FREQUENTLY ASKED QUESTIONS:
Breastfeeding in the context of cholera – information for health workers

(Version 1 – August 2025)

These Frequently Asked Questions (FAQs) have been developed by the Infant Feeding in Emergencies (IFE) Core Group Infectious Disease Working Group based on the most recent recommendations, collective knowledge and evidence on cholera. The FAQs also draw on infant and young child feeding (IYCF) recommendations from the World Health Organization (WHO) and the Infant Feeding in Emergencies Core Group (IFE CG). These FAQs are intended to provide answers to health workers and the public – including mothers who are breastfeeding or expressing milk – on breastfeeding during a cholera outbreak.

The FAQs reflect:
- The available evidence and latest cholera toolkits from the Global Task Force on Cholera Control (2025), UNICEF (2013)
- The protective effects of breastmilk and breastfeeding
- The harmful effects of the inappropriate use of breastmilk substitutes

We acknowledge that guidance on breastfeeding and cholera may evolve over time, and so may these FAQs. We welcome suggestions for improvements at ife@ennonline.net.

Key messages

1. Cholera is not transmitted through breastmilk.
2. Breastmilk is always the ideal source of nutrition for babies and young children, especially during a cholera outbreak.
3. Babies should be exclusively breastfed for the first six months of life.
4. Breastfeeding should continue until the child is at least two years old and longer if mother and baby wish.
5. From six months of age, babies should be offered a variety of hygienically prepared foods in addition to breastmilk.
6. Babies should continue to be breastfed while receiving cholera treatment.
7. A mother with cholera should continue to breastfeed as long as she is conscious, even while receiving intravenous fluids. Baby and mother should remain together.
8. The hygienic preparation of complementary foods for children aged six months and above is essential to reduce the risk of cholera infection.
9. Babies who cannot be breastfed are highly vulnerable and should be prioritised for special attention and care to reduce the risks that come with artificial feeding.

Recommended hygiene measures to be followed when breastfeeding, feeding or caring for an infant and young child

- Wash hands with soap and water before and after each feed
- Wash hands with soap and water at least at these critical times: **before and after** using the toilet, before and after cleaning children's faeces, before, during and after preparing food, after touching surfaces in public places, and after interacting with others
- Clean nails and keep them cut short
- Avoid touching the mouth and face with hands
- Clean the environment regularly with soap and water, especially items that the infant lies on or uses

General questions on cholera

1. Can the cholera bacteria pass through breastmilk?

No. Cholera is not transmitted through breastmilk. Breastmilk is safe, clean, and contains antibodies that help to protect against many childhood illnesses, and other infectious diseases including cholera.

Breastfeeding ensures an infant's food security by providing essential hydration and vital nutrients. In environments with poor sanitation, non-breastfed infants face a significantly higher risk of mortality, primarily due to diarrhoea and malnutrition, and are more susceptible to cholera infection.

2. If breastmilk cannot transmit cholera, can breastfeeding transmit cholera as there is skin-to-skin contact when the mother is infected?

No, breastfeeding cannot transmit cholera providing hygiene measures are followed.

Cholera is transmitted primarily through the ingestion of contaminated food or water. The bacteria, Vibrio Cholerae, is passed in the faeces (poop) of infected individuals and can contaminate water sources or food if sanitation and hygiene are poor.

It cannot be spread through skin contact or the respiratory route. Therefore, skin-to-skin contact is safe providing hygiene practices are followed. Skin to mouth contact is also safe if the recommended hygiene measures are followed.

3. Should mothers breastfeed in communities where cholera is prevalent?

Yes, mothers should breastfeed and follow hygiene measures.

Breastfeeding is safe and encouraged in communities where cholera is prevalent and hygiene practices should be followed. Care should be taken to ensure that the environment where breastfeeding takes place is safe and free from cholera bacteria. In such a context, it is even more important to breastfeed as there is a risk of contamination through water (e.g., water needed for the preparation of infant formula, washing utensils, etc.).

Cholera is spread through the faeces and vomit of an infected person and not typically spread through other body fluids. Cholera infects the digestive system of an individual. Therefore breastfeeding and hygiene practices are to be considered safe and encouraged.

The recommended hygiene measures should be strictly followed.

Important considerations:

- Individuals (often women) responsible for domestic duties, such as household chores, childcare, and caregiving for sick family members, face a high risk of cholera exposure through tasks such as cleaning toilets and changing nappies/diapers, clothing and bedding. It is therefore critical to ensure they have access to clean water, hygiene measures, and essential hygiene kits.
- People living in crowded sites/tented settlements where there is disruption to or lack of access to health care services, clean water, sanitation, and hygiene can be at higher risk of contracting cholera. Follow-up/ monitoring and ensuring immediate support to breastfeeding women in these sites is crucial.

4. Following delivery, should a baby still be immediately placed skin-to-skin if the mother has cholera?

Yes, babies should be immediately placed skin-to-skin following hygiene measures.

Cholera can be spread through ingestion of the faeces of an infected person, contact with a contaminated surface (e.g., an environment soiled with the faeces of an infected person), contaminated water or food, and contact with contaminated body parts (e.g., potentially soiled hands of an infected person). It cannot be spread through skin contact or through respiratory routes.

If there is a reason to believe that the mother's breast has been in contact with stool or vomit, *or that she has touched her breast with hands or clothing that have been in contact with stool or vomit*, consider asking the mother to clean her breast with soap and water and to express a small amount of breast milk on her nipple and areola before putting the baby to feed. Do not use chlorine or other antiseptic solutions.

(See Questions 7 and 18 for more details).

The recommended hygiene measures should be strictly followed.

5. If a mother has cholera, should she continue breastfeeding, or would this harm her health?

Yes, she can continue breastfeeding. The mother will require skilled counselling and support.

The recommended hygiene measures should be strictly followed.

6. What are the hygiene recommendations for a breastfeeding mother with cholera?

The recommended hygiene measures should be strictly followed.

7. Is it necessary for a mother with cholera to wash her breast before she breastfeeds directly or before expressing milk?

If there is a reason to believe that the mother's breast has been in contact with stool or vomit, *or that she has touched her breast with hands or clothing that have been in contact with stool or vomit*, consider asking the mother to clean her breast with soap and water and to express a small amount of breast milk on her nipple and areola before putting the baby to feed. Do not use chlorine or other antiseptic solutions.

The focus should also be on thorough handwashing and environmental cleanliness to minimise transmission risks. If washing of the breast is indicated due to visible contamination, the use of soap and water is sufficient. There is no need to use a

chlorine solution if soap is available (see also Question 18). Use chlorine only if soap is not available, as chlorine is deactivated by organic matter.

The recommended hygiene measures should be strictly followed.

8. If a mother with cholera decides not to breastfeed, what is the best way to feed her newborn/infant?

Mothers with cholera should be counselled that, if they feel well enough, breastfeeding is the best option for their child. If they do not feel well enough, the next alternative would be to provide breastmilk through:

1. **Wet nursing** from a woman who is not suspected or confirmed as having cholera.
2. **Donor human milk** from a donor who is not suspected or confirmed as having cholera.

If breastmilk is not available, then:

3. **Breastmilk substitutes (BMS) such as commercial milk formula (CMF)** can be fed. The decision to provide BMS must be taken with a trained health or nutrition professional and meet the conditions of feasibility, safety, sustainability, cultural acceptability, acceptability for the mother, and service availability. Ready-to-use infant formula (RUIF) is the preferred option as it does not require water to reconstitute. Powdered infant formula (PIF) may also be used, but only if it has been stored according to the instructions on the tin, is not past its use-by date, can be reconstituted with clean, boiled water (mixed with PIF at 70°C to kill potential contaminants in the PIF), and fed with clean utensils to minimise contamination risks. Once made up, the commercial milk formula should be fed immediately using cups or spoons. No bottles or tools with teats/nipples should be used and any leftovers should be discarded after two hours.
4. **Animal milk,** with special caution (e.g., heating temperature, condition of conservation, equipment used for feeding the child, e.g., cups).

Skilled infant feeding counselling and follow-up should be provided to maintain breastfeeding, support wet nursing, guide expressed breastmilk feeding, and to help the mother to relactate or return to breastfeeding when she feels well enough.

9. If a mother with cholera is not able to breastfeed or to express breastmilk, can wet nursing be recommended?

Yes – wet nursing, following the recommendations for wet nursing is the next safest option when direct breastfeeding is not possible. Please find more guidance on wet nursing here.

10. If a mother with cholera temporarily halted breastfeeding, when can she start to breastfeed again?

Cholera itself does not necessitate the cessation of breastfeeding; however, if the mother is too ill to breastfeed, she may choose to temporarily cease breastfeeding. Additional support to maintain lactation and return to breastfeeding may be required (e.g., support with hand expression or building up milk supply after illness).

Cholera is not transmitted via breastmilk. Therefore, if a mother has stopped breastfeeding, she can restart whenever she is ready. Measures to help the mother to continue breastfeeding are essential, including good counselling and a supportive environment.

11. Is it advisable for a mother with cholera who is breastfeeding to give a 'top-up' with a breastmilk substitute?

No. For infants <6 months of age, exclusive breastfeeding with no other foods or liquids is recommended.

It is recommended that children 6 to 23 months of age maintain breastfeeding while being provided with appropriate complementary foods.

Be very careful with complementary food, water, and fluids:

1. All drinking water should be boiled or follow local protocols if in place.
2. All eating and cooking tools should be clean before use.
3. Fruits should be washed with safe flowing water before being eaten.
4. Food should be well-cooked and eaten while hot.
5. Cold leftovers should not be eaten – reheat all food well.

12. What can we recommend to a mother with cholera who was not breastfeeding before contracting the disease?

Advise a mother who is not breastfeeding that breastfeeding is the safest way to feed her infant or young child, especially in the context of cholera. Ensure that all breastfeeding mothers have access to skilled counselling. Reassure mothers that if breastfeeding is stopped that maintaining breastmilk supply or rebuilding supply or relactation is possible after the illness. Support mothers to initiate or resume breastfeeding (i.e. relactate), even if they were not breastfeeding before contracting cholera.

The recommended hygiene measures should be strictly followed.

Initiating breastfeeding or relactating may take time, so health and nutrition staff support is essential. Ensure a supportive environment with a comfortable space for breastfeeding and access to one-on-one counselling.

If the mother agrees to relactate, the following can be considered as temporary feeding options while waiting for breastfeeding to fully resume:

1. **Wet nursing** from a woman who is not suspected or confirmed as having cholera.
2. **Donor human milk** from a donor who is not suspected or confirmed as having cholera.
3. **Breastmilk substitutes (BMS) such as commercial milk formula (CMF)** can be fed. The decision to provide BMS must meet the conditions of feasibility, safety, sustainability, cultural acceptability, acceptability to the mother, and service availability (trained health or nutrition professional). Ready-to-use infant formula (RUIF) is the preferred option as it does not require water to reconstitute. Powdered infant formula (PIF) may also be used, but only if it has been stored according to the instructions on the tin, is not past its use-by date, can be reconstituted with clean, boiled water (mixed with PIF at 70ºC to kill potential contaminants in the PIF), and fed with clean utensils to minimise contamination risks. Once made up, the commercial milk formula should be fed immediately, using cups or spoons. No bottles or tools with teats/nipples should be used and any leftovers should be discarded after two hours.
4. If the child is over six months, animal milk, with special caution (e.g., heating temperature, condition of conservation, equipment used for feeding the child, e.g., cups)

13. Is it advisable for a mother without cholera to breastfeed her child who has cholera?

Yes, the recommended hygiene measures should be strictly followed.

Clean the environment regularly with chlorinated water or, if not available, at least with soap and water, especially items that the infant lies on or uses.

If the child is weak --> go through the rehydration protocol and consider expressed breastmilk.

Can a healthy mother go into the CTU/CTC in this case? Yes. Children with cholera should always be accompanied. She should be allowed into the CTC/CTU with proper infection prevention and control (IPC) measures (e.g., handwashing stations, clean seating). The mother is generally on the ward with the child (female wards) and she can breastfeed. It is also important that:

1. Dedicated breastfeeding areas (inside the CTC, or adjacent to the CTU) are created within or near the treatment unit to support this.
2. The mother is oriented to **strictly follow the recommended hygiene measures.**

Expressed breastmilk should be fed with a spoon, syringe, or NG tube, depending on the child's condition. Bottles and teats SHOULD NOT be used due to the risk of contamination.

14. What are the key messages for a mother who wants to breastfeed (and is not suspected or confirmed to have cholera) but is worried about passing the cholera virus to her infant?

Reassure the mother that cholera does not pass through breastmilk and that breastfeeding will help to prevent cholera infection.

- **Provide comprehensive breastfeeding counselling to support the mother.**
- **Reassure the mother that breastfeeding protects infants** by providing essential nutrients and antibodies that help to fight infections, including diarrhoea-related illnesses.
- Remind the mother of the importance of breastfeeding **and how to do** this hygienically for herself and the baby in the context of cholera.
- Breastfeeding (whether exclusively breastfeeding infants <6 months or continued breastfeeding children up to two years or older), **reduces their exposure** to contaminated water, food, or feeding utensils that can carry cholera.
- Breastmilk is essential for an infant's food security. It is always at the correct temperature, readily available, and nutritionally complete, helping to prevent malnutrition and decreasing susceptibility to infections.
- Breastmilk is the best hydration for an infant, especially if the baby has mild diarrhoea. It contains electrolytes and nutrients that help with rehydration.

Ask the mother and other caregivers to strictly follow the recommended hygiene measures.

15. Is it acceptable for health facilities to accept free supplies of breastmilk substitutes for infants of mothers with cholera?

No. Donations of breastmilk substitutes such as commercial milk formula (this includes infant formula, baby milk, growing up or toddler milk, etc.) should never be sought or accepted. If needed, supplies should be purchased through the government or UNICEF as a first provider based on need after assessment.

Donated BMS or commercial infant formula is commonly of variable quality, of the wrong type, supplied disproportionately to need, labelled in the wrong language, not accompanied by an essential package of care, distributed indiscriminately, not targeted to those who need it, and is not sustainable. It also takes excessive

money, time, and resources to reduce the risks associated with handling donations of breastmilk substitutes. Feeding BMS puts infants and young children at increased risk of infection.

Contact your local Nutrition Cluster focal person or the nutrition focal person from UNICEF for more information on the use of BMS.

16. Is the Oral Cholera Vaccine safe for breastfeeding women?

Yes. Breastfeeding is not a contraindication to the cholera vaccine.

A mother can continue breastfeeding if she has the Oral Cholera Vaccine as this vaccine is not absorbed systemically. Thus, maternal exposure to the vaccine is not expected to result in exposure of the breastfed infant to the vaccine as it is not a live vaccine.

17. Can breastfeeding mothers in a cholera outbreak receive an Oral Cholera Vaccine (OCV) and still breastfeed?

Scenarios:

1. **Mother received the vaccine while breastfeeding**
   Yes, breastfeeding mothers can receive the **Oral Cholera Vaccine (OCV) during a cholera outbreak and continue breastfeeding.** The **World Health Organization (WHO)** and other health authorities recommend that breastfeeding women be vaccinated against cholera as the vaccination's benefits outweigh any potential risks.
2. **Mother receives the vaccine before starting/ initiating breastfeeding**
   Yes, a mother **can safely start or continue breastfeeding after receiving the cholera vaccine.**
   - The **World Health Organization (WHO)** does **not list breastfeeding as a contraindication** for receiving the cholera vaccine.

18. Is it true that you need to clean the breast with a chlorine solution before breastfeeding the child?

No, cleaning the breast with a chlorine solution before breastfeeding is unnecessary and potentially harmful. Here's why:

1. **Natural protection:** The skin of the breast, including the nipple and areola, has natural bacteria that help to maintain a healthy microbiome for the baby. Washing with chlorine or other disinfectants can disrupt this balance.
2. **Potential harm to the baby:** Residual chlorine on the breast can irritate the baby's mouth and digestive system. It can also remove natural oils from the skin, causing dryness, cracking, and discomfort for both mother and baby.

The smell and taste of chlorine may discourage the baby from breastfeeding.

If there is a reason to believe that the mother's breast has been in contact with stool or vomit, *or that she has touched her breast with hands or clothing that have been in contact with stool or vomit*, consider asking the mother to clean her breast with soap and water and express a small amount of breast milk on her nipple and areola before putting the baby to feed. Do not use chlorine or other antiseptic solutions.

Breast washing is necessary only if there is a potential risk of Vibrio Cholerae on the breast rather than for all women. This is when the breast is visibly dirty or soiled (e.g., vomit, faeces, or other contaminants). Instead, the focus should be on thorough handwashing and environmental cleanliness to minimise transmission risks.

19. Where can we find suitable visual materials for health education on breastfeeding and cholera?

Appendix 8. Key Messages for Health Education | Cholera Outbreak Response Field Manual

20. Should a breastfeeding mother with cholera still breastfeed a child aged 6 months or older, or would alternative feeding be safer?

Yes a breastfeeding mother with cholera should still be breastfeeding a child >6 months.

Remember: Alternative feeding options are not safer than breastfeeding during cholera.

Remind the mother about the importance of **breastfeeding, its benefits, and how to do it safely for herself and the baby as described above. Remind the mother that breastfeeding prevents and lessens the severity of cholera in infants.**

- **Remind the mother that breastfeeding from 6 to 23 months still provides 40% to 60% of a child's energy requirements.**
- Breastfeeding protects infants by providing essential nutrients and antibodies that help to fight infections, including diarrhoea-related illnesses.
- Breastmilk is essential for an infant's food security. It is always at the right temperature, readily available, and nutritionally complete, helping to prevent malnutrition and lowering susceptibility to infections.
- Breastmilk is the best hydration for an infant, even if the baby has mild diarrhoea. It contains electrolytes and nutrients that help with rehydration.
- Breastfeeding boosts the baby's immune system, helping to fight infections and reducing the severity of illnesses.
- Breastfeeding ensures infants receive essential nutrients for growth and immunity, reducing the risk of malnutrition.

Provide advice on hygiene measures to avoid possible transmission.

Ask the mother and caregivers to strictly follow the recommended hygiene measures.

21. What tools, guidelines, or materials do you use to support and promote breastfeeding and/or complementary feeding during cholera outbreaks?

Use this FAQ as well as other documents listed in References:

1. The IYCF-E Operational Guidance on Infant and Young Child Feeding in Emergencies
2. Guideline: protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services
3. Complementary-Feeding-Guidance-2020.pdf
4. Infectious Disease Outbreaks & IYCF-E – IYCF
5. Infant and Young Child Feeding in Emergencies during Infectious Disease Outbreaks eLearning Course | IYCF
6. Infant Feeding During Infectious Disease Outbreaks: A guide for decision makers and programmers working in emergency preparedness and response | IYCF
7. 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 | IYCF
8. United Nations Children's Fund (UNICEF) and Infant and Young Child Feeding in Emergencies Core Group, Technical and Operational Guidance on Supporting Wet Nursing in Emergencies. New York: United Nations Children's Fund; (forthcoming)

22. What are the most common myths and misconceptions at the community level during a cholera outbreak related to IYCF, and how can these be addressed?

The following are some common myths and misconceptions that need to be corrected immediately:

Breastfeeding should be stopped if the mother has cholera.
No. Breastfeeding can continue; see relevant questions in these FAQs.

Infant formula is safer during a cholera outbreak.
No. Breastfeeding is safer during a cholera outbreak. Using infant formula poses risks at all times, and especially during a cholera outbreak.

Raw foods like fruits and vegetables cause cholera and should be avoided.
No. Fresh fruits and raw vegetables do not cause cholera if properly prepared.

- Wash thoroughly: Before consumption, fruits and vegetables should be washed with clean or boiled water.
- Peel when possible: Peeling fruits reduces the risk of contamination.

Infants and young children should be given Oral Rehydration Solution (ORS) instead of breastmilk or usual feeding.
No, infants and young children should continue breastfeeding while being given ORS. ORS is given to replace lost fluids and electrolytes in cases of diarrhoea or dehydration, but it does not provide the necessary nutrients for growth and immunity.

23. How do we integrate IYCF-E in a cholera outbreak response?

Integration can be achieved by establishing Mother-Baby Areas/IYCF corners or mainstreaming it through existing cadres to support and promote the early initiation of breastfeeding, exclusive breastfeeding, continued breastfeeding, safe complementary feeding, safe water, and hygiene practices. Also, consider the following:

1. **Integrate IYCF-E into cholera treatment centres (CTCs)** by providing dedicated spaces for breastfeeding mothers and complementary feeding support during their stay (usually 48 to 72 hrs).
2. **Train health workers on IYCF-E and infection control.**
3. **Engage community mobilisers** to deliver IYCF-E messages through outreach activities.
4. **Coordinate** information about the importance of IYCF across sectors and response mechanisms.
5. **Case management** support for breastfeeding, set up of CTC/CTU to protect/promote IYCF practices.
6. **Vaccination campaigns** to help to fight against rumours related to vaccination and breastfeeding.
7. **Risk communication and community engagement (RCCE)** to support the dissemination of the IYCF messages and FAQs.

24. How can sufficient financial resources be obtained to ensure an adequate response to a cholera outbreak?

Highlight the strong link between cholera and malnutrition, emphasising that malnourished individuals, especially children, are at a higher risk of severe outcomes and require integrated interventions. Advocacy efforts should target key donors to secure funding for nutrition-focused components. Additionally, proposals for cholera response should incorporate nutrition support including IYCF counselling to ensure comprehensive care. Collaboration with the health, WASH, food security, and social protection sectors is essential to mobilise multi-sectoral resources and strengthen the overall response.

Oral Rehydration Points

25. What messages should be given to breastfeeding mothers with children presenting at community/oral rehydration points? What messages should we pass to them?

1. **Continue breastfeeding frequently**

- Breastfeeding is the best way to keep your child hydrated and nourished, even if they have diarrhoea.

- Increase breastfeeding frequency, especially during illness, to ensure your baby gets enough fluids and nutrients.
- Breastmilk contains antibodies that help to fight infections and speed up recovery.

2. **Provide Oral Rehydration Solution (ORS) as needed**
- If the child is six months or older and has signs of dehydration, give ORS along with continued breastfeeding.
- If the child is <6 months, follow national Integrated Management of Childhood Illness (IMCI) or treatment of diarrhoea protocols in children 0 to <24 months
- Educate mothers on how to prepare and give ORS properly, emphasising small sips frequently.

3. **Monitor for signs of dehydration**
- Educate mothers to recognise the danger signs of dehydration: sunken eyes, dry mouth, reduced urine output, lethargy, or excessive thirst
- Encourage immediate medical attention if these signs appear

4. **Maintain proper feeding and nutrition**
- If the child is older than six months, continue giving age-appropriate complementary foods in addition to breastmilk.
- Offer small, frequent meals rich in energy and nutrients locally available and nutritious, mashed vegetables, and animal-source foods.

5. **Practice good hygiene and sanitation**
- Wash hands with soap and clean water before breastfeeding, preparing food, after using the toilet, and after handling children's faeces.
- Ensure food and drinking water are clean and stored correctly to prevent infections.

6. **Recognise when to seek medical help**
- If the child has persistent diarrhoea (more than 14 days), blood in stool, fever, or refuses to feed, seek immediate medical care even when unrelated to cholera.

If the child has Moderate/Severe Acute Malnutrition (MAM/SAM), seek immediate medical care if the child presents any of the following:

1. **Signs of severe dehydration:**
- Lethargy or unconsciousness
- Sunken eyes
- Very slow skin pinch return (≥2 seconds)
- No urine output for several hours
- Rapid, weak pulse or difficulty breathing

2. **Persistent vomiting:**
- Unable to keep fluids down

3. **Blood in stool** (suggesting dysentery or another infection)
4. **Signs of hypoglycaemia**
- Drowsiness or unconsciousness
- Seizures or very low energy levels

5. **Hypothermia or high fever:**
- Temperature **<35°C** or **>39°C**

Cholera Treatment Units / Centres (CTU/CTC)

26. Should a cholera-infected mother on IV fluids breastfeed her child?

Yes, if she is well enough to do so. Cholera is not transmitted through breastmilk. A mother with cholera should continue to breastfeed as long as she is conscious and feels well enough to breastfeed, even while receiving intravenous fluids. If possible, the infant and mother should remain together providing good **hygiene practices** are followed.

27. How can we practically organise that a healthy infant receives breastmilk from a cholera-infected mother in a CTU/CTC?

If the mother has cholera, the mother and the baby should remain together during breastfeeding sessions.

Breastfeeding/Breastmilk feeding in the CTU/CTC

Keeping the mother and baby together means that the mother can continue to breastfeed her baby, which protects the baby's health, maintains the mother's breastmilk supply, helps to maintain the emotional bond between them, and may be comforting for both. It is very important that the mother washes her hands and her infant's hands with soap and water.

Another caregiver who is not sick can care for the baby between breastfeeding sessions.

Breastfeeding/Breastmilk feeding outside the CTU/CTC (we strongly recommend mother and baby are kept together)

If the infant is separated from the mother (we strongly recommend they stay together), the following must to be considered:

1. **Ensure all CTU/CTCs have a hygienic, comfortable, private, separate area for counselling and breastfeeding.**
2. **A healthy caregiver should bring the infant for feeding.**
3. The caregiver should receive proper **hygiene training** to prevent contamination.
4. They should wait in a **designated clean area** near the CTU/CTC.
5. **Mother's preparation (inside the CTU/CTC)**
- The mother washes her hands with soap and water
- If breastfeeding directly, wearing clean clothes or covering or removing any contaminated clothing with a clean cloth is recommended

6. A healthy caregiver brings the infant to the safe space.
7. The caregiver waits in the designated clean area with the baby.

8. The baby is not placed on the ground or near contaminated surfaces.

Feeding Process

9. If the mother is well enough to breastfeed, she comes to the designated feeding area near the CTU.
10. If the mother is too weak, she can express milk inside the CTU/CTC, and a health worker will safely transfer the expressed milk in a **clean container** to the caregiver.
11. The caregiver feeds the baby using a clean cup or spoon (not bottles or teats).

Post-feeding hygiene

12. The mother washes her hands again before returning to the CTU or the ward within the CTC.
13. The caregiver washes their own and the infant's hands before returning them home or to a safe area.

For evening and night feeds, the mother should be supported to express breastmilk for the child, and the healthy caregiver should be trained to feed the infant.

28. If a mother is too sick to breastfeed and her infected infant is with her in the CTU/CTC, how is this child fed?

Expressed breastmilk (EBM), if possible

- If the mother can express breastmilk despite her illness, it should be collected and fed to the infant using a clean cup and spoon. Trained health workers should assist the mother to express if she is not able to do so and store the expressed breastmilk in a safe and clean container.
- Proper hand hygiene and sanitising feeding utensils are critical to minimise infection risk.

Wet nursing (if culturally acceptable and available)

- A healthy wet nurse (preferably a relative or known caregiver), ideally one who is already breastfeeding her child, can feed the infant.

Donor human milk (if available)

- If donated expressed breastmilk is available, it is preferred over BMS.
- Ensure proper handling and storage.

BMS or infant formula (as a last resort if breastfeeding, wet nursing or feeding expressed breastmilk is not possible)

- If no other options are available, ready-to-use infant formula or hygienically prepared powdered infant formula should be provided for infants under 6 months.
- Animal milk should be provided for children 6-23 months.
- Hygiene practices must be followed to prevent contamination.
- Use cup or spoon feeding instead of bottles to reduce the risk of infection.

29. What if the child is infected with cholera and is admitted in the CTU/CTC but the mother is not. Can the mother continue breastfeeding?

Yes, the mother can – and should – continue breastfeeding her child, even if the child is infected with cholera and admitted to a CTU or CTC, while the mother herself is not infected. Here is why:

- **Breastfeeding provides critical immune protection.** Breastmilk contains antibodies and immune factors that help to fight infections, including cholera.
- **Breastfeeding prevents dehydration and malnutrition.** Stopping breastfeeding would deprive the child of essential fluids and nutrients, worsening the risk of dehydration.
- **Breastfeeding is safe.** Cholera is not transmitted through breastmilk; it spreads via the faecal-oral route (contaminated food/water, poor hygiene).

Key recommendations:

The mother should be allowed access to breastfeed/feed her baby in the CTU/CTC and **strictly follow the recommended hygiene measures**.

If the mother cannot stay with the child the whole time, she can express breastmilk, which should be given to the child safely by a trained health worker within the CTU/CTC.

30. If the breastfed child is too sick to suckle, how can breastmilk be provided?

If a breastfed child is too sick to suckle, breastmilk can still be provided using alternative feeding methods to ensure the infant receives adequate nutrition and hydration. Here is how:

Expressing breastmilk

- The mother can express her breastmilk preferably manually through hand expression.
- Freshly expressed breastmilk can be fed to the child immediately or it can be stored safely for later use.
- Store for up to four hours at room temperature under very clean conditions, or five to eight days in a refrigerator in a very clean condition (WHO)

Feeding expressed breastmilk to a sick child

Depending on the child's condition and ability to swallow, the following methods can be used:

- **Cup feeding** – The preferred method for infants who cannot suckle but can swallow. Use a small, clean cup with a smooth edge to let the child sip the milk.
- **Spoon feeding** – Useful for weaker or newborn infants who can take small amounts gradually.
- **Syringe or dropper feeding** – For very weak babies, a small syringe or dropper can help to deliver milk carefully into the baby's mouth.
- **Nasogastric tube feeding** – If the child is critically ill and unable to swallow, a healthcare provider may insert a feeding tube to deliver breastmilk directly to the stomach.

31. If the mother with cholera is severely dehydrated, will the infant get sufficient breastmilk?

Severe dehydration in a breastfeeding mother with cholera can reduce the amount of breastmilk produced due to diminished fluid levels in her body. Focusing on the mother's hydration is essential alongside one-to-one counselling to increase breastmilk supply. As cholera is not transmitted through breastmilk, mothers should be encouraged to continue breastfeeding during treatment if they are well enough to do so.

32. When is there a need for breastmilk substitutes in the CTU/CTC?

If all options for providing breastmilk have been exhausted without success (e.g., if breastfeeding, wet nursing and feeding expressed breastmilk are not feasible), only then should breastmilk substitutes (BMS) be considered as a last resort. Hygiene must be maintained during preparation to minimise the risk of malnutrition and illness. It is essential to closely coordinate with health and nutrition staff trained in breastfeeding support and the safe use of BMS before providing it to mothers and infants.

33. When should a mother and infant be separated in a CTU/CTC?

Whenever possible, the mother and baby should remain together if either of them has cholera. Keeping them together allows for continued breastfeeding, ensuring optimal nutrition and milk supply, and maintaining their emotional bond. The mother must wash her hands, any contaminated body parts, and her infant's hands with soap and water or chlorine-treated water. If the baby refuses to suckle, it might help to begin to hand express milk to allow for the flow to start until the nipples and surrounding area can be gently smeared with a small amount of breastmilk to help to gain the infant's interest.

A healthy caregiver can assist with infant care between breastfeeding sessions.

An exception may be necessary if the mother or infant's health deteriorates to the point of requiring intensive care. In such cases, lactation should be maintained for the mother, alternative feeding methods should be introduced for the infant, and reunification and counselling support should occur as soon as their health stabilises.

34. How can a CTU/CTC obtain resources to safely feed infants with cholera if the mother is not present?

Coordination with Health and Nutrition Authorities

- Ministry of Health & National Nutrition programmes: Engage national health and nutrition authorities to access guidelines, supplies, and support.
- Health and Nutrition Cluster and subclusters
- UN Agencies & NGOs: Organisations such as UNICEF, WHO, WFP, and NGOs can provide essential infant feeding counselling and supplies.

Feedback

This guidance may be periodically updated. You can pose questions to the moderated online IYCF-E forum on en-net at: https://www.en-net.org/forum/infant-and-young-child-feeding-interventions. You can send feedback on the FAQs to the IFE Core Group, ife@ennonline.net

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Recommended citation:
Infant Feeding in Emergencies Core Group (2025). FAQs: Breastfeeding in the context of cholera – information for health workers. Emergency Nutrition Network (ENN), Oxford, UK.

This document was prepared by members of the Infant Feeding in Emergencies Core Group (IFE CG) which is coordinated by the Emergency Nutrition Network (ENN). The document was conceived and drafted by Alessandro Iellamo, Senior Emergency Nutrition Adviser, FHI 360; Brigitte TONON, Health advisor, ACF France; Najwa Al-Dheeb, Nutrition and child development specialist, UNICEF; Brooke Bauer, Global Humanitarian Advisor, IYCFE, Save the Children International; and Mija Ververs, Center of Humanitarian Health, Johns Hopkins Bloomberg School of Public Health. Revision and input were provided by The Global Task Force on Cholera Control (GTFCC); Bindi Borg, ENN; and Jodine Chase, Safely Fed Canada. For more information on the IFE CG, please visit: https://www.ennonline.net/network/ife-core-group.