



COVID-19

Breastfeeding and COVID-19

Introduction

Coronavirus disease 2019 (COVID-19) is a respiratory tract infection caused by a newly emergent coronavirus. Since late 2019, COVID-19 has affected many persons around the world, including pregnant and breastfeeding women.

This document provides information for health workers who care for babies and mothers, to enable them to effectively assist in appropriate feeding of babies.

Symptoms of COVID-19

The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. Some persons who are infected do not develop any symptoms and do not feel unwell. Persons with fever, cough, and difficulty breathing should seek medical attention.

Breastfeeding Protects against Infection

There is well-documented evidence that breastfeeding is the optimal way of feeding babies, among them protecting children against morbidity and mortality due to infectious diseases, starting from birth and throughout infancy and childhood. Breastfeeding protects against respiratory infections. Other benefits are reduced risk of otitis media and sudden infant death syndrome; in the long term, it reduces the risk of dental malocclusion, overweight/obesity, and diabetes mellitus.

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Standard Infant Feeding Guidelines for Children 0 to 2 years old

The World Health Organization recommends that breastfeeding should be initiated within one hour of birth. Babies should be exclusively breastfed until they are six months old, and breastfeeding should continue after age six months, along with nutritionally adequate and safe complementary foods, until age two years old or beyond. These recommendations are contained in the Global Strategy for Infant and Young Child Feeding (1).¹

Support for Breastfeeding Mothers

Breastfeeding counseling, 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.

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, community health workers, and breastfeeding support group members.

Mothers who may need to be separated from their children and children who may need to be separated from their parents should have access to mental health and psychosocial support.

Feeding of Newborn Infants Born to Mothers with Suspected, Probable, or Confirmed COVID-19 Infection

Infants born to mothers with suspected, probable or confirmed COVID-19 infection should be fed according to standard infant feeding guidelines, while applying necessary precautions for infection prevention and control (IPC).

There is a dose-response effect to breastfeeding and its benefits; the earlier breastfeeding is initiated, the greater the benefits. However, when breastfeeding is not initiated within the first hour of life, for example, due to caesarean section or if there is medical instability, a mother should still be supported to start breastfeeding as soon as she is able.

¹ World Health Organization, United Nations Children's Fund. Global strategy for infant and young child feeding. Geneva: World Health Organization; 2003. Available from: <https://www.who.int/nutrition/publications/infantfeeding/9241562218/en/>

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Mothers Who Are Symptomatic

Mothers with symptoms of COVID-19 who are breastfeeding or practicing skin-to-skin contact or kangaroo care should be assisted in practicing the following:

- Respiratory hygiene: wearing a medical mask when near to the baby (and when near to other persons).
- Hand hygiene: washing hands with soap and water or use an alcohol-based hand sanitizer before and after contact with the baby.
- Cleaning and disinfection: for surfaces with which the mother has been in contact.

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

Mothers Who Are Severely Ill

When a mother is severely ill and unable to care for or breastfeed her infant, she should be encouraged and supported in expression of breastmilk if possible, and in feeding of her infant, while applying the appropriate IPC measures.

Depending on cultural context and acceptability to the mother, other options for feeding of the baby include feeding breastmilk from another mother (donor) or breastmilk substitutes. If necessary, relactation should be supported when the mother is well enough.

No Promotion of Breastmilk Substitutes

There should be no promotion of breastmilk substitutes, feeding bottles and teats, or pacifiers (soothers or dummies) in any part of facilities providing maternity or newborn care. There should also be no promotion of any of these items by health workers. Health facilities and their staff should not give these or other products which are within the scope of the International Code of Marketing of Breastmilk Substitutes² and subsequent related WHO resolutions to breastfeeding infants.

² WHO and UNICEF. International Code of Marketing of Breast-milk Substitutes. Geneva: World Health Organization; 1981. Available from: <https://www.who.int/nutrition/publications/infantfeeding/9241541601/en/>

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Skin-to-Skin Contact and Rooming In

Mothers and infants should be supported to remain together and practice skin-to-skin contact and/or kangaroo care whether or not they or their infants have suspected, probable, or confirmed COVID-19 virus infection.

Further Reading

World Health Organization. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. Interim Guidance. March 13, 2020. Available from: [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)

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World Health Organization. Guideline: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services. Geneva: World Health Organization; 2017. Available from: <https://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf>

World Health Organization. Guideline: Counselling of women to improve breastfeeding practices. Geneva: World Health Organization; 2018. Available from: <https://apps.who.int/iris/bitstream/handle/10665/280133/9789241550468-eng.pdf>

World Health Organization, United Nations Children's Fund. Acceptable medical reasons for use of breastmilk substitutes. Geneva: World Health Organization; 2009 (WHO/NMH/NHD/09.1, WHO/FCH/CAH/09.1). Available from: http://apps.who.int/iris/bitstream/10665/69938/1/WHO_FCH_CAH_09.01_eng.pdf

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