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ILCA Statement on Breastfeeding and Lactation Support During the COVID-19 Pandemic

by Lactationmatters on 18 March 2020 in Uncategorized



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LACTATION MATTERS

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All international world health guidelines agree: Breastfeeding should continue and be supported during the COVID-19 epidemic, with appropriate

pi ccautions.

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."

Now more than ever, families need lactation support to navigate infant feeding questions and challenges. According to the World Health Organization, "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."

Breastfeeding or chestfeeding people at home with mild symptoms of a suspected COVID-19 infection are currently advised by WHO to wear a mask and perform hand hygiene before and after having close contact with the baby, in addition to other guidelines provided here.⁵

Breastfeeding or chestfeeding people with more severe cases can continue breastfeeding. If severe illness prevents direct breastfeeding, the parent should be supported to safely provide their expressed milk to the infant while continuing appropriate infection prevention and control (IPC) measures.⁶ If the lactating parent is too unwell to express milk, find resources for the delivery of human milk in WHO's clinical interim guidance here.

Mothers and infants should be supported to stay together and maintain skinto-skin care, regardless of suspected, probable, or confirmed COVID-19 status, while using appropriate precautions. See WHO's interim guidelines, including appropriate IPC, here. ⁷

Skilled lactation providers in the community setting can consider telehealth

when face-to-face care is challenging. ILCA is deeply grateful to health care providers in all settings during this critical time. In some areas and in some cases, delivery of lactation care via telehealth may be a resource. Find telehealth resources for lactation consultants here.

The International Lactation Consultant Association will continue to provide resources to skilled lactation providers during the COVID-19 pandemic. Find your regional guidelines, resources for lactation consultants, and communications tools here: ilca.org/covid-19.

NOTE: Guidance for families and for those providing lactation support during COVID-19 is evolving. We at ILCA will do our best to keep this information as updated as possible. The information posted here may not reflect the latest news and practice guidance. Please visit our COVID-19 resource page here, review the full guidelines, and observe your local and regional care guidelines.

- 1. World Health Organization. (2020).Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) is suspected. Retrieved from: https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected. WHO reference number: WHO/2019-nCoV/clinical/2020.4.

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- 2. Hanson, L. (1998). Breastfeeding provides passive and likely long-lasting active immunity. *Annals of allergy, asthma & immunology: official publication of the American College of Allergy, Asthma & Immunology. 81*(6). 523-33. DOI: 10.1016/S1081-1206(10)62704-4. ←
- United Nations Children's Fund. (2020). Coronavirus Disease (COVID-19): What parents should know. Retrieved from: https://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-

- 5. World Health Organization. (2020). Home care for patients with suspected novel coronavirus (nCoV) infection presenting with mild symptoms and

management of contact. Retrieved from: https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-%28ncov%29-infection-presenting-with-mild-symptoms-and-management-of-contacts. WHO reference number: WHO/nCov/IPC/HomeCare/2020.2.

- 6. World Health Organization. (2020).Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) is suspected. Retrieved from: https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected. WHO reference number: WHO/2019-nCoV/clinical/2020.4. ←
- 7. World Health Organization. (2020).Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) is suspected. Retrieved from: https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected. WHO reference number: WHO/2019-nCoV/clinical/2020.4.

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16 March 2018 In "Advocacy"

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4 Responses to ILCA Statement on Breastfeeding and Lactation Support During the COVID-19 Pandemic

Linda Doherty RNIBCLC 18 March 2020 at 15:47

REPLY 🦴

I have read conflicting reports regarding separation of mom and newborn. If mother is positive should she be separated from newborn in hospital setting. Should mom and baby be isolated together. She should still give baby breast milk. But will need to pump obviously if they need to be separated. If separation is required, for how long? Thank you for any information you can give us.