

Infant Feeding in Emergencies

Module 1 for emergency relief staff

Overhead figures

for use as
transparencies
or flip chart

Draft material developed through collaboration of
WHO, UNICEF, LINKAGES, IBFAN, ENN and
additional contributors

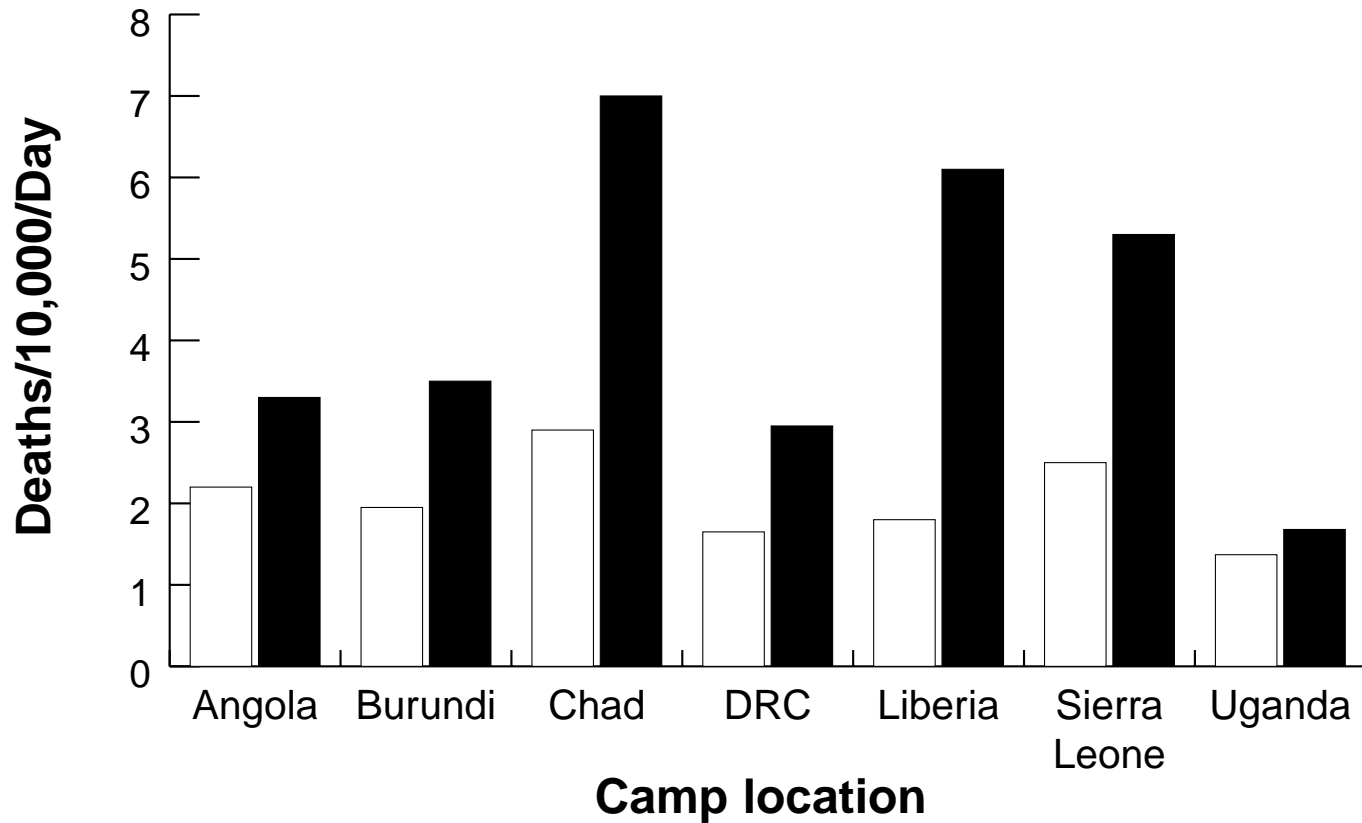
March 2001



Increased deaths (mortality)

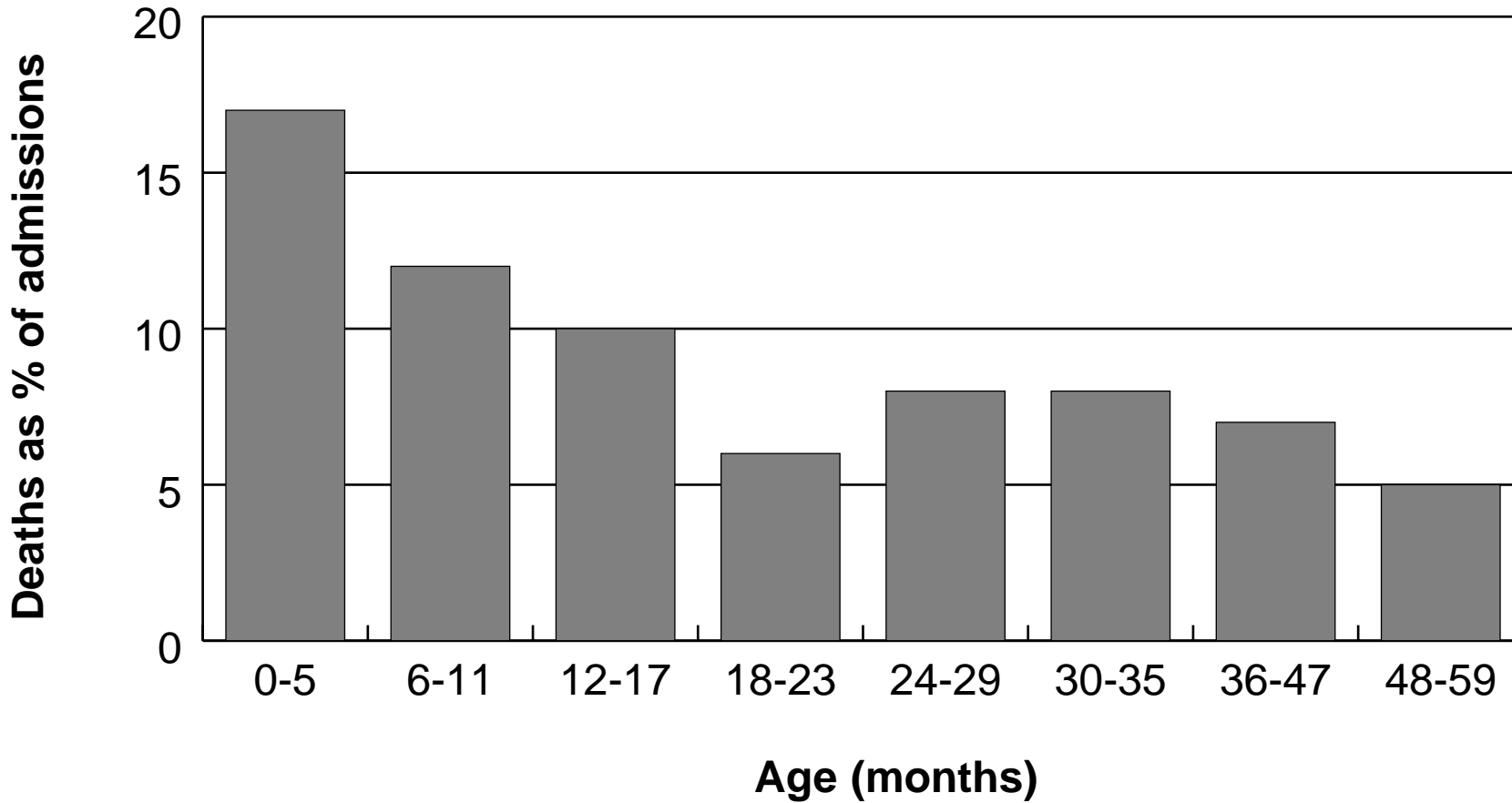
Daily deaths per 10,000 people in selected refugee situations 1998 and 1999

- people of all ages
- children under 5 years



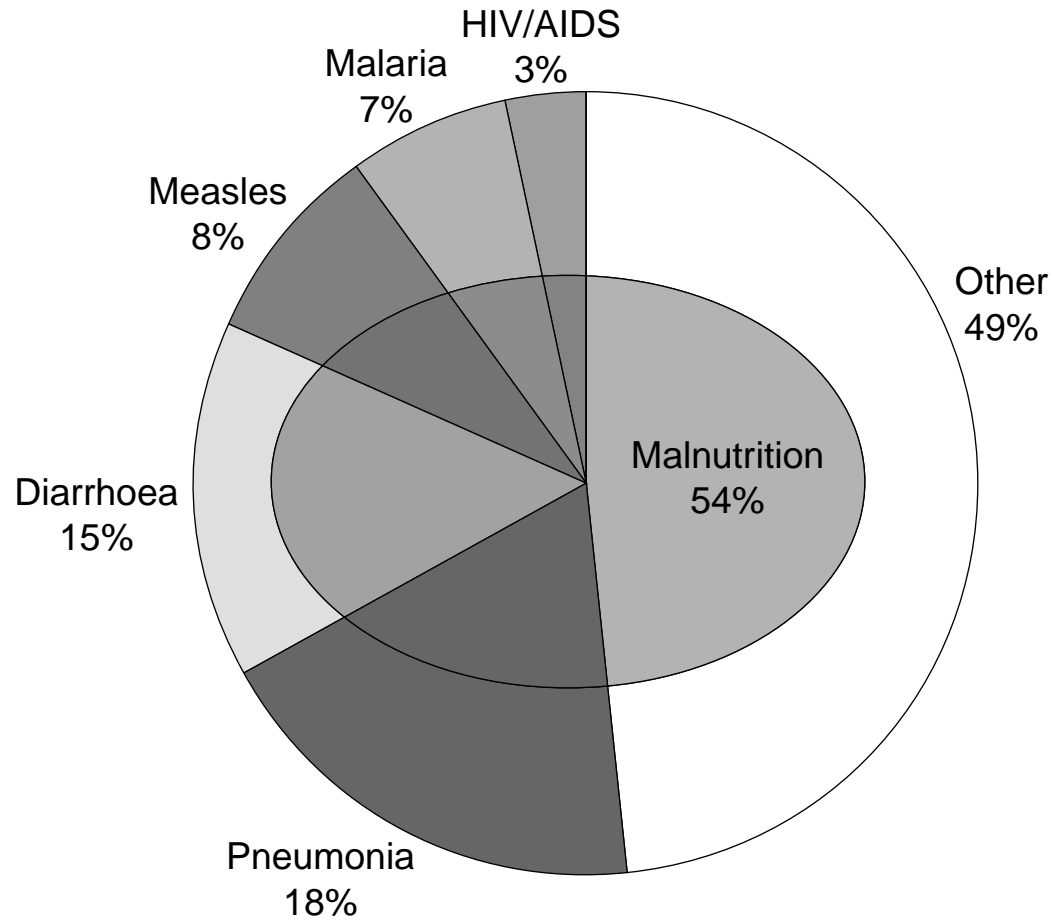
Risks of death highest for the youngest

at therapeutic feeding centres in Afghanistan, 1999

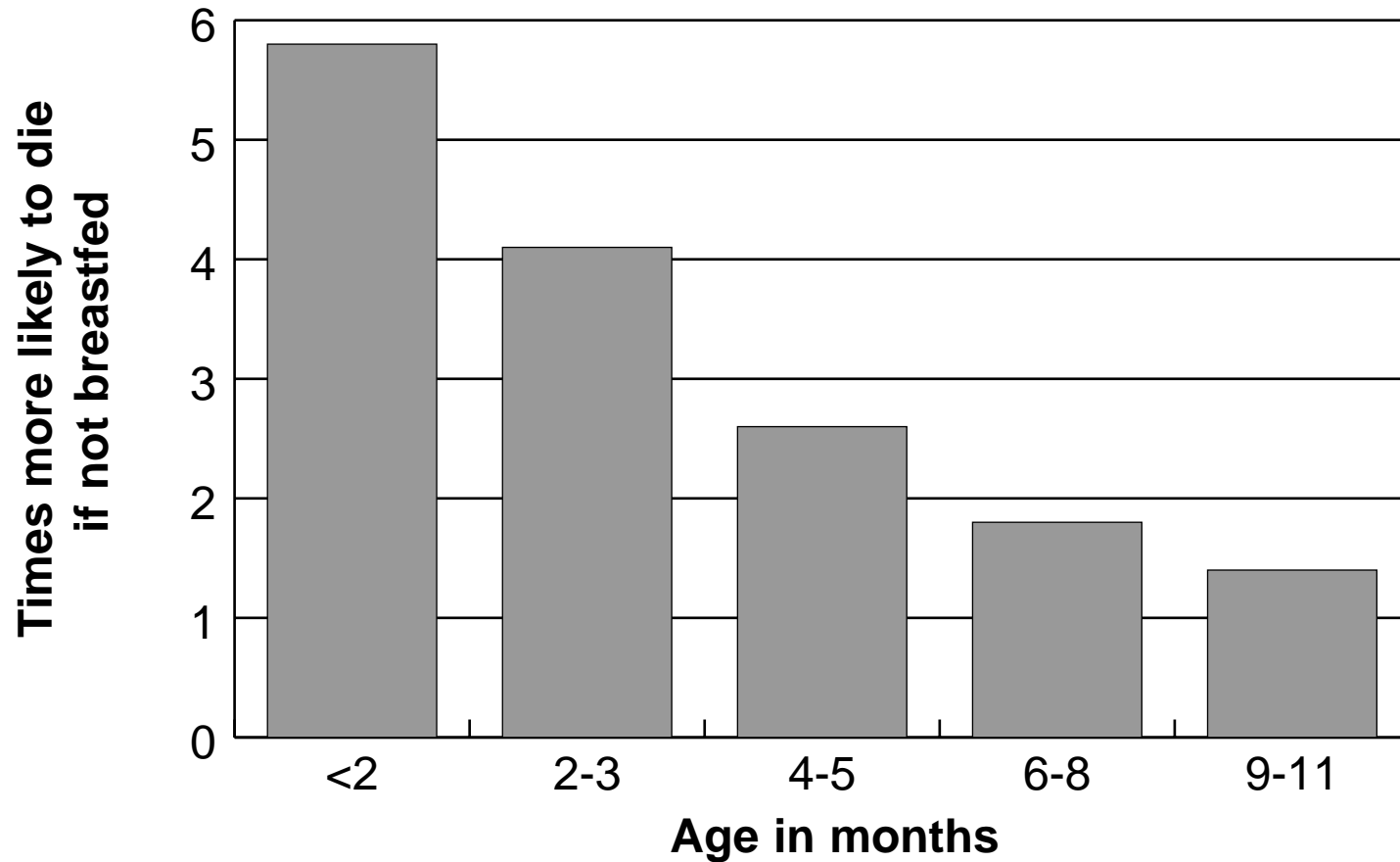


Risk of death higher for malnourished children

Distribution of 12.2 million deaths among children under 5 years old in all developing countries, 1995



Protection by breastfeeding is greatest for the youngest infants



Risk of death if breastfed is equivalent to one.

WHO Collaborative Study Team. Effects of breastfeeding on infant and child mortality due to infectious disease in less developed countries: a pooled analysis. *The Lancet* 2000;355:451-5

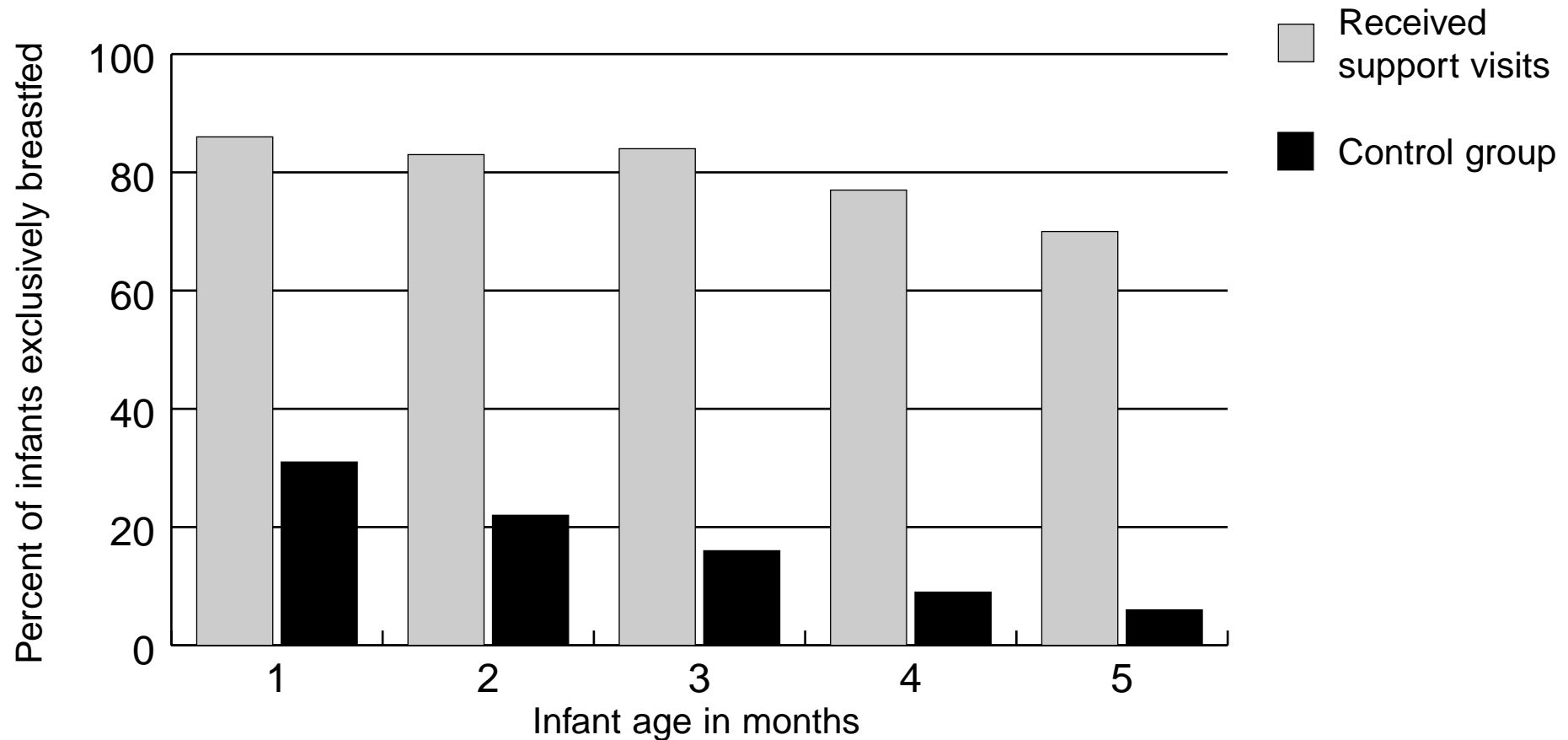
Recommendations for infant feeding

- Start breastfeeding within one hour of birth.
- Breastfeed exclusively for about six months [if possible*]
- From about six months add adequate complementary foods
- Continue breastfeeding up to two years or beyond.

[*All infants should be exclusively breastfed for at least four full months.]

Support is key to exclusive breastfeeding

Effect of breastfeeding support household visits by trained local mothers



Haider R, Ashworth A, Kabir I et al.. Effect of community-based peer counsellors on exclusive breastfeeding practices in Dhaka, Bangladesh: a randomised, controlled trial. *The Lancet* 2000;356:1643-1647

Care for the individual breastfeeding mother

Concerns for mother

- her own nutrition and fluid intake
- her own health
- physical difficulties (e.g. sore nipples)
- misinformation, misconceptions

Staff should ensure

extra rations and fluids

attentive health care

skilled breastfeeding counsellors

*correct information and
breastfeeding counselling*

Improving conditions to make breastfeeding easier

Mothers' difficulties

- time constraints
 - long time to fetch water,
queue for food
- lack of protection, security, and (where valued) privacy
- lack of social support and the familiar social network
- free availability of breastmilk substitutes, undermining mothers' confidence in breastfeeding

Staff should ensure

priority access

shelters

groups of women who support each other

effective controls on availability

Benaco camp

UNICEF/94-0069/HOWARD DAVIES BENACO CAMP, TANZANIA



Household in camp near Goma, Zaire/Congo

IFE 1/10

UNICEF-D0194-0288/BETTY PRESS



Problems of artificial feeding in emergencies

- lack of water
- poor sanitation
- inadequate cooking utensils
- shortage of fuel
- daily survival activities take more time and energy
- uncertain, unsustainable supplies of breastmilk substitutes
- lack of knowledge on preparation and use of artificial feeding

Inappropriate donations of infant feeding products



McGrath M. Infant feeding in emergencies: recurring challenges. Paper for Save the Children UK and Centre for International Child Health, 1999

Some important points from the International Code of Marketing of Breastmilk Substitutes

- no advertising or promotion to the public
- no free samples to mothers or families
- no donation of free supplies to the health care system
- health care system obtains breastmilk substitutes through normal procurement channels, not through free or subsidised supplies
- labels in appropriate language, with specified information and warnings

**Code violation —
promotion of bottle-fed tea**

Tetovo Government Hospital,
Macedonia

from McGrath M. The reality
of research in emergencies.
Field Exchange 9, March 2000

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2 месеца до 4 години

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Operational Guidance: what to do

1. Endorse or develop policies on infant feeding
2. Train staff to support breastfeeding and to identify infants truly needing artificial feeding
3. Coordinate operations to manage infant feeding
4. Assess and monitor infant feeding practices and health outcomes
5. Protect, promote and support breastfeeding with integrated multi-sectoral interventions
6. Reduce the risks of artificial feeding as much as possible

Points of agreement

on how to protect, promote and support breastfeeding

1. Emphasise that breastmilk is best.
2. Actively support women to breastfeed.
3. Avoid inappropriate distribution of breastmilk substitutes.
4. When necessary, use infant formula if available.

HONDURAS. UNICEF/HQ98-0639/BULAGUER



More points of agreement

on how to protect, promote and support breastfeeding

5. Do not distribute feeding bottles/teats; promote cup feeding.
6. Do not distribute dried skim milk unless mixed with cereal.
7. Add complementary foods to breastfeeding at about 6 months.
8. Avoid commercial complementary foods.
9. Include pregnant and lactating women in supplementary feeding when general ration is insufficient.



Replacement feeding by tested HIV+ mothers

The process of feeding a child not receiving any breastmilk with a diet that provides all needed nutrients:

First six months — a suitable breastmilk substitute
After six months — a suitable breastmilk substitute
and complementary foods

Can replacement feeding be made

- acceptable,
- feasible,
- affordable,
- sustainable, and
- safe?

Supporting people in their own efforts

First, do no harm

- Learn customary good practices
- Avoid disturbing these practices

Then, provide active support for breastfeeding

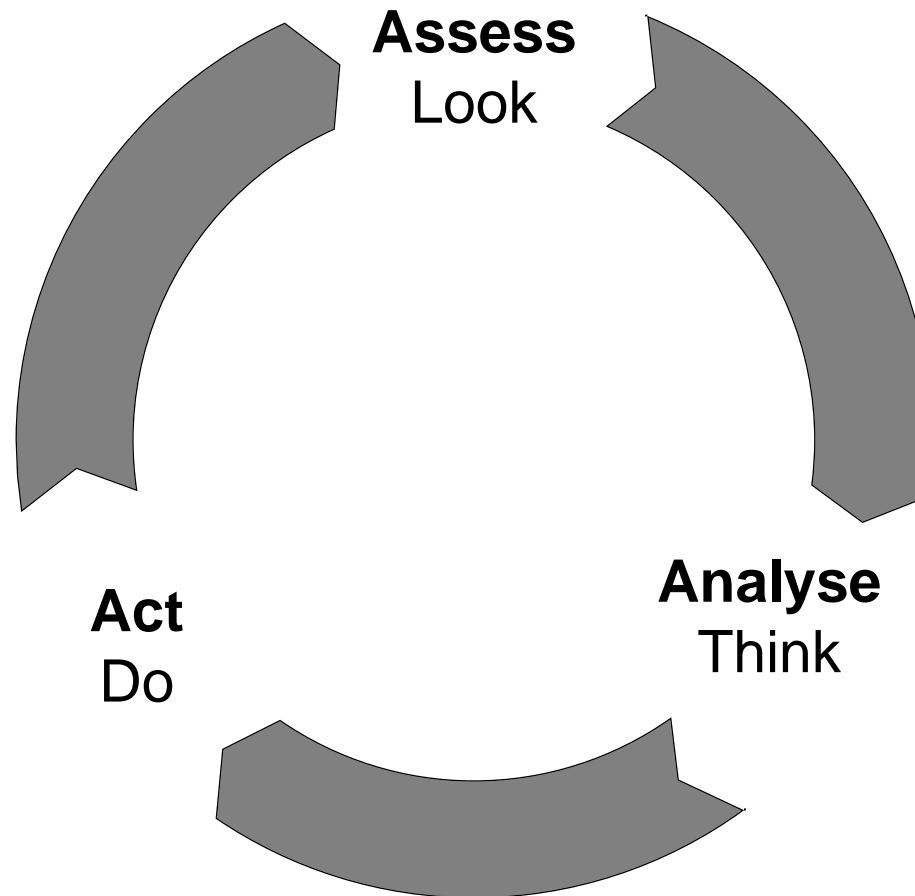
General support

establishes the conditions that will make breastfeeding easy

Individual support

is given to mothers and families through breastfeeding counselling, help with difficulties, appropriate health car

The Triple A Cycle



Conditions to support breastfeeding

- recognition of vulnerable groups
- shelter and privacy
- reduction of demands on time
- increased security
- adequate food and nutrients
- community support
- adequate health services

Example of 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.

Conditions to reduce dangers of artificial feeding:

the breastmilk substitutes

- Infant formula with directions in users' language
- Alternatively, ingredients and knowledge for home-prepared formula
- Supply of breastmilk substitutes until at least six months or until relactation achieved. For six months, 20 kg of powdered formula is required, or equivalent in other breastmilk substitutes
- Milk and other ingredients used within expiry date

However, caregivers need more than milk.

Conditions to reduce dangers of artificial feeding:

additional requirements

- Easily cleaned cups, and soap for cleaning them
- A clean surface and safe storage for home preparation
- Means of measuring water and milk powder (not a feeding bottle)
- Adequate fuel and water
- Home visits to lessen difficulties preparing feeds
- Follow-up with extra health care and supportive counselling
- Monitoring and correction of spillover