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Hope in the Darkest Days: Breastfeeding Support in Emergencies

M. Jane Heinig, PhD, IBCLC

As I write this editorial, the United States is still reeling from the horrific effects of Hurricane Katrina. One of the most powerful hurricanes to hit the Gulf Coast of the United States in more than a century, Katrina has brought wholesale devastation to Louisiana and Mississippi and overwhelming grief to those who lost loved ones, homes, jobs, and neighborhoods. With support and assistance, hundreds of thousands of survivors will struggle to begin new lives, some starting with little more than the clothes they wore when they fled the rising waters. Less than a year ago, even greater devastation was caused by the tsunami that destroyed shoreline regions in Indonesia, Sri Lanka, South India, and Thailand in December 2004. With news reports and images of these disasters flashed all over the world, we all are reminded of our vulnerability and of the importance of emergency preparedness. No matter where we live, the possibility of emergency exists. In many regions, emergencies resulting from armed conflict, natural disasters, and disease have tragically become a part of everyday life. Those of us who work with mothers and infants realize that support of breastfeeding is an essential part of any large-scale emergency plan.

The health-promoting, lifesaving properties of human milk are well known to lactation advocates. These factors are of even greater importance in emergencies, especially when conditions severely limit access to food, water, and safe housing. Under great stress, well-meaning individuals can make decisions that can undermine the ability of women to maintain breastfeeding, including the indiscriminant distribution of breast milk substitutes and the separation of mothers from their children. However, mothers' ability to nurture their children may be limited not only by actions that occur *during* emergencies and recovery efforts, but also by social and cultural norms that exist long before emergencies strike. There are many barriers and bur-

dens for women who are trying to breastfeed despite social and commercial pressures to bottle-feed their infants. Those living in poverty often have limited access to breastfeeding education and support. Even in environments that support breastfeeding of young infants, longer term breastfeeding may not be encouraged or accepted. These factors limit the numbers of women who breastfeed their infants and young children, thus forcing many families to be dependent on human milk substitutes and water that may not be safe to consume during emergencies.

Many organizations, including the International Lactation Consultant Association (ILCA), UNICEF, and the World Health Organization, have information available about how breastfeeding can and should be supported during times of crisis. These organizations seek to raise awareness of the potential lifesaving advantages of breastfeeding during emergencies and to create standards for breastfeeding support services. For example, specific guidelines can be found in ILCA's "Position on Infant Feeding in Emergencies," which can be downloaded from the ILCA Web site (www.ilca.org). These guidelines emphasize the need to provide standard messages for aid workers, to ensure that supplies of breast milk substitutes are targeted appropriately, and to dispel myths that women in stressful circumstances cannot breastfeed their infants.

Researchers and policy makers have called for assessments of infant feeding status to be included in emergency evaluations and monitoring. Work is needed to standardize definitions used to categorize infant feeding practices and to identify the best methods to be used for infant feeding assessment under varying conditions. It is obvious that assessment methods typically used in clinical settings may not be feasible in extreme circumstances.

There is no question that during emergencies, there will be a need for breast milk substitutes, and their procurement and distribution must be a part of relief efforts. The challenge is to ensure that skilled support for infant

feeding is also provided, for both breastfeeding and bottle-feeding families. Other aspects of infant care may also be lifesaving and must be considered in emergency planning processes. Interventions such as the encouragement of mother-baby skin-to-skin contact, kangaroo care, and ready access to appropriate medical professionals may ensure the survival of the most vulnerable.

Even under the worst conditions, breastfeeding mothers have the ability to safely nurture their infants. This ability is empowering and healing for women. Breastfeeding may be a source of hope, even in the darkest days. Access to skilled support, appropriate distribution of relief supplies, accurate assessment, and consideration of the special needs of breastfeeding mothers and infants can bring this hope to families struggling to find ways to cope and recover. Breastfeeding education and support both before and during disaster and recovery should be a priority so that tragedy so often intrinsic to disaster is not made worse by assumptions and ignorance.

Additional Reading and Resources

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