

DRAFT

Date: March 16, 2020

Breastfeeding Support during COVID-19

The answers provided below is based on what information we have as of March 16, 2020

Q: What is COVID-19?

A: COVID-19 is a new disease and we are still learning how it spreads, the severity of the illness it causes, and to what extent it may spread. We recommend going to the [CDC](#) for all the most accurate information

Q: Can breastfeeding participants still breastfeed if they have COVID-19?

A: Yes, see the CDC guidelines below.

Q: What are the guidelines on breastfeeding for mothers with confirmed COVID-19 or under investigation for COVID-19?

A: The CDC recommends that if a mother with confirmed COVID-19 or who is a symptomatic person under investigation (PUI) should [take all possible precautions](#) to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, if possible, while feeding at the breast. If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow [recommendations](#) for proper pump cleaning after each use. If possible, consider having someone else, who is well, to feed the expressed breast milk to the infant.

Q: What if the breastfeeding participant feels too sick to breastfeed?

A: If you talk to a participant who really feels bad, strongly encourage them to call their doctor. Ask if the participant has help – explore ways to get help. If help is available, see if the participant can hand express or pump and have someone else feed the baby. Before expressing, it is important to wash hands thoroughly with soap and water. If using a breast pump, it is important to ensure proper cleaning is followed. See more information about pump cleaning ([link the information below](#)).

Q: Will the breastfeeding participant's milk supply decrease?

A: Some participants notice a supply drop when they are sick. If this happens refer the participants to a designated breastfeeding experts or medical provider. Before taking any medications, including over the counter medication, encourage the participant to call their doctor to find out what medication is safe to take while breastfeeding.

Q: How can a breastfeeding participant reduce of spreading virus to the baby?

A: Here's what CDC, the World Health Organization (WHO) says:

Even if you don't have symptoms of COVID-19, there are things we can all do in order to minimize the chances of spreading COVID-19 to others. For example, it is important to:

- [Wash your hands](#) often using soap and water or an alcohol-based hand sanitizer.
- Cover your mouth and nose with a bent elbow or tissue when coughing or sneezing, and immediately throwing away any used tissues.
- Avoid close contact with anyone who has cold or flu-like symptoms.
- Seeing a doctor if you have a fever, cough or feel like it is hard to breathe.

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Q: Does the COVID-19 transmit to the breast milk?

A: Much is unknown about [how COVID-19 is spread](#). Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza (flu) and other respiratory pathogens spread. In limited studies on women with COVID-19 and another coronavirus infection, Severe Acute Respiratory Syndrome (SARS-CoV), the virus has not been detected in breast milk; however we do not know whether mothers with COVID-19 can transmit the virus via breast milk.

Q: Should we offer video conferencing to participants needing breastfeeding help if they do not wish to go out into the public?

A: Yes. We recommend getting consent from the participant via a text, email or verbally and document the consent in the BFPC Care Plan and the Family Care Plan. You can copy and paste the consent if it was sent to you. If you have an agency consent form for texting. Consider updating it to allow video interactions. You must use an agency-issued phone or computer. Don't use your personal devices.

Q: If so, both the WIC program and BF P/C program would like to know what platform the state would like us to use for secure interactive video conferencing. (FaceTime for P/C program? Etc.)

A: Follow your IT recommendations. We are looking into this.

Q: Can PCs do home visits?

A: We don't recommend doing home visits at this time.

Q: How should we issue pumps?

A: Continue to assess the need for a pump. If the participant needs an electric pump, Issue a personal use pump even if you are issuing formula. We don't recommend issuing Lactinas at this time unless you feel the participant needs a multi-user for lactation reasons. We will have plenty of personal use pumps available. This is a change in policy at this time. We want to support breastfeeding while minimizing exposure to the virus.

Options for issuing the pump:

- Ask the participant if they have transportation to pick it up or if they have someone who can pick it up for them.
 - If participant or designee comes in to pick up the pump and has a cell phone, have them call you when they arrive at the clinic. Staff could go out to the participant /designee to hand off the pump. See below for options for dealing with the release form and follow-up education.
 - Staff and the participant can arrange a pick up site (e.g. loading zone or other easily accessible spot)
- Ask the participant if they have a mailing address where they feel comfortable having a pump delivered, if that's their preference.

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- Provide the participant:
 - A contact number and instruct the participant to call when they receive the pump.
 - Instructions on how to use the pump in their preferred language. The pump comes with instructions in English and Spanish. Instructions in other languages are available from the DOH Fulfillment Center.
 - Instructions on how to store breastmilk.
 - Instructions that a peer counselor will contact them for follow-up if the agency has a peer counselor program.

Options for the release form:

- If the participant picks up the pump, follow [DOH recommendations for social distancing](#):
 - Provide two release forms on a clipboard and hand it to the participant to review and sign one form and tell them to keep the other form for their reference.
 - Provide instructions in the participant's preferred language with the pump.
 - Obtain a current phone number and set up a time to call the participant no later than the next business day for follow-up.
- If the participant's designee picks up the pump or the staff mail the pump:
 - Before the designee picks up the pump, have a phone conversation with the participant. Use the Language Link line as needed to converse with the participant in their preferred language. Review:
 - How to use the pump following the instructions below.
 - Explain that staff will provide a release form. Tell the participant to review the form when they get the pump and sign it, then
 - Take a picture of the signed release form and text or mail to the clinic
 - Mail to the clinic in a self-addressed, postage paid envelop that the clinic provides.
- Wash your hands using current guidelines.

How to instruct participants on using the pump:

- Have the client call the clinic/contact person when they receive the pump.
- If the participant isn't physically present at the time staff issue the pump, staff must call the participant for follow-up and instructions. Use the Language Link service for clients who need interpretive services. Set up a time to do video interaction if available.
 - In addition to one-to-one education on how to use the pump, staff may offer the following links for addition instruction/support. The pump videos available in both English and Spanish.
 - [Medela](#)
 - [Hygeia](#)
- Discuss how to [hand express](#)
- Discuss how to store breast milk safely.
- Provide the participant a point of contact for further questions.
- Document the instructions provided in the Family Care plan in Cascades.
- Staff document a 2C for instructions provided over the phone.

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- Peer Counselors document participant contact in the BFPC Care Plan and the Family Care Plan.

About cleaning a returned multi-use pumps

- Allow the participant to hold on to the pump for the time being unless they are moving out of state or are no longer participating in WIC. Make an alert in the participant's file noting the participant has a pump that will need to be returned. Follow-up with the participant monthly to determine the best time to return the pump.
- If the pump is returned:
 - If you don't have gloves, be sure to wash your hands using current guidelines after handling the pump.
 - Clean the pump following manufacture directions.
 - Don't reissue the pump for at least 10 days.
- Recommended disinfect for pumps according to [EPA recommendation](#) is
- Use Cavicide or other disinfectant wipes.

Steps to properly use and clean breast pumps based on the [CDC recommendation on how to clean your breast pump](#).

Before Each Pump Use

1. **Wash hands.** [Wash your hands](#) well with soap and water for 20 seconds.
 - Washing hands is the first line of defense against contamination of your breast pump kit and the breast milk itself. Washing with soap and water is preferable to the use of alcohol hand sanitizer so as not to introduce alcohol to the breast or breast milk ³. However, when used correctly, [hand sanitizer pdf icon\[PDF – 2 pages\]](#) should not pose a risk to your breast milk and can be used if soap and water are not readily available.
2. **Assemble.** Assemble clean pump kit.
 - Inspect whether the pump kit or tubing has become moldy or soiled during storage. If your tubing is moldy, discard and replace immediately. ^{3,4,5}
 - A 1979 outbreak of [Klebsiella](#) bacteremia in a newborn intensive care unit was linked to contaminated breast pump tubing.⁶
3. **Clean if using a shared pump.** Clean pump dials, power switch, and countertop with disinfectant wipe.
 - The outer surfaces of shared pumps can have unsafe bacteria that may carry into the pumped breast milk

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After Every Pump Use

1. **Store milk safely.** Cap milk collection bottle or seal milk collection bag, label with date and time, and immediately place in a refrigerator, freezer, or cooler bag with ice packs.
 - If milk collection container will be stored at a hospital or childcare facility, add name to the label.
2. **Clean pumping area.** Especially if using a shared pump, clean the dials, power switch, and countertop with disinfectant wipes.

The outer surfaces of shared pumps can have unsafe bacteria that can get into pumped breast milk. ⁶
3. **Take apart and inspect pump kit.** Take apart breast pump tubing and separate all parts that come in contact with breast/breast milk (for example, flanges, valves, membranes, connectors, and milk collection bottles).
4. **Rinse pump kit.** Rinse breast pump parts that come into contact with breast/breast milk under running water to remove remaining milk.
5. **Clean pump kit.** As soon as possible after pumping, clean pump parts that come into contact with breast/breast milk in one of the following ways.
 - **Clean by hand.**
 1. **Use a wash basin.** Place pump parts in a clean wash basin used only for washing infant feeding equipment. Do not place pump parts directly in the sink, because germs in sinks or drains could contaminate the pump.
 - Many germs can easily grow in sink drains and spread to other surfaces. Outbreaks in hospitals have been linked to germs from sink drains. ^{7,8,9,10}
 2. **Add soap and water.** Fill wash basin with hot water and add soap. ^{11,12}
 3. **Scrub.** Scrub items according to pump kit manufacturer's guidance. If using a brush, use a clean one that is used only to clean infant feeding items. ^{11,12}
 4. **Rinse.** Rinse by holding items under running water, or by submerging in fresh water in a separate basin that is used only for cleaning infant feeding items.
 5. **Dry.** Allow to air-dry thoroughly. Place pump parts, wash basin, and bottle brush on a clean, unused dish towel or paper towel in an area protected from dirt and dust. Do not use a dish towel to rub or pat items dry because doing so may transfer germs to the items.
 - Research in a neonatal intensive care unit setting found *Proteus* spp. bacteria at the bottom of a milk bottle. The study concluded that breast pump kits should be dried thoroughly to not allow for any water to remain where bacteria can multiply. ¹³
 - **Clean in a dishwasher (if recommended by pump kit manufacturer).**
 1. **Wash.** Place disassembled pump parts in dishwasher. Be sure to place small items into a closed-top basket or mesh laundry bag so they don't end up in the dishwasher filter. **If possible, run the dishwasher using hot water and a heated drying cycle (or sanitizing setting); this can help kill more germs.**
 2. **Remove from dishwasher.** Wash your hands with soap and water before removing and storing cleaned items. If items are not completely dry, place items on a clean unused dish towel or clean paper towel to air-dry thoroughly before storing. Do not use a dish towel to rub or pat items dry because doing so may transfer germs to the items.

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- A systematic review concluded that a number of different methods for cleaning and disinfecting a breast pump kit *appear to be acceptable*, including thoroughly washing with warm water and soap, using a dishwasher, and boiling ^{14,15}. The authors did conclude that whatever method is used, the most important steps are thoroughly washing with warm water and soap to remove all traces of milk, rinsing to remove the soap, and then thoroughly drying before storing.
- 6. **Clean wash basin and bottle brush.** If you use a wash basin or bottle brush when cleaning your pump parts, rinse them well and allow them to air-dry after each use. Consider washing them every few days, either in a dishwasher with hot water and a heated drying cycle, if they are dishwasher-safe, or by hand with soap and warm water.

Available links for further support on breast pump cleaning:

- [How to Keep Your Breast Pump Kit Clean: The Essentials](#)
 - [Print version in English](#)
 - [Print version in Spanish](#)

For peer counselors

- Peer Counselors who are trained to provide pumps, can issue pumps and do a follow-up for clients who were issued pumps. This follow-up isn't a 2C.
- Peer Counselors need to spend their time providing breastfeeding support; they should not be managing pump issuance or having assigned tasks such as cleaning, tracking or taking breast pump inventory.

Resources

- [CDC](#)
- [WHO](#)
- [Academy of Breastfeeding Medicine](#)
- [UNICEF](#)
- [Droplet](#)

If you or your staff get questions from your partners or the public about COVID-19, please email DOH.information@doh.wa.gov so the right person can answer them.