

COVID-19

Frequently asked questions for pregnant women and whānau: 25th March 2022

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

Breastfeeding and the COVID-19 vaccination

If you are breastfeeding there are no known safety concerns about the Pfizer vaccine (Comirnaty) which is recommended as the preferred vaccine option by the Ministry of Health. The booster vaccine is also recommended. After you have been vaccinated you will provide some protection against COVID-19 via antibodies in breastmilk for your baby.

Breastfeeding and infant feeding during the COVID-19 pandemic

I'm pregnant and did not plan 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.

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. At 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 someone has coughed or sneezed on, leading to an infection of the baby. This is why hand washing is so important.

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. Please see the question below if you are able to / or would like to increase your breast milk supply.

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. For information about hand expressing, see La Leche League International <https://www.llli.org/breastfeeding-info/hand-expressing/>

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

Yes, in some circumstances women can start breastfeeding again, either fully or partially – this is called relactation. 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>
- Association of Breastfeeding Mothers UK <https://abm.me.uk/breastfeeding-information/relactation/>

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

If you are thinking about stopping breastfeeds or reducing breastfeeds during 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 during the outbreak as your baby will receive optimal nutrition, antibodies and support for immune system development.

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

If you are still receiving midwifery care, your community midwife (Lead Maternity Carer/LMC) will support you with feeding, and can answer your questions. If your midwifery care has finished and you have some breastfeeding questions or concerns, or need support and/or information, there are options available. You will find information about support services at the end of this document.

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 or 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.

I have a confirmed 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 under 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. If you have more severe symptoms, you might be treated in hospital.

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. Information about expressing breast milk is here: La Leche League International <https://www.llli.org/breastfeeding-info/hand-expressing/>

Information about support can be found at the bottom of this document. Strict hygiene practices are recommended. The main risk is sharing infective droplets that come from your mouth and nose, leading to an infection of the baby. It is better to avoid sharing a breast pump with anyone else. Hand expressing is an option if you are unable to access a breast pump. If you are under midwifery care, contact your midwife about your situation.

What are the recommended hygiene practices for a breastfeeding woman who has suspected or confirmed COVID-19 infection?

The main risk is sharing infective droplets that come from someone's nose or mouth, 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>

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.** Your baby should remain with you so that you are able to continue to

provide care. The main risk is sharing infective droplets that come 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 transmission of the virus to your baby.

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 sharing infective droplets that come from your nose and mouth or touching surfaces that have been infected, leading to an infection of the baby. Use hygienic cleaning methods with breast pumps, bottles, teats, and while preparing feeds, in order to reduce transmission of the virus to your baby. Hand expressing is a safe option if a breast pump is unavailable. For more information see La Leche League International <https://www.llli.org/breastfeeding-info/hand-expressing/>

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 hygienic cleaning methods with breast pumps, bottles, teats and while preparing feeds, in order to reduce transmission of the virus to your baby. The main risk is sharing infective droplets that come from your nose and mouth, leading to an infection of the baby. Hand expressing is a safe option if a suitable pump is unavailable.

I am formula feeding my baby and in self-isolation after a suspected 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 that come from your nose and mouth, leading to an infection of the baby. Use scrupulous hygiene measures when preparing feeds, feeding baby, and cleaning equipment in order to reduce 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 or suspected COVID 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>

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 droplets that come from your nose or mouth, leading to an infection of the baby. If you are feeding your baby and providing care, 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](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). 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 feeding your baby (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>

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 should not be any different to usual. Stockpiling tins of formula is unnecessary and this may cause problems for parents buying products, and for retailers in terms of restocking products. Stage 1 infant formula can be used from birth to one year. If you are unable to purchase your usual stage 1 product, don't worry. It is important to know that all the Stage 1 products are very similar (nutritional composition) because they have to comply with regulatory standards, so any of the Stage 1 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 the supply for longer because this can make babies unwell. Take extra care when making up feeds as powdered formula is not a sterile product.

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 is not recommended after the age of one year. Whole milk is recommended.

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

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. Contamination of expressing equipment such as pumps and bottles by infective droplets may occur. 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 for your baby if there are breast milk supply issues.

My baby is having pasteurised donor milk from a milk bank. Is this still safe to use?

Yes. If there is a milk bank in your region supplying pasteurised donor milk it will still be operating, although there may be some changes to milk collection and dispensing routines.

Links for 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/>

Find your breastfeeding support – Women’s Health Action

Webpage <https://www.womens-health.org.nz/find-your-breastfeeding-support/>

This webpage has a number of links but is under development and more information is due to be added

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.ccdhb.org.nz/our-services/maternity/information-sheets/breastfeeding-support-in-your-community-for-the-capital-coast-district.pdf>

Auckland

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