

INFANT FEEDING IN THE CONTEXT OF COVID-19

FAQ for frontline health & nutrition workers

WHO/UNICEF IYCF recommendations have not changed during the COVID-19 pandemic.

Initiate breastfeeding within 1 hour of birth
Exclusively breastfeed for the first 6 months
Introduce age-appropriate, adequate, safe and properly fed complementary foods starting from 6 months up to 2 years of age
Continue breastfeeding for up to 2 years of age or beyond.

Breastfeeding protects against respiratory and gastro-intestinal illnesses and prevents malnutrition and mortality.

Breastfeeding is not easily restarted once interrupted, so steps to promote, protect and support breastfeeding are critical, especially during emergencies.

Does the virus pass through breastmilk?

The COVID-19 virus has not been found in human milk. There are no known cases of transmission through human milk.

Should breastfeeding continue if a child has COVID-19?

Yes, breastfeeding should continue as it provides nutrition, immune protection and comfort to the sick child. Children who are sick may breastfeed more often and parents may notice that the child over 6 months eats less food than usual. Mothers should be encouraged to offer the breast often.

Should infants be placed skin-to-skin following birth to facilitate transition and initiation of breastfeeding?

Yes, early initiation of breastfeeding saves lives and protect infants from diseases.

Immediate skin-to-skin for an hour or more should be initiated at birth. A mask and hand hygiene should be offered to the mother.

Skin-to-skin should not be delayed or interrupted unless necessary to provide urgent care and then only to the extent absolutely necessary.

Are infants at extra risk of COVID-19?

No. Current evidence shows that, unlike most infections, infants and young children appear to get less ill than adults when they are infected with COVID-19.

Infants and children who live with a parent who has COVID-19 are more likely to contract it.

Caregivers who are COVID-19+



Wash hands for 20 sec with soap



Wear a mask, if available



Clean surfaces they touch

Should mothers continue to breastfeed if they have or suspect they have COVID-19?

Yes, mothers should continue to breastfeed while limiting the baby's exposure to the virus using respiratory precautions. This allows for the nutrition, immune protection and comfort that breastfeeding provides.

Are any changes to breastfeeding management recommended?

Continue with IYCF recommendations and breastfeeding counselling topics. Provide additional support to families who may feel anxious.

Offer counselling on hand washing, mask use and cleaning surfaces touched, even to those who are not currently infected.

When is it safe to resume breastfeeding after a COVID-19 infection?

Breastfeeding should not be discontinued.

Breastfeeding should continue throughout a COVID-19 infection, applying precautions of washing hands, wearing a mask (if possible) and cleaning surfaces they touch.

What steps can be taken to reduce the risk of infecting a baby if a parent has COVID-19?

Caring for babies is an intimate activity, no matter how they are fed.

Encourage parents to wash hands before and after contact with the baby, wear a mask if possible and clean surfaces that the infected person has touched.

If a mother is expressing milk during a COVID-19 infection, which method is preferable?

Wherever possible, direct breastfeeding should be encouraged. How to express depends on the mother's preference and what is available.

In the early days after birth, hand expression often works best. Hand expression requires no equipment, only practice.

If a manual or electric pump is used, all parts should be sanitized after each use, including the pump motor casing.

Containers of milk that are not immediately fed to the baby should also be cleaned and stored according to standard milk storage practices.

If a mother is unable to provide breastmilk for her baby, should donor milk or wet nursing be considered?

Yes, if the mother's own milk is not available, the milk of another healthy mother can be considered. What we know for now is that the infants and young children are less affected by COVID-19. Milk bank donors and those sharing milk with others should be in good health and, if they have been infected with COVID-19, suspend donation until medical clearance is given.

Should the introduction of complementary foods be delayed during the COVID-19 outbreak?

No. IYCF recommendations have not changed and complementary foods should be introduced around 6 months of age, while continuing to breastfeed.

What measures should be implemented for families using infant formula?

Infants partly or wholly fed on infant formula are at increased risk of infectious illness from all causes and are more likely to need medical care or be hospitalized.

While strict hygiene should always be followed in the preparation of infant formula, preventing illness from contamination or preparation errors is particularly important now. Where possible, only a healthy adult should prepare and feed infant formula.

Limit the number of caregivers feeding the baby to reduce the risk of transmission. Be prepared to provide instructions for caregivers who have not previously prepared infant formula in case the parent or usual caregiver falls ill.

Instructions on the safer preparation of infant formula should include washing of hands, use of masks and instructions on the cleaning of surfaces and equipment as well as storage advice.

References:

World Health Organization (WHO) COVID-19 Infection Control Guidelines <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>

Global Technical Assistance Mechanism for Nutrition (GTAM) COVID-19 Guidance

https://reliefweb.int/sites/reliefweb.int/files/resources/nutrition_guidance_on_covid_19_emergencies.pdf

If a mother is too ill to breastfeed her infant or is separated from her baby, how can breastfeeding be protected?

If a mother cannot remain with her baby, lactation should be maintained by expressing milk at least 8-10 times per day using hand expression and/or a breast pump.

For women who have been breastfeeding prior to separation, expressing milk regularly will reduce the risk of pain and breast infections. For women who have just given birth, regular expression will protect their ability to feed their baby, while providing them critical immune protection in the early days of life.

The thick, sticky first milk (colostrum) of the first days of life is best expressed through massage and hand expression and collected in a syringe, cup or spoon. Even very small amounts should be saved and fed to the baby.

Are there any changes to the preparation of complementary foods during the pandemic?

Complementary feeding should continue according to standard IYCF recommendations, including providing nutrient-dense, culturally appropriate foods and avoiding highly processed products. Hand washing prior to preparing and feeding the child should continue.

Where shared bowls, utensils or cups are typical, consider giving the child their own bowl, cup and utensils that are not used by others. Similarly, reconsider pre-chewing food for children during this period, using a clean fork or spoon to mash instead.

Are there any specific recommendations for complementary feeding if the child is infected with COVID-19?

No. Continue to offer fresh fruits and vegetables, whole grains and healthy protein sources that are familiar and well-liked by the child. As usual, avoid foods high in sugar and salt such as ultra processed foods, "junk" foods, and carbonated drinks.

There is a risk that parents who are worried about their children's well-being may turn to highly processed foods such as follow-on milks, "fortified" snacks or other foods. This increases food insecurity and increases the risk of malnutrition.

Contact:

a.iellamo@savethechildren.org.uk
Global IYCF-E Advisor
savethechildren.org.uk



info@safelyfed.ca
safelyfed.ca/covid19-resources/

