EARLY INITIATION OF BREASTFEEDING

DURING EMERGENCIES

A guide for **maternity service providers** on supporting early initiation of breastfeeding

Warning

During emergencies, breastfeeding saves lives

Delaying the start of breastfeeding and withholding skin-to-skin contact puts mothers and babies at serious risk of:

- Neonatal infection, dangerously low body temperature and blood sugar, less stable heart rate and breathing, and death.
- Newborn stress, disrupted mother-baby bonding, neglect and abandonment.
- Maternal mortality, postpartum haemorrhage, postpartum depression.
- Breastfeeding difficulties, not breastfeeding exclusively, stopping breastfeeding too soon.

Key conversations

Cover the following topics in pregnancy and the first few days of life:

- Typical newborn feeding behaviours (e.g. cluster feeding)
- The importance of feeding frequently, staying together (24h rooming-in) and skin-to-skin contact
- Reliable signs that baby is getting enough milk (*see 'Check' below*)
- Recognising and responding to baby's cues for feeding and comfort
- Risks of using bottles, teats and pacifiers, of not breastfeeding, and of feeding babies any foods or liquids other than breastmilk
- Common infant behaviour during emergencies and how to respond (calming and soothing techniques)
- Reassurance to continue breastfeeding, even when stressed or worried about diet
- Maternal nutrition and wellbeing
- Family support for breastfeeding women
- Safe sleeping and breastfeeding at night

At all times – including during emergencies – women have the right to antenatal and postnatal care from health workers who are knowledgeable about and supportive of breastfeeding.

Check

Is the baby getting enough breastmilk?

The most reliable way to tell if a newborn is getting enough milk is to monitor newborn weight, stool and urine output.

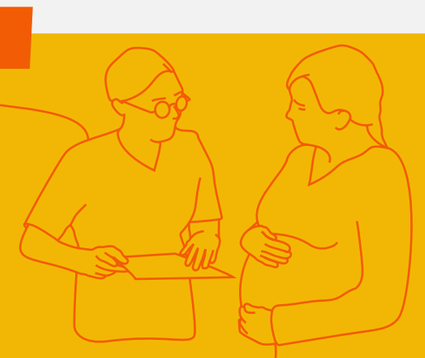
Day	# of soiled diapers	# of wet diapers
1	1	1
2	2	2
3	3	3
4	4	4

Other reassuring signs:

- Infant feeds at least 8 times in 24 hours
- Infant has lost no more than 7 – 10% of their birth weight
- No signs of dehydration, e.g. depressed fontanel, dark and strong smelling urine.
- Baby is alert and active

How can you support early initiation of breastfeeding?

1 During pregnancy



Talk to mothers about:

- The importance of skin-to-skin, colostrum, exclusive breastfeeding and starting breastfeeding within the first hour.
- How to manage breastfeeding in the early days, including how to position and attach the baby and hand express breastmilk.

For more, refer to: **Key conversations**

2 Immediately after birth

Place baby skin-to-skin with mother.

- Place naked baby on mother's bare chest.
- Dry and assess baby on mother's chest.
- Cover mother and baby with a blanket.
- Ensure baby's mouth and nose are visible at all times.

WHO and **UNICEF** recommend that all mothers and newborns have immediate, uninterrupted skin-to-skin contact.

3 In the first hour

For at least one hour, maintain uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding.

- Support baby to crawl to nipple and start breastfeeding using their instincts.
- Share why suckling at the breast in the first hour is important and help mother recognise signs of readiness.
- Avoid interruptions: delay non-urgent procedures (e.g. weighing) and perform necessary procedures with the baby on the mother (e.g. newborn assessment and monitoring).
- Follow protocol on mother and baby observation and explain when to call for help.

Remember to record the number of children who were put to the breast within one hour of birth.

4 On day one

Continue to support breastfeeding.

- Offer practical and emotional support.
- Point out signs of a good latch and milk transfer.
- Help with breastfeeding difficulties.

For more, refer to: **Key conversations**

5 At discharge

Check how breastfeeding is going and review mother's knowledge.

- Refer mother to a skilled counsellor if there are breastfeeding challenges.
- Describe a) newborn danger signs, b) signs of undernourishment and c) how to get help.
- Link mother to maternal and child health services and breastfeeding support services.
- Ensure the birth is registered within two weeks.

Essential tips

for successful breastfeeding in the first days of life

- Always comply with the **International Code of Marketing of Breast-milk Substitutes**, and your facility's infant feeding policy.
- Delay bathing for the first few days.
- Avoid bottles and pacifiers, or giving any foods and fluids other than breastmilk.
- During emergencies, mothers may be more stressed than usual and their confidence may be shaken. This may delay the onset of plentiful milk production or slow down milk flow. You can support a mother's milk to flow by helping her to feel safe and supported:
  - Listen to mothers
  - Provide respectful medical care
  - Share praise and encouragement
  - Protect privacy and dignity
  - Support skin to skin
  - Ask for consent before any necessary touch or procedure
- **When temporary separation is unavoidable, support mother to express breastmilk every 2-3 hours into a clean container for cup feeding.**

WHO and **UNICEF** recommend that babies should receive only breastmilk for the first 6 months of life.

Special care

for higher-risk mothers and babies

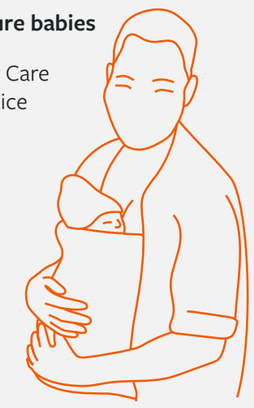
Early initiation of exclusive breastfeeding saves lives. It should be prioritised during a humanitarian response for both healthy and high-risk newborns. Below is a list of special care scenarios and advice for healthcare providers

Low-birth weight or premature babies

- Provide Kangaroo Mother Care (KMC) and patiently practice breastfeeding.

After a caesarean birth

- Try a laid-back, side-lying or football-hold position. Show birth companions how to assist the mother to safely hold the baby skin-to-skin.



Mothers with a disability, or who are incapacitated by illness or injury

- Provide practical assistance for mother to breastfeed or express breastmilk to cup feed.

Mothers who are survivors of sexual violence

- Understand breastfeeding may trigger difficult memories and provide trauma-informed care.

Mother deceased

- Provide donor human milk from a milk bank or find a healthy lactating woman who can breastfeed the baby. As a last resort, provide infant formula in accordance with the OG-IFE.

When supplementation is medically necessary

- Supplements should only be given when medically necessary, as determined by a breastfeeding-trained health worker. Breastmilk is the preferred supplement.

Coordination tip:
During service planning, take into account that the number of higher-risk mothers and babies often rises during emergencies.

Part of the **Infant Feeding in Emergencies Core Group** infographic series. Find out more at www.ennonline.net/ife

PREVENTING AND MANAGING INAPPROPRIATE DONATIONS

BREASTMILK SUBSTITUTES AND OTHER PROHIBITED PRODUCTS

A guide for emergency relief staff, donors, and governments

During emergencies:

Do not solicit, donate, accept, or distribute donations of breastmilk substitutes (BMS) and other products*

*Prohibited donations

Donations and uncontrolled distributions of the following products put infants at risk:

- **Breastmilk substitutes**, including infant formula, follow-on formula and growing-up milk.
- **Other milk products**, e.g. dried or liquid cow's milk, soya milk, evaporated or condensed milk, fermented milk or yoghurt.
- **Baby teas, juices and waters** marketed as suitable for infants under six months.
- **Bottles, teats, breast pumps.**
- **Any commercial complementary food** marketed for use for infants under six months.

What's the risk?

Donated products are often:

- In violation of the WHO Code.
- Unsafe (expired, the wrong type, unreliable quality etc.).
- Excessive in quantity.
- Labelled in the wrong language.
- Not supplied in a reliable manner.
- Not possible to hygienically use in an emergency context.
- Used by breastfeeding mothers, disrupting their milk supply.
- Lacking the instructions, supplies and support that caregivers of formula dependent infants need to feed safely.

Donations and uncontrolled distributions directly decrease breastfeeding, increase formula feeding, malnutrition, illness and death.

1 Prevent donations

Do you know your role?

Never call for donations of these products.

Be aware of relevant policies.

Report any calls for, offers of or actual donations (including online media) to the designated authority.

Government, health and nutrition cluster coordinators and partners

- Endorse and disseminate a **policy** clearly stating that donations will not be accepted.
- Ensure **Violation/Donation Alert and Monitoring System** is in place.
- Repeatedly **sensitise key actors**, including other sectors and potential donors, on the dangers of donations and blanket distributions.
- Systematically **share information**, including reports of violations, for action (e.g. enforcement) at a national level and global level (e.g. NetCode).
- Establish a **Donation Prevention and Management Taskforce**.
- Develop and widely disseminate a **joint statement** to key stakeholders, including media, communications, logistics, donors and partner agencies.

Food security sector

- Ensure rations include **safe and appropriate complementary foods.**
- Ensure food aid is compliant with the **WHO Code** and that prohibited products are never part of a blanket distribution.

Customs

- Put in place customs and importation **control measures** to implement government policy.
- Keep **clear records** and communicate regularly on confiscated relief items (source, type, quantity).

Donors

- Fund **lifesaving services** and supplies e.g. nutritious food for mothers, skilled breastfeeding support and appropriately managed artificial feeding support services.

Child protection and social welfare sector

- **Never include** BMS in standard family kits.
- **Coordinate** with the nutrition sector to secure appropriate infant feeding support for separated and orphaned children.

Army, logistics and camp management

- **Adopt policy** on donations and distributions.
- **Reject requests** for procurement, storage, transportation and distribution of restricted products without official approval.

Media

- **Do not** call for donations of these products.
- Disseminate information that encourages **helpful aid** and discourages harmful aid.

2 Detect and manage unprevented donations

Donations can arrive early in an emergency. Preparedness is critical: it saves money, time and lives.

1. Detect and report

- Activate a Violation/Donation Alert System (e.g. online reporting form).
- Sensitise all stakeholders on why and how to report donations, uncontrolled distributions and other Code violations.
- Rapidly share incoming alerts with the IYCF-E Coordination Authority/ Donation Prevention and Management Taskforce.

2. Intercept, transport and securely store

- Activate the Taskforce to handle incoming alerts.
- Assign a designated agency (ideally the Ministry of Health) to rapidly intercept prohibited products.
- Implement security measures to ensure stored products are not stolen or re-used.

3. Sort and handle

- Establish a **Donation Management Plan** to guide decision-making on what to do with intercepted products.
- Secure resources to implement the plan, including funding, expertise, HR (including sorting and handling teams), storage facilities, transportation and equipment (e.g. for lifting/destruction).
- Handle donations according to the Donation Management Plan.

Donation Management Plan

Start

Can the product be **returned?**

- Yes → **Return**: Return the product to the donor at their expense.
- No → Is the product suitable for **re-use?** Unsuitable products include feeding bottles, products that are expired, the wrong type, do not meet Codex Alimentarius standards etc.
  - Yes → Is the product considered **adequate complementary food?** Product meets nutritional and safety standards and does not undermine local food use.
    - Yes → Consider reusing while abiding by national standards and recommendations.
    - No → Is the product a BMS that is **suitable for use?** Suitable BMS includes products that are not nearing expiry, are the correct type and meet quality standards.
      - Yes → Can the intervention be **justified and funded?** It is important to cost whether the intervention can be justified (e.g. consider cost of relabelling, distribution, cost of additional supplies etc.)
        - Yes → Consider re-using suitable milk **PROCEED WITH CAUTION AND ENCOURAGE A DECISION-MAKING PROCESS THAT IS SENSITIVE TO THE CONTEXT**
          - **Re-use**
            - **Suitable uses:**
            - Use in preparation of bread, biscuits and cakes that can be distributed.
            - Institutional nutrition support, e.g. for the elderly, orphans.
            - Prepare a fortified blended food for use as complementary food for infants over six months.
            - Use for school feeding programmes.
            - Use in animal feed.
            - Other acceptable local solutions that are in line with the OG-IFE.
        - No → **Dispose**
      - No → **Dispose**
  - No → **Dispose**

Dispose

Remove milk products from packaging before disposing of them. Make bottles and teats useless e.g. through cutting off the top.

Keep the media and public informed to prevent uninformed journalists and politicians from sensationalising and politicising the storage and destruction of donations.

Part of the **Infant Feeding in Emergencies Core Group** infographic series.
Find out more at www.ennonline.net/ife

SUPPORTING INFANTS DEPENDENT ON ARTIFICIAL FEEDING

DURING EMERGENCIES

Guidance for **Frontline Workers** (including health, nutrition and child protection staff)

Infants and young children who are fed with Breastmilk Substitutes (BMS) such as infant formula are at high risk of malnutrition, illness and death during emergencies. Act immediately to protect them and to support mothers and other caregivers to minimise risk and meet their infant's nutritional needs.

In emergencies, the use of BMS requires a contextualised, coordinated and sustained package of care and skilled support to protect and support ALL children (both breastfed and non-breastfed). Refer to the infographic on *Planning and Managing Artificial Feeding Interventions during Emergencies* for guidance on how to establish this support.

1 Carefully check eligibility for BMS support though 1-1 assessment[1]

Artificial feeding needs should be determined through individual-level assessment by a qualified health or nutrition worker trained in breastfeeding and infant feeding issues.

Safer alternatives are not possible

- Mother's own expressed breastmilk.
- Re-starting supply to return to breastfeeding (relactation).
- Breastfeeding by a healthy woman other than the child's mother.
- Donor human milk.

AND

Short-term eligibility

- Mother severely ill.
- Relactation (with infant formula as the supplement).
- Waiting for other safer alternatives.
- Increasing supply to return to exclusive breastfeeding (U6M).
- Short-term separation.

OR

Long-term eligibility

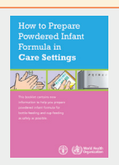
- Not breastfed pre-emergency.
- Replacement feeding for HIV.
- Mother deceased or absent.
- Rare medical condition.[2]
- Mother has rejected infant.
- Sexual and Gender Based Violence (SGBV) survivor who may not be ready to breastfeed.

2 Determine if BMS can be used hygienically at home

What is needed	Powdered Infant Formula (PIF)	Ready to use Infant Formula (RUIF)
Potable water for reconstitution	Yes	
Handwashing facilities	Yes	Yes
Clean and dry storage	Yes	Yes
Heat source	Yes	Yes
Washing facilities (safe water and sink/washing up bowl)	Yes	Yes Use **disposable** cups if heat source and washing facilities are not available.

Can a BMS kit be provided to ensure hygienic preparation at home?

Yes **Provide the kit** No **Provide on-site feeding with 24/7 access**



3 Discreetly provide BMS and associated supplies (BMS Kit)

An appropriate* BMS that is labelled in the correct language and is compliant with the WHO International Code.

***Refer to the infographic on *Planning and Managing Artificial Feeding Interventions during Emergencies* for guidance on what constitutes an appropriate BMS, depending on the child's age and the context.**

Storage, preparation and cleaning equipment

Feeding cup

Safe water

Hygiene support

4 Counsel and demonstrate how to feed the child as safely as possible

Correct, hygienic preparation* 1-1 practical demo

Remember! **Over- and under-dilution is DANGEROUS**

Responsive feeding

Cup feeding[3] 1-1 practical demo

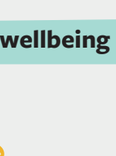
Remember! **Feeding bottles are NOT recommended**

Where and when to seek medical care

Safe storage in a clean and dry location

*Instructions for preparation

Steps	Powdered infant formula	Ready-to-use infant formula
1	Wash hands thoroughly with soap and water for at least 20 seconds.	
2	Carefully sterilise the feeding (e.g. cup) and preparation equipment. Ensure a clean preparation surface.	
3	Boil fresh, safe water. Leave the covered water to cool to no less than 70ºC. *Tip*: It takes 1 litre of water about 30 minutes to cool to 70ºC – do not wait longer.	X
4	Following the product's instructions, combine the correct amount of hot water with the exact amount of powder in a cleaned and sterilised measuring jug (using the measuring scoop provided with the product).	X
5	Mix well with a cleaned and sterilised spoon.	X
6	Cool the prepared formula until it feels lukewarm, not hot, when dripped on the inside of a wrist.	X
7	Pour the infant formula into a cleaned and sterilised feeding cup and offer it to the infant.	
8	Throw away any feed that has not been consumed within 2 hours (mix in family food, or consume it yourself as the caregiver/offer it to an elderly family member).	
9	Thoroughly clean feeding and preparation equipment after use.	



5 Establish a regular follow-up schedule (every 2 weeks or more frequently)

Monitor growth and health

Counsel on infant and young child feeding and other topics (as needed)

Check caregiver wellbeing

Re-assess eligibility, including feasibility of safer alternatives (e.g. relactation)

Resupply BMS

Refer to additional services (as needed)

Remember! Similar to medication, BMS can be **necessary** and **lifesaving**, but must be given carefully, only when needed and **under strict control** and **monitoring**.

6 Repeat step 5 until the child can be fed with breastmilk or reaches at least 6 months of age*

BMS should be provided for as long as the infant needs it.

Remember! Health and nutrition workers have a **professional** responsibility to **protect**, **promote** and **support** recommended infant and young child feeding practices. Breastfeeding saves lives during emergencies. The WHO International Code calls on you to ensure that caregivers and their children are protected from harmful BMS marketing practices whilst in your care. The Code is especially important during emergencies.

At all times, health and nutrition workers should follow the WHO International Code.

*Milks other than infant formula may be used as a **BMS in children aged six months and older** (e.g. full fat UHT milk).

1 In circumstances where individual-level assessment, support and follow-up are not possible, such as where population access is compromised, consult with the IFE coordination authority.

2 Refer to WHO for a small number of acceptable medical reasons: https://apps.who.int/iris/bitstream/handle/10665/69938/WHO_FCH_CAH_09.01_eng.pdf

3 Where bottles are used by caregivers, act to help mitigate risks. Refer to 6.23 in the OG-IFE.

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