

COVID-19

COVID-19 has not to date been detected in breastmilk.¹ There is still much to be learned about the transmission process of the coronavirus (COVID-19). What is well known, however, is that breastfeeding provides infants with protection against a range of viral infections including lower respiratory tract infections (LRTs)² and health professionals can reassure breastfeeding mothers that they can continue to breastfeed.³

Resources

World Health Organization:

[Home care for patients with suspected novel coronavirus \(nCoV\) infection presenting with mild symptoms and management of contacts](#)

Q&A on coronaviruses (COVID-19)

UNICEF:

[Coronavirus disease \(COVID-19\): What parents should know](#)

Australian Breastfeeding Association:

[Breastfeeding: expressing and storing breastmilk booklet](#)



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Regarding the COVID-19 and breastfeeding, the World Health Organization says, *'In all socio-economic settings, breastfeeding improves survival and provides lifelong health and development advantages to newborns and infants. Breastfeeding improves the health of mothers. There is no reason to avoid or stop breastfeeding.'*¹

Risks involved with disruption of direct breastfeeding include:

- A reduction in anti-infective factors provided to the infant.⁴ The concentration of various anti-infective factors in expressed breastmilk may be less as compared to the concentration provided by the breastmilk when an infant feeds directly from the breast.
- A reduction in breastmilk supply. Some women find that expressing removes milk less effectively than their infant. If less milk is removed from a mother's breasts, then she will make less milk.
- Emotional distress for the infant. Breastfeeding is more than just about food for infants. It also provides infants with a sense of security and warmth.
- Possible breast refusal by the infant when trying to re-commence direct breastfeeding due to the infant developing a preference for the bottle.

If the mother is too unwell to directly breastfeed, the mother can be encouraged to express and provide her expressed breastmilk (EBM) to her infant.¹ Expression of milk can occur primarily by hand or in conjunction with a pump. The mother and anyone helping her should practice good hygiene by thorough hand washing and cleaning of equipment. If expressing is not possible, donor human milk from a milk bank could be considered. Transferring the infant to formula increases the risk of illness, as the protective properties of breastmilk are not there. This should only happen as a last resort and where it is feasible, correctly prepared, safe and sustainable.¹

To reduce the risk of spreading viruses (including COVID-19), all those who care for the baby should wash hands frequently before touching the baby, wear a mask while feeding, if a suspected or confirmed case, and sneeze or cough into a tissue, then immediately dispose of it and wash hands. Following isolation guidelines, as communicated by local/state health authorities, will reduce the likelihood of exposure of infants to coronavirus.

References

1. WHO, FREQUENTLY ASKED QUESTIONS: Breastfeeding and COVID-19 For health care workers, Available at https://www.who.int/docs/default-source/maternal-health/faqs-breastfeeding-and-covid-19.pdf?sfvrsn=d839e6c0_1 Accessed April 2020
2. Victora, C.G., Bahl, R., Barros, A.J.D. et al. Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *Lancet*. 2016;387:475–490.
3. UNICEF, Coronavirus disease (COVID-19): What parents should know, Available at <https://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know> Accessed March 2020
4. Ballard, O., Morrow, A. L., Human Milk Composition: nutrients and bioactive factors, *Pediatr Clin North Am*. 2013;60(1): 49–74.