

What we know about Breastfeeding and newborn care in the context of COVID-19

THE LATEST ON THE GLOBAL SITUATION
& INFORMATION ON BREASTFEEDING WITH COVID-19



World Health Organization

EPI•WiN

infodemic
MANAGEMENT

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Current global situation

As of 11 October 2020

- **> 37 million cases**
- 5 countries with highest cumulative number of cases:

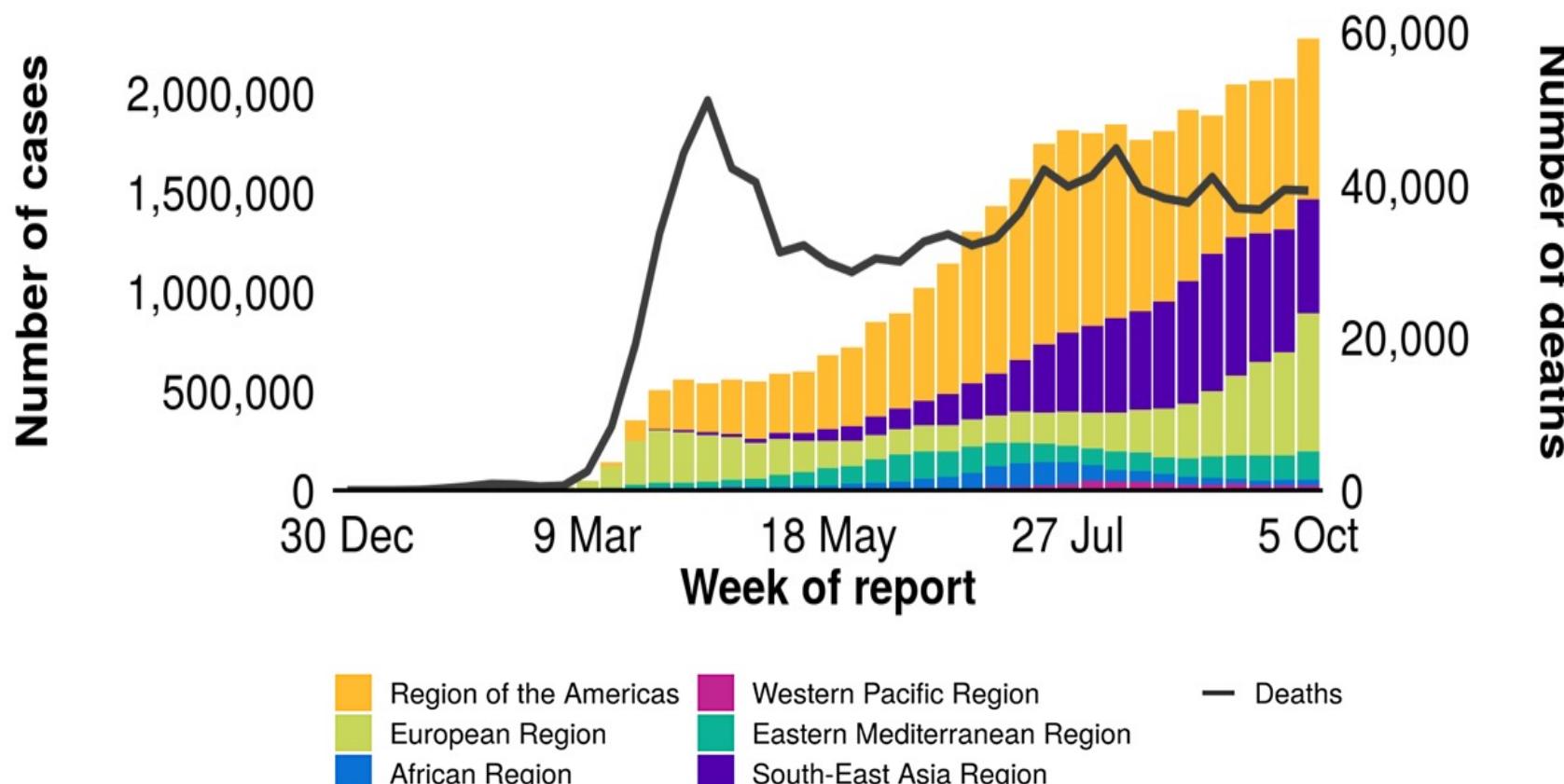
-  United States of America
-  India
-  Brazil
-  Russian Federation
-  Colombia

- **> 1 million deaths**
- 5 countries with highest cumulative number of deaths:

-  United States of America
-  Brazil
-  India
-  Mexico
-  The United Kingdom

Current global situation

As of 11 October 2020

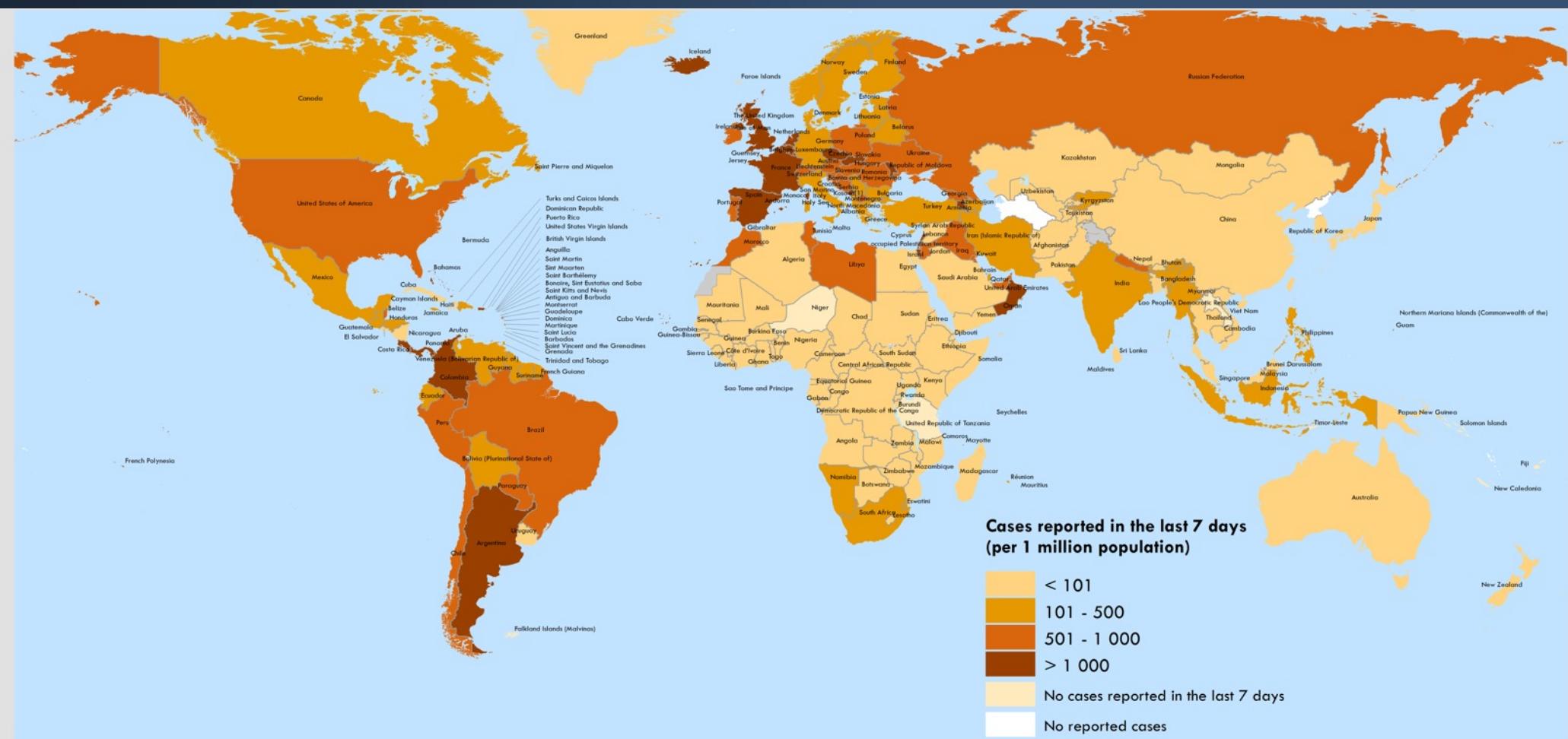


* Cases depicted by bars; deaths depicted by line

COVID-19 cases reported in the last 7 days

Per million population

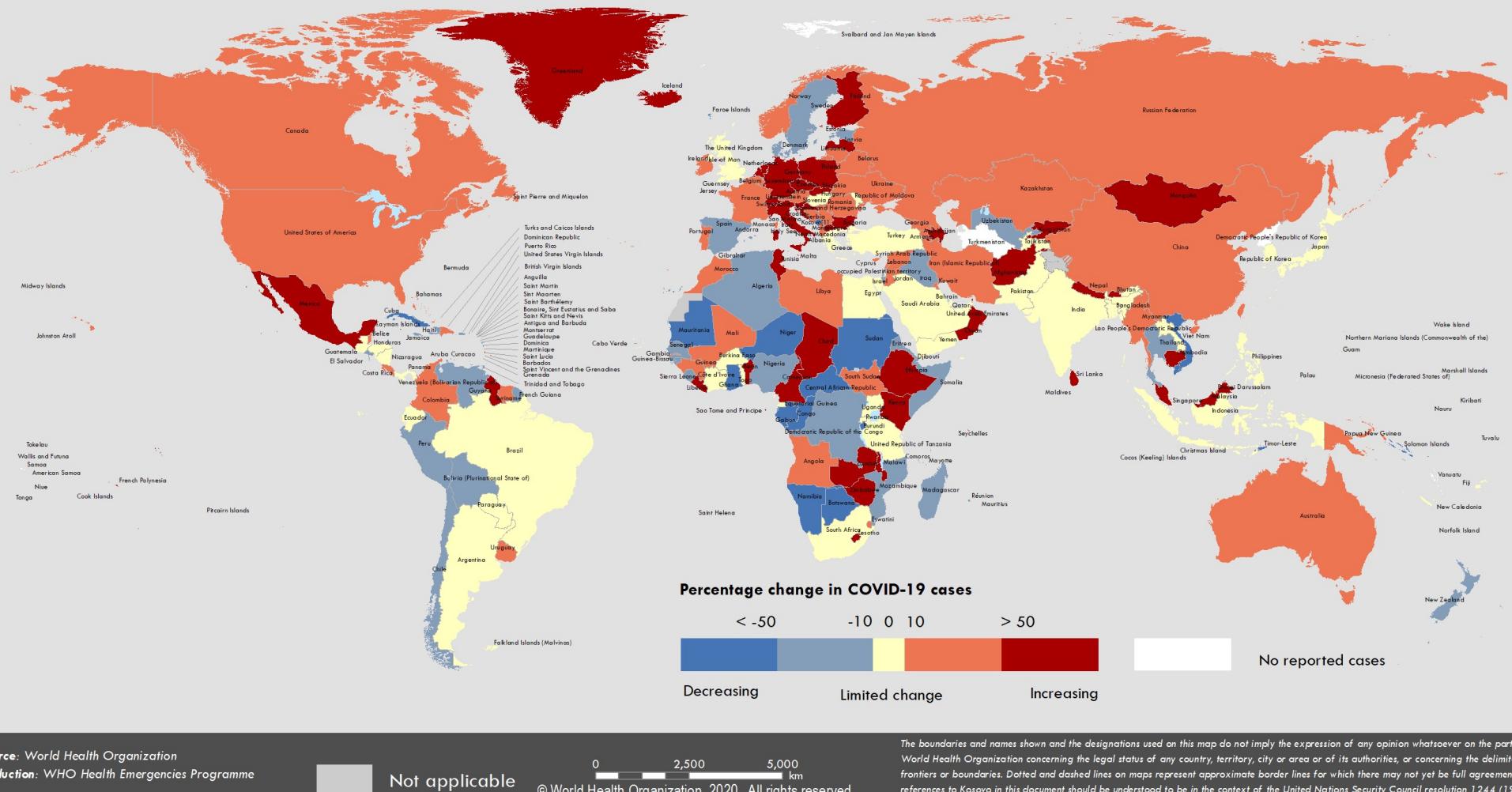
FROM 05 OCTOBER 2020 to 11 OCTOBER 2020



Percentage change in COVID-19 over last 7 days

Relative to previous seven days

FROM 05 OCTOBER 2020 to 11 OCTOBER 2020



Breastfeeding and prevention of illness

- **Breastfeeding and skin-to-skin contact** protects against child illness and death, especially against infectious diseases
- Children who are not breastfed are at higher risk from infectious diseases as well as lifelong ill-health from some non-communicable diseases
- For mothers, **breastfeeding protects against breast cancer** and improves birth spacing, and may protect against ovarian cancer and type 2 diabetes



Newborn and infant risk of COVID-19

- Newborns and infants are at low risk of COVID-19 infection.
- Of the few young children with COVID-19, most have had mild illness or a positive test without symptoms.
- The virus SARS-CoV-2 has not been detected in breastmilk of mothers with confirmed or suspected COVID-19 and there is no evidence of virus transmission through breastfeeding.

The benefits of breastfeeding substantially outweigh the risks of illness associated with COVID-19

Estimated infant deaths with and without breastfeeding

- Based on transmission among household contacts, estimated infant deaths in low and middle income countries due to COVID-19 could number between 1,800-2,800 if affected mothers breastfeed.
- In contrast, if mothers with SARS-CoV-2 infection were to be separated from their infants and avoid or stop breastfeeding, estimated infant deaths would range from 134,000 to 273,000.

*Deaths of infants separated from mothers and not breastfeeding would be at least **60 times greater** than possible deaths due to COVID-19.*

Ref. Rollins et al, A public health approach for deciding policy on infant feeding and mother-infant contact in the context of COVID-19. Modelling in progress using 2019 demographic data and infant and child mortality in low and middle –income settings [Submitted]

Mother and infant contact

- **Mother and infant should have contact at birth regardless of COVID-19 status**
- A mother should not be separated from her infant unless too sick to care for her baby.
- If a mother is unable to care for her infant, another competent family caregiver should be identified.
- Mothers and infants should be enabled to:
- **practice early and uninterrupted skin-to-skin contact**, such as kangaroo mother care*, as soon as possible after birth, including for preterm or low birthweight infants.
- remain together while rooming-in through out the day and night, especially immediately after birth and during establishment of breastfeeding.

* *Kangaroo mother care is a method of care of preterm infants or low birth weight babies. Infants are carried with skin-to-skin contact by the mother or another family member. The baby uses minimal energy to maintain body temperature.*



World Health Organization. Kangaroo mother care: a practical guide. 2003
https://www.who.int/maternal_child_adolescent/documents/9241590351/en/

If breastfeeding is interrupted

- When severe illness prevents a mother from breastfeeding or caring for her infant, she should be **supported to express breastmilk** and provide it safely, while applying appropriate measures to prevent infections.
- **Support mothers to breastfeed as soon as they are able** if they cannot initiate breastfeeding during the first hour after delivery.
- **Provide assistance after recovery for relactation** to re-establish a milk supply and continue breastfeeding.



Alternatives to breastfeeding

If the mother is too unwell to breastfeed or express breastmilk, explore alternatives to breastfeeding a newborn or young infant, in priority order, as follows:

- 1. Offer donor human milk** - if available from a human milk bank
 - Prioritize limited supplies for preterm and low birth weight newborns
- 2. Offer wet nursing** (a woman breastfeeds another woman's child) - where available, acceptable and supported
 - Prioritize wet nurses for the youngest infants. COVID-19 testing of a potential wet nurse is not required
 - Where HIV is prevalent, provide HIV counselling and rapid testing to prospective wet nurses
 - In the absence of testing, undertake HIV risk assessment, if feasible
 - If HIV risk assessment or counselling is not possible, facilitate and support wet nursing
- 3. Breastmilk substitutes may be used as a last resort**

If a woman with **COVID-19** is too unwell to breastfeed, she can be supported to safely provide her baby with breastmilk in other ways, including by:



Expressing milk



Relactation



Donor human milk



World Health Organization

#COVID19 #CORONAVIRUS

Best practice for infant care if mother is COVID-19 positive

- **Perform hand hygiene with soap and water or alcohol-based hand rub**, especially before contact with her child.
- **Perform respiratory hygiene**: sneeze or cough into a tissue and immediately dispose of the tissue. Wash hands with soap and water or alcohol-based hand rub.
- **Clean and disinfect surfaces** with which the mother has been in contact.
- **Wear a medical mask until symptoms resolve** and criteria for release from isolation have been met.



Women with COVID-19 can **breastfeed** if they wish to do so. They should:



Practice respiratory hygiene and wear a mask



Wash hands before and after touching the baby



Routinely clean and disinfect surfaces



#COVID19 #CORONAVIRUS

Best practices for a breastfeeding mother who is COVID-19 positive

- A breastfeeding mother should be helped to clean her chest with soap and water if she has been coughing. A breastfeeding mother does not need to wash her breasts before every feed.
- If the mother does not have a medical mask, she should still be encouraged to continue breastfeeding as the benefits of breastfeeding outweigh the potential harms of the virus when breastfeeding.
- There should be no promotion of breastmilk substitutes, feeding bottles and teats, pacifiers or dummies in any part of facilities providing maternity or newborn services, or by any of the staff.

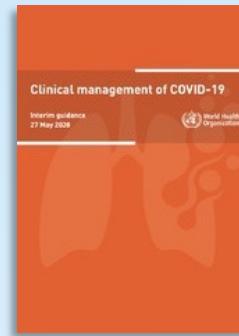


https://www.youtube.com/watch?time_continue=6&v=OFGiy6t7k5E&feature=emb_logo

Care of small and sick newborn possible adaptations

- Ensure parents are screened for COVID-19 before entering the infant care unit
- Limit caregivers providing support for kangaroo mother care to **1 or 2 persons with protective equipment** and trained in infection prevention and control
- Develop strategies to support continuing kangaroo mother care at home
- Consider early discharge with follow-up where possible for pre-term and low birthweight infants

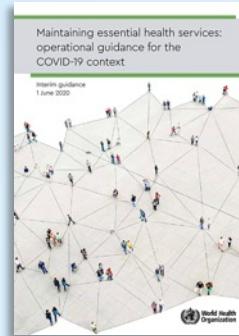
RESOURCES:



[Clinical management of COVID-19, Chapter 19](#)

Feeding and caring for infants and young children of mothers with COVID-19.

[Download](#)



[Maintaining essential health services: operational guidance for the COVID-19 context](#)

Guidance for management of pregnant or lactating women or newborns with suspected or confirmed COVID-19

[Download](#)

In summary

- **Regardless of COVID-19, mothers and infants should remain together, breastfeed, practice skin-to-skin contact and kangaroo mother care, and rooming-in day and night while applying necessary infection prevention and control measures.**
- From the available evidence, mothers should be counselled that **the benefits of breastfeeding substantially outweigh any possible risks of transmission.**

COVID-19

**Zero separation.
Together for better care!**

Keep preterm and sick babies close to their parents.

#TogetherForBetterCare
#ZeroSeparation

Maternal and newborn health services, including small and sick newborn care, remain core essential services during the pandemic. The COVID-19 response is already impacting availability, accessibility and quality of health services for pregnant women and newborns. The full impact of COVID-19 on maternal and newborn health is uncertain. Even a modest decline of 10% in coverage of pregnancy related and newborn health care would result in an additional 28,000 maternal deaths and 168,000 newborn deaths.

World Health Organization
www.who.int/publications-detail/10665-332240

 global alliance
for newborn care

 efcni
european foundation for
the care of newborn infants

WHO guidance and resources

Breastfeeding
and
COVID-19

Scientific brief

[WHO Science Brief: Breastfeeding and COVID-19](#)

A WHO scientific brief and breastfeeding and COVID-19



[FAQs: Breastfeeding and COVID-19 for health care workers](#)

Frequently asked questions about breastfeeding & COVID-19 for health care workers ([Arabic](#), [English](#), [French](#), [Spanish](#), [Portuguese](#), [Russian](#), Chinese to follow.)



[World Health Organization. Kangaroo mother care: a practical guide](#)

A practical guide explaining a method of care of preterm infants involving infants being carried usually by the mother and skin-to-skin contact



[Video: Women with COVID-19 can breastfeed](#)

Available in [Arabic](#), [English](#), [French](#), [Spanish](#), [Russian](#) and [Chinese](#)



[Six infographics](#)

Infographics featuring topics surrounding pregnancy, childbirth, breastfeeding and COVID-19



[Q&A: Breastfeeding and COVID-19](#)

Common questions about breastfeeding and COVID-19



How to protect ourselves & others

9 important COVID-19 prevention measures



01 Stay home and self-isolate if you feel unwell, even with mild symptoms



02 Clean hands frequently with soap & water for 40 seconds or with alcohol-based hand rub



03 Cover your nose and mouth with a disposable tissue or flexed elbow when you cough or sneeze



04 Avoid touching your eyes, nose and mouth



05 Maintain a minimum physical distance of at least 1 metre from others



06 Stay away from crowds and avoid poorly ventilated indoor spaces



07 Use a fabric mask where physical distancing of at least 1 metre is not possible



08 Use a medical / surgical mask if you may be at higher risk (age, medical conditions)



09 Regularly clean & disinfect frequently touched surfaces

WHO guidance on COVID-19

VIDEO RESOURCES

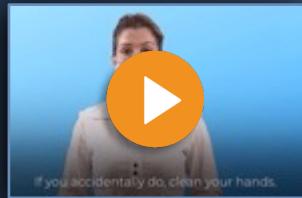
Masks



[Medical and fabric masks: who wears what when?](#)



[How to wear a fabric mask safely](#)



[How to wear a fabric mask](#)



[How to wear a medical mask](#)

Transmission



[How to break the chains of transmission](#)

Protecting ourselves



[How to protect yourself against COVID-19](#)



[Seven steps to prevent the spread of the virus](#)

Recent EPI-WIN webinars

DISCUSSIONS ON CURRENT ISSUES RELATED TO COVID-19

Empathy and emotions: navigating digital wellbeing & grief during COVID-19

A conversation about the importance of empathy and community-based solutions to mental health challenges, including grief and digital wellbeing in the context of COVID-19 and beyond

Monday 12 October, 2020

Good participatory practices for COVID-19 research and response

Good participatory practices for COVID-19 research and response, and practical examples of how these methods work to engage and empower communities through their involvement.

Tuesday 13 October, 2020



[Watch the recording](#)



[Watch the recording](#)





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