

Session 42

Infant Feeding in Emergency Situation

Objectives

At the end of this session, participants will be able to:

- Define what is an Emergency?
- Identify options for infant feeding during times of crisis
- Assess the infant feeding situation and to improve conditions to make breastfeeding easier?
- Identify Problems related with artificial feeding in emergency.
- Understand agreed criteria for use of alternatives to mother's milk.
- Learn methods to reduce dangers of artificial feeding.

Session outline

(50 minutes)

Participants are all together for presentation by one trainer.

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| I. Introduce the topic | (5 minutes) |
| II. Present Overheads 42/1 to 42/4 | (40 minutes) |
| III. Answer participants' questions | (5 minutes) |

Preparation

Refer to pages 12-14 in the Introduction, for guidance on giving a presentation with overhead transparencies.

Make sure that Overheads IFE 1/8, IFE 1/13, IFE 1/22, are in the correct order.

Study the overheads and the text that goes with them so that you are able to present them.

Read the **Further information** sections so that you are familiar with the ideas that they contain.

As you follow the text, remember the signs:

- an instruction to you, the trainer.
- what you, the trainer, say to the participants.
- ☺ that you ask participants for their help.
- ➔ that you should write on a board or flipchart.
- general instruction, e.g., how to do a task or series of major points.

Do not present the **Further information** sections.
Use them to help you to answer questions.

I. Introduce the topic

(5 minutes)

Discuss following information with the participants:

What is an Emergency?

Increasingly over the last several years, mothers and infants have been affected by a variety of emergency situations worldwide like:

- Armed conflicts displace millions of families and cut them off from their usual food supplies.
- Natural disasters also create short or long-term refugees and make access to food very difficult for sufficient time to endanger the most vulnerable of those affected - the ill, the elderly and young children. Crop failures, earthquakes, floods, hurricanes, tidal waves, typhoons and volcanic eruptions can destroy a country's infrastructure and the livelihoods of those who weren't killed outright.

In all of these situations, breastfeeding is the safest, often the **ONLY** reliable choice for infants and small children. Not infrequently, it is life saving. Yet misinformation, both among those families affected and among the staffs of humanitarian aid agencies often minimizes the importance of breastfeeding for babies in emergencies and allows infant formula donations to dominate the appeals for help. However well meaning, this compromises both the immediate and long-term health of the children affected.

Protecting, promoting and supporting breastfeeding in disaster areas will help ensure that those infants affected by these disasters will not be twice-victimized by long-term health and developmental problems that could be prevented by breastfeeding. For their mothers, too, there are health benefits to breastfeeding and, not insignificantly, breastfeeding has economic advantages, which reduce the over-all cost of the disaster to both families and the nations affected. It is an investment that pays benefits many times over.

II. Present Overheads 42/1 to 42/4

(40 minutes)

Overhead 43/1: Options for infant feeding during times of crisis

Exclusive breastfeeding is the first and best feeding option for infants

- UNICEF and WHO recommend exclusive breastfeeding for the first 6 months of life followed by continued breastfeeding with adequate complementary foods for up to 2 years and beyond. Exclusive breastfeeding means no fluids other than breastmilk.

Other feeding options may be appropriate in certain circumstances: orphans, severely malnourished mothers, mothers choosing not to breastfeed, or temporarily not breastfeeding. These are:

- Expressed Breastmilk
- Wet-nursing
- generically packaged infant formula
- Locally purchased branded formula
- Stopgap homemade recipes

Suggested Actions:

A. Immediate attention must be given to the protection and support for breastfeeding, especially exclusive breastfeeding.

1. This includes:

a. Support: immediate establishment of “**safe havens**”, or safe spaces, where stress is reduced, counseling provided, and appropriate rations and water can be assured for pregnant and lactating women. Also, ensure that pregnant women have access to **iron/folate supplementation and iodized salt** (or supplements).

b. Protection: follow guidance to stop acceptance in emergencies of powdered milks or other breastmilk substitutes. Donations of powder milk carry special concerns. Given poor infrastructure and living conditions in emergencies, and in other settings in need, all necessary measures must be taken to ensure the safe use of any donation. ***Lack of potable water, lactose intolerance, and bacterial growth that occurs in powdered milks or formulas may result in increased risk of diarrhoeal disease and increased risk of fatalities amongst children.***

c. Lactation maintenance and relactation support: skilled workers should be made available to ensure support, protection and relactation. “**Supplementer**” **devices be provided** that allow supplementation during suckling.

2. Concerning donations of breastmilk substitutes

- a.** Donations of powder milk carry special concerns. There are at least 4 reasons that powdered milks and formulas remain dangerous in emergencies, even with trained staff:
 - i. Milk powders and prepared milks can serve as growth media for bacteria. Where storage is not optimal, there can be rapid increases in contamination of all sorts.
 - ii. Where there is no guarantee of potable water for mixing or cleaning, or sterile water for younger infants, formula preparation and feeding cannot be carried out safely.
 - iii. If powdered milks or formula are used to replace or substitute for breastmilk, the child loses protection against disease that is gained from breastfeeding, and the family becomes dependent on artificial feeding, with all its costs and risks.
- b.** Donations of breastmilk substitutes, infant formula, bottles and teats should be refused.

- c. Dried skimmed milk should not be given as a single commodity or as part of a general food distribution, because of the risk that it will be used as breastmilk substitutes.
- d. Ensure that there are available rations that may be used for complementary feeding for breastfed children 6 months to 2 years. These rations may include milks mixed with a milled staple food.
- e. Every effort should be made to place unaccompanied young children with family or foster care.
- f. Infant formula should be used only under strict conditions, when:
 - i. Lactation status of mother has been assessed, in the case where relactation is not possible.
 - ii. An HIV-positive mother has chosen not to breastfeed.
 - iii. Children no longer have access to breastmilk, e.g. orphaned children, unaccompanied children, etc, and where there is assurance of supply of infant formula or as long as the infant needs it.
 - iv. Infant formula can be provided under close supervision, monitoring, and follow up by trained health staff, and mothers/caretakers are provided with adequate information and counseling on safe preparation of infant formula and appropriate infant feeding practices.

3. Special concerns:

- a. Infant formula must meet the International Code / IMS Act and Codex Alimentarius standards, including labeling and language standards.
- b. Condensed milk and UHT milk (liquid) cannot be provided to infants less than 12 months of age.
- c. Bottles and teats should never be distributed, and their use should be discouraged. Feeding should be done using a cup.

Overhead 42/2: Code/ IMS Act compliance, also in emergencies

To minimize the risks of artificial feeding and avoid commercial exploitation of crises, it is vital to implement the International Code of Marketing of Breast-milk Substitutes and relevant WHA Resolutions.

Recommended procedures:

- Donations of breastmilk substitutes, bottles, teats and commercial baby foods should be refused.
- If needed, breastmilk substitutes should be purchased by the organisations responsible for the nutrition programmes, based on a careful analysis and assessment of the situation at hand, and only after approval and together with the appointed emergency health/nutrition coordinating body and the most senior health/nutrition advisor at headquarter level.
- Purchased breastmilk substitutes should preferably be generically labeled (contact the local UNICEF office about obtaining of generically labeled formula).
- If breastmilk substitutes are distributed, their distribution and use should be carefully monitored and infant health followed up by trained health staff. Distribution should only be to infants with a clearly identified need, and for as long as the infants need them (until maximum 1 year age or until breastfeeding is re-established).
- Breastmilk substitutes should NEVER be part of a general distribution.
- Products should be labelled in accordance with the Code using correct language, instructions and messages, should comply with the standards Codex Alimentarius, and have a shelf life of at least one year from the date of distribution.
- Bottles and teats should NEVER be distributed, and their use should be discouraged. CUP FEEDING should be encouraged instead.

Overhead 42/3: Improving conditions to make breastfeeding easier

During an emergency situation, the mother may face some logistic difficulties, requiring help.

- Mother may have a time constraint since she may be spending time in fetching food supplies, water etc. Giving her a priority access may help her.
- Mother may have a lack of protection, security and privacy. She may be helped by providing shelter to her.

- Mother may have a lack of social support. Ensuring support from a group of women who supports each other may help her.

To reduce the danger of artificial feeding, the following conditions should be met:

- Easily cleaned cups, and soap and clean water for cleaning them
- Clean surface and safe storage for preparation
- Means of measuring water and milk powder (not a feeding bottle)
- Adequate fuel and potable water (if possible and available, use bottled water)
- Home visit to lessen difficulties in preparing feeds
- Follow up with extra care and supportive counseling
- Continued promotion for breastfeeding to prevent spillover of infant formula use to those mothers still able to breastfeed

Overhead 42/4: Agreed criteria for use of alternatives to mother's milk

- Mother has died or is unavoidably absent
- Mother is very ill (temporary use may be all that is necessary)
- Mother is relactating (temporary use)
- Mother tests HIV positive and chooses to use a breastmilk substitute
- Mother rejects infant (temporary use may be all that is necessary)
- Infant dependent on artificial feeding* (use to at least six months or temporarily until achievement of relactation)

* Babies born after start of emergency should be exclusively breastfed from birth.

Support for continued breastfeeding with complementary feeding:

Suggested Actions:

1. Ensure that there are available **rations (quantity and quality) that may be used for complementary feeding** for breastfed children 6 months to 2 years. These rations may include milks mixed with a milled staple food.
2. Nutrition education on safe preparation and storage of complementary foods prepared from locally available foodstuff should be initiated as soon as feasible.
3. Support continued frequent, responsive breastfeeding.

FALSE MYTHS AND RESPONSES

Myths about breastfeeding can undermine both a mother's confidence and the support she receives.

The five most common myths are:

A. "Stress makes milk dry up"

While extreme stress or fear may cause milk to stop flowing, this response, like many other physiological responses to anxiety, is usually temporary and **milk flow will generally resume when stress is reduced**. Safe havens/spaces for lactating women, where they can be sure to receive water and rations for themselves, and help their sisters relactate as needed, is the best intervention. When milk flow is supported, breastfeeding will also produce hormones that reduce tension, calm the mother and the baby and create a loving bond.

B. "Malnourished mothers cannot breastfeed"

Food should go to the lactating mothers so that they can feed their babies and maintain the strength to care for older children in the family as well. In the case of severe malnutrition, the use of breastfeeding supplementers (devices that allow supplements to be delivered while the infant sucks at the breast) can be used to overcome the malnutrition while ensuring increased breastmilk production.

C. "Babies with diarrhoea need water or tea"

As breastmilk is about 90% water, exclusively breastfeeding babies with diarrhoea do not usually need additional liquids such as glucose water or tea. What is more, water is often contaminated in emergency situations. In the case of severe diarrhoea however, oral rehydration therapy (administered by cup) may be required, besides breastmilk.

D. "Once breastfeeding has stopped, it cannot be resumed"

With an adequate relactation technique and support, it is possible to help mothers and their babies to restart breastfeeding after they have switched to infant formula. This is vital in emergency.

III. Answer participants' questions

(5 minutes)

- Ask participants if they have any questions about the material that you have presented, and try to answer them.

If they ask questions about topics that will be covered in later sessions, give a brief answer, and explain that you will discuss the topic more fully later.