



# International Lactation Consultant Association

## Position on Infant Feeding in Emergencies

Increasingly over the last several years, mothers and infants have been affected by a variety of emergency situations world-wide

- Armed conflicts displace millions of families and cut them off from their usual food supplies. There are some 50 million refugees around the world. Eighty percent of them are women and children.
- 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 many cases the immediate problem of securing food is complicated by outbreaks of illnesses such as cholera, diphtheria and malaria following disruption of power, water and sewage services.

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.

Keeping in mind the critical importance of adequate nutrition and immunological protection to the health and survival of infants and young children and the valuable contribution breastfeeding makes to the mother's long-term health as well, ILCA recommends that:

1. all breastfed infants in emergency situations continue to be breastfed exclusively for six months and, when safe complementary foods are not available, beyond that point.
2. breastfeeding continue alongside complementary feeding well into the second year of life and beyond whenever possible.
3. humanitarian aid agencies adopt as part of their policy the promotion and support of breastfeeding in emergency situations. Training humanitarian aid workers to implement these policies is vital as many of them come from non-breastfeeding cultures where basic breastfeeding information and skills are lacking.
4. training of all humanitarian aid workers include essential breastfeeding messages:
  - Nearly every woman can breastfeed her baby (babies) " Mother's milk alone has everything a baby needs to grow well in the first six months of life " Breastfeeding is protective against infectious diseases, especially diarrhea and acute respiratory infections (ARI) " Even malnourished and traumatized mothers produce adequate quantities of good quality milk. The hormones released by the mother in the course of breastfeeding help the mother relax and counteract some of the results of stress.
  - Feeding the breastfeeding mother is a cost-effective way of ensuring adequate nutrition for both mother and baby (Donations of breast-milk substitutes which inappropriately target children during the breastfeeding period, may instead be used in powdered form as a protein enricher in cereals for babies over six months or to make nutritious hot drinks for mothers and older children)
  - When breastfeeding has been stopped prematurely or has not gotten started, re-lactation is possible with adequate support and appropriate breastfeeding management. Inducing lactation

in women willing to breastfeed orphaned infants may also be an appropriate strategy. The baby may need supplementary feeding during the transition and families of re-lactating mothers may need help to help the mothers - especially in cultures in which breastfeeding is not widespread.

5. at least one member of each humanitarian team have sufficient breastfeeding management skills to help mothers:
  - position and attach their babies to the breast effectively
  - inform both mothers and aid workers of the importance of: keeping mothers and babies together, frequent ( on average 8-12 x in 24 hours) breastfeeding, co-sleeping and breastfeeding at night, exclusive breastfeeding (no supplements, not even water, tea or breast-milk substitutes) for six months, avoiding the use of artificial teats, dummies and nipple shields.
  - teach them how to express their milk and feed by cup should the baby be unable to suckle
  - teach mothers to introduce other liquids in the second half of the first year with a cup rather than a bottle, while continuing breastfeeding
6. at least one member of each regional humanitarian team have a high level of lactation management and counselling competency and offer both on-site assessments of non-routine breastfeeding situations and on-going training to upgrade local staff skills. These specialists may be lactation consultants IBCLC or other health-care professionals with advanced training in lactation and counselling.
7. international and humanitarian aid agencies implement their policies (or develop them in cases where they do not yet have them) to exclude improper donations of breast-milk substitutes and equipment for bottle-feeding, to ensure that any necessary breast-milk substitutes be supplied in quantities sufficient to feed the recipient babies as long as they need them, that these breast-milk substitutes carry generic (non-brand-name) labels and be made available only to those families in which it is documented that there is no possibility for the infants to be breastfed or, during relactation and induced lactation while supplementation is still necessary.
8. breastfeeding be integrated in national emergency plans in all countries {including industrialized countries in which breastfeeding may not yet have become the norm}
9. public relations and media policies at local, regional, national and international levels emphasize breastfeeding as a vital component in infant health and survival programs during emergencies. There should be a mechanism for quick reaction when media reports imply that emergencies compromise a mother's ability to breastfeed her baby.
10. donors should be helped to ensure that their donations adhere to the terms of the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions.

Many 20th Century disasters - both natural and man-made - will continue to have a devastating effect on the economies and well-being of the countries where they have occurred well into the 21st Century. Protecting, promoting and supporting breastfeeding in these areas will help ensure that those infants affected by these disasters will not be twice-victimised 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.