

COVID-19 Alert level 4

Frequently Asked Questions for Midwives: 27 March 2020

This information is subject to change according to Ministry of Health updates.

Infant feeding during COVID-19 outbreak

Breastfeeding

Can breastfeeding be initiated and continued during the COVID-19 outbreak?

Yes. There is no evidence at this time that COVID-19 is transmitted through breastfeeding, or in breast milk expressed by the baby's own mother and given to her baby. Skin-to-skin care after birth and early initiation of breastfeeding within the first hour is still recommended. Midwives should follow all the COVID-19 guidance on labour and birth and use hygienic precautions. The optimal guidelines for breastfeeding remain the same – around six months' exclusive breastfeeding, introduction of appropriate foods, and continued breastfeeding for one year and beyond.

A client initiated breastfeeding but now plans to stop

If women are thinking about stopping breastfeeding during the COVID-19 outbreak, a sensitive conversation about the significant value of continuing breastfeeding during the outbreak is reasonable. These conversations should be accompanied by clinical support as necessary while supplying midwifery services, and then referral later to support services if necessary. Face-to-face consultations with support services are unlikely during the COVID-19 outbreak but on-line consultations are available. You will find this information after the Q & A's. Midwives supporting breastfeeding directly should follow the COVID-19 guidance on home visiting and use hygienic precautions.

A client is mixed feeding and would like to increase her milk supply and reduce the formula feeds

If women are partially breastfeeding, breast milk supply can usually be increased by increasing the number of breastfeeds, the duration of a breastfeed, or by expressing breast milk after a feed. This can support a return to full breastfeeding if women wish to do this. Breast pumps should be single user only, and use of a recently acquired second-hand pump is discouraged because of potential contamination. Hand expressing is the safest option if a suitable pump is unavailable. Link to hand expressing information - <https://www.llli.org/breastfeeding-info/hand-expressing/>

A client stopped breastfeeding and now wishes to relactate

Successful full relactation depends on various factors including when breastfeeding ceased, the number of breastfeeds prior to stopping feeds, the reason for ceasing breastfeeding, the age of the baby, and the willingness of the baby to return to the breast. Link to information for midwives - <https://www.unicef.org.uk/babyfriendly/maximising-breastmilk-and-re-lactation-guidance/> and clients - Australian Breastfeeding Association <https://www.breastfeeding.asn.au/bfinfo/relactation-and-induced-lactation> / Association of Breastfeeding Mothers UK <https://abm.me.uk/breastfeeding-information/relactation/>

Can women with COVID-19 infection breastfeed?

Yes. There is no evidence at this time that COVID-19 is transmitted through breastfeeding, or in breast milk expressed by the baby's own mother and given to her baby. Women well enough to breastfeed should plan/continue to do so, while practicing appropriate infection prevention and control measures. Appropriate infection prevention practices for breastfeeding women with COVID-19 infections are -

1. Wearing a medical face-mask while breastfeeding.
2. Following best practices on wearing, removing and disposing of face-masks, and hand hygiene after removal.
3. Hand hygiene before and after breastfeeding (wash hands with soap and water for at least 20 seconds).
4. Avoid touching eyes, nose and mouth.
5. Cleaning and disinfecting any potentially contaminated surfaces.

A client with a COVID-19 infection is too unwell to breastfeed

If the woman is too unwell to breastfeed, she can be supported to express milk to be given to the baby. Appropriate infection prevention practices for women with COVID-19 infections who are expressing milk are:

1. Wearing a medical face-mask while expressing
2. Following best practices on wearing, removing and disposing of face-masks, and hand hygiene after removal.
3. Hand hygiene before and after expressing (wash hands with soap and water for at least 20 seconds).
4. Avoid touching eyes, nose and mouth.
5. Cleaning and disinfecting all equipment and any potentially contaminated surfaces.

Bottle-feeding

Extra advice about hygiene for bottle-feeding

If any bottle-feeding is taking place extra care should be taken with the preparation of feeds and the cleaning of all bottles, teats, cups and other equipment including breast pumps. Appropriate infection prevention practices for women with COVID-19 infections are:

1. Wearing a medical face-mask while feeding.
2. Following best practices on wearing, removing and disposing of face-masks, and hand hygiene after removal.
3. Hand hygiene before and after feeding (wash hands with soap and water for at least 20 seconds).
4. Avoid touching eyes, nose and mouth.
5. Cleaning and disinfecting any potentially contaminated surfaces.

A client is formula feeding and has a suspected / confirmed COVID-19 infection

The baby should usually remain with the mother so that she can continue to provide care. In some situations, bottle-feeding and other baby cares, such as nappy changing, can be done by a non-COVID-19 positive person living in the same household. The use of scrupulous hygiene measures when preparing feeds, feeding baby, and cleaning equipment in order to reduce transmission of the virus to the baby is essential.

Clients using formula products have expressed fears about a supply shortage

Clients can be reassured that supplies of infant formula should continue as per usual and remain in stock in supermarkets. Stockpiling tins of formula is unnecessary and this will cause problems for parents buying products, and for retailers in terms of restocking products.

A parent is worried that the usual formula used for her baby may not be available.

If parents are unable to purchase their usual stage 1 product on the day of a supermarket visit, reassure them. It is important for them to know that all the Stage 1 products have a similar nutritional composition to comply with legislation, so any of these products can be used until the age of one year. For babies one year and over – formula is no longer a necessary part of nutrition and it is not recommended.

I have a client who is using some screened but unpasteurised donor milk for her baby. Is it safe for her to continue to accept milk from donors?

No, this is not recommended. Although there is no evidence that COVID-19 is transmitted through breastfeeding, or in breast milk expressed by the baby's own mother and given to her own baby, we do not have any information about the use of unpasteurised donor milk. Women infected with COVID-19 are likely to have colonised their breastfeeding babies, which means that breast milk has the potential to transmit protective maternal antibodies to the infant. This will not be the case when milk from a COVID-19 infected woman is given to a donor milk recipient baby. Contamination of expressing equipment such as pumps and bottles by infective airborne droplets could also occur, leading to an infection of the baby. There will also be significant issues with transport and delivery of donor milk during the lock down period. If the client has a supply of frozen donor milk which was collected prior to the COVID-19 outbreak this should be safe to use. Once this supply of frozen donor milk runs out, a stage 1 infant formula is recommended.

Links for women for further support and information

- **La Leche League NZ - Support / information for women – on-line and by phone**
Webpage <https://lalecheleague.org.nz/> Facebook <https://www.facebook.com/LLLNZ/> Twitter @LaLecheLeagueNZ
- **Breastfeeding NZ – free app and webpage with information**
Webpage <https://www.breastfednz.co.nz/> Facebook <https://www.facebook.com/BreastFedNZ/>
- **Canterbury – Canterbury Breastfeeding (CanBreastFeed)**
Webpage <http://canbreastfeed.co.nz/> Facebook <https://www.facebook.com/canterbury.breastfeeding/>
- **Otago and Southland**
<https://www.breastfeedingsos.co.nz/>
- **Capital & Coast District**



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TE KĀRETI O NGA KAIWHAKAWHANAU KI AOTEAROA

<https://www.healthpoint.co.nz/public/obstetric-and-gynaecology/capital-coast-dhb-womens-health-obstetrics/breastfeeding-support-in-your-community-for/>

- **Auckland**

<https://nationalwomenshealth.adhb.govt.nz/our-services/maternity/education-and-support/breastfeeding-support/>