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 events that have impacted breastfeeding. To date, breastmilk is considered to be an unlikely source of transmission of SARS-CoV-2, and the AAP strongly supports breastfeeding as the best choice for infant feeding. 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.

FAQs

1. **Why is it important to continue to promote and support breastfeeding in a family with suspected or confirmed COVID-19?**
   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.
2. **If a mother and/or infant has COVID-19, how can I support breastfeeding?**
   Every effort should be taken to provide infection-prevention education to all caregivers of the infant, which includes not only written education but also verbal education in person, via telephone or virtually. Interpreter services should be utilized where appropriate. While challenging in the home environment, mothers who test positive for COVID should maintain a distance of at least 6 feet when possible, and use a mask and hand-hygiene when directly caring for the infant, until EITHER (a) she has been afebrile for 72 hours without use of antipyretics and (b) at least 10 days have passed since her

symptoms first appeared (or, in the case of asymptomatic women identified only by obstetric screening tests, at least 10 days have passed since the positive test); OR she has negative results of a SARS-CoV-2 test from at least two consecutive specimens collected ≥24 hours apart.

- **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 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 chose 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.

3. **What are important considerations for clinical management of breastfeeding, including telemedicine, during this pandemic?**

- Especially if infant is discharged early, an in-person visit within 24-48 hrs 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.
- 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 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.

Professional Resources

1. AAP Breastfeeding Resources

2. Centers for Disease Control and Prevention Breastfeeding Guidance
3. Infant Feeding in Disasters and Emergencies: Breastfeeding and Other Options

Community Resources

Pediatricians should be aware of the resources in their own community and reach out to find out what kind of services they are providing during the pandemic.

1. La Leche League International (LLLI) – 1-877-4-LALECHE (1-877-452-5324) (messages will be returned by an LLL Leader in 24-48 hours).
2. Office of Women's Health National Women's Health and Breastfeeding Helpline – 1-800-994-9662 (leave message 9am – 6pm).
3. MotherToBaby live chat – for questions about medications and environmental breastfeeding exposures.
4. LactMed website for up-to-date recommendations on medication and mother's milk
5. Perinatal mood disorders
6. Academy of Breastfeeding Medicine
7. 4th Trimester Project

Interim Guidance Disclaimer: The COVID-19 clinical interim guidance provided here has been updated based on current evidence and information available at the time of publishing. Guidance will be regularly reviewed with regards to the evolving nature of the pandemic and emerging evidence. All interim guidance will be presumed to expire in December 2020 unless otherwise specified.

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