INFANT AND YOUNG CHILD FEEDING DURING DIARRHOEA AND CHOLERA

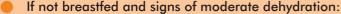
Guide for Health Workers at Cholera Treatment Centres

On arrival at centre

- A child should be screened for severe mulnutrition 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



- 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, freezit, 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.





