INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES CLINICAL REFERENCE FOR MPOX

Version 1 | August 2024

This reference is designed as temporary support for frontline health workers on clinical considerations for Infant and Young Child Feeding in emergencies in the clinical management of Mpox. It should be noted this guidance mainly focuses on breastfeeding considerations and does not include recommendations beyond this related to complementary feeding or the clinical management of Mpox in mothers or their children.

GENERAL KEY MESSAGES IN INFECTIOUS DISEASE OUTBREAKS

<table>
<tr><th colspan="2">Key Messages for Health and Nutrition Staff
For All Infants (Breastfed, Mixed fed/Partially breastfed)</th></tr>
<tr><td colspan="2">• Provide emotional support to caregivers considering the whole well-being of mother/caregivers and quality counselling principles. Recognize the importance of empathetic care, encouragement, and confidence building. This can include discussions around follow-up care and household support among others. In humanitarian settings, consideration of a trauma-informed care approach is essential for caregivers who are feeding during illness, are separated, or have had to stop breastfeeding temporarily.</td></tr>
<tr><th colspan="2">Management</th></tr>
<tr><th>During illness of the mother or infant</th><th>During recovery of the mother or infant</th></tr>
<tr><td>• Keep mothers and their children together, unless separation is medically necessary.
• If the mother/child are separated from one another or breastfeeding is temporarily interrupted, support the mother to maintain lactation, expressing at regular intervals to ensure continued milk production and stimulation.
• Do not withhold breastmilk/food from a sick child, unless advised to do so for medical reasons.</td><td>• If appetite was poor during illness, highlight that it is important to give extra attention to feeding e.g. offering the breast frequently, expressing milk if needed, using donor human milk, exploring the feasibility of wet nursing practice or, as a last resort, safely and adequately prepared infant formula.
• Breastfeeding mothers may need support to increase milk production or relactate if there has been a decrease or cessation of breastfeeding during illness.
• Explain how to patiently encourage the child to eat and drink (responsive feeding) and support mothers to continue responsive breastfeeding/feeding.
• Support families of children >6 months to give nutrient-rich foods, including breastmilk.</td></tr>
<tr><td colspan="2">References and Additional Resources
WHO 2014 IMCI Chart Booklet
IMCI Chartbook for infants 0-2 months (2019)</td></tr>
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MPOX-SPECIFIC GUIDANCE

Infants and children under five years of age are at highest risk of severe disease and death from Mpox, particularly where case management is limited or unavailable. Young infants, especially those under one year of age, have underdeveloped immune systems placing an increased risk of severe disease. Pregnant women are thought to have a higher risk of severe disease due to the physiological changes during pregnancy. Mothers and infants or young children can be exposed to Mpox through close contact. It is currently unknown whether the Mpox virus or antibodies are present in the breastmilk.

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Mpox

Breastfeed with precaution

General feeding management

- WHO recommends: Infant feeding practices, including whether to stop breastfeeding for a mother with Mpox, should be assessed on a case-by-case basis, considering the general physical status of the mother and severity of disease, which could impact the risk of transmission of Mpox from mother to infant.[1]
- The known risks associated with withholding the protections conferred by breastfeeding and the distress caused by separation of mother and infant, must be given greater weight in a risk/benefit calculation than the potential and unknown risk of infection from MPOX in the infant.[2]
- Protecting the child's survival while maintaining nutritional intake of the infant is the priority.[3]
- Any actions that may cause a possible infection of an infant or child through breast milk or close contact should balance the benefits of breastfeeding against the risk for transmission and the severity of the illness in line with the national protocol where available.[4]
- WHO recommends that children exposed to Mpox should be fully vaccinated for age according to the routine national immunization schedule and should have their vaccinations up to date, when possible.

Mother or infant with exposure to Mpox

- If the mother of an infant or young child has been exposed to Mpox and has no symptoms suggestive of infection, the infant or child should not be separated. They should continue breastfeeding while closely monitoring for signs and symptoms of Mpox.

Mother with confirmed infection

- It is unknown if the virus is present in breast milk; therefore, it is recommended to assess on a case-by-case basis considering factors such as disease severity, feasibility of safe replacement feeding, and the mothers' willingness to breastfeed.
- Breastfeeding mothers should be informed of the risk of transmission and should receive advice on how to reduce the risk by taking other measures, including covering up lesions.
  - During contact, the infant or young child should be fully clothed or swaddled.
  - After contact occurs, the clothing or blanket should be removed and replaced, where available gloves and a fresh gown should be worn at all times, with all visible skin below the neck covered.
  - Soiled linens should be removed from the area
  - General protective IPC measures should be taken by mothers with Mpox when handling and feeding their infants, e.g. washing hands before and after each feeding, wearing a mask (if possible) and covering any lesions on areas which have direct contact with the infant.
- Lesions/scabs on the breast present a route of transmission through direct contact of the infant with the lesion or with discharge from the lesions.
  - If only one breast has lesions, the infant can feed from the non-affected breast. Mothers can express/pump from the breast with lesions and discard the milk. In all cases, monitor the mother-infant pair closely for development of signs and symptoms of Mpox and treat accordingly.
- Where it has been decided to delay breastfeeding: Breastfeeding should be delayed until criteria for discontinuing isolation have been met (i.e., all lesions have resolved, the scabs have fallen off, and a fresh layer of intact skin has formed).
  - Support the maintenance of milk production during separation / delayed breastfeeding. Breast milk expressed from a breast that has lesions should be discarded.
  - If the infant is less than 6 months and breastfeeding is interrupted, suitable alternative should be considered (see below), informed by feasibility, safety, sustainability, cultural context, acceptability to mother and service availability.[5]
  - For infants 6–23 months of age who cannot access suitable alternatives such as wet nursing, donor human milk or appropriate breastmilk substitutes, fresh full-fat animal milk

[1] WHO-MPX-Clinical_and_IPC-2022.1-eng.pdf
[2] Ibid
[3] Ibid
[4] Lawrence RM, Lawrence RA. Breast milk and infection. Clin Perinatol. 2004 Sep;31(3):501-28. doi: 10.1016/j.clp.2004.03.019. PMID: 15325535; PMCID: PMC7133241.
[5] Ibid

	(pasteurised or boiled) is appropriate as part a balanced diet along with complementary foods.[6] • Consider having a relative care for the child. Separation should only be done in line with national treatment protocol following discussing the benefits and risks with the mother and an appropriate caregiver identified that can meet the needs of the infant
References and Additional Resources *WHO Mpox (monkeypox) Q&A, August 2024* *WHO-MPX-Clinical_and_IPC-2022.1-eng.pdf* *Clinical Considerations for Mpox in People Who are Pregnant or Breastfeeding | Mpox | Poxvirus | CDC* Van de Perre P, Molès JP, Rollins N. Is monkeypox virus transmissible by breastfeeding? *Pediatr Allergy Immunol* 2022; 33: e13861.	

ALTERNATIVES WHEN BREASTFEEDING IS CONTRAINDICATED

Mpox may require short term interruption of breastfeeding to reduce infection risk to an infant who is negative for Mpox or their infectious status is unknown. In these cases, available alternatives that are culturally acceptable should be explored. As per the recommendations of the Infant and Young Child Feeding in Emergencies Operational Guidelines, the viability of wet nursing and donor human milk must be explored as breastfeeding alternatives, and if these options are not acceptable, an appropriate breastmilk substitute (BMS) must be assured with an essential package of support.

The provision of infant formula carries significant risks for illness and death, especially in humanitarian contexts, where access to safe drinking water and cleaning supplies and equipment may be scarce. Health professionals must be aware of these risks and avoid recommending it unless medically necessary. In cases where it is medically necessary, the mother or other caregiver must be provided counselling and continuous follow-up on its risks, safe preparation, and information on how to properly clean feeding supplies. During Mpox outbreaks, where available, ready-to-use liquid infant formula should be used for infants at greatest risk. Strongly encourage the use of open cups, rather than bottle-feeding.

Additional Key Messages for Health and Nutrition Staff For feeding of Expressed Breastmilk or Breastmilk Substitutes when necessary
• Encourage the use of a spoon or open cups and demonstrate the technique. • Explain that all feeding utensils should be cleaned before and after use, washing them thoroughly in hot soapy water and appropriate sterilization. Contaminated feeding utensils (e.g. bottles) or unsafe water (used to prepare infant formula) can introduce pathogens, which can carry serious health risks. • Encourage protective measures to be taken by caregivers when handling and feeding their infants, e.g. washing hands before and after each feeding, wearing a mask (if possible). • Demonstrate correct, hygienic preparation of infant formula with boiled water that remains hot enough (at a minimum temperature of 70°C) to kill bacteria in the formula (but cooled before serving). • Where available, ready-to-use liquid infant formula should be used for infants <6 months who are non-breastfed, and expressed breastmilk, wet nursing, and human donor milk are not feasible. • If possible, refer to a nutrition program supporting non-breastfed infants.
References and Additional Resources *Instructions and tips for cup feeding, CDC* *Supporting Infants Dependent on Artificial Feeding during emergencies, IFE Core Group* *Acceptable medical reasons for use of breast-milk substitutes, WHO, 2009* *Infant and Young Child Feeding in Emergencies: Operational guidance for emergency relief and staff and programme managers (v3.0) (OG-IFE) | Save the Children's Resource Centre* *Safe preparation, storage and handling of powdered infant formula, Guidelines, WHO,2007*

[6] Ibid