

Template¹ for Joint Statement on Infant and Young Child Feeding in the Context of COVID-19 Pandemic

<Joint Signatories> call for ALL involved in the response to COVID-19 pandemic to protect, promote, and support the feeding and care of infants and young children and their caregivers. 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 on infant and young child feeding (IYCF) in line with adopted IYCF guidance in the context of the COVID-19 pandemic response.

Box 1 - Infant and young child feeding recommendations

Children from birth up to two years are particularly vulnerable to malnutrition, illness and death. Globally recommended IYCF practices protect the health and wellbeing of children and are especially relevant in emergencies. **Recommended practices²** are:

- 1) **Early initiation of breastfeeding** (putting baby to the breast within 1 hour of birth);
- 2) **Exclusive breastfeeding** for the first 6 months (no food or liquid other than breastmilk, not even water unless medically indicated);
- 3) Introduction of age-appropriate, safe and nutritionally adequate **complementary feeding** from 6 months of age; and
- 4) **Continued breastfeeding** for 2 years and beyond.

In the context of the COVID-19 pandemic, the **recommended IYCF practices should be protected, promoted and supported** while applying appropriate respiratory hygiene during feeding, care, and contact with the infant and the young child in line with the IYCF in the context of COVID-19 brief³.

Particular concerns in the COVID-19 pandemic that may negatively impact infant feeding practices⁴:

- **Policies and practices** implemented for mothers and infants with suspected or confirmed COVID-19 in the immediate postnatal period **that physically separate infants from their mothers** making it more difficult to establish and maintain breastfeeding.
- **Decreased access to health services** and IYCF support services (e.g. skilled support) due to mobility restrictions or health workers getting ill.
- **Loss of social support structures** for pregnant and lactating women (PLWs) due to social distancing and fear of contact.
- **False beliefs, misinformation and misconceptions** about infant and young child feeding and lack of understanding that stress or trauma does not impact milk production and that breastfeeding is safe for COVID-19 positive women.
- **Concerns for the supply chain of BMS**, increased demand for infant formula and panic regarding the scarcity of formula resulting in **needs of formula dependent infants** not being met, **poorly/untargeted BMS** distribution and inappropriate **marketing of infant formula**.
- **Concerns about transmission via food**, affecting complementary feeding practices and maternal dietary intake.
- **The inability to implement** recommended infection prevention and control measures.
- **Compromised access to markets and fresh produce** which can lead to over-reliance on highly processed foods that are of typically low nutritional value and inappropriate for infants and young children.

¹ This template Joint Statement on Infant and Young Child Feeding (IYCF) in the Context of the Covid-19 Pandemic includes a consolidation of available recommendations related to IYCF in the context of Covid-19. It is to be adapted by countries or nutrition clusters and to be issued at the national level. It was developed by the IFE Core Group. It is important that this Joint Statement is accompanied by the IYCF programming brief (3).

² <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>

³ https://mcusercontent.com/fb1d9aabd6c823bef179830e9/files/jfa9cdc1-17de-4829-9712-16abe85c2808/IYCF_Programming_in_the_context_of_COVID_19_30_March_2020.pdf

⁴ Add others that are relevant to country/context

Calls of interest

In line with the Infant and Young Child Feeding in the Context of COVID-19 Brief⁵, and in consideration of the above, **we signatories of this statement call on all the agencies** to ensure support to programmes, plans and initiatives aimed at protecting, promoting and supporting recommended IYCF practices:

- **Prioritise and identify the needs of pregnant and lactating women early on and provide adequate protection and support in line with recommended feeding practices for IYCF in the context of the COVID-19 pandemic.** Ensure that infants born to mothers with suspected or confirmed COVID-19 are provided with access to health care services and are supported in early initiation of breastfeeding, including early skin-to-skin contact, and to exclusively breastfeed, while applying the necessary hygiene precautions and ensure measures are taken in order to avoid practices that separate babies and mothers or disrupt breastfeeding.
1. **Protect and meet the needs of infants and young children who are not breastfed and minimize the risks they are exposed to.** Infants who are exclusively dependent on infant formula should be urgently identified, assessed and targeted with a package of essential support (including sustained BMS supply, equipment and supplies for safe preparation, practical training on safe preparation and regular remote follow up). If possible and mothers are willing, provide remote counselling and support for the re-establishment of breastfeeding.
 2. **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 to enable them in maintaining a healthy diet together with intake of safe and palatable drinking water for their young children.
 3. **Do not call for, support, accept or distribute donations of BMS (including infant formula), other milk products, complementary foods, and feeding equipment (such as bottles and teats). Do not include purchased or donated supplies in general distribution.** Required BMS supplies should be purchased (by provider or the caregiver) and provided as part of a sustained package of coordinated care based on assessed need and should be Code-compliant. **Donor human milk** should not be sent to COVID-19 affected areas unless based on an identified need and part of a coordinated intervention that must include a functional cold chain.
 4. **Ensure pregnant and lactating women (PLW) have access to food, water, protection, psychosocial support and other interventions to meet essential needs.** Consider innovative approaches for remote support in the context of isolation and confinement.
 5. **Identify the nature and location of higher risk infants, children and mothers and to respond to their needs.** These include (but are not limited to) low birth weight infants; wasted children, including infants under 6 months of age; children with disabilities; HIV exposed infants; orphaned infants; mothers who are malnourished or severely ill; mothers who are traumatised; instances where mothers are separated from their children.

Contact Information <Nutrition Cluster / Working Group Contact Information> <IFE Coordination authority> etc.

If you have **particular questions about IYCF in the context of COVID-19**, please post your questions on en-net's discussion forum on Nutrition Programming and Covid 19: <https://www.en-net.org/forum/31.aspx>

⁵ UNICEF, GTAM, GNC. March 30th, 2020. Infant and Young Child Feeding in the Context of COVID-19. Brief No. 2 (v1) https://mcusercontent.com/fb1d9aab6c823bef179830e9/files/jfa9cdc1-17de-4829-9712-16abe85c2808/IYCF_Programming_in_the_context_of_COVID_19_30_March_2020.pdf