

## **Breastfeeding and infants and young children feeding during emergencies**

*June 14, 2018* - On 13 and 14 June at the National Centre for Disease Prevention and Health Promotion (CNaPPS) of the Italian National Institute of Health (ISS), the course “Humanitarian emergencies and natural disasters: how to protect, promote, and support breastfeeding and infant feeding” was organized in collaboration with Save the Children and Unicef Italia. The aims of the event were: the promotion of wide competence on infant and young feeding (0-2 years old), for both breastfed and non-breastfed babies, and the activation of preparedness network among the stakeholder involved in women's and children's health promotion during humanitarian emergencies and natural disasters.

The course was addressed to 50 participants and there were representatives of different Italian realities that deal with emergencies (associations, local authorities, health services).

Angela Spinelli, director of CNaPPS, started the event with official greetings.

Angela Giusti, with her speech about “Why taking care of infant and young child feeding during emergencies (IYCF-E) is important”, described the importance of breastfeeding protection, promotion and support, focusing on emergencies. Infant and young children and pregnant women are two of the most vulnerable population groups and, for this reasons, earthquakes, conflicts, floods, nuclear disasters, pandemics and the current migration emergency raise the problem of *preparedness* for the management of infant and maternal health and infant feeding. It is a very specific topic, often unknown even by the workers who are involved in emergency management. False myths about breastfeeding and social representation of infant and young child (0-2) feeding are still widespread. Italy is a country with a hydrogeological risk and, therefore, a synergic action and partnership in the emergency management is needed to ensure the best care for mothers, infant and young children, parents and communities.

Claudia Ravaldi’s speech “Resilience in emergencies” underlined how traumatic life events impact on the mental health and well-being of the mother and child. Resilience derives from the ability to integrate and validate traumatic experiences without hiding the wounds, being afraid of them or denying them. The promotion of resilience is encouraged by the timeless of action (working here and now), the presence of interior and exterior personal resources. During the emergencies, it’s important the timely care support interventions in order to trigger resilience. If mothers and fathers are supported adequately, they can find their adaptation to events, even if times and ways are not predictable and the same for everyone. Listening and helping relationship are necessary tools for this purpose: all emergency operators can implement some relational support actions, which must be learned. The training of different professionals it is important to build support and health promotion network, also during emergencies.

Alessandro Iellamo, from Infant Feeding in Emergency (Ife) Core Group and Save the Children, showed international indications of new “Operational Guidance for Emergency Relief Staff and Programme Managers” (2017) [1].

Among Emergency Nutrition Network, the IFE Core Group is an inter-agency Coordination Group since 1998 with the aim to develop guidelines, support and discussion on how to protect, promote and support infant and young children feeding in emergencies. The Operational Guide is promoted by the World Health Organization (WHO) as a reference policy and was implemented by the World

Health Agency (WHA 23.23, 2010) and taken up again during the last WHA on May 22, 2018 in Geneva [2]. The 2007 translation is available in Italian [3]. The six described steps are valid for any emergency context, and can be integrated into national and local policies and programs. The Operational Guide retrieve the need to develop or adopt common strategies, integrating with existing pre-emergency services, training staff, coordinating operations involving all the key actors, promptly activating monitoring and evaluation systems and specific technical interventions for breastfeeding protection, promotion and support, including the management of donations - with specific regard to substitute formula and infant feeding - and communication with the media.

Paola Tiberi, Irene Raparelli and Noemi Pavoni spoke about "Join or develop strategies. The experience of Marino's municipal emergency plan". Their speech illustrated how it is possible to create synergies for the provision of municipal emergency plans (Pec). The process that led to the definition of the procedure for managing infant feeding in emergencies within the Pec [4] was presented. Paola Tiberi, deputy mayor of Marino, described the role played by the municipal administration in promoting the definition of Pec in a participatory process. Irene Raparelli, mother and peer counselor of the La Goccia Magica Association, summarized how women/mothers, associations and citizens participated and how they supported this path. Finally, Noemi Pavoni spoke about the future actions of the LHA Roma 6 within the Pec and what preparedness actions are in the area of infant feeding in emergencies, especially in this phase in which the LHA started the path of joining the Unicef Baby Friendly initiatives.

Angela Giusti reviewed the technical interventions necessary for the health protection, support and promotion of the mothers and children aged 0-2 during emergencies, with a specific focus on nutrition. During the emergency, spaces and paths for the population groups with special needs are provided. She presented rest spaces, refreshment and breastfeeding spaces for mothers and children, priority routes for basic necessities, the use of aids such as the infant babywearing. The analysis of the mothers, children and first aid volunteers needs was made starting from the survey conducted by the ISS during the earthquake emergencies in our country. Specific interventions for breastfed, complementary and non-breastfed babies were then discussed: communication and counseling for decision-making processes, pathways for pregnant women, skin-to-skin contact and the start of exclusive breastfeeding at birth, expressed milk for mother and infant needs, safe storage and use of breast milk, how to restore exclusive breastfeeding in an infant with less than 6 months partially fed with "formula", how to reconstitute and safely administer formula for infants according to WHO indications. Some case studies on the inappropriate use of infant feeding during emergencies following unsolicited donations were then presented. A final aspect is about communication through the media and social networks.

Elise Chapin, national contact for Unicef Italy for the "Together for Breastfeeding" initiatives, illustrated the recommendations for the management of food donations for infants and young children in emergencies. The donation management and how it is possible to direct public opinion towards virtuous behaviour, which does not adversely affect emergency management, was addressed. Public opinion is often activated to help affected populations and this effort must be oriented to avoid negative repercussions, also on children's health. Infant formula and foods should be acquired through the usual emergency system channels.

Sofia Colaceci conducted the World Café, a training modality chosen during the training planning phase for its potential to create ideas and to share experiences. Eight groups worked in three distinct

shifts, analyzing infant feeding practices that can be activated in the short and medium term in their professional setting. Possible intersectoral synergies between associations, municipalities, health services, schools and emergency managers (Civil Protection and Italian Red Cross) also emerged.

Immacolata Dall'Oglio illustrated the training needs of the emergency professionals, analyzing the involvement level and distinguishing between dedicated, involved and informed actors. Then she illustrated the experience of second edition training of health professionals carried out by the Bambino Gesù Children's Hospital and by the ISS.

Julia Bomben presented a report on the children, mothers and fathers needs during emergencies, based on a field experience. The emergency drills, which should be deepened and disseminated to all actors working on preparedness, were analyzed.

Angela Giusti addressed the issue of monitoring and evaluation. The emergency system is equipped with tools for rapid context analysis. Some aspects about children's feeding 0-2 year-olds are not always considered, particularly the groups age division (0-5, 6-11, 11-23 months) and feeding practices (exclusive breastfeeding, complementary, non-breastfeeding), which reflect different children's needs and guide immediate reaction and post-emergency attention.

About *preparedness*, Elise Chapin presented the Unicef program "Together for breastfeeding" which include "Baby Friendly Hospital", "Baby Friendly Community", "Baby Friendly Initiative University Standards programme" and "Baby Pit Stop" [5]. Where the setting protect, promote and support breastfeeding as an usual best practice, during emergencies situations, actions and interventions are made easier by widespread culture, among professionals and among population.

Flaminia Cordani from Save the Children showed "Guidelines for Child Protection in emergencies" [6]. Children and adolescents are an integral part of community and Emergency Plans must consider their presence and must set about their needs. The guidelines contain 10 priority actions to be included in municipal plans or in regional guidelines for the implementation or updating of Civil Protection Plans, in order to integrate appropriate measures for children and adolescents protection during emergencies.

Course ended with groups activities to identify training needs of all emergencies actors. Groups' reports will be used in future planning of interventions about this topic.

## REFERENCES

- [1] Ife Core Group. [The Operational Guidance on Infant and Young Child Feeding in Emergencies](#), ottobre 2017 (pdf 836 kb)
- [2] Who. [Infant and young child feeding](#). 71<sup>st</sup> Who Assembly, maggio 2018 (pdf 87 kb)
- [3] Ife Core Group. [L'alimentazione di lattanti e bambini piccoli nelle emergenze](#), febbraio 2007 (pdf 850 kb)
- [4] Comune di Marino. [Piano di emergenza comunale, allegato G](#), novembre 2016 (pdf 161 kb)
- [5] Unicef, [Insieme per l'allattamento, Ospedali e comunità amici dei bambini](#)
- [6] Save the Children. [Dalla parte dei bambini - Linee di indirizzo per i piani d'emergenza](#), novembre 2017 (pdf 2,5 Mb).