Infant feeding in emergencies
Breastfeeding - a vital emergency response

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Canadian Breastfeeding Conference
Toronto, 2011

Acknowledgement: Lida Lhotska
Presentation to the Velb/ILCA congress, Basel 2010
The IFE Core Group

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

Current members and associate members:

- United Nations World Food Programme
- UNICEF
- ENN
- CARE
- Save the Children (UK)
- Concern Worldwide
- Action Against Hunger
- IBFAN
- UNHCR

Associate member:
Fondation Terre des hommes

Individual members:
Ali Maclaine and Karleen Gribble

www.ennonline.net/ife
Global Strategy identifies

• Families in **difficult situations (socio-economic)** - likelihood of not breastfeeding

• **Malnourished** children – rehabilitation and prevention of recurrence: breastfeeding support (relactation) and adequate and safe complementary feeding

• **Low birth weight**: breastfeeding particularly important and in most instances possible

• Children born to **HIV- positive (infected) women**

• **Special circumstances (e.g. orphans)**

• **Emergencies**: man-made and natural
What is emergency?
An emergency is an extraordinary situation of natural or political origin that puts the health and survival of populations at risk.
vulnerability of infants and children in natural and human-induced emergencies
Increased mortality in children U5 in emergencies

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

- Deaths/10,000/Day
- Camp location
- Refugee Nutrition Information System, ACC/SCN at WHO, Geneva
The younger the infant, the greater the risks of not breastfeeding. This is shown in a pooled analysis of statistics from developing countries, which found that not being breastfed increased the risk of mortality by:

- 6 times (a 500% increase) in infants less than two months old – showing that newborn infants are especially vulnerable - and
- 1.4 times (a 40% increase) in infants between nine and eleven months.

Non-breastfed infants are particularly vulnerable to malnutrition, sickness and death.

The risk of death if breastfed is equivalent to one.
16% of neonatal deaths could be saved if all infants were breastfed from day 1.

22% would be saved if breastfeeding started within the recommended 1st hour after birth.
## Breastfeeding and complementary feeding

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Proportion of under 5 deaths prevented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exclusive and continued breastfeeding until 1 year of age</td>
<td>13%</td>
</tr>
<tr>
<td>Insecticide treated materials</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Appropriate complementary feeding</strong></td>
<td>6%</td>
</tr>
<tr>
<td>Zinc</td>
<td>5%</td>
</tr>
<tr>
<td>Clean delivery</td>
<td>4%</td>
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<tr>
<td>Hib vaccine</td>
<td>4%</td>
</tr>
<tr>
<td>Water, sanitation, hygiene</td>
<td>3%</td>
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<tr>
<td>Antenatal steroids</td>
<td>3%</td>
</tr>
<tr>
<td>Newborn temperature management</td>
<td>2%</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>2%</td>
</tr>
</tbody>
</table>
Breastfeeding is a lifeline

Nutritional

Immunological /Physiological

Practical

Psychological

Maternal health
Early, exclusive and continued breastfeeding is the core of a set of international recommendations for optimal infant and young child feeding.

Together with appropriate complementary food, these represent the safest feeding practices to minimise morbidity and mortality and maximise health.

These optimal feeding practices include:
- **Early initiation** of breastfeeding
- **Exclusive** breastfeeding
- **Appropriate complementary** feeding
42 pays : 90% décès <5ans
6 pays: 50% décès <5 ans
Une situation d’urgence peut survenir n’importe où.
Artificial feeding is risky
The risks of artificial feeding

- No active protection
- Infant formula is not sterile
- It increases food insecurity and dependency
- Bottle feeding increases risk
- Costly in time and resources and care
In an emergency, the protection and risks associated with different feeding practices are magnified. Here are some examples of increased risks associated with artificial feeding in emergencies:

- Contaminated water
- Limited supplies and resources
- Bacterial contamination

All of these factors mean that artificially-fed infants are especially vulnerable in emergencies. Breastfed babies that use artificial feeds—even a little—are also at risk.
The risks of artificial feeding in emergencies

Relation between prevalence of diarrhoea and receipt of donated infant formula, Yogyakarta Indonesia post-2006 earthquake.
The reasons behind risky feeding practices

If breastfeeding protects children, particularly in emergencies, and artificial feeding carries great risks, then surely mothers, communities and aid workers would ensure that all babies are breastfed!.....not always the case BECAUSE:

- **Pre-emergency feeding practices** may not be safe or appropriate.

- A proportion of infants may **not be breastfed** when an emergency hits.

- During an emergency, **inappropriate aid** may increase artificial feeding.
The complementary feeding period is an especially vulnerable time for developing malnutrition. Some complementary feeding practices put infants and young children at increased risk:

1. **Early introduction**
   - Early introduction of complementary foods and liquids *(before six months of age)* increases the risk of illness in babies.

2. **Delayed introduction**
   - An inadequate amount

3. **An inadequate amount**
   - Complementary foods replaces breastmilk, adversely alters the intestinal environment and introduces a possible source of infection.

4. **Breastmilk replacement**
Risky 'practice': International Code violations in emergencies

The companies who produce BMS

Emergencies may be seen as an opportunity for them to open or strengthen a market for infant formula or as a public relations exercise.

Those involved in the humanitarian response

Often violations of the International Code in emergencies are unintentional but reflect poor awareness of the provisions of the Code.

Many violations of the International Code in emergencies have been associated with donations of BMS and infant feeding items. Sending donations of BMS, bottles and teats to emergencies puts infants and young children at great risk.
Dangers of uncontrolled distribution of breastmilk substitutes

and the need for protection, promotion and support of breastfeeding

McGrath M, Macedonia 1999 for Save the Children UK and Centre for International Child Health

Maclaine A, Lebanon 2006

Indonesia, January 2005
Dons au Liban

Photo credit: Ali MacLaine, 2006
Stress does not stop milk production

Vietnam conflict, 1990
How to make IFE happen?
Underlying notions for reflections

• Emergency can happen anywhere

• We are all involved and we need to be concerned

• International solidarity - provision of support from afar - plays an important role
Underlying notions for reflections

• Anything we do in breastfeeding protection promotion and support can be seen through lenses of emergency as emergency preparedness
Emergency preparedness - key!

• Development of protective policy
• Implementation of strong Code legislation
• Strengthening Baby Friendly Initiative and community support to breastfeeding necessary at all times, not just in crises
• Preparation of media guide on IFE
• Development of draft joint statement for agency coordination and collaboration
The photograph that went round the world. The Guardian tracked down the child with the bottle, two-year-old Reza Khan, and spoke with his mother about her family's struggles. Photograph: Mohammad Sajjad/AP
Challenges

- Often enormous **scale**
- **Prioritization** and lack of time and people
- **Expertize** needed
- **Language**

Ali Maclaine, Haiti 2010
IFE response depends on the pre-emergency situation

Breastfeeding – the natural way?...OR...

DRC 2003, Kent Oage UNICEF

Discussion with flood victims Venezuela, 2005
OR...breastfeeding - the last resort?

Still weak from the birth, she was forced to breastfeed her 21-month-old child. "I had to, I couldn't give him anything else."

[Mark Coultan, The Age, New Orleans, USA, September 6, 2005]
Emphasise on the need for appropriate infant and young child feeding to:

- Increase chances for child survival and healthy development
- Reduce risk of erosion of good infant feeding practices
Basic interventions and actions for infants and young children in every emergency
Basic interventions...

1. Shelter, water, food, security
2. Registration
3. Provide for nutritional needs of pregnant and lactating women
4. Frontline support: breastfed & non-breastfed infants
5. Newborns: early initiation of breastfeeding
6. Supportive places to breastfeed
7. Complementary feeding

- Advocacy and sensitisation
Key strategic principles of emergency response

- Do no harm – timely implementation of basic interventions and addressing of common misconceptions
- Do not interfere with good practices - build on them
- Provide active support for breastfeeding and minimize risks of artificial feeding
Technical interventions
Specific staff trained to:

• Support women to maintain or re-establish breastfeeding
• Re-lactate, temporarily using formula
• Encourage and support wet nursing
Mother - to - mother support

Baby tents, Haiti 2010
Breastfeeding counselling in a baby tent

Haiti 2010, UNICEF
Skilled technical support is key - both for breastfeeding and artificial feeding.
If all the AFASS conditions are not met, artificial feeding is **too risky an option** for an infant. Where artificial feeding is indicated as a last resort, the AFASS criteria can also be used to look more closely at what support is needed.

**Applying AFASS conditions to artificial feeding in emergencies**

Does the mother perceive any problem in artificial feeding? Is artificial feeding practised in the community? What is the position of the extended family? Potential problems may be cultural, social, or due to fear of discrimination.
Do not violate the Code and report violations

No donations of BMS

Finalisation of ‘Code compliant’ Kreyole label for ‘generic’ Ready-to-use-infant formula (RUIF)
An important element of prevention is emergency preparedness. Donations often happen very early in an emergency and there is little time to formulate a new position or policy when a crisis strikes.

Development of organisational and governmental positions on donations will encourage clarity to help prevent donations when an emergency occurs.

It is important that such positions are communicated within agencies to all sectors (including media, communications, logistics) as well as externally, e.g. to donors and partner agencies.

The Operational Guidance on IFE emphasises preventing donations arriving in an emergency. Where donations are not prevented or unsolicited donations arrive, it recommends their controlled management.

Infant formula that had been shipped into Lebanon. The labels are in English and French (violation Article 9.2)
Policy guidance

- Endorse or develop policies on infant feeding
- Train staff to support breastfeeding and to identify infants truly needing artificial feeding
- Coordinate operations to manage infant feeding
- Assess and monitor infant feeding practices and health outcomes
- Protect, promote and support breastfeeding with integrated multi-sectoral interventions
- Reduce the risks of artificial feeding as much as possible
Policy basis- Operational Guidance

All emergencies in all countries.

Key audience:

- National governments
- UN agencies: e.g. strongly reflected in UNHCR policy on handling milk products (2006)
- Adopted by the UN Nutrition Cluster
- National and INGOs (Sphere Manual)
- Donors, e.g. Suisse government, DFID and USAID policy

In 13 languages
http://www.ennonline.net/ife/
IFE Orientation package
Module 1, v.2, 2009
Includes e-learning package
) http://lessons.ennonline.net/2/1/10

IFE Module 2 for health and nutrition workers
5-4 hour training, also in skills
Available in English and French

New training module developed for the UN Nutrition Cluster also available: Harmonized Training Package Module on IFE (updated 2011 www.ennonline.net
2009 World Breastfeeding Week

- Action Folder: *everyone can play a positive role*

1. emergency preparedness
2. emergency response on the ground
3. provision of support from afar
2010 WHA Resolution 63.23

Calls on Member States:

- to ensure that national and international **preparedness plans** and **emergency responses** follow the evidence-based **Operational Guidance for emergency Relief Staff and Programme Managers** on infant and young child feeding in emergencies, which includes the protection, promotion and support for optimal breastfeeding, and the need to minimize the risks of artificial feeding, by ensuring that any required breast-milk substitutes are purchased, distributed and used according to strict criteria;
What can you do?

- Volunteer to be **directly** involved: provision of technical support

**Or from afar:**
- Share documents /positions. ILCA has a very good action folder.
- Monitor media> help ensure correct coverage> respond to negative stories: translate the Media guide ([www.ennonline.net](http://www.ennonline.net))
- Write to relevant ministries/agencies/NGOs to prevent donations of BMS, ask about policies, demand investment in sending skilled IFE personnel
- Explain IFE to the general public and constituency for which/with who you work
- Watch out for appeals for donations of BMS and act to stop them
- Support fundraising for IFE: *send money instead of BMS*

- .....and more?
La meilleure « emergency preparedness » est une mère confiante et capable de nourrir son enfant de manière optimale.
THANK YOU