

Joint Statement

Protecting Infant and Young Child Feeding Practices in the Ukraine Conflict and Refugee Crisis

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*UNICEF, UNHCR, the Global Nutrition Cluster, the IFE core group, and partners call for **ALL** involved in the response to the Ukraine Crisis to protect, promote, and support the feeding and care of infants and young children and their mothers as well as pregnant women. This is critical to support maternal and child health and survival, growth, and development and to prevent malnutrition.*

This joint statement has been issued to help secure immediate, coordinated, multi-sectoral action on infant and young child feeding (IYCF).

The expansion of the conflict is projected to deepen and increase humanitarian needs for millions of Ukrainians. Refugees, families displaced within Ukraine, and those affected by conflict in their place of residence are likely to be in an extremely difficult situation facing high levels of stress and uncertainty, food shortages, unsanitary conditions, risk of communicable diseases, and significant protection threats.

Globally Recommended Maternal, Infant and Young Child Feeding Practices

1. **Early initiation of breastfeeding** (uninterrupted skin to skin contact immediately after birth and putting baby to the breast within 1 hour of birth)
2. **Exclusive breastfeeding** for the first 6 months (no food or liquid other than breastmilk, not even water unless medically indicated)
3. Introduction of age-appropriate, safe, and nutritionally adequate **complementary feeding** from 6 months of age onwards; and
4. **Continued breastfeeding** for 2 years or beyond.
5. **Ensure pregnant, post-partum and breastfeeding women, have priority access to food and non-food items.**

In all emergencies, the youngest children are at the highest risk of illness and mortality. Infants who are not breastfed are especially vulnerable, as the normal environment for accessing and hygienically preparing infant formula is disrupted. This is a concern in Ukraine, where rates of exclusive breastfeeding are low, and a high percentage of infants are partially or fully dependent on infant formula.

Interventions to support pregnant women, mothers, and their children should consider:

1. **Support mothers to initiate and continue breastfeeding** as a priority to help protect their health and well-being and that of their infants. Although stress can temporarily interfere with the flow of breast

milk in some women, it is not likely to inhibit breast milk production provided mothers and infants remain together and are supported to initiate and continue frequent breastfeeding. This support entails practical support with attachment and positioning for breastfeeding, confidence building, facilitating skin to skin contact and keeping mother and infant together (e.g., provide baby carriers/slings). It is recommended to draw upon existing breastfeeding support organizations and individual lactation specialists from Ukraine and surrounding countries for additional guidance.

2. **Keep mothers and babies together, even if ill with COVID-19 or variant.** Mothers can breastfeed even if they are pregnant or if they become ill, including with COVID-19. If ill, antibodies in their milk will help protect their babies. Anyone who is holding or feeding a baby (whether breastfeeding or feeding with a breastmilk substitute) should wear a mask and wash their hands before feeding the child.
3. **Support and protect the nutritional needs of infants and young children who are not breastfed and minimise the risks they are exposed to.** Infants who are exclusively dependent on infant formula are highly vulnerable in conflict situations and should be urgently identified, assessed, and **supplied with a package of essential support**. This package should include adequate breastmilk substitute (powdered infant formula or ready to use infant formula) supplies, equipment and supplies for hygienic storage, preparation and cup feeding, practical training on hygienic preparation and storage, and counselling on responsive feeding. The support should also provide for regular follow-up at designated transit centres, reception centres, UNHCR-UNICEF Blue Dot Hubs and congregation areas within host countries, as well as at Blue Dot Hubs, Red Cross, and other service providers within Ukraine. Mothers who are mixed feeding should be **encouraged and supported to increase their breastmilk supply** and/or return to exclusive breastfeeding.
4. In accordance with Ukraine¹ and EU² regulations as well as those of other host countries³, **do not call for, support, accept or distribute donations of Breast Milk Substitutes (BMS), including infant formula, other milk products, commercial complementary foods, and feeding equipment (such as bottles, teats, and breast pumps)**. Required BMS supplies should be purchased (by the caregiver, procured by UNICEF or other partners in line with the WHO International Code of Marketing and Breast Milk Substitutes, ‘the Code’⁴, and subsequent WHA resolutions) and provided as part of a **sustained package of coordinated care based on assessed need and should be Code-compliant**. Donor human milk should not be sent unless based on an identified need and in coordination with state/local medical authorities or UN agencies coordinated intervention that must include a functional cold chain. For infants 6–23 months of age, acceptable milk sources include full-cream animal milk (cow, goat, buffalo, sheep, camel), Ultra High Temperature (UHT) milk, reconstituted evaporated (but not condensed) milk, fermented milk, or yogurt, and expressed breast milk. Any animal milk given to infants <12 months should be boiled and left to cool before giving the milk.
5. **Ensure the availability and continuity of nutritious, appropriate, and fresh food for children, pregnant women, and postpartum and breastfeeding women.** Where there are identified shortfalls in local access and availability of foods, **facilitate access to age-appropriate and safe, complementary foods for children 6–23 months**, older children, and for their caregivers, with particular attention to pregnant, post-partum and breastfeeding women. In all contexts, promote

¹ “Preventing the spreading of artificial breast-milk substitutes is defined by the Order of the Ministry of Health of Ukraine as of October 28, 2011 No. 715 “On Further Introduction of Hospital Favourable to a Child Expanded Initiative in Ukraine”

² https://www.fsai.ie/legislation/food_legislation/foods_for_particular_nutritional_uses/infant_formulae_and_follow_on_formulae.html#advertising

³ Moldova: <http://lex.justice.md/index.php?action=view&view=doc&lang=1&id=354645>

⁴ World Health Organization *International Code of Marketing and Breast-milk Substitutes* Geneva 1981

access through inclusion of women and children into national social safety nets and, where access is limited, through direct cash support.

6. **Ensure pregnant, post-partum and breastfeeding women, and other caretakers of young children have priority access to food and non-food items including appropriate clothing, water, protection, accommodation, psychosocial support, and other interventions to meet their essential needs.** Consider how women in transit can be supported to minimize distress during their journey. **At all service points, provide safe and comfortable spaces for mothers and caretakers to feed and care for their infants.**
7. **Identify higher risk infants, children, and women and respond to their needs.** These include (but are not limited to) pregnant women; newborns, low birth weight infants; malnourished children, including infants under 6 months of age; children with disabilities; children experiencing issues with feeding; HIV exposed infants; orphaned infants; in addition, promote the identification of institutionalized children; women who are malnourished or severely ill; women who are experiencing stress and anxiety; instances where mothers are separated from their children.

We encourage you to orientate your staff to raise awareness of the contents of this position statement
If you would like to translate this document, please contact: ife@enonline.net

For more information:

In Ukraine: [Kateryna Bulavinova — kbulavinova@unicef.org](mailto:kbulavinova@unicef.org)

Refugee hosting countries: [UNHCR Public Health & Nutrition: hqphn@unhcr.org](mailto:hqphn@unhcr.org)

Annex 1: Resources for IYCF

- [Mother and Baby Space resources for Ukraine response](#)
- [Ukraine Nutrition Cluster website](#)
- [BMS Monitoring and Reporting for all of Ukraine response](#)
- [Operational Guidance on Infant Feeding in Emergencies V3](#)
- [IYCF-E infographic series | ENN \(enonline.net\)](#)
- [BMS-Procurement-Guidance-Final-June-2021.pdf \(unicef.org\)](#)
- [Breastfeeding-counselling-in-Emergencies-2021.pdf \(globalbreastfeedingcollective.org\)](#)
- [Community based infant and young child feeding | Global Breastfeeding Collective](#)
- [Breastfeeding in emergency situations | Global Breastfeeding Collective](#)
- [Call to Action: Breastfeeding Counselling in Emergencies](#)
- [Supportive Spaces for IYCF-E](#)
- [Nutrition Cluster Ukraine Programmatic and Technical Guidance](#)
- [WHO UNICEF ten-steps-to-successful-breastfeeding](#)
- [Guiding principles for feeding non-breastfed children 6-24months of age](#)
- [Infant and young child feeding practices. Standard Operating Procedures for the Handling of Breastmilk Substitutes \(BMS\) in Refugee Situations](#)

Endorsing Agencies



Supporting Agencies

