

# **WHO Guidance on breastfeeding and newborn care in the context of COVID-19**

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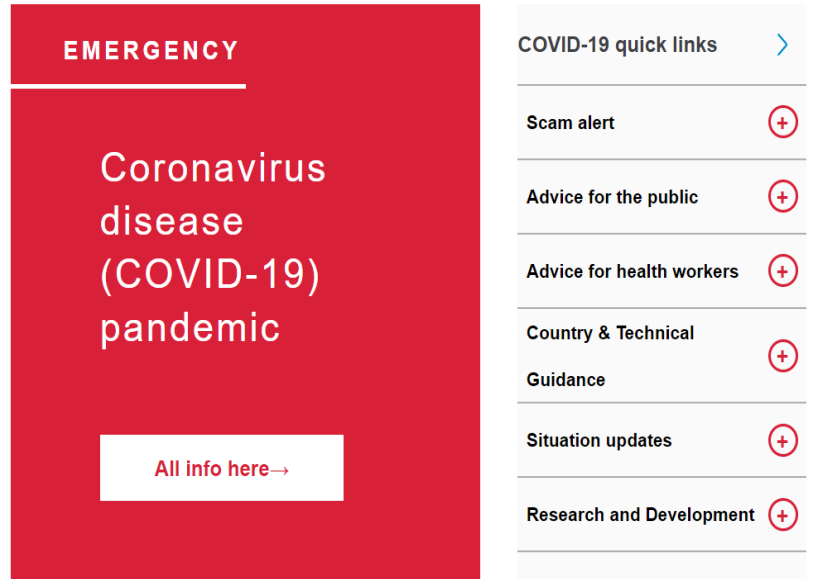


# Background: breastfeeding and prevention of illness

- Breastfeeding protects against child morbidity and death, especially against infectious diseases
- Non-breastfed children incur morbidities that place them at higher risk of lifelong ill-health including from non-communicable diseases
- For mothers, breastfeeding protects against breast cancer and improves birth spacing, and may protect against ovarian cancer and type 2 diabetes



# Benefits of breastfeeding outweigh potential risks of Covid-19



- Uncertainty on possible increased risk of negative maternal or neonatal outcomes, with some cases of pre-labour rupture of membranes, foetal distress and preterm birth reported.
- No definitive evidence of vertical transmission of Covid-19.
- Infants are at low risk of infection and the few confirmed newborns with COVID-19 to date have experienced only mild or asymptomatic illness.
- Active particles of the COVID-19 virus has not been detected in the breastmilk of any mother with confirmed and suspected COVID-19 and there is no evidence so far that the virus is transmitted through breastfeeding.

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

# Mother and infant contact at birth regardless of COVID-19 status

- Mothers should not be separated from their infants unless the mother is too sick to care for her baby.
- If the mother is unable to care for the infant, another competent family caregiver should be identified.
- Mothers and infants should be enabled to:
  - practice **early and uninterrupted skin-to-skin contact**, including **kangaroo mother care**, as soon as possible after birth. This applies also to infants who are born preterm or low birth weight.
  - **remain together while rooming-in** through out the day and night, especially immediately after birth and during establishment of breastfeeding.



**If breastfeeding is  
interrupted**



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# If breastfeeding is interrupted (1)

- When severe illness prevents a mother from caring for her infant or prevents her from continuing direct breastfeeding mothers should be supported to **express breastmilk** and the breastmilk provided safely to the infant, while applying appropriate IPC measures.
- **Mothers should be supported to breastfeed as soon as they are able** if they are not able to initiate breastfeeding during the first hour after delivery.
- **Assistance should be provided after recovery for relactation** to re-establish a milk supply and continue breastfeeding.

If a woman with **COVID-19** is too unwell to breastfeed, she can be supported to safely provide her baby with breastmilk in other ways, including by:



Expressing  
milk



Relactation



Donor human  
milk



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# If breastfeeding is interrupted (2)

- **If the mother is too unwell to breastfeed or express breastmilk**, explore the best alternatives to breastfeeding a newborn or young infant, in priority order, as follows:
  1. **Donor human milk** should be fed if available from a human milk bank
    - If supplies are limited, prioritize donor human milk for preterm and low birth weight newborns.
  2. **Wet nursing** (defined as another woman breastfeeds the child) may be an option depending on acceptability to mothers and families, availability of wet nurses and services to support mothers and wet nurses.
    - COVID-19 testing of a woman who is a potential wet nurse is not required. Prioritize wet nurses for the youngest infants.

# If breastfeeding is interrupted (3)

- **If the mother is too unwell to breastfeed or express breastmilk... (continued)**

## **2. Wet nursing** in settings where HIV is prevalent:

- Prospective wet nurses should undergo HIV counselling and rapid testing where available.
- In the absence of testing, undertake HIV risk assessment, if feasible.
- If HIV risk assessment or counselling is not possible, facilitate and support wet nursing.

## **3. Breastmilk substitutes** may be used as a last resort.





**Best practices for all  
infants and young  
children**

# Practices during infant care if mother is COVID-19 positive

- Perform **frequent hand hygiene** with soap and water or alcohol-based hand rub, especially before contact with her child.
- Perform **respiratory hygiene**: sneeze or cough into a tissue and immediately dispose of the tissue. Hands should immediately be washed with soap and water or alcohol-based hand rub.
- **Clean and disinfect surfaces** which the mother has been in contact with.
- **Wear a medical mask** until symptoms resolution and criteria for release from isolation have been met.



Women with COVID-19 can **breastfeed** if they wish to do so. They should:



Practice respiratory hygiene and wear a mask



Wash hands before and after touching the baby



Routinely clean and disinfect surfaces



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# Practices during all infant and childcare



[https://www.youtube.com/watch?time\\_continue=6&v=OFGiy6t7k5E&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=6&v=OFGiy6t7k5E&feature=emb_logo)

- Breastfeeding mothers should be helped to clean her chest with soap and water if she has been coughing on it before breastfeeding.
  - **A breastfeeding mother does not need to wash her breasts prior to every breastfeed.**
- **If the mother does not have a medical mask, she should still be encouraged to continue breastfeeding** as the benefits of breastfeeding outweigh the potential harms of transmission of the virus when breastfeeding while applying other IPC measures.
- **There should be no promotion of breastmilk substitutes, feeding bottles and teats, pacifiers or dummies in any part of facilities providing maternity or newborn services, or by any of the staff.**



# Care of small and sick newborn possible adaptations

- Ensure parents are screened for COVID-19 before entering the NICU
  - Limit the number of caregivers providing KMC support to 1-2 persons trained in IPC with PPE
  - Develop strategies to enable support to continue KMC at home
  - Consider early discharge with follow-up of stable PT and LBW infants
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- Maintaining essential health services: operational guidance for the COVID-19 context, WHO  
<https://www.who.int/publications-detail/10665-332240>
  - WHO guidance on clinical management of COVID-19 disease for management of pregnant or lactating women or newborns with suspected or confirmed COVID-19  
<https://www.who.int/publications-detail/clinical-management-of-covid-19>





COVID-19

## Zero separation. Together for better care!

Keep preterm and sick babies  
close to their parents.

#TogetherForBetterCare

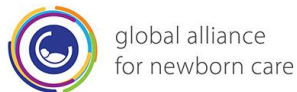
#ZeroSeparation



Maternal and newborn health services, including small and sick newborn care, remain core essential services during the pandemic. The COVID-19 response is already impacting availability, accessibility and quality of health services for pregnant women and newborns. The full impact of COVID-19 on maternal and newborn health is uncertain. Even a modest decline of 10% in coverage of pregnancy related and newborn health care would result in an additional 28,000 maternal deaths and 168,000 newborn deaths.

World Health Organization

[www.who.int/publications-detail/10665-332240](http://www.who.int/publications-detail/10665-332240)



global alliance  
for newborn care



European foundation for  
the care of newborn infants

# In summary

- Regardless of COVID-19 status, mothers and infants should remain together, breastfeed, practice skin-to-skin contact and kangaroo mother care, and rooming-in day and night while applying necessary infection prevention and control measures.
- From the available evidence, mothers should be counselled that the benefits of breastfeeding substantially outweigh the potential risks of transmission.



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Thank you

