

COVID-19 - Breastfeeding advice for pregnant women, or those who have recently given birth

Breastfeeding during the COVID-19 pandemic – community setting

Breastfeeding is important to human health at all times, but especially in times of emergency. Breastfeeding provides immunological protections to the breastfed child. Most often babies who are breastfed remain healthy even when their parents or other family members are unwell with an infectious illness.

Those women who become infected with COVID-19 shortly before giving birth and then begin breastfeeding, and those who become infected when already breastfeeding, will produce specific antibodies and other critical immune factors in their milk to protect their breastfeeding infant and enhance their infant's immune responses. If you become unwell and you are breastfeeding your baby, it is important not to interrupt direct breastfeeding. Your baby will already have been exposed to the virus and will most benefit from continued direct breastfeeding at the breast.

This advice is for women and babies who are not admitted to hospital.

Confirmed or probable COVID-19

There is no evidence of transmission of the virus in breastmilk. It is ok for you to breastfeed if you have confirmed or probable COVID-19, as it is beneficial to your baby for you to continue breastfeeding. To reduce spread while breastfeeding, hand washing before you feed is essential. You should also wear a surgical mask during breastfeeds. Avoid kissing and touching your baby's face.

If you are well enough, you should continue to breastfeed directly, while using the necessary precautions. This includes washing hands before and after contact with your baby (including feeding), avoiding coughing or sneezing on them, and close contact should be done in all cases where anyone with confirmed COVID-19 is around others, including children.

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If you are too unwell to breastfeed, you should express your milk and give it to your baby via a clean spoon, cup or bottle – all while following the same infection prevention method

Your baby will also be considered a “close contact” of a confirmed case and you will be provided advice about this from your Public Health Unit.

Self-isolation after potential exposure to COVID-19

If you are in self-isolation after potential exposure to COVID-19, your breastfed baby should remain with you so that you are able to continue breastfeeding. Wash your hands before touching the baby, avoid touching their face and coughing or sneezing on them. Exclusive breastfeeding offers the best protection for babies, so if your baby is less than 6 months old, aim for exclusive breastfeeding. Even if your baby is older than 6 months, remaining with you and continuing your breastfeeding relationship is beneficial for you both.

Re-lactation

If you have recently stopped breastfeeding, it is possible to re-lactate or re-establish the production of breastmilk. Many women who re-lactate can produce enough milk to breastfeed an infant exclusively. The easiest way to bring back a milk supply is through a baby suckling at the breast. The more often a baby suckles at your breast, the more likely your breasts will make milk. Talk to your midwife or Well Child nurse for more information on re-establishing your breastmilk supply if this is something you would like to do.

More [relactation and induced lactation](https://www.breastfeeding.asn.au/bfinfo/re-lactation-and-induced-lactation) (<https://www.breastfeeding.asn.au/bfinfo/re-lactation-and-induced-lactation>) information is available on the Australian Breastfeeding Association website.

Also see our [COVID-19 information for pregnant women](https://www.breastfeeding.asn.au/bfinfo/re-lactation-and-induced-lactation) ([our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-information-pregnant-women-and-those-who-have-recently-given-birth](https://www.breastfeeding.asn.au/bfinfo/re-lactation-and-induced-lactation)).

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