Residência RP Pediátrica
Publicação Oficial da Sociedade Brasileira de Pediatria
ISSN-Online: 2236-6814

Submitted on: 09/19/2020
Approved on: 09/26/2020

LETTERS TO THE EDITOR

Response to the article: "Breastfeeding and therapeutic for coronavirus 2019 disease (COVID-19)"

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Keywords:
Breast Feeding, Coronavirus Infections, Drug Therapy.

Abstract

The editor's letter aimed to expose the uncertainties and lack of evidence about the new coronavirus regarding breast-feeding from infected mothers and all possible risks in drug testing trials in the mothers and their infants. From comparisons among scientific studies, it was concluded that the vertical transmission is unlikely, and the benefits of breast-feeding outweigh risks of contamination. In addition, when evaluating the intrinsic properties of each drug, it is concluded that most drugs used in COVID-19 therapy are safe in the lactation period. The only exception was favipiravir since there is no solid information in the literature about its excretion in breast milk.

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DOI: 10.25060/residpediatr-2021.v11n1-475

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The pandemic caused by the new coronavirus brought with it uncertainties and questions about this disease hitherto unknown in Brazil and in the world. Such uncertainties are intensified in the therapeutic bias, since so far no treatment has shown concrete evidence about its effectiveness against the coronavirus. This situation aroused the apprehension of breastfeeding women and healthcare professionals who seek answers about the possible risks involved in the act of breastfeeding. This paper demonstrates the lack of evidence on the transmission of the virus through breastfeeding, and concentrates on the testing of drugs against the virus concerning the safety of women and infants.

Breastfeeding in the first hours of a newborn's life is of paramount importance for the baby and the mother, since the act provides nutrition, protection and the development of the affective bond between them[2]. With the onset of the coronavirus pandemic, questions arose about the possible vertical transmission from mother to child through breastfeeding. Despite the urgency for answers, so far there is a scarce number of studies and scientific evidence about this type of transmission. Moreover, there is a constant flow of new and conflicting information that makes getting answers a big challenge[3].

An integrative review study performed on 46 infected mothers reported the presence of SARS-COV2 in 3 milk samples from two patients. However, the same study showed uncertainty about this fact, claiming that the acquisition of the disease by the baby possibly occurred through respiratory transmission due to the proximity of the mother, and thus, considered the vertical transmission through milk unlikely [2]. Thus, for the relief of mothers and healthcare professionals, so far no samples of SARS-COV2 have been detected in the milk of infected mothers, only specific antibodies against this virus[1], ruling out the possibility of vertical transmission from the mother through milk. In this bias, it is essential that the healthcare team clear all doubts and encourage infected mothers to breastfeed. It is noteworthy that horizontal transmission (transmission via respiratory droplets from the mother or infected caregiver) requires more attention at this time. To prevent this transmission and the spread of the virus, the infected mother must always wash her hands and breasts, wear a mask and take all possible precautions when breastfeeding [2].

Another point to be considered is the safety of pharmacotherapy in infected women who are breastfeeding, as well as its possible effects on the infant. Although there is still no proof of an effective treatment, some drugs are being used in an attempt to fight the disease. Therefore, it is important that the physician be aware of the pharmacokinetic characteristics that influence the transfer of these substances into milk, as well as the factors related to the mother and child that must be considered when evaluating the risks and benefits of treatment[4].

Studies have led to the conclusion that most drugs used in the treatment against coronavirus are safe in the lactation period[1] when evaluating the intrinsic properties of each drug. The only exception was favipiravir, since there is no concrete information in the literature about its excretion in breast milk. However, this antiviral has a low molecular weight and 60% protein binding in plasma[1], characteristics that are among the factors that determine the passage of drugs into breast milk[4]. If favipiravir is used, parameters such as liver enzymes and uric acid should be monitored in the infant, as changes have been reported in clinical trials[1].

The importance and benefits of breastfeeding are well evidenced in the literature, and outweigh the risks of infant contamination. In addition, there is a consensus among health authorities regarding the maintenance of breastfeeding by women infected with SARS-cov2[1]. The principle of the use of medicines by nursing mothers must be based on scientific evidence, therefore, since there is no contraindication in relation to the drugs described by the authors, breastfeeding in these cases can be considered safe, provided that the necessary care is taken to prevent the horizontal transmission of the virus to the child. Furthermore, it is essential that healthcare professionals continue to be constantly updated on the subject, in order to guide nursing mothers about the safety of their treatment, ensuring treatment compliance, as well as the maintenance of breastfeeding.

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