



ENSURING OPTIMAL FEEDING OF INFANTS AND YOUNG CHILDREN DURING EMERGENCIES IN BANGLADESH

A Joint Statement by the
Ministry of Health and Family Welfare
Government of Bangladesh

and

UNICEF and WHO

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A JOINT STATEMENT

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During emergencies, including both natural and man-made disasters, disease and death rates among infants and young children are generally higher than any other groups. Children under five years of age are most affected by poor availability of appropriate food and water due to their nutritional needs for growth and maintenance. The fundamental means of preventing malnutrition among infants and young children is to ensure their optimal feeding and care.

Usually, no other food or drink other than breast milk, and even water, is needed to meet nutritional requirements of infants during the first six months (180 days) of life. After this period, infants should begin to receive adequate and safe complementary foods, in addition to breast milk, to meet their changing nutritional requirements. Breast milk provides valuable protection from infection and its consequences where water supply and sanitation are inadequate. These optimal infant and young child feeding practices apply in normal circumstances as well as during emergencies.

Recommendations for breastfeeding

Rationale

Protecting, promoting and supporting breastfeeding, **especially exclusive breastfeeding for the first six months (180 days)**, are important at all times and especially in emergencies because:

- ▶ Breast milk has all the energy and nutrients that infants need to stay healthy and to grow for the first six months of life. It stimulates the immune system and protects children from diarrhea and acute respiratory infections – two leading causes of infant death. The risks of illness are higher in emergencies, and therefore exclusive breastfeeding is even more important as a protective measure.

- ▶ Breast-milk substitutes carry risks of increased illness and mortality in all circumstances. Where there is poor hygiene; lack of access to clean water; and uncertain supplies of substitutes, the use of breast-milk substitutes becomes even more dangerous.
- ▶ Emergencies may temporarily disrupt breastfeeding or make it more difficult because of stress, lack of privacy and over crowding. Breastfeeding must be protected and encouraged in emergencies.

To Protect Breastfeeding:

- ▶ Encourage and support mothers to continue breastfeeding.
- ▶ Provide “safe havens” in emergency shelters for pregnant and lactating women to help reduce stress.
- ▶ Provide pregnant and lactating women with special rations, water and supplements, and provide re-lactation support if needed.
- ▶ Identify, if culturally acceptable, willing wet-nurses within the community for orphans or unaccompanied children.

To Restore Breastfeeding:

- ▶ Help mothers return to breastfeeding (and exclusive breastfeeding if the infant is less than six months) by providing re-lactation support. This includes increasing the frequency of breastfeeds, and offering alternative foods only after a full breastfeed.

Replacement Feeding (in exceptional circumstances):

- ▶ There are few situations when breastfeeding is not possible. These include:
- ▶ Orphans who have lost their mothers, and where wet-nursing is not possible or culturally is unacceptable.
- ▶ Children who are temporarily or permanently separated from their mothers.
- ▶ Mothers who are very sick.
- ▶ When mothers have stopped breastfeeding for some time and re-lactation efforts have failed.

In Replacement Feeding Situations:

- ▶ There should be **NO GENERAL DISTRIBUTION OF BREAST-MILK SUBSTITUTES OR OTHER POWDERED MILKS**: Breast-milk substitutes or other powdered milks should never be part of a general distribution. They should be used only when breastfeeding is not possible. Careful assessment of the number of infants needing breast-milk substitutes should be quickly made in order to ensure adequate supplies and no over-supply.
- ▶ A nutritionally adequate breast-milk substitutes (BMS) should be made available for as long as the infants concerned need it.
- ▶ The product should conform to relevant Codex Alimentarius standards, and bear only a generic label that complies with all labeling provisions of the the Breastmilk Substitutes (Regulation of Marketing) Ordinance and International Code of Marketing of Breast-milk Substitutes.
- ▶ Those who are responsible for giving a breast-milk substitute to a child should be adequately informed and equipped to ensure its safe preparation and use.
- ▶ Feeding a breast-milk substitute to a minority of children should in no way interfere with protecting and promoting breastfeeding to the majority.
- ▶ The use of infant feeding bottles and artificial teats in emergency settings should be actively discouraged at all times.