



# Resources for Lactation Supporters

## Providing Infant and Young Child Feeding Advice During COVID-19

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International  
Lactation Consultant  
Association

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*The COVID-19 pandemic has resulted in Declarations of Emergency in many countries and local municipalities around the world. Skilled lactation providers are being called upon to provide evidence- and policy-based advice on the feeding of infants and young children during this emergency. The following, based on international recommendations, can help guide your recommendations.*

## Should families breastfeed during COVID-19?

**Advise families who are currently breastfeeding to continue breastfeeding.**

Principles of Infant and Young Child Feeding In Emergencies (IYCF-E) advise that the role of skilled lactation providers and health policy makers during emergencies is to: “Protect, promote and support exclusive breastfeeding in infants less than six months of age and continued breastfeeding in children aged six months to two years or beyond.”<sup>1</sup>

In emergencies, “Design interventions that are culturally sensitive and that minimise risks of prevalent non-recommended IYCF practices. Where mixed feeding is practiced in infants less than six months of age, sensitively support mothers to transition to exclusive breastfeeding (see 5.33-5.36 for breastfeeding in the context of HIV).”<sup>2</sup>

**International guidelines advise that breastfeeding should continue, whether or not the lactating parent has COVID-19, with appropriate precautions.**

The World Health Organization (WHO) recommends the following precautions: “As with all confirmed or suspected COVID-19 cases, symptomatic mothers who are breastfeeding or practising skin-to-skin contact or kangaroo mother care should practise respiratory hygiene, including during feeding (for example, use of a medical mask when near a child with respiratory symptoms), perform hand hygiene before and after contact with the child, and routinely clean and disinfect surfaces which the symptomatic mother has been in contact with.”<sup>3</sup>

The WHO recommends the following regarding proximity of the breastfeeding/chestfeeding dyad: “Mothers and infants should be enabled to remain together and practise skin-to-skin contact, kangaroo mother care and to remain together and to practise rooming-in throughout the day and night, especially immediately after birth during establishment of breastfeeding, whether they or their infants have suspected, probable or confirmed COVID-19 virus infection.”<sup>4</sup>

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1 IFE Core Group (2017). Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers. [https://www.enonline.net/attachments/3127/Ops-G\\_English\\_04Mar2019\\_WEB.pdf](https://www.enonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf)

2 IFE Core Group (2017). Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers. [https://www.enonline.net/attachments/3127/Ops-G\\_English\\_04Mar2019\\_WEB.pdf](https://www.enonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf)

3 World Health Organization. (2020). Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) is suspected. [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected). WHO reference number: WHO/2019-nCoV/clinical/2020.4.



## **Advise families who have not yet given birth to consider breastfeeding through the course of the emergency or natural course of lactation.**

IYCF-E guidelines recommend: “Protect, promote and support early initiation of exclusive breastfeeding in all newborn infants. Integrate the Ten Steps to Successful Breastfeeding of the WHO/UNICEF Baby-friendly Hospital Initiative in maternity services. Key newborn health interventions include skin-to-skin contact, kangaroo mother care, ‘rooming in’ (keeping mothers and infants together), and delayed umbilical cord clamping. Limit supplementation with BMS [Breastmilk Substitutes] to medical needs.”<sup>5</sup>

The WHO recommends standard infant feeding guidelines, regardless of COVID-19 status: “Infants born to mothers with suspected, probable or confirmed COVID-19 infection, should be fed according to standard infant feeding guidelines, while applying necessary precautions for infection prevention and control (IPC).

“Remarks: Breastfeeding should be initiated within 1 hour of birth. Exclusive breastfeeding should continue for 6 months with timely introduction of adequate, safe and properly fed complementary foods at age 6 months, while continuing breastfeeding up to 2 years of age or beyond. Because there is a dose–response effect, in that earlier initiation of breastfeeding results in greater benefits, mothers who are not able to initiate breastfeeding during the first hour after delivery should still be supported to breastfeed as soon as they are able. This may be relevant to mothers that deliver by caesarean section, after an anaesthetic, or those who have medical instability that precludes initiation of breastfeeding within the first hour after birth.”<sup>6</sup>

Note that the guidance states that “Relatively few cases have been reported of infants confirmed with COVID-19 and they experienced mild illness.”

The full guidance also addresses:

- Management of lactation during severe cases
- Mental health and psychosocial support should parents/caregivers and children require separation because the parent is too ill to directly care for the infant

[Find a link to the guidance here.](#)

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4 World Health Organization. (2020). Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) is suspected. [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected). WHO reference number: WHO/2019-nCoV/clinical/2020.4.

5 IFE Core Group (2017). Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers. [https://www.enonline.net/attachments/3127/Ops-G\\_English\\_04Mar2019\\_WEB.pdf](https://www.enonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf)

6 World Health Organization. (2020). Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) is suspected. [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected). WHO reference number: WHO/2019-nCoV/clinical/2020.4.



## What if a family wants to breastfeed but hospital policy recommends separation?

**Lactation support providers should, where possible, provide local facilities with both national and international guidelines to help guide policy.**

Where discrepancies exist, decisions should be made within the local context and using evidence-based information. Find currently available [international and national guidelines here](#).

The WHO's guidelines are written to meet the needs of low-, middle- and high-resource countries, including those middle- and high-resource countries that are experiencing high levels of health care demand due to a health care crisis.

The WHO highlights that when a birthing parent has COVID-19:  
“Close contact and early, exclusive breastfeeding helps a baby to thrive. You should be supported to

- Breastfeed safely, with good respiratory hygiene;
- Hold your newborn skin-to-skin, and
- Share a room with your baby.

You should wash your hands before and after touching your baby, and keep all surfaces clean.”<sup>7</sup>

## What if a family is having challenges with breastfeeding, feels their supply is inadequate, or needs supplementation advice?

**Skilled lactation providers can both encourage families to seek lactation support and can assist public health systems in ensuring that skilled lactation support is available within their local community.**

Advise families and policymakers of the available Telehealth options. (Lactation consultants can find [resources for delivering Telehealth here](#).)

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<sup>7</sup> World Health Organization. (2020). Q&A on COVID-19, pregnancy, childbirth and breastfeeding. <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding>



The WHO recommends: “All mothers should receive practical support to enable them to initiate and establish breastfeeding and manage common breastfeeding difficulties, including infection prevention and control (IPC) measures. This support should be provided by appropriately trained health care professionals and community-based lay and peer breastfeeding counsellors.”<sup>8</sup>

According to IYCF-E guidelines, “Determine infant formula needs through individual-level assessment by a qualified health or nutrition worker trained in breastfeeding and infant feeding issues. Provide individual-level education, one-to-one demonstrations and practical training on safe preparation to the caregiver. Ensure follow-up (at least twice a month) and trace defaulters.”<sup>9</sup>

Families can find [skilled lactation providers that are knowledgeable about lactation support within their own regional context here](#).

## What if an infant or young child does not have access to breastmilk?

### If an infant is under six months of age:

The WHO recommends exploring the viability of relactation (see resources below), wet nursing, donor human milk, or appropriate breastmilk substitutes, informed by cultural context, acceptability to mother, and service availability.<sup>10</sup> See the WHO’s general guidelines for infection prevention and control (IPC) when developing strategies.<sup>11</sup>

Infant formula is the appropriate breastmilk substitute for infants less than six months of age. Infant formula should be made in accordance with applicable Codex Alimentarius standards, to satisfy the normal nutritional requirements of infants up to between four and six months of age, and adapted to their physiological characteristics.<sup>12</sup>

Find guidelines on [preparing infant formula from the WHO here](#).

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8 World Health Organization. (2020). Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) is suspected. [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected). WHO reference number: WHO/2019-nCoV/clinical/2020.4.

9 IFE Core Group (2017). Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers. [https://www.enonline.net/attachments/3127/Ops-G\\_English\\_04Mar2019\\_WEB.pdf](https://www.enonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf)

10 World Health Organization. (2020). Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) is suspected. [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected). WHO reference number: WHO/2019-nCoV/clinical/2020.4.

11 World Health Organization. (2020). Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) is suspected. [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected). WHO reference number: WHO/2019-nCoV/clinical/2020.4.

12 World Health Organization. (1981). International Code of Marketing of Breast-Milk Substitutes. [https://www.who.int/nutrition/publications/code\\_english.pdf](https://www.who.int/nutrition/publications/code_english.pdf)





If commercially prepared formula is unavailable, a family should consult with an infant feeding specialist to prepare a home-made formula.

Please note that home-modified animal milk is no longer recommended by the WHO for infants less than six months of age due to significant nutritional inadequacy.<sup>13</sup> Similarly, IYCF-E guidelines suggest, “Home-modified animal milk is not recommended for infants less than six months of age due to significant nutritional inadequacy”<sup>14</sup> and “Only in situations where access to commercial infant formula has been temporarily interrupted should home-modified animal milk be considered for short-term feeding of non-breastfed infants below the age of six months.”<sup>15</sup> If a home-made formula is needed, a health care provider should be consulted.

### If an infant is aged six month or older:

IYCF-E guidelines state the use of infant formula in children over six months of age will depend on pre-emergency practices, resources available, sources of safe alternative milks, adequacy of complementary foods, and government and agency policies. Follow-on milks, growing-up milks, and toddler milks marketed to children aged six months or over are not necessary (standard infant formula is adequate) and should not be provided. Where infant formula is needed but supplies are limited, non-breastfed infants under six months of age should be prioritised for provision.<sup>16</sup>

IYCF-E guidelines recommend the following alternatives to human milk: pasteurised or boiled full-cream animal milk (cow, goat, buffalo, sheep, camel), ultra-high temperature (UHT) milk, reconstituted evaporated (but not condensed) milk, fermented milk, or yogurt. Use of modified animal milk should be in consultation with a qualified infant feeding specialist.<sup>17</sup>

Find complete guidelines for feeding infants six months of age or older in the resource section.

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13 World Health Organization. (2006). Home-modified animal milk for replacement feeding: is it feasible and safe? [https://www.who.int/maternal\\_child\\_adolescent/documents/a91064/en/](https://www.who.int/maternal_child_adolescent/documents/a91064/en/)

14 IFE Core Group (2017). Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers. [https://www.enonline.net/attachments/3127/Ops-G\\_English\\_04Mar2019\\_WEB.pdf](https://www.enonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf)

15 World Health Organization (2006). Home-modified animal milk for replacement feeding: Is it feasible and safe? Discussion paper prepared for HIV and infant feeding technical consultation. <https://www.enonline.net/attachments/516/animal-milk-modification-who-discussion-paper-oct-2006.pdf>

16 IFE Core Group (2017). Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers. [https://www.enonline.net/attachments/3127/Ops-G\\_English\\_04Mar2019\\_WEB.pdf](https://www.enonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf)

17 IFE Core Group (2017). Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers. [https://www.enonline.net/attachments/3127/Ops-G\\_English\\_04Mar2019\\_WEB.pdf](https://www.enonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf)



## Relactation resources

The WHO, La Leche League International, and the Australian Breastfeeding Association provide guidance on relactation techniques. The best way to relactate is to have a willing baby nurse directly at the breast. Frequent and effective stimulation of the breasts is the most effective strategy in increasing milk output. Supplementation at the breast or after feedings may be necessary if the milk supply is inadequate to sustain the baby at the present time. If the child is unable or unwilling to suckle at the breast, milk removal 6-8 times per 24 hours is recommended. Assessment, evaluation, and follow-up by a skilled lactation support provider is imperative.

Find more information from the [WHO](#), [La Leche League International](#), and the [Australian Breastfeeding Association](#).

[Find a lactation consultant who can help with relactation strategies here.](#)

## Resources

Where possible, locate and review ORIGINAL sources of guidelines and research.

Find the WHO guidelines alongside other international and regional guidelines at [ILCA's COVID-19 site here](#).

Find Emergency Nutrition Network (ENN)'s Infant and Young Child Feeding in Emergencies: [Operational Guidance for Emergency Relief Staff and Programme Managers here](#).

Find the guiding principles of [Infant and Young Child Feeding in Emergencies in this article at the Journal of Human Lactation](#).

Find examples of [IYCF-E in middle- and high-resource settings here](#).

Find a case study of [IYCF-E in Puerto Rico here](#).

Guidance for families and for those providing lactation support during COVID-19 is rapidly evolving. We at ILCA will do our best to keep this information as updated as possible. Individual health care providers should continue to practice within their scope of practice and available guidelines. Have updates to share? Please email [media@ilca.org](mailto:media@ilca.org) with details.