

# COVID-19 and Breastfeeding: Not That Simple

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Dear Editor,

Coronavirus Disease 2019 (COVID-19) is a current emerging viral disease (caused by a novel coronavirus referred as SARS-CoV-2) with a rapidly growing case notification rate since its first identification in Wuhan, Hubei Province, China, in December 2019. Hence, the World Health Organization (WHO) Emergency Committee declared a global health emergency based on this ongoing outbreak (Zhu et al., 2020).

To date, a paucity of data is currently available regarding the association of COVID-19 with pregnancy and, especially, with breastfeeding (Rasmussen et al., 2020).

No international or national guidelines have been proposed to date. Favre et al. have recommended the systematic screening of any suspected COVID-19 infections during pregnancy and, if COVID-19 infection is confirmed, they have proposed an extended follow-up for both mothers and fetus (Favre et al., 2020). In specific cases of COVID-19 infection confirmed before delivery, the authors did not recommend breastfeeding (Favre et al., 2020).

However, to our knowledge, no data have supported that SARS-CoV-2 could be transmitted through breastmilk (Rasmussen et al., 2020). Interestingly, Chen et al. did not demonstrate any presence of SARS-CoV-2 in the breastmilk of six infected mothers (Chen et al., 2020).

Similarly, we already know that SARS-CoV-2 is closely related to two other coronaviruses that also cause severe respiratory illness, such as severe acute respiratory syndrome coronaviruses (SARS-CoV) and the Middle East respiratory syndrome coronavirus (MERS-CoV), with a nucleotide identity to SARS-CoV and MERS-CoV of 79% and 50%, respectively (Lu et al., 2020). Evidence of viral passage into breastmilk was not demonstrated for either of these viruses.

Given the fact that the health benefits of breastfeeding are widely acknowledged (Kramer & Kakuma, 2012), and taking into account that SARS-CoV-2 was not detected in breastmilk in COVID-19-infected women, it is currently questionable to dissuade breastfeeding in such cases. The temporary separation of a newborn from its symptomatic mother may be considered prudent, but the use of a breast-pump may be provided during this isolation, in particular if the viral detection of SARS-CoV-2 is negative.

Furthermore, based on the first available data (Chen et al., 2020), there is currently no evidence to suggest that the

development of COVID-19 during pregnancy could lead to the occurrence of severe adverse outcomes in neonates nor intrauterine vertical transmission.

Until the publication of forthcoming new data, these highly specific situations should be managed with a multidisciplinary team, on a case-by-case basis, after explanation of benefits/risks. Guidelines and management should rapidly evolve with the best understanding of the SARS-CoV-2 infection.

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## Editor's note

We appreciate the early and rapid response of Berveiller, Guerby, and Garabedian's letter to the editor about this pandemic and its implications for breastfeeding families. However, the knowledge about the COVID-19 virus and its management is changing rapidly. One sentence in their letter is already out of date, "Nor international neither national guidelines had been proposed up until now." There are now WHO, UNICEF and CDC guidelines on COVID-19 and breastfeeding:

- [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected) (see sec. 12)
- <https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus->

(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts (see footnote 3)

- <https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html>
- <https://www.unicef.org/stories/novel-coronavirus-outbreak-what-parents-should-know#advice-pregnancy>

It is important for JHL readers to be aware of these guidelines and to continue to attend to the changes as they occur. We realize that during the time delay in getting this Letter to the Editor published, the state of our knowledge about this virus may have expanded further. Ultimately it is the responsibility of each practitioner, educator and researcher to stay up to date on the most current and best practices.