

Breastfeed Your Child for H1N1 Protection

La Leche League Canada Alberta/NWT, Calgary
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Health authorities have released guidelines on breastfeeding and the H1N1 virus. They advise that breastfeeding should continue and increase in frequency if needed.

Breastmilk protects children against viruses in several ways. Although breastfeeding babies may become sick with viral infections, the unique protection given a breastfeeding child from its mother can prevent infection or modify the sickness in most children.

Breast milk is not a source of influenza virus infections for breastfeeding children.

Mothers who are breastfeeding should be encouraged to continue, even if they become sick with H1N1, or suspected H1N1 virus. Mothers who are sick should consider wearing a mask during feedings and expressing their milk to be fed to the child by a healthy care-giver. All antiviral medications are considered compatible with breastfeeding.

Mothers who are mixed-feeding (combining breast and formula feeding), should be encouraged to increase the amount of breastmilk the child is receiving.

Breastfeeding is an important component of protection for children against the H1N1 virus. For more Facts on H1N1 and breastfeeding see the attached H1N1 Media Fact File from La Leche League Canada www.LLLC.ca or contact the local LLLC representative below.

For more information contact www.LLLC.ca or

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La Leche League Canada H1N1 Media Fact File

In addition to the well published Public Health recommendations regarding hand washing and avoiding crowds, the following are specific recommendations for breastfeeding mothers:

- Continued breastfeeding is the best protection for the child
 - o Virus is not transmitted in breastmilk
 - o Breastmilk contains antibodies to germs to which mother has been exposed
 - o Breastfeeding can continue if mother is sick
 - o Breastfeeding should continue if child is sick
 - o Breastmilk provides both passive (non-specific) and active (specific antibodies) immunity to the breastfed child
- Mother should use a tissue to cover sneeze/cough then discard it and wash hands
 - o LLLC is not recommending sneezing into arm/elbow because of child's position during breastfeeding (face near upper arm)
- Mother should avoid coughing/sneezing directly on child, especially if she has been diagnosed with H1N1
 - o She can consider using a mask* during feedings
- If mother is too sick to breastfeed and/or care for her infant, she can express her milk, which should be fed to the child
 - o Care should be taken not to contaminate pump parts, especially those parts which come in contact with the milk
 - o Wash hands well before starting
 - o Care-giver doing the feedings should be healthy
- Neonate is a unique situation
 - o If a pregnant woman is diagnosed# with H1N1, the Center for Disease Control (CDC) recommends separation of newborn child from mother at birth until mother has been on antiviral medication for 48 hours. [Note: this recommendation is still being debated by infectious disease and breastfeeding experts.]
- Antiviral medications are compatible with pregnancy and breastfeeding
- Breastmilk contains antibodies and other protective elements that help ward off disease in infants and children.

*a mask has been shown to reduce transmission *from* an infected person, however when worn by a healthy individual it does not appear to protect that person from becoming infected.

diagnosis confirmed by physician

References:

1. www.fightflu.ca (Public Health Agency of Canada)
2. <http://www.cdc.gov/breastfeeding/> (Centers for Disease Control)