

# Breastfeeding when mothers have suspected or proven COVID-19

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## Background: COVID-19

Beginning in December 2019, people began presenting with pneumonia of unknown etiology in Wuhan, Hubei province, China. In the following months, the virus causing this disease (named COVID-19) has been identified as a novel coronavirus (SARS-CoV-2) and the World Health Organization declared a pandemic on March 11, 2020. While mild or moderate disease is expected in a majority of paediatric patients, scarce data is available on the outcomes of pregnancies affected by the virus [1].

This practice point addresses the issue of breastfeeding, and aims to minimize risk to the newborn, ensure judicious use of resources, and optimize short- and long-term outcomes for both mother and baby.

## Hospital-based post-partum care for COVID-positive mothers and their infants

Mothers with suspected or proven COVID-19 and their infants should not be completely separated. Mothers and infants should be allowed to remain together, after potential risks and benefits of rooming-in have been discussed and allowing for shared decision-making with families and their health care providers. There is some evidence to suggest that infants can be infected with SARS-CoV-2 postnatally [2]. As such, when a mother has suspected or proven COVID-19, voluntary separation may be considered as a recommendation in the future. Currently, however, postnatal infection prevention efforts should be focused on limiting the risk of transmission through enhanced hygiene.

Mothers can practice skin-to-skin care and breastfeed while in hospital with some modifications to usual processes. Among the precautions, mothers should don a surgical/procedure mask when near their infant and practice proper hand hygiene before skin-to-skin contact, breastfeeding and routine baby care. Mother and baby should be discharged home as soon as they are deemed ready and then convalesce at home with guidance from the hospital.

## Breastfeeding by mothers who are COVID-positive

Currently, the **Public Health Agency of Canada (PHAC)** and the **World Health Organization (WHO)** recommend that mothers with suspected or proven COVID-19 continue to breastfeed. The U.S. Centers for Disease Control (CDC) recommends that mothers and their health care providers discuss the benefits and risks of breastfeeding, given the uncertainty around transmission of SARS-CoV-2, and come to a shared decision.

The current evidence available to inform decision-making is limited. A 2003 study describes the experience of 12 women with SARS and the outcomes of their newborns [3]. None of the infants who were breastfed went on to develop SARS. Similarly, a recent small-sample-size study that tested breast milk directly found no positive tests for SARS-CoV-2, suggesting that the virus does not pass into breast milk [4]. Importantly, maternal antibodies to SARS-CoV-2 are likely passed to the newborn and offer a protective benefit, as was documented for SARS [5].

At this point, the primary concern is that the virus will be transmitted from mother to infant through respiratory droplets during breastfeeding. Women who choose to breastfeed should wear a mask (if available), wash their hands, and clean their breast area with soap and water before each feeding. Mothers may also choose to pump—ensuring that they wash their hands, and clean all equipment—and then feed their infant expressed breastmilk. At home, frequently touched household surfaces should also be disinfected regularly. Symptomatic individuals should not be allowed to visit with mother and baby.

If a mother is too sick to breastfeed, due to COVID-19 or other complications, she should be encouraged and supported to express milk. Pumped breastmilk can safely be supplied to the infant, as long as appropriate local infection prevention and control (IPC) guidelines are followed. If institutional IPC policies prevent NICU visitation by mothers with suspected or proven COVID-19, those mothers should be encouraged to pump at home and provide expressed breastmilk to the NICU. Mothers should pump frequently at home, with a view toward achieving successful breastfeeding once she is able to visit her baby.

## Conclusions

Health care practitioners can expect to encounter mothers with either suspected or proven COVID-19 with increasing frequency.

Information on COVID-19 will be reviewed and updated as the related literature evolve.

## See related documents:

- NICU care for newborns born to mothers with suspected or proven COVID-19
- Delivery room considerations for infants born to mothers with suspected or proven COVID-19

## Acknowledgements

This practice point has been reviewed by members of the Canadian Paediatric Society's Fetus and Newborn Committee, Infectious Diseases and Immunization Committee, and Neonatal-Perinatal Section Executive; and the Society of Obstetricians and Gynaecologists of Canada.

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**Disclaimer:** The recommendations in this position statement do not indicate an exclusive course of treatment or procedure to be followed. Variations, taking into account individual circumstances, may be appropriate. Internet addresses are current at time of publication.

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