

INFANT FEEDING DURING INFECTIOUS DISEASE OUTBREAKS

A guide for national health authorities, health and nutrition policymakers, professional associations and other bodies and practitioners working in outbreak preparedness and response.

Standards of care

WHO and UNICEF recommend:

- Immediate skin to skin contact after birth
- Initiation of breastfeeding within one hour of birth
- Exclusive breastfeeding for the first six months of life
- Introduction of nutritionally adequate and safe complementary foods at 6 months
- Continued breastfeeding for at least the first two years of life
- Responsive caregiving

Advice about the care and feeding of infants **must consider increases in illness, malnutrition and death** resulting from deviating from **normative recommendations**.

Ensure appropriate infant feeding recommendations are in place

Global Recommendations

Does WHO have up-to-date infant feeding recommendations for this infectious disease?

No

Yes

Align existing national/sub-national recommendations with WHO recommendations or **develop** new recommendations that are aligned

Disseminate rapidly and widely

The right message at the right time from the right source can save lives!

Emergency preparedness is critical to a timely, efficient and appropriate response

Remember

In every emergency – including infectious disease outbreaks e.g. Ebola, Cholera, COVID-19 – **assess and act** to **protect** the nutrition needs and care of both breastfed and non-breastfed infants and young children.

Develop interim infant feeding recommendations based on the best available evidence

DO NO HARM

Breastfeeding provides protection to women and children that is too important to compromise

Prioritise continuing breastfeeding

Maintain recommended standards of care and close mother-infant contact until and unless proven otherwise.

Practice relevant and appropriate Infection Prevention and Control (IPC) measures (e.g. hand hygiene, facemasks, preventing nipple damage etc.)

IPC measures for the general population (e.g. physical distancing) may not be appropriate for mothers and their infants

Breastfeeding provides hydration, nutrition and supports an infant's immune system, reducing severity and duration of most infectious diseases

ONLY interrupt breastfeeding or separate mothers and infants if there is good reason to believe that withholding breastfeeding and/or depriving infants of close contact with their mothers is justifiable

For example, a proven high risk of severe illness and death in infants AND evidence indicating that the disease is transmitted through mother-infant contact and/or breastmilk AND testing is available OR there is a high likelihood of infection in those with suspected infection. If so, consider the following temporary infant feeding alternatives for suspected and/or confirmed cases

Temporary alternatives for suspected/confirmed cases

Separation

causes severe stress, harms mental health, impairs development, weakens breastmilk's protection against infectious diseases, carries a high risk of breastfeeding failure and places a high burden on healthcare systems.

The younger the infant, the higher the risk.

Separation is temporary

Protect the mother-infant relationship

Best option

Mother's expressed breastmilk

Good option

Donor human milk
in line with OG-IFE key conditions

Last resort

Breastmilk substitute
Fed by cup/spoon

Good option

Wet nursing

(Breastfeeding by another woman)

Interrupting breastfeeding

increases short- and long-term morbidity and mortality, may disrupt breastfeeding in the general population, impairs maternal health and wellbeing, weakens maternal caregiving capacity so increasing the risk of infant abuse, neglect, and abandonment.

Risks are heightened in humanitarian settings.

Interruption is temporary

Protect the mother's milk supply

While BMS can be necessary, its use carries serious risks. For guidance on minimising the risk of illness, malnutrition and death associated with using BMS, refer to the Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE) and the the IFE Core Group infographics on BMS support

Part of the **Infant Feeding in Emergencies Core Group** infographic series. Find out more at www.enonline.net/ife

For guidance on multisector actions to take, refer to the IFE Core Group infographic on Infant Feeding during Infectious Disease Outbreaks 2 : A guide for decision makers and programmers working in outbreak preparedness and response.

