

# INFANT AND YOUNG CHILD FEEDING DURING DIARRHOEA AND CHOLERA

## Guide for Health Workers at Cholera Treatment Centres

### On arrival at centre

- A child should be screened for severe malnutrition at the reception area
- A child with severe acute malnutrition must be rehydrated very slowly and with great caution to avoid overhydration which quickly occurs. Refer to Therapeutic Feeding Centre
- If the breastfed child is too weak to suckle, please seek advice for specialized medical attention
- For children with moderate or no signs of dehydration follow recommendations below
- A mother can continue to breastfeed even if she has cholera, but she needs treatment

### Infants under 6 months

- **If exclusively breastfed and no signs of dehydration:**
  - Breastfeed frequently and for as long as possible at each feed
  - If necessary give expressed breastmilk fed from a clean cup or spoon
  - Give 1/2 tablet of Zinc once a day for 14 days in a small amount of expressed breastmilk to decrease the length and severity of the diarrhoea and improve growth and appetite
- **If exclusively breastfed and signs of moderate dehydration:**
  - Breastfeed frequently and for as long as possible at each feed
  - Give expressed breastmilk fed from a clean cup if necessary
  - Give ORS
  - Give 1/2 tablet of Zinc once a day for 14 days in a small amount of expressed breastmilk to decrease the length and severity of the diarrhoea and improve growth and appetite
- **If not breastfed and no signs of dehydration:**
  - If the child is on other modified milks or infant formula, then give at least every three hours
  - Give 1/2 tablet of Zinc once a day for 14 days in a small amount of infant formula to decrease the length and severity of the diarrhoea and improve growth and appetite
- **If not breastfed and signs of moderate dehydration:**
  - Give ORS in the first 4 hours of rehydration and feed the child full strength infant formula
  - Reassess after 4 hours, if no longer dehydrated, give 50-100mls of ORS after each watery/loose stool
  - Give 1/2 tablet of Zinc once a day for 14 days in a small amount of infant formula to decrease the length and severity of the diarrhoea and improve growth and appetite



### Children over 6 months

- **Fluids to give:**
  - Breastfeed frequently and for as long as possible at each feed
  - If necessary expressed breastmilk fed from a clean cup
  - Other modified milks or infant formula that a child normally takes
  - ORS
  - Boiled clean water in which a cereal has been cooked
  - Mild soups
  - Unsweetened yoghurt drinks such as lacto or sour milk
  - Unsweetened Mahewu
  - Unsweetened natural fresh fruit juice such as orange and mango
- **Fluids not to give**
  - Drinks sweetened with sugar
  - Carbonated soft drinks such as Coca-Cola and Fanta
  - Commercial fruit juices such as Mazoe
  - Sweetened tea, freezite, jolly juice or ice lolo
  - Coffee
- **Foods to give**
  - Nutrient-dense foods that are soft and varied (porridge with peanut butter and mashed beans)
  - Frequent small feeds/soup at least 6 times a day
  - Feed the child slowly and patiently
  - Encourage the child to eat, but do not force
  - 1 tablet of Zinc once a day for 14 days in a small amount of clean boiled water or to be chewed to decrease the length and severity of the diarrhoea and improve growth and appetite

### GUIDELINES ON INFANT FEEDING IN EMERGENCIES

1. In an emergency, mothers should continue breastfeeding since breastmilk is the cleanest and safest food and drink she can give her baby.
2. Women breastfeeding their babies should be actively supported by being given appropriate information, assistance and encouragement to continue breastfeeding, especially if they are experiencing difficulties.
3. Mothers who have stopped breastfeeding, should be encouraged and provided with assistance to start breastfeeding again (i.e. to re-lactate).
4. Only in instances where a baby cannot receive breastmilk, for example when the baby has been orphaned, should alternative feeding options be supported.
5. **Donated (free) or subsidized supplies of breastmilk substitutes (e.g. infant formula) should be avoided.**
6. The decision to accept, procure, use or distribute infant formula in an emergency should be made by an informed nutritionist, in consultation with the National Nutrition Unit.
7. Breastmilk substitutes and other milk products should only be distributed according to recognized strict criteria and only provided to mothers or caregivers for those infants who need them.
8. Donations of bottles and teats should be refused in emergency situations.
9. Breastmilk substitutes, other milk products, bottles and teats must never be included in a general ration distribution.
10. The use of bottles and teats in emergency contexts should be actively avoided and discouraged. Cup feeding should be encouraged instead.