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BREAST/CHESTFEEDING & COVID-19

The current reality is that pregnant and lactating parents are likely to come into contact with people who test positive for the COVID-19 virus, and they may even contract the virus themselves. If this has been the case for you, this care plan will provide some clarity on the many questions and concerns that may arise from the prospect of breast/chestfeeding a newborn baby in the context of the current COVID-19 pandemic.

Our knowledge keeps changing

As our understanding of the COVID-19 virus keeps changing, so do the policies and guidelines which affected the care of mothers in the post-partum period. Initially, there were certain policies that recommended the separation of new-borns from their mother/birth parent. Mothers who were suspected or confirmed to be COVID-19 positive were told not to breast/chestfeed their new-borns. Different countries have also continued to have varying policies, thus making it very confusing and difficult for health care professionals and the public, to understand the best way forward.

It is key to understand that many of the initial policies about breast/chestfeeding and COVID-19, were based on what was known from other viruses (Ebola, HIV and other infections), and thus may not have been applicable and relevant to the COVID-19 pandemic. Some of the earlier studies on COVID-19 were rushed and also questionable in terms of their quality, and results were often misinterpreted.

However, guidelines have changed, and based on better information, we now understand that the benefits of breast/chestfeeding far outweigh the potential risk of transmission of the COVID-19 virus. So, mother/parents should now be encouraged to:

- be kept with their babies skin-to-skin
- To be near their babies
- to breast/chestfeed their infants, whilst adhering to certain recommendations.

What we do know about COVID-19

- Infants of mothers who are exposed to COVID-19 or positive for COVID-19 can become infected
- In the infants who do test positive for COVID-19, It is rare for infected infants to become seriously ill
- SARS-CoV-2 is unlikely to be transmitted via breastmilk
- It is unusual for mothers with SARS-CoV-2 to infect their infants
- There are antibodies for SARS-CoV-2 found in breastmilk



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- Infants who have been separated from their mothers are still at risk of infection
- The SARS-CoV-2 virus is deactivated when it is put into the breastmilk of a woman with COVID-19
- Skin-to-skin contact and rooming-in does not increase the rates of symptoms in infants, if the mother had COVID-19

Current Recommendations

- No need for separation, unless it is indicated, the mother of infant are seriously ill or for the protection of others
- Encourage close contact & Rooming-in (sharing a room) of mother and infant
- Supported to do Early and exclusive breastfeeding
- Skin-to-skin contact
- The mother or breast/chest feeding parent to wear a mask when feeding their baby
- Frequent hand-washing
- Wiping of surfaces
- Express if possible and necessary
- Safe storage and feeding the infant the expressed breastmilk by a healthy care-giver
- Psychological support for mothers
- Psychological support for infants

Effects of separation

Unfortunately, hospital practices and recommendations still vary and will depend on where you are in the world. Despite efforts of the World Health Organisation and other bodies to share correct information and increase awareness, some countries have not updated their guidelines and still advocate for the separation of mothers/birth parents and their newborn infants and no breastfeeding. What we know is that the more that mothers and their infants are separated, the higher the chances of early cessation of breastfeeding.

This has adverse health and developmental outcomes which may include:

- Increase hospital admissions
- Increased infections
- Increased risk of deaths
- Increased risk of child abuse and neglect

Older studies have also shown that during separation, the caregiving capacity is affected- so parents are not given the opportunity to learn and provide responsive care for their babies. Mother infant attachment is so important and should be encouraged, especially at this time.



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What if separation does occur?

Despite knowledge of the risks, the separation of a mother and her newborn infant may still occur. In these cases, it is important for support to be provided to help mothers and infants re-establish the attachment, re-develop their relationship and create responsive bonding.

The following tips can help this process:

- Do as much kangaroo mother care as possible
- Increase skin-to-skin contact
- Breastfeeding (relactation) if necessary
- Baby wearing – wearing a sling
- Psychological support.

Seeking the help of a certified lactation consultant can provide useful resources and guide a mother through the above stages.

Medications for COVID-19 and lactation

If a breast/chestfeeding parent tests positive for COVID-19, they may be prescribed various medications to ease their symptoms. When considering treatment options it is important to weigh up the benefits of continued breastfeeding with the potential risks of the medication. Please be aware of the following recommendations:

- Notify the prescribing doctor that you are breast/chestfeeding and that you wish to continue to do so, despite the diagnosis, so that treatment plan can be considered accordingly.
- Ivermectin
This medication is usually used in the treatment of parasites and has recently been used experimentally in the treatment of COVID-19. Although there have been limited studies that have explored the safety of its use in lactating individuals, different pharmacological resources (e-lactancia) have stated that due to the high molecular weight of the drug, it is not easily excreted into breast milk. Ivermectin has therefore been categorised in the 'low risk' category regarding lactation, stating that it is probably and usually compatible with breast/chest feeding.

The highest concentration of ivermectin in breastmilk is 4-6 hours, so if a COVID-19 positive mother chooses to take ivermectin, but she is concerned, she can time that she takes the ivermectin, and the subsequent feeds accordingly.



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COVID-19 Vaccinations

The initial clinical trials of the vaccines for COVID-19 did not include pregnant and lactating individuals, so there was little to no evidence of the safety of these vaccines in these

populations. However, based on what we know about vaccines and how they work (mRNA based, so it does not contain the live virus), the benefit of the vaccination outweighs the potential risks of the vaccination, and has thus been declared safe for pregnant (after 14 weeks gestation) and breast/chestfeeding individuals.

There are several COVID-19 vaccinations, of different manufacturers (Johnson and Johnson/Janssen, Pfizer- BioNTech, Moderna) that have become available. Governments determine which type should be integrated into their national vaccination programmes.

In South Africa, pregnant and lactating mothers are encouraged to take the vaccination. However, the choice to receive the vaccine is a personal one and can be based on the following factors:

- What is your risk of exposure?
- What are the risks of COVID-19 to you and the potential risks to your infant
- What is known about the vaccine
 - o Side effects
 - o Efficacy of protection against the COVID-19 virus
 - o Ability of the vaccine to pass antibodies to the foetus

It is recommended that you discuss your concerns and options with your healthcare provider.

Summary

- If you suspect or are confirmed to be COVID-19 positive, you do not have to stop breastfeeding.
- Breast/chestfeeding or expressing and giving your baby the expressed breastmilk has protective factors and been shown reduce the risk of transmission to your baby
- Along with breast/chestfeeding, use the 3 Ws to reduce the risk of transmitting the virus to your infant
 - o Wear a mask during feeding
 - o Wash hands with soap before and after touching the baby
 - o Wipe and disinfect surfaces regularly

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- Continue to breast/chest feed unless you feel unwell to do so, in which case you can express your breastmilk and give it to another responsible caregiver who can look after your baby
- Do not put a mask on an infant younger than 2 years of age
- Be aware of information sources - Conflicting reports do make it confusing so if you are unsure, consult your healthcare provider.
- Standard infant feeding guidelines to be encouraged:
 - Initiate breastfeeding within 1 hour of the birth.
 - Continue exclusive breastfeeding for 6 months, then introduce adequate and safe complementary foods at age 6 months.
 - Continue breastfeeding up to 2 years of age or beyond
- If you chose not to breast/chestfeed it is recommended that you seek help with the regard to the safe preparation, handling and storage of formula as well as safe feeding techniques.
- Professional lactation support can help you with – counselling and information, practical tips, basic psychosocial support during this difficult time.

References

World Health Organisation (2020) Clinical Management of severe acute respiratory infection (SARI) when COVID-19 is suspected. Caring for infants and mothers with COVID-19: IPC and breastfeeding

Gribble, K., Mathisan, R., Ververs, M. & Coutsoudis, A. (2020) Mistakes from the HIV pandemic should inform the COVID-19 response for maternal and newborn care. *International Breastfeeding Journal*, 15:67

Gribble, K., Marinelli, K., Tomori, C., and Gross, M.S. (2020) Implications of the COVID-19 pandemic response for breastfeeding, maternal caregiving capacity and infant mental health. *Journal of Human Lactation*

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>

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

<https://www.who.int/news-room/commentaries/detail/breastfeeding-and-covid-19>

<http://www.emro.who.int/nutrition/covid-19/breastfeeding-advice-during-the-covid-19-outbreak.html>

<https://www.unicef.org/eap/breastfeeding-during-covid-19>