



IYCF-E Briefing for All Aid Workers and Volunteers in Disasters Infant and Young Child Feeding – Why should it Matter to Me?

Infants and young children under the age of 2 years are very vulnerable to illness, especially diarrhoea, malnutrition and death in emergencies. The younger the infant the more vulnerable they are. Even in healthy populations during emergencies child morbidity and crude mortality can increase by 20% in 2 weeks and child mortality can soar from 2 to 70 times higher than average.

BREASTFEEDING IS A SHIELD THAT PROTECTS AND SAVES INFANTS LIVES, ESPECIALLY IN EMERGENCIES. After flooding in Botswana (2005-6) non-breastfed infants were 50 times more likely to be hospitalised with diarrhoea and many more times likely to die. **BUT BREASTFEEDING CAN EASILY BE UNDERMINED WITHOUT EVERYONE'S ACTIVE SUPPORT.** This leaflet highlights some key points on how ALL relief workers/volunteers can ensure that infants and young children are healthy and survive in emergencies – **it is aimed at YOU.**

HOW YOU CAN MINIMISE THE RISKS TO INFANTS AND YOUNG CHILDREN AND SAVE LIVES:

1) **DON'T BELIEVE OR SPREAD THE MYTHS!**

Infant feeding myths are especially common during emergencies. These undermine a woman's confidence in her ability to breastfeed, mean that she may breastfeed less and can lead to a call for infant formula. It is important not to spread these myths and to correct them. Remember breastfeeding is robust – the human race would never have survived if it wasn't!

- Stress does NOT dry up breastmilk. In a few mothers acute stress may temporarily reduce the rate of flow of milk from the breast. Keeping the baby skin to skin and allowing the baby to suckle is all that is needed to ensure the milk flows again. Breastfeeding actually calms the mother and baby due to the hormones it releases.
- Being in flood water or being dirty does not make the milk go bad.
- Mild or moderately malnourished women still produce enough good milk. If there is a lack of food milk will be made using the mother's body stores. However lactating mothers should get extra food to ensure their energy and health. **FEED THE MOTHER AND LET HER FEED THE CHILD.** The lactating mother needs about an extra litre of water a day.
- Babies do NOT need extra water or food before they are 6 months of age as long as they are feeding when they need day and night. After 6 months breastfeeding should continue at the same level as before but a child needs additional foods.
- Mothers CAN make enough breastmilk, but it is common for them to believe that they do not have enough. Breastmilk is produced on a supply and demand basis - more breastfeeding makes more milk, so if they are worried they only need to breastfeed more. [Relactation (a mother producing breastmilk after she has stopped) is possible even for grandmothers because of this fact]. A lactating mother's breast is never 'empty' a baby will only take 60-70% of the milk in the breast.
- Babies do NOT just cry a lot because they are hungry. There are lots of reasons babies cry, especially during an emergency, when the family is in turmoil, they may be living in a new place and there are lots of new people around. Breastfeeding and being skin to skin with the mother will calm the baby.
- Breastfeeding is not an 'additional burden' for mothers. Breastfeeding can be empowering especially in an emergency - when a family has lost everything a breastfeeding mother can provide all the nourishment and anti-infective properties her baby needs as well as warmth, comfort and protection.

- Mothers can also breastfeed when they are pregnant again, are feeling tired and are ill (they will produce antibodies that are given to the baby through the breastmilk)
- 2) **NOTICE PREGNANT AND LACTATING MOTHERS AND INFANTS.** During any assessment include questions on the numbers and problems facing pregnant and lactating women and infants. Obtain disaggregated data: numbers of pregnant and lactating women and infants below 6 months of age and, if possible, those 6-24 months. Collect feeding information on infants below 6 months and older children separately – use standard indicators and methodologies. Provide this information immediately to UNICEF – the Nutrition Cluster lead.
- 3) **BE SUPPORTIVE AND INTEGRATE ACTIVITIES.** Lactating mothers need a supportive environment in order to breastfeed and care for their young children – they need time, shelter, basic resources, food, etc. *Think how each of your activities may impact on pregnant and lactating women and how you can actively support mothers to care for their infants better. For example:*
- Mothers may be separated from their infants due to a need to work to buy food or because they send them to stay in safer places. Prioritise pregnant and lactating mothers with infants below 2 years of age for shelter, food, water and sanitation provision. When developing ‘food for work’ programmes ensure that funding is available for pregnant and lactating mothers to enrol on the programme but that their ‘work’ is looking after their children. Ensure priority access in queues so that mothers can spend time breastfeeding and do not get jostled when carrying a small infant. Provide drinking water and places to breastfeed at distributions/registrations. Ensure distributions take pregnant and lactating mothers into account who maybe unable or unwilling to leave their homes as they are caring for infants
 - Always be supportive of efforts to breastfeed – emphasise the positive and **NEVER** ask questions that can lead to lack of confidence such as ‘Has your breastmilk dried up?’
- 4) **DON'T JUST GIVE OUT FORMULA, OTHER MILK, BOTTLES, AND TEATS:** Emergencies worldwide have found a clear link between donations of various milk products, breastfeeding being undermined and an increase in diarrhoea and death. Any type of milk, even if intended for older children will be used by mothers to feed babies. This has led to strict guidelines (see key information) on donations of milk products in emergencies and means that infant formula should only be provided to targeted infants under strict criteria after wet nursing (breastfeeding by another mother), relactation and breastmilk from milk banks are explored. (Non-breastfed infants over 6 months of age can be given other types of food e.g. eggs, fish, meat and pulses instead).

Sometimes breastfeeding mothers ask for infant formula in emergencies, this may be because she has lost confidence in her capacity to breastfeed her baby, may believe (wrongly) that infant formula is better for her child or because infant formula/milk powder has monetary value and is free. You need install confidence, advise her that breastmilk is the most secure, safe, nutritious and protective food and drink for her baby and that using formula/other milks will expose her infant to great risk of malnutrition and illness and cause her breastmilk supply to fail. Understanding the risks associated with the use of infant formula/milk will help a mother to realise the hidden cost of using it – the sickness and malnutrition it will expose her baby to.

Bottles/teats should NEVER be used in an emergency as they cannot be sterilised and so the risk of diarrhoea and death are very high. As long as a child can lap / suck they can be cup fed even from birth if necessary - just keep the child upright and tip the cup so that the milk reaches the babies lips and the baby will lap or suck depending on age.

If you have concerns for a particular mother or infant then take the name and details and inform the nearest health services and/or UNICEF (amend as appropriate).

Key Documents:

- **Operational Guidance on Infant and Young Child Feeding in Emergencies. v.2.1. 2007 (including 2010 addendum.** *A brief practical guidance on how to ensure appropriate infant and young child feeding in emergencies, endorsed by World Health Assembly Resolution 63.23, 2010.. Written by the IFE Core Group made up of UNICEF, WHO, UNHCR, WFP, IBFAN-GIFA, Save the Children, CARE USA, ACF and Emergency Nutrition Network. This and other IYCF-E materials are available free at: www.enonline.net/ife*
- **The Sphere Project. Humanitarian Charter and Minimum Standards in Disaster Response. 2011.** *The minimum guidelines that should be adhered to by all parties during emergencies. It sets out minimum standards on IYCF-E that follow the Operational Guidance on IYCF-E and states that powdered milk or liquid milk distributed as a single commodity should not be included in general distributions in emergencies. www.sphereproject.org.*
- **Infant and Young Module 2 on Infant Feeding in Emergencies, v1.1, Dec 2007. For health and nutrition workers in emergency situations.** *Includes breastfeeding support (core manual), supporting infants who are not breastfed and managing malnutrition in infants under six months of age. Available from: [//www.enonline.net/ife/view.aspx?resid=4](http://www.enonline.net/ife/view.aspx?resid=4)*
- **Add country national policies on IYCF, IYCF-E and the Code**

Contact information

- Donations of infant formula, milk products, bottles and teats and other violations of XXX should be reported to: (name, telephone number, e-mail). Also inform UNICEF (or other) who is the Nutrition Cluster lead: (tel number)
- Contact head of IYCF-E Working Group (or other) for further information. (name, telephone number, e-mail – note dedicated telephone number and e-mail is better than personal details due to change over of staff e.g. infantfeedinghaiti@gmail.com)

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