

Breastfeeding during the COVID-19 Pandemic

MilkWorks realizes that the COVID-19 pandemic creates additional questions and concerns for breastfeeding families. Our role is to look at the big picture to make sure parents and babies are as healthy as possible, both in the short and long term.

We continue to learn more about COVID-19. The information we share is subject to change. We will continue to edit our information based upon emerging recommendations from the Centers for Disease Control (CDC). Our goal is to honor breastfeeding as the best source of nutrition for most babies, while limiting the spread of COVID-19. **Current evidence suggests that breast milk is not a likely source of infection.**

If you are a breastfeeding parent and you have symptoms of COVID-19 (fever/chills, cough, shortness of breath, fatigue, body aches, headache, loss of taste or smell, sore throat, runny nose, nausea/vomiting, or diarrhea), please call your doctor's office or your health department's COVID-19 hotline (**Lincoln 402.441.8006; Omaha 402.444.3400; Nebraska 402.552.6645**) and request a COVID-19 test. Please tell them that you are breastfeeding.

Once a breastfeeding parent has symptoms, or has a positive COVID-19 test, their baby will most likely already have been exposed to the COVID-19 virus. Like adults, it appears as though babies are primarily exposed to COVID-19 via respiratory droplets and aerosols (talking, breathing, sneezing, coughing). It also appears rare for infants and young children to have severe symptoms of COVID-19.

Per the latest CDC guidance (December 3, 2020): Current evidence suggests the risk of a newborn acquiring COVID-19 from a breastfeeding parent is low. Further, data suggests that there is no increased risk of infection for the newborn if they remain in their parent's room after birth. All caregivers should practice infection prevention and control measures (i.e., wear a mask and wash hands often) while caring for a newborn.

If you are SUSPECTED (you have symptoms but no positive COVID-19 test) or CONFIRMED (you have a positive COVID-19 test), two primary issues arise:

) *Should you feed your baby directly at your breast or with your pumped milk?*

) *How much contact is it okay to have with your baby?*

We do not think that direct breastfeeding increases the risk to your baby if you wear a mask or face covering and wash your hands frequently with soap and water or an alcohol-based hand sanitizer.

If you do not have anyone who is virus-free who can help you care for your baby, make sure that you wash your hands (or use a hand sanitizer with at least 60% alcohol) and wear a mask when you are in the same room as your baby.

If you chose to pump, rather than feed your baby directly at your breast, make sure to wash your hands, pump parts, and bottle or feeding devices with soap and warm water before and after each use.

MilkWorks



Community
Breastfeeding
Center

5930 S. 58th Street
(in the Trade Center)
Lincoln, NE 68516
(402) 423-6402

10818 Elm Street
Rockbrook Village
Omaha, NE 68144
(402) 502-0617

For additional
information:
www.milkworks.org

A child who is breastfed by someone with confirmed COVID-19 is considered a close contact and should be quarantined along with their breastfeeding parent. If a baby has no symptoms, ideally a baby would be isolated at home for an additional 14 days after their breastfeeding parent's quarantine ends.

Remember: many people have COVID-19 and have no symptoms. Most people who have COVID-19 and develop symptoms recover. At the same time, it is wise to take precautions when you are a new parent. Seek a COVID-19 test if you have symptoms or close exposure to someone who has tested positive, and follow the guidelines listed above to help prevent the spread of COVID-19 to your baby.

Regarding COVID-19 vaccines: According to the CDC: *“There are no data on the safety of COVID-19 vaccines in lactating women or the effects of mRNA vaccines on the breastfed infant or milk production/excretion. mRNA vaccines are not considered live virus vaccines and are not thought to be a risk to the breastfeeding infant. If a lactating woman is part of a group (e.g., health care personnel) who is recommended to receive a COVID-19 vaccine, she may choose to be vaccinated.”*

According to the Academy of Breastfeeding Medicine: *“there is little biological plausibility that the vaccine will cause harm, and antibodies to SARS-CoV-2 in milk may protect the breastfeeding child.”*

Read the entire statement here:

<https://abm.memberclicks.net/abm-statement-considerations-for-covid-19-vaccination-in-lactation>

The antibodies identified in the milk soon after the first dose of the vaccine appear to be the type most commonly found in breastmilk (IgA) and are assumed to be very protective. The type found later, especially after the second dose, are of a type less commonly found in breastmilk, and how much they are able to protect a baby is not known. BUT there are a lot of anti-infective factors always present in breastmilk.

If you are confirmed to have COVID-19, please do not hesitate to call MilkWorks and request a telemedicine appointment.

The Icahn School of Medicine at Mount Sinai is conducting a study on antibodies in breast milk after the COVID-19 vaccine. If you will be having a vaccine soon that is NOT Pfizer or Moderna, please consider participating in this study:

) covid19humanmilkstudy@gmail.com

For additional information:

) <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/breastfeeding-guidance-post-hospital-discharge/>

) <https://www.bfmed.org/abm-statement-coronavirus>

) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/care-for-breastfeeding-women.html>

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Creating a healthier community by helping mothers breastfeed their babies.