Parent's Guide To

Shared Decision-Making

For Breastfeeding And COVID-19

Breastfeeding helps you and your baby to be healthy. Your milk protects your baby from many diseases. The COVID-19 virus has not been found to be transmitted in breast milk. Talk with your health care provider about breastfeeding during your prenatal visits and when your labor begins.

COVID-19 can spread when one person with the virus coughs, sneezes or talks near another person. The virus can also spread by touching a surface, such as a counter, door handle or phone that has the virus on it and then touching your face.

Think you might have COVID-19?

If you are pregnant or breastfeeding and think you might have COVID-19, your health care provider will suggest ways to support breastfeeding and keep you and your baby healthy.

You can still provide breastmilk to your baby if you have COVID-19. If you have COVID-19 and want to breastfeed, you will have to decide whether you want to:

Feed your baby directly from your breast

OR

Have your baby stay in another room and have someone feed your baby milk that you expressed from your breast

If you have tested positive for COVID-19 or have symptoms



In Shared Decision-Making you and your health care provider will discuss:

- Your current and past health and past history
- Concerns you may have about your health or care
- Your values, beliefs and wishes for your care
- Available options for your care
- Risks and benefits of each care option
- Your ability to follow the care plan

The benefits and risks of care options may be different for you because of your individual health, values and needs.

Understanding the risks and benefits of care options helps you make informed decisions with your health care provider.

As you talk with your health care provider you might think about:

- What feels most important to you?
- What possible risks concern you the most?
- Is there anything that may get in the way of following the care plan?

Through shared decision-making you can work together to find a care plan that is best for you.

- If, after receiving the information you need, you agree with your health care provider's advice, it means you consent.
- If you don't agree, then you do not consent.
- You have the right to refuse any treatment for yourself or your baby. This is called the right of informed refusal.

Based On:

Agency for Healthcare Research and Quality

Rockville, MD. Content last reviewed August 2018 The SHARE Approach.

Examples of some breastfeeding care options for mothers with COVID-19:

Talk with your health care providers about options for care that work for your situation.

Based On:

World Health Organization

May 2020
Frequently Asked
Question: Breastfeeding
and COVID-19
for health care workers.

American Academy of Pediatrics

July 2020

FAQs: Management of Infants
Born to COVID-19 Mothers
and Breastfeeding Guidance Post
Hospital Discharge for Mothers
or Infants with Suspected or

Confirmed SARS-Co V-2 Infection.

Centers for Disease Control

June 2020

Care for Breastfeeding Women Interim Guidance on Breastfeeding and Breast Milk Feeds in the Context of COVID-19.

Skin-to-skin care

Improves breastfeeding and baby transitions; decreases depression for mothers

Care Options

- Immediate skin-to-skin care after birth
- Skin-to-skin delayed and with a healthy caregiver

Newborn bath

Delayed bath helps normal newborn transitions; bathing may reduce virus exposure

Care Options

- Delay baby bath until after first feeding
- · Bathe baby immediately after birth

Temporary separation of baby from mother

Not shown to reduce virus exposure; may be hard to create a strong milk supply

Care Options

- Baby in mother's room with 6 feet distance and possible curtain barrier
- Baby cared for in a separate room

Breastfeeding

Protects baby from infections and illnesses; provides many health benefits for baby and mother

Care Options

- Baby feeds at the breast
- Mother's milk is expressed and fed to baby by a healthy caregiver

One Mother's Story: Angel

Angel and her doctor had discussed breastfeeding many times during her prenatal visits. Angel was certain that she wanted her baby to have the immune protection only her milk could provide.

On the day Angel's labor began, she had a strong cough and did not feel well.

Angel's doctor asked questions to understand if she and her partner Alex were at risk for COVID-19. It seemed they were both low risk for COVID-19 Angel could have a test at the hospital, but it could be days before they might know the results. She was worried about being separated from her baby in another room. She asked about options.

Angel told her doctor that having her baby in the same room was important to her feeding often to baby's cues. She knew this was important for her baby's health, but also to make plenty of milk.

Angel's doctor listened to her concerns.

After talking together, they agreed Angel's baby could stay in her room, if her baby did not need other care. Her baby would be six feet away from her bed, just in case Angel had the virus.

Alex could bring the baby to Angel for breastfeeding and then back to the bassinet. Angel's doctor explained that they would not know if Angel had COVID-19 until they had test results.

They should consider choices as if she were positive.

Her doctor shared that babies born to mothers who have COVID-19 were sometimes bathed soon after birth to reduce the chance of viral transmission. She asked Angel how she felt about those precautions.

Angel wanted to hold her baby skin-toskin to help her baby breastfeed well. She thought about what was important to her and how she wanted to protect her baby in her arms. Early bathing of her baby was acceptable to her.

Angel and her doctor used **shared decision-making** for a breastfeeding plan that included:

- · Angel's health
- Possible family risks for COVID-19
- Options available to support breastfeeding and protect against coronavirus
- Angel's concerns and preferences

