

## **National Institute of Health conference: humanitarian emergencies, natural disasters and infant feeding in the first 1000 days of life**

November 22, 2018 – On October 8, 2018, took place in Rome the conference “Infant feeding in the first 1000 days of life in the context of humanitarian emergencies and natural disasters: is Italy ready?”, organized by National Institute of Health in collaboration with Save the Children and Unicef.

During the event, an in-depth discussion was held about the importance of infant feeding in the first 1000 days and the need to protect and promote breastfeeding even during the emergencies. The conference was also an opportunity to present the third edition of the “Infant and Young Child Feeding in Emergencies - Operational Guidance for Emergency Relief Staff and Programme Managers”.

- Download the [conference program](#) (pdf 1,2 Mb).

### **Speakers' presentations:**

- The importance of breastfeeding in emergencies.  
[Video message](#) – Francesco Branca, World Health organization (WHO).  
*In short: Breastfeeding is the best that can be offered to the babies, because it prevents communicable diseases, diarrhoea, respiratory diseases, and, in the long term, chronic diseases, such as obesity, hypertension. And because it is good for mothers and it is the best for the physical and neurovegetative development of children. Healthy breastfeeding starts in the first hours of life, is exclusive in the first six months and continues up to two years and beyond, integrated with other healthy complementary foods. Unfortunately, in the world, no more than 40% of babies are breastfed exclusively for the first 6 months. If all babies were breastfed properly, we could save more than 800 thousand lives. For this reason, a great commitment is needed to protect, promote and support breastfeeding, also through the health services and initiatives such as the “Baby Friendly Hospitals”. In particular, during the emergencies, breastfeeding and infant feeding are essential to save lives and protect the health of children. Donations of breast milk substitutes shouldn't be accepted, because can interfere with breastfeeding and are not appropriate in these situations. In a context in which emergencies are frequent, as in Italy, it is important that health personnel are trained, in order to respond to the individual needs. The commitment of all can guarantee every child the right to appropriate nutrition in the first 1000 days of life.*
- [Nutrition and health in Europe in the first 1000 days \(English version\)](#) (pdf 2,8 Mb) – Julianne Williams, Regional Office for Europe, World Health organization (WHO). [Watch the video](#) of the speech.
- [Early invest in health: actions and strategies in the first 1000 days of life](#) (pdf 1,6 Mb) – Serena Battilomo, Ministry of Health. [Watch the video](#) of the speech.
- [The “Tavolo Tecnico Operativo sull'Allattamento al seno \(TAS\)” and the actions supporting breastfeeding in Italy](#) (pdf 5,3 Mb) – Guglielmo Salvatori and Riccardo Davanzo, Ministry of Health. [Watch the video](#) of the speech.
- [Breastfeeding as public health priority in emergencies](#) (pdf 11,4 Mb) – Angela Giusti, National Institute of Health. [Watch the video](#) of the speech.
- [The Morandi bridge collapse in Genoa. What about infants and young children?](#) (pdf 659 kb) – Arianna Parodi, Ente ospedaliero Ospedali Galliera of Genova. [Watch the video](#) of the speech.

- [Social and health support for populations affected by disasters: the national system](#) (pdf 2,6 Mb) – Federico Federighi, Presidency of the Council of Ministers. [Watch the video](#) of the speech.
- [To be prepared: Operational Guidance for Emergency Relief Staff and Programme Managers](#) (pdf 2 Mb) – Alessandro Iellamo, Save the Children UK. [Watch the video](#) of the speech.
- [Breastfeeding protection, promotion and support in emergencies](#) (pdf 6 Mb) – Elise Chapin, Unicef Italia. [Watch the video](#) of the speech.

## Q&A session

- Julianne Williams – Regional Office for Europe, World Health organization (WHO). [Watch the video](#).  
In short: *Unfortunately, advertisements promoting the use of infant formula are widespread in other European countries. WHO has published “The best start in life” reporting some data on this issue.*
- Serena Battilomo – Ministry of Health. [Watch the video](#).  
In short: *Breastfeeding should be exclusive for at least six months. The early return to work remains a major problem. In these cases, it could be useful to contact the local health and social services or the paediatrician to receive information about how to maintain the breast milk production and how to store breast milk. The Ministry is investing on the promotion and strengthening of the “consultori familiari” (local services). In collaboration with the WHO, a project was funded for the mapping of the “consultori familiari” and their activities. Some Regions have invested in “consultori familiari” and have excellent good practices. Today, the “consultori familiari” are the structures that respond in the better way to the needs of women and families, even the disadvantage ones. Talking about the implementation of the staff, there has been no renewal, but, on this issue, work is underway with the Regions.*
- Guglielmo Salvatori – Ministry of Health. [Watch the video](#).  
In short: *We all agree on the concept of “exclusive breastfeeding”. Many observations made today concern the training of health workers, which also has implications for detections at the paediatricians’ checks. As “Tavolo tecnico sull’Allattamento al Seno (TAS)” we are working to improve training for general practitioners, paediatricians, neonatologists, anaesthesiologists. The training should have a slightly different module, more or less in depth, depending on the skills of the individual professionals. The breastfeeding rate is very low. Work is, therefore, underway, and a document from the Ministry will probably be published shortly. The filling of birth certifications (“CeDAP”) and the vaccinations have been identified as opportunities to detect breastfeeding rates, because they are moment that cannot be renounced by the mothers.*
- Angela Giusti – National Institute of Health. [Watch the video](#).  
In short: *Training is one of the activities implemented by the National Institute of Health. In 2002, a training project for the teachers of the Degree Courses in Midwifery in Italy was promoted for the introduction of the 40-hour WHO and Unicef breastfeeding counselling module. Since 2002, every 3 years, with the Order of Midwives in Rome, we undertake training for trainers. Last year we updated the 40-hour course, which is now entitled “Primary health and breastfeeding: the first 1000 days”. This course has been introduced*

for 8 years in all the Degree Courses in Midwifery in Lazio. The goal for 2019 is to extend it to all the Midwifery Degree Courses in Italy. But 40 hours are still few, more time would be necessary to train a breastfeeding specialist. Schools of specialization in paediatrics and medical schools are still not very present.

- Guglielmo Salvatori – Ministry of Health. [Watch the video.](#)  
In short: *It is also necessary to consider the autonomy of universities, that can decide whether or not to include the training courses, which therefore cannot be imposed, even if they are promoted. We believe in it a lot. Training is essential, at all levels. In fact, sooner or later, all healthcare professionals will face breastfeeding issues.*
- Federico Federighi – Presidency of the Council of Ministers. [Watch the video.](#)  
In short: *We do not encourage the storage of resources that may be unused or inappropriate, because this entails maintenance, purchase, preservation, and disposal costs. Only advanced medical places must have ready-to-go drug crates, stored in hospital pharmacies. Local services know what is needed, they ask for it and we provide it. Nevertheless, the Regions can do whatever they want, but having stocks is not encouraged. The evaluation sheet for immediate needs is designed to be used in the first 12 hours. The SVEI system, like all triage systems, is coarse but not arbitrary. Objective criteria are established for the assessment of the case, whether it is green, yellow or red. So, we proceed in this way: first they are all made safe, identifying the people who probably have a specific need (and this is collected by nurses). At this point, we know how to intervene.*
- Angela Giusti – National Institute of Health. [Watch the video.](#)  
In short: *There is no point in taking action for donations of breastmilk substitutes. For a number of reasons: they are uncoordinated in quantity and quality and they hinder emergency management; moreover, from one of our studies being published, emerged that one of the elements for the return to “normality” for mothers is the return to the formula that they used before the emergency. Finally, the impact on the local economy also matters. Donations interfere with purchases made locally. On the contrary, if I have a cash donation, that money will be spent in shops in the area. However, it is important to inform those who donate about the correct use we will make of the received money, and for this we also need good communication campaigns. So it makes sense to send cash donations and not food items.*

For further information:

- [Commentary on “Operational Guidance for Emergency Relief Staff and Programme Managers”](#), curated by Angela Giusti e Sofia Colaceci (National Institute of Health).
- The [graphic project](#) and the infographics on the Operational Guidance.
- The monograph published on “Bollettino Epidemiologico Nazionale (Ben)” in October, 2018:
  - [Editorial Note](#)
  - [The six steps of infant and young feeding in emergencies](#)
  - [Seismic emergency simulation scenarios: case studies on breastfeeding and infant feeding](#)
  - [Women’s experiences of pregnancy and breastfeeding during the earthquake emergency in Abruzzo: result of a descriptive qualitative study](#)