Statement on Pasteurized Donor Human Milk and COVID-19 by the USBC Donor Milk Constellation

During the COVID-19 pandemic, breastfeeding and use of pasteurized donor human milk (PDHM) are more important than ever for maternal and infant health. Breastfeeding helps build and strengthen infants’ immune systems in addition to protecting them from numerous acute and chronic diseases and sudden infant death syndrome. Breastfeeding is also associated with numerous health benefits for mothers in the immediate postnatal period and across the life-course.

Systemic Racial and Health Inequity and the Disproportionate Impact of COVID-19

Any considerations of COVID-19, infant feeding, and maternal health must take into account how existing structural and systemic racial and health inequities disproportionately affect Black, Indigenous, and People of Color (BIPOC). Poor maternal and infant outcomes, such as maternal mortality and morbidity, preterm birth, and infant mortality, occur at unacceptably high rates in the United States, with Black families experiencing the highest burden. In addition, access to PDHM has historically been limited in BIPOC communities. This legacy of health inequities and oppressive social policies relates to the high rates of COVID-19 mortalities and infection impacting BIPOC communities now.

In the face of the pandemic, best practices for maternity and breastfeeding care have been evolving as new information about disease transmission emerges and public health guidance slowly aligns. There have been regrettable delays in this process compounded by a lack of national preparedness to address the maternal and child health implications of this serious respiratory virus. System failures in maternity care, including breastfeeding and lactation support, have been widely reported and these breakdowns disproportionately affect communities that were already suffering from long-standing inequities and health disparities.

Breastfeeding Protection and Donor Milk

The Centers for Disease Control and Prevention (CDC) indicates that breastfeeding is important to support in the context of COVID-19, while taking measures (e.g., practicing hand hygiene and wearing a face mask while feeding or expressing milk) to reduce any potential risk of transmission of the virus from a mother to her infant. CDC recommends that any considerations for separating an infant from a mother with known or suspected COVID-19 should be determined case-by-case with shared decision-making between the mother and the clinical team, and with the protection of breastfeeding in mind.

It is clear from the CDC, World Health Organization, and other guidelines that, in the case of maternal COVID-19 suspected or actual infection, all efforts should be made to protect, promote, and support breastfeeding. In cases where temporary separation of mother and newborn is necessary, for example if the mother is too ill to care for the baby, skilled lactation support and access to a dedicated breast pump so she can continue to provide mother’s own milk to the infant should remain a priority. PDHM continues to be a vitally needed substitute when mother’s own milk is not available.

Donor Milk Access and Health Equity

Further action is needed to establish equitable access to breastfeeding support and PDHM across all facilities during the pandemic and beyond, especially in communities that are most burdened by poor maternal and infant health outcomes. At this time, not enough hospitals are utilizing PDHM and this
breakdown further exacerbates inequities and disparities in maintaining a human milk diet for the most vulnerable infants. There remains much to learn and address in the role of increasing access to PDHM, donor human milk collection, and distribution in the greater context of social determinants of health.

**Continuing Need for Pasteurized Donor Human Milk**

The need for PDHM continues along with the need for medicines, blood, food, and other essential healthcare. As a central piece of protecting breastfeeding and promoting access to human milk, it is important to address concerns related to human milk and COVID-19; educate and provide accurate evidence-based information; and promote awareness and significance of human milk donation. These steps will ensure that nonprofit milk banks can maintain a stable supply of safe PDHM for the vulnerable infants that they serve.

**Action Steps**

*We call on all perinatal organizations and healthcare professionals to promote access to human milk, including mother’s own milk and PDHM when necessary, by doing the following:*

- Utilize a racial equity lens and principles of cultural humility while protecting breastfeeding and the use of PDHM
- Support immediate skin-to-skin and early initiation of breastfeeding
- Keep breastfeeding newborns with their mothers, even if COVID-19 positive or suspected, unless the mother is too sick to care for the baby
- Follow recommendations for hand and respiratory hygiene as recommended by the WHO and the CDC
- Ensure that all breastfeeding families have skilled lactation support during the hospital stay and after discharge
- Provide culturally appropriate breastfeeding support with a focus on increasing services and resources to disproportionately impacted populations
- Support exclusive breastfeeding or expression of mother’s own milk through the use of PDHM as a bridge when supplementation is medically indicated while simultaneously supporting maternal lactation
- Support shared decision-making regarding the use of PDHM for infants who may require medically indicated supplementation
- Provide families with educational information about the option of milk donation
- Partner with nonprofit milk banks to facilitate donations of human milk
- Share updated, evidence-based breastfeeding and PDHM-related information from reputable sources such as WHO and CDC
- Educate all healthcare professionals working in maternal and child health areas about the safety of PDHM during COVID-19
- Inform the public regarding options for milk donation during the COVID-19 pandemic, including contactless ‘drop-off’ and safe blood draw sites

*While this statement is a product of the Pasteurized Donor Human Milk Constellation, it does not necessarily represent the views or policies of individual members.*

Centers for Disease Control and Prevention. Considerations for Inpatient Obstetric Healthcare Settings
World Health Organization. Clinical Management of Severe Acute Respiratory Infection When Novel Coronavirus Infection Is Suspected