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Editorial

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COVID-19 and Breastfeeding

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Abstract

This editorial highlights the most recent updates on breastfeeding in the era of the COVID-19 pandemic. Possible modes and risk of transmissions, preventive measures to be taken in hospitals and homes as well as current recommendations were discussed.

Keywords

Breastfeeding; Breast Milk; COVID-19

Early initiation of breastfeeding has been shown to have positive effects on the neonate when done within an hour after birth. Both rooming-in and continuous skin-to-skin contact should be encouraged [1]. Breast milk is the best nutrient for infants, as it contains antibodies that enhance the infant's immune system [2,3]. WHO [4] recommended that infants should be breastfed exclusively for six months and continue breastfeeding with appropriate complementary foods for up to two years of age.

COVID-19 is an emerging respiratory illness caused by a new coronavirus that was first described in December 2019 during an outbreak in Wuhan, China. Based on what is currently known COVID-19 spreads from person-to-person via respiratory droplets among contacts within two meters of patients or carriers of the virus and by direct contact with infectious secretions from patients (e.g. sputum, serum, blood, respiratory droplets). The symptomatic people are believed to be most contagious. Spread from asymptomatic carriers might be possible, but this may

not be the main mode of spread.

As of now, the virus has not been found in breast milk, and there is no current evidence for transmission by breastfeeding or feeding of expressed milk by bottle [5]. Currently, it is not clear if pregnant women have a greater probability of getting neither COVID-19 than the adult population nor whether they are more likely to have a severe illness. However, the few data from China do not show an increased risk of acquiring or severity of infection in pregnant women compared to non-pregnant.

A case series study of pregnant women with COVID-19, the virus was not detected in neonates or specimens of breast milk or amniotic fluid. It is of concern whether the virus can be transmitted from the mother to her newborn after birth, through respiratory droplets. There have been few cases of newborns with infection in the early days of life. It's not clear for researchers how COVID-19 might affect the fetus. Also is not clear if the virus can pass to a

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fetus during labor and delivery.

Breast milk samples from the mothers after the first lactation were also all negative for the COVID-19 virus [6-8]. CDC [9] reported that the virus was not found in the breast milk of women with COVID-19 but antibodies to fight it have been found. Schwartz [10] in his analysis of 38 pregnant with COVID-19 and their newborn infants concluded that at this point in the pandemic of COVID-19 there is no evidence that SARS-CoV-2 undergoes intrauterine or trans-placental infection from pregnant women to their fetuses. However, Dong, et al [11] reported a newborn with elevated IgM antibodies to SARS-CoV-2 born to a mother with COVID-19.

The current recommendations of UNICEF, UNFPA, ABM, WHO and the CDC are that mothers and infants should remain together (rooming-in) and practice continuous skin-to-skin contact, particularly immediately after birth during initiation of breastfeeding, whether either of them has suspected, probable, or confirmed COVID-19. Infants born to these mothers should be fed according to standard newborn feeding guidelines with the application of all precautions of prevention and control of infection.

If the mother has severe COVID-19 infection or complications prevent her from continuing breastfeeding or caring for her infant she should be supported and encouraged to express milk and provide it to the infant, while applying appropriate precaution of infection prevention. The possibilities of re-lactation and donor human milk should be considered [2,12-15]. While in the hospital a well mother with only exposure or is under investigation for mild symptoms, breastfeeding is a very reasonable choice with taking the necessary respiratory and hand-washing precautions.

If the mother has COVID-19 she expresses milk for her infant. Limiting the infant's exposure via respiratory secretions may require more careful adherence to the recommendations depending on the mother's illness. Rooming-in is allowable without any other patients in that room with the infant kept in a bassinet two meters from the mother's bed and taking

measures to prevent spreading the virus to her infant. There should be another healthy adult who cares for the newborn in the room. It is recommended to temporarily separate the infant from the mother because the mother severe COVID-19 infection requiring medical care in the hospital.

Mothers who intend to breastfeed/continue breastfeeding should express their breast milk to establish and/or maintain milk supply. Another healthy caregiver should feed the newborn with the expressed milk. At home mothers with confirmed COVID-19 infection should remain separate (home isolation precautions) from other family members including the infant, except for breastfeeding. Another uninfected adult should take care of the infant's needs and feed the infant expressed breast milk [2,16-19].

In conclusion transmission of COVID-19 from mother to the newborn after birth, through breast milk and infectious respiratory secretions, is a concern. Much is still unknown about COVID-19; limited studies have shown that the virus is not detected in breast milk; however, we do not know whether mothers with COVID-19 can transmit the virus via breast milk. There are no recommendations to separate asymptomatic women from their babies even if there has been a possible COVID-19 exposure.

Current advice is to continue breastfeeding and to take all possible respiratory precautions and distancing to prevent spreading the virus to the infant. However, these recommendations may change with the rapidly evolving guidelines. Future studies on the protective functions and safety of breast milk during the coronavirus pandemic are needed.

Conflict of Interest

None

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None

Data Availability Statements

Not applicable

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