

COVID-19 Alert Level 2

Frequently asked questions for midwives: 20 May 2020

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

Infant feeding during the COVID-19 outbreak

KEY POINTS FOR LEVEL 2

- Midwifery care can begin to transition back to in-person appointments in most circumstances, with a return to the standard frequency of care contacts that midwives used prior to COVID-19. Some video consultations will continue particularly in first and second trimesters.
- Physical distancing of at least 1m should be maintained during in-person midwifery appointments, except when direct physical contact is necessary.
- Enhanced infection prevention will continue.
- Breastfeeding support services will continue to be offered as phone and video consultations, but a transition back to in-person appointments and breastfeeding group sessions may begin. Check with your local services for updates.

Breastfeeding

1. 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 the COVID-19 guidance on labour and birth and continue to 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.

2. 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 until the pandemic is over is reasonable.

3. 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. Second-hand breast pumps are not recommended. Hand expressing remains the safest option if a breast pump is unavailable. Here is a link to hand expressing information - <https://www.llli.org/breastfeeding-info/hand-expressing/>

4. 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/>

Links to information for 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/>

5. Can women with a COVID-19 infection breastfeed?

Yes. 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. 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 -

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

6. 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 her baby.

Appropriate infection prevention practices for women with COVID-19 infections who are expressing milk are:

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

Bottle-feeding

7. 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:

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

8. 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 the risk of transmission of the virus to the baby is essential.

9. 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.

10. A parent is worried that the usual formula used for the 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 global infant formula standards, 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.

11. 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?

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 or screened 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. 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 unless the woman is interested in/ or able to increase her own milk supply.