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

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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.

Disruption of breastfeeding may lead to several issues:

- significant emotional trauma for the nursing baby or toddler,
- a drop in milk supply due to the need to express milk,
- later breast refusal by the infant due to the introduction of bottles,
- a decrease in protective immune factors due to lack of direct breastfeeding and expressed milk not matching the infant's needs at a particular time, and
- an increased risk of the infant becoming ill due to lack of immune support from direct breastfeeding.

The last point is of critical importance: when any member of the family has been exposed, the infant has been exposed. Hence, any interruption of breastfeeding may actually increase the infant's risk of becoming ill and even of becoming severely ill.

Anyone who believes they may have COVID-19 (also known as novel coronavirus; 2019-nCoV; SARS-CoV-2) is encouraged to follow good hygiene practices, such as thoroughly washing their hands and wearing a protective mask to prevent spread of the virus. If someone becomes ill enough to require hospitalization, the baby should be allowed to continue breastfeeding if at all possible, keeping in mind the above list of possible results from any separation or disruption of breastfeeding. In an extreme circumstance, if an interruption of breastfeeding is deemed medically necessary, **hand expressing** (<https://www.llli.org/breastfeeding-info/hand-expressing/>) or **pumping** (<https://www.llli.org/breastfeeding-info/pumping-milk/>) the milk is encouraged. In such cases, the expressed milk, which contains multiple immune factors, may be fed to the baby to help prevent the baby from getting the infection or to help reduce the severity and duration of an infection if the baby does get sick.

The World Health Organization (WHO) offers guidance and other information on coronavirus in multiple languages on the WHO website. UNICEF also provides information for breastfeeding through COVID-19 infection. Links are included in the references below.

All of the information above also applies to families at risk of or experiencing influenza and other respiratory viruses.

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