



COVID-19 and breast-feeding

If you have just given birth and been diagnosed with COVID-19, here are some things to keep in mind:

- ✓ To date, no cases have been reported in which the virus has been transmitted from mother to child through breast milk or breastfeeding. There is no argument why breastfeeding should be avoided.
- ✓ If you are diagnosed with COVID-19, it is recommended that you continue exclusive breastfeeding from birth up to six months and then continue breastfeeding for at least two years, taking the precautions and hygiene measures recommended for the entire population in this context.
- ✓ Safe breastfeeding includes practicing respiratory hygiene (eg wearing a mask to cover your nose and mouth) and washing your hands with soap and water before and after touching your baby, and periodically cleaning and disinfecting the surfaces you have touched.
- ✓ Always carefully disinfect the bottles, teats and pump with which you express the milk and maintain strict hygiene.

Breastfeeding has a special role in raising the baby. Breast milk is easy for the baby to digest and contains all the nutrients the baby needs to develop in the first six months of life. Both colostrum and milk contain antibodies that protect newborns from a number of diseases and infections.



For children, breastfeeding prevents the occurrence (in early childhood as well as in adulthood) of:

- ✓ infections (respiratory and digestive)
- ✓ obesity
- ✓ diabetes (type I and type II)
- ✓ cancer
- ✓ sudden death syndrome
- ✓ otitis media
- ✓ lower respiratory tract infections

- ✓ asthma
- ✓ atopic dermatitis
- ✓ cardiovascular diseases
- ✓ diarrhea
- ✓ necrotizing enterocolitis in premature infants
- ✓ intestinal flora imbalances
- ✓ malocclusion and dental problems

For the mother, the more she breastfeeds, the lower the risk of developing:

- ✓ ovarian cancer
- ✓ obesity
- ✓ type II diabetes
- ✓ myocardial infarction
- ✓ metabolic syndrome
- ✓ osteoporosis
- ✓ rheumatoid arthritis
- ✓ breast cancer

For the family, breastfeeding:

- ✓ has a minimal financial impact on the budget, because breast milk does not involve monthly costs;
- ✓ means immediate availability of baby food, which does not require
 preparation time;
- ✓ leads to building a healthy attachment between the newborn and the mother through physical contact during breastfeeding.

If you are forced to isolate your newborn due to the COVID 19 pandemic, here are some tips for maintaining lactation:

• The mother's milk production is maintained by the frequent sucking of the newborn. The more often and efficiently a baby sucks, the more milk the mother will produce. A newborn needs at least 8-12 breastfeeds in 24 hours to feed and help the mother produce enough milk. If you are separated from your baby, it is important to maintain milk production by expressing (milking) the milk from the breasts with the help of your hand or a breast pump, at the same rate as the baby.



- Although it is important to rest, avoid taking breaks of more than 5 hours between milks during the night.
- In the first days after birth, when you produce colostrum, you may find that it is more practical and comfortable to hand-milk your breasts. As lactation increases, you can also use a breast pump.
- The use of a breast pump is not mandatory to maintain lactation. Manual milking is an efficient and safe technique. Manual milking is simple, safe and painless.
- In the first days after birth, the amounts of milk extracted from the breasts may seem very small. It is normal at first to milk enough to fill a teaspoon, but lactation will increase over time. Continue to express the milk regularly. This way you will have enough milk for the moment when you will be able to put the baby to the breast and you will avoid the engorgement of the breasts that usually appears in 3-5 days after birth.

Congestion may occur in the first days after birth, when excessive milk accumulates in the breasts. The best solutions are: breastfeeding on request or regular milk extraction, relaxing the breast before breastfeeding by massage, wearing comfortable clothes, applying warm compresses on the breasts.











Reunion with the baby

- Once reunited with your baby, try to spend as much time in skin-to-skin contact with him. This will help the baby search for the breast.
- Provide breastfeeding frequently so that you breastfeed at least 8-12 times in 24 hours.

If lactation is insufficient, this may be due to long and painful labor, fatigue or separation of the mother from the baby after birth. To solve this problem, the baby should be breastfed on request and if it cannot be breastfed, the mother should be encouraged to milk manually or with a pump and the extracted milk should be given to the baby with the syringe.

- Attach the baby to the breast at the first signs of hunger. This is usually signaled by the baby waking up. Careful! Crying is a late sign of hunger. A baby who is breastfed only when he/she cries should be reassured beforehand, because otherwise he/she will be harder to put to the breast.
- Make sure the attachment to the breast is correct and that the baby is actively sucking with swallows.

If persistent pain occurs when attaching / sucking, exercise several sucking positions, compress the areola between the thumb and forefinger, position the nipple near the baby's nose to stimulate him to open his mouth wide so that he catches as much of the areola as possible (the dark area of the breast). The lower lip should be turned up, the chin positioned in the breast, and the nose free.

• Do not limit breastfeeding according to a time interval. Watch the baby's swallows. Gently press or massage the breast with your hand, while the baby sucks but no longer swallows. Offer the other breast when the baby stops sucking even after compressions.

If breast cramps (wounds) occur, adjust the attachment and positioning of the baby to the breast. If the injuries persist, talk to a specialist to check the child's mouth for possible physical problems. After sucking, take air baths and apply lanolin on the breasts.

