

COVID-19: Guide to Infant Feeding

COVID-19 remains a significant risk in New York City (NYC) and across the U.S. This health and informational guidance is for recently postpartum lactating parents and their support people who are engaged in infant feeding during the COVID-19 public health emergency. It includes practices that support optimal infant feeding, guidance on establishing and maintaining a healthy milk supply, and support regarding techniques and community resources.

People who are pregnant or breastfeeding or chestfeeding may choose to be vaccinated. If you are pregnant or breastfeeding or chestfeeding, it may be helpful to discuss vaccination with your health care provider. However, you do not need clearance from a provider to be vaccinated. Pregnant people are among the groups eligible to be vaccinated, as part of New York State’s phased vaccine distribution. For a full list of eligible groups, visit nyc.gov/covidvaccinedistribution. To find a vaccination site and make an appointment, visit vaccinefinder.nyc.gov. If you need assistance making an appointment at a City-run vaccination site, call 877-VAX-4NYC (877-829-4692). For information on COVID-19 vaccines, visit nyc.gov/covidvaccine.

Are people who are pregnant at a higher risk for severe illness from COVID-19?

Yes. Based on what we know at this time, people who are pregnant are at a higher risk for severe illness from COVID-19 than people who are not pregnant. People who are pregnant and have COVID-19 may also have an increased risk for preterm birth and other negative pregnancy outcomes. There have been a few reports of babies who may have been infected with COVID-19 before birth, but this seems to be [rare](#).

For more information on people at increased risk of severe COVID-19 illness, visit nyc.gov/health/coronavirus and click on “Prevention and Groups at Higher Risk” on the left side of the page.

The NYC Department of Health and Mental Hygiene (NYC Health Department)’s [“COVID-19: Recommendations for People Who Are Pregnant, Breastfeeding or Chestfeeding, or Caring for Newborns”](#) includes answers to the following questions.

- What can people who are pregnant do to prevent COVID-19 transmission?
- Should I change my prenatal care appointments? What about ultrasounds?
- What should I do if I have COVID-19 symptoms or have other concerns during my pregnancy?
- Should I change my birth plan or location of birth?
- Can people with COVID-19 breastfeed or chestfeed?
- Can people with COVID-19 “room in” with their baby?
- What warning signs should I look for after birth?
- Information for people who have recently given birth (“the fourth trimester”)
- Other resources for new parents

Food security during emergencies

[Breastfeeding or chestfeeding is a critical part of disaster response](#). According to the Centers for Disease Control and Prevention (CDC), “breastfeeding remains the best infant feeding option in a natural disaster situation.” Infants and children are most at risk during emergencies when infant formula and feeding supplies are limited, such as during the COVID-19 public health emergency. Additionally, some families may find themselves in unsanitary environments or without access to clean water due to the stay-at-home orders. These factors can increase risk of diarrhea or other diseases. It is important that parents who can provide breast milk to their baby are supported and protected in doing so.

Why is breast milk important?

Breast milk provides the best nutrition tailored specifically to your baby. It contains virtually all the protein, sugar, fat, vitamins and minerals that babies need to grow healthy and strong. It is easily digestible and adapts to the nutritional needs of your baby, feed by feed. It also lays the foundation for a baby’s immune system by providing immunological factors, enzymes and white blood cells. Breast milk also contains antibodies that help protect your baby from infections, including respiratory infections and infections that cause diarrhea, common among babies during emergency situations.

Can people with COVID-19 breastfeed or chestfeed?

Yes. People with COVID-19 or people being evaluated for COVID-19 can breastfeed or chestfeed while taking precautions to avoid spreading the virus to their baby.

While evidence is limited at this time, it appears unlikely that COVID-19 can be transmitted to a baby while breastfeeding or chestfeeding. Due to the many benefits of breastfeeding or chestfeeding, including providing the birthing parent’s antibodies (which protect the baby against infection overall), it is recommended that parents who want to feed their baby human milk do so while adhering to certain precautions, including washing their hands thoroughly with soap and water for at least 20 seconds immediately before breastfeeding or chestfeeding, and wearing a face covering while breastfeeding or chestfeeding. Another option is to pump or hand express milk. If using a pump, thoroughly wash all parts of the pump with soap and water between uses. Consider having someone who does not have COVID-19 feed the baby the parent’s milk in a bottle.

How can I make enough breast milk for my baby?

Feeding soon after birth and often during the next few weeks in response to your baby’s hunger cues (on-demand feeding) will help your body know to make enough breast milk to feed your baby. Skin-to-skin contact and rooming-in are two practices you can do in the hospital that will help with this and are good for the baby even if you are not feeding them breast milk.

Skin-to-skin contact involves placing your naked baby on your chest, skin-to-skin, immediately after birth and keeping them there until they feed, or at least 60 to 90 minutes. Rooming-in involves having your baby stay with you in your room, even if 6 feet apart. This

will help you both learn about each other and give you plenty of opportunities to feed them when they show hunger cues.

Can people with COVID-19 “room in” with their baby?

“Rooming in” is having your baby stay in the same as room as you. Some health care providers may recommend separating the baby from the parent who has COVID-19 while the parent is in the hospital or is being tested for COVID-19. This is to reduce the risk of the newborn becoming infected with COVID-19 and should be done on a case by case basis. The CDC recommends that the health care provider and parent make this decision jointly. A separation may last until the parent is no longer infectious or longer if the clinical situation changes. Separation may involve keeping the baby more than 6 feet away from the parent while in the same hospital room, or a true physical separation with another healthy adult assisting with caring for the baby.

Hospitals and birthing facilities may also limit the number of visitors to keep you and your support team safe. Your support team can include your partner, doula, friends or other family members you had planned to be present for the labor and birth. Make sure that your support team follows the hospital’s instructions. For information on your rights during childbirth, visit [nyc.gov/health](https://www.nyc.gov/health) and search for **respectful care at birth**.

What are some ways to promote a healthy breast milk supply?

Whether you are rooming-in with your baby or have been separated for safety reasons, it is still important to express your breast milk regularly to establish and maintain your breast milk supply. Remember, you have to move breast milk to make breast milk. If you do not express your milk, your body will stop making so much. The hospital staff can help you. Let them know you want to feed your baby your milk and ask them to help you learn about and perform these practices, below.

- Starting Early and Starting Well
 - [Breastfeeding in the First Hour: It’s in Your Hands](#)
 - [The Breast Crawl and First Feed](#)
 - [Attaching Your Baby to the Breast](#)
 - [Creating Deeper Latching](#)
 - [Ensuring a Good Milk Supply](#)
- Understanding [Normal Newborn Behavior](#), [Feeding Cues](#) and [Feeding on Demand](#)
- Expressing Milk
 - [Hand Expression \(Stanford\)](#) and [Hand Expression \(Global Health Media\)](#)
 - [Using an Electric Pump and Hands-on Pumping](#)
 - [Power Pumping](#)
 - [Pump Hygiene](#)
- Safe Storage and Feeding of Expressed Milk
 - [Safe Milk Handling](#)
 - [Alternative Feeding Methods](#)
 - Baby-Led/Paced Bottle Feeding
 - [Paced Bottle Feeding](#)

- [Bottle Feeding](#)
- [Baby Led Bottle Feeding](#)
- [Practices to Promote Attachment and Bonding](#)
- [Promoting Milk Supply and Avoiding Formula Supplementation](#)
- [Chestfeeding/Lactation Support for LGBTQIA+ People](#)
- Transition to Direct Breastfeeding or Chestfeeding after [Supplementing/Pumping](#)

What alternative feeding methods are available if I choose not to breastfeed or chestfeed, or am unable to produce enough breast milk for my baby?

The preferred next alternative is donor human breast milk. Contact [The New York Milk Bank](#) at 212-956-6455 or visit nymilkbank.org for further support.

If donor human breast milk is not available, infant formula is the next preferred alternative. While infant formula is an important resource for families who cannot or choose not to breastfeed or chestfeed, emergencies can cause scarcity of formula as well as challenges securing formula during stay-at-home orders. Due to higher demand, manufacturing interruptions or delays and the closing of businesses and stores that sell formula, families may find themselves in a challenging situation. Additionally, formula feeding may increase financial burden on families who are experiencing job loss or other changes to income. It also requires clean water, power or fuel, and electricity to properly prepare, sanitize and store formula. (For more information on preparing formula, see [Safe Formula Preparation](#) and the Baby-Led/Paced Bottle Feeding resources, above.) Families may not be able to provide formula in a safe and clean environment or afford enough formula to feed their babies and may begin “stretching” or diluting formula, which is **not** advised. If you need formula and are unable to obtain or afford it, contact your local [Special Supplemental Nutrition Program for Women, Infants and Children \(WIC\) office](#) for further support.

What types of food assistance are available to ensure my family and I stay healthy and fed?

It is important that you and your family are staying healthy and fed, particularly the parent who is breastfeeding or chestfeeding. If you or your family are struggling with food security due to access or cost issues, call **311** and say “Get food”; text “NYC FOOD” or “NYC COMIDA” to 877-877 to find a free meal distribution site near you; or visit nyc.gov/getfood to find a food pantry or to determine eligibility for free meal delivery.

What are some post-partum support resources?

The following resources can help support you and your baby after giving birth.

- Call **311** and ask for **newborn care**.
- Postpartum Doula Support
 - [Ancient Song Doula Services](#)
 - [By My Side Birth Support Program](#) (under “Doula Services”, for clients who enroll prenatally)
 - [Brooklyn Perinatal Network](#)
 - [Caribbean Women’s Health Association](#) (Brooklyn, Queens, Manhattan)
 - [Community Health Center of Richmond](#) (Staten Island)

- [Carriage House Birth](#)
- [The Doula Project](#)
- [Baby Caravan](#)
- [NYC Doula Collective](#)
- [Bird Song Brooklyn](#)
- [Boober](#)
- Mt. Sinai [Caring for Your Newborn](#) Video (available in English and Spanish)
- Lactation Support
 - [La Leche League](#)
 - [Chocolate Milk Cafe](#)
 - NYC Health Department Virtual Baby Cafés
 - Morrisania: eventbrite.com/e/63303442300
 - Harlem: eventbrite.com/e/63302824452
 - Brownsville: eventbrite.com/e/63301605807
 - [New York Lactation Consultant Association](#)
 - [National Women's Health and Breastfeeding Helpline](#)

For more information on COVID-19, visit nyc.gov/health/coronavirus or text "COVID" to 692-692 for real-time updates. Message and data rates may apply.

The NYC Health Department may change recommendations as the situation evolves.

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