Management of Cholera and Infant and Young Child Feeding

Key Messages

- Cholera is NOT transmitted in breastmilk.
- Breastmilk is always the safest source of nutrition for babies and young children, especially during a cholera outbreak.
- Breastmilk helps to prevent BOTH dehydration and malnutrition.
- An infant who is exclusively breastfed has less risk to be contaminated with cholera.
- A mother with cholera should continue to breastfeed as long as she is conscious, even while receiving IV fluids. Baby and mother should remain together.
- If a mother is severely dehydrated, rehydrating her with IV fluids or ORS is vital in order for her to continue breastfeeding her baby.
- An infant may be dehydrated if he/she is urinating less than usual times per day. Signs of severe dehydration include at least two of these signs: sunken eyes, inability to drink, skin pinch more than 2 seconds, lethargy or unconsciousness.
- Babies should be exclusively breastfed for the first six months of life.
- From six months of age, babies need a variety of additional foods that are hygienically prepared. Breastfeeding should continue until the child is at least two years old.
- Hygienic preparation of complementary foods for children aged six months and above is essential to reduce the risk of cholera infection.
- Artificial feeding is dangerous and should only be used as a last resort and following skilled guidance of a health or nutrition worker.
- Babies who cannot breastfeed are highly vulnerable and should be prioritized for special attention and care to reduce the risks of artificial feeding.
- Cups should be used to feed non-breastfed infants, bottles should never be used.
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Breastfeeding

**Exclusive Breastfeeding**

Babies should be exclusively breastfed for the first six months, meaning they should be given breastmilk and no other food or fluids, not even water. Breastmilk provides all the food and fluids that a baby needs for the first six months. **Breastfeeding is the best way to prevent cholera in babies aged less than six months** because breastfeeding is clean and protects against infections.

**Mothers who experience difficulties with breastfeeding should be referred to a trained health worker or breastfeeding counsellor** for specialized support, this is often provided through IYCF corners in health facilities.

**Breastfeeding when the mother is infected with cholera**

- A mother with cholera should continue breastfeeding along as she is conscious, even while receiving intravenous fluids.
- Mother and baby should remain together to enable the mother to breastfeed her baby (the baby should be fed on demand). Someone who is not sick can take care for the baby between each breastfeed.
- It is important that the mother receives rehydration with intravenous fluids and/or ORS.
- Severe dehydration in the mother can reduce breastmilk volume, rehydrating the mother can correct this quickly (within an hour).
- Antibiotics should be given only to the infected mother, not to an uninfected healthy baby.
- Before each breastfeed wash the mother’s hands and breasts with soap and water or 0.05% chlorine solution.
- Clean the nipples and surrounding area with a small amount of breastmilk to remove the taste of soap or chlorine.
- If possible wrap the baby in a clean cloth for each feed and make sure to wash the baby’s clothes/cloth thoroughly in 0.05% chlorine solution.