



## COVID-19 Alert Level 2

### Frequently asked questions for parents: updated 21 August 2020

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

## Breastfeeding / infant feeding

### KEY POINTS FOR ALERT LEVEL 2

- During alert level 2 midwives will be guided on schedule and location of visits by the College of Midwives and the Ministry of Health. Your midwife will contact you to make arrangements and discuss with you how the visit will occur.
- Infection prevention practices will continue during all midwifery visits.
- Breastfeeding support services will continue via video consultations, but there will be a transition back to in-person consultations and breastfeeding group sessions in some circumstances. Refer to the support services information in your region.

#### 1. I'm pregnant and wasn't planning to breastfeed after birth. Would it be a good idea to breastfeed because of the COVID-19 pandemic?

Yes, breastfeeding during an emergency like a pandemic is the best way to provide your baby with optimal nutrition, and to protect your baby from illness. After birth you will still be supported to have skin-to-skin contact with your baby, and the first breastfeed will usually happen within the first hour after birth. Hospital midwives and community midwives will support you with starting breastfeeding and with establishing breastfeeding.

#### 2. I'm fully breastfeeding my baby – can I continue?

Yes, breastfeeding will provide perfect nutrition, antibodies, and immune factors to support your baby's health. Continuing to fully breastfeed a baby under six months during the COVID-19 outbreak is recommended. Around six months babies will be introduced to other foods but breastfeeding should continue wherever possible. 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 baby. The main risk is sharing infective droplets from coughing and sneezing, or from touching surfaces that an infected person has coughed or sneezed on, leading to an infection of the baby. This is why hand washing is so important.

#### 3. I'm breastfeeding and also giving some formula feeds to my baby. Is it OK to continue doing this?

Yes, you can continue to mixed feed during the outbreak. See question 4 if you are able to / or would like to increase your breast milk supply.



4. I'm breastfeeding and also giving some formula feeds to my baby. I would like to increase my breast milk supply if possible. How do I do this?

Depending on the reasons for mixed feeding, 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 may support a return to full breastfeeding if you wish to do this. It's important to keep going with formula feeds until you have increased your milk supply and baby is breastfeeding well. Reducing the amount and number of formula feeds gradually is recommended. Keep an eye on the baby's output (wee/mimi and poo/tutae) too and make sure there is no reduction in the number of wet nappies or bowel motions. There are links to information and support services at the end of this document. Here is a link to information about hand expressing – La Leche League International <https://www.llli.org/breastfeeding-info/hand-expressing/>

5. I stopped breastfeeding and would like to start again. Is this possible?

Yes, in some circumstances full or partial relactation is possible. It depends on a number of factors such as when you stopped breastfeeding your baby, the reason why you stopped breastfeeding, the age of the baby, and the baby's willingness to return to the breast. Information about relactation can be found here – Australian Breastfeeding Association <https://www.breastfeeding.asn.au/bfinfo/relactation-and-induced-lactation> and Association of Breastfeeding Mothers UK <https://abm.me.uk/breastfeeding-information/relactation/>

6. I was thinking about stopping breastfeeding quite soon. Should I continue for longer because of the COVID-19 outbreak?

It may be a good idea to reconsider this decision, at least for a short time. There is great value in continuing breastfeeding as your baby will receive optimal nutrition, antibodies and support for immune system development.

7. I'm breastfeeding but having some difficulties at the moment. Where can I find some information or support?

If you are still receiving midwifery care, your community midwife (Lead Maternity Carer/ LMC) will support you with any breastfeeding difficulties, and can answer your questions. If your midwifery care has finished and you have some breastfeeding concerns, or need support and/or information, there are on-line support services available (links at the end of this document). Organisations offering breastfeeding support may begin a transition back to offering face-to-face consultations, and support via group sessions, but virtual consultations are likely to continue in most regions for a while longer.

8. I have a suspected COVID-19 infection and I'm breastfeeding. Is it OK to continue?

Yes, the immune protection for the baby is important and this means that if you are well enough to breastfeed you can plan to/continue to do so, while practicing appropriate infection prevention and control measures including washing your hands and wearing a face mask. The main risk is sharing infective droplets that come from your mouth and nose, leading to an infection of the baby. 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 baby. If you are under midwifery care and test positive for coronavirus,



you should contact your midwife about your diagnosis. If you have no symptoms, or mild symptoms, you will be advised to recover at home. If you have more severe symptoms, you might be treated in hospital.

9. I have a COVID-19 infection, and I'm breastfeeding. Is it OK to continue?

Yes, the immune protection for the baby is important and this means that if you are well enough to breastfeed you can continue to do so, while practicing appropriate infection prevention measures including washing your hands and wearing a face mask. 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 baby. Strict hygiene practices are essential. The main risk is sharing infective droplets that come from your mouth and nose, leading to an infection of the baby. If you are receiving midwifery care and have a coronavirus infection make sure your midwife is aware of your diagnosis. If you have no symptoms, or mild symptoms, you will be advised to recover at home or in managed quarantine facilities. If you have more severe symptoms, you might be treated in hospital.

10. I am too unwell to directly breastfeed my baby but would like my baby to have my milk.  
Can I express my milk?

If you are very unwell and unable to directly breastfeed, expressing milk could be an option by hand expression, or by using a breast pump. For information about hand expressing see La Leche League International <https://www.llli.org/breastfeeding-info/hand-expressing/> and information about support and information can be found at the end of this document. Strict hygiene practices are essential. The main risk is sharing infective droplets that come from your mouth and nose, leading to an infection of the baby. Don't share a breast pump with anyone else, and do not use a second-hand pump, particularly if acquired since the outbreak. Hand expressing is the safest option if you can't access a suitable pump. If you are under midwifery care, contact your LMC midwife about your situation.

11. I am breastfeeding and have a suspected COVID-19 infection / I have a COVID-19 infection. What are the recommended hygiene practices?

The main risk is sharing infective airborne droplets from your mouth and nose, leading to an infection of the baby. Appropriate infection prevention practices for breastfeeding women with suspected or confirmed COVID-19 infections are;

- Wearing a medical face-mask while breastfeeding.
- Following [best practices on wearing, removing and disposing of face-masks, and hand hygiene after removal](#). Here is the Ministry of Health information - <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public/covid-19-novel-coronavirus-face-mask-and-hygiene-advice>
- Hand hygiene before and after breastfeeding (wash hands with soap and water for at least 20 seconds). Here is the Ministry of Health information <https://www.health.govt.nz/your-health/healthy-living/good-hygiene/hand-washing>
- Avoid touching eyes, nose and mouth.
- Cleaning and disinfecting any potentially contaminated surfaces. Here is a good article about cleaning - The Conversation 'Coronavirus: household cleaning products can kill the virus – an expert on which ones to use' <https://theconversation.com/coronavirus-household-cleaning-products-can-kill-the-virus-an-expert-on-which-ones-to-use-134301>



12. I am breastfeeding my baby and in self-isolation after a suspected exposure to COVID-19. Can I continue to breastfeed and take care of my baby?

Yes, there is no evidence that COVID-19 is transmitted through breastfeeding. Separation of the mother and baby is not recommended under most circumstances. Your baby should remain with you so that you are able to continue to provide care. The main risk is sharing infective droplets from your nose and mouth, leading to an infection of the baby. Use scrupulous hygiene measures when breastfeeding and if using other equipment, such as a breast pump or bottles, in order to reduce the risk of transmission of the virus to your baby.

13. I am fully bottle-feeding my baby with my expressed breast milk. Is it possible to continue this?

Yes, if you are bottle-feeding your baby your expressed breast milk, this can continue. The main risk is infective droplets from coughing and sneezing, or from touching surfaces that an infected person has coughed or sneezed on, leading to an infection of the baby. Use scrupulous hygiene measures with breast pumps, bottles, teats, and while preparing feeds, in order to reduce the risk of transmission of the virus to your baby. Don't share a breast pump with anyone else, and do not use a second-hand pump, particularly if acquired since the beginning of the outbreak. Hand expressing is the safest option if a suitable pump is unavailable. For information about hand expressing see La Leche League International <https://www.llli.org/breastfeeding-info/hand-expressing/>

14. I am bottle-feeding my baby some breast milk and some formula. Is it OK to continue this?

Yes, if you are bottle-feeding your baby with expressed milk and formula you can continue. Use scrupulous hygiene measures with breast pumps, bottles, teats and while preparing feeds, in order to reduce the risk of transmission of the virus to your baby. The main risk is sharing infective droplets from coughing and sneezing, or from touching surfaces that an infected person has coughed or sneezed on, leading to an infection of the baby. Don't share a breast pump with anyone else, and do not use a second-hand pump, particularly if acquired since the beginning of the outbreak. Hand expressing is the safest option if a suitable pump is unavailable. For information about hand expressing see La Leche League International <https://www.llli.org/breastfeeding-info/hand-expressing/>

15. I am formula feeding my baby and in self-isolation after possible exposure to COVID-19

If you are in self-isolation after a suspected exposure to COVID-19, your baby should remain with you so that you are able to continue to provide care. The main risk is infective droplets from your mouth and nose, leading to an infection of the baby. Use scrupulous hygiene measures when preparing feeds, feeding baby, and cleaning equipment in order to reduce the risk of transmission of the virus to your baby. If bottle-feeding and other baby cares, such as nappy changing, could be done by a non-COVID-19 positive person living separately in the same household this is recommended. If handing over care to a different caregiver at any point, strict hygiene measures should be taken. Appropriate infection prevention practices for women with suspected or confirmed COVID-19 infections are;

- Wearing a medical face-mask while feeding and preparing feeds.



- Following best practices on wearing, removing and disposing of face-masks, and hand hygiene after removal. Here is the Ministry of Health information - <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public/covid-19-novel-coronavirus-face-mask-and-hygiene-advice>
- Hand hygiene before and after breastfeeding (wash hands with soap and water for at least 20 seconds). Here is the Ministry of Health information <https://www.health.govt.nz/your-health/healthy-living/good-hygiene/hand-washing>
- Avoid touching eyes, nose and mouth.
- Cleaning and disinfecting any potentially contaminated surfaces. Here is a useful article about cleaning - The Conversation 'Coronavirus: household cleaning products can kill the virus – an expert on which ones to use' <https://theconversation.com/coronavirus-household-cleaning-products-can-kill-the-virus-an-expert-on-which-ones-to-use-134301>

#### 16. I have a confirmed COVID-19 infection. Can I continue to bottle-feed my baby myself?

Wherever possible, bottle-feeding and other baby cares, such as nappy changing, should be done by a non-COVID-19 positive person living in the same household. The main risk is sharing infective airborne droplets that come from your nose and mouth, leading to an infection of the baby. If you are feeding your baby and providing cares, appropriate infection prevention practices for women with suspected or confirmed COVID-19 infections are;

- Wearing a medical face-mask while feeding and preparing feeds.
- Following best practices on wearing, removing and disposing of face-masks, and hand hygiene after removal. Here is the Ministry of Health information - <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public/covid-19-novel-coronavirus-face-mask-and-hygiene-advice>
- Hand hygiene before and after breastfeeding (wash hands with soap and water for at least 20 seconds). Here is the Ministry of Health information <https://www.health.govt.nz/your-health/healthy-living/good-hygiene/hand-washing>
- Avoid touching eyes, nose and mouth.
- Cleaning and disinfecting any potentially contaminated surfaces. Here is a useful article on cleaning - The Conversation 'Coronavirus: household cleaning products can kill the virus – an expert on which ones to use' <https://theconversation.com/coronavirus-household-cleaning-products-can-kill-the-virus-an-expert-on-which-ones-to-use-134301>

#### 17. I'm bottle feeding my baby, who is under one year, with infant formula. Will I be able to access supplies?

Supplies of infant formula are unlikely to be affected. Stage 1 infant formula can be used from birth to one year. If you are unable to purchase your usual stage 1 product for any reason, don't worry. It is important to know that all the Stage 1 products are very similar in nutritional composition to comply with global infant formula standards, so any of these products can be used until the age of one year. It is important to use the recommended scoops / amount of water. Do not dilute feeds to stretch out your supply for longer as this can make babies unwell. Take extra care with hygiene when making up feeds as powdered formula is not a sterile product. It is best to make a fresh formula feed at each feed time.



18. My child is on toddler formula. Will I be able to access this?

For babies one year and over – formula is no longer a necessary part of nutrition and it is not recommended after the age of one year. Whole milk is recommended.

19. I am using some donor milk for my baby. The donor/donors have all been screened but the milk is not pasteurised. Can I continue to use this milk?

Unpasteurised donor milk is not recommended during the COVID-19 outbreak. 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 screened donor milk. Contamination of expressing equipment such as pumps and bottles by infective droplets could also occur, leading to an infection of the baby. If you have frozen donor milk in your freezer which was collected prior to the COVID-19 outbreak this should be safe to use. Once the supply of frozen donor milk runs out a stage 1 infant formula is recommended to replace the donor milk you were using. Refer to Q4 & Q5 if you are able to/are interested in increasing your own breast milk supply.

## Links for support and information

### National support

- **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

- **Plunket Lactation Consultants**

Available 24/7 – phone 0800 933 922 for an assessment and appointment with a Plunket lactation consultant. These appointments are video consultations.

- **Breastfeeding NZ** – free app and webpage with information

Webpage <https://www.breastfednz.co.nz/> Facebook <https://www.facebook.com/BreastFedNZ/>

### Some regional support services

- **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**

<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/>