



Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



HOW YOU CAN SLOW THE SPREAD OF COVID-19

Take care of others by taking care of yourself.

Wash your hands, don't touch your face, and stay home if you are sick.

Stay at Home and Physically Distance

Stay at home whenever you can. Maintain 2 meters distance from those outside of your household.

COVID-19 Guideline for Lactation for Women/Individuals Who Are Confirmed or Suspect Cases of COVID-19

April 15, 2020

Knowledge is changing rapidly and therefore information below may be modified in response to new information and evidence. See Summary of Updates below for the latest changes in recommendations.

Site Applicability:

Sites in British Columbia that deliver health care to pregnant and postpartum women/individuals and their infants within birthing and postpartum units, homebirth, and community settings. This document is intended for the subsequent care of the newborn/infant at and after the time of birth.

General Information:

- SARS-CoV-2 is a novel coronavirus that causes COVID-19 illness in adults and children. In the context of a global COVID-19 pandemic, B.C. has implemented a number of public health measures to prevent the spread of SARS-CoV-2.
- Pregnant women/individuals are not at more risk of acquiring SARS-CoV-2, nor at more risk of getting severe disease than comparable aged adults.
- Pregnancy outcomes with confirmed COVID-19: To date, information is available of about 60 cases of pregnant women with confirmed COVID-19 in China. The pregnancy outcomes have been reported to be good overall, with spontaneous and iatrogenic preterm labour being the most reported adverse pregnancy outcomes.
- **Vertical Transmission: Within the small cohort referred to in a previous statement there is no evidence of vertical transmission at this point.**
- Teratogenicity: There is currently no reported increased risk of congenital anomaly, though the number of reported cases is small.
- COVID-19 virus has a very low infection rate in children estimated at 1-5% worldwide. The majority of cases in children are the result of a household transmission by droplet spread from another family member with symptoms of COVID-19.

Definitions:

- COVID-19 disease categories as used in this document:
 - Confirmed case: Mother or newborn has laboratory result confirmation for SARS-CoV-2.

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- Suspect case: Mother or newborn who has become symptomatic of a viral illness and COVID-19 is a part of the differential diagnosis and testing has been sent
- Close contact: Mother or newborn is asymptomatic but has had close physical or prolonged contact with someone who has become symptomatic or diagnosed with COVID-19; for example, a newborn who is asymptomatic born to a woman who is a confirmed or suspect case of COVID-19, or a mother in close household contact with a family member with confirmed COVID-19.
- IPAC: Infection Prevention and Control

Overall Principles:

- COVID-19 has not been detected in human milk. Human milk has antibodies and immune factors that protect the health of an infant.
- Direct breastfeeding provides higher protection against infection as it provides antibodies targeted towards the microbes to which the newborn is exposed.
- Therefore: Breastfeeding is recommended and skin-to-skin contact should be facilitated during the COVID-19 pandemic, with appropriate IPAC measures.
- In the face of emergencies and public health crises, breastfeeding is emergency preparedness, as it supports infants' and young children's immunity and offers food security.
- Mother and newborn should remain together, and practice safe skin-to-skin contact, especially following birth, whether the individual is a confirmed or suspect case of COVID-19, while applying IPAC measures.
- Social isolation with an infant may affect some parents' mental health. Support families to remain together as much as possible. When separation is required, provide appropriate psychosocial support and connect with the mother-infant dyad through virtual modalities.
- If temporary separation of the mother and infant is required and direct breastfeeding is not possible, the mother should be encouraged and supported to express milk and safely provide human milk to the infant, while applying IPAC measures.
- Delay weaning. Considering increased food security and immunity protection provided by breastfeeding, explore with the breastfeeding parent the value in continuing provision of human milk during the COVID-19 outbreak. This is especially true for the breastfeeding parent of preterm newborn in the NICU or any other ill or premature newborn.
- Undertake thorough cleaning and disinfection of breast pumps if shared between mothers, and follow IPAC measures to avoid contamination and reduce the risk of neonatal infection.
- A mother may reuse a breast pump kit as long as washing, rinsing, and drying of the kit between each use is done as per facility cleaning instructions.

Healthy mother and infant:

- Support breastfeeding as per family and person-centered care principles. Learn more [here](#).
- Standard IPAC for all well mothers and well infants.
- Consider mother and infant as a dyad and encourage the practice of physical distancing between the dyad and other individuals.
- Delay weaning during the COVID-19 pandemic.



Postpartum mother who is a confirmed or suspect case of COVID-19 in *home and community settings*:

- Support breastfeeding as per family and person-centered care principles.
- Discuss precautions to avoid spreading of the virus:
 - For the mother-infant dyad who are directly breastfeeding:
 - [hand wash](#) before and after touching infant
 - wear a face mask to minimize transfer of respiratory secretions during breastfeeding and cuddling
 - wear a face mask as per BCCDC guidance. Learn more [here](#)
 - if the mask gets wet or dirty, change it and wash hands right away
 - routinely clean and disinfect surfaces with which the symptomatic mother has been in contact
 - consider having someone who is asymptomatic provide care and support to the mother and encourage breastfeeding as much as possible
 - connect the parent to virtual modalities to support breastfeeding and mental well being
 - For the mother-infant dyad pumping and feeding expressed human milk, all considerations as above, as well as:
 - after each pumping session, thoroughly clean and disinfect all pump parts that come into contact with human milk and disinfect the entire pump surface following each session
 - clean and disinfect all bottles and any infant feeding devices used. For more information visit [here](#).

Postpartum mother who is a confirmed or suspect COVID-19 in *hospital*:

- Current guidance¹ recommends that when a mother has mild symptoms and can participate in the care of the newborn, rooming-in where a private room is available should be provided
- Support breastfeeding as per family and person-centered care principles
- Discuss precautions to avoid spreading the virus:
 - For the mother-infant dyad directly breastfeeding:
 - hand wash before and after touching infant
 - wear a face mask when possible to minimize transfer of respiratory secretions during breastfeeding, expressing milk and when skin to skin
 - wear a mask until:
 - At least 10 days passed the onset of symptoms; AND
 - Fever has resolved without the use of fever-reducing medication; AND
 - Symptoms (respiratory, gastrointestinal, and systemic) have improved
 - consider having someone who is asymptomatic, provide care and support to the mother and encourage breastfeeding as much as possible
 - For the mother-infant dyad pumping and feeding expressed human milk, all considerations as above, as well as:
 - use a hospital grade, electric breast pump and where possible, leave a dedicated breast pump in the room
 - mothers should be provided with a sterile single-person use, reusable pump kit
 - single-person use, reusable pump kits should be replaced as directed by the healthcare setting policy: generally a mother may reuse a breast pump kit if washing, rinsing, and drying takes place between uses:

¹ BCCDC/PSBC Interim Guidelines; WHO Clinical Management of Severe Acute Respiratory Infection when COVID-19 Disease is Suspected: Interim guidance; ABM Statement on Coronavirus 2019



- after each pumping session, thoroughly wash all parts that come into contact with human milk and clean and disinfect the entire pump surface with each session. Cover with a clean sheet between uses. Learn more [here](#)
- store dry, clean parts in a single-use plastic bag between uses:
 - a) replacement of breast pump kits may be more frequent for the preterm or at-risk newborn, refer to institutional policy
 - b) it is important to assess a mother's ability to clean pump equipment effectively
 - c) if a physical setting does not provide an appropriate opportunity for cleaning to take place, or if the mother is unable to comply with cleaning instructions, a clean pump kit will need to be provided for each pumping session
- o Routine practices such as hand hygiene and wearing gloves should be followed when handling and preparing human milk:
 - sterile, single-use bottles and sterile lids should be used for each pumping session, particularly for infants or newborns requiring intensive care
 - freshly expressed milk can be stored at room temperature up to 6 hours for healthy term infants. Ideally unused milk should be stored in a refrigerator located in the patient's room
 - freshly expressed milk can be stored at room temperature up to 4 hours for ill/preterm newborns. Unused milk should be stored in a designated fridge. Expressed milk should be placed in a clean, labeled resealable plastic food storage bag and placed in an individual clean, labeled container. A clean resealable plastic food storage bag should be used each time to store milk
 - if expressed milk needs to be transported outside of the mother's room or NICU, transport milk in a single use resealable plastic food storage bag. Discard bag once milk removed
 - prior to administration of human milk, use a low-level disinfectant to clean and disinfect outside of milk storage container
- At a minimum, a double check mechanism should be used at the time of administration to avoid errors in administration. Routinely clean and disinfect surfaces with which the symptomatic mother has been in contact.

Temporary separation of mother who is a confirmed or suspect case of COVID-19 and newborn (Mother in *intensive care unit*):

- Assist mother to breastfeed and maintain lactation, if separated from newborn, as per family and person-centered care principles and institutional capacity:
 - o Optimal care in the immediate postpartum period includes:
 - initiating hand expression early and often to establish milk supply, within 6 hours of birth, and preferably within 1 hour
 - establishing early skin-to-skin contact when possible
 - mothers and families may need additional guidance and support to continue breastfeeding, to utilize expressed breast milk, to maintain milk production and to store milk for later use while the mother is COVID-19+
 - o Refer to applicable guidance for hospitalized mother postpartum (above)



Temporary separation of mother who is a confirmed or suspect case of COVID-19 and newborn, *neonatal intensive care unit (NICU)*:

- Current guidance recommends that mothers or caregivers with confirmed COVID-19 status with a newborn in the NICU, should not enter the NICU until:
 - At least 10 days have passed since the onset of symptoms; AND
 - Fever has resolved without the use of fever-reducing medication; AND
 - Symptoms (respiratory, gastrointestinal, and systemic) have improved

Refer to site specific guidelines.

- Family and person-centered care principles should be supported while applying IPAC measures.
- Mothers and families may need additional guidance and support to continue breastfeeding, to utilize expressed breast milk, to maintain milk production and to store milk for later use while the mother is a confirmed case of COVID-19 and symptomatic, while applying IPAC measures:
 - encourage breastfeeding as much as possible and connect the parent to virtual modalities to support mental well being
 - encourage skin-to-skin contact and Kangaroo Care with an alternative healthy caregiver until mother is asymptomatic
 - provide guidance on transporting mother's expressed milk to the NICU. Learn more [here](#)
- If the mother or caregiver is asymptomatic and meets the criteria for not requiring isolation:
 - support breastfeeding as per family and person-centered care principles
 - if direct breastfeeding is not yet possible provide additional support and guidance on expressing and maintain milk production.
 - encourage skin-to-skin contact and Kangaroo Care
 - encourage active participation in their infant's care

Pasteurized donor human milk in B.C. during the COVID-19 pandemic:

- When mother's milk is not available or breastfeeding is not yet established, pasteurized donor human milk remains the next best option.
- Due to the current COVID-19 pandemic there is a limited supply of donor milk. The current supply of pasteurized donor human milk is reserved for the sickest newborns in B.C. Learn more [here](#)
- BC Women's Provincial Milk Bank continues to screen donors and process milk.
- Milk donation is needed during the pandemic to supply as many sick newborns as possible.
 - milk bank depots are being encouraged to accept donations using methods that involve "no contact" Learn more [here](#)

Informal Milk Sharing:

- Health Canada, the Canadian Paediatric Society, and the Human Milk Banking Association of North America do not endorse the use of unpasteurized donor human milk (informal milk sharing).
- The possible risks associated with informal milk sharing may be further amplified during the COVID pandemic and especially for ill or preterm newborns.
- Encourage direct breastfeeding as much as possible and connect the parent to virtual modalities to support breastfeeding.



- More information for health care providers can be found [here](#) and more information for families can be found [here](#)



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