

## **Infant and young child feeding in emergencies**

Emergencies involve hundreds of thousands of people all over the world every year. Emergency situations can be man-caused or arise from a natural origin, they can be unpredictable, recurring or long-lasting; in any case, they endanger the health and survival of the population. Emergencies in Italy mainly concern seismic and hydrogeological events and, in recent years, also the populations of refugees and migrants in transit.

During the emergencies, affected people need to meet essential needs such as security, access to shelter, food and drinking water and health care. Infants (0-12 months), children under 2 years of age, and pregnant women are considered to be among the most vulnerable groups because they have specific needs requiring immediate and relevant response.

According to international recommendations, there are some priority actions to be undertaken regarding infant feeding, in order to save children's life. In 2004 the World Health Organization (WHO) signed up a document outlining the 10 guiding principles for infant and young children feeding during emergencies [1].

In the context of the international group [Emergency Nutrition Network](#) (Enn), an [Operational Guidance](#) was produced for emergency relief staff and program managers of the Agencies responsible for coordinating emergency interventions. The Guidance outlines the key leading points to help mothers and young children in any state of emergency [2].

### *Developing strategies, training staff and coordinating operations*

All agencies involved in the emergency response should adopt specific and shared guidelines on infant and child feeding, ensure its implementation and train their staff. Training should also involve local staff, support staff, members of associations and anyone who comes into contact with mothers and children during emergency. It is important for the Coordinating Agency to disseminate guidelines, including donation management strategies, to the media and the donors as well, to ensure that humanitarian aid supplies comply with the International Code of Marketing of Breast Milk Substitutes. Past experiences have shown that the unsolicited raising of goods (food, drugs and other essential goods) usually leads to the management of large quantities of heterogeneous goods, which actually slows down the rescue chain.

### *Quick initial assessment and monitoring*

Necessary actions depend on the context and the pre-emergence situation. The estimation of the number of pregnant women, infants and children up to 2 years old, and the prevalence of pre-

emergence breastfeeding rates are relevant data to predict the extent and type of required interventions. Emergency agencies are equipped with various tools to make rapid context analysis and point out how many the vulnerable groups are, where they are and what needs they have, including pregnant women, mothers and children aged 0-2. At international level, rapid assessment tools have been developed by ENN and UNHCR [2, 3].

*Protect, promote and support optimal infant and young child feeding practices with integrated multisectoral interventions*

Among the immediate actions, there is the constitution of services intended to provide food and care to 0-2-years-old orphans or unaccompanied children and unbreasted babies, and to give facilities to mothers and children which need individual breastfeeding support or other targeted actions, including support from educators and psychologists. Technical interventions vary according to the context, and include the immediate supplying of adequately prepared and administered breast milk substitutes, the partial or total recovery of breastfeeding by the mother, the use of donated milk and wet nursing. All of these interventions require evaluation by experienced staff. In Italy, the local health system is operational from the very early hours of the emergency and, in the immediate post-emergency, pediatric clinics, local services, general practitioners, and midwives are available, using the tents given by the Agency that takes care of the outfitting of the camps.

If there are mothers who have recently interrupted breastfeeding by switching to the infant formula, they can be encouraged to start again, if they wish. There is an extensive literature on how to increase milk production and on the relactation technique [4, 5, 6], but it is necessary to have experienced or trained personnel. It is not a matter of telling the mother what to do or suggesting her a technique, but it's to reach an agreement with her on a plan for her child feeding. That makes her as independent and confident in her own abilities as possible. Especially in challenging conditions such as those related to an emergency, a mother who feels competent, regardless of how she is feeding her child, is a valuable resource for the whole group of mothers and for the community.

*Reducing the risks of infant formula feeding*

During emergencies, the supply, management and distribution of breast milk substitutes, baby bottles and teats, must be controlled and comply with current recommendations. The preparation and administration of breast milk substitutes should be carried out safely, bearing in mind that powdered infant formula is not sterile and [should be reconstituted](#) using water at a temperature of at least 70 °C [7].

Donations of breast milk substitutes are not necessary, risk to slow down the management of aids and may endanger the health of infants. This information should be communicated to potential donors, especially in the early stages of the emergency management. Immediate supplies of the essential breast milk substitutes are provided by the emergency services. In the following steps, the infant food supplies can be found according to the real need, using the channels provided by the Agency that manages the emergency, when possible locally, in order to support the resumption of local commercial activities.

With regard to donations, the resolution of the 47th World Health Assembly recalls that governments and agencies must ensure that breast milk substitutes in emergencies: are provided exclusively to infant and young children who really need them; are not used for the purpose of induction to the sale; the supply is ensured for as long as necessary; the nutrition of a minority of children fed with breast milk substitutes does not interfere with the protection and promotion of breastfeeding for the majority <sup>8</sup>.

#### *Widespread beliefs about breastfeeding in stressful situations*

According to some beliefs, stressful situations could cause breast milk decreasing or even depletion. Acute stress can interfere with the milk ejection reflex, creating a situation in which milk is produced but comes out with difficulties. For this reason, and to avoid that the condition of stress becomes chronic, even in difficult conditions it is important to create environments and spaces where mothers can recover and relax with their family and with other mothers and children. Caring for their baby, being in close contact and breastfeeding him or her also helps the mother to produce hormones that are useful to face difficult situations with greater determination. Peer support groups should be promoted in areas dedicated to mothers and children.

#### *Who can do and what*

In emergency situations, the unaffected national and international community mobilizes to offer its support. In these cases it is important to know what to do, what actions can help directly or indirectly the affected populations and, at the same time, to know what actions are to be avoided.

The key actors are the agencies responsible for action in emergency situations. In Italy, the Civil Protection coordinates the interventions.

The media play a key role in disseminating correct information, which helps to protect children. It is important to provide the general public with tools to understand why it is vital in these situations to protect breastfeeding and why organizing formula donations or other breast milk substitutes, even if with the best of intentions, can be harmful [9]. Read the [short guide for journalists](#) in Italian.

The social health system, with its operators belonging to the different professions, can be called to collaborate. They are often targeted to specific needs of the population. In the case of infant feeding, pediatricians, midwives, nurses, psychologists, breastfeeding consultants and other experienced or adequately trained professionals may provide targeted assistance to mothers and caregivers of infants and young children.

The community not directly involved in the emergency assists, often powerless, the sufferings of those who have been affected. In these circumstances there is a tendency to respond generously to the appeals to help those in difficulty. However, it must be verified that the donations are really helpful and do not constitute, on the contrary, an additional risk to health. Through the institutional channels it is possible to know what the most urgent aid is, whether it is better to send money or basic necessities. It is good to avoid responding to the appeals that, often in good faith, require the purchase of infants formula and baby foods, baby bottles and nipples, because these are harmful if they are not properly included in a coordinated and monitored plan.

Associations are a resource that can be usefully used in emergency situations, especially those dealing specifically with child nutrition. In Italy there are international agencies (such as UNICEF, the Red Cross and Save the Children) and professional associations. There are also other associations that are specifically dedicated to breastfeeding.

Among these:

- Mothers support groups: mothers with a personal experience and a specific training offering peer support. Go to the [list](#) of existing groups in the national territory.
- [Mami](#), an Italian group headed by the World Alliance for Breastfeeding Action, international network of organizations.
- [Leche League Italia](#), Onlus that offers mother to mother support during breastfeeding.
- [Aicpam](#), Ibclc Italian Association of Breastfeeding Professional Consultants
- [Ibfan Italia](#), an Italian association under the International Baby Food Action Network, monitoring the application of the International Code.

The Italian National Institute of Health contributes on these topics with research activities and educational and informative events. Among these:

- The seminar “[Child feeding in emergencies](#)”, November 16, 2009.
- The course “[Breastfeeding and infant feeding in humanitarian emergencies](#)”, April 26-27, 2016.

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## REFERENCES

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<sup>1</sup> World Health Organization. Guiding principles for feeding infants and young children during emergencies. Geneva, 2004.

<sup>2</sup> Ife Core Group. Infant and young child feeding in emergencies. Operational guidance for emergency relief staff and programme managers. Version 2.1. February 2007

<sup>3</sup> <http://www.unhcr.org...>

<sup>4</sup> Who. Helping Mothers to Breastfeed in Emergencies. Who European Office, 1997 <http://www.euro.who.int/...>

<sup>5</sup> Relactation: Review of Experiences and Recommendations for Practice. Who, 1998. [http://www.who.int/child\\_adolescent\\_health/...](http://www.who.int/child_adolescent_health/...)

<sup>6</sup> ENN. Infant Feeding in Emergencies. Module 2, 2007 [www.enonline.net/...](http://www.enonline.net/...)

<sup>7</sup> Regione Lombardia. Asl Milano. Ricostituire in sicurezza il latte artificiale in polvere.

<sup>8</sup> Wha. Infant and young child nutrition. Wha Resolution 47.5. Forty-seventh World Health Assembly. 1994 [www.mami.org/...](http://www.mami.org/...)

<sup>9</sup> Ife Core Group, Media Guide on Infant and Young Child Feeding in Emergencies, 2007