



# Cholera and Breastfeeding

## Question and Answer Discussion\*

### Situation Details:

Nirmala has symptoms of cholera. Her five-month-old son is exclusively breastfed. He seems healthy, but he has passed urine only four times in the last 24 hours.

### Q: Should Nirmala and her baby be kept together or separated?

**A:** Both the mother and the infant should remain together in any situation irrespective of whoever is ill. Keeping the mother and infant together yields the best results for nutritional status, but it is also important that the emotional bonds between the mother and child be nurtured even during an emergency. The mother may need assistance and support from other caregivers.

### Q: Does breastmilk transmit vibrio (the organism causing cholera)?

**A:** Vibrio is not transmitted through breastmilk. The vibrio is in the gastro-intestinal track and the route of transmission is by fecal-oral contamination. Exclusively breastfed infants rarely develop cholera, unless the vibrio is introduced through the infant's mouth, which is prevented by exclusive breastfeeding.

### Q: Should breastfeeding be stopped and the baby temporarily be given infant formula?

**A:** So long as the mother is conscious (even while getting intravenous transfusion) and her dehydration is not severe, breastfeeding should be continued. Artificial feeding will reduce the breastmilk in addition to being a possible source of infection for the infant. Also, removing young infants from their mothers disrupts the bonding process and can be harmful to the infant.

### Q: Nirmala has become severely dehydrated. What can be done?

**A:** The amount of breastmilk from a dehydrated mother is reduced, and she needs corrective rehydration. Severe dehydration can be improved within an hour by intravenous fluids; she should also have Oral Rehydration Solution (ORS).

### Q: The baby is urinating only 4 times in 24 hours. Should anything be done?

**A:** As the infant is urinating too little, less than six times a day, he is also dehydrated. He temporarily also requires additional fluid to correct his hydration status until the mother's milk production increases. In this case, oral rehydration is essential. The ORS is given with a spoon or cup and does not interfere with the infant's interest in suckling at the breast. Breastfeeding is continued along with the ORS, so the milk production is not reduced.

### Q: Should antibiotic treatment be given to the mother, to the baby, or to both?

**A:** An antibiotic is given only to the infected mother, not to the uninfected healthy infant.

For additional assistance, contact CARE'S Initiative for Infant and Young Child Feeding in Emergencies: Special Advisor to CARE'S Initiative: Mary Lung'aho [mlungaho@aol.com](mailto:mlungaho@aol.com); Program Associate: Whitney Pyles [wpyles@care.org](mailto:wpyles@care.org).

\*Material has been adapted from: *Infant Feeding in Emergencies Module 2, Version 1.0 for health and nutrition workers in emergency situations. Core Manual for training, practice and reference, p.24. ENN, IBFAN, Terre des homes, UNICEF, UNHCR, WHO and WFP. December 2004.*

\*Answers are based on responses by Dr. Anjuman Ara, Senior Training Physician, ICDDR, Bangladesh.

The Modules from which this material is taken are available on the Emergency Nutrition Network (ENN) [www.ennonline.net](http://www.ennonline.net) website. See *Infant Feeding in Emergencies: Module 1 for emergency relief staff and Module 2 for health and nutrition workers in emergency situations.*