

INFANT & YOUNG CHILD FEEDING IN THE CONTEXT OF COVID-19

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To support implementers on how to prepare and respond to the COVID-19 pandemic, a series of evidence-informed guidance briefs will be produced and updated every ten (10) days as new information and evidence emerges. This Brief is meant to provide information specific to infant and young child feeding (IYCF) in the context of COVID-19. This Brief does not cover wider mitigation and response measures available in other guidance. As a nutrition community, we will continue to develop our understanding on practical solutions to deliver programming in the context of COVID-19. Documenting and disseminating these lessons and emerging evidence will be key to implementing the most appropriate and effective responses in the face of this pandemic.

This brief consolidates recommendations on Infant and Young Child Feeding in the context of the COVID-19 pandemic. The recommendations align with WHO's interim guidance on *Home Care for Patients with COVID-19 presenting with mild symptoms and management of contacts* (17 March 2020), the *Clinical Management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected* (13 March 2020) and *Operational guidance on infant feeding in emergencies* (2017).

KEY MESSAGES AND PRIORITIES

1. Programmes and services to protect, promote and support optimal breastfeeding (early and exclusive) and age-appropriate and safe complementary foods and feeding practices should remain a critical component of the programming and response for young children in the context of COVID-19.
2. Mothers with suspected or confirmed COVID-19 and isolated at home should be advised to continue recommended feeding practicesⁱ with necessary hygiene precautions during feeding.
3. Alignment and coordination in the mitigation plans across nutrition, health, food security and livelihood, agriculture, WASH, social protection and mental health and psychosocial support to focus on reaching infants and young children in the context of COVID-19.
4. Actions through relevant systems (Food, Health, WASH, and Social Protection) should prioritize the delivery of preventive services to mitigate the impact of the pandemic on young children's diets and wellbeing with strong linkages to early detection and treatment of child wasting.
5. 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 IFE Operational Guidance.
6. Donations, marketing and promotions of unhealthy foods - high in saturated fats, free sugar and/or salt - should not be sought or accepted.

PROTECTION, PROMOTION AND SUPPORT TO INFANT AND YOUNG CHILD FEEDING AT HOME

While this varies by the context and is evolving rapidly, the current recommendation in the context of COVID-19 is that individuals suspected or with confirmed mild symptoms be managed at homeⁱⁱ. Caring for infants and mothers at home therefore requires practicing WHO-recommended infection prevention and control measuresⁱⁱⁱ. In the context of limited availability and compromised access to markets, health facilities or in the case of lockdowns, communities and households will require information and support on feeding their infants and young children. Intensifying the protection, promotion and support to adequate infant and young child feeding is therefore a critical action which needs to consider the context specific barriers and bottlenecks in the country. Below are key recommendations and considerations based on the global guidance and learning so far:

Recommendation	Key considerations
<p>Mothers with suspected or confirmed COVID-19 and isolated at home should be advised to follow necessary respiratory hygiene during feeding^{iv}.</p>	<p>Regardless of the feeding mode:</p> <ul style="list-style-type: none"> • Mothers should always wash hands with soap and water at critical times, including before and after contact with the infant. • Routinely clean the surfaces around the home that the mother has been in contact with, using soap and water. • If the mother has respiratory symptoms, use of a face mask when feeding or caring for the infant is recommended, if available. Locally available / adaptive face mask can be used as an alternative. • Mother with her infant should maintain physical distancing from other people (at least 1 m) and avoid touching eyes, nose and mouth. <p>Breastfeeding mothers^v</p> <ul style="list-style-type: none"> • Mothers should be counselled/advised to continue breastfeeding should the infant or young child become sick with suspected, probable, or confirmed COVID-19 or any other illness. <p>Artificial feeding</p> <ul style="list-style-type: none"> • Mothers should be counselled/advised to feed the infant or young child with a cup and wash hands with soap and water before handling cups, bottles, teats etc. and limit the number of caregivers feeding the infant.
<p>Intensify support to families on what, when and how to feed young children at home during the complementary feeding period using practical communication platforms to reach families in the context of COVID-19^{vi}.</p>	<ul style="list-style-type: none"> • With the potential for limited availability of and access to nutritious food choices at household level, coupled with increased demands on parents due to lockdowns, caregivers could feel overwhelmed with childcare and feeding responsibilities. Provision of specific guidance on age appropriate and safe complementary foods and feeding practices, using digital, broadcast and social media platforms, will support parental decision making. • Caregivers should be counselled/advised/receive practical, feasible and context specific information on the importance of healthy diets and solutions to enable families in maintaining a healthy diet together with intake of safe and palatable drinking water for their young children.

	<ul style="list-style-type: none"> • If access to fresh produce is difficult, identify healthy food options to replace fresh produce^{vii}, limit highly processed foods that are of low nutritional value being typically high in saturated fat, free sugars and salt, and avoid sugary drinks and follow-on milks. It is important for young children to consume sufficient fruits and vegetables, wholegrains and protein sources. These types of food can be cooked from fresh, dried, tinned or frozen. • Such information will need to be adapted to address specific barriers as per the prevailing COVID-19 response within a country.
<p>Intensify promotion of safe hygiene behaviours especially hand washing with soap at all critical times and practicing safe food preparation/handling to reduce risk of transmission of COVID-19.</p>	<ul style="list-style-type: none"> • Before preparing or eating food, caregivers should ensure they practice the recommended hygiene behaviours such as handwashing with soap and regular cleaning and disinfecting of food preparation areas^{viii}. • Ensure integration of targeted context-specific feasible/doable messages on safe hygiene into all relevant opportunities and harmonized across multiple communication channels to ensure its reach and application. • In communities where eating at a common bowl or feeding children by hand is common, it is preferable to use the child’s own plate and spoon to avoid transmission.^{ix}
<p>Make simple, practical and context-specific information available using all available communication channels (digital, broadcast and social media) to the families on healthy feeding options for young children in the context of lockdowns and financial barriers.</p>	<ul style="list-style-type: none"> • Explore innovative ways to deliver services to support the communities and families such as mobile technology, social media, radios, cellphones messages, community announcements, posting information on essential outlets open for sale (e.g. supermarkets, food shops) TV etc. • Leverage social media, web and mass media platforms to provide needed information, clarify misinformation and misconceptions and support families by providing practical, feasible and context specific solutions for young children in the context of limited access to fresh fruits and vegetables. • Existing resources like radio memes, animations and videos, such as UNICEF’s first foods video series can be downloaded on mobile phones to counsel caregivers on what, when and how to feed their child^x. Videos to support breastfeeding (including hand expression of milk) have also been developed by Global Health Media and are available on their website^{xi}.

DELIVERING INFANT AND YOUNG CHILD FEEDING SERVICES THROUGH VARIOUS DELIVERY PLATFORMS

With disruption in routine service delivery through facilities and community outreach during the time of lockdown, there is a need to find innovative and practical ways to deliver essential services through the **Food, Health, WASH and Social Protection systems** to support communities and families in maintaining adequate diets and the wellbeing of infant and young children. Below are some recommendations and key considerations for delivery of infant and young child feeding services through multiple delivery systems and platforms:

Recommendation	Key considerations
Support Governments to strengthen the enabling environment to support delivery of services for infant and young children across the food, health, WASH and social protection systems	
Ensure alignment and coordination in the mitigation plans across nutrition, health, food security and livelihood, agriculture, WASH, social protection and mental health and psychosocial support to focus on reaching infants and young children in the context of COVID-19.	<ul style="list-style-type: none"> • Ensure alignment and coordination in the review and implementation of mitigation plans of relevant sectors to support focus on reaching the most vulnerable in the context of COVID-19. • Align the preparedness and contingency plans of nutrition, food security and livelihoods, agriculture, WASH, social protection and mental health and psychosocial support sector/clusters on short term-medium- and long-term actions to support families in feeding infants and young children a nutritious, healthy and safe diet in the context of COVID-19.
Ensure alignment with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant WHA resolutions (including 69.9).	<ul style="list-style-type: none"> • Monitor for Code violations and report them to national authorities, the nutrition cluster/sector coordination mechanism, and international monitors. • Support government to develop policies and procedures to monitor for and act on Code violations in accordance with the WHO/ UNICEF NetCode toolkit. Typical Code violations relate to infant formula labelling, supply management, and donations. • It is Important to raise awareness of health workers on their obligations under the Code (BMS companies may take advantage of this situation to try and promote their products through the health care system), together with disseminating information on the Code and mechanisms to report non-compliance. • Mothers need to be re-assured that it is safe to breastfeed their children
Donations of breastmilk substitutes (BMS), complementary foods and feeding equipment should not be sought or accepted by the Government and partners.	<ul style="list-style-type: none"> • Donations of BMS by manufacturers has been shown to lead to increased use of substitutes and a reduction in breastfeeding. For this reason, the World Health Assembly (WHA) has stated that there should be no donations of free or subsidized supplies of breastmilk substitutes in any part of the health care system. This prohibition extends to emergency settings where governments have been urged by WHA to ensure that any required breast-milk substitutes are purchased, distributed and used according to strict criteria. For more details refer to Operational Guidance on Infant Feeding in Emergencies ^{xii}
Actions through Food, Health, WASH and Social Protection systems should prioritize the delivery of preventive services to mitigate the impact of the pandemic on young children’s diets and wellbeing with strong linkages to early detection and treatment of child wasting	
Delivering through the Food System in the context of COVID-19	
Ensure the availability of fresh foods and essential staples for children, women and families by maintaining access to local markets, shops and stores (both physical and online groceries).	<ul style="list-style-type: none"> • Ensuring that the local markets, shops and stores remain open and deliver fresh foods for children, women and families. These markets/shops/stores should follow recommended hygiene practices including cleaning of surfaces and products (through making sanitary wipes/hand sanitizers) and enforcing that the customers maintain physical distance of at least 1 meter.

	<ul style="list-style-type: none"> • Families should be encouraged to prioritize purchase of fresh and healthy food options (as explained above) for young children. • Encourage retailers to ensure that fresh fruits and vegetables are positioned prominently and sold at reasonable prices. • The poorest communities will likely be the most affected by food systems disruptions and income shocks and need support to eat healthily. If nutritious food is higher priced, then uncertainty may result in increased purchase of nonperishables, including highly processed foods high in saturated fats, free sugar, and/or salt with long shelf life. Particular attention should be paid to ensuring continuity of supply for nutritious, fresh foods at affordable prices for these communities.
<p>Provide guidance to the community and families on healthy food purchase in the context of Covid-19.</p>	<ul style="list-style-type: none"> • Provide families with recommendation on types of food to prioritise, as well as tips on food preparation at home (could link to the news story when published?) • Remind families that highly processed packaged foods are often less healthy, and contain high amounts of saturated fats, free sugars and/or salt. Provide guidance to families on how to read the labels – including the front of pack, the nutrition declaration and the ingredients list – to identify the “better for you” options.
<p>Control the marketing, promotion or mass distribution of unhealthy foods- high in saturated fats, free sugar and/or salt - for children.</p>	<ul style="list-style-type: none"> • Inappropriate marketing and promotion of unhealthy commercial foods for infant and young children should be avoided as it can undermine exclusive and continued breastfeeding. It can discourage caregivers from feeding their children a home prepared and diverse diet and create dependency on commercial products. • Mass distribution of unhealthy foods for children should be discouraged for targeted or blanket distribution by the Government and partners.
<p>Donations of unhealthy foods - high in saturated fats, free sugar and/or salt - should not be sought or accepted by the Government and partners. ^{xiii}</p>	<ul style="list-style-type: none"> • Foods which do not meet WHO recommendations^{xiv} for a healthy diet may undermine local food use and recommended dietary practices and contribute to an expansion of consumption of unhealthy foods. • Donations for unhealthy foods should not be sought or accepted for targeted or blanket distribution during the emergency response by the Government and partners.
<p>Engagement with companies that produce ‘unhealthy foods’ should be avoided for financial or in-kind contributions. Cause-related marketing and joint communications should also be avoided.</p>	<ul style="list-style-type: none"> • Such engagement carries the risk of the government and its partners to be perceived as endorsing a specific brand or products. Engagement with companies producing unhealthy food may damage reputation of the host governments, donor governments and communities. It may also appear to contradict the efforts on prevention of overweight. • Companies that manufacture BMS should continue to be excluded from any in-kind donations, funding engagements or co-branded partnerships.

Delivering through the Health System in the context of COVID-19	
<p>In health facilities, infants born to mothers with suspected, probable, or confirmed COVID-19 should be fed according to recommended infant feeding guidelines, while following necessary respiratory hygiene during feeding^{xv}.</p>	<ul style="list-style-type: none"> • Establish safe breastfeeding protocols^{xvi} for infected mothers and policies to avoid widespread distribution and donations of breast- milk substitutes (BMS) while ensuring that infants under 6 months with no possibility to be breastfed are adequately supported with infant formula. • Mothers should be counselled/ advised to continue breastfeeding should the infant or young child become sick with suspected, probable, or confirmed COVID-19 or any other illness.
<p>Mothers and infants 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, whether they or their infants have suspected, probable, or confirmed COVID-19.</p>	<ul style="list-style-type: none"> • As with all probable, confirmed or suspected COVID-19 cases, symptomatic mothers who are breastfeeding or practicing skin-to-skin contact or Kangaroo Mother Care (KMC) should practice necessary respiratory hygiene (such as, wear a face mask), including during feeding. • If the mother has respiratory symptoms, it is recommended to use of a face mask when near a child, if possible), perform hand hygiene before and after contact with the child, and routinely clean and disinfect surfaces with which the symptomatic mother has been in contact.
<p>In situations when severe illness in a mother with COVID-19 or other health complications, prevents her from caring for her infant or prevents her from continuing direct breastfeeding, mothers should be encouraged and supported to express milk, and safely provide breastmilk to the infant, while applying appropriate hygiene measures.</p>	<ul style="list-style-type: none"> • If the mother is expressing breast milk with a hand, manual or electric breast pump, she should wash her 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 using a clean cup and/or spoon, preferably by a person who has no signs or symptoms of illness. • If the mother is too unwell to breastfeed or express breastmilk or donor milk is unavailable, an appropriate breastmilk substitute^{xvii}, informed by cultural context, acceptability to the mother, and service availability should be provided.^{xviii}
<p>Infant and young child feeding counselling, basic psychosocial support, and practical feeding support should be provided to all pregnant women and mothers with infants and young children, whether they or their infants and young children have suspected, probable or confirmed COVID-19.</p>	<ul style="list-style-type: none"> • The delivery of inter-personal and group counseling through health facility and community platforms will be limited in the context of COVID-19. Wherever counseling is being delivered through health and community platforms, physical visits should be minimize and use virtual channels should be encouraged (such as phones, social media and others) to provide information to families on breastfeeding and complementary feeding behaviours at critical times, for example, when the mother and infant are discharged from the health facility, during the transitional phase from exclusive BF to initiate timely complementary feeding. • In the context of panic, lockdown and concern for family members, this could be a highly stressful time for pregnant and lactating mothers. Basic psychosocial support should be a key component of counselling^{xix}.

Delivering through the Water and Sanitation System in the context of COVID-19	
Intensify the integration of messages on safe hygiene practices for young children using innovation communication channels- digital, broadcast and social media - as part of nutrition service delivery through Health, WASH and Social Protection platforms.	<ul style="list-style-type: none"> • In case of operational service delivery through health and other platforms, ensure integration of recommended hygiene practices (such as handwashing with soap and regular cleaning and disinfecting of food preparation areas) into the counseling and support. • In the context of COVID-19, routine service delivery (inter-personal counseling and group counseling) counseling through facility, community and social protection platforms may not be functional and virtual channels (such as digital and social media-based applications) will have to be used for delivering key messages on safe food preparation, feeding, storage as well as importance of safe and palatable drinking water for their young children. • Ensure integration of harmonized messages on safe hygiene into all relevant opportunities and multiple communication channels through the health system to ensure its reach and application.
Delivering through the Social Protection System in the context of COVID-19	
Improve access to nutritious and healthy food choices coupled with nutrition counseling through Social Protection programmes and services (direct or indirect food assistance), for infants and young children. This may also include provision of nutritious food options or vitamin and mineral supplements to improve the quality of young children’s diets.	<ul style="list-style-type: none"> • Provision of nutritious food options or vitamin and mineral supplements should always be accompanied with appropriate infant and young child feeding messages, counseling and support. • Pre-position essential nutrition commodities (micronutrient powders, lipid-nutrient supplements, Vitamin A etc) in anticipation of supply chain disruptions. Pre-positioning of infant formula for infants less than six months who are not breastfed also needs to be considered^{xx}. • The provision of essential food assistance (e.g. direct provision or price discounts) may be needed in the short term for vulnerable populations to secure access to nutritious foods. Such efforts would need to link with long term measures such as supporting livelihoods in order to sustain healthy practices. • Monitoring and tracking of service delivery is critical to ensure reaching infant and young children who are most in need for the services (such as malnourished children).
When social protection services include food supplementation or distribution, avoid provision of unhealthy foods as part of alternative arrangements and avoid partnerships with food and beverage companies that produce unhealthy foods in maintaining these services.	<ul style="list-style-type: none"> • Raise awareness to inform decisions of the government and partners regarding the risks associated with accepting donated supplies of unhealthy foods in emergencies and/or partnering with companies that produce unhealthy foods. • Organizations working on the emergency response at country level may consider joining forces to issue tailored guidance to countries on this issue, especially around ensuring the nutritional quality of foods provided under alternative approaches such as community-based provision, take-home rations, home delivery or vouchers.

OUTSTANDING PROGRAMMATIC QUESTIONS TO BE ADDRESSED AS EVIDENCE EMERGES

- What is the feasibility of using digital technology platforms to provide individual counseling and support to caregivers on infant and young child feeding when conducting inter-personal counseling sessions with caregivers and group counseling sessions is no longer possible?
- What is the feasibility of promoting the use of home fortification products (such as multiple micronutrient powders and lipid-based nutrient supplements) to improve the quality of children's diets in the settings where the access of such supplements is hindered through health system and pharmacies?
- What are the most appropriate rules of engagement with the private sector for the provision of nutritious foods for young children in the context of this pandemic?

USEFUL GUIDANCE AND RESOURCES

- **UNHCR/UNICEF/WFP/WHO. Infant and Young Child Feeding in the Context of the COVID-19 Pandemic, Eastern, Central and Southern Africa. Released 26 March 2020**
- **Operational guidance on Infant feeding in emergencies:** https://www.enonline.net/attachments/3127/Ops-G_English_04Mar2019_WEB.pdf
- **UNICEF's programming guidance on improving young children's diets during the complementary feeding period:** https://mcusercontent.com/fb1d9aabd6c823bef179830e9/files/1c81003c-e36d-4788-90e1-191610423755/Complementary_Feeding_Guidance_2020_portrait_ltr_web2.pdf
- **WHO Guidance on clinical management of COVID-19:** [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)
- **WHO Interim guidance on home care for patients with COVID-19 presenting with mild symptoms and management of their contacts:** [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)
- **UNICEF Coronavirus disease (COVID-19) – What parents should know:** www.unicef.org/stories/novel-coronavirus-outbreak-what-parentsshould-know
- **UNICEF, ILO & UN Women, 2020. Family-friendly policies and other good workplace policies in the context of COVID-19: Key steps employers can take** <https://www.unicef.org/documents/family-friendly-policies-and-other-good-workplace-practices-context-covid-19-key-steps>
- **WHO, 2020. Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts:** [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)
- **GTAM, 2020. COVID-19: Summary of Guidance available for Nutrition in Emergencies Practitioners:** <http://nutritioncluster.net/resources/gtam-covid19-nutrition-technical-brief-20200313-final/>

ENDNOTES

ⁱ Breastfeeding should be initiated within 1 hour. Exclusively breastfeeding should be continued for the first 6 months with timely introduction of age-appropriate, adequate, safe and properly fed complementary foods at age 6 months, while continuing breastfeeding for up to 2 years of age or beyond.

ⁱⁱ WHO recommends that all laboratory confirmed cases be isolated and cared for in a health care facility. WHO recommends that all persons with suspected COVID-19 who have severe acute respiratory infection be triaged at the first point of contact with the health care system and that emergency treatment should be started based on disease severity. In situations where isolation in a health care facility of all cases is not possible, WHO emphasizes the prioritization of those with highest probability of poor outcomes. If all mild cases cannot be isolated in health facilities, then those with mild illness and no risk factors may need to be isolated in non-traditional facilities, such as repurposed hotels, stadiums or gymnasiums where they can remain until their symptoms resolve and laboratory tests for COVID-19 virus are negative.

ⁱⁱⁱ Caring for mothers and infants with COVID-19: IPC and breastfeeding. Clinical Management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. WHO Interim Guidance. (13 March 2020). https://www.who.int/csr/disease/coronavirus_infections/case-management-ipc/en/

^{iv} In settings where diarrhea, respiratory infections and infectious morbidity are common in infants, any possible risk of transmission of COVID-19 through breastfeeding (not reported to date) is outweighed by the known risks associated with replacement feeding.

^v WHO Essential newborn care and breastfeeding (<https://apps.who.int/iris/bitstream/handle/10665/107481/e79227.pdf>)

^{vi} For more information on what, when and how to feed young children during the complementary feeding period. Refer to UNICEF Programming Guidance on improving young children's diets during the complementary feeding period. New York: United Nations

Children's Fund, 2020. https://mcusercontent.com/fb1d9aabd6c823bef179830e9/files/1c81003c-e36d-4788-90e1-191610423755/Complementary_Feeding_Guidance_2020_portrait_ltr_web2.pdf

^{vii} Under development: UNICEF IYCF web page which will be out in next few days

^{viii} https://apps.who.int/iris/bitstream/handle/10665/43546/9789241594639_eng.pdf;jsessionid=0AE37B6A521BC120E2F224E5A9E1FB75?sequence=1

^{ix} For more information on specific guidance on hygiene programming in the context of COVID-19. Refer to UNICEF's Hygiene Programming Guidance Note https://unicef.sharepoint.com/:b:/r/sites/EMOPS-2019nCoV/DocumentLibrary1/WASH%20COVID19/COVID19%20Hygiene%20Programming%20Guidance_March10.pdf?csf=1&e=PGsu10

^x Access UNICEF's First foods video series at UNICEF website https://www.unicef.org/nutrition/102823_The%20video%20series.html and at Global Health media's website at <https://globalhealthmedia.org/videos/>

^{xi} Videos on breastfeeding: while the videos are not specific to the COVID-19 context, they provide useful information and tips on how to support breastfeeding including hand expression of milk. <https://globalhealthmedia.org/videos/breastfeeding/>

^{xii} For more details, refer to Operational Guidance on infant feeding in emergencies. (2017) <https://www.enonline.net/operationalguidance-v3-2017>

^{xiii} Examples of unhealthy foods include, but are not limited to, candy, potato or corn chips, soft drinks such as soda or chocolate-flavoured milk, instant noodles, biscuits/cookies/wafers/cakes, pizza, pies or burgers and other fast foods

^{xiv} For more details on WHO's recommendation on healthy diet, refer <https://www.who.int/news-room/fact-sheets/detail/healthy-diet>

^{xv} In settings where diarrhea, respiratory infections and infectious morbidity are common in infants, any possible risk of transmission of COVID-19 through breastfeeding (not reported to date) is outweighed by the known risks associated with replacement feeding.

^{xvi} Mothers and infants should be enabled to remain together and practice skin-to-skin contact, kangaroo mother care and to remain together and to practice rooming-in throughout the day and night, whether they or their infants have suspected, probable or confirmed COVID-19 virus infection. See also WHO Guideline: protection, promoting and supporting breastfeeding in facilities providing maternity and newborn services <https://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf>

^{xvii} Where breastmilk is not accessible, appropriate breastmilk substitutes include: Ready to Use Infant Formula if the infant is <6 months of age, and ultra-heat treated (UHT) milk and complementary feeding if the infant / baby is 6-23 months of age.

^{xviii} There should be no promotion of breastmilk substitutes, donation of feeding bottles and teats, pacifiers or dummies or donations of breastmilk substitutes in any part of facilities providing maternity and newborn services, or by any of the staff. Health facilities and their staff should teach mothers/caregivers how to safely prepare milk and how to give milk using a cup with a wide mouth or a cup and spoon. Health facilities and staff should not give feeding bottles and teats or other products within the scope of the *International Code of Marketing of Breast-milk Substitutes* and its subsequent related WHA resolutions, to breastfeeding infants. Please note wet nursing is not recommended in contexts of high HIV prevalence and donor milk should only be considered if appropriate screening and pasteurization services are included.

^{xix} Important to pay attention to caregiver physical and mental health and address their needs for support in every health service contact. See Operationalizing the nurturing care for early childhood development <https://nurturing-care.org/wp-content/uploads/2019/07/Operationalizing-NC.pdf>

^{xx} UNICEF Guidance on the provision and use of breastmilk substitutes in humanitarian settings. New York: United Nations Children's Fund, 2018. http://www.unicefemergencies.com/downloads/eresource/docs/2.3%20Nutrition/Unicef_BMS_R05.1_Interactive.pdf