



Key messages: Infant Feeding and COVID-19

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This information is intended for health care providers supporting perinatal health. Knowledge about COVID-19 is evolving requiring updates to reflect new information and evidence.

Breastfeeding during the COVID-19 Pandemic

Exclusive breastfeeding is recommended for the first 6 months of life and continued breastfeeding with complementary foods for 2 years and beyond. During the COVID-19 pandemic, the same recommendation applies. Currently, there is no evidence of COVID-19 transmission to infants and young children through breastfeeding. Genetic RNA material of SARS-CoV-2 has been detected in human milk, however, not in its infectious form (WHO, June 23, 2020).

Health care providers are encouraged to provide breastfeeding counselling, practical feeding support and psychosocial support to people who are pregnant and mothers/birth parents with infants and young children, whether they or their infants and young children have suspected or confirmed COVID-19. Breastfeeding provides increased food security and contributes to emergency preparedness. Breastfeeding also provides immuno-protection that plays a unique role during the COVID-19 pandemic. Human milk is important for all babies and especially [for preterm or unwell babies in the NICU](#).

For mothers/birth parents **without** suspected or confirmed COVID-19 infection the usual population-based messages to protect themselves and their babies during a pandemic apply. Even if COVID-19 is prevalent in a community or if testing for it is not readily available, **there is no reason to avoid or stop breastfeeding**.

Recommendations for breastfeeding and skin-to-skin contact if COVID-19 infection is [suspected or confirmed](#)

Currently, the [Public Health Agency of Canada \(PHAC\)](#), the [World Health Organization \(WHO\)](#) and the [Canadian Pediatric Society \(CPS\)](#) recommend that mothers/birth parents with suspected or confirmed COVID-19 continue to breastfeed. Using a [shared decision making](#) approach, health care providers should discuss the evidence and importance of breastfeeding and address parent's concerns around transmission of COVID-19 from mother/birth parent to baby while breastfeeding. The focus of postnatal infection prevention efforts should be on enhanced hygiene to limit the risk of transmission.

It is well established that breastfeeding protects infants from infection. Human milk has natural bioprotective factors, antibodies and the targeted immunological mediators in human milk decrease the severity of respiratory symptoms in breastfed infants.

Delayed skin-to-skin contact immediately after vaginal or caesarean births to cleanse or wash the breast is unnecessary unless the mother/birth parent with suspected or positive COVID-19 had just coughed or sneezed on the exposed breast. Immediate skin-to-skin contact at birth is a crucial and unrecoverable moment in the physiology of the transition to extra-uterine life for which there is abundant evidence in literature. Failure to provide it has documented effects on the initiation and continuation of breastfeeding, on the regulation of the baby's homeostasis of vital signs and blood glucose levels, and on the colonization of the baby's microbiome. Washing the breast area before breastfeeding can therefore interfere with the known protective benefits of breastfeeding and skin-to-skin contact. To avoid washing the breast the mother/birth parent may choose to wear a gown covering the breast area during labour and remove it immediately at birth.

Mothers/birth parents with suspected or confirmed COVID-19 and their infants should not be separated and should be enabled to [room-in throughout the day and night](#). Mothers/birth parents and babies should be discharged home as soon as they are deemed ready and then convalesce at home with guidance from their primary health care provider.

The importance of breastfeeding and skin-to-skin contact or kangaroo mother care substantially outweigh the potential risks of transmission and illness associated with COVID-19 in infants and young children ([WHO, June 23, 2020](#)). Recommendations for physical distancing for the general public are important to reduce the overall prevalence of COVID-19. For infants and young children, however, the focus is on immediate and lifelong survival as well as health and development rather than physical distancing. In this context, the primary concern is to avoid transmission from mothers/birth parents to their infants through respiratory droplets by following these infection prevention and control (IPC) [measures](#):

- Perform hand hygiene before skin-to-skin contact, feeding or expressing milk and baby care.
- During feeding and baby care wear a medical mask. If one is not available, wear a non medical face covering. Masks or face coverings should not be used on infants/children under the age of 2 years ([learn more here](#)).
- Sneeze or cough into a tissue and dispose of it, followed by alcohol-based hand rub or hand washing with soap and water. Hand sanitizers are not recommended for infant use.
- If the mother/birth parent has just coughed over their exposed breast or chest, then they should gently wash the breast with unscented mild soap and warm water prior to feeding. **It is not necessary to wash the breast before every breastfeed or if the breast was covered before breastfeeding.**
- Clean and disinfect surfaces often ([WHO, April 28, 2020](#)).

These precautions apply if the mother/birth parent is infective, that is, while **symptomatic** or up to 10 days after the start of symptoms, whichever is longer. [Learn more here](#).

Recommendations for support when mothers/birth parents or babies are too ill to breastfeed

If the mother/birth parent is too ill to breastfeed, encourage and support milk expression by hand or with a breast pump based on preference, availability of equipment and cost. Expressed human milk can be fed to the infant. Discuss with the family the following, while applying the IPC measures:

- Establish early skin-to-skin contact with mother/birth parent and baby when possible.
- Initiate hand expression early and often to establish milk supply, within 6 hours of birth, and preferably within 1-2 hours of birth.
- If direct breastfeeding is not possible because of maternal illness, have a healthy adult feed and care for the baby.
- Wash and disinfect all infant feeding equipment carefully before each use.
- If pumping, after each session, clean and disinfect all pump kit parts and entire pump surfaces (areas of high touch – dials) as per manufacturer’s instructions. Do not share pump kits.
- Use food safe containers for storing human milk. Chemical disinfectants are not recommended for wiping milk storage containers and if required a food safe product should be used. ([learn more here](#)).
- Provide additional guidance and support to continue breastfeeding, to utilize expressed human milk, to maintain milk production and how to safely store/transport human milk for later use.

If the mother/birth parent is hospitalized, follow local IPC policies. All [mothers/birth parents should be supported to initiate or resume breastfeeding when they feel well enough to do so](#). Continue to breastfeed and delay weaning for as long as possible. If the baby is hospitalized and institutional IPC policies prevent NICU/PICU presence of mothers/birth parents with suspected or confirmed COVID-19, encourage these mothers/birth parents to express their milk and provide it to the NICU for their baby. Provide information to the mother/birth parent on the appropriate local IPC measures to follow. Encourage mothers/birth parents to express milk frequently, with a view toward achieving successful breastfeeding once they can reunite with their babies. When separation is required, connect the mother/birth parent-infant dyad through virtual modalities and consider the need for [mental health and psychosocial support](#).

If the mother’s/birth parent’s own milk is not available or breastfeeding is not yet established, pasteurized donor human milk (PDHM) remains the best option ([Learn more here from the Canadian Pediatric Society and click here to review emerging research on COVID-19 and PDHM](#)). Using unpasteurized donor human milk (informal milk sharing) is not advised. The possible risks associated with informal milk sharing may be further amplified during the COVID-19 pandemic, especially for ill or preterm newborns.

Recommendations for babies who are fed non-human milk (commercial infant formula)

For babies fed non-human milk, specific precautions can help protect against COVID –19 transmission. There are risks associated with non-human milk for infants in all settings ([WHO, April 28, 2020](#)). See the [Family-Centred Maternity and Newborn Care: National Guidelines](#) (PHAC) for information on informed decision making related to infant feeding. Discuss the following with families while applying the IPC measures:

- The cost of non-human milk especially during difficult financial times.
- If using non-human milk in addition to breastfeeding, consider breastfeeding more often to try to reduce the frequency of non-human milk feedings.

- If the mother/birth parent recently switched to non-human milk feeding and would like to learn more about re-lactation visit <https://www.llli.org/breastfeeding-info/re-lactation/>
- Only use commercial non-human milk. Homemade non-human milk is not recommended for babies. It is low in certain nutrients and may have ingredients that are dangerous or hard for babies to digest.
- Always prepare non-human milk as described on the product label. It is not recommended to water down non-human milk to make the supply last longer. Babies will not receive the important nutrients they need for growth and development and diluted milk is unsafe for babies.
- If needed, healthy term babies can switch between brands and types of non-human milk (i.e. ready-to-feed, liquid concentrate, or powder). Powdered non-human milk should not be given to infants who are compromised. Non-human milks labelled for use from 0 to 12 months are safe unless the baby is on a special non-human milk. Non-human milk can be purchased online from stores or the manufacturer.
- Sometimes non-human milk may be unavailable. Supply chain issues or difficulty getting non-human milk have not been reported in Canada. Ask if this an issue for this family. Aim to have enough non-human milk on hand to last for 14 days (two weeks).
- Everyone who is required to self-isolate due to COVID-19, should stay at home. Ask friends or relatives who are well to buy infant non-human milk and anything else the family needs.
- Extra time and care is required to follow all manufacturer's instructions to prepare, use and store non-human milk.
- Only one person should prepare the non-human milk and feed the baby to minimize contact with multiple people.
- Be aware that non-human milk is subject to product recall. Please see <https://healthycanadians.gc.ca/recall-alert-rappel-avis/index-eng.php> for recall information.
- For babies who are doing some breastfeeding, use a spoon or cup to feed non-human milk and avoid bottles and nipples which may be more difficult to clean. To learn how to cup feed visit site <https://breastfeeding.support/cup-feeding-newborn/>
- Reinforce the importance of handwashing with soap and water before preparing feeds and before feeding the baby.
- Any person with suspected or confirmed COVID-19 feeding the infant should wear a mask.
- Report any adverse reactions of non-human milk feeding to your health care provider and product contamination or supply chain concerns to the Public Health Agency of Canada <https://healthycanadians.gc.ca/recall-alert-rappel-avis/index-eng.php> or

The International Code of Marketing Breastmilk Substitutes (the Code)

The World Health Organization states that donations of infant non-human milks should not be sought or accepted during the COVID-19 pandemic. For more information on upholding the Code see *The BFI 10 Steps and WHO Code Outcome Indicators for Hospitals and Community Health Services* (<http://www.breastfeedingcanada.ca/>).

COVID-19 Vaccination while Breastfeeding

The Breastfeeding Committee for Canada recommends supporting families to make informed [shared-decisions](#) about receiving the COVID-19 vaccine based on the known evidence, their level of risk and the plausible benefits to their child.

The following is emerging information related to Pfizer-BioNTech and Moderna COVID-19 vaccines and breastfeeding:

- During the initial testing of the COVID-19 vaccine breastfeeding women were excluded in the research, therefore, there is no safety data on the COVID-19 vaccine for these women. Currently, the manufacturers of COVID-19 vaccines do not recommend the vaccine for breastfeeding individuals. The National Advisory Committee on Immunization (NACI) is an External Advisory Body that provides the Public Health Agency of Canada (PHAC) with advice relating to immunization. On December 23, 2020 [NACI states the following:](#)
- It is unknown whether the Pfizer-BioNTech and Moderna COVID-19 vaccines are excreted in human milk, but there are no data on outcomes in breastfeeding individuals or their breastfed infants.
- Individuals who are pregnant, breastfeeding, or of reproductive age may be at increased risk of exposure to SARS-CoV-2 (e.g., healthcare or essential workers) and/or at increased risk of severe COVID-19 disease (e.g., due to pre-existing medical condition, body mass index of 40 or more) and may wish to be vaccinated despite the lack of evidence of COVID-19 vaccination in pregnancy or during breastfeeding in order to protect themselves. Therefore, the balance of benefits and risks must be made on a case-by-case basis.
 - [“NACI recommends](#) that COVID-19 vaccine should not be routinely offered to individuals who are breastfeeding, until further evidence is available (Strong NACI Recommendation). However, a complete series with a COVID-19 vaccine may be offered to individuals in the authorized age group who are breastfeeding if a risk assessment deems that the benefits outweigh the potential risks for the individual and the infant, and if informed consent includes discussion about the absence of evidence on the use of COVID-19 vaccine in this population. (Discretionary NACI Recommendation) (December 23, 2020).
- The Society of Obstetricians and Gynaecologists of Canada (SOGC) issued a statement December 18, 2020 and it was reaffirmed Jan 4, 2021. See [SOGC Statement on COVID-19 Vaccination in Pregnancy](#). Consensus Statement: “For individuals who are at high risk of infection and/or morbidity from COVID-19, it is the SOGC’s position that the documented risk of not getting the COVID-19 vaccine outweighs the theorized and undescribed risk of being vaccinated during pregnancy or while breastfeeding and vaccination should be offered”.
- Provinces and territories may have varying recommendations for COVID-19 vaccination and breastfeeding. For example, [Comité sur l’immunisation du Québec \(CIQ\)](#) states the

following: "The CIQ considers that the benefits of vaccination outweigh the risks for breastfeeding women."

- The Academy of Breastfeeding Medicine issued a statement (December 14, 2020): [Consideration for COVID-19 Vaccination in Lactation](#) which points out that there is little plausible risk for the child if the mother receives the vaccine while lactating and there is a biologically plausible benefit to the child. The Academy of Breastfeeding Medicine does not recommend cessation of breastfeeding for individuals who are vaccinated against COVID-19.

Conclusions

During the pandemic, it is essential to continue providing family-centered care, promoting protecting and supporting breastfeeding with evidence informed precautions to help families attain their breastfeeding goals and maximize health outcomes.

Disclaimer: This information was prepared by experts of the Breastfeeding Committee for Canada and informed by the available evidence to date.

Canadian Resources

- <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/pregnancy-advise-mothers.html>
- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>
- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms.html>
- <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-how-to-isolate-at-home.html>
- <http://www.breastfeedingcanada.ca>
- <http://www.breastfeedingcanada.ca/documents/Indicators-we2019-En.pdf>
- <http://safelyfed.ca/covid19-resources/>
- <https://healthycanadians.gc.ca/recall-alert-rappel-avis/index-eng.php>
- <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/maternity-newborn-care-guidelines-chapter-6/maternity-newborn-care-guidelines-chapter-6.pdf>
- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks.html?topic=tilelink>
- <https://www.cps.ca/en/documents/position/baby-friendly-initiative-breastfeeding>
- <https://www.cps.ca/en/documents/position/kangaroo-care-for-preterm-infant>
- <https://www.cps.ca/en/documents/position/breastfeeding-when-mothers-have-suspected-or-proven-covid-19>
- <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>
- <https://www.cmaj.ca/content/cmaj/early/2020/05/14/cmaj.200821.full.pdf>
- <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>
- <https://www.canada.ca/en/public-health/services/diseases/coronavirus-disease-covid-19.html>

- https://sogc.org/common/Uploaded%20files/Latest%20News/SOCG_Statement_COVID-19_Vaccination_in_Pregnancy.pdf

International Resources

- <https://www.who.int/news-room/commentaries/detail/breastfeeding-and-covid-19>
- <https://www.who.int/who-documents-detail/frequently-asked-questions-breastfeeding-and-covid-19>
- [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)
- <https://www.lli.org/breastfeeding-info/relactation/>
- <https://breastfeeding.support/cup-feeding-newborn/>
- <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/breastfeeding-guidance-post-hospital-discharge/>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/care-for-breastfeeding-women.html>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445676/>
- https://www.hmbana.org/file_download/inline/a593dd72-be78-471e-ae5e-6490309108fd
- https://www.bfmed.org/abm-statement-considerations-for-covid-19-vaccination-in-lactation?fbclid=IwAR0ogIUG8Yxce24AmHw4uRC1131ehemFdZo70eBtHp-ielEsid_bT2cSSqQ
- <https://www.bcmj.org/bccdc/shared-decision-making-and-breastfeeding-supporting-families-informed-choices>
- <https://pediatrics.aappublications.org/content/147/1/e2020031690>