

Academy of Breastfeeding Medicine's Breastfeeding in Emergencies Position Statement

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An inter-agency collaboration concerned with the protection and support of safe and appropriate infant and young child feeding in emergencies

















































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ABM Emergency Statement

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Academy of Breastfeeding Medicine Position Statement: Breastfeeding in Emergencies

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Abstract

Background: During emergencies, including natural disasters and armed conflict, breastfeeding is critically important. Breastfeeding provides reliable nutrition and protection against infectious diseases, without the need for clean water, feeding implements, electricity, or external supplies.

Key Information: Protection, promotion, and support of breastfeeding should be an integral part of all emergency preparedness plans. Breastfeeding specialists should be part of plan development. Emergency protocols should include breastfeeding specialists among emergency relief personnel, provide culturally sensitive environments for breastfeeding, and prioritize caregivers of infants in food/water distribution. Emergency relief personnel should be aware that dehydration and missed feedings can impact milk production, but stress alone does not. Emergency support should focus on keeping mothers and infants together and providing private and/or protected spaces for mothers to breastfeed or express milk. Emergency support should also focus on rapidly identifying mothers with breastfeeding difficulties and breastfeeding mothers and infants who are separated, so their needs can be prioritized. Breastfeeding support should be available to all women experiencing difficulties, including those needing reassurance. Nonbreastfed infants should be identified as a priority group requiring support. Relactation, wet-nursing, and donor milk should be considered for nonbreastfed infants. No donations of commercial milk formula (CMF), feeding bottles or teats, or breast pumps should be accepted in emergencies. The distribution of CMF must be highly controlled, provided only when infants cannot be breastfed and accompanied by a comprehensive package of support.

Recommendations: Protecting, promoting, and supporting breastfeeding should be included in all emergency preparedness planning and in training of personnel.

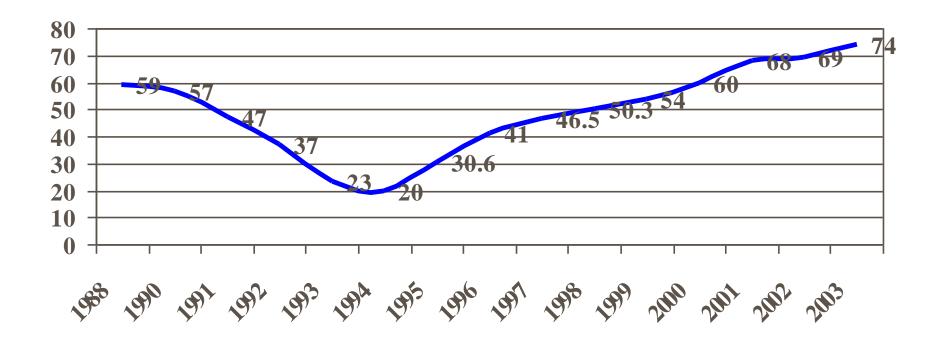
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Authors from: Australia,
Egypt, Israel, Malaysia,
Mexico, Saudi Arabia,
Ukraine and the USA

Why did the ABM produce this position statement?



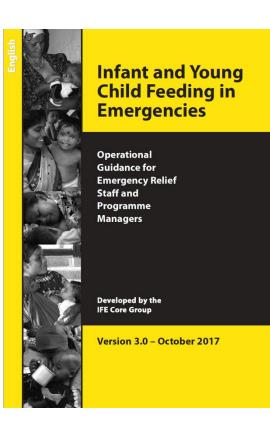


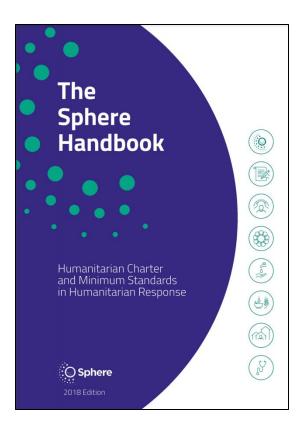
Armenia: full breastfeeding rate



Position statement is written for a global audience but to be applied locally

Understand the culture, infant feeding practices, policy frameworks and resources available in the context in which you are working.





International Code of Marketing of Breastmilk Substitutes and relevant WHA resolutions

Compiled by ICDC
International Code Documentation Centre

2016 Edition (updated 2022)

Makes 10 recommendations and then explains why these recommendations are made

Provide pre-disaster breastfeeding support

High breastfeeding rates in a community enables individual, family and community resilience to emergencies.



Emergency planning

- Emergency relief workers should have basic training on breastfeeding specifically and IYCF-E generally.
- Skilled personnel should be available to support breastfeeding women.
- Skilled personnel need to be trained:
 - to support ordinary breastfeeding concerns
 - to provide reassurance
 - to assist where milk supply is low, with relactation, wet nursing, where mothers are separated from infants and where women are exclusively expressing
 - on how to counsel and help breastfeeding mothers who request infant formula.

Support for breastfeeding mothers and children

- Institute breastfeeding support in the acute emergency phase (including in shelters and relief centres) and in disaster recovery.
- Mothers and infants who are separated should be supported with wet nursing, donor human milk and protection of maternal milk supply.

Cup feeding

For infants fed donor milk and infant formula.



Accessible link: https://www.cdc.gov/infant-feeding-emergencies-toolkit/php/cup-feeding.html

Breastfeeding is the safest way to feed an infant during a natural disaster. Using a bottle and nipple to feed formula or breast milk during an emergency can be dangerous if safe water is not available to clean the items properly. Cup feeding is an alternative way to feed infants when they are unable to feed directly at the breast and when infant feeding items cannot be cleaned properly. Cup feeding can be used with babies of all ages and is also safe for premature and many ill babies.

These instructions are for infants receiving breast milk but who cannot feed directly at the breast. Cup feeding can also be used with infants receiving infant formula. For formula-fed infants, ready-to-feed infant formula is the safest option.

Instructions and tips for cup feeding:

Supplies:



A small disposable plastic or paper cup such as a medicine cup or a bathroom cup.



A cloth or disposable bib to catch any milk that spills.

Before cup feeding:



Always wash your hands before cup feeding your child. If safe water is not available, use alcohol-based hand sanitizer containing at least 60% alcohol.



Make sure your baby is awake and ready to feed.



Fill the cup up to 2/3 full of expressed breast milk or readyto-feed infant formula.



If needed, wrap your baby to prevent baby's hands from bumping the cup.

CDC.GOV/IYCFE

CS350016-A | Last updated May 31, 2024 12:15 PM

Recognise non-breastfed infants as vulnerable and provide support

- Individual assessment of need.
- Explore breastfeeding options.
- Where formula feeding is supported, provide or ensure availability of everything needed to feed with adequate safety.





Ensure proper management of breastmilk substitutes, bottles and teats and breast-pumps

In line with:

- the WHO International Code
- the Operational
 Guidance for Infant and
 Young Child Feeding in
 Emergencies.

We do not accept donations of infant formula



If you wish to help families with formula fed babies, please donate money so we can buy and supply infant formula and other resources.

Support appropriate complementary feeding

- Appropriate amount, consistency, variety, and nutritional quality.
- Acceptable to caregivers.
- Not provided to infants under 6 months.
- No donations of commercial complementary foods accepted.

Appendix E

Complementary food options for an MBA

Complementary food options suitable in an MBA include those that can be stored and cooked safely with limited resources. This list includes both long-life and fresh options that may be stored out of a refrigerator or cooked using a jug of boiling water or microwave if full kitchen facilities are not available.

When providing complementary foods, it is important to serve foods with an appropriate texture for the age of the child to avoid choking.

Infants 6-12 months

Snacks and foods requiring minimal preparation

- · Boiled eggs (mashed or sliced)
- Tinned tuna, salmon or chicken (for children aged 6-7 months use a fork to finely mash, for children aged 8-12 months break into larger chunks or keep as whole from the tin)
- Yoghur
- · Cheese (thin slices or grated)
- Steamed fresh or frozen vegetables such as broccoli, sweet potato, corn, peas (for children aged 6-7 months use a fork to finely mash)
- Fresh or frozen berries (squash blueberries and cut strawberries to avoid choking)
- Dehydrated fruits such as dried apple rings, apricots, sultanas, figs (ensure appropriate size to avoid chocking
 e.g. leave apple rings whole so a younger child can suck on them, or chop sultanas into small pieces)
- · Sliced fresh apples, oranges or stone fruit
- · Preserved or tinned fruits (mash for children aged 6-7 months)
- Tinned chickpeas, lentils, baked beans (mash for children aged 6-7 months, squash chickpeas for 8-11 months)
- Avocado (mashed), banana (sliced or mashed), peanut butter or cheese on toast fingers, bread fingers or corn thins
- Fruit bread toast fingers
- · Weetbix or porridge (mixed with mother's own breastmilk, cows' milk or infant formula)
- Ground seeds sprinkled onto yoghurt, porridge or cereal

Meals rich in iron if cooking and refrigeration is possible

- · Spaghetti bolognese with ground beef and/or lentils
- Egg fried rice with tofu and broccoli
- Mixed bean chilli with beef mince and rice
- Tuna mornay with vegetables
 Beef, vegetable or lentil stew with pasta or rice
- Vegetable tray bake with chickpeas
- Cooked chicken strips

Meals can be mashed for a child aged 6-8 months.

Children 12+ month

Children over 12 months can consume the above foods for babies 6-12 months (without mashing), as well as:

Snacks and foods requiring minimal preparation

- Egg, peanut butter or avocado and banana sandwiches
 Tuna and vegetable wrap
- Baked beans on toast
- Sliced vegetables and hummus

Meals rich in iron if cooking and refrigeration is possible

- Tofu or chicken strips with a pesto dip
- Egg and toast soldiers with some fruit slices
- Spinach fritters with dip & veg sticks
 Jacket potato with beans or beef mince
- Spinach pesto pasta
- Beef/chicken mince or bean enchiladas or quesadillas



Complementary food suggestions courtesy of Dr Catharine Fleming, BA(Hons), PhD in paediatric nutrition and dietetics, School of Science and Health, Western Sydney University.

Breastfeeding is robust and women can continue breastfeeding through emergencies

- Women commonly cease exclusive or any breastfeeding in emergencies.
- Neither stress nor poor diet impacts milk production or quality but women and those supporting them in emergencies often believe they do. Research with mothers impacted by conflict in Ukraine in 2015, found that nearly 60% of women who ceased breastfeeding their young infant, did so because of concerns about stress or lack of food.
- Breastfeeding counselling is vital to ensuring that women are able to continue breastfeeding and protect their infants.

Infant formula donations are always a problem





Managing infant formula donations, procurement and distribution in emergencies:





model policies and guidance































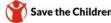


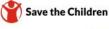




















MODEL POLICY AND GUIDANCE 1:

For organisations involved in distributing infant formula

Infant formula procurement and distribution

Procurement of infant formula

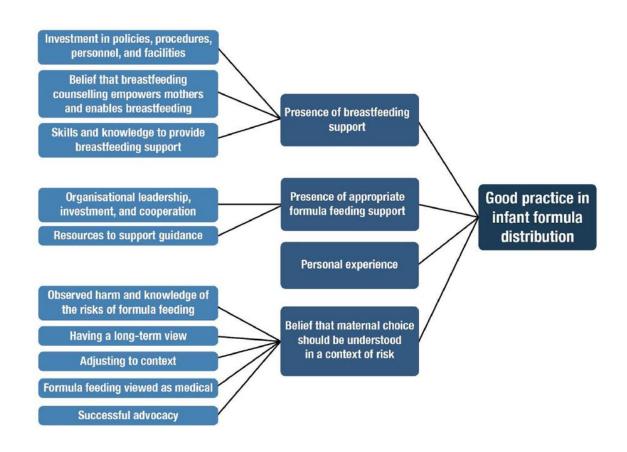
- 1. Infant formula should be purchased rather than donated. Experience of emergencies over decades has shown that donations of infant formula are often in excess of requirements, in the wrong place, of the wrong type, close to or past the expiry date and lack continuity of supply. Infant formula donations also take considerable time and effort to manage. Importantly, donations of infant formula should be refused as experience has shown donated infant formula will not be distributed as carefully or as well as formula that is purchased.
- 2. Only stage 1 infant formula should be purchased. Stage 1 infant formula is the only product suitable for infants under six months and can be fed to infants from 0-12 months of age. Cows' milk-based infant formula should be purchased unless a medical condition indicates a different type of product is needed for a specific infant. The cheapest infant formula products can be chosen, as all infant formula for sale in Australia and Aotearoa New Zealand must meet the same quality standards. Care should be taken not to purchase excessive amounts of infant formula and consideration given to purchasing only as needed for specific infants. Infant formula should have at least six months until
- 3. Members of the public and businesses should be advised not to donate infant formula. They should be informed that donations of infant formula cause significant logistical challenges and other problems for organisations and families. Rather, they should be advised that donations of money to support babies' needs are welcome. Individuals and businesses may also be encouraged to consider donating shopping vouchers. The policy of not accepting donations of infant formula should be clearly communicated with infant formula included in lists of items not accepted as donations. A sign for display at donation points advising that donations of infant formula are not accepted can be found on page 6 of this document.
- 4. Any donated infant formula that arrives despite a policy against acceptance (for example, if included with donations of other products) or purchased infant formula that has expired should be disposed of
- 5. Toddler milks for children 12 months to 3 years should not be purchased or distributed. Toddler milks are not recommended by Australian, Aotearoa New Zealand or international health bodies as they are high in sugar and may replace solid foods in the child's diet. Children over 12 months can drink fresh pasteurised or UHT animal milks

The home of trusted breastfeeding information, support and advocac





Providing proper formula feeding support protects both breastfed and non-breastfed infants

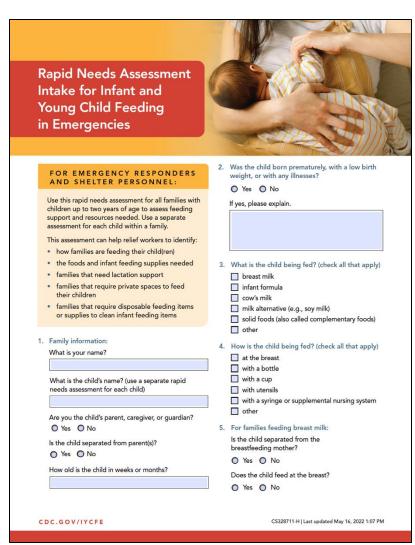


Complementary feeding

- Complementary feeding needs of infants may be overlooked by those involved in general food provision.
- Parents may need assistance accessing not just complementary foods but resources for preparation, washing and storage.

Identification of infants and caregivers and providing practical support

- Psychological first aid.
- Rapid identification and assessment of needs.
- Priority access to resources (food, water, financial and housing assistance).



Supporting resources

ABM handout

Breastfeeding and Emergency Situations

Information for Healthcare Professionals and Emergency Relief Personnel

Natural and human-origin disasters place infants at risk. Breastfeeding provides food security, protection from infection, and safe food and hydration.

Protecting and supporting breastfeeding should be part of all official emergency preparedness plans. Breastfeeding specialists and counselors are important to be included among emergency personnel.

Guiding principles, particularly for emergency shelters:

- · Keep mothers and infants together.
- Rapidly identify the feeding needs of each family with infants and toddlers.
- Support and encourage mothers to initiate and continue breastfeeding.
- Offer quiet protected spaces for breastfeeding and private spaces for milk expression.
- Reduce queuing for breastfeeding mothers to prioritize their hydration and nutrition.
- Infants may be fussy and want to feed more frequently. Reassure mothers that this is normal.
- Reassure mothers that stress does not generally reduce milk production.
- Missed feedings or dehydration may temporarily reduce milk production. This can be reversed with rehydration and frequent feeding.
- Mothers who are separated from their infants should express their milk early and often and/or breastfeed other infants to maintain milk production.

For infants under 6 months:

- Infants under 6 months should be exclusively breastfed and get no commercial milk formula (CMF), animal milk, or solids.
- Mothers who were mixed feeding should be encouraged to transition to exclusive breastfeeding.
- Mothers who have recently stopped breastfeeding should be encouraged to resume breastfeeding (relactation). Skilled lactation help is important.
- Relactation, breastfeeding from another mother (wet nursing), or donor milk -in that order- are preferred to commercial milk formula (CMF) for non-breastfed infants. If none of these are not available, CMF will

Infants older than 6 months:

 Non-breastfed infants older than 6 months can be fed animal milk or CMF and appropriate solids.
 Infants of any age should be fed by cup instead of bottle or teat. Cups can be cleaned more easily or can be disposable.

Distributing commercial milk formula (CMF):

- CMF supply must be strictly controlled by emergency personnel because unrestricted access endangers infant health. CMF should only be given to infants who cannot be breastfed after assessment of need by a trained health professional.
- Ensure that families receiving CMF have all the resources needed for its use. Store and distribute CMF discreetly.
- Bathrooms/toilets should not be used for preparing CMF, cleaning feeding supplies, or feeding infants.
- Donations of CMF must not be accepted by emergency organizations and should be actively discouraged.
- CMF advertising and sponsorship should not be allowed in emergency settings.

Donations: Advise the public not to send CMF to the emergency.

Breast milk can be donated via local milk banks, but local informal milk sharing may be necessary.





This document is based on the ABM Position Statement "Breastfeeding in Emergency Situations" which provides more detailed guidance. The full statement can be accessed at bfmed.org/position-statements.

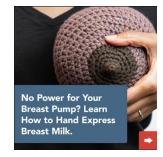
US Centres for Disease Control and Prevention IYCF-E Toolkit





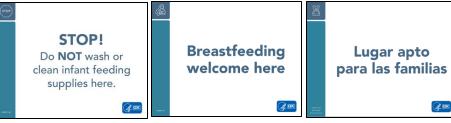












Australian Breastfeeding Association





Supporting infant and

young child feeding in emergencies

















IYCF-E Hub

IYCFEHub

Infant and Young Child Feeding in Emergencies Hub

WELCOME TO THE IYCF-E HUB

A global portal to the most relevant resources related to infant and young child nutrition in humanitarian contexts