

# [Template]<sup>1</sup> Joint Statement on Infant and Young Child Feeding in the Context of Mpox<sup>2</sup>

[Date: Countries please include date]

**Global Nutrition Cluster Partners** [National clusters please include others in the local context such as WHO, UNICEF, etc] and the **Infant Feeding in Emergencies Core Group** call for **ALL humanitarian actors involved in the Mpox outbreak response to provide appropriate and prompt support for the feeding and care of infants and young children and their caregivers.** This is critical to support child survival, growth, and development and to prevent malnutrition, illness, and death.

This joint statement has been issued to help secure immediate, coordinated, multi-sectoral action on infant and young child feeding (IYCF) in line with IYCF guidance in the context of the Mpox response. This joint statement is based on the current evidence base and will be updated as new evidence and recommendations emerge.

In an Mpox outbreak, children from birth up to two years, and especially from birth to six months and pregnant women, are particularly vulnerable to malnutrition, illness and even death. **Globally recommended infant and young child feeding (IYCF) practices** protect the health and wellbeing of children and are especially relevant in emergencies.

**Recommended practices** include:



- **Early initiation of breastfeeding** (putting baby to the breast within 1 hour of birth);
- **Exclusive breastfeeding** for the first 6 months (no food or liquid other than breastmilk, not even water);
- Introduction of safe and nutritionally adequate **complementary foods** (suitable solid and semi-solid foods) from 6 months of age; and
- **Continued breastfeeding** for 2 years and beyond.

In the context of Mpox, it is important to **protect, promote, and support recommended IYCF practices**, while also applying appropriate infection prevention and control (IPC) measures during feeding, care, and contact with infants and young children, in accordance with the current IYCF guidelines for Mpox.

More focus should be on the known risks of stopping breastfeeding and the stress caused by separating a mother from her baby, compared to the possible, but uncertain, risk of the baby getting Mpox.

## We urge all responders to support the following:

1. **Breastfeeding saves lives – Prioritise and identify the needs of breastfeeding women and girls** early on and provide adequate protection and support by creating a supportive environment (e.g. mother and baby areas, protection from inappropriate distributions) and providing skilled breastfeeding support, including for new mothers and primary caregivers. **This is critical for child survival.**
2. **Ensure that all support is in line with recommended feeding practices for IYCF** in the context of Mpox. Ensure that infants born to mothers with suspected or confirmed Mpox are provided with access to healthcare services where they are supported in the early initiation of breastfeeding, including skin-to-skin contact, and to exclusively breastfeed, while applying the necessary hygiene precautions and ensuring measures are taken to avoid practices that separate babies and mothers or disrupt breastfeeding in line with global and national guidance.

<sup>1</sup> National clusters, please adapt to the local context where indicated but retain the relevant and important information within the document. Remove instructions in brackets when contextualizing.

<sup>2</sup> The template of this Joint Statement on Infant and Young Child Feeding (IYCF) in the Context of Mpox includes a consolidation of available recommendations related to IYCF in the context of Mpox. It is to be adapted by countries or nutrition clusters and to be issued at the national level. It was developed by the Global Nutrition Cluster (GNC) with technical support from the Infant Feeding in Emergencies (IFE) Core Group Infectious Disease Taskforce. It is important that this Joint Statement is accompanied by relevant resources and guidance available on the IYCFE Resource Hub Mpox and IYCFE Collection <https://iycfhub.org/collection/mpox-iycf/>

3. **Consider and encourage other human milk feeding** options where they are safe when a mother is unable to breastfeed herself, including donated expressed breast milk, wetnursing, or pasteurised maternal expressed breast milk based on local guidelines and context. **Support for resumed breastfeeding after recovery** (including support for maintaining breastmilk supply and relactating) if breastfeeding has been disrupted temporarily during illness.
4. **Ensure pregnant and breastfeeding women and girls (PBWG) have access** to food, water, shelter, health care, protection, psychosocial support and other interventions to meet essential needs. Consider innovative approaches for remote support in the context of isolation and confinement.
5. **Protect and meet the needs of infants and young children who are not breastfed and minimize the risks they are exposed to<sup>3</sup>**. Breastmilk substitutes (BMS) – when distributed without proper control – increase the risk of illness, malnutrition and even death for infants and children who cannot be breastfed. Infants who are not breastfed and require infant formula should be urgently identified, assessed, and targeted with a package of essential support (including sustained BMS supply, equipment, supplies and training for safe preparation, individual counselling, and regular follow up), to minimise risks to both breastfed and non-breastfed children.
6. In accordance with internationally accepted guidelines and relevant government policies, **all stakeholders are advised NOT to call for, support, accept or distribute donations of BMS (including infant formula), other milk products<sup>4</sup>, complementary foods, and feeding equipment (such as bottles, teats, and breast pumps)**. Such donations are difficult to manage, are commonly inappropriate or improperly used and result in increased infectious disease, placing the lives of both breastfed and non-breastfed infants at risk. Necessary BMS supplies must be provided as part of a sustained package of coordinated care based on assessed need and should be Code-compliant. Do not include purchased or donated supplies in general distributions. Required BMS supplies should be purchased (by provider or the caregiver) and provided as part of a sustained package of coordinated care based on assessed need and should be Code-compliant.
7. **Ensure access to adequate amounts of appropriate, safe, complementary foods<sup>5</sup> alongside the information and means required to safely feed older infants and young children**. Ensure the availability and continuity of nutritious, fresh food and essential staples at affordable prices for children, women and families. Where there are identified shortfalls in local access and availability of foods, facilitate access to age-appropriate and safe, complementary foods. Families should receive support on what, when and how to feed young children at home, including all necessary precautions and hygiene considerations with regards to Mpox, to enable them to maintain a healthy diet, together with a supply of safe and potable drinking water for their young children.
8. **Identify where high-risk infants, children and mothers reside, what is the risk and respond to their needs**. These high risks include (but are not limited to) infants, mothers, and primary caregivers who have confirmed or suspected Mpox; acutely malnourished children, including infants under 6 months of age; children with disabilities; HIV exposed infants; orphaned infants; mothers who are malnourished or severely ill; mothers who are traumatised; instances where mothers are separated from their children.

***All actors involved in IYCF within the Mpox response must orient themselves, their staff and partners to the relevant Mpox and IYCF guidance and contents of this statement.***

**Contact** [COUNTRIES: ENTER LOCAL COORDINATION OR NUTRITION CLUSTER/SECTOR CONTACT DETAILS]

#### **Resources:**

**Up to date resources can be found at the Mpox and IYCF collection at the IYCF Hub:**

<https://iycfhub.org/collection/mpox-iycfe/>

If you have **particular questions about IYCF in the context of Mpox or require support**, please contact the Global Nutrition Cluster Nutrition in Emergencies Help Desk at <https://www.nutritioncluster.net/> or post your questions on en-net's discussion forum on Nutrition Programming and Mpox: <https://www.en-net.org/forum/question/5125>

<sup>3</sup> **UNICEF is the Provider of First resort** - This means that if there is a need to procure BMS in humanitarian contexts, UNICEF can procure BMS whether the cluster has been activated or not. In humanitarian contexts where BMS is needed and cannot be supplied within 48 hours, UNICEF commits to act as the provider of first resort.

<sup>4</sup> Any milks that are specifically marketed for feeding children up to 3 years of age (including infant formula, follow-up formula and growing-up milks) as well as other foods and beverages (such as baby teas, juices and waters) promoted for feeding a baby during the first 6 months of life

<sup>5</sup> Any food industrially produced or locally-prepared, suitable as a complement to breastmilk or to a BMS, introduced after 6 completed months of age.