



Academy of Breastfeeding Medicine

BREASTFEEDING AND H1N1 INFLUENZA A

Information for Physicians

Physicians play a key role in breastfeeding promotion, protection and support. Physicians should emphasize exclusive breastfeeding as the recommended and most protective infant feeding strategy. The Academy of Breastfeeding Medicine urges physicians to actively encourage and support mothers to breastfeed, of particular importance during an influenza pandemic since infants who are not breastfed are significantly more likely to be hospitalized with a severe respiratory infection.

CONTINUE BREASTFEEDING

If a breastfeeding mother is suspected of having the H1N1 influenza virus (“H1N1 flu” or “swine flu”) or if exposure to an affected individual warrants prophylaxis, the breastfeeding woman should continue breastfeeding. If a breastfed infant is ill with suspected H1N1 flu, the infant should continue breastfeeding.

Breastfeeding is generally beneficial in limiting the severity of respiratory infections in infants but information specific to this influenza is currently unavailable. During typical influenza outbreaks, often the infant has been exposed to the virus prior to the mother’s awareness that she has an infection. It is believed that the spread of this particular virus may occur 24 to 48 hours prior to the onset of symptoms. Exclusive breastfeeding up to 6 months of age provides optimal protection but mixed-feeding (breastmilk plus other liquids or foods) continues to provide some protection. The mother who is mixed-feeding may wish to attempt to increase the amount of breastmilk provided to her infant. If the infant has difficulty with direct breastfeeding, pumped or expressed milk can be provided.

Premature and hospitalized infants that are not directly breastfeeding or in contact with the mother with a suspected case of the H1N1 influenza and infants delivered to a mother in the early stages of a suspected or confirmed case and who have not yet been in direct contact with the mother represent special situations that should be managed on an individual basis, in consultation with infectious disease specialists and hospital officials. The exact risk for transmission through breastmilk is unknown but thought to be very small as reports of viremia (that could result in the influenza virus in breastmilk) during seasonal influenza are extremely rare.

TREAT THE MOTHER-INFANT PAIR

Antiviral Drugs: Maternal therapy with one of the 2 recommended antiviral medications suggested for swine flu is considered compatible with breastfeeding for full-term healthy infants. Though there is limited information on either of these agents during breastfeeding, there is also potential risk in withholding treatment. The available information suggests that Oseltamivir levels in breastmilk are low with one study suggesting the infant would be exposed to approximately 0.5% of the mother's weight adjusted dose. Zanamivir as given by an inhaler device appears to result in low plasma levels that suggest it is unlikely to result in significant levels in breastmilk or the breastfed infant. Oseltamivir is approved for use in infants as young as one year of age, and was recently approved for children younger than 1 year of age by an emergency use authorization by the FDA, for treatment or chemoprophylaxis when indicated. Information on treatment and chemoprophylaxis is available at the CDC.

Over the Counter Drugs that mothers may consider: Acetaminophen for fever and ibuprofen for muscle pains are frequently used by nursing mothers and appear safe in most situations. Aspirin-containing medications should be avoided due to the theoretic concern for Reye's syndrome. Avoid the decongestant pseudoephedrine as it may have an adverse effect on milk supply when used regularly. Reliable sources of information for safety of medications during breastfeeding include the database LACTMED on the NIH TOXNET website at <http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT> and *Medication and Mother's Milk* by Tom Hale (2008, 13th edition, Hale Publishing, <http://www.ibreastfeeding.com/>).

GENERAL MEASURES

As influenza is spread from respiratory droplets, good hygiene and regular hand washing around the baby are important. If the mother is suspected to be infected the use of a mask may help reduce the spread of infection to others including the nursing infant. To potentially decrease the risk of infant exposure to influenza in general, avoid letting others touch or kiss the baby and limit excursions to areas with large crowds if this particular virus has been reported in your area. Sanitize any pacifiers or toys that are potentially contaminated by symptomatic contacts.

Transcripts of a call on May 6, 2009 held by the CDC for clinicians on maternal and child health issues related to the current outbreak can be found at <http://sharing.govdelivery.com/bulletins/GD/USHHS-73E0C>.

More information regarding H1N1 influenza A is available through the Centers for Disease Control website at: <http://www.cdc.gov/h1n1flu/>. Recommendations on antiviral use are available at <http://www.cdc.gov/h1n1flu/childrentreatment.htm#C> and <http://www.cdc.gov/h1n1flu/recommendations.htm>

More information regarding breastfeeding during emergencies may be found at the website for the United States Breastfeeding Committee (USBC) <http://www.usbreastfeeding.org/NewsRoom/NewsReleases/>.