

World Health Organization (WHO)

[Coronavirus disease \(COVID-19\) outbreak](#)

Latest updates and other resources on COVID-19

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

Dated: 12 March 2020

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 when novel coronavirus \(nCoV\) infection is suspected](#)

Dated: 13 March 2020

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.

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.

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.

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.

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.

United Nations Children's Fund (UNICEF)

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

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

Answer: 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](#)

Dated: 5 March 2020

At this time, there is not yet a vaccine to prevent or treatment to cure the virus but there is recommended treatment for the symptoms. Treatment for pregnant women with suspected or confirmed COVID-19 infection should be provided with the [supportive therapies recommended by WHO](#) for adult patients in close consultation with their OB/GYN.

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.

Academy of Breastfeeding Medicine (ABM)

[ABM Statement on Coronavirus 2019 \(COVID-19\)](#)

Dated: 10 March 2020

Please note: information about COVID-19 transmission is emerging daily. The [Academy of Breastfeeding Medicine's recommendations](#) are current as of the publication date. Please consult resources such as the [Centers for Disease Control and Prevention \(CDC\)](#) and the [World Health Organization \(WHO\)](#) for the most recent guidance.

Transmission of COVID-19 through breast milk

In limited studies on women with COVID-19 and another coronavirus infection, Severe Acute Respiratory Syndrome (SARS-CoV), the virus has not been detected in breast milk; however we do not know whether mothers with COVID-19 can transmit the virus via breast milk.

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](#). Current CDC guidance on COVID-19 and breastfeeding is [available here](#).

At Home:

Hand hygiene includes use of alcohol-based hand sanitizer that contains 60% to 95% alcohol before and after all contact with the affected mother, contact with potentially infectious material, and before putting on and upon removal of personal protective equipment, including gloves. Hand hygiene can also be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to alcohol-based hand sanitizer.

Persons with confirmed COVID-19 infection should remain separate (home isolation precautions) from other family members and friends or neighbors including the infant, except for breastfeeding. Ideally there is another uninfected adult to care for the infant's needs including feeding the infant expressed breastmilk if the mother is expressing milk and working to maintain her supply of milk. The mother should practice careful handwashing and use of a mask as noted above for at least 5-7 days until cough and respiratory secretions are dramatically improved. It may be useful to involve a healthcare professional and/or the health department in the decision to discontinue home isolation precautions.

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.

Publications and resources from organisations related to the Coronavirus disease (COVID-19) and breastfeeding.

There are several choices in the hospital concerning housing for a breastfeeding mother and her infant:

- Rooming-in (mother and baby stay in the same room without any other patients in that room) with the infant kept in a bassinet 6 feet from the mother's bed and taking precautions to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, for direct contact with the infant and while feeding at the breast. Ideally, there should be another well adult who cares for the infant in the room.
- Temporary separation – primarily because the mother is sick with the COVID-19 infection and needs medical care for herself in the hospital. Mothers who intend to breastfeed / continue breastfeeding 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.

Mothers and families may need additional guidance and support to continue breastfeeding, to utilize expressed breast milk, to maintain her milk production and to store milk for later use while the mother is sick with COVID-19.

International Lactation Consultant Association (ILCA)

[Resources for skilled lactation providers on COVID-19](#)

Dated: 23 March 2020

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

Supporting lactation is important to human health at all times, but especially during times of emergency. As skilled lactation providers around the globe support families during the COVID-19 epidemic, ILCA is working to provide resources, guidelines, and communication tools. Please watch here for additional resources as they become available.

- ILCA Resources
- International Resources
- Regional Resources
- Social Media and Communications Resources

La Leche League International (LLLI)

[Continuing to Nurse Your Baby Through Coronavirus \(2019-nCoV; COVID-19\) and Other Respiratory Infections](#)

Dated: 19 February 2020

The novel Coronavirus (COVID-19) currently in the news is a rapidly evolving global medical situation with limited information available at this time. La Leche League International (LLLI) respects the efforts of international health and medical organizations and associations to maintain up-to-date information and recommendations as understanding of the virus is developed. LLLI will continue to track the development of the current global health crisis.

With over 60 years of breastfeeding experience, La Leche League International stands firm in encouraging all families to recognize the importance of breastfeeding in providing immunological protections to the breastfed child. Most often, babies who are being nursed remain healthy even when their parents or other family members fall ill with an infectious illness. There is a growing body of research showing babies benefit from multiple and diverse immunologic proteins, including antibodies, provided in human milk, particularly through direct breastfeeding.

Those who become infected shortly before giving birth and then begin breastfeeding, and those who become infected while breastfeeding, will produce specific secretory IgA antibodies and many other critical immune factors in their milk to protect their nursing infants and enhance their infants' own immune responses. At this time, these immunologic factors will aid their infants' bodies to respond more effectively to exposure and infection. Following good hygiene practices will also help reduce transfer of the virus.

If someone who is breastfeeding becomes ill, it is important not to interrupt direct breastfeeding. The baby has already been exposed to the virus by the mother and/or family and will benefit most from continued direct breastfeeding.