



## Infant and Young Child Feeding for children under 2 years during CoVID19

### Overview

In the states of Andhra Pradesh, Telangana and Karnataka <60% children receive breastfeed within an hour of birth and only around half of these children receive exclusive breastfeeding till 6 months. Only around 55% children aged 6-8 months, receive complementary feeding on completion of 6 months. And <10% children are reported to receive adequate complementary feeding in these three states.

During CoVID the infant and young child feeding practices are challenged further due to unavailability of appropriate information with mothers on these issues. Limited availability of diverse food groups for children is also a growing concern which can impact the adequacy of food consumed by children at home.

### Key Recommendations

#### I. Initiate breastfeeding within one hour of birth

All children should be breastfed within one hour of birth. Immediate and continued skin-to-skin care, including kangaroo mother care, improves thermal regulation of newborns and several other physiological outcomes, and is associated with reduced neonatal mortality. Placing the newborn

close to the mother also enables early initiation of breastfeeding which also reduces neonatal mortality. The numerous benefits of skin-to-skin contact and breastfeeding substantially outweigh the potential risks of transmission and illness associated with COVID-19.

## II. Children should be breastfed exclusively for 6 months

Children should be exclusively breastfed for 6 months, without giving any food from outside, not even water. Breastfeeding is particularly effective against infectious diseases as it strengthens the immune system of a child by directly transferring antibodies from the mother.

Evidence shows that breastfeeding reduces neonatal, infant and child mortality including in high resource settings and improves lifelong health and development in all geographies and economic

settings. The transmission of COVID-19 through breastmilk and breast feeding has not been detected. Among the few cases of confirmed COVID-19 infection in children from other sources, most have experienced only mild or asymptomatic illness. While breastfeeding, a mother should still implement appropriate hygiene measures, including wearing a medical mask if available, to reduce the possibility of droplets with COVID-19 being spread to her infant.

## III. CoVID19 positive mother or suspected case recommended to continue breastfeeding

If breastfeeding mother has symptoms like fever, cough or difficulty in breathing she should- seek care and support from health facility and follow their advice; Cover nose and mouth with handkerchief/ tissue while sneezing and coughing; Use a mask when near the child; Wash hands for at least 40 seconds with soap and water after coughing and sneezing, before and after contact with the child including feeding; and Routinely clean/disinfect any surface she has touched by cleaning with soap or alcohol based sanitizer.

While practicing these precautions mothers can continue to feed their children breast milk directly or by using expressed breast milk. Expression of

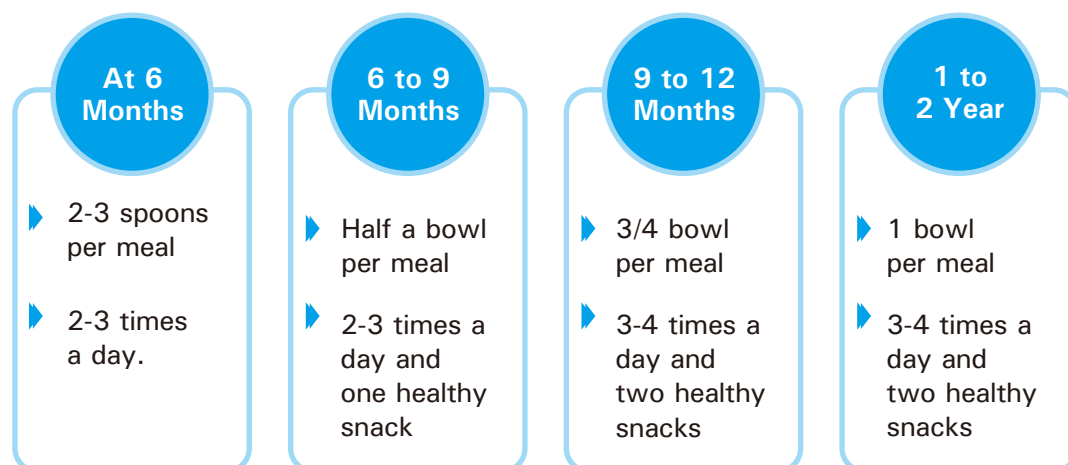


breastmilk is primarily done through hand expression, or with the use of a mechanical pump only when necessary.

Expressing breastmilk is also important to sustain milk production so that mothers can breastfeed when they recover. The mother, and anyone helping the mother, should wash their hands before expressing breastmilk or touching any pump or bottle parts and ensure proper pump cleaning after each use. The expressed breastmilk should be fed to the child preferably using a clean cup and/or spoon (easier to clean), by a person who has no signs or symptoms of illness and with whom the baby feels comfortable. The mother/caregiver should wash their hands before feeding the newborn/infant.

## IV. Initiate Complementary Feeding on completion of 6 months

To ensure that children experience proper growth and development- physical and cognitive, they should be initiated with complementary foods after completion of 6 months.



Reference bowl volume: 250 ml

## During CoVID19 the following should be kept in mind

- Start complementary food along with breast milk.



- Make child's every bite count by feeding the child a variety of foods such as pulses, milk and milk products, yellow, orange and green vegetables and fruits.



- If fresh foods are not available due to lockdown, identify healthy food options, limit highly processed foods that are typically high in saturated fat, sugars and salt, and avoid sugary drinks.



- Delay in introduction of complementary foods affects the child's physical and brain growth and increases the risk of undernutrition.



## V. Follow the general measures of hand and respiratory hygiene while following infant and young child feeding recommendations

- Wash hands with soap and water before cooking, feeding and eating.
- Clean the food preparation area with soap and water.
- Wash child's hands with soap and water before feeding.
- Feed the child from a separate bowl. Use a properly cleaned bowl and spoon to feed the child.
- Feed children usual amount of foods and fluids more often during illness and increase the amount of food after illness.

### If a mother is confirmed/suspected to have COVID-19 she should:

1. Wash hands frequently with soap and water or use alcohol-based hand rub, especially before touching the baby.
2. Wear a medical mask while feeding. It is important to:
  - Replace masks as soon as they become damp
  - Dispose of masks immediately
  - Not re-use a mask
  - Not touch the front of the mask but untie it from behind
3. Sneeze or cough into a tissue, immediately dispose of it and use alcohol-based hand rub or wash hands again with soap and clean water.
4. Regularly clean and disinfect surfaces.



## VI. Care and support by family in supporting infant and young child feeding

Family members should support mother for exclusive breastfeeding and child-care by sharing in her household responsibilities. Family should ensure provisions of healthy diet and timely visits to health facility.



## Immediate Steps to be taken by government

### Message Dissemination

- Technical information on continuance of Infant and Young Child Nutrition' and bracket write (IYCN) practices to be disseminated with front line functionaries in local language, link for some information is added at the end of this note.
- Evidence suggests, that television and social media is the best medium for reaching out to people with messages, state should make use of local channels and social media platforms to disseminate important messages on IYCN.
- Some of important messages can be put in as posters and hoardings in important places across the state.
- All registered pregnant women should receive guidance on early initiation of breastfeeding through messages and calls, when one on one counselling is not possible.

### Capacity and Skill Building

- Virtual skill and capacity building of the staff in institutions & AAA on supporting and promoting breastfeeding immediately after birth for all children with necessary precautions should be planned with technical support from development partners.

### Handholding and Support

- In the health facilities, mothers or their infant with suspected, probable, or confirmed COVID-19 should be provided with skilled breastfeeding support if needed and enabled to practice skin-to-skin contact, kangaroo mother

care and to remain together and to practice rooming-in throughout the day and night, especially immediately after birth during establishment of breastfeeding.

- Post Discharge, front line functionaries- ASHA & AWW should be instructed to make mandatory visits to new post-natal mothers to hand hold on continuity for breast feeding practices and advice on exclusive breastfeeding, especially during summers, when children are given water in some households and communities.

### Strict Implementation of The Infant Milk Substitutes Act

- Full adherence to the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions (including WHA 69.9 and the associated WHO Guidance on ending the inappropriate promotion of foods for infants and young children) in all contexts in line with the recommendations of Infant Feeding in Emergencies (IFE) Operational Guidance.
- Donation of Breast Milk Substitutes (BMS) by manufacturers has been shown to lead to increased use of substitutes and a reduction in breastfeeding. For this reason, there should be no donations of free or subsidized supplies of breastmilk substitutes in any part of the health care system. Any required breastmilk substitutes should be purchased, distributed and used according to strict criteria.

The present advocacy brief is prepared based on the existing technical guidance for IYCF practices in context of COVID 19. All relevant documents can be accessed at [https://drive.google.com/drive/folders/1zvrFna4MleAgbA\\_5miTr8oMIUUDHi6Du](https://drive.google.com/drive/folders/1zvrFna4MleAgbA_5miTr8oMIUUDHi6Du)

