



सामयिके जयते  
Ministry of Health & Family Welfare  
Government of India



# Breastfeeding

## during the COVID-19 Pandemic

**FREQUENTLY ASKED QUESTIONS**





**Breastfeeding improves survival and provides lifelong health and development benefits to newborns and infants**

**These 22 frequently asked questions will help health workers to counsel and support mothers to successfully breastfeed**

01

### **Can COVID-19 be passed through breastfeeding?**

Active COVID-19 (virus that can cause infection) has not been detected in the breastmilk of any mother with confirmed/suspected COVID-19. Therefore, it's unlikely that COVID-19 would be transmitted through breastfeeding or by giving breastmilk that has been expressed by a mother with confirmed/suspected COVID-19.

02

### **In communities where COVID-19 is prevalent, should mothers breastfeed?**

Yes, in all socio-economic settings, breastfeeding improves survival and provides lifelong health and development advantages to newborns and infants. Breastfeeding also improves the health of mothers. In contrast, transmission of COVID-19 through breastmilk and breastfeeding has not been detected.

03

### **Following delivery, should a baby still be immediately placed skin-to-skin and breastfed if the mother is confirmed/suspected to have COVID-19?**

Yes, immediate and continued skin-to-skin care, provides warmth to newborns and is associated with reduced neonatal mortality. Placing the newborn close to the mother helps in early initiation of breastfeeding. Breastfeeding within one hour of birth helps in establishing lactation, improves survival and colostrum boosts their immunity. The many benefits of skin-to-skin contact and breastfeeding substantially outweigh the potential risks of transmission and illness associated with COVID-19.

04

### If a mother is confirmed/suspected to have COVID-19, should she continue breastfeeding?

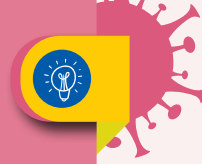
Yes, high quality evidence shows that breastfeeding reduces neonatal, infant and child mortality everywhere and improves lifelong health and development in all geographies and economic settings. The transmission of COVID-19 through breastmilk and breastfeeding has not been detected. Among the few cases of confirmed COVID-19 infection in children from other sources, most have experienced only mild or asymptomatic illness. While breastfeeding, a mother should still practice appropriate hygiene measures, including wearing a medical mask if available, to reduce the possibility of droplets with COVID-19 being spread to her infant. If a medical mask is not available she should use mask/clean cloth.

05

### What are the hygiene recommendations for a breastfeeding mother confirmed/suspected to have COVID-19?

If a mother is confirmed/suspected to have COVID-19 she should:

- ✓ Wash hands frequently with soap and water or use alcohol-based hand rub before touching the baby.
- ✓ Wear a medical mask or cloth mask while feeding.
- ✓ **It is important to:**
  - Replace mask as soon as it becomes damp
  - Dispose off used mask immediately
  - Never re-use a medical mask
  - Cloth mask should be washed properly and dried in sun before use
  - Never touch the front of the mask but untie it from behind
- ✓ Sneeze or cough into a tissue/handkerchief, immediately dispose off the tissue in a closed dustbin and wash the handkerchief with soap and water regularly. Use alcohol-based hand rub or wash hands again with soap and clean water.
- ✓ Regularly clean and disinfect surfaces.



## Breastfeeding reduces neonatal, infant and child mortality

06

### **If a mother confirmed/suspected to have COVID-19 does not have a medical face mask, should she still breastfeed?**

Yes, breastfeeding undoubtedly reduces neonatal and infant mortality and provides numerous lifelong health and brain development advantages to the infant/child. Mothers with symptoms of COVID-19 are advised to wear a medical mask, but if this is not available, breastfeeding should be continued by covering mouth and nose with clean cloth mask/cloth. Other infection prevention measures, such as washing hands, cleaning surfaces, sneezing or coughing into a tissue/handkerchief are also important.

07

### **Is it necessary for a mother with confirmed/suspected COVID-19 to wash her breast before she breastfeeds directly or before expressing milk?**

If a mother confirmed/suspected to have COVID-19 has just coughed over her exposed breast or chest, then she should gently wash the breast with soap and warm water for at least 20 seconds prior to feeding. It is not necessary to wash the breast before every breastfeed or prior to expressing milk.

08

## If a mother confirmed/suspected to have COVID-19 is not able to breastfeed, what is the best way to feed her newborn/infant?

The best alternatives to breastfeeding a newborn or young infant are:

### ☑ **Expressed breastmilk:**

- The mother, and anyone helping the mother, should wash their hands before expressing breastmilk.
- Breastmilk should be expressed in a properly cleaned container.
- The expressed breastmilk should be fed to the child using a clean cup and/or spoon (easier to clean), by a person who has no signs or symptoms of illness and with whom the baby feels comfortable. The mother/caregiver should wash their hands before feeding the newborn/infant.
- Expressing breastmilk is also important to sustain milk production so that mothers can breastfeed when they recover.

### ☑ **Donor human milk:**

- If the mother is unable to express milk and donor human milk is available from a Comprehensive Lactation Management Centre (CLMC), donor human milk can be fed to the baby while the mother is recovering.

### ☑ **If expressing breastmilk or donor human milk are not feasible or available then consider:**

- As a stop gap measure undiluted animal can be given. Locally available animal milk can be fresh and boiled animal milk, or pre-packed, pasteurized toned milk/pasteurized cow milk. Use of animal milk should be as per the advice of the health worker. **Health workers should support mothers to re-establish breastfeeding as soon as possible.**

09

## Is it safe to give expressed breastmilk from a mother confirmed/suspected to have COVID-19?

Yes, active COVID-19 virus has not, to date, been detected in the breastmilk of any mother confirmed/suspected to have COVID-19. It is unlikely that the virus can be transmitted by giving breastmilk that has been expressed by a mother with confirmed/suspected COVID-19.



## Breastfeeding reduces the risk of breast and ovarian cancer for the mother

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**If a mother with confirmed/suspected COVID-19 is expressing her milk for her baby, are there extra measures needed when expressing breastmilk and handling milk storage containers or feeding utensils?**

No extra measures are needed for a mother with confirmed/suspected COVID-19 while expressing milk. As usual, breastmilk expression cups, milk storage containers and feeding utensils need to be properly cleaned after every use.

- Wash containers, spoons and paladai after every use with soap and warm water. Rinse after with hot water for 10-15 seconds.

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**Do the results of COVID-19 testing make any difference to infant and young child feeding recommendations?**

COVID-19 testing does not have any immediate implications for decisions on infant and young child feeding. However, confirmation of COVID-19 means that a mother should follow appropriate recommended hygiene practices for the period that she is likely to be infective i.e. while symptomatic or through the 14 days after the start of symptoms, whichever is longer.

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### **Is it advisable for a mother with confirmed/suspected COVID-19 who is breastfeeding, to give a 'top-up' with infant formula milk?**

No, if a mother is confirmed/suspected to have COVID-19 and is breastfeeding, there is no need to provide a 'top-up' with an infant formula milk. Giving a 'top-up' will reduce the amount of milk produced by a mother. Mothers who breastfeed should be counselled and supported to optimize positioning and attachment to ensure adequate milk production. Mothers should be counselled about responsive feeding and perceived milk insufficiency and how to respond to their infants' hunger and feeding cues to increase the frequency of breastfeeding.

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### **What are the key messages for a mother who wants to breastfeed but is scared about passing COVID-19 to her infant?**

As part of counselling, a mother's or family's anxiety about COVID-19 should be acknowledged and responded to with the following messages:

- Breastfeeding and skin-to-skin contact significantly reduce the risk of death in newborns and young infants and provide immediate and lifelong health and development advantages. Breastfeeding also reduces the risk of breast and ovarian cancer for the mother.
- Active COVID-19 virus has not been detected in the breastmilk of any mother with confirmed/suspected COVID-19 and there is no evidence so far that the virus is transmitted through breastfeeding.
- Newborns and infants are at lower risk of COVID-19 infection. Among confirmed COVID-19 cases in young children, most have experienced only mild or asymptomatic illness.



**Breastfeeding strengthens a child's immune system by directly transferring antibodies from the mother**

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**If a mother is confirmed/suspected to have COVID-19, is infant formula milk safer for infants?**

No, there are always risks associated with giving infant formula milk to newborns and infants in all settings. The risks associated with giving infant formula milk are increased whenever home and community conditions are compromised e.g., reduced access to health services if a baby becomes unwell/reduced access to clean water/ access to supplies of infant formula milk are difficult or not guaranteed, not affordable and not sustainable.

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**For what period of time these recommendations on breastfeeding and COVID-19 are relevant?**

The recommendations on caring and feeding of infants of mothers with confirmed/suspected COVID-19 are for the time when she is likely to be infective, i.e. while symptomatic or through the 14 days after the start of symptoms, whichever is longer.



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## **Why do recommendations for mothers with confirmed/suspected COVID-19 and their infants seem different from physical distancing recommendations for the general population?**

Recommendations for adults and older children to maintain physical distancing aim to reduce contact with asymptomatic persons who have COVID-19 and transmission of the virus that may result. This strategy will reduce the overall prevalence of COVID-19 and the number of adults who experience more serious disease.

The aim of recommendations on the care and feeding of infants and young children whose mothers have confirmed/suspected COVID-19 infection is to improve the immediate and lifelong survival, health and development of their newborns and infants. These recommendations consider the likelihood and potential risks of COVID-19 in infants and also the risks of serious illness and death when infants are not breastfed or when infant formula milks are used inappropriately. Also, the recommendations take into account protective effects of breastfeeding and skin-to-skin contact.

In general, children are at lower risk of COVID-19 infection. Among the cases of confirmed COVID-19 infection in children, most have experienced only mild or asymptomatic illness.



**Breastfeeding increases a child's intelligence quotient up to 3 points**

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**Is it alright for health facilities to accept free supplies of formula milk for infants of mothers with confirmed/suspected COVID-19?**

No, donations of infant formula milks should not be sought or accepted. If needed, supplies should be purchased based on assessed need. Donated formula milk is commonly of variable quality, of the wrong type, supplied disproportionate to need, labelled in the wrong language, not accompanied by an essential package of care, distributed indiscriminately, not targeted to those who need it, is not sustained, and takes excessive time and resources to reduce risks.

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**Should mothers continue breastfeeding if the infant or young child becomes sick with suspected, probable, or confirmed COVID-19 or any other illness?**

Yes. During an illness, infants need to be breastfed more often. Withholding breastmilk during an illness increases the possibility that baby will get sick and deprives the baby of the superior nutrition from breastmilk including the immunological benefits. Caregivers should increase children's fluid intake during illness by frequent breastfeeding. For children older than six months encourage the child to eat (for example, by offering soft, appetizing or favorite foods). After illness, caregivers should provide meals more frequently than usual and encourage the child to eat more.

19

**If a mother confirmed/suspected to have COVID 19 was not able to breastfeed can she resume breastfeeding on recovery?**

Yes. If for some reason a mother suspected/confirmed to have COVID was not able to breastfeed she should resume breastfeeding as soon as she is well enough to do so. Health staff should assist the mother for re-lactation by understanding and responding to her concerns such as her ability to breastfeed and sufficiency of breastmilk.

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**Should women currently breastfeeding or providing expressed milk receive the vaccines?**

Yes. The national expert group on immunization has reviewed available data on safety and efficacy and recommended vaccination in lactating mothers. Health workers should counsel and support breastfeeding women for vaccination.

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**Is it safe for mothers to breastfeed after they are vaccinated?**

Yes, mothers who are vaccinated should be encouraged to continue breastfeeding to protect their infants. Breastfeeding is vital for infants' and mothers' health.

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**Does the ability to continue breastfeeding or provide expressed milk change after a mother is vaccinated? (i.e. Can/will the vaccine decrease milk supply?)**

It is highly unlikely that vaccination has any impact on women's ability to produce breastmilk. Women should continue breastfeeding or expressing milk after receiving the vaccine and be reassured that vaccination will not affect their milk supply. Therefore, vaccination should not interrupt beginning or continuation of breastfeeding.

