Breastfeeding during the COVID-19 pandemic

B H N Yasmeen

The outbreak of a novel coronavirus (SARS-CoV-2) was first detected in Wuhan City, Hubei Province, China in December 2019 and since then it kept spreading to at least 213 countries attributing 3.85 million deaths and 178.1 million confirmed cases till 17 June 2021 and has persisted until this day. In the meantime on March 11, 2020 the World Health Organization (WHO) declared this disease a pandemic as it has affected every continent except Antarctica. The first Covid-19 case was recorded in Bangladesh on March 8, 2020. Since then the exponential rise in case number and death rates have made Bangladesh one of the worst-hit countries in the world. Up to 17 June 2021, Bangladesh reported 0.83 million infected cases and 13,282 deaths.

The Corona virus is transmitted mainly via respiratory droplets and/or contact, and human-to-human transmission and family clustering have been reported. Transmission may also occur through fomites in the immediate environment around the infected person. Undoubtedly, this highly transmissible disease is disrupting every area of life including Breastfeeding.

The benefits of breastfeeding is undisputed and based on evidence. Breast milk provide the best nutrition, immune protection, and plays a great role in the regulation of growth and development of the infants. The World Health Organization (WHO) recommends exclusive breastfeeding for newborns starting any time within the first hour of life until 6 months with the introduction of nutritionally adequate and safe complementary (solid) foods at this age, in addition to continued breastfeeding up to 2 years of age. Breastfeeding within the first hour of birth protects newborn babies from infections and reduces their mortality. The risk of mortality due to diarrhoea and other infections can increase in infants who are either partially breastfed or not breastfed at all. Breast milk is also an important source of energy and nutrients in children aged 6–23 months. It can provide half or more of a child’s energy needs between the ages of 6 and 12 months, and one third of energy needs between 12 and 24 months. Breast milk is also a critical source of energy and nutrients during illness and reduces mortality among children who are malnourished. It has already been proved that “Breastfeeding is best for babies” and disruption of breastfeeding can lead to a drop in milk supply, refusal by the infant to take the breast and a decrease in protective immune factors contained in breastmilk.

Therefore, during this pandemic situation, question arises whether Coronavirus can be passed on through breastmilk to their infant or young child and how they protect themselves and their babies. Fortunately, a systematic review by Duran et al. and a study by Lu and Shi reported that the Corona virus does not transmitted through breastmilk. Several studies have shown that the expressed breast milk of mothers infected with COVID-19 is safe for their newborns. Currently the International Confederation of Midwives (ICM) agrees with UNICEF and Royal College of Obstetricians and Gynaecologists (RCOG) in

DOI: https://doi.org/10.3329/nimcj.v13i1.73540
Northern International Medical College Journal Vol. 13 No. 1-2 July 2021-January 2022, Page 563-565
that there is no evidence of transmission of respiratory viruses via breast milk. Therefore, breastfeeding should be continued when general infection control measures are applied in symptomatic mothers.15

In this pandemic situation as new information emerges, reliable evaluation of them and universally acceptable guidelines for breastfeeding is urgently needed. Recommendations on mother–infant contact and breastfeeding should consider the potential risks of COVID-19 infection of the infant. But also, the risks of morbidity and mortality associated with not breastfeeding should be kept in mind. In comparison with exclusively breastfed infants, the risk of mortality is 14-fold higher in infants who are not breastfed.16 Considering all these issues current WHO recommendations regarding breastfeeding are as follows-

WHO recommendations17

**Mother with suspected or confirmed COVID-19 and baby is well**

Mothers in a good clinical condition should be encouraged to breastfeed, she should be counselled about the benefits of breastfeeding which is substantially outweigh the potential risks for transmission.

**Both Mother and Infant SARS-CoV-2–Positive**

Breastfeeding was strongly encouraged where both members of the dyad were positive.

- Infected mothers should perform hand hygiene before breastfeeding and wear a mask during breastfeeding.

- If an infected mother chooses not to breastfeed her newborn, she may express breast milk after appropriate hand hygiene, and this may be fed to the infant by other uninfected caregivers.

- Mothers of NICU infants may express breast milk for their infants during any time that their infection status prohibits their presence in the NICU. Centers should make arrangements to receive this milk from mothers until they are able to enter the NICU.

- Measures for expressing breastmilk should also be applied as in normal situations,

- No equipment should be shared between mothers.

- All equipment used to express milk should be rinsed with cold water and then washed with warm water and soap and finally, if possible, sterilize.

Breastfed infants have an advantage in receiving additional protection against SARS-CoV-2, therefore, the benefits of breast milk outweigh the risk of a potential transmission of the coronavirus.18 During the COVID-19 pandemic breastfeeding is the best protective measure available for healthy and at-risk infants.

Therefore, breastfeeding should not be discontinued up to 2 years of age of a baby during this COVID-19 period.

**References**

1. https://www.worldometers.info › coronavirus