

COVID19 RESOURCES AND STATEMENTS RELATED TO BREASTFEEDING

**SafelyFed
Canada**

Last updated Mar 14 2020 21:00EDT

*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

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
- GNC 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

Public Health Agency of Canada (PHAC)

Case Management in the Home and Co-Living Settings (self-isolation) -- Published/ revised March 3, 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 3 mars 2020

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

COVID19 RESOURCES AND STATEMENTS RELATED TO BREASTFEEDING

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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 -- Published/revise February 27, 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 surgical/procedure mask when near the baby, practice respiratory etiquette, and perform hand hygiene before and after close contact with the baby.”

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 March 5 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 / can 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 -- March 13 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, 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 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%20%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

Coronavirus disease (COVID-19): What parents should know: How to protect yourself and your children. -- Accessed March 10, 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?”

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 March 5 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 March 5 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 Nutrition Cluster (GNC)

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

“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)

Royal College of Obstetricians and Gynecologists

*National guidance on managing coronavirus infection in pregnancy published --
Published/ revised 9 March 2020*

<https://www.rcog.org.uk/en/news/national-guidance-on-managing-coronavirus-infection-in-pregnancy-published/>

“Pregnant women do not appear to be more susceptible to the consequences of coronavirus than the general population and there is no evidence that the virus can pass to a baby during pregnancy.

As a precautionary approach, pregnant women with suspected or confirmed coronavirus when they go into labour are being advised to attend an obstetric unit for birth but their birth plan should be followed as closely as possible.

At the moment there is no evidence that the virus can be carried in breastmilk, so it is felt the benefits of breastfeeding outweigh any potential risks of transmission of coronavirus through breastmilk.”

*Coronavirus (COVID-19) Infection in Pregnancy; Information for Health Care Professionals;
Version 1: Published/Revised Monday 9 March, 2020*

<https://www.rcog.org.uk/globalassets/documents/guidelines/coronavirus-covid-19-virus-infection-in-pregnancy-2020-03-09.pdf>

“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;
- Wearing a face-mask for feeding at the breast;
- 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 March 5th 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.”

COVID19 RESOURCES AND STATEMENTS RELATED TO BREASTFEEDING

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United States Centers for Disease Control (CDC)

Interim Guidance on Breastfeeding for a Mother Confirmed or Under Investigation For COVID-19 -- Published/ revised February 19, 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.”

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

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

“During temporary separation, 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 and newborn do room-in and the mother wishes to feed at the breast, she should put on a facemask and practice hand hygiene before each feeding.”

Academy for Breastfeeding Medicine (ABM)

ABM STATEMENT ON CORONAVIRUS 2019 (COVID-19) -- Published/ revised March 10, 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

COVID19 RESOURCES AND STATEMENTS RELATED TO BREASTFEEDING

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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 February 27, 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 March 4, 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

COVID19 RESOURCES AND STATEMENTS RELATED TO BREASTFEEDING

**SafelyFed
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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.”

American Society of Obstetricians and Gynecologists (ACOG)

Practice Advisory: Novel Coronavirus 2019 (COVID-19) -- Accessed March 10, 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).”

Global Nutrition Cluster (GNC)

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

“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)

Human Milk Banking Association of North America (HMBANA)

Milk Banking and COVID-19 Statement -- March 6 2020

https://www.hmbana.org/file_download/inline/df0691a7-0097-4fde-bd4d-97ad7b5185eb

“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

COVID19 RESOURCES AND STATEMENTS RELATED TO BREASTFEEDING

SafelyFed
Canada

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.”

European Milk Banking Association (EMBA)

COVID-19: EMBA Position Statement -- February 25 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

COVID19 RESOURCES AND STATEMENTS RELATED TO BREASTFEEDING

SafelyFed
Canada

- Person who worked in or attended a health care facility in which a case of SARS CoV-2 infection has been confirmed.

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 temporarily 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.”