

Using the Coronavirus Pandemic as an Opportunity to Address the Use of Human Milk and Breastfeeding as Lifesaving Medical Interventions

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The world as we know it will be forever changed from the current pandemic of coronavirus disease 2019 (COVID-19). The health care system is being challenged in the United States and worldwide, and the general public is scared and concerned. Yet through all this, families will continue to give birth and bring new life into the world. As health care providers, we could use this current pandemic to educate the public about the importance of the use of human milk and breastfeeding as lifesaving medical interventions. The purpose of this editorial is to provide guidance regarding breastfeeding and COVID-19 and reaffirm why it is of paramount importance to promote and protect the use of human milk and breastfeeding.

In limited studies on women with COVID-19 and another coronavirus infection, severe acute respiratory syndrome (SARS-CoV), the virus has not been detected in human milk (Centers for Disease Control and Prevention [CDC], 2020). Person-to-person spread is believed to occur mainly via respiratory droplets from an infected person who coughs or sneezes (CDC, 2020). It is unknown if COVID-19-positive mothers can transmit the virus through human milk (CDC, 2020).

The United Nations Children's Fund (2020, section 15) indicated the following: "Considering the benefits of breastfeeding and the insignificant role of breastmilk in the transmission of other respiratory viruses, the mother can continue breastfeeding, while applying all the necessary precautions." If a mother has any flu-like symptoms, she should wear a mask when near her infant, including during breastfeeding; wash her hands before and after contact; and clean/disinfect all surfaces (United Nations Children's Fund, 2020). If separation of the mother and infant is warranted, the mother should start to express

milk immediately to establish and maintain milk supply (CDC, 2020). Before expression, the mother should practice hand hygiene (CDC, 2020). After each pumping session, all parts that come into contact with human milk should be washed thoroughly. The breast pump should be appropriately disinfected per the manufacturer's instructions (CDC, 2020).

La Leche League International (LLLl) further recommended that if someone who is breastfeeding becomes ill, it is important not to interrupt direct breastfeeding (2020). In such a case, the infant was already exposed to the virus by the mother and/or family and will benefit most from continued direct breastfeeding (LLLl, 2020). Disruption of breastfeeding will increase the risk of the infant becoming ill because of the lack of immune support (LLLl, 2020). If any member of the family has been exposed, the infant has been exposed. Hence, interruption of breastfeeding may actually increase the risk that the infant will become ill (LLLl, 2020).

In the current COVID-19 crisis, breastfeeding and the provision of human milk are recommended by national and international organizations. I would like to see all health care providers use this opportunity to leverage breastfeeding as a critical intervention to improve health and developmental outcomes and save the lives of children around the world. Globally, only 41% of infants receive human milk for the first 6 months (United Nations Children's Fund & WHO, 2018). The lack of breastfeeding and exclusive breastfeeding should be considered a public health crisis that we can address by changing the current care paradigm (Spatz, in press). Health care providers should ensure that all families make informed feeding choices, and the provision of human milk and breastfeeding should be discussed at every

113 prenatal interaction. It is not enough to tell families
114 that breastfeeding is “good.” Breastfeeding
115 saves lives! Families should be taught about the
116 science of human milk, how human milk improves
117 developmental outcomes and health for children
118 in the short and long-term (Spatz, *in press*), and
119 how components of human milk are unique and
120 not present in infant formula (Spatz, *in press*). In
121 my clinical role, I provide personalized prenatal
122 lactation intervention to families, and they are
123 absolutely fascinated to learn about stem cells,
124 white blood cells, antibodies, lactoferrin, human
125 milk oligosaccharides, and other ingredients and
how the milk is specific and tailored for their infants to ensure optimal health and developmental outcomes.

During prenatal care, health care providers also need to provide appropriate anticipatory guidance and education. Emphasis should be given to the fact that the mother begins to secrete milk from 16 weeks of pregnancy (Spatz, *in press*). The family must be empowered to support the mother for the first 2 weeks after birth so that she can optimize her personal capacity to produce milk (Spatz, *in press*). There is a critical window to effectively establish lactation to ensure copious milk supply in the long term (Spatz, 2020). During prenatal care so much of the focus is on preparation for labor and birth; however, the time spent

126 in childbirth is short compared to the recom-
127 mended amount of time to breastfeed a child.

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129 During this current pandemic, there have been
130 reports of formula shortages and price gouging
131 the cost of infant formula. We should use this
132 pandemic as a way to increase visibility of the
133 critical role of human milk and breastfeeding for
134 all families at all times.

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