

Recommendations for Breastfeeding/Infant Feeding in the Context of Ebola

Source: CDC, September 2014

Who this is for: Field and Partner Organizations

What this is for: Provide recommendations about breastfeeding if a mother has a probable or confirmed Ebola virus disease

How to use: Use this document to advise breastfeeding women with probable or confirmed Ebola virus disease about the care and feeding of their infant during their infection.

Key Points

- When safe alternatives to breastfeeding and infant care exist, mothers with probable or confirmed Ebola virus disease should not have close contact with their infants (including breastfeeding).
- In resource-limited settings, non-breastfed infants are at increased risk of death from starvation and other infectious diseases. These risks must be carefully weighed against the risk of Ebola virus disease.

In most situations, breastfeeding is the best choice for feeding an infant, particularly in resource-limited settings. However, for lactating women with probable or confirmed Ebola virus disease, decisions about how to feed their infant must be made on a case-by-case basis by weighing the risk of transmitting the virus to their baby through breastfeeding with the risks of stopping breastfeeding. Mothers infected with Ebola virus may be critically ill and unable to breastfeed. When mothers infected with Ebola virus are able to breastfeed, decisions about whether or not to breastfeed may depend on the age of the infant, the availability and feasibility of safe nutrition and infant care, and overall sanitary conditions. These risks must be balanced against the likely high risk of Ebola virus transmission through breastfeeding, the act of suckling, and close contact with their ill mother.

Although Ebola virus has been detected in breast milk (1), it is not known whether Ebola virus can be transmitted from mothers to their infants through breastfeeding. However, given what is known about transmission of Ebola virus, regardless of breastfeeding status, infants whose mothers are infected with Ebola virus are already at high risk of acquiring Ebola virus infection through close contact with the mother, and are at high risk of death overall (2). Therefore, when safe replacements to breastfeeding and infant care exist, mothers with probable or confirmed Ebola virus infection should not have close contact with their infants (including breastfeeding). In resource-limited settings; however, because non-breastfed infants are at increased risk of death from starvation and other infectious diseases, such as diarrheal and respiratory diseases (3), these risks must be carefully weighed against the risk of Ebola virus infection.

There is not enough evidence to provide guidance on when it is safe to resume breastfeeding after a mother's recovery, unless her breast milk can be shown to be Ebola virus-free by laboratory testing. In the one case in which breast milk was tested, Ebola virus was identified in the breast milk of a lactating woman 7 and 15 days after disease onset. (1).

1. Bausch et al. Assessment of the risk of Ebola virus transmission from bodily fluids and fomites. *Journal of Infectious Diseases* 2007;196:S142-7.
2. Bulletin of the World Health Organization, Ebola Haemorrhagic Fever in Zaire 1976 56 (2): 271-291 (1978)
3. WHO Collaborative Study Team on the Role of Breastfeeding on the Prevention of Infant Mortality. Effect of breastfeeding on infant and child mortality due to infectious diseases in less developed counties: A pooled analysis. *Lancet* 2000;355:451-5.