having washed her hands) and delayed cord clamping should continue.

...

Postpartum and Newborn care

Management in the post-partum period should be guided by a patient-centred discussion about the available evidence and its limitations. We do not recommend universal isolation of the infant from either confirmed or suspected infection in the mother. However, depending on a family’s values and availability of resources they may choose to separate infant from mother until isolation precautions for the mother can be formally discontinued. Women should practice good handwashing before and use of a mask while engaging in infant care. Women who choose to breastfeed should be allowed to do so after appropriate handwashing and while wearing a mask. It is possible that the mother can transmit antibodies to the infant through breastmilk; however, there is limited evidence of this transmission and the potential benefits are unclear.”

Human Milk Banking Association of North America (HMBANA)

Milk Banking and COVID-19 Statement -- Published/revised 2 Apr 2020 (Note new URL)

https://www.hmbana.org/file_download/inline/a04ca2a1-b32a-4c2e-9375-44b37270cfbd

“Studies have documented complete heat inactivation of genetically similar viruses such as SARS and MERS, specifically heat treatment of 60°C for 30 minutes (Miriam & Taylor, 2006; Rabenau et al., 2005; van Doremalen, 2014). All donor milk dispensed by HMBANA member banks undergo heat treatment using the Holder pasteurization method of 62.5°C for 30 minutes.”

“Mothers are rigorously screened by HMBANA member milk banks verbally, through a written questionnaire and blood testing. A medical release is obtained from each donor’s licensed healthcare provider. Donor screenings include detailed inquiries regarding international travel as well as recent illness history including family members in the home. Mothers are deferred based on responses.”

Global Guidance

World Health Organization (WHO)

Home care for patients with suspected novel coronavirus (COVID-19) infection presenting with mild symptoms, and management of their contacts -- Accessed 17 Mar 2020:

[https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

(Also available in Chinese, French and Spanish at the above link.)

“Considering the benefits of breastfeeding and the insignificant role of breast milk in the transmission of other respiratory viruses, a mother could continue breastfeeding. The mother should wear a medical mask when she is near her baby and perform hand hygiene before and after having close contact with the baby. She will also need to follow the other hygiene measures described in this document.”

Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected (v. 1.2) - Sections 11 and 12 - 13 Mar 2020

[https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected?fbclid=IwAR0ui6P6m_w2IHnXizNZly4hWVN8ETju5uP9XSD-omOE6hIKtFs-ClccZqo](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected?fbclid=IwAR0ui6P6m_w2IHnXizNZly4hWVN8ETju5uP9XSD-omOE6hIKtFs-ClccZqo)

“Pregnant women with suspected, probable, or confirmed COVID-19, including women who may need to spend time in isolation, should have access to woman-centred, respectful skilled care, including obstetric, fetal medicine and neonatal care, as well as mental health and psychosocial support, with readiness to care for maternal and neonatal complications.

All recently pregnant women with COVID-19 or who have recovered from COVID-19 should be provided with information and counselling on safe infant feeding and appropriate IPC measures to prevent COVID-19 virus transmission.” (pg. 11)

“Remark: Women’s choices and rights to sexual and reproductive health care should be respected regardless of COVID-19 status, including access to contraception and safe abortion to the full extent of the law.” (pg. 11)

“Breastfeeding protects against morbidity and death in the post-neonatal period and throughout infancy and childhood. The protective effect is particularly strong against infectious diseases that are prevented through both direct transfer of antibodies and other anti-infective factors and long-lasting transfer of immunological competence and memory. See WHO Essential newborn care and breastfeeding (<https://apps.who.int/iris/bitstream/handle/10665/107481/e79227.pdf>). Therefore, standard infant feeding guidelines should be followed with appropriate precautions for IPC. Infants born to mothers with suspected, probable, or confirmed COVID-19 should be fed according to standard infant feeding guidelines, while applying necessary precautions for IPC.

Remarks: Breastfeeding should be initiated within 1 hour of birth. Exclusive breastfeeding should continue for 6 months with timely introduction of adequate, safe and properly fed complementary foods at age 6 months, while continuing breastfeeding up to 2 12 Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: Interim guidance years of age or beyond. Because there is a dose-response effect,

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in that earlier initiation of breastfeeding results in greater benefits, mothers who are not able to initiate breastfeeding during the first hour after delivery should still be supported to breastfeed as soon as they are able. This may be relevant to mothers who deliver by caesarean section, after an anaesthetic, or those who have medical instability that precludes initiation of breastfeeding within the first hour after birth. This recommendation is consistent with the Global strategy for infant and young child feeding (<https://apps.who.int/iris/bitstream/handle/10665/42590/9241562218.pdf>), as endorsed by the Fifty-fifth World Health Assembly, in resolution WHA54.2 in 2002, to promote optimal feeding for all infants and young children.

As with all confirmed or suspected COVID-19 cases, symptomatic mothers who are breastfeeding or practising skin-to-skin contact or kangaroo mother care should practise respiratory hygiene, including during feeding (for example, use of a medical mask when near a child if the mother has respiratory symptoms), perform hand hygiene before and after contact with the child, and routinely clean and disinfect surfaces with which the symptomatic mother has been in contact. Breastfeeding counselling, basic psychosocial support, and practical feeding support should be provided to all pregnant women and mothers with infants and young children, whether they or their infants and young children have suspected or confirmed COVID-19.

Remark 1: All mothers should receive practical support to enable them to initiate and establish breastfeeding and manage common breastfeeding difficulties, including IPC measures. This support should be provided by appropriately trained health care professionals and community-based lay and peer breastfeeding counsellors. See Guideline: counselling of women to improve breastfeeding practices (<https://apps.who.int/iris/bitstream/handle/10665/280133/9789241550468-eng.pdf>) and the WHO Guideline: protection, promoting and supporting breastfeeding in facilities providing maternity and newborn services (<https://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf>).

In situations when severe illness in a mother with COVID-19 or other complications prevents her from caring for her infant or prevents her from continuing direct breastfeeding, mothers should be encouraged and supported to express milk, and safely provide breastmilk to the infant, while applying appropriate IPC measures.

Remarks: In the event that the mother is too unwell to breastfeed or express breastmilk, explore the viability of relactation, wet nursing, donor human milk, or appropriate breastmilk substitutes, informed by cultural context, acceptability to the mother, and service availability. There should be no promotion of breastmilk substitutes, feeding bottles and teats, pacifiers or dummies in any part of facilities providing maternity and newborn services, or by any of the staff. Health facilities and their staff should not give feeding bottles and teats or other products within the scope of the International Code of Marketing of Breast-milk Substitutes and its subsequent related WHA resolutions, to breastfeeding infants. This recommendation is consistent with the WHO guidance Acceptable medical reasons for use of breast-milk substitutes (https://apps.who.int/iris/bitstream/handle/10665/69938/WHO_FCH_CAH_09.01_eng.pdf;jsessionid=709AE28402D49263C8D F6D50048A0E58?sequence=1).

Mothers and infants should be enabled to remain together and practise skin-to-skin contact, kangaroo mother care and to remain together and to practise rooming-in throughout the day and night, especially immediately after birth

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during establishment of breastfeeding, whether they or their infants have suspected, probable, or confirmed COVID-19.

Remarks: Minimizing disruption to breastfeeding during the stay in the facilities providing maternity and newborn services will require health care practices that enable a mother to breastfeed for as much, as frequently, and as long as she wishes. See WHO Guideline: protection, promoting and supporting breastfeeding in facilities providing maternity and newborn services (<https://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf>).

Parents and caregivers who may need to be separated from their children, and children who may need to be separated from their primary caregivers, should have access to appropriately trained health or non-health workers for mental health and psychosocial support. Remarks: Given the high prevalence of common mental disorders among women in the antenatal and postpartum period, and the acceptability of programmes aimed at them, interventions targeted to these women need to be more widely implemented. Prevention services should be available in addition to services that treat mental health difficulties. This recommendation is consistent with the IASC Reference group for Mental Health and Psychosocial Support in Emergency Setting 2020 Briefing note on addressing mental health and psychosocial aspects of COVID-19 outbreak – version 1.1

(<https://interagencystandingcommittee.org/system/files/2020-03/MHPSS%20COVID19%20Briefing%20Note%202%20March%202020-English.pdf>) and the Improving early childhood development: WHO guideline (<https://www.who.int/publications-detail/improving-early-childhood-development-who-guideline>)." (pg. 12)

UNICEF

INFANT & YOUNG CHILD FEEDING IN THE CONTEXT OF COVID-19 Brief No. 2 (v1) -- 30 Mar 2020

https://www.enonline.net/attachments/3366/YCF-Programming-in-the-context-of-COVID-19-Brief-2_v1-30-March-20_-for-distribution.pdf

"KEY MESSAGES AND PRIORITIES

1. Programmes and services to protect, promote and support optimal breastfeeding (early and exclusive) and age-appropriate and safe complementary foods and feeding practices should remain a critical component of the programming and response for young children in the context of COVID-19.
2. Mothers with suspected or confirmed COVID-19 and isolated at home should be advised to continue recommended feeding practices with necessary hygiene precautions during feeding.
- ...
5. Full adherence to the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions (including WHA 69.9 and the associated WHO Guidance on ending the inappropriate promotion of foods for infants and young children) in all contexts in line with the recommendations of IFE Operational Guidance.
6. Donations, marketing and promotions of unhealthy foods - high in saturated fats, free sugar and/or salt - should not be sought or accepted. "

Coronavirus disease (COVID-19): What parents should know: How to protect yourself and your children. -- Accessed 10 Mar 2020

<https://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know>

"Is it safe for a mother to breastfeed if she is infected with coronavirus?"

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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 via a clean cup and/or spoon – all while following the same infection prevention methods.”

United Nations Population Fund (UNFPA)

UNFPA statement on novel coronavirus (COVID-19) and pregnancy -- Published/ revised 5 Mar 2020

<https://www.unfpa.org/press/unfpa-statement-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.”

UNFPA news release: As COVID-19 continues to spread, pregnant and breastfeeding women advised to take precautions -- Published/ revised 5 Mar 2020

<https://www.unfpa.org/news/covid-19-continues-spread-pregnant-and-breastfeeding-women-advised-take-precautions#>

“The protection needs of women and girls must be at the centre of response efforts. Part of why we are doing this is to ensure there is a focus on sustaining the accessibility of vulnerable women and girls to quality sexual and reproductive health services as part of the response,” said Dr. Babatunde Ahonsi, UNFPA’s representative in China.”

Global Technical Assistance Mechanism for Nutrition (GTAM)

CORONAVIRUS DISEASE (COVID-19) Summary of Guidance for Nutrition in Emergencies Practitioners VERSION 1.1 -- 13 Mar 2020

http://nutritioncluster.net/?get=008342|2020/03/2020-GTAM-COVID-19-Technical-Brief-Version-1.1_FINAL.pdf

“Breastfed children of patients who are too unwell to breastfeed or who have died may require replacement feeding with a nutritionally adequate diet (e.g. with donor human milk, through wet nursing¹ or with a breastmilk substitute (BMS)). Note that there is currently no specific recommendation on the safety of wet nursing in the context of novel coronavirus disease. The Operational Guidance on Infant and Young Child Feeding in Emergencies (IFE) section 6.2 instructs to “establish clear eligibility for BMS use in agreement with the IFE coordination authority. If criteria are already in place, review and revise as needed. Communicate these criteria to caregivers, communities and emergency responders.” (pg. 4)

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“CDC, UNICEF and WHO as well as other agencies have all issued statements about coronavirus and breastfeeding. Based on the known benefits of breastfeeding and limited evidence that the COVID-19 virus is not present in breastmilk, they all advocate continuing to breastfeed (regardless of COVID-19 status). The main risk of transmission between a caregiver and their child is through close contact (respiratory air droplets). For caregivers with suspected or confirmed COVID-19 infection, precautions to prevent transmission (such as frequent handwashing) are recommended if feeding infants and young children.” (pg. 4)

“UNFPA recommends that breastfeeding women should not be separated from their newborns. WHO further specifies that breastfeeding mothers with suspected COVID-19 infection and their infants are an exception to the recommendation to maintain a distance of 1 metre. This is complemented by guidance from CDC, UNFPA and UNICEF that breastfeeding mothers with suspected or confirmed COVID-19 infection can consider asking someone who is well to feed the infant (e.g. with expressed breastmilk from a spoon/cup).” (pg. 5)

“NB: Very limited guidance has been identified by GTAM for artificial feeding in the context of COVID-19 No specific guidance has been identified by GTAM on complementary feeding in the context of COVID-19” (pg. 5)

“With regard to feeding children expressed breastmilk: as per the Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE) Sections 5.9 and 6.23 “the use of ...breast pumps should only be considered when their use is vital and where it is possible to clean them adequately, such as in a clinical setting” and “discourage use of feeding bottles and teats due to high risk of contamination and difficulty with cleaning. Support use of cups (without spouts) from birth.” (pg. 6)

“General guidance on IYCF in the context of Infectious Disease Outbreaks can be found in Section 5.40: “Anticipate and assess the impact of human and animal infectious disease outbreaks on IYCF, such as interrupted access to health and feeding support services; deterioration in household food security and livelihoods, transmission risks via breastfeeding; and maternal illness and death. Take actions to mitigate risks. Interim guidance may be necessary to address unanticipated IYCF consequences in outbreaks. Consult WHO for up to date advice.”
www.enonline.net/operationalguidance-v3-2017 (available in multiple languages)” (pg. 6)

International Lactation Consultants Association (ILCA)

ILCA Statement on Breastfeeding and Lactation Support During the COVID-19 Pandemic Published/Revised 18 Mar 2020

<https://lactationmatters.org/2020/03/18/ilca-statement-on-breastfeeding-and-lactation-support-during-the-covid-19-pandemic/>

“All international world health guidelines agree: Breastfeeding should continue and be supported during the COVID-19 epidemic, with appropriate precautions. Breastfeeding protects infants and young children, particularly against infectious disease.¹ When a person is lactating and becomes ill with a virus, they develop antibodies to fight the illness. Those antibodies are then conveyed to the infant through breastmilk, helping to protect the infant from illnesses to which the parent has been exposed.² According to UNICEF, “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.”³ Now more than ever, families need lactation support to navigate infant feeding questions and challenges. According to the World Health Organization, “Breastfeeding

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counselling, basic psychosocial support and practical feeding support should be provided to all pregnant women and mothers with infants and young children, whether they or their infants and young children have suspected or confirmed COVID-19.”⁴”

Resources for Lactation Supporters Providing Infant and Young Child Feeding Advice During COVID-19 - 24 March 2020

<https://ilca.org/wp-content/uploads/2020/03/Resources-for-Lactation-Supporters-Covid-19.pdf>

“International guidelines advise that breastfeeding should continue, whether or not the lactating parent has COVID-19, with appropriate precautions.

...

Advise families who have not yet given birth to consider breastfeeding through the course of the emergency or natural course of lactation.”

International Confederation of Midwives/La Confédération internationale des sages-femmes Confederación Internacional de Matronas

ICM Official Statement: Women’s Rights in Childbirth Must be Upheld During the Coronavirus Pandemic – Published/Revised 29 Mar 2020

<https://www.internationalmidwives.org/icm-news/women%E2%80%99s-rights-in-childbirth-must-be-upheld-during-the-coronavirus-pandemic.html>

“There is no evidence that Covid-19 can be passed to the infant in breastmilk

Breastfeeding women should not be separated from their newborns, as there is no evidence to show that respiratory viruses can be transmitted through breastmilk. The mother can continue breastfeeding as long as the necessary precautions below are applied. Newborns born prematurely or sick may require additional medical support. However, every newborn has the right of access to its mother or parent. No mother should be separated from her baby without her informed consent. Mothers and babies have the right to remain together at all times, even if the baby is born small, premature or with medical conditions that require extra care. Symptomatic mothers well enough to breastfeed should wear a mask when near their newborn (including during feeding), wash hands before and after contact, and clean and disinfect all close contaminated surfaces. If a mother is too ill to breastfeed, she should be encouraged and assisted to express breastmilk that can be given to the newborn via a clean cup or spoon. Wearing of a mask, strict hand hygiene and disinfecting of all expressing equipment and hard surfaces after expressing breast milk is essential. Expressed breastmilk can be labeled and stored for later use if not immediately given to the infant. The Centre for Disease Control (CDC) recommends that expressed breast milk be stored at room temperature for up to 4 hours, refrigerated (not in the door shelf) for 4 days and in the freezer for 6-12 months. Maternity services should continue to be prioritised as an essential core health service.”

(Also available in French and Spanish at the above link.)

National Guidance from other countries

Royal College of Obstetricians and Gynecologists

Coronavirus (COVID-19) Infection in Pregnancy; Information for Health Care Professionals; Version 3:

Published/Revised Wednesday 18 Mar 2020

<https://www.rcog.org.uk/globalassets/documents/guidelines/coronavirus-covid-19-infection-in-pregnancy-v3-20-03-18.pdf>

“4.8.2 Infant feeding It is reassuring that in six Chinese cases tested, breastmilk was negative for COVID-19;2 however, given the small number of cases, this evidence should be interpreted with caution. The main risk for infants of breastfeeding is the close contact with the mother, who is likely to share infective airborne droplets. In the light of the current evidence, we advise that the benefits of breastfeeding outweigh any potential risks of transmission of the virus through breastmilk. The risks and benefits of breastfeeding, including the risk of holding the baby in close proximity to the mother, should be discussed with her. This guidance may change as knowledge evolves. For women wishing to breastfeed, precautions should be taken to limit viral spread to the baby: • Hand washing before touching the baby, breast pump or bottles; • Try and avoid coughing or sneezing on your baby while feeding at the breast • Consider wearing a face mask while breastfeeding, if available • Follow recommendations for pump cleaning after each use; • Consider asking someone who is well to feed expressed milk to the baby For women bottle feeding with formula or expressed milk, strict adherence to sterilisation guidelines is recommended. Where mothers are expressing breastmilk in hospital, a dedicated breast pump should be used.”

L'epidemiologia per la sanità pubblica - Istituto Superiore di Sanità (Italian National Institute of Health)

COVID-19: pregnancy, delivery and breastfeeding – Published/Revised 5 Mar 2020

<https://www.epicentro.iss.it/coronavirus/sars-cov-2-pregnancy-childbirth-breastfeeding-5-march-20> “The clinical, organizational and logistical management of mothers and infants represents a challenge for health services already overloaded with emergency management. Moreover, different institutions and authors seem to apply the precautionary principle differently, in light of the same limited evidence. Whenever possible, it is essential to preserve the physiology of childbirth, the mother-child relationship and breastfeeding that, even in uncertainty, guarantee a protective potential for the newborn, widely documented in the literature, including previous SARS or MERS epidemics.

In this state of uncertainty, providing convincing and undisputable recommendations for SARS-COV-2 positive mothers and/or for those with Covid-19 clinical symptoms is challenging. Therefore, a multidisciplinary case-by-case assessment is desirable and recommended. Notably, the best care approach can be reached by taking into account the maternal exposure time to the coronavirus, the gestational age, the ongoing treatment, the individual immune response situation and all the variables that can influence the clinical condition.”

UNICEF UK

Statement on infant feeding during the coronavirus (COVID-19) outbreak - Published/Revised 2 Apr 2020

<https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/04/Unicef-UK-Baby-Friendly-Initiative-statement-on-infant-feeding-during-the-Covid-19-outbreak.pdf>

“To facilitate breastfeeding, mothers and babies should be enabled to stay together as much as possible, to have

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skin-to-skin contact, to feed their baby responsively and to have access to ongoing support when this is needed. When mothers are partially breastfeeding, they can be encouraged to maximise the amount of breastmilk they are able to give or, if they choose, to be supported to return to full breastfeeding. If mothers are considering stopping breastfeeding, it is worth having a sensitive conversation about the value of continuing during the Covid-19 outbreak. Formula feeding: Parents should be encouraged to continue adhering to current guidance on washing and sterilising equipment. Parents should be supported to bottle feed responsively, including pacing feeds and limiting the number of people who feed their baby.”

Statement on infant feeding on neonatal units during the coronavirus (COVID-19) outbreak - Published/Revised 2 Apr 2020

<https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/04/Unicef-UK-Baby-Friendly-Initiative-statement-on-infant-feeding-on-neonatal-units-during-the-Covid-19-outbreak.pdf>

“To facilitate expressing and breastfeeding, mothers and babies should be enabled to stay together as much as possible, to have skin-to-skin contact, to have regular skilled assessments of and support with expressing, to feed responsively when possible and to have access to ongoing support when this is needed. When babies are receiving milk, mothers should be encouraged to maximise the amount of breastmilk they are able to provide. When babies can breastfeed, mothers should be encouraged to give as many feeds as possible. If mothers are considering stopping expressing or breastfeeding, it is worth having a sensitive conversation about the value of continuing during the Covid-19 outbreak.

...

Regardless of feeding method, it is essential that sick and preterm babies’ profound need for emotional attachment with their parents / primary caregiver continues to be considered. Keeping mothers and babies together wherever possible and responding to the baby’s need for love and comfort will not only enable breastmilk / breastfeeding, but will also protect the baby’s short- and long-term health, wellbeing and development. In addition, this will support the mother’s mental wellbeing in the postnatal period.”

United States Centers for Disease Control (CDC)

Interim Guidance on Breastfeeding for a Mother Confirmed or Under Investigation For COVID-19 -- Published/revised 19 Feb 2020

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html>

“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. If 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 well feed the expressed breast milk to the infant.”

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Considerations for Inpatient Obstetric Healthcare Settings - Published/ revised 4 Apr, 2020

replaces *Interim Considerations for Infection Prevention and Control of 2019 Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings -- Published/ revised 18 Feb 2020*

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>

“Mother/Baby Contact: The many benefits of mother/infant skin-to-skin contact are well understood for mother-infant bonding, increased likelihood of breastfeeding, stabilization of glucose levels, and maintaining infant body temperature and though transmission of SARS-CoV-2 after birth via contact with infectious respiratory secretions is a concern, the risk of transmission and the clinical severity of SARS-CoV-2 infection in infants are not clear. The determination of whether or not to separate a mother with known or suspected COVID-19 and her infant should be made on a case-by-case basis using shared decision-making between the mother and the clinical team. Considerations in this decision include: The clinical condition of the mother and of the infant. SARS-CoV-2 testing results of mother (confirmed vs. suspected) and infant (a positive infant test would negate the need to separate). Desire to feed at the breast. Facility capacity to accommodate separation or colocation. The ability to maintain separation upon discharge. Other risks and benefits of temporary separation of a mother with known or suspected COVID-19 and her infant. If separation is not undertaken, other measures to reduce the risk of transmission from mother to infant could include the following, again, utilizing shared decision-making: Using engineering controls like physical barriers (e.g., a curtain between the mother and newborn) and keeping the newborn ≥ 6 feet away from the mother. Mothers who choose to feed at the breast should put on a face mask and practice hand hygiene before each feeding. If the mother is not breastfeeding and no other healthy adult is present in the room to care for the newborn, a mother with known or suspected COVID-19 should put on a face mask and practice hand hygiene before each feeding or other close contact with her newborn. The facemask should remain in place during contact with the newborn. These practices should continue while the mother is on Transmission-Based Precautions in a healthcare facility.

If the decision is made to temporarily put the mother with known or suspected COVID-19 and her infant to reduce the risk of transmission in separate rooms, the following should be considered: Infants with suspected COVID-19 should be isolated from other healthy infants and cared for according to the *Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings*. If another healthy family or staff member is present to provide care such as diapering, bathing and feeding for the newborn, they should use appropriate PPE. For healthy family members, appropriate PPE includes gown, gloves, face mask, and eye protection.

Breastfeeding: If temporary separation is undertaken, mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply. If possible, a dedicated breast pump should be provided. Prior to expressing breast milk, mothers should practice hand hygiene.” After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer’s instructions. This expressed breast milk should be fed to the newborn by a healthy caregiver. If a mother with known or suspected COVID-19 and her infant do room-in and the mother wishes to feed at the breast, she should put on a face mask and practice hand hygiene before each feeding.”

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Academy for Breastfeeding Medicine (ABM)

ABM STATEMENT ON CORONAVIRUS 2019 (COVID-19) -- Published/ revised 10 Mar 2020

https://www.bfmed.org/index.php?option=com_content&view=article&id=138&fbclid=IwAR0hk75Jv9MNareDxIsoDLdgUJxqlpVtARDytf3IMEeMsRFMwyA43DjiVbw

“Breast milk provides protection against many illnesses. There are rare exceptions when breastfeeding or feeding expressed breast milk is not recommended. CDC has no specific guidance for breastfeeding during infection with similar viruses like SARS-CoV or Middle Eastern Respiratory Syndrome (MERS-CoV) also both Corona viruses. In a similar situation to COVID-19, the CDC recommends that a mother with flu continue breastfeeding or feeding expressed breast milk to her infant while taking precautions to avoid spreading the virus to her infant. Given low rates of transmission of respiratory viruses through breast milk, the World Health Organization states that mothers with COVID-19 can breastfeed.”

The complete statement also includes guidance for both home and hospital.

“... ”

In Hospital:

The choice to breastfeed is the mother's and families. If the mother is well and has only been exposed or is a PUI with mild symptoms, breastfeeding is a very reasonable choice and diminishing the risk of exposing the infant to maternal respiratory secretions with use of a mask, gown and careful handwashing is relatively easy. If the mother has COVID-19, there may be more worry, but it is still reasonable to choose to breastfeed and provide expressed milk for her infant. Limiting the infant's exposure via respiratory secretions may require more careful adherence to the recommendations depending on the mother's illness. ...”

Breastfeeding and Respiratory Antivirals: Coronavirus and Influenza - Breastfeeding Medicine -- Published/ revised 27 Feb 2020

https://www.liebertpub.com/doi/10.1089/bfm.2020.29149.poa?utm_source=sfmc&utm_medium=email&utm_campaign=BFM%20PR%20March%204%202020&d=3/4/2020&mcid=871768054

“The short answer to questions regarding drug therapy for COVID-19 is that currently there is no antiviral agent proven to be effective against this new infection. However, one investigational drug so far, remdesivir, appears promising to treat COVID-19, and it is in phase 3 clinical trials in patients. Dr. Anderson notes: “Nothing is known about the passage of remdesivir into breastmilk.””

News Release: Coronavirus Treatment and Risk to Breastfeeding Women -- Mary Ann Leibert Inc. Publishers -- Published/ revised 4 Mar 2020

<https://home.liebertpub.com/news/coronavirus-treatment-and-risk-to-breastfeeding-women/3662>

Arthur I. Eidelman, MD, Editor-in-Chief of *Breastfeeding Medicine*, states: “Given the reality that mothers infected with coronavirus have probably already colonized their nursing infant, continued breastfeeding has the potential of transmitting protective maternal antibodies to the infant via the breast milk. Thus, breastfeeding should be continued with the mother carefully practicing handwashing and wearing a mask while nursing, to minimize additional viral exposure to the infant.”

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American Society of Obstetricians and Gynecologists (ACOG)

Practice Advisory: Novel Coronavirus 2019 (COVID-19) -- Accessed 10 Mar 2020

<https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Advisories/Practice-Advisory-Novel-Coronavirus2019?IsMobileSet=false> “The CDC has developed Interim Guidance on Breastfeeding for a Mother Confirmed or Under Investigation for COVID-19. There are rare exceptions when breastfeeding or feeding expressed breast milk is not recommended. Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and health care practitioners. Currently, the primary concern is not whether the virus can be transmitted through breastmilk, but rather whether an infected mother can transmit the virus through respiratory droplets during the period of breastfeeding. 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 breastfeeding. If 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 well feed the expressed breast milk to the infant.

In limited case series reported to date, no evidence of virus has been found in the breast milk of women infected with COVID-19; however, it is not yet known if COVID-19 can be transmitted through breast milk (ie, infectious virus in the breast milk).”

European Milk Banking Association (EMBA)

COVID-19: EMBA Position Statement -- 25 Feb 2020

<https://europeanmilkbanking.com/covid-19-emba-position-statement/>

“It is not yet known whether SARS CoV-2 can be found in human milk, and if found, it could be contagious.

Other coronaviruses are destroyed by thermal inactivation³. In particular, MERS-coronavirus is inactivated in camel, goat and cow's milk at 63°C for 30 min⁴. However, it should be pointed out that the few available studies simulated pasteurisation in small aliquots, a procedure that does not follow human milk bank protocols. Based on the available data on other coronaviruses it is likely that, even if SARS CoV-2 is present in breastmilk, it could also be destroyed by pasteurisation, but solid data is needed.

Taking into account the available information, EMBA recommends to add to the health questionnaires utilised to screen human milk donors, specific questions concerning the risk of being a suspected or probable case (refer to the “Case” definition on the World Health Organization website:

[https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))).

For example:

- Having stayed or transited in a risk zone during the previous 14 days
- Close contact with a confirmed or probable case of SARS CoV-2 infection during its symptomatic phase
- Person who worked in or attended a health care facility in which a case of SARS CoV-2 infection has been confirmed.

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This makes it possible to temporarily suspend the recruitment of these mothers for 2 weeks, in order to ensure that they do not become ill during this period of time.

If an already established donor develops signs of possible SARS-CoV2 infection (severe acute respiratory infection: cough, fever, sore throat etc.) with no other etiology that fully explains the clinical presentation, and/or reports a risk exposure in the 14 days preceding the milk donation, a rhinopharyngeal swab is recommended. Donation should be temporary discontinued until the result of the swab. If the culture is positive for SARS CoV-2, donation should be interrupted until a negative culture is found. If the culture is negative for SARS CoV-2, donation can be continued.

Regarding hygiene in human milk banks

EMBA recommends strict observation of the hygienic rules regarding collection, storage and handling of donated human milk1.”

Federation of Obstetric & Gynecological Societies of India
National Neonatology Forum, India
Indian Academy of Pediatrics

Clinical Practice Guideline: Perinatal-Neonatal management of COVID-19 infection Ver 1.0 -- 26 Mar 2020

https://perinatalcovid19.files.wordpress.com/2020/03/fogsi-nnf-iap-covid19-perinatal-neonatal-guideline-ver-1.0-march-26-2020.pdf?fbclid=IwAR3_jD6so0EWAmyYckYw0oCyfgzJc8IIZMrAVTtpTJZ2vV97dwTwUGZUE

- “• Stable neonates exposed to COVID-19 infection from mothers or other relatives should be roomed-in with their mothers and be exclusively breastfed.
- If rooming-in is not possible because of the sickness in the neonate or the mother, the neonate should be fed expressed breast milk of the mother by a nurse or family member who has not been in contact with the mother or other suspected/proven case “