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REVIEW

Breastfeeding and Covid-19

Lactancia materna y Covid-19

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ABSTRACT

Breastfeeding is inherent to mammals, and without it, none would have survived. COVID-19 is caused by a new betacoronavirus officially named SARS-CoV-2, and the possibility of transmission through breast milk is being studied. A literature review was conducted to characterise how breastfeeding is carried out during the COVID-19 pandemic and to make recommendations. Journals and websites such as SciELO and Infomed were used, for a total of 14 references. The numerous benefits of skin-to-skin contact and breastfeeding far outweigh the possible risks of transmission and disease associated with COVID-19. To date, there are no reasons to avoid or interrupt breastfeeding.

Keywords: Breastfeeding; Motherhood; Covid-19.

RESUMEN

La lactancia es inherente a los mamíferos y en su ausencia ninguno hubiese sobrevivido. La causa de la COVID-19 es un nuevo betacoronavirus nombrado oficialmente como SARS-CoV-2, y se estudia acerca de la posibilidad de transmisión por la leche materna. Se realizó una revisión bibliográfica con el objetivo de caracterizar cómo se realiza la lactancia materna en tiempos de Covid-19 y recomendaciones. Se utilizaron revistas, páginas web de sitios como SciELO e Infomed, para un total de 14 referencias. Los numerosos beneficios del contacto piel a piel y la lactancia materna superan ampliamente los posibles riesgos de transmisión y enfermedad asociados a la Covid-19. Hasta ahora no existen motivos para evitar la lactancia materna ni interrumpirla.

Palabras clave: Lactancia; Maternidad; Covid-19.

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INTRODUCTION

Breastfeeding is nature's designed nourishment for the newborn and infant; it is inherent to mammals, and in its absence, none would have survived.(1) Motherhood is the state or quality of being a mother.(2)

On 11 March 2020, the World Health Organisation (WHO) declared COVID-19 a pandemic. The first 27 cases were reported on 31 December 2019 in the Chinese city of Wuhan. The cause of COVID-19 is a new betacoronavirus, officially named SARS-CoV-2 by WHO. The natural reservoir of the virus appears to be the chrysanthemum bat, but the intermediate host remains unclear. Transmission occurs by direct or indirect contact with micro droplets containing the viral load. It is a highly virulent and highly contagious germ. The disease incubation period is 2 to 14 days, with an average of 3 to 7 days. The last few months have seen the most severe pandemic of the 'modern' era associated with coronavirus 2 (SARS-CoV-2).(3)

It is at this point that breastfeeding is once again one of the most significant challenges facing pediatricians in newborn and infant care today. Unscientific rumors and myths try to refute the importance of breastfeeding, so some mothers decide to prematurely withdraw the best vaccine that children aged 0-6 months can receive.(4)

As of 8 March 2021, a total of 22082983 cases of COVID-19 have been registered in Latin America and the Caribbean. Brazil is the region most affected by this pandemic, with around 11 million confirmed cases.(5)

According to official sources in Cuba, by the end of March 18, 2021, 65,149 patients had been diagnosed with the disease, and 387 deaths had accumulated.(6)

Currently, the increase in cases of COVID-19 in the pediatric age group makes Villa Clara one of the provinces most affected in children and adolescents by the transmission of Sarv-CoV-2 in the current resurgence that the country is suffering.

On 18 January 2021, 21 children were suffering from the disease, including six under the age of one, making it one of the Cuban territories with the highest number of infants infected, Yandry Alfonso Chang, head of the Mother and Child Programme in the province, told CMHW.

He pointed to the cardiovascular and psychological sequelae, among others, that the disease leaves in the pediatric age group, as well as complications during the illness.

He reported on a five-year-old girl from Nicaragua, in a serious and stable condition in the Comandante Manuel Fajardo military hospital in the province, who has aroused collective interest in her health and is awaiting a negative PCR for her transfer to the José Luis Miranda pediatric health facility in Santa Clara.(7)

The importance of the issue lies in the fact that human milk is the optimal food for the nutrition of infants and young children for the health of the mother-child binomial, especially in emergencies, which is why it is recommended that children of mothers with suspected, probable or confirmed cases of COVID-19 should begin breastfeeding during the first hour of life and continue until at least 2 years of age, and to apply the biosecurity measures for COVID-19 disease necessary to prevent mother-child contagion. Breast milk contains antibodies that fight infection and stimulate the infant's immune system.(8)

This study aims to characterize the importance of breastfeeding in times of Covid-19.

DEVELOPMENT

There is controversy about the transmission of the virus from mother to fetus. However, to date, the transplacental route to the fetus has not been described in pregnant women infected in the last trimester, nor has the virus been identified in samples tested from amniotic fluid, umbilical cord blood, or breast milk.(9)

Infants born to mothers with confirmed, suspected, or probable COVID-19 should follow standard infant feeding recommendations and take the necessary infection prevention and control precautions.

Standard recommendations (10)

• Breastfeeding should be initiated within one hour of birth

• Exclusive breastfeeding should continue for 6 months, after which adequate, safe, and correctly provided complementary foods should be introduced promptly.

• Breastfeeding should continue until at least 2 years of age.

Immediate and continued skin-to-skin contact, including the 'kangaroo mother' technique, improves infant temperature regulation and several other physiological indicators and is associated with increased neonatal survival. In addition, placing the newborn next to the mother allows early breastfeeding initiation, reducing mortality. The many benefits of skin-to-skin contact and breastfeeding far outweigh the potential risks of transmission and disease associated with COVID-19.

Recommendations to maintain physical distance for adults and older children aim to reduce contact with asymptomatic persons with COVID-19 and the resulting potential for virus transmission. This is a strategy to reduce the overall prevalence of COVID-19 and the number of adults experiencing more severe COVID-19. In the case of recommendations on the care and feeding of infants whose mothers have suspected or confirmed COVID-19, the aim is to improve the survival, health, and development of neonates and infants, both in the short term and throughout their lives. These recommendations take into account the likelihood of infants contracting COVID-19 and the potential risks associated with it, but also the risks of severe illness and death that occur when infants are not breastfed or when infant formula is misused, as well as the protective effects of breastfeeding and skin-to-skin contact. In general, infants are at low risk of infection with the COVID-19 virus. In the few cases of confirmed infection in children, the disease has been chiefly with mild or no symptoms.

To date, active virus has not been detected in any mother's milk with suspected or confirmed COVID-19. Therefore, it is unlikely that the virus can be transmitted through breast milk expressed from a mother with suspected or confirmed COVID-19.(11)

Hygiene recommendations during breastfeeding (12)

1. During breastfeeding, do not wear accessories such as watches, rings, or bracelets, as these can be a source of infection. Similarly, as far as possible, keep fingernails short.

2. Always wash your hands with soap and water for at least 20 seconds before and after each feeding or contact with the baby.

3. When breastfeeding, dispose of disposable masks after use. It is important not to reuse them; when removing them, do so from behind to avoid touching the front of the mask.

4. Reusable masks must be washed with soap and water after each use, so several masks would need to be available for replacement.

5. Avoid touching eyes, nose, and mouth while breastfeeding, as hands facilitate virus transmission.

6. It is unnecessary to systematically wash the breast before each feeding or expression of milk; only in case of coughing on the bare breast should it be cleaned with soap and water for at least 20 seconds.

7. Ideally, reserve a specific space for breastfeeding away from sources of contamination in the house. The space should be as comfortable as possible and allow the area to be kept clean and disinfected.

8. If you need to feed your baby urgently and do not have the above-mentioned conditions for hand washing, use alcohol gel on your hands, rubbing them together for at least 20 seconds.

Hygiene recommendations for expressed breastmilk

If the mother is unable to breastfeed, it is possible to express breastmilk and then administer it using different techniques, as well as to stimulate production by expressing it.

The choice of expression method will depend on the mother's preferences, availability or access to expression equipment, hygienic conditions, associated costs, and access to electricity, among others.

Manual expression

1. Use a disposable mask; remove it after use. In the case of reusable masks, it is necessary to wash them every time they are used.
2. Wash hands before extraction with soap and water for at least 20 seconds, rubbing hands together on all sides and rinsing under running water.
3. Then, perform manual expression techniques: stimulation massages, radial movements in the direction of the nipple, and circular movements around the areola. Each manual removal session can last 20 to 30 minutes, alternating the breasts every 5 to 10 minutes.
4. Remember that only in case of coughing on the bare breast should the breasts be washed with soap and water for at least 20 seconds.
5. The container where breastmilk is stored should be food-grade and sterilized beforehand.
6. Once the milk has been emptied into the container, it should be sealed to prevent spillage and contamination, labeled with the date and time of expression, and stored in the refrigerator or freezer as needed.
7. To sanitize containers, they can be boiled in a pot for 5 to 10 minutes with enough water to cover the container.
8. Finally, wash hands with soap and water for at least 20 seconds after extraction.

Mechanical extraction

1. Use a disposable mask; remove it after use. In the case of a reusable mask, washing it every time it is used is necessary.
2. Wash hands before extraction with soap and water for at least 20 seconds, rubbing hands together on all sides and rinsing them under running water.
3. If an electric extractor fan is used, it should be for exclusive use only, not shared.
4. Check that all parts of the extractor are clean, disinfected, and in good condition.
5. As with manual expression, the container where the breastmilk will be stored must be food-grade and previously sterilized. It must also be sealed to avoid spillage and contamination, labelled with the date and time of extraction, and then stored in the refrigerator or freezer as necessary.
6. After use, separate the parts that come into contact with the breast and milk, rinse under running water to remove any remaining milk.
7. Use a cleaning kit exclusively for breast pump parts and baby feeding implements and follow the manufacturer's instructions.
8. Allow to air dry in a clean container exclusively for this purpose.
9. Disinfect breast pump parts and the bottle cleaning brush at least once a day. Soak and boil utensils for 5 to 10 minutes in a pot with enough water to cover them.

Researchers at the University of California, San Diego (UCSD) are working on a study to identify whether breastfeeding can help protect newborns against COVID-19 or whether the virus is transmitted by breastfeeding.(13)

It is now up to health care workers, especially pediatricians in primary health care teams, family doctors, and secondary health care providers when caring for a patient in the age range, especially in the first six months of life, to provide as much information as possible about the benefits of breastfeeding for the child and the mother, who can continue to breastfeed as long as she complies with the biosecurity measures for COVID-19. It is essential to use official and alternative communication channels, such as health institutions' social media pages, to disseminate and debunk the myths and realities about continuing to breastfeed even if the mother has the disease.(14)

The research team believes that it is essential to continue to study this possible route of transmission from a suspected or confirmed mother of COVID-19 to her baby, although so far, there have been no cases. Breastfeeding is indisputable as a key step in the baby's development, even during the pandemic.

CONCLUSIONS

The route of mother-to-child transmission through breast milk has not yet been proven. The many benefits of skin-to-skin contact and breastfeeding far outweigh the potential risks of transmission and disease associated with COVID-19. So far, there is no reason to avoid or interrupt breastfeeding. Hygienic measures are taken if the mother is suspected or confirmed to have the disease, both when breastfeeding and with expressed breast milk.

REFERENCES

1. Brahm P., Valdés V. Beneficios de la lactancia materna y riesgos de no amamantar. Revista chilena de pediatría [internet] 2017 [citado 5 de mayo 2021]. 88(1). Disponible en: https://scielo.conicyt.cl/scielo.php?pid=S037041062017000100001&script=sci_arttext&tlng=e Diccionario de la Real Academia Española. [internet]. Madrid, España. Diccionario de la lengua española, actualizado 2020; [citado 5 de mayo 2021] Disponible en: www.dle.rae.es/maternidad
2. Huang C, Wang Y, Li X et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet. 2020; 395: 497-506
3. Departamento de Salud. Guía sobre el Covid-19 en la lactancia materna. Pensilvania: Departamento; 2020 [citado 5 de mayo 2021]. Disponible en: https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/COVID-19%20Guidance%20on%20Breastfeeding_SP.pdf
4. Orús A.COVID-19: número de muertes a nivel mundial por continente 2021[Internet]. Marzo2021 [citado:19 Mar2021]. Disponible en: https://es.statista.com/estadisticas/1107719/covid19-numero-de-muertes-a-nivel-mundial-por-region/
5. Sitio oficial de gobierno del Ministerio de Salud Pública en Cuba. [Internet] Cuba, 2021 [citado:19 Mar 2021]. Disponible en: https://salud.msp.gob.cu
6. Pulido B. Alta afectación por la Covid-19 en edades pediátricas en Villa Clara. CMHW la reina radial del centro. [internet] 2021 [citado 8 de mayo 2021]. Disponible en: https://www.cmhw.icrt.cu/en-villa-clara/31163-quien-vive-con-ninos-que-los-cuide-mas-audio
7. Grupo de Trabajo Internacional Voluntario de Expertos en Lactancia Materna. Guía Operativa de Lactancia en Emergencia Covid-19 América Latina. Task Force: Grupo, Paso 10; 2020. [citado 8 de mayo 2021]. Disponible en: https://doc-0o-6s-docs.googleusercontent.com/docs/securesc/h3v71hp4i7m1880mdh9vfpc70ronc85r/hl0hlgaubpvidfq1n1d8s4cm9rpgsrlf/1588772700000/00849655141807034920/02744604035095977940/1ljFLm4iylno0444sbk7c72ZQ53xrD3tW?e=download&nonce=996rn53rd38q0&user=02744604035095977940&authuser=0&hash=56h2flh9c5058919seu649b0bpgploqj
8. Baglán-Bobadilla N. Promoción de la lactancia materna en tiempos de COVID-19. Revista Información Científica. [internet]. 2020 [citado 5 de mayo 2021]. 99(5). Disponible en: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1028-99332020000500410
9. Pérez-Escamilla R. Lactancia Materna y COVID-19: Recomendaciones de la OMS y Evidencias. Foro de lactancia materna y covid-19. 2020. [citado 8 de mayo 2021]. Disponible en: https://www.google.com/url?sa=t&source=web&rct=j&url=https://www.paho.org/gut/dmdocuments/Foro%2520Lactancia%2520y%2520COVID19%25201%2520BF%2520Covid%2520PerezEscamilla.pdf&ved=2ahUKEwjXkfzAmtLwAhVSneAKHbOqDUMQFjAAegQIBBAC&usg=AOvVaw0ANSKA6HQh-zP7EwnjqZBG
10. Sitio Oficial de la OMS. Preguntas frecuentes: Lactancia materna y COVID-19 para trabajadores de la salud. 2020. [citado 8 de mayo 2021]. Disponible en: www.who.int/es/news-room/q-a-detail/q-a-on-covid-19-and-breastfeeding
11. Gómez Parra D, Sánchez Cabezas E, Salamé Mora K, Hananias Ramos A, Recomendaciones de lactancia materna en tiempos de Covid-19. Manual. Revista de Escuela de Nutrición y Dietética [internet]. 2020. [citado 8 de mayo 2021]. Disponible en: https://www.google.com/url?sa=t&source=web&rct=j&url=https://salud-sociales.udla.cl/wp-content/uploads/sites/70/2020/12/ot409-LACTANCIA-MATERNA-1-V2.pdf&ved=2ahUKEwiqs-nvoN-LwAhWQct8KHc4CCN4QFjABegQIDRAC&usg=AOvVaw3MDDicjK1yPkFpQyCToF7
12. Infomed - Centro Nacional de Información de Ciencias Médicas. Cuba. Al Día, Noticias de Salud 1999-2020. [citado 8 de mayo 2021] Disponible en: www.sld.cu/node?iwp_post=2020%2F04%2F13%2FInvestigansilechematenatieneefectoscontraelCOVID19%2F1682997&iwp_ids=16_82997&blog=1_aldia
13. de la Mora Martín F. COVID-19 y lactancia materna. Revista Cubana de Pediatría [internet]. 2020 [citado 12 de mayo 2021]; 92 (Supl. Especial 1). Disponible en: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0034-75312020000500031&lng=es&nrm=iso

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