

Infant Nutrition During Acute Crisis Situations



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Acute crisis situations and wars occur disproportionately often in economically poor countries. Furthermore, there are currently an estimated 60 million refugees and displaced persons worldwide. All of these people need water, food, shelter and medical care.

During crisis situations, it is especially infants and young children who are at risk of malnourishment, disease and death. In the face of this obvious suffering and thanks to numerous old wives' tales, in no time, there are donations and widespread distribution of artificial baby food, bottles and pacifiers. During acute crisis situations, breast milk is often the only secure source of nutrition available for the baby. If the nursing mother receives sufficient support, the whole family benefits from it. If formula is also given, breast milk supply is reduced and the risk for the baby increases. Irregular distribution of infant food, inadequate hygienic conditions during preparation, as well as lack of information on the use of breast milk substitutes increase malnutrition, favour the occurrence of diseases and increase infant mortality.

Are women able to breastfeed while suffering from stress?

The let-down reflex might temporarily be affected by stress. Milk supply will not be affected solely through stress. Frequent latching on will stimulate the release of oxytocin – the hormone responsible for the let-down reflex – and oxytocin also reduces hormonal stress reactions in the mother.

Do malnourished women produce sufficient milk?

Usually it is the mother and not the child who suffers from any deficiencies. For the mother, it is important to offer food – in order that her own health and energy are not compromised by malnutrition. Only extremely malnourished mothers – just about 1 % of these women – might experience a decreased milk supply.

What if the mother has already weaned?

With frequent stimulation and support, women can be enabled to increase a milk supply that has declined or even restart milk production when it has stopped. Stimulation by a baby who sucks well or through hand expression or pumping of milk is essential. The procedure can take some days or weeks and the mother needs encouragement, support, food and, as far as possible, protection against stress. To ensure that the baby gets enough calories and fluids during this phase, monitoring of the babies is very important. It might be necessary to supplement the mother's milk with donated human milk and/or formula until the mother's own supply increases. (See section on safe preparation of formula)

Avoid...

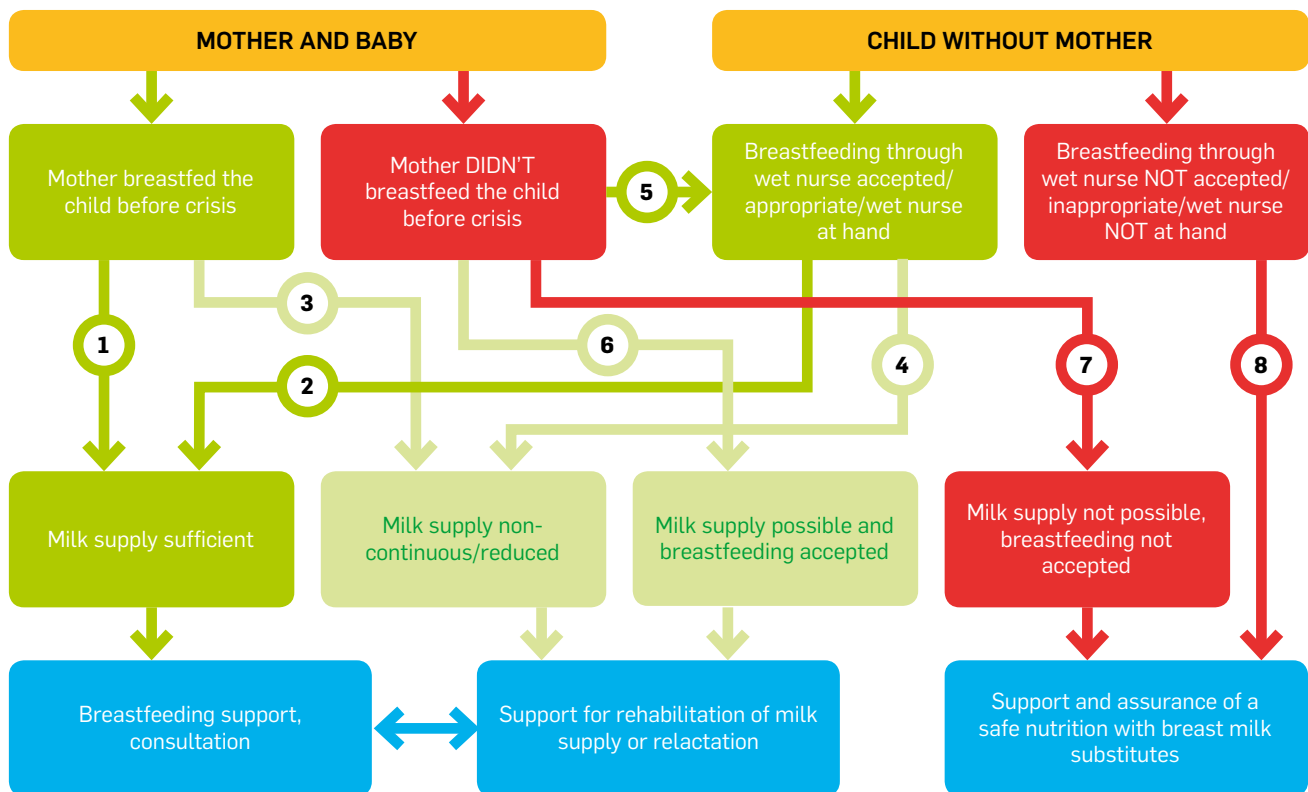
- › Donation of breast milk substitutes, baby bottles and pacifiers
- › Giving these items to families who did not ask for them
- › Distributing these products together with the general food distribution.
- › Handing out breast milk substitutes without follow-up and without having instructed the carer on their use.
- › Giving out sample packages of infant formula.
- › Supporting the use of bottles and pacifiers (high risk of contamination and difficult to clean).
- › Distributing milk powder as an individual product.
- › Using products that are labelled in foreign languages and do not meet the International Code of Marketing of Breast Milk Substitutes.*
- › Practices that restrain breastfeeding, relactation, breastfeeding by wet nurses or the use of breast milk from a donor mother.
- › Standing by while breast milk substitutes, bottles or pacifiers are being donated.

* The International Code of Marketing of Breast Milk Substitutes as well as subsequent resolutions are intended to guarantee the safe nutrition of infants and young children, via breastfeeding protection and support and through narrow scope of permitted marketing for infant formula, bottles, pacifiers, and other fluids and foodstuff intended to replace breastfeeding.

What you should do...

- › Purchase required infant food locally via normal commercial channels
- › Store unsolicited donations until UNICEF, together with a coordination unit and the government, have developed a plan for the safe use of these products.
- › Ensure that a qualified health or nutrition consultant, with particular competence in the field of breastfeeding and infant nutrition, distributes breast milk substitutes targeted only to those infants who need them
- › Ensure that the child's carer has one-to-one instruction on the safe preparation of infant food.
- › Carry out regular check-ups including regular weight controls
- › If infant formula is being distributed, ensure that the required amount is regularly made available as long as those children who are dependent on it need it.
- › Support the use of cups for feeding infant formula and advise against the use of bottles and pacifiers.
- › If powdered milk is being provided unsolicited, it should be mixed with the typical local cereal products so that it cannot be used as a breast milk substitute.
- › Choose those brands with labelling written in a language that can be understood by the users and the labels of which are in accordance with the requirements of the International Code of Marketing of Breast Milk Substitutes.
- › Actively stop donations of infant formula: send a message to the media, agencies, relevant ministries, WHO and UNICEF.
- › Share this publication.
- › Provide the means for breastfeeding support programmes.

Nutrition of infants younger than 6 months in case of emergency: a triage approach for decision-making



IBCLC

International Board Certified Lactation Consultants (IBCLC) are – worldwide - the only officially recognised specialists in breastfeeding and lactation with medical backgrounds.

The decision “to breastfeed” or “not to breastfeed” has short and long-term impacts on the health of both the child and the mother. However, breastfeeding is not always easy and might require professional, competent support.

Contact your IBCLC