***[Template*][[1]](#footnote-1) Joint Statement on Infant and Young Child Feeding in the Context of Marburg Virus Disease (MVD)[[2]](#footnote-2)**

*[Date: Countries please include date]*

***Global Nutrition Cluster Partners [National clusters please include others in the local context such as WHO, UNICEF, etc] and the Infant Feeding in Emergencies Core Group*** call for **ALL involved in the MVD outbreak response to provide appropriate and prompt support for the feeding and care of infants and young children.** This is critical to support child survival, growth and development, and to prevent malnutrition, illness, and death.

This joint statement has been issued to help secure immediate, coordinated, multi-sectoral action that complies with existing guidance on infant and young child feeding (IYCF)[[3]](#footnote-3) in the context of the MVD response. This joint statement is based on current evidence base and will be updated as new evidence and recommendations emerge*.*

Careful consideration must be taken regarding infant feeding within an MVD outbreak. **Breastfeeding CAN continue in an MVD outbreak when MVD is not confirmed or suspected.** **It is NOT recommended to breastfeed when MVD is suspected or confirmed. Pasteurized maternal or donor milk, or milk from a healthy wet nurse or local donor should be considered before considering Breastmilk Substitutes (BMS)** in accordance with internationally accepted guidelines and relevant government policies.Provide support for resumed breastfeeding after recovery (including support for maintaining breastmilk production and relactation) if breastfeeding has been disrupted temporarily during illness.

**All stakeholders are advised NOT to call for, support, accept or distribute donations of BMS (including infant formula), other milk products[[4]](#footnote-4), complementary foods, and feeding equipment (such as bottles, teats, and breast pumps) in accordance with the Code[[5]](#footnote-5).** Such donations are difficult to manage, are commonly inappropriate or improperly used and result in increased infectious disease, placing the lives of both breastfed and non-breastfed infants at risk.

Where BMS are necessary, it must be provided as part of a sustained package of coordinated care based on assessed need and should be compliant with the Operational Guidance for Infant Feeding in Emergencies[[6]](#footnote-6). It should only be provided to infants/caregivers based on assessed need and should not be included in general distributions. Careful and targeted use of BMS must take place in coordination with the lead nutrition agency, Ministry of Health, or **UNICEF who is committed to act as the provider of first resort[[7]](#footnote-7)**.

**We urge all responders to support the following recommendations:**

**In suspected or confirmed cases of MVD in mother OR infant:**

1. **Ensure that all support is in line with recommended feeding practices for IYCF** in the context of MVD. Ensure that infants born to mothers with suspected or confirmed MVD are provided with access to healthcare services where they are fully supported. If an infant is born to mothers with confirmed or suspected MVD and are separated from their mother immediately after birth and the infant is fed using alternative methods, regular follow-up is essential to monitor the infant’s health status. It is important to provide ongoing support for safe feeding practices and to support the mother to maintain lactation and reinitiate breastfeeding once recovered. **Psychosocial support** and counselling are important to help mothers manage the emotional impact of separation from their infants during the treatment and recovery period.

**Within the general community:**

1. **Prioritise and identify the needs of breastfeeding women and** **girls** early on and provide adequate protection and support by creating a supportive environment (e.g. mother and baby areas, protection from inappropriate distributions) and providing skilled breastfeeding support, including for new mothers and primary caregivers. **This is critical for child survival.**
2. Community-based education on safe infant feeding during an MVD outbreak is essential. Families should be informed about the **importance of breastfeeding in an MVD outbreak when MVD is not suspected or confirmed** in infant or mother. They should also be informed about the risks of MVD transmission through breastfeedingand the importance of Infection Prevention and Control (IPC) measures in infant care. Health workers should ensure communities understand the necessary precautions to reduce the risk of infection while maintaining appropriate feeding practices. Support from the Water, Sanitation and Hygiene (WASH) experts should be considered.
3. **Ensure pregnant and breastfeeding women and girls (PBWG) have access** to food, water, shelter, health care, protection, psychosocial support and other interventions to meet essential needs. Consider innovative approaches for remote support in the context of isolation and confinement. Access to essential primary health care should be maintained as much as possible (especially to avoid increased morbidity and mortality related to the lack of essential health services as seen during previous outbreaks such as Ebola or Covid 19).
4. **Protect and meet the needs of infants and young children who are not breastfed and minimize the risks they are exposed to.** Breastmilk substitutes (BMS) – when distributed without proper control – increase the risk of illness, malnutrition and even death for infants and children who cannot be breastfed. Infants who are not breastfed and require infant formula should be urgently identified, assessed, and targeted with a package of essential support (including sustained BMS supply, equipment, supplies and training for hygienic preparation, individual counselling, and regular follow up), to minimise risks to both breastfed and non-breastfed children.
5. **Ensure access to adequate amounts of appropriate, safe, complementary foods[[8]](#footnote-8) alongside the information and means required to safely feed older infants and young children.** Ensure the availability and continuity of nutritious, fresh food and essential staples at affordable prices for children, women and families. Where there are identified shortfalls in local access and availability of foods, facilitate access to age-appropriate and safe, complementary foods. Families should receive support on what, when and how to feed young children at home, including all necessary precautions and hygiene considerations with regard to MVD, to enable them to maintain a healthy diet, together with a supply of safe and potable drinking water for their young children. Social protection mechanisms (eg: cash for nutrition) should be considered to provide a holistic support to vulnerable households affected by MVD outbreak.
6. **Identify where high-risk infants, children and mothers reside, what is the risk and respond to their needs.** These high risks include (but are not limited to) infants, mothers, and primary caregivers who have confirmed or suspected MVD; acutely malnourished children, including infants under 6 months of age; children with disabilities; infants exposed to HIV; orphaned infants; mothers who are malnourished or severely ill; mothers who are traumatised; instances where mothers are separated from their children.

***All actors involved in IYCF within the MVD response must orient themselves, their staff and partners to the relevant Mpox and IYCF guidance and contents of this statement.***

**Resources:**

**Up to date resources can be found at the MVD and IYCF collection at the IYCF Hub:** [**https://iycfehub.org/**](https://iycfehub.org/)

And at the Global Nutrition Cluster EVD and Marburg collection at:

https://www.nutritioncluster.net/resources/frequently-asked-questions-nutrition-and-ebola-virus-disease

If you have **particular questions about IYCF in the context of MVD or require support,** please contact the Global Nutrition Cluster Nutrition in Emergencies Help Desk at https://www.nutritioncluster.net/ or post your questions on en-net’s discussion forum on Nutrition Programming and MVD: https://www.en-net.org/forum

Contact *[COUNTRIES: ENTER LOCAL COORDINATION OR NUTRITION CLUSTER/SECTOR CONTACT DETAILS]*

1. National clusters, please adapt to the local context where indicated but retain the relevant and important information within the document. Remove instructions in brackets when contextualizing. [↑](#footnote-ref-1)
2. The template of this Joint Statement on Infant and Young Child Feeding (IYCF) in the Context of Mpox includes a consolidation of available recommendations related to IYCF in the context of Mpox. It is to be adapted by countries or nutrition clusters and to be issued at the national level. It was developed by the Global Nutrition Cluster (GNC) with technical support from the Infant Feeding in Emergencies (IFE) Core Group Infectious Disease Taskforce. It is important that this Joint Statement is accompanied by relevant resources and guidance available on the IYCFE Resource Hub Mpox and IYCFE Collection https://iycfehub.org/collection/mpox-iycfe/ [↑](#footnote-ref-2)
3. Please see the Save the Children IYCFE Toolkit for a list of IYCF guidance: https://iycfehub.org/document/frequently-asked-questions-on-nutrition-and-ebola-virus-disease-series/ [↑](#footnote-ref-3)
4. Any milks that are specifically marketed for feeding children up to 3 years of age (including infant formula, follow-up formula and growing-up milks) as well as other foods and beverages (such as baby teas, juices and waters) promoted for feeding a baby during the first 6 months of life [↑](#footnote-ref-4)
5. International Code of Marketing of Breast-milk Substitutes. For more information see: https://www.who.int/publications/i/item/9241541601 [↑](#footnote-ref-5)
6. IFE Core Group (2017) Operational Guidance on Infant Feeding in Emergencies (OG-IFE) version 3.0

   https://www.ennonline.net/resources/operationalguidancev32017 [↑](#footnote-ref-6)
7. Meaning that if there is a need to procure BMS in humanitarian contexts, UNICEF can procure BMS whether the nutrition cluster has been activated or not. [↑](#footnote-ref-7)
8. Any food industrially produced or locally-prepared, suitable as a complement to breastmilk or to a BMS, introduced after 6 completed months of age.  [↑](#footnote-ref-8)