

#COVID19 and Breastfeeding for Healthcare Professionals

Below is a collection of resources from various sites - this is not an official rulebook. These were gathered as information for healthcare workers who are breastfeeding. This is a new area, and therefore evidence is lacking. Please read these resources as a guide and then make decisions you are comfortable with. Please read the Academy of Breastfeeding Medicine's [statement on COVID](#).

Background

Remember DRABC. Danger is first, before A, B and C. Your protection is the first priority when working. Please use PPE and practice good hand hygiene. Your baby needs you to stay safe and well. PPE donning/doffing instructions can be [seen on this video](#), and your institution will have more.

You are frontline worker and you need to protect yourself – so you can look after yourself and your family, and your patients. As things ramp up, it will get busier and even harder to take pumping breaks, hydrate etc. Your right to adequate pumping breaks is unchanged – so please remember to advocate for yourself and your baby. Ask to see your hospital policy with regards to breastfeeding mothers – can you ask to be redeployed to a lower risk area?

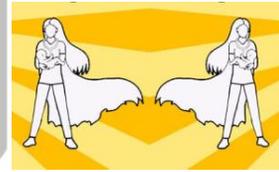
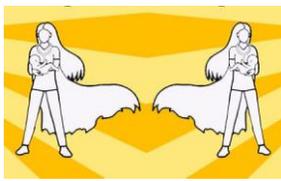
No professional organization recommends separation of an asymptomatic individual from their family or a breastfeeding baby. COVID restrictions are likely to last months, not weeks. Adults are more likely to be severely affected by COVID compared to children and babies who typically only experience mild illness. Consider that statistically RSV and Influenza are a bigger threat to infants, yet we do not stop breastfeeding during every winter. If you have symptoms or illness and had been living with your baby, presumably your baby had already been exposed. Thus, consider feeding directly or freshest pumped milk for most up to date antibodies (see below if you are COVID +). However, if you are worried about not being able to keep the milk/pumping parts free of virus and that worry will cause anxiety, then you just have to make a hard decision and do what you feel is right for your children. Don't worry about society guidelines or recommendations. Do what you feel is right for your family.

Pumping at work

Remember, COVID is not known or likely to be transmitted in breastmilk. Your milk provides crucial immune protection to your baby, as well as nutrition and comfort. The focus should therefore be on good hand hygiene before pumping, and cleaning pump parts meticulously as outlined in [this CDC guidance document](#). Wash hands before touching pump parts and bottles. Clean pumped milk containers before decanting milk to baby. Ordinarily, storing pump parts in a clean plastic bag in the fridge between pumps is sufficient – consider washing with hot water and soap after each use during COVID pandemic, but this is not evidence-based. Wash pump parts in dishwasher or hot water/soap at the end of the day. Consider buying extra pump parts sets so you do not have to wash up post each pump.

Coronaviruses are generally thought to be spread from person-to-person through respiratory droplets (CDC). Currently there is no evidence to support transmission of COVID-19 associated with food. Before preparing or eating food it is important to always wash your hands with soap and water for 20 seconds

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for general food safety. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging that are shipped over a period of days or weeks at ambient, refrigerated, or frozen temperatures. There is a receptor in the GI tract, but no known transmission via food.

Keep your work pump bag in a locker at work if possible or in the car. Do not bring this contaminated item in your home. Set up a “decontamination” station by the front door at home – place milk bottles there, for later cleaning and milk decanting. Keep milk separate from other contaminated items such as your phone, work ID card, lanyard etc. Shower and change clothes immediately upon arriving home before hugs etc. Leave pump bag etc in hospital or car and just bring in milk.

If you are very concerned about ongoing contact with your baby or elderly caregivers while working in high risk environment, one option is switching to exclusive pumping to maintain your supply. Depending on duration, this may result in flow preference and may make it difficult to get your baby back to breastfeeding afterwards. However, it would still provide nutritional and immune benefits to your baby. The small number of cases of infants being infected vertically from family members have done well clinically (and all described have been breastfed).

There are multiple stories of successful resumption of breastfeeding even after separation for many weeks, as long as milk supply is preserved by regular efficient breast emptying, and relactation support is available.

If you have Covid-19

Even if you test positive for COVID, the WHO, AAP, ABM and RCPCh amongst other national perinatology groups still recommend continuing breastfeeding (and thus antibodies protection), and this is supported by the global [WHO protocol](#):

- Wash hands before and after feeding/holding baby (wash frequently if you're holding baby much of the time)
- Wear a mask whenever you are near baby (or find another way to keep respiratory droplets from contacting baby)
- Reduce contact with baby except for breastfeeding sessions

This situation is changing daily so this is not intended as a comprehensive guide but as a gathering of resources.

There is no evidence that wiping containers with viricidal wipes or solutions is necessary, and must be considered against the accidental risk of contaminating milk with these solutions.

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