

American Academy of Pediatrics: Breastfeeding Guidance Post Hospital Discharge for Mothers or Infants with Suspected or Confirmed SARS-Co V-2 Infection (Critical Update)

Last Updated 4/23/20

This guidance was developed to support pediatricians providing direct care for breastfeeding families after discharge from the newborn hospital stay. Breastfeeding concerns during the first few weeks are associated with a decreased duration of breastfeeding (especially concerns about sore nipples/difficulties latching, low milk supply, and medications). A mother with suspected or confirmed COVID-19 may have been separated from her newborn after birth or experienced other trauma that has impacted breastfeeding. Studies to date have not found SARS-CoV-2 in breast milk; however, it is a respiratory virus that can be transmitted by respiratory droplets. Post-discharge guidance and education are essential to support families, ensure the health of mothers and infants, and ensure mothers are able to reach their breastfeeding goals.

Q: Why is it important to continue to promote and support breastfeeding in a family with suspected or confirmed COVID-19?

A: Breastfeeding protects infants from infection. Breast milk has natural bioactive factors, antibodies and targeted immunologic mediators; hence, breastfed infants are less likely to have severe respiratory symptoms. In addition to other maternal and infant health benefits, the release of oxytocin during breastfeeding promotes maternal wellness, and relieves stress and anxiety. Breastfeeding is also sustainable, and particularly important during a time of potential shortages of formula, bottles, and other feeding supplies. Counsel families to consider delaying weaning and extending the duration of breastfeeding to maximize the protection conferred via human milk during the pandemic.

Q: If a mother and/or infant has COVID-19, how can I support breastfeeding?

A: As stated in the [AAP initial newborn guidance](#), “Infants with negative SARS-COV-2 molecular testing born to COVID-19 positive mothers should optimally be discharged to the care of a designated healthy (non-infected) caregiver.” If the mother is in the same household, she should maintain a distance of at least 6 feet for as much of the time as possible, and when in closer proximity to the neonate, should use a mask and hand hygiene for home newborn care until (a) she has been afebrile for 72 hours without the use of antipyretics and (b) at least 7 days have passed since symptoms first appeared.

Additional guidance if:

Mother wants to express her milk. Prior to expressing milk, mother should put on a mask and thoroughly clean her hands and breasts as well as any pump parts, bottles, and

artificial nipples. Optimal milk expression is facilitated by use of an efficient electric double pump. She should express milk as often as her baby is eating or at least 6-8 times per 24 hours. Mother can use her hands for simultaneous breast massage/compression during pumping to improve milk flow, breast emptying and likely calorie content of her milk. The expressed milk can be fed to the infant by a healthy caregiver. Support should be provided to the mother to reintroduce direct breastfeeding when she is well.

Mother's milk supply is established in the first few weeks postpartum, so this is a critical time to support milk production. Families should be reassured that mothers' milk is safe and important for baby.

Mother wants to breastfeed directly. Encourage proper washing of hands and breasts with soap and water prior to handling the infant and advise the mother to wear a mask while nursing. Holding the baby skin-to-skin helps with latching and hormonal responses that trigger milk release. When not nursing, the infant can be cared for by a healthy caregiver, if available, and/or maintained in a separate room or at least six feet away from the mother. Once the mother is virologically cleared, these precautions can be discontinued.

Mother chooses not to breastfeed during the first weeks after birth. During the first week post-partum, consider asking family if they might reconsider this choice, and engage in a discussion about the importance of breastfeeding and expressed human milk in protecting against infections and other diseases during this most vulnerable time.

Q: What are important considerations for clinical management of breastfeeding, including telemedicine, during this pandemic?

A: Especially if infant is discharged early, an in-person visit within 24-48 hours is preferred. Avoid use of waiting rooms to decrease viral exposure. Implement strategies such as [seeing newborns](#) first thing in the morning, using separate entrances for well/sick, rooming upon arrival or waiting in car until appointment time.

Keep in mind:

- The gold standard for optimal breastfeeding support is an office visit within 1-2 days of discharge, with infant exam, weight check and direct observation of latch and feeding. For pediatric practices that continue to provide visits in the newborns' medical home, offering breastfeeding support as part of these visits is crucial. Connecting virtually with a lactation specialist as part of these visits is best and requires some pre-planning.
- If additional breastfeeding support is necessary, consider providing via telemedicine or telephone. Use of videocalls to offer face-to-face connection may enhance support. Telehealth visits for lactation support may include breastfeeding latch assessment, milk transfer observation, baby weight check (if parents have access to a food scale, postal scale or a baby scale), assessment

of baby's diaper output and stool color, engorgement, sore nipples, advice about maternal medications, etc. Usage of a baby doll, breast model or breast diagram during telehealth visits are beneficial. At any time, if the health care professional triaging or providing advice has any concerns, the baby should be referred for urgent in-person evaluation, recognizing that poor feeding or a change in feeding behavior can be a symptom indicating serious illness. For guidance on coding and telehealth issues please refer to these documents: *Breastfeeding and Lactation Coding Factsheet* and *Coding for COVID-19 and Non-Direct Care*.

- Investigate other community lactation support for families. Consider home health visit options.
- Check with your state and/or local [breastfeeding coalitions](#) and your [AAP Chapter Breastfeeding Coordinator](#) as many areas have breastfeeding Hotlines, updated resource guides of currently available support – both virtually and in-person. Be aware of the resources in your own community to better understand what kind of services are available during the pandemic. Other resources that might also be helpful, include:
 - [La Leche League International \(LLL\)](#) – 1-877-4-LALECHE (1-877-452-5324) (messages will be returned by an LLL Leader in 24-48 hours).
 - [Office of Women's Health National Women's Health and Breastfeeding Helpline](#) – 1-800-994-9662 (leave message 9am – 6pm).
 - [LactMed](#) website for up-to-date recommendations on medication and mother's milk
 - [Postpartum Support International](#)
 - [Academy of Breastfeeding Medicine](#)
 - [4th Trimester Project](#)

Additional Breastfeeding Resources from the AAP

- [Management of Infants Born to Mothers with Suspected or Confirmed COVID-19](#)
- [Telehealth Payer Policy in response to COVID-19](#)
- [Additional Breastfeeding Resources from the AAP](#)
- [AAP Information for Parents: Breastfeeding During COVID-19 Pandemic](#)
- [Centers for Disease Control and Prevention Breastfeeding Guidance](#)