

Infant and Young Child Feeding (IYCF) In The Context Of Ebola Fact Sheet

KEY FACTS ABOUT EBOLA

- Ebola can be transmitted via body fluids, including breast milk.
- A breastfeeding mother with symptoms of Ebola, increases the risk of transmission of the virus to the baby.
- The safest feeding option for infants less than 6 months of age in the context of Ebola is ready-to-use infant formula (RUIF).
- Replacement feeding with appropriate breast milk substitutes outweighs the risk of transmission of Ebola through breast milk. Although replacement feeding with breast milk substitutes has high risks of morbidity and mortality,
- Wet nursing is not recommended for risk of Ebola transmission



IYCF recommendations in the context of Ebola

- 1. Asymptomatic/suspected Infant less than six months of age + Confirmed Ebola-infected mother**
 - Isolate the mother. She should be separated from the child.
 - The infant should immediately stop breastfeeding and be given RUIF as needed
 - Ensure close monitoring for signs and symptoms of Ebola in the infant for 21 days
 - Give psychosocial support to both child and mother.
- 2. Confirmed Ebola-infected infant less than six months of age + Asymptomatic/suspected mother**
 - The infant should immediately stop breastfeeding and be given RUIF as needed
 - Give psychosocial support to both the child and the mother
- 3. Confirmed Ebola-infected infant less than six months of age + Confirmed Ebola-infected mother**
 - Breastfeeding should be stopped if acute Ebola is suspected or confirmed, and the child should be provided with RUIF as needed.
 - However, if the child does not have safe and appropriate breastmilk substitutes or cannot be adequately cared for, then the option to not separate and continue breastfeeding can be considered.
 - Give psychosocial support to both child and mother.
- 4. Asymptomatic child 6 –12 months of age + Confirmed Ebola infected mother**
 - Separate the mother from the child
 - Support complementary feeding, including the provision of animal milk or preferably RUIF or UHT
 - Give psychosocial support to the child and mother
- 5. Confirmed Ebola-infected infant over 12 months + Confirmed Ebola-infected mother**
 - Breastfeeding should be stopped if Ebola is suspected or confirmed.
 - However, if the does not have safe and appropriate breastmilk substitutes, or the child cannot be adequately cared for, then the option to not separate and continue breastfeeding can be considered.
 - Support complementary feeding, including the provision of animal milk or UHT
 - Give psychosocial support to the child and mother.



IYCF recommendations after recovery from Ebola

- Ebola virus can remain in body fluids, including breast milk after it has cleared from the blood.
- A woman who has recovered from Ebola, cleared viremia and wants to continue breastfeeding should wait until after two consecutive negative RT-PCR breastmilk tests separated by 24 hours.
- Otherwise, Children below 6 months of age whose mothers have recovered from Ebola and do not resume breastfeeding should be fed on RUIF until six complete months of age.
- Introduce complementary foods, including animal milk or UHT at six completed months of age.
- Where available, also continue with RUIF until the child is 12 months of age.

