

LETTERS

Breast feeding at the time of COVID-19: do not forget expressed mother's milk, please

In the context of the coronavirus disease (COVID-19) prevention and cure, a remarkable issue, particularly in maternity hospitals, is represented by the risk of mother to child transmission by a breast-feeding severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)-positive woman.¹

In a recent letter, Li states 'all infants with suspected COVID-19 should be isolated and monitored regardless of whether or not they present with symptoms',² without giving further details on the management of newborn infant feeding. Moreover, Chinese colleagues who have recently coped with COVID-19 just do not consider the breast feeding option, nor the use of expressed breast milk for newborn infants.³ We can assume at least some of the reasons behind this choice: the routine separation between an infected mother and her baby, the need for an organisational simplification during a novel emergency.

Instead, from Switzerland, Favre *et al* suggest to avoid direct breast feeding,⁴ as sucking at the breast presumably might increase the risk of SARS-CoV-2 transmission via aerosol due to the intimate contact during feeds. Thus, the author seems to implicitly endorse the use of expressed mother's milk, although in the flow chart contained in the online supplementary appendix, he contradictorily warns just against breast feeding for all SARS-CoV-2-positive mothers at delivery.

Actually before ignoring and/or discouraging breast feeding by default in a SARS-CoV-2-positive mother at delivery, we should carefully consider the following.

First, the primary concern is not whether the virus can be transmitted through breast milk, but rather whether an infected mother can transmit the virus through respiratory droplets during the period of breast feeding. Washing mother's hands before touching the infant and wearing a face mask, while feeding at the breast, remain effective basic preventive measures.

Second, we should be aware that the practice of routine separation of the newborn infant from her mother, also in case of asymptomatic or paucisymptomatic SARS-CoV-2 infection, for sure

penalises the mother–baby relationship and the beginning of breast feeding.

Third, whenever direct breast feeding is not recommended on a case-by-case basis, use of expressed mother's milk should be considered as a second choice, to rescue at least the benefits of the nutrition with mother's milk, if not those related to direct breast feeding.

Fourth, in the light of limited scientific evidence breast milk cannot be considered per se a vehicle of SARS-CoV-2 infection, while on the contrary contains specific antibodies possibly modulating an eventual SARS-CoV-2 infection in the newborn infant.

In conclusion, protocols applied in maternity hospitals to prevent COVID-2 should consider, as far as possible, the promotion of breast feeding, without disregarding the feasible option of expressing mother's milk.

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REFERENCES

- 1 Rasmussen SA, Smulian JC, Lednický JA, *et al*. Coronavirus disease 2019 (COVID-19) and pregnancy: what obstetricians need to know. *Am J Obstet Gynecol* 2020. doi:10.1016/j.ajog.2020.02.017. [Epub ahead of print: 24 Feb 2020].
- 2 Li F, Feng ZC, Shi Y. Proposal for prevention and control of the 2019 novel coronavirus disease in newborn infants. *Arch Dis Child Fetal Neonatal Ed* 2020;pii: fetalneonatal-2020-318996.
- 3 Working Group for the Prevention and Control of Neonatal 2019-nCoV Infection in the Perinatal Period of the Editorial Committee of Chinese Journal of Contemporary Pediatrics. [Perinatal and neonatal management plan for prevention and control of 2019 novel coronavirus infection (1st Edition)]. *Zhongguo Dang Dai Er Ke Za Zhi* 2020;22:87–90.
- 4 Favre G, Pomar L, Qi X, *et al*. Correspondence to the Lancet infectious diseases. March 3rd, 2020. guidelines for pregnant women with suspected SARS-CoV-2 infection.