

THE ACADEMY OF BREASTFEEDING MEDICINE (ABM)

Accessed: March 10, 2020

ABM STATEMENT ON CORONAVIRUS 2019 (COVID-19)

March 10, 2020

Please note: information about COVID-19 transmission is emerging daily. The Academy of Breastfeeding Medicine's recommendations are current as of the publication date. Please consult resources such as the [CDC](#) and the [WHO](#) for the most recent guidance.

Transmission of COVID-19 through breast milk

Much is unknown about [how COVID-19 is spread](#). Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, like how influenza (flu) and other respiratory pathogens spread.

In limited studies on women with COVID-19 and another coronavirus infection, Severe Acute Respiratory Syndrome (SARS-CoV), the virus has not been detected in breast milk; however we do not know whether mothers with COVID-19 can transmit the virus via breast milk.

Breast milk provides protection against many illnesses. There are [rare exceptions when breastfeeding or feeding expressed breast milk is not recommended](#). CDC has no specific guidance for breastfeeding during infection with similar viruses like SARS-CoV or Middle Eastern Respiratory Syndrome (MERS-CoV) also both Corona viruses. In a similar situation to COVID-19, the [CDC recommends that a mother with flu continue breastfeeding or feeding expressed breast milk to her infant](#) while taking precautions to avoid spreading the virus to her infant. Given low rates of transmission of respiratory viruses through breast milk, the World Health Organization states that [mothers with COVID-19 can breastfeed](#). Current CDC guidance on COVID-19 and breastfeeding is [available here](#).

At Home:

A mother with confirmed COVID-19 or who is a symptomatic person-under-investigation (PUI) for COVID-19 should [take all possible precautions](#) to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, if possible, while feeding at the breast. If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow [recommendations](#) for proper pump cleaning after each use. If possible, consider having someone who is well care for and feed the expressed breast milk to the infant.

Hand hygiene includes use of alcohol-based hand sanitizer that contains 60% to 95% alcohol before and after all contact with the affected mother, contact with potentially infectious material, and before putting on and upon removal of personal protective equipment, including gloves. Hand hygiene can also be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to alcohol-based hand sanitizer.

Persons with confirmed COVID-19 infection should remain separate (home isolation precautions) from other family members and friends or neighbors including the infant, except for breastfeeding. Ideally there is another uninfected adult to care for the infant's needs including feeding the infant expressed breastmilk if the mother is expressing milk and working to maintain her supply of milk. The mother should practice careful handwashing and use of a mask as noted above for at least 5-7 days until cough and respiratory secretions are dramatically improved. It may be useful to involve a healthcare professional and/or the health department in the decision to discontinue home isolation precautions.

In Hospital:

The **choice to breastfeed** is the mother's and families.

If the mother is well and has only been exposed or is a PUI with mild symptoms, breastfeeding is a very reasonable choice and diminishing the risk of exposing the infant to maternal respiratory secretions with use of a mask, gown and careful handwashing is relatively easy.

If the mother has COVID-19, there may be more worry, but it is still reasonable to choose to breastfeed and provide expressed milk for her infant. Limiting the infant's exposure via respiratory secretions may require more careful adherence to the recommendations depending on the mother's illness.

There are several choices in the hospital concerning housing for a breastfeeding mother and her infant.

1. **Rooming-in** (mother and baby stay in the same room without any other patients in that room) with the infant kept in a bassinet 6 feet from the mother's bed and taking precautions to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, for direct contact with the infant and while feeding at the breast. Ideally, there should be another well adult who cares for the infant in the room.
2. **Temporary separation** – primarily because the mother is sick with the COVID-19 infection and needs medical care for herself in the hospital. Mothers who intend to breastfeed / continue breastfeeding should be encouraged to express their breast milk to establish and maintain milk supply. If possible, a dedicated breast pump should be provided. Prior to expressing breast milk, mothers should practice hand hygiene. After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer's instructions. This expressed breast milk should be fed to the newborn by a healthy caregiver.

Mothers and families may need additional guidance and support to continue breastfeeding, to utilize expressed breast milk, to maintain her milk production and to store milk for later use while the mother is sick with COVID-19.

The American College of Obstetricians and Gynecologists (ACOG)

<https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Advisories/Practice-Advisory-Novel-Coronavirus2019>

Accessed: February 27, 2020

ACOG

Practice Advisory: Novel Coronavirus 2019 (COVID-19)

The American College of Obstetricians and Gynecologists (ACOG) is closely monitoring the outbreak of a respiratory illness caused by a novel coronavirus (COVID-19) that was first detected in Wuhan City, Hubei Province, China, and continues to expand. Imported cases of COVID-19 infection in travelers have been detected in the United States, and person-to-person spread of COVID-19 also has been seen among close contacts of returned travelers from Wuhan. However, it is critical to note that at this time, for the general public in the United States, the immediate health risk from COVID-19 is considered low.

The Centers for Disease Control and Prevention (CDC) has released [Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus \(2019-nCoV\) Infection](#) and guidance for [Evaluating and Reporting Persons Under Investigation \(PUI\)](#).

Travel

Due to the current risk of COVID-19, the CDC recommends that travelers [avoid all nonessential travel](#) to the People's Republic of China (this does not include the Special Administrative Regions of Hong Kong and Macau, or the island of Taiwan).

Pregnant Women

At this time, very little is known about COVID-19, particularly related to its effect on pregnant women and infants, and there currently are no recommendations specific to pregnant women regarding the evaluation or management of COVID-19.

Based on limited data and case examples from previous coronaviruses (SARS-CoV and MERS-CoV) and a small number of COVID-19 cases, it is believed that pregnant women may be at higher risk of severe illness, morbidity, or mortality compared with the general population (1-3). Adverse infant outcomes (eg, preterm birth) also have been reported among infants born to mothers positive for COVID-19 during pregnancy. However, this information is based on limited data and it is not clear that these outcomes were related to maternal infection. Currently it is unclear if COVID-19 can cross through the transplacental route to the fetus. There have been a few unsubstantiated reports of infants testing positive for the virus shortly after birth, but validated data is required to understand how these infants were infected and whether or not the virus can be transmitted during pregnancy. In limited recent case series of infants born to mothers infected with COVID-19 published in the peer-reviewed literature, none of the infants have tested positive for COVID-19 (1).

Obstetrician–gynecologists and other health care practitioners should obtain a detailed travel history for pregnant patients presenting with fever and acute respiratory illness and should follow the CDC's [Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus \(2019-nCoV\) Infection](#) and guidance for [Evaluating and Reporting Persons Under Investigation \(PUI\)](#). Of note, health care practitioners

should **immediately** notify infection control personnel at their health care facility and their local or state health department in the event of a PUI for COVID-19.

Infection Prevention and Control in Inpatient Obstetric Care Settings

The CDC has published [Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 \(COVID-19\) in Inpatient Obstetric Healthcare Settings](#). These considerations apply to health care facilities providing obstetric care for pregnant patients with confirmed COVID-19 or pregnant persons under investigation (PUI) in inpatient obstetric health care settings including obstetrical triage, labor and delivery, recovery and inpatient postpartum settings.

The American College of Obstetricians and Gynecologists encourages physicians and other obstetric care practitioners to read and familiarize themselves with the complete list of recommendations.

Key highlights from the recommendations include:

- Health care practitioners should promptly notify infection control personnel at their facility of the anticipated arrival of a pregnant patient who has confirmed COVID-19 or is a PUI.
- Place a patient with known or suspected COVID-19 (ie, PUI) in an Airborne Infection Isolation Room (AIIR) that has been constructed and maintained in accordance with current guidelines. If an AIIR is not available, patients who require hospitalization should be transferred as soon as feasible to a facility where an AIIR is available.
- Infants born to mothers with confirmed COVID-19 should be considered PUIs. As such, these infants should be isolated according to the [Infection Prevention and Control Guidance for PUIs](#).
- To reduce the risk of transmission of the virus that causes COVID-19 from the mother to the newborn, facilities should consider temporarily separating (eg, separate rooms) the mother who has confirmed COVID-19 or is a PUI from her baby until the mother's transmission-based precautions are discontinued.
- Discharge for postpartum women should follow recommendations described in the [Interim Considerations for Disposition of Hospitalized Patients with COVID-19](#).

Due to the limited data on COVID-19, these recommendations are largely based on infection prevention and control considerations for other respiratory viruses such as influenza, SARS-CoV and MERS-CoV and are intentionally cautious as experts learn more about this new virus.

Breastfeeding

The CDC has developed [Interim Guidance on Breastfeeding for a Mother Confirmed or Under Investigation for COVID-19](#). There are rare exceptions when breastfeeding or feeding expressed breast milk is not recommended. Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and health care practitioners. Currently, the primary concern is not whether the virus can be transmitted through breastmilk, but rather whether an infected mother can transmit the virus through respiratory droplets during the period of breastfeeding. A mother with confirmed COVID-19 or who is a symptomatic PUI should take all possible precautions to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, if possible, while breastfeeding. If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow recommendations for proper pump cleaning after each use. If possible, consider having someone who is well feed the expressed breast milk to the infant.

In limited case series reported to date, no evidence of virus has been found in the breast milk of women infected with COVID-19; however, it is not yet known if COVID-19 can be transmitted through breast milk (ie, infectious virus in the breast milk).

Precautions for Health Care Personnel

The CDC recommends that all health care personnel who enter the room of a patient with known or suspected COVID-19 (persons under investigation) should adhere to Standard, Contact, and Airborne Precautions. See the CDC's [Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019 Novel Coronavirus \(2019-nCoV\) or Persons Under Investigation for 2019-nCoV in Healthcare Settings](#) for detailed recommendations.

Additional Information

Currently, health officials are emphasizing that seasonal influenza remains a larger concern for the U.S. population. Influenza activity continues to be high across the United States, and health care practitioners are encouraged to continue offering influenza vaccine to their unvaccinated patients, particularly pregnant women. For more information on seasonal influenza and recommendations for pregnant women see the [CDC's website](#) and [ACOG's Clinical Guidance](#).

The American College of Obstetricians and Gynecologists will continue to closely monitor the evolution of the 2019 novel coronavirus (COVID-19) in collaboration with the CDC. New and updated information will be shared as it becomes available.

This Practice Advisory was developed by the American College of Obstetricians and Gynecologists' Immunization, Infectious Disease, and Public Health Preparedness Expert Work Group in collaboration with Laura E. Riley, MD; Richard Beigi, MD; and Denise J. Jamieson, MD.

References

1. Chen H, Guo J, Wang C, Luo F, Yu X, Zhang W, et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. *Lancet* 2020; DOI: 10.1016/S0140-6736(20)30360-3. Available at: <http://www.sciencedirect.com/science/article/pii/S0140673620303603>. Retrieved Feb 21, 2020.
2. Favre G, Pomar L, Musso D, Baud D. 2019-nCoV epidemic: what about pregnancies? *Lancet* 2020; DOI: 10.1016/S0140-6736(20)30311-1. Available at: <https://www.sciencedirect.com/science/article/pii/S0140673620303111>. Retrieved February 21, 2020.
3. Zhu H, Wang L, Fang C, Peng S, Zhang L, Chang G, et al. Clinical analysis of 10 neonates born to mothers with 2019-nCoV pneumonia. *TranslPediatri*2020;9:51-60. Available at: <http://tp.amegroups.com/article/view/35919/28274>. Retrieved February 21, 2020.

Additional Resources

- [CDC Novel Coronavirus](#)
- [Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 \(COVID-19\) in Inpatient Obstetric Healthcare Settings](#)
- [CDC Evaluating and Reporting Persons Under Investigation \(PUI\)](#).
- [CDC CDC's Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus \(2019-nCoV\)](#)
- [CDC FAQs for Pregnant Women](#)
- [CDC Novel Coronavirus Information for Travelers](#)

A Practice Advisory is issued when information on an emergent clinical issue (e.g. clinical study, scientific report, draft regulation) is released that requires an immediate or rapid response, particularly if it is anticipated that it will generate a multitude of inquiries. A Practice Advisory is a brief, focused statement issued within 24-48 hours of the release of this evolving information and constitutes ACOG clinical guidance. A Practice Advisory is issued only on-line for Fellows but may also be used by patients and the media. Practice Advisories are reviewed periodically for reaffirmation, revision, withdrawal or incorporation into other ACOG guidelines.

This information is designed as an educational resource to aid clinicians in providing obstetric and gynecologic care, and use of this information is voluntary. This information should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care. It is not intended to substitute for the independent professional judgment of the treating clinician. Variations in practice may be warranted when, in the reasonable judgment of the treating clinician, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology. The American College of Obstetricians and Gynecologists reviews its publications regularly;

however, its publications may not reflect the most recent evidence. Any updates to this document can be found on www.acog.org or by calling the ACOG Resource Center.

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CDC - USA

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>
(Accessed: 27.2.2020.)

Centers for Disease Control and Prevention. CDC twenty four seven. Saving Lives, Protecting People

Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings

These infection prevention and control considerations are for healthcare facilities providing obstetric care for pregnant patients with confirmed coronavirus disease (COVID-19) or pregnant [persons under investigation \(PUI\)](#) in inpatient obstetric healthcare settings including obstetrical triage, labor and delivery, recovery and inpatient postpartum settings.

This information is intended to aid hospitals and clinicians in applying broader CDC interim guidance on infection control ([Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings](#)).

Since maternity and newborn care units vary in physical configuration, each facility should consider their appropriate space and staffing needs to prevent transmission of the virus that causes COVID-19. These considerations include appropriate isolation of pregnant patients who have confirmed COVID-19 or are PUIs; basic and refresher training for all healthcare personnel on those units to include correct adherence to infection control practices and personal protective equipment (PPE) use and handling; sufficient and appropriate PPE supplies positioned at all points of care; and processes to protect newborns from risk of COVID-19.

These considerations are based up on the limited evidence available to date about transmission of the virus that causes COVID-19, and knowledge of other viruses that cause severe respiratory illness including influenza, severe acute respiratory syndrome coronavirus (SARS-CoV), and Middle East Respiratory Syndrome coronavirus (MERS-CoV). The approaches outlined below are intentionally cautious until additional data become available to refine recommendations for prevention of person-to-person transmission in inpatient obstetric care settings.

Prehospital Considerations

- Pregnant patients who have confirmed COVID-19 or who are PUIs should notify the obstetric unit prior to arrival so the facility can make appropriate infection control preparations (e.g., identifying the most appropriate room for labor and delivery, ensuring infection prevention and control supplies and PPE are correctly positioned,

informing all healthcare personnel who will be involved in the patient's care of infection control expectations) before the patient's arrival.

- If a pregnant patient who has confirmed COVID-19 or is a PUI is arriving via transport by emergency medical services, the driver should contact the receiving emergency department or healthcare facility and follow previously agreed-upon local or regional transport protocols. For more information refer to the [Interim Guidance for Emergency Medical Services \(EMS\) Systems and 911 Public Safety Answering Points \(PSAPs\) for COVID-19 in the United States](#).
- Healthcare providers should promptly notify infection control personnel at their facility of the anticipated arrival of a pregnant patient who has confirmed COVID-19 or is a PUI.

During Hospitalization

- Healthcare facilities should ensure recommended infection control practices for hospitalized pregnant patients who have confirmed COVID-19 or are PUIs are consistent with [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings](#).
- All healthcare facilities that provide obstetric care must ensure that their personnel are correctly trained and capable of implementing recommended infection control interventions. Individual healthcare personnel should ensure they understand and can adhere to infection control requirements.
- Healthcare facilities should follow the above [infection control guidance](#) on managing visitor access, including essential support persons for women in labor (e.g., spouse, partner).
- Infants born to mothers with confirmed COVID-19 should be considered PUIs. As such, infants should be isolated according to the [Infection Prevention and Control Guidance for PUIs](#).

Mother/Baby Contact

- It is unknown whether newborns with COVID-19 are at increased risk for severe complications. Transmission after birth via contact with infectious respiratory secretions is a concern. To reduce the risk of transmission of the virus that causes COVID-19 from the mother to the newborn, facilities should consider temporarily separating (e.g., separate rooms) the mother who has confirmed COVID-19 or is a PUI from her baby until the mother's transmission-based precautions are discontinued, as described in the [Interim Considerations for Disposition of Hospitalized Patients with COVID-19](#). See the considerations below for temporary separation:
 - The risks and benefits of temporary separation of the mother from her baby should be discussed with the mother by the healthcare team.
 - A separate isolation room should be available for the infant while they remain a PUI. Healthcare facilities should consider limiting visitors, with the exception of a healthy parent or caregiver. Visitors should be instructed to wear appropriate PPE, including gown, gloves, face mask, and eye protection. If another healthy family or staff member is present to provide care (e.g., diapering, bathing) and feeding for the newborn, they should use appropriate

PPE. For healthy family members, appropriate PPE includes gown, gloves, face mask, and eye protection. For healthcare personnel, recommendations for appropriate PPE are outlined in the [Infection Prevention and Control Recommendations](#).

- The decision to discontinue temporary separation of the mother from her baby should be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. The decision should take into account disease severity, illness signs and symptoms, and results of laboratory testing for the virus that causes COVID-19, SARS-CoV-2. Considerations to discontinue temporary separation are the same as those to discontinue transmission-based precautions for hospitalized patients with COVID-19. Please see [Interim Considerations for Disposition of Hospitalized Patients with COVID-19](#).
- If colocation (sometimes referred to as “rooming in”) of the newborn with his/her ill mother in the same hospital room occurs in accordance with the mother’s wishes or is unavoidable due to facility limitations, facilities should consider implementing measures to reduce exposure of the newborn to the virus that causes COVID-19.
 - Consider using engineering controls like physical barriers (e.g., a curtain between the mother and newborn) and keeping the newborn ≥ 6 feet away from the ill mother.
 - If no other healthy adult is present in the room to care for the newborn, a mother who has confirmed COVID-19 or is a PUI should put on a facemask and practice hand hygiene¹ before each feeding or other close contact with her newborn. The facemask should remain in place during contact with the newborn. These practices should continue while the mother is on transmission-based precautions in a healthcare facility.

Breastfeeding

- During temporary separation, mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply. If possible, a dedicated breast pump should be provided. Prior to expressing breast milk, mothers should practice hand hygiene.¹ After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer’s instructions. This expressed breast milk should be fed to the newborn by a healthy caregiver.
- If a mother and newborn do room-in and the mother wishes to feed at the breast, she should put on a facemask and practice hand hygiene before each feeding.

Hospital Discharge

- Discharge for postpartum women should follow recommendations described in the [Interim Considerations for Disposition of Hospitalized Patients with COVID-19](#).
- For infants with pending testing results or who test negative for the virus that causes COVID-19 upon hospital discharge, caretakers should take steps to reduce the risk of transmission to the infant, including following the [Interim Guidance for Preventing Spread of Coronavirus Disease 2019 \(COVID-19\) in Homes and Residential Communities](#).

Footnote:

¹ Hand hygiene includes use of alcohol-based hand sanitizer that contains 60% to 95% alcohol before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene can also be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to alcohol-based hand sanitizer.

Additional resources:

- [Evaluating and Reporting Persons Under Investigation \(PUI\)](#)
- [Resources for Hospitals and Healthcare Professionals Preparing for Patients with Suspected or Confirmed COVID-19](#)
- [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings](#)
- [World Health Organization Interim Guidance on Clinical Management of Severe Acute Respiratory Infection When Novel Coronavirus \(nCoV\) Infection Is Suspected](#)[external icon](#)

Page last reviewed: February 18, 2020

Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)

USA - CDC

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html>

Accessed: February 27, 2020

Interim Guidance on Breastfeeding for a Mother Confirmed or Under Investigation For COVID-19

This interim guidance is intended for women who are confirmed to have COVID-19 or are [persons-under-investigation \(PUI\)](#) for COVID-19 and are currently breastfeeding. This interim guidance is based on what is currently known about COVID-19 and the transmission of other viral respiratory infections. CDC will update this interim guidance as needed as additional information becomes available. For breastfeeding guidance in the immediate postpartum setting, refer to [Interim Considerations for Infection Prevention and Control of 2019 Coronavirus Disease 2019 \(COVID-19\) in Inpatient Obstetric Healthcare Settings](#).

Transmission of COVID-19 through breast milk

Much is unknown about [how COVID-19 is spread](#). Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza (flu) and other respiratory pathogens spread. In limited studies on women with COVID-19 and another coronavirus infection, Severe Acute Respiratory Syndrome (SARS-CoV), the virus has not been detected in breast milk; however we do not know whether mothers with COVID-19 can transmit the virus via breast milk.

CDC breastfeeding guidance for other infectious illnesses

Breast milk provides protection against many illnesses. There are [rare exceptions when breastfeeding or feeding expressed breast milk is not recommended](#). CDC has no specific guidance for breastfeeding during infection with similar viruses like SARS-CoV or Middle Eastern Respiratory Syndrome (MERS-CoV).

Outside of the immediate postpartum setting, [CDC recommends that a mother with flu continue breastfeeding or feeding expressed breast milk to her infant](#) while taking precautions to avoid spreading the virus to her infant.

Guidance on breastfeeding for mothers with confirmed COVID-19 or under investigation for COVID-19

Breast milk is the best source of nutrition for most infants. However, much is unknown about COVID-19. Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and healthcare providers. A mother with confirmed COVID-19 or who is a symptomatic PUI should [take all possible precautions](#) to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, if possible, while feeding at the breast. If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow [recommendations](#) for proper pump cleaning after each use. If possible, consider having someone who is well feed the expressed breast milk to the infant.

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Content source: [National Center for Immunization and Respiratory Diseases \(NCIRD\), Division of Viral Diseases](#)

IRELAND

HSE Health Protection Surveillance Centre

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/pregnancypostpartumguidance/>

Accessed: March 3, 2020

Interim Guidelines on the management of suspected COVID-19/SARS-CoV-2 in the pregnant and post partum period V1.0 27.02.2020

This guidance must be read in conjunction with the national Infection Prevention and Control Precautions for Possible or Confirmed COVID-19, Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and Avian Influenza A in Healthcare Settings.

As this is an evolving situation this guidance is subject to ongoing review and will be updated as further information becomes available.

Fundamental to managing the risks of transmission of SARS-CoV-2 to healthcare workers or to other patients and visitors is the implementation of Standard Precautions with all patients at all times. Standard precautions, in particular hand hygiene and respiratory hygiene and cough etiquette is expected to greatly reduce the risk of transmission of all respiratory viruses including SARS-CoV-2.

SARS-CoV-2 infection in pregnancy and the postpartum period

There is very little information currently available on SARS-CoV-2 infection in pregnancy and in the postpartum period. In a limited case series in China, no evidence of the virus was found in the amniotic fluid, cord blood or breast milk of six women with COVID-19 who had delivered by Caesarean section & none of the infants developed infection.¹

Transmission of SARS-CoV-2

Current evidence suggests that SARS-CoV-2 can spread from person to person;
directly, through contact with an infected person's respiratory secretions

or

indirectly, through contact with surfaces contaminated by an infected person who has coughed or sneezed on. It is still not known how long the SARS CoV2 virus survives on surfaces

or

by droplet transmission, through direct impact of droplets from the respiratory tract onto the mucosa of a person who is close to an infected person when the cough or sneeze (within 1 m)

Note: Coronavirus cause infection by attaching to the respiratory mucosa and or conjunctiva. They do not infect through intact skin but may be passed to the mucosa by touching eyes, nose or mouth.

HOW TO MANAGE A PREGNANT OR POSTPARTUM INDIVIDUAL WITH SUSPECTED OR CONFIRMED SARS-COV-2 INFECTION

Pre-Delivery

- Prior to delivery, a hospitalised pregnant person with suspected or confirmed SARS-CoV-2 infection should be managed in accordance with the infection prevention and control guidance for COVID-19). The attending clinician should inform the local public health department and the local Infection Prevention and Control Practitioner/Consultant Microbiologist of all suspected or confirmed cases of COVID-19 infection.
- Pregnant patients must be informed about the Infection Prevention and Control precautions that are being implemented and the rationale behind the precautions.
- Routine Laboratory investigations including urinalysis, blood testing should be performed as clinically indicated

Delivery

- If delivery is by planned induction or elective caesarean section, consider deferral, if appropriate. This decision should be taken at senior level weighing up the obstetric indication for delivery with the risk to mother and baby of delivery while unwell.
- Patients with suspected or confirmed COVID-19 who are in labour and/or in the delivery suite should be placed in an isolation room with en-suite facilities. The door should remain closed with appropriate isolation signage (standard, droplet and contact) placed on the exterior door. The patient should remain in isolation throughout their hospital admission.
- Healthcare staff in the delivery suite must adhere to Standard Contact and Droplet Precautions including the wearing of appropriate PPE as per guidance.
- Mothers should not be asked to wear a mask during labour and birth however they should be requested to wear a surgical mask when outside of the isolation room.
- Only one person such as a partner/family member should accompany the patient. The accompanying person should be informed of the risk and if they accept that risk they should be provided with appropriate PPE while in patient's room and instructed how to put on and take off the PPE correctly.
- Intrapartum antibiotics should be given if indicated as per local protocols for example for intrapartum fever or Group B Strep. prophylaxis
- All waste should be disposed of as healthcare risk waste
- The placenta should be disposed of as per normal practice. If histology is required the tissue should be hand delivered to the laboratory and the laboratory informed of suspected/confirmed COVID 19. Additional information on laboratory biosafety practice is available [here](#)
- All linen should be treated and processed as infected laundry.
- For information on environmental cleaning/decontamination please refer to the national infection prevention and control guidelines
- For additional information on the care of the patient in the operating theatre please refer to the national infection prevention and control guidance

Postpartum

- Infection control precautions for mothers with COVID-19 should continue in line with the national interim Infection Prevention & Control guidelines. Transfer to a receiving hospital may be appropriate in line with local procedures.
- As information on this new virus is limited and no prophylaxis/treatment is available the option for care to be provided to the baby by someone other than the mother should be discussed. This discussion should involve the parent(s), neonatologist, infection prevention & control practitioner and public health as appropriate. The decision on who will provide care (family member, or healthcare worker), the period of time required and where the care will be provided (at home/or in hospital) will depend on many factors and should be made on a case by case basis. As yet, the period of infectivity of SARS-CoV-2 is unknown.
- Where a mother indicates that she wishes to care for the baby herself every effort should be made to ensure that she has been fully informed of and understands the potential risk to the baby.
- If the mother decides to care for the baby herself, both mother and baby should be isolated in a single room with en-suite facilities for the duration of hospitalisation. The following additional precautions are advised
 - The baby should be placed in an enclosed incubator in the room
 - When baby is outside the incubator and mother is breast feeding, bathing, caring for, cuddling, or is within 1 metre of the baby the mother should be advised to wear a long sleeved gown and surgical mask, and to clean her hands thoroughly with alcohol hand rub or soap and water before and after interacting with the baby.
 - The mother should be encouraged and taught to practice respiratory hygiene and cough etiquette
 - Baby should be temporarily removed from the room if any aerosol generating procedures are to be performed within the room.

Breastfeeding

To date no evidence has been found to suggest that the virus is present in the breast milk of mothers with COVID-19. There has been no evidence of virus transmission in breastmilk from previous experience with other coronaviruses such as SARS CoV or MERS CoV and therefore the risk of transmission through breast milk is likely to be low.

- The mother should be encouraged to express breastmilk so that the neonate can receive the benefits of breastmilk, and to maintain the mother's milk supply in order that breastfeeding can continue once mother and baby are reunited. If expressing breast milk using a pump, this should be dedicated to the mother for the duration of hospitalisation and should be cleaned and disinfected as per the manufacturer's instructions.
- The expressed breast milk (EBM) container should be transported from the mother's room to the storage location in a plastic-specimen transport bag. Storage conditions should be as per local policy however the EBM should be clearly marked and stored in a patient specific container box separate from EBM of other patients.
- If a mother with COVID-19 decides to care for her infant herself then breastfeeding should be encouraged as normal.

The neonate

- Healthcare staff in the delivery suite should adhere to Standard, Contact and Droplet Precautions
- For aerosol generating procedures
- As soon as the infant is stabilised after birth, they should be placed in an enclosed incubator.
- The neonate should be isolated in an enclosed incubator in a single room. Appropriate isolation signage should be in place.
- The neonate should be closely observed (at home or in hospital as clinically indicated) for signs of infection for a minimum period of 14 days in line with public health guidance for follow up of close contacts of COVID-19 (SARS-CoV-2) cases.
- Infants with signs of possible infection should be tested for SARS-CoV-2 as part of their septic work up, however other pathogens should also be considered and empiric antibiotics prescribed as per standard procedures for Early/Late Onset Neonatal Sepsis.
- Visitors should be restricted however a risk assessment should be performed on a case by case basis and should be part of the discussion on who is providing care for the baby. Visitors should wear appropriate PPE

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ITALY

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Il portale dell'epidemiologia per la sanità pubblica
a cura dell'Istituto superiore di sanità

o

Coronavirus

COVID-19: pregnancy, delivery and breastfeeding

Pregnant women are considered a population at risk of viral respiratory infections, such as such as COVID-19 (*Corona Virus Disease*) infections and seasonal flu, for possible consequences on the mother and foetus. For seasonal flu, the vaccine during pregnancy is recommended. In the absence of vaccine against SARS-CoV-2, the virus responsible for COVID-19, common primary prevention actions are recommended for pregnant women and their contacts. These actions require frequent and accurate hands hygiene and attention to avoid contact with sick or suspect subjects, according to the recommendations of the Ministry of Health and international institutions [1,2,3]. At present, there is no information on the susceptibility of pregnant women to the pathology of the new coronavirus SARS-CoV-2 [4].

The transmission of the SARS-CoV-2 virus occurs through direct contact, through the breath droplets that can be transmitted with the saliva, cough or sneezing of infected people and through the contaminated hands (not washed) brought to the mouth, nose or eyes [5,6]. It is unknown whether **vertical transmission**, from mother to foetus, of SARS-CoV-2 occurs. Among the first 19 cases of pregnant women and infants born from mothers with clinical symptoms of COVID-19 described in the literature, the virus has not been detected in amniotic fluid or neonatal blood of the umbilical cord. Therefore, currently there is no evidence to support a **vertical transmission** of the SARS-COV-2 virus [7,8,9]. At the current state of knowledge and if there are no specific maternal or foetal clinical indications, for women with suspected SARS-CoV-2 infection or with COVID-19 the caesarean section does not seem appropriate. The current indications for carrying out vaginal or surgical delivery are valid.

Concerning the hospital management of suspicious or certain cases, please refer to what is recommended for the management of infectious conditions including, if necessary, the isolation of mother and/or newborn.

Any temporary separation of the infant from the mother during hospitalization must be carefully considered by the health professionals with the mother, evaluating the risks and

benefits of this choice, including the protective potential of colostrum, mother milk and breastfeeding [10].

The virus responsible for COVID-19 **was not detected in breast milk** collected after the first feed (colostrum) of the affected women; in one case, however, antibodies to SARS-CoV were detected [4,7,11]. Due to the scientific information currently available and the protective potential of breast milk, in the case of a woman with suspected SARS-CoV-2 infection or affected by COVID-19, in positive clinical conditions and according to mother desire, breastfeeding should be started and/or maintained, directly or with expressed breast milk [10,12].

To reduce the risk of transmission to the child, it is recommended to adopt preventive procedures such as hand hygiene and the use of a mask during breastfeeding, according to the recommendations of the Ministry of Health. In the case in which mother and child must be temporarily separated, it is recommended to help the mother to maintain milk production through manual or mechanical extraction which must be carried out following the same hygienic indications [10,12].

For all operators and professionals who take care of pregnant women and infants, it is recommended to follow the preventive recommendations [10]. Refer also to the Operational Guidance "Feeding infants and young children in emergencies" for aspects related to the management of infants (0-2 years) in the case of a new SARS-CoV-2 coronavirus emergency [13].

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**Royal College of Midwives, Royal College of Paediatrics and Child Health,
Public Health England and Health Protection Scotland**

Coronavirus (COVID-19) infection and pregnancy

Published: 09/03/2020

[Coronavirus \(COVID-19\) infection and pregnancy](#)

Guidance for healthcare professionals on Coronavirus (COVID-19) infection in pregnancy, published by the RCOG, Royal College of Midwives, Royal College of Paediatrics and Child Health, Public Health England and Health Protection Scotland.

This guidance will be updated on a regular basis as new data becomes available.

This guidance covers:

- Epidemiology
- Transmission
- Effect of COVID-19 on pregnant women
- Effect of COVID-19 on the fetus
- Travel advice for pregnant women
- Advice for women who may have been exposed
- Diagnosis
- Advice for women who have been advised to self-isolate
- Management of pregnant women with confirmed COVID-19
- Postnatal management: neonatal care and infant feeding
- Admissions flowchart
- Information for women and their families

Related information

- [Information for pregnant women and their families – Q&As relating to this guidance](#)
- [Read our news story relating to this guidance](#)
- [Coronavirus \(COVID-19\): latest information and advice](#) on GOV.UK
- [Information about the virus and how to protect yourself](#) on NHS.UK
- [Letter to healthcare staff regarding COVID-19 preparedness and response](#) from NHS organisations

Note: Added as a separate document

UNFPA

<https://www.unfpa.org/news/covid-19-continues-spread-pregnant-and-breastfeeding-women-advised-take-precautions>

Accessed: March 5, 2020

Statement

UNFPA statement on novel coronavirus (COVID-19) and pregnancy

5 March 2020

UNFPA, the UN sexual and reproductive health agency, is closely monitoring and working with partners, governments and UN agencies to address the outbreak of the new coronavirus disease (COVID-19), which has been declared a public health emergency of international concern by the World Health Organization (WHO).

UNFPA is working to ensure that accurate information is provided to women of reproductive age and pregnant women on infection precautions, potential risks and how to seek timely medical care.

“While fear and uncertainty are natural responses to the coronavirus, we must be guided by facts and solid information,” said Dr. Natalia Kanem, Executive Director of the UN Population Fund (UNFPA). “We must stand together in solidarity, fight stigma and discrimination, and ensure that people get the information and services they need, especially pregnant and lactating women.”

Sexual and reproductive health is a significant public health issue during epidemics, and safe pregnancy and childbirth depends on functioning health systems and strict adherence to infection precautions.

As the COVID-19 outbreak may raise specific concerns among pregnant women, UNFPA would like to share a synthesis of the limited evidence on the risks for this group as well as the preventive measures and supportive therapies recommended.

To date, there is no scientific evidence about the increased susceptibility of pregnant women to COVID-19. However, pregnancy brings physical changes that might make some pregnant women more susceptible to viral respiratory infections. Pregnant women with respiratory illnesses must be treated with the utmost priority due to increased risk of adverse outcomes.

Pregnant women should take the same preventive actions to avoid infection recommended for all adults, such as avoiding close contact with anyone who is coughing and sneezing, washing hands often with soap and water or alcohol-based hand rub, covering mouth and nose with a tissue or elbow when coughing and sneezing, and thoroughly cooking meat and eggs. All recommended actions are available on the [WHO website](#).

At this time, there is not yet a vaccine to prevent or treatment to cure the virus but there is recommended treatment for the symptoms. Treatment for pregnant women with suspected or confirmed COVID-19 infection should be provided with the [supportive therapies recommended by WHO](#) for adult patients in close consultation with their OB/GYN.

Breastfeeding women should not be separated from their newborns, as there is no evidence to show that respiratory viruses can be transmitted through breast milk, according to UNICEF. The mother can continue breastfeeding, as long as the necessary precautions below are applied:

- Symptomatic mothers well enough to breastfeed should wear a mask when near a child (including during feeding), wash hands before and after contact with the child (including feeding), and clean/disinfect contaminated surfaces.
- If a mother is too ill to breastfeed, she should be encouraged to express milk that can be given to the child via a clean cup and/or spoon – while wearing a mask, washing hands before and after contact with the child, and cleaning/disinfecting contaminated surfaces.

Provision of mental health and psychosocial support for affected individuals, families, communities and health workers is a critical part of the response.

UNFPA stands with the affected communities, particularly the most vulnerable women and girls, whose protection and health needs must be at the center of response efforts. We are working with our staff around the world to review our internal preparedness as well as our engagement with partners, governments and the communities we serve to prevent and respond to the epidemic.

UNICEF org. (International)

<https://www.unicef.org/moldova/en/stories/coronavirus-disease-covid-19-what-parents-should-know>

Accessed: February 27, 2020

Can pregnant women pass coronavirus to unborn children?

At this time, there is not enough evidence to determine whether the virus is transmitted from a mother to her baby during pregnancy, or the potential impact this may have on the baby. This is currently being investigated. Pregnant women should continue to follow appropriate precautions to protect themselves from exposure to the virus, and seek medical care early, if experiencing symptoms, such as fever, cough or difficulty breathing.

Is it safe for a mother to breastfeed if she is infected with coronavirus?

All mothers in affected and at-risk areas who have symptoms of fever, cough or difficulty breathing, should seek medical care early, and follow instructions from a health care provider.

Considering the benefits of breastfeeding and the insignificant role of breastmilk in the transmission of other respiratory viruses, the mother can continue breastfeeding, while applying all the necessary precautions.

For symptomatic mothers well enough to breastfeed, this includes wearing a mask when near a child (including during feeding), washing hands before and after contact with the child (including feeding), and cleaning/disinfecting contaminated surfaces – as should be done in all cases where anyone with confirmed or suspected COVID-19 interacts with others, including children.

If a mother is too ill, she should be encouraged to express milk and give it to the child via a clean cup and/or spoon – all while following the same infection prevention methods.

March 11, 2020

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