

A CALL TO ACTION

BREASTFEEDING COUNSELLING IN EMERGENCIES



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Rialtas na hÉireann
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This is a **call to action** for policy makers and other decision makers, donors, humanitarian responders, community leaders and emergency-affected communities to **ensure that breastfeeding counselling is provided during emergencies**, as is required by international standards of care.

Key message: Exclusive and continued breastfeeding is the single most effective intervention for preventing deaths in children under five years.

Crises lead to disruptions. Emergencies (such as floods and conflict) are increasing in frequency and severity. Access to food, shelter, safe water, sanitation, medical care and access to other basic necessities required to keep children safe and nourished are commonly disrupted. Infants and young children are particularly vulnerable; the younger the child, the more vulnerable they are.

Breastfeeding saves lives in emergenciesⁱ. When systems are disrupted, breastfeeding continues to offer nutrition security, hydration, comfort, connection, and protects babies from infectious disease. Diarrhoea and respiratory tract infections are two of the most common causes of preventable deaths in emergencies. Estimates indicate that half of all cases of diarrhoea and one third of respiratory tract infections could be avoided if all children were breastfedⁱⁱ. The lifesaving protection offered by breastfeeding is strongest if children are fed as recommended by WHO and UNICEF. This includes initiating breastfeeding within one hour of birth, breastfeeding exclusively (giving nothing else but breastmilk, not even water) for the first six months of life and continuing to breastfeed up to two years and beyond.

Babies who are NOT breastfed are at the greatest risk of illness, malnutrition and death. The risks to a child's ability to survive and thrive are amplified in emergencies. Poor access to healthcare means an otherwise treatable infection can become lethal. Babies who are fed infant formula are dependent on safe water, a heat source, and a secure supply-chain for an expensive product that often cannot be hygienically prepared in an emergency setting. Emergencies render these babies highly vulnerable. They require urgent protection and intensive support.

It is estimated that improving breastfeeding practices would save 820,000 children's lives each year and prevent an additional 20,000 maternal deaths from breast cancer globallyⁱⁱⁱ.

Protecting and supporting breastfeeding is upholding the rights of women and children^{iv}. Yet just when it is needed the most, good breastfeeding practices are often eroded and undermined. Poorly trained responders often damage a mother's confidence by promoting misinformation or myths about breastfeeding during emergencies. Dangerous donations of breastmilk substitutes (BMS) and other Code^v violations put both breastfed and non-breastfed children's lives at risk. The support required to breastfeed under difficult circumstances is often lacking. With appropriate support, almost all women can breastfeed their babies. Stressed mothers can breastfeed. Milk supply (lactational capacity/output) is unaffected by all but the most severe forms of malnutrition. However, women who breastfeed are often concerned about the quantity and quality of their breastmilk. These concerns can be amplified during emergencies. Breastfeeding mothers need urgent reassurance and skilled support to continue to nurture, nourish, and protect their babies. Breastfeeding counselling is therefore listed as a *priority action* in the Sphere Humanitarian Charter and Minimum Standards in Disaster Response.

Key message: Skilled breastfeeding counselling is a low cost, effective public health intervention^{vi} and an imperative component of the package of interventions required to protect and support breastfeeding.

Effective counselling supports women to overcome challenges and to breastfeed successfully in emergencies. Compassionate and knowledgeable support from skilled breastfeeding counsellors plays a critical role in maintaining mothers' confidence and wellbeing, solving breastfeeding difficulties and strengthening caregiver-child attachment. A meta-analysis of individual counselling or group education, immediate breastfeeding support at birth, and appropriate lactation management showed that these interventions increased exclusive breastfeeding by 49% and any breastfeeding by 66%^{vii}.

Counselling can support mothers to successfully initiate breastfeeding as recommended, even in emergencies.

EXAMPLE

In the Philippines, the roll out of an Essential Intrapartum and Newborn Care (EINC) training package in the aftermath of Typhoon Haiyan resulted in an increase in rates of early initiation of breastfeeding from 50% to 86% at three months post training^{ix}.

Counselling can mitigate against the impact of dangerous donations during emergencies.

EXAMPLE

In Yogyakarta and Central Java, following the earthquake in 2006, women who received counselling on breastfeeding were more likely to continue breastfeeding despite receiving BMS donations^{x, xi}.

Counselling facilitates access to breastmilk for non-breastfed babies and can reduce the risks babies who are dependent on infant formula face in emergencies. It is imperative that those involved with infant feeding support in an emergency rapidly explore safer feeding alternatives for BMS-dependent babies in accordance with global guidance and standards and informed by cultural context and individual circumstances. The options in order of priority are^{xii}:

1. restarting breastfeeding (relactation)
2. donor human milk (ideally temporarily while breastfeeding is re-established)
3. facilitating breastfeeding by a woman other than the child's biological mother (ideally temporarily until breastfeeding is re-established)
4. supporting safer breastmilk substitute feeding as part of a comprehensive package of support (ideally temporarily until a safer option can be secured)

Counselling plays a vital role in making safer alternatives available to these highly vulnerable children.

Despite the perceived difficulty of establishing breastfeeding counselling services in emergencies, experiences have shown that it is possible to establish or to re-establish breastfeeding counselling and improve breastfeeding practices, even in the midst of a crisis.

EXAMPLE

In Haiti, following the devastating earthquake in 2010, baby tents where mothers could breastfeed comfortably and be supported by trained counsellors and their peers were established and rapidly scaled up. Appropriate breastfeeding practices remained undisrupted. Of the 30% of younger babies who were reportedly fed breastmilk plus other foods or liquids at the time of the earthquake, 10% moved to exclusive breastfeeding^{viii}.

CALL TO ACTION

Women are **2.5 times** more likely to breastfeed when breastfeeding is protected, promoted, and supported^{xiii}. Families, communities, health workers, aid workers, policy makers and other decision makers have a collective responsibility to protect, promote and support breastfeeding to strengthen the growth and future trajectory of the next generation.

We call on decision-makers to:

- 1 Invest resources in routine programmes to improve breastfeeding as a crucial component of emergency preparedness.** Strengthen breastfeeding practices in non-emergency times to lower babies' vulnerability during emergencies and to foster individual-, family-, and community-resilience to emergencies. Foster positive social norms towards breastfeeding. Improve access to skilled breastfeeding counselling^{xiv}. Ensure BMS industry regulations are upheld^{xv}. Demonstrate political will to protect and support breastfeeding to save both lives and money.
- 2 Include adequate provisions for breastfeeding counselling in emergency preparedness plans and policies.** In order to reach the global target of increasing exclusive breastfeeding rates to at least 50% by 2025 and achieve Sustainable Development Goals related to nutrition, child health, maternal health, and education by 2030, breastfeeding counselling must be supported from the onset of an emergency as outlined in the *Operational Guidance: How to implement WHO's breastfeeding counselling guidelines in humanitarian settings*^{xvi}. Provisions for various scenarios, including public health emergencies, must include adequate funding as well as adequate organisational and human resources.
- 3 Ensure that breastfeeding counselling is a component of the minimum package of humanitarian health and nutrition services.** A package of breastfeeding protection, promotion, and support interventions, policies and programmes that include breastfeeding counselling and which are designed to support mothers at household, community, and facility level will have the greatest impact. This package should prioritise the most vulnerable, including babies, mothers and other caregivers in need of immediate support and those at increased risk of developing breastfeeding difficulties or engaging in inappropriate practices.
- 4 Identify and document** breastfeeding counselling interventions in emergencies to track progress, learn, and inform scale up in emergency settings.

This brief was developed by the IFE Core Group, led by the Emergency Nutrition Network (ENN) on behalf of the World Health Organisation to complement the following guidance: ENN, IFE Core Group, 2021. **Operational Guidance: Breastfeeding Counselling In Emergencies**. For complementary advocacy materials, refer to the [Global Breastfeeding Collective Advocacy Toolkit](#).

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