NEST360°
Newborn Essential Solutions and Technologies

RESPONDING TO THE COVID-19 PANDEMIC: Resources Compiled by NEST for Use in Hospital-Based Newborn Care

Last updated on 15 May, 2020

USE INSTRUCTIONS

Intended use of this guidance is to aid clinicians and hospital staff to manage COVID-19 response efforts in newborn care units in sub-Saharan Africa. The guidance material includes a combination of NEST-developed and compiled documents from various organizations and institutions. It also links to further information developed by national bodies. To view the complete document see the NEST360° COVID-19 Resources webpage.

DISCLAIMER: COVID-19 guidance continues to evolve rapidly. We intend to update the material as new resources become available and will work with others to bring together the best available information. As such, we include a qualifier of "Last Updated on [date]" as reference. We encourage use of this guidance alongside local operational policies developed by your institutions and organizations.

CONTENTS

PRIORITY RESOURCES RELEVANT TO LOW- AND MID-INCOME COUNTRIES

PPE and Precautions: COVID-19 and the Neonatal Unit

KMC and Breastfeeding

Initial COVID-19 Screening for Pregnant Mothers

PRIORITY RESOURCES RELEVANT TO LOW- AND MID-INCOME COUNTRIES

Last updated on 15 May, 2020

back to contents ➔

Priority Resource

PERSONAL PROTECTIVE EQUIPMENT (PPE) AND PRECAUTIONS:

COVID-19 in Different Settings in the Neonatal Unit

Last updated on 15 May, 2020

back to contents →

PPE AND PRECAUTIONS:
COVID-19 IN DIFFERENT SETTINGS IN THE NEONATAL UNIT

ADMISSIONS TO NICU

IF THE MOTHER IS COVID+VE AND/OR HAS SYMPTOMS SUGGESTIVE OF COVID

DO NOT ALLOW labour ward staff or the person transporting the baby to enter NICU

IF THE MOTHER IS COVID+VE AND/OR HAS SYMPTOMS SUGGESTIVE OF COVID

Receive the baby at the door of NICU wearing full PPE.

Take the baby to a designated COVID+ve area for assessment → when a management decision is made transfer to a **COVID+ve SICK MOTHERs** designated room in NICU, which is separate from the COVID-negative mothers.

The baby should be placed in an **INCUBATOR OR WARMER** which is partially covered.

If the mother is well enough to breastfeed → she should do so and the baby should remain with the mother. She can breastfeed if she chooses **AFTER** washing her hands and cleaning her breast with **SOAP AND WATER**. The mother should wear a surgical mask and gloves while breastfeeding.

If the mother is not well enough breastfeed → then the baby can receive expressed breast milk, provided by the mother but fed by a member of staff or a designated other person.

The mother should only be separated from the baby if she is too unwell to care for the baby.

IF THE MOTHER IS COVID+VE BUT IS ASYMPTOMATIC

Receive the baby at the door of NICU wearing full PPE.

Take the baby to a designated COVID+ve area for assessment → when a management decision is made transfer to a **COVID+ve WELL MOTHERs** isolation room.

The mother can breast feed if she chooses **AFTER** washing her hands and cleaning her breast with **SOAP AND WATER.**

She should wear a surgical mask and gloves.

PPE AND PRECAUTIONS:

COVID-19 IN DIFFERENT SETTINGS IN THE NEONATAL UNIT

COVID ISOLATION AREAS IN NICU

ENTERING AND EXITING ISOLATION WARDS/AREAS

STAFF MUST PUT ON PPE OUTSIDE THE ROOM and **BEFORE ENTERING ISOLATION AREAS**

As few persons as possible go in and out of isolation areas

All waste must be collected and double bagged inside the isolation area and taken immediately to the ward waste collection

Staff must remove PPE in a designated area just outside the isolation areas and place it in double disposal bags.

GENERAL COVID PRECAUTIONS FOR NICU

Symptomatic COVID+ve mothers may deliver prematurely.

The babies need to receive routine premature baby care.

Full PPE is required for **BVM resuscitation** – eg for apnoea.

BVM must be thoroughly cleaned after use with **0.5%** chlorine solution and allowed to dry.

Surgical mask, gloves and apron should be worn for **NGT feeds, IV cannulation and giving injections**.

Ideally have a bag of all possibly required equipment that can be taken into the room to prevent movement of people in and out of the ward and can be removed and thoroughly cleaned after use.

CPAP
CPAP creates some aerosoled dispersal of exhaled gases.

If CPAP is required this should be given as normal with staff wearing full PPE.

Expressed mother's milk can be given to the baby as with all babies on CPAP.

PPE AND PRECAUTIONS:

COVID-19 IN DIFFERENT SETTINGS IN THE NEONATAL UNIT

LABOUR WARD OR THEATRE

NICU STAFF FOR COVID+VE DELIVERIES

IF PAEDIATRIC ASSISTANCE IS REQUESTED TO BE PRESENT AT A DELIVERY

a **SENIOR DOCTOR** and **ONE NURSE** should be designated to be ready to do so

DO NOT ENTER
unless requested to do so if the baby needs your assistance

IF you do have to enter the ward or theatre **DRESS IN FULL PPE** and be ready to enter

IF YOU ARE NOT REQUIRED for resuscitation

A NURSE SHOULD RECEIVE THE BABY at the theatre or labour ward door in a designated COVID+ve transport cot & taken to the NICU COVID+ve assessment area

LABOUR WARD & THEATRE

RESUSCITATION AND NEONATAL EQUIPMENT

Ideally this **DESIGNATED EQUIPMENT** should already be in the room:

- COVID+ve resuscitaire
- Resuscitation equipment
- Weighing scales

Ideally have a bag of all possibly required **EMERGENCY EQUIPMENT** that can be taken into the room to prevent movement of people in and out of the ward. The bag can then be removed and thoroughly cleaned after use.

Priority Resource

KANGAROO MOTHER CARE (KMC) AND BREASTFEEDING

Last updated on 15 May, 2020

back to contents ➔

COVID-19 GUIDANCE:
SKIN-TO-SKIN CONTACT AND BREASTFEEDING

1 COVID-19 & KANGAROO MOTHER CARE (KMC)

Kangaroo mother care (KMC), including early skin-to-skin contact and promotion of exclusive breast milk feeding, is associated with a reduced risk of death and morbidity during the neonatal period and beyond.[1] Breast milk contains antibodies and other immune factors that protect against many respiratory and enteric invasive infections.[2] There is no evidence to suggest that respiratory viruses, including the novel coronavirus (COVID-19), can be transmitted through breast milk.[3–6]

Guidance from the WHO, UNICEF, the Royal College of Obstetricians and Gynaecologists and the Royal College of Paediatrics and Child Health, based on available evidence, states that the benefits of breastfeeding outweigh any potential risks of COVID-19 transmission through breast milk.[7–9]

2 COVID SYMPTOMATIC MOTHERS (REGARDLESS OF TESTING STATUS)

The mother should be encouraged and supported to breastfeed, hold her newborn skin-to-skin, and share a room with her baby, while applying the necessary precautions below:

- **Symptomatic mothers well enough to breastfeed and/or provide skin-to-skin contact should practice respiratory hygiene (including wearing a mask when near the baby),** including during feeding, and wash hands before and after touching/holding the baby.
- Surfaces with which the symptomatic mother has been in contact should be routinely cleaned and disinfected.
- **Symptomatic mothers and their newborns should stay together but be physically separated from mothers/newborns who are unaffected by maternal COVID-19** (ideally in a separate room/ward), and maintained at least 6 feet (~2 metres) apart from one another.[10]
- **If a mother is too ill to breastfeed**, she should be encouraged and supported to express milk that can be given to the baby via a clean cup and/or spoon, in line with WHO and UNICEF standard guidance on infant feeding,[11] while practicing respiratory hygiene (including wearing a mask when near the baby) and washing hands before and after milk expression and/or contact with the baby.

- In the event that a mother is too ill to express breast milk, alternative feeding options that may be considered include donor human milk, appropriate breast milk substitutes, and/or wet nursing, based upon cultural context, service/supply availability, and acceptability to the mother.[7,11]
- When the mother is well enough to breastfeed or express milk, re-lactation should be encouraged and supported.[7,12]

COVID-19 GUIDANCE:
SKIN-TO-SKIN CONTACT AND BREASTFEEDING

2 Continued

- **If a mother is too ill to hold her newborn skin-to-skin OR if a newborn is considered to be *clinically unstable* according to WHO criteria** (i.e., breathing and/or circulation require continuous medical support and monitoring),[13] → **the newborn should be admitted to the neonatal unit** and placed in an incubator (if preterm/low birth weight or unstable) or in a cot /bassinet (if term/normal birthweight and stable), in line with WHO recommendations for improving preterm outcomes.[14]

2.1 ADMITTED NEONATES BORN TO COVID SYMPTOMATIC MOTHERS

Admitted neonates born to symptomatic mothers should be physically separated from neonates unaffected by maternal COVID-19 (ideally in a separate room/ward), and maintained at least 6 feet (~2 metres) apart from one another.[10]

- Skin-to-skin contact may be initiated when the mother is well enough to hold her newborn skin-to-skin AND all of the following neonatal criteria have been met for a continuous period of at least 24 hours:[15,16]
  - **Breathing spontaneously with SpO2 >90% in room air**
  - **No need for supplemental oxygen or CPAP**
  - **Respiratory rate 40 to <60 breaths/minute**
  - **No apnoea**
  - **Heart rate 80 to <180 beats/minute**
  - **Axillary temperature 36.0–37.4°C**
  - **No need for intravenous (IV) fluids**
- **Symptomatic mothers should practice respiratory hygiene (including wearing a mask when near the baby)** and wash hands before and after holding the baby.

3 COVID ASYMPTOMATIC MOTHERS (TESTING NOT DONE OR RESULT PENDING)

The mother should be encouraged and supported to breastfeed, hold her newborn skin-to-skin, and share a room with her baby, while applying the necessary precautions below:

- **Asymptomatic mothers should practice respiratory hygiene** (i.e., avoid touching eyes, nose, and mouth; use tissues to contain any respiratory secretions), and wash hands before and after touching/holding the baby.
- Surfaces with which the asymptomatic mother has been in contact should be routinely cleaned and disinfected.
- **Asymptomatic mothers and their newborns should stay together but be physically separated from mothers/newborns who are unaffected by maternal COVID-19** (ideally in a separate room/ward), and maintained at least 6 feet (~2 metres) apart from one another.[10]

COVID-19 GUIDANCE:
SKIN-TO-SKIN CONTACT AND BREASTFEEDING

3 Continued

- **Mothers who are not able to initiate breastfeeding during the first hour after delivery** (e.g., due to caesarean section or medical instability) should be encouraged and supported to breastfeed as soon as they are able, in line with WHO and UNICEF standard guidance on infant feeding.[11]

- Mothers who remain too ill to breastfeed should be encouraged and supported to express milk that can be given to the baby via a clean cup and/or spoon,[11] washing hands before and after milk expression and/or contact with the baby, and practicing respiratory hygiene (as above).
- In the event that a mother is too ill to express breast milk, alternative feeding options that may be considered include donor human milk, appropriate breastmilk substitutes, and/or wet nursing, based upon cultural context, service/supply availability, and acceptability to the mother.[7,11]

- **If a mother is too ill to hold her newborn skin-to-skin OR if a newborn is considered to be *clinically unstable* according to WHO criteria** (i.e., breathing and/or circulation require continuous medical support and monitoring),[13] → **the newborn should be admitted to the neonatal unit** and placed in an incubator (if preterm/low birth weight or unstable) or in a cot /bassinette (if term/normal birthweight and stable), in line with WHO recommendations for improving preterm outcomes.[14]

3.1 ADMITTED NEONATES BORN TO COVID ASYMPTOMATIC MOTHERS

Admitted neonates born to asymptomatic mothers should be physically separated from neonates unaffected by maternal COVID-19 (ideally in a separate room/ward), and maintained at least 6 feet (~2 metres) apart from one another.[10]

- Skin-to-skin contact may be initiated when the mother is well enough to hold her newborn skin-to-skin AND all of the following neonatal criteria have been met for a continuous period of at least 24 hours:[15,16]
  - **Breathing spontaneously with SpO2 >90% in room air**
  - **No need for supplemental oxygen or CPAP**
  - **Respiratory rate 40 to <60 breaths/minute**
  - **No apnoea**
  - **Heart rate 80 to <180 beats/minute**
  - **Axillary temperature 36.0–37.4°C**
  - **No need for intravenous (IV) fluids**
- **Aymptomatic mothers should practice respiratory hygiene (including wearing a mask when near the baby)** and wash hands before and after holding the baby.

COVID-19 GUIDANCE:
SKIN-TO-SKIN CONTACT AND BREASTFEEDING

4 UNINFECTED MOTHERS
(COVID TESTING NEGATIVE)

The mother should be encouraged and supported to breastfeed, hold her newborn skin-to-skin, and share a room with her baby, while applying the necessary precautions below:

- Uninfected mothers should practice respiratory hygiene (i.e., avoid touching eyes, nose, and mouth; use tissues to contain any respiratory secretions), and wash hands before and after touching/holding the baby to help prevent infections.
- Uninfected mothers and their newborns should be admitted to the routine postnatal ward and treated according to standard care practices.
- Surfaces should be routinely cleaned and disinfected to help prevent infections.
- Mothers who are not able to initiate breastfeeding during the first hour after delivery (e.g., due to caesarean section or medical instability) should be encouraged and supported to breastfeed as soon as they are able, in line with WHO and UNICEF standard guidance on infant feeding.[11]

- Mothers who remain too ill to breastfeed should be encouraged and supported to express milk that can be given to the baby via a clean cup and/or spoon,[11] washing hands before and after milk expression and/or contact with the baby.
- In the event that a mother is too ill to express breast milk, alternative feeding options that may be considered include donor human milk, appropriate breastmilk substitutes, and/or wet nursing, based upon cultural context, service/supply availability, and acceptability to the mother.[7,11]

- If a mother is too ill to hold her newborn skin-to-skin OR if a newborn is considered to be clinically unstable according to WHO criteria (i.e., breathing and/or circulation require continuous medical support and monitoring),[13] → the newborn should be admitted to the neonatal unit and placed in an incubator/radiant warmer (if preterm/ low birthweight or unstable), or in a cot/bassinette (if term/normal birthweight and stable), in line with WHO recommendations for improving preterm outcomes.[14]

4.1 ADMITTED NEONATES BORN TO UNINFECTED MOTHERS

Skin-to-skin contact may be initiated when the mother is well enough to hold her newborn skin-to-skin **AND** all of the following neonatal criteria have been met for a continuous period of at least 24 hours: [15,16]

- **Breathing spontaneously with SpO2 >90% in room air**
- **No need for supplemental oxygen or CPAP**
- **Respiratory rate 40 to <60 breaths/minute**
- **No apnoea**
- **Heart rate 80 to <180 beats/minute**
- **Axillary temperature 36.0–37.4°C**
- **No need for intravenous (IV) fluids**

- As above, uninfected mothers should practice respiratory hygiene and wash hands before and after holding/touching the baby to help prevent infections.

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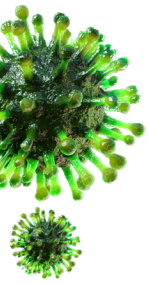
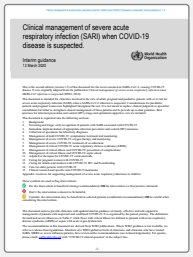
World Health Organization



FREQUENTLY ASKED QUESTIONS:
Breastfeeding and COVID-19
For health care workers

(28 April 2020)

Preface



This FAQ complements the WHO interim guidance: *Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected*
(13 March 2020 - www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected) and provides responses to questions that have arisen about the recommendations.

The interim guidance and FAQ reflect:

i. **the available evidence regarding transmission risks of COVID-19 through breastmilk;**
ii. **the protective effects of breastfeeding and skin-to-skin contact, and,**
iii. **the harmful effects of inappropriate use of infant formula milk.**

The FAQ also draws on other WHO recommendations on Infant and Young Child Feeding and the Interagency Working Group Operational Guidance on Infant and Young Child Feeding in Emergencies. A decision tree shows how these recommendations may be implemented by health workers in maternity services and community settings, as part of daily work with mothers and families.

www.who.int/news-room/q-a-detail/q-a-on-covid-19-and-breastfeeding

1. Can COVID-19 be passed through breastfeeding?

The COVID-19 virus has not, to date, been detected in the breastmilk of any mother with confirmed/suspected COVID-19. It appears unlikely, therefore, that COVID-19 would be transmitted through breastfeeding or by giving breastmilk that has been expressed by a mother who is confirmed/suspected to have COVID-19. Researchers continue to test breastmilk from mothers with confirmed/suspected COVID-19.

2. 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. There is no reason to avoid or stop breastfeeding.

3. 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, including kangaroo mother care, improves thermal regulation of newborns and several other physiological outcomes, and is associated with reduced neonatal mortality. Placing the newborn close to the mother also enables early initiation of breastfeeding which also reduces neonatal mortality.

The numerous benefits of skin-to-skin contact and breastfeeding substantially outweigh the potential risks of transmission and illness associated with COVID-19.

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

Yes. The transmission of the COVID-19 virus through breastmilk and breastfeeding has not been detected. While breastfeeding, a mother should still implement appropriate hygiene measures, including wearing a medical mask if available, to reduce the possibility of droplets with COVID-19 being spread to her infant.

Mothers and families can be advised that among the few cases of confirmed COVID-19 infection in children, most have experienced only mild or asymptomatic illness.

In contrast, there is high quality evidence showing that breastfeeding reduces neonatal, infant and child mortality including in high resource settings and improves lifelong health and development in all geographies and economic settings.

5. 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, especially before touching the baby
- Wear a medical mask while feeding. It is important to:
  - Replace masks as soon as they become damp
  - Dispose of masks immediately
  - Not re-use a mask
  - Not touch the front of the mask but untie it from behind
- Sneeze or cough into a tissue, immediately dispose of it and use alcohol-based hand rub or wash hands again with soap and clean water
- Regularly clean and disinfect surfaces

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

Yes. Breastfeeding unquestionably 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 even if this is not possible, breastfeeding should be continued. Other infection prevention measures, such as washing hands, cleaning surfaces, sneezing or coughing into a tissue are also important.

Non-medical masks (e.g. home-made or cloth masks) have not been evaluated. At this time, it is not possible to make a recommendation for or against their use.

7. 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 is 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.

8. 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***
  - Expression of breastmilk is primarily done or taught through hand expression, with the use of a mechanical pump only when necessary. Hand expression and using a pump can be equally effective.
  - The choice of how to express will depend on maternal preference, availability of equipment, hygiene conditions and cost.
  - Expressing breastmilk is also important to sustain milk production so that mothers can breastfeed when they recover.
  - The mother, and anyone helping the mother, should wash their hands before expressing breastmilk or touching any pump or bottle parts and ensure proper pump cleaning after each use. *(See question 10 below)*
  - The expressed breastmilk should be fed to the child preferably 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.
- ***Donor human milk***
  - If the mother is unable to express milk and milk is available from a human milk bank, 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:***
  - Wet-nursing *(see question 11 below)*
  - Infant formula milk with measures to ensure that it is feasible, correctly prepared, safe and sustainable.

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

Yes. The 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.

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

Even when COVID-19 is not a consideration, breastmilk pumps, milk storage containers and feeding utensils need to be appropriately cleaned after every use.

- Wash the pump/containers after every use with liquid soap, e.g. dishwashing liquid and warm water. Rinse after with hot water for 10-15 seconds.
- Some breast pumps parts can be put in the top rack of a dishwasher (if available). Check the instruction manual before doing this.

11. If a mother with confirmed/suspected COVID-19 is not able to breastfeed or to express breastmilk, can wet-nursing be recommended?

Wet-nursing may be an option depending on acceptability to mothers/families, national guidelines, cultural acceptability, availability of wet-nurses and services to support mothers/wet-nurses.

- In settings where HIV is prevalent, prospective wet-nurses should undergo HIV counselling and rapid testing, according to national guidelines, where available. In the absence of testing, if feasible undertake HIV risk assessment. If HIV risk assessment/ counselling is not possible, facilitate and support wet-nursing. Provide counselling on avoiding HIV infection during breastfeeding.
- Prioritise wet-nurses for the youngest infants.

12. If a mother confirmed/suspected to have COVID-19 was unable to breastfeed because she was too ill or because of another illness, when can she start to breastfeed again?

A mother can start to breastfeed when she feels well enough to do so. There is no fixed time interval to wait after confirmed/suspected COVID-19. There is no evidence that breastfeeding changes the clinical course of COVID-19 in a mother.

She should be supported in her general health and nutrition to ensure full recovery. She should also be supported to initiate breastfeeding or relactate.

13. 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 implement 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.

14. 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 optimise 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.

15. What are 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:

I. COVID-19 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.

II. Newborns and infants are at low risk of COVID-19 infection. Among the few cases of confirmed COVID-19 infection in young children, most have experienced only mild or asymptomatic illness.

III. 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.

IV. The numerous benefits of breastfeeding substantially outweigh the potential risks of transmission and illness associated with COVID-19.

16. 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.

The numerous benefits of breastfeeding substantially outweigh the potential risks of transmission and illness associated with the COVID-19 virus.

17. For what period of time are WHO recommendations on Breastfeeding and COVID-19 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.

18. Why do recommendations for mothers with confirmed/suspected COVID-19 and their infants seem different from social distancing recommendations for the general population?

Recommendations for adults and older children to maintain social 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 milk are used inappropriately as well as the protective effects of breastfeeding and skin-to-skin contact.

In general, children are at low risk of COVID-19 infection. Among the few cases of confirmed COVID-19 infection in children, most have experienced only mild or asymptomatic illness. The numerous benefits of breastfeeding substantially outweigh the potential risks of transmission and illness associated with the COVID-19.

19. 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.

20. Why do WHO recommendations on mother/infant contact and breastfeeding for mothers with confirmed/suspected COVID-19 differ from those of some national and professional organizations?

WHO's recommendations on mother/infant contact and breastfeeding are based on a full consideration not only of the risks of infection of the infant with COVID-19, but also the risks of serious morbidity and mortality associated with not breastfeeding or the inappropriate use of infant formula milks as well as the protective effects of skin-to-skin contact and breastfeeding.

Recommendations of other organizations may focus only on the prevention of COVID-19 transmission without full consideration of the importance of skin-to-skin contact and breastfeeding.

www.who.int/news-room/q-a-detail/q-a-on-covid-19-and-breastfeeding

Disclaimer

The responses to questions in this document are derived from WHO publications and the Interagency Working Group Operational Guidance on Infant and Young Child Feeding in Emergencies. The WHO interim guidance was developed by a WHO global network of clinicians and clinicians who have treated patients with SARS, MERS, or severe influenza or COVID-19.

For queries, please email: **outbreak@who.int** with **"COVID-19 clinical question"** in the subject line.

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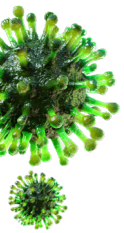


DECISION TREE

for breastfeeding in context of COVID-19: Guidance for **health care and community settings**

Is mother a suspected or confirmed case of COVID-19?

NO →

YES ↓

Is mother well enough to breastfeed?

YES → Mother should wear a medical mask during feeding. If a medical mask is unavailable, advise mother to:

- Sneeze or cough into a tissue and immediately dispose of it & wash hands

Chest should be washed if she has been coughing on it. Breast does not need to be washed before every feeding.

NO ↓

Is mother able to express breastmilk (including with help)?

YES → Feed mother's expressed milk to the baby → Revert to direct breastfeeding when mother is well enough to breastfeed

NO ↓

Is human milk available from a donor human milk bank?

YES → Feed donor human milk to the baby until the mother recovers

NO ↓

Is wet-nursing culturally acceptable and can a safe wet-nurse be identified?

YES → Facilitate wet-nursing of the baby until the mother recovers

NO → Feed infant formula milk to the baby until the mother recovers

Is mother willing to breastfeed after recovery?

YES → Assist mother with relactation when she is well enough to breastfeed

NO → Continue alternative modes of feeding the baby

- **Support mother to breastfeed:**
  - **For newborns**, initiate breastfeeding within first hour after delivery and practice skin-to-skin care as soon as possible
  - **For infants < 6 months**, support exclusive breastfeeding
  - **For infants and young children > 6 months**, continue breastfeeding with safe and health complementary foods
- **Do not separate mother and baby**
- **Advise mother to:**
  - **Wash hands frequently** with soap and water or use alcohol-based hand rub before touching the baby
  - **Regularly clean and disinfect surfaces** that she has touched

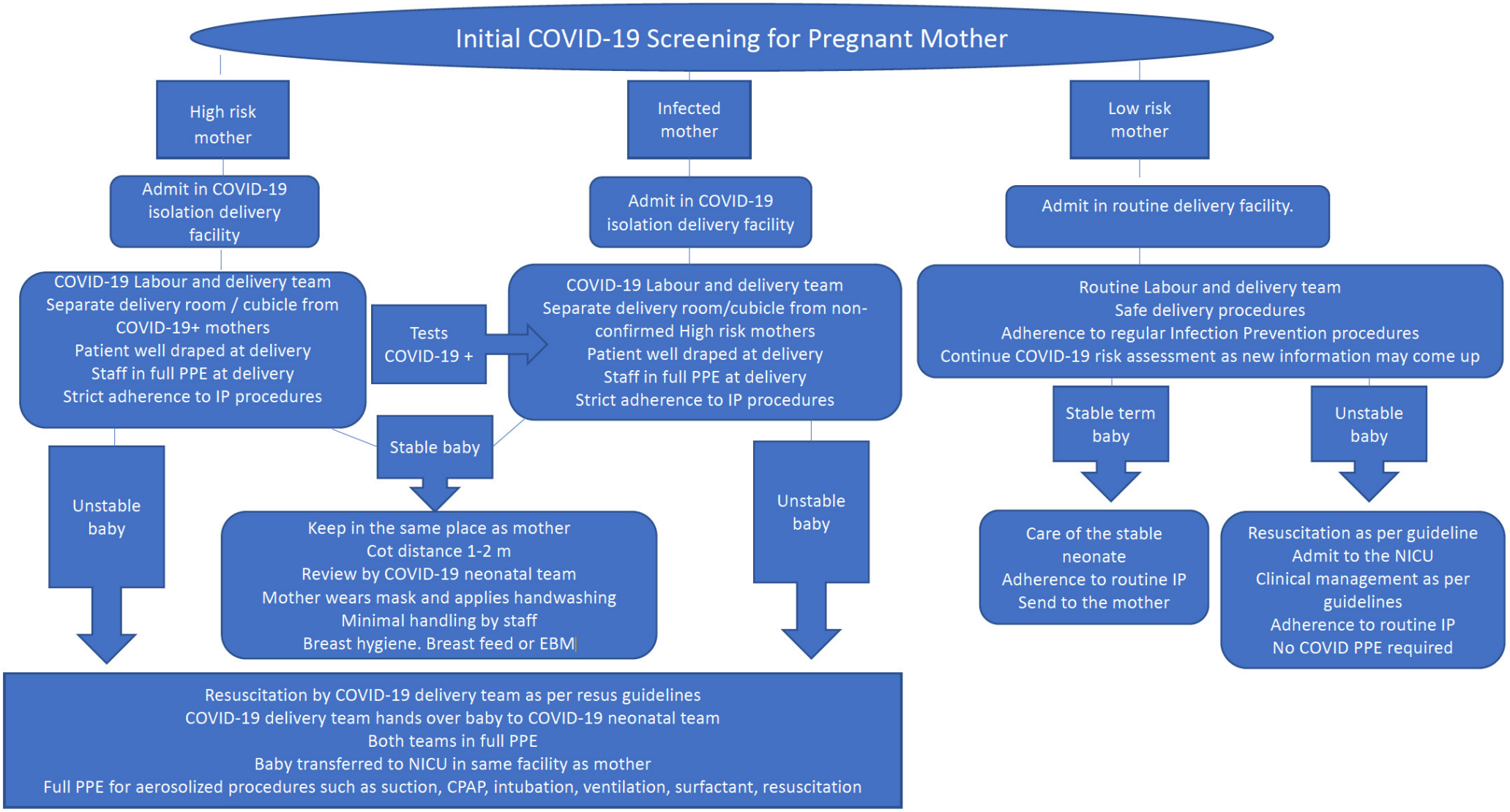
World Health Organization

www.who.int/news-room/q-a-detail/q-a-on-covid-19-and-breastfeeding

Priority Resource

INITIAL COVID-19 SCREENING FOR PREGNANT MOTHERS

Last updated on 15 May, 2020

back to contents ➔

COVID-19 GUIDANCE:
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