Coronavirus and Breastfeeding
Evidence Summary

Updated April 9, 2020

The purpose of this summary, generated by a Working Group of ISRHML members, is to collate the rapidly evolving scientific evidence and clinical resources regarding the novel coronavirus (SARS-CoV-2), human milk and lactation. It is not intended to replace public health authority recommendations. Information on the COVID-19 pandemic is changing quickly. This document will be updated regularly to reflect new developments. Information is current as of the date shown above.

For the latest clinical and public health guidance, please visit the links provided below. These are regularly updated by health authorities.

For the latest peer-reviewed evidence, please visit this curated database of relevant literature. The database is regularly updated and maintained by an active Working Group of ISRHML members.

Evidence Summary

Human milk researchers around the world are developing plans to improve our knowledge of how the novel coronavirus (SARS-CoV-2) and the disease it causes (COVID-19) affect human milk and breastfeeding. In one small study from China, milk from 6 women infected in late pregnancy was tested for SARS-CoV-2, and no virus was detected. Several additional small-scale studies collectively tested several more milk samples, and none found evidence of this coronavirus in human milk.

There are many unanswered questions about SARS-CoV-2 and human milk. For example, most of the milk tested to date was produced by women infected during pregnancy, not women who acquired the infection during lactation. In addition, nothing is known about how the milk samples were collected and if the analytical methods used were optimized for milk – which is notoriously difficult to analyze due to its complex composition. At the current time, we also do not know anything about viability of the virus in milk, when and how the mother begins producing antibodies to the virus, when these antibodies are eventually passed to the baby via breastmilk, and whether components of the infant’s saliva influence the virus. We also know very little about the effects of refrigeration and freezing (which are common when milk is pumped and stored) on the virus. For all these and many more reasons, researchers from around the world are working together to answer these important questions.

For clinical guidance, the United Nations Children’s Fund (UNICEF), World Health Organization (WHO), and a growing number of national organizations have released interim clinical recommendations for parents and providers with questions about breastfeeding during the coronavirus pandemic. Links are provided below.
Resources

**Database of relevant literature (LactCoV):** ISRHML members are maintaining a curated database of relevant literature that is updated regularly. Additions are welcome, and can be submitted through this Google Form.

**Published studies**

- Liu et al., *Preprints*. 2020; [2020020373](#).

**Published commentaries**


**Clinical Guidance: International**

- **WHO:** Breastfeeding advice during the COVID-19 outbreak
- **UNICEF:** Is it safe for a mother to breastfeed if she is infected with coronavirus?

**Clinical Guidance: Regional**

- **Canada** – Public Health Agency of Canada: Pregnancy, childbirth and caring for newborns: advice for mothers (COVID-19)
- **Germany** – German Child Health Foundation: Auch in Coronazeiten: Babys weiter stillen!
- **Italy** – Italian Society of Neonatology: Breastfeeding and Coronavirus Disease-2019. Ad interim indications
- **UK** – Baby Friendly Hospital Initiative: Statement on infant feeding during the COVID-19 outbreak
- **USA** – American Academy of Pediatrics: Management of Infants Born to Mothers with Suspected or Confirmed COVID-19
- **USA** – Centers for Disease Control and Prevention: Coronavirus Disease (COVID-19) and Breastfeeding
- **USA** – Centers for Disease Control and Prevention: Interim Considerations for Infection Prevention and Control of COVID-19 in Inpatient Obstetric Settings