



**Glossary of Terms for
Infant and Young Child
Feeding in Emergencies**

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Introduction

To ensure child health, survival and normal development, the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) recommend the following infant and young child feeding (IYCF) practices:

- a) early initiation of breastfeeding (within one hour after birth)
- b) exclusive breastfeeding for the first six months (180 days) of life
- c) complementary feeding from six months of age with foods that are age appropriate, of sufficient quality and amount (energy and nutrients), safe (hygienically prepared, stored and used) and fed responsively
- d) continued breastfeeding from six months up to 24 months or beyond (1)

However, a minority of infants and children are fed according to these recommendations. Globally, less than half of all newborns (46%) start breastfeeding within an hour of birth, 48% of infants aged 0–5 months worldwide are exclusively breastfed, only three in five children (59%) aged 12–23 months are still breastfeeding (2) and only 45% of children are still breastfed at two years of age (3). Additionally, over one in four children aged 6–8 months (28%) are not fed any solid, semi-solid or soft food and one in two children aged 6–23 months (49%) are not fed the minimum number of meals or snacks recommended each day. Finally, nearly two in three children aged 6–23 months (66%) are not fed foods from at least five of the eight recommended food groups (4). These IYCF indicators are influenced by structural factors, including inequitable access to services and food, gender norms, the commercial marketing of formula, and crisis-affected living conditions, and are not solely the result of individual caregiver choice. Emergencies further undermine the ability of caregivers (including mothers, fathers, grandparents, adolescent caregivers and primary caregivers) to follow recommended IYCF practices. Emergency-related challenges that may undermine IYCF in emergencies (IYCF-E) include reduced access to food, water, safe shelter, basic services, mental health and psychosocial support, and physical safety (5).

The Why and How of this Glossary of Terms

Confusion over terms related to IYCF-E has been identified as a barrier to the implementation of effective interventions. This glossary of terms is intended for national actors, including governments, international emergency responders, and affected communities. This glossary aims to reduce confusion by providing recommended terms for use in IYCF-E and associated definitions. This glossary is intended to support, not replace, the terminology developed and preferred by national authorities, women-led groups, and community-based caregivers in each response.

While the glossary is in English, it is intended to serve as a foundation that can be adapted and translated by national and community actors so that the terminology reflects the language, preferences and dignity of caregivers and responders in each context.

The process of glossary development involved reaching out to IFE-CG partners to share the terminology they commonly use, a desk review of existing glossaries containing definitions relevant to IYCF-E and the convening of a task force of experts from the IFE-CG who agreed on the standardised core terminology. Terms and definitions that are used in the World Health Assembly resolutions and major guidance were used as the starting point for the review. This included the Operational Guidance on Infant and Young Child Feeding in Emergencies (6) among others.

Throughout this glossary multiple commonly used terms are highlighted where relevant, with the preferred term stated. These have also been summarised in the table below.

Use these terms	Instead of these terms
IYCF	IYCN
IYCF-E	IFE
Recommended IYCF-E practices	Optimal IYCF-E practices
Pregnant and breastfeeding women and girls (PBWG)	Pregnant and lactating women (PLW)
Breastfeeding women and adolescent girls (BFWG)	Lactating women and adolescent girls (LWG)
Commercial infant formula	Infant formula
Ready-to-use infant formula (RUIF)	Ready-to-feed (RTF) infant formula

The agreed terminology will be widely disseminated through different channels including the Emergency Nutrition Network as well as the Global Nutrition Cluster platforms.

Note that where terms such as ‘pregnant women and adolescent girls,’ ‘breastfeeding women and adolescent girls,’ or ‘women of reproductive age’ are used in this glossary, this refers to people who are pregnant, breastfeeding, or of reproductive age. We recognise that not all people in these groups identify as women or girl.

Definition of IYCF-E Related Terms

Terms in this document are arranged under themes of general terms, breastfeeding, non-breastfeeding or artificial feeding, feeding equipment, complementary feeding, and IYCF-E

support. This document does not define IYCF-E indicators. For further information on these, refer to the WHO and UNICEF “Indicators for assessing infant and young child feeding practices: definitions and measurement methods” (7).

I. General Terms

These are cross-cutting terms used in multiple aspects of IYCF-E response.

Adolescent girls: Females aged 10 to 19 years

Baby-Friendly Community Initiative (BFCI): An extension of the [Ten Steps of Successful Breastfeeding](#) and BFHI. This provides continued breastfeeding support to communities upon facility discharge after birth. BFCI creates a comprehensive support system at the community level through the establishment of mother-to-mother and community support groups to improve breastfeeding

Baby-Friendly Hospital Initiative (BFHI): A 10-step framework of policies for health and maternity services developed by WHO and UNICEF to promote good clinical care in relation to breastfeeding for mothers and their infants (8)

Breastfeeding women and adolescent girls: Women and adolescent girls who are producing breastmilk and directly feeding or expressing the milk from the breast to the infant or young child

Emergency: An emergency is a state or context caused by an event or series of events involving human, material, economic or environmental losses that threaten the health, safety, security or well-being of a community and therefore requires additional support, including from national systems, local responders, and (where needed) international actors. The term encompasses natural disasters, human-made crises, and complex emergencies. Emergencies can be slow- or rapid-onset, chronic or acute

Food assistance: In an emergency, food assistance is required when the quality and quantity of available food or access to food is not sufficient to prevent excessive mortality, morbidity or malnutrition. A wide range of tools can be used in food assistance programmes including, but not limited to, general food distributions (provision of in-kind food and/or cash-based assistance for purchase of food) and supplementary feeding programmes (9)

- **General food distribution:** Provision of supplies to feed an affected population such as displaced populations, host communities, a specific geographic area, or to individuals fulfilling an easily defined criteria such as age (9). **In order to protect infants, foods that could be used to replace breastmilk, including all milk products, should not be included in food distributions**
- **Supplementary feeding programme (SFP):** A feeding programme that provides a food supplement to all members of a specified at-risk group such as children aged 6-23 months

and pregnant and breastfeeding women and girls (6). In an emergency, two types of SFP that focus on children aged 6-23 months are common – **blanket SFP** for the prevention of wasting, and **targeted SFP** for the treatment of moderate wasting and prevention of severe wasting (9). **In order to protect infants, foods that could be used to replace breastmilk, including all milk products, should not be included in supplementary feeding programmes.** Supplementary feeding programmes that focus on pregnant women are often called balanced energy and protein (BEP) supplementation during pregnancy (see details below)

- **Balanced energy and protein (BEP) supplementation during pregnancy.** BEP is a generic term for supplements that exist in various forms, including fortified cereals, biscuits, dairy products, beverages or powdered supplements in sachets, or can be made using locally sourced ingredients (10)

Infant: A child aged 0-11 completed months (may be referred to as 0-<12 m or 0-<1 year) (6). Infants in the context of IYCF may be considered as infants 0-5 completed months and 6-11 completed months

Infant feeding in emergencies (IFE): The feeding of infants and young children from birth to two years during an emergency. Preferred term: infant and young child feeding in emergencies (IYCF-E)

Infant and young child feeding (IYCF): The feeding of infants and young children from birth until two years of age. May also be called infant and young child nutrition (IYCN). Preferred term: IYCF

Infant and young child feeding in emergencies (IYCF-E): The feeding of infants and young children from birth to two years during an emergency. May also be abbreviated to infant feeding in emergencies (IFE). Preferred term: IYCF-E

Infant and young child nutrition (IYCN): The feeding of infants and young children from birth until two years of age. Preferred term IYCF

Kangaroo mother care (KMC): A practice whereby premature, small or sick infants are held skin-to-skin with their mother and supported to breastfeed (11). KMC is lifesaving and, when mothers are unavailable, newborns may be placed skin-to-skin with fathers or other caregivers. See immediate skin-to-skin definition under the section ‘Terms related to breastfeeding’.

Lactating women and adolescent girls: Women and adolescent girls who are producing breastmilk, regardless of whether they are currently breastfeeding, and/or actively providing breastmilk (through direct breastfeeding or milk expression) to an infant or young child

Maternal, infant and young child nutrition (MIYCN): Nutrition for women while pregnant and breastfeeding, as well as IYCF. Usually used in relation to nutrition programming

Newborn (neonate): A child under 28 days of age

Pregnant and breastfeeding women and girls (PBWG): Women and adolescent girls who are pregnant or who have given birth and are breastfeeding their infant (10). This is the preferred term to use

Pregnant and lactating women (PLW): Women who are pregnant or have given birth and are producing milk (lactating) from their breasts, regardless of whether they are breastfeeding or not. This term is often used in nutrition programming but there has been a recent shift to pregnant and breastfeeding women and girls (PBWG). Preferred term: PBWG

Pregnant women and adolescent girls: Women and adolescent girls who are pregnant

Primary caregiver/s: The person/s who provide most of the care to a child, including emotional, physical and developmental support. Primary caregivers may be mothers, fathers, grandparents and other family members or community members who have taken on the main care of a child

Ready-to-use food (RUF): Specialised food for the management of wasting. This is a ready-to-eat, portable, shelf-stable product designed to be eaten straight from the packet without the need for cooking, dilution or other preparation. RUF is an umbrella term that includes ready-to-use therapeutic food (RUTF) and ready-to-use supplementary food (RUSF)

- **Ready-to-use supplementary food (RUSF):** A food supplement for the dietary management of children six months and older with moderate wasting. RUSF is given in addition to breastmilk and other foods that the child usually eats (12)
- **Ready-to-use therapeutic food (RUTF):** High-energy fortified food used for the management of severe wasting in children six months and older. RUTF covers the full dietary needs of a child to recover from severe wasting. Continued breastfeeding is encouraged, usually before providing the RUTF (13)

Recommended IYCF-E interventions: In emergencies, recommended IYCF-E interventions are of life-saving importance and should be prepared for, anticipated, coordinated, and immediately properly implemented when an emergency occurs. IYCF-E interventions encompass a range of actions as listed in this [advocacy summary](#). Prevention of harm by improper IYCF-E interventions is also critically important

Recommended IYCF-E practices: These are the same as for non-emergency contexts (6), that is, the early initiation of breastfeeding, exclusive breastfeeding for the first six months of life followed by nutritionally adequate and safe complementary feeding while breastfeeding continues for at least until two years of age or beyond. Recommended IYCF-E practices may also be called “optimal IYCF-E practices”, but this terminology may be unhelpful in emergencies when

an optimal practice may be viewed as unachievable. Preferred term: Recommended IYCF-E practices

Responsive feeding: An approach to feeding that involves the caregiver recognising a child's cues (e.g., hunger, fullness, need for comfort) and responding appropriately (14). Responsive feeding is part of responsive caregiving and includes all forms of infant and young child feeding such as breastfeeding, artificial feeding and complementary feeding

Therapeutic milk: Specialised milk products such as F-75 and F-100, for the treatment of severe wasting (also known as severe acute malnutrition (SAM)) in inpatient settings (6)

Women of reproductive age: Females aged 15-49 years

Young child: A child from 12 months up to 23 completed months of age. May also be referred to as 12-<24m or 1-<2 year

II. Terms Related to Breastfeeding

Breastfeeding: The act of an infant or child feeding/suckling milk directly from the breast

Breastmilk expression: Removing milk from the breasts. Breastmilk expression may be done manually via the fingers and hands or by using a mechanical device (pump) (15)

Breastmilk feeding: The feeding of expressed breastmilk to an infant. This is also called "feeding expressed breastmilk"

Colostrum: The milk women produce during pregnancy and in the first few days after birth. It is small in volume, high in protein, vitamins, minerals, immunoglobulins (antibodies) and antioxidants and highly protective against infection

Continued breastfeeding: Breastfeeding beyond the first six months of life (6). WHO and UNICEF recommend continued breastfeeding up to two years or longer (1).

Donor human milk (DHM): Expressed breastmilk voluntarily provided by lactating women to feed a child other than their own (6)

- **Informal donor human milk sharing:** Sharing of breastmilk directly with another mother or caregiver (e.g., peer-to-peer, community-based) to feed a child with expressed breastmilk. This may involve fresh or frozen expressed breastmilk and is also called **expressed breastmilk sharing**

- **Formal donor human milk provision:** Obtaining breastmilk from a human milk bank to feed a child with expressed breastmilk
 - ✓ **Human milk bank (HMB):** A service that collects, processes, stores, undertakes quality assurance and safety checks and distributes expressed breastmilk from donating mothers to infants who need it. Their operations include the recruitment, screening and testing of donors and, typically, pasteurising and testing donor milk (16)

In emergency settings, donor human milk should only be used within a coordinated, supervised mechanism that ensures screening, safe handling and informed consent. Importing donor milk from outside the country or informal milk sharing should not be promoted in emergencies

Early initiation of breastfeeding: Infants begin breastfeeding within one hour of birth (1)

Exclusive breastfeeding: The infant is fed only breastmilk without any other liquids or solids, not even water, except for necessary medications, vitamin drops or mineral supplements (6). Exclusive breastfeeding is recommended for the first six months (180 days) of the infant's life (1)

Expressed breastmilk: Breastmilk that has been removed from the breast (16)

Immediate skin-to-skin: The placing of a naked newborn infant prone on their mother's bare stomach or chest immediately after birth for at least one hour and until the infant has their first breastfeed. Immediate skin-to-skin enables the early initiation of breastfeeding, helps to facilitate exclusive and continued breastfeeding and promotes maternal caring behaviour (17). It is one of WHO's essential newborn care practices (18)

Induced lactation: Stimulation of lactation by a woman who has never previously been pregnant and lactated

Lactation: The process of producing milk within the mammary glands of the breasts (19)

Mixed feeding: Feeding a breastfed infant younger than six months of age other liquids and/or foods, including animal milks or infant formula (6). Mixed feeding results in higher rates of infections, malnutrition and death compared to exclusive breastfeeding (20)

Prelacteal feed: Food or drinks (water, sugar, honey, tea, formula, animal milk, etc.) given to a baby before their first breastfeed. Prelacteal feeding is common in many contexts. Prelacteal feeding, and delaying the initiation of breastfeeding, is associated with a higher risk of infection and neonatal death (21). All mothers should be supported to initiate early breastfeeding

Relactation: Resumption of milk production by a woman who has stopped lactating recently or in the past (6,16,22)

Responsive breastfeeding: Breastfeeding a baby in response to signs of readiness to feed, as frequently and for as long as the baby wants, from one or both breasts at each feed, without specific regulations. Also known as *unrestricted* or on-demand feeding (14)

Wet nursing: Breastfeeding of a child by someone other than the child's mother

- When the child's mother also continues to breastfeed the child, this practice can also be referred to as **co-nursing or co-breastfeeding**. When mothers both share with breastfeeding each other's children, this may be called **cross-nursing or cross-breastfeeding**

III. Terms Related to Non-Breastfeeding or Artificial Feeding

Artificial feeding: The substituting of breastmilk with other foods or liquids including but not limited to breastmilk substitutes (BMS) (see section below for BMS definition)

Artificial feeding dependent infant: A partially breastfed or non-breastfed infant who is reliant on a BMS to fully meet his or her nutritional needs. Infants under six months of age are more specifically known as *infant formula-dependent infants* as commercial milk formula/infant formula is the only appropriate BMS for this age group (16)

Breastmilk substitute (BMS): BMS means any food (solid or liquid) being marketed, otherwise represented, or used as a partial or total replacement for breastmilk, whether or not suitable for that purpose. This includes formula milks marketed for feeding infants and young children up to the age of three years (including follow-up formula and growing-up milks), infant teas or infant water, complementary foods (particularly those marketed for infants under six months) and may also include modified or unmodified milk or milk substitutes (23). Donations of BMS should not be sought or accepted in emergencies (6). Sometimes BMS is used as a synonym for infant formula, this use should be discouraged

- **Commercial milk formula/infant formula (CMF/IF):** A milk or milk-like product of animal or vegetable origin that is industrially formulated in accordance with national standards or the Codex Alimentarius Standard for Infant Formula. CMF/IF is a BMS intended to meet the nutritional requirements of infants during their first six months of life (24). In emergencies, CMF/IF should only be provided after an individual assessment of need to infants who cannot be breastfed and must be accompanied by a package of support to reduce risk to infants (6). The term CMF is relatively new but is increasingly being used in preference to IF
 - **Branded commercial infant/milk formula:** A CMF/IF manufactured for sale and branded by a manufacturer (24)

- **Generic commercial infant/milk formula:** A CMF/IF manufactured for sale but is unbranded (24). Unbranded CMF is preferred in IYCF-E programmes to avoid the promotion of specific CMF
- **Follow-on formula/follow-up milk:** A milk or milk-like product formulated industrially in accordance with the Codex Alimentarius Standard for Follow-up Formula and marketed or otherwise represented as suitable for feeding infants and young children 6-36 months of age. These products are not necessary and may be harmful for child nutrition when they replace breastmilk or other complementary foods. After six months of life, an infant can drink animal milk as part of his/her diet, not only follow-on formula (25)
- **Growing-up milk/toddler milk:** Milk products marketed for children between one and three years of age. These products are not necessary for child nutrition and fall under the remit of the Code (6). There are no specific compositional, marketing or labelling regulations for these products, which are considered unnecessary and possibly harmful
- **Home-modified animal milk:** A BMS for infants up to six months old prepared at home from fresh or processed animal milk with water and with the addition of sugar, micronutrients and vegetable oil (6). Used only when CMF/IF is not available and ideally as a temporary measure that requires close follow-up to monitor growth, infection risk and caregiver capacity to prepare and store safely
- **Milk products:** Dried whole, semi-skimmed or skimmed milk; liquid whole, semi-skimmed or skimmed milk, soya and other milks, evaporated or condensed milk, fermented milk or yogurt (6)
- **Powdered infant formula (PIF):** A CMF/IF product that needs to be reconstituted with safe water before feeding (24)
- **Ready-to-use infant formula (RUIF)/ready-to-feed (RTF) infant formula:** A type of CMF/IF product that is packaged as ready-to-feed and does not need to be reconstituted with water (24). Preferred term: ready-to-use infant formula (RUIF)

Codex Alimentarius: Internationally recognised standards, guidelines and codes of practice relating to food safety and quality, adopted by the Codex Alimentarius Commission. The Codex Alimentarius includes standards related to commercial complementary foods and infant formulas (26)

International Code of Marketing of Breast-Milk Substitutes (BMS) (the Code or the WHO International Code): An international health policy framework from the World Health Assembly to regulate the marketing and related practices, quality, availability, and information on use of products including:

- Breastmilk substitutes (BMS) including infant formula, follow-on/follow-up milk, growing-up milk, other milk products, including bottle-fed complementary foods specifically marketed for feeding children up to three years of age. See above for a definition of BMS
- Foods and beverages (baby teas, waters and juices) when marketed for use as a partial or total replacement of breastmilk during the first six months of life
- Feeding bottles and teats (27)

The Code aims to contribute "to the provision of safe and adequate nutrition for infants, by the protection and promotion of breastfeeding, and by ensuring the proper use of BMS, when these are necessary, on the basis of adequate information and through appropriate marketing and distribution" (27). Governments, manufacturers, health systems, health workers and humanitarian workers all have responsibilities to uphold the Code. The marketing of BMS is prohibited by the Code because of the risk of unnecessary use to the health and life of infants (20)

Non-breastfed infant or young child: A child who is not being breastfed or fed expressed breastmilk. Caregivers of non-breastfed infants should receive non-judgmental, confidential and skilled support to explore the possibility of breastfeeding or breastmilk feeding for the infant and assistance to minimise feeding-related risks

Replacement feeding: Exclusive BMS feeding of a child whose mother is not breastfeeding because she is living with HIV in order to reduce the risk of HIV transmission to the infant. Follow the national recommendations for replacement feeding but, if none exist, then follow the WHO guidance that recommends that during the first six months, replacement feeding should be with CMF/IF. After six months, it should preferably be with a suitable breastmilk substitute and appropriate complementary feeding (28)

IV. Terms Related to Feeding Equipment

Feeding equipment includes bottles, teats, syringes, supplemental feeding devices, cups, spoons, spouts or other feeding appliances, including breast pumps and breast pump attachment kits and pots for heating water (6).

Bottle feeding: Feeding an infant or child using a bottle, whatever the contents of the bottle are. In emergencies, because of the difficulty of cleaning (heating water for washing, access to clean water, etc.), bottle feeding is not recommended. Infants needing to be fed CMF/IF should be cup fed (6). When bottle feeding is already established and caregivers are unwilling to cup feed,

responders should prioritise harm reduction such as providing guidance on hygienic bottle cleaning, etc.

Breast pump: A device for extracting and collecting milk from the women’s breasts during lactation. Breast pumps can be manual or electric. Their household use is not recommended in emergencies because of the difficulty of cleaning

Cup feeding: Feeding an infant from an open cup without a lid, whatever is in the cup. It is recommended in emergencies that if an infant needs to be fed supplemental milk that cup feeding be used because a cup is easier to clean than a bottle and is therefore is safer

Drip-drop/drop-drip method of milk supplementation: A technique that drips milk from the top of a woman’s breast towards her nipple while an infant breastfeeds, which therefore provides supplemental milk. A cup or a spoon may be used to drip the milk and the supplemental milk may be mother’s expressed milk, donor milk or CMF/IF. This method is often used in relactation and induced lactation and can be used in home settings (29)

Hand expression: A technique used to remove breastmilk from the breast by using the fingers and hands

Supplemental suckling: A way of providing infants with supplemental milk involving the use of fine tubing, one end of which sits in a cup or container of milk and the other sits alongside the woman’s nipple so that when an infant breastfeeds, they also receive supplemental milk (22). Supplemental milk may be mother’s expressed breastmilk, donor milk or CMF/IF. This technique is often used in relactation and induced lactation but should only be considered in clinical settings because of the difficulty of washing tubes and containers

Supplementary feeding device/supply line: A container or bottle containing supplemental milk with fine tubing used in the supplemental suckling process

Teat: An artificial nipple by which an infant can drink milk from a bottle

V. Terms Related to Complementary Feeding

Complementary feeding: The feeding of solid or semi-solid complementary food (see definition below) to an infant or young child, starting at six months of age

Complementary food: Any food, whether industrially produced or locally prepared, fed as a complement to breastmilk or to a breastmilk substitute. Complementary foods should be age-appropriate, of adequate nutritional quality, and an appropriate texture for age, safe, hygienically prepared and responsively fed to children 6-23 months of age (6). Note this term may also be

used to describe foods that complement those included in a general ration for populations receiving food assistance and, in some circumstances, it may be necessary to specify which meaning is intended

Fortified blended foods (FBF): These are blends of partially precooked and milled cereals, soya, beans or pulses fortified with micronutrients (vitamins and minerals). Special formulations may contain vegetable oil or milk powder (30)

Home fortification with micronutrient powders (MNP): MNPs are sachets containing dry powder with micronutrients that can be added to any semi-solid or solid food that is ready for consumption. Home fortification with MNP aims to ensure that the diet, i.e., complementary foods and breastmilk combined, meets the nutrient needs of young children (31).

VI. Terms Related to IYCF-E Support

Breastfeeding counselling: A two-way interaction between a trained breastfeeding counsellor and one or more pregnant women, mothers or other caregivers of infants and young children to provide breastfeeding support. The process involves empathetic, non-judgmental listening to concerns, discussing questions, teaching about breastfeeding and observing and assisting with the normal process of breastfeeding and breastfeeding challenges. The aim of breastfeeding counselling is to empower women to breastfeed and to strengthen responsive caregiving practices while respecting their personal situations and wishes (32)

Breastfeeding peer counsellors: Breastfeeding peer counsellors are women from the community who usually have prior breastfeeding experience and are trained to provide knowledge, experience and emotional and practical help to breastfeeding mothers. Also known as **mother-to-mother breastfeeding counsellors**

Care groups: A care group is a group of 10 to 15 volunteer community-based health educators who regularly meet with project staff for training, supervision and support (33). The members of a care group regularly provide support to community-based mother-to-mother, father-to-father and/or caregiver support group leaders/facilitators. See peer support groups for more details on mother-to-mother and father-to-father support groups

Certified lactation counsellor (CLC): An allied health professional who has advanced competencies that enable them to provide breastfeeding counselling and support for complex breastfeeding issues

Client-led counselling: Caregiver initiates counselling when needed/wanted

IYCF counselling: Comprehensive counselling that encompasses breastfeeding counselling and, if applicable, counselling on complementary feeding and artificial feeding (34).

IYCF education: Activities designed to enhance the knowledge/information, competency (self-efficacy) and motivation of caregivers to voluntarily adopt nutrition-related behaviours conducive to health and wellbeing (34)

IYCF skilled support: Provision of technical assistance to a caregiver experiencing difficulties with breastfeeding, complementary feeding or artificial feeding by a qualified health or nutrition worker

Peer support groups: Peer support groups may be organised for mothers, fathers, grandparents, adolescent caregivers or other primary caregivers, depending on the context, to support them in the care of their children. A peer support group may be moderated by a trained counsellor who may provide breastfeeding counselling to individual mothers or other caregivers. Examples of peer support groups:

- **Mother-to-mother support group:** A group of mothers (or other caregivers) who meet regularly to share their breastfeeding experiences and knowledge to support each other in feeding and caring for their infants. This is a meeting where pregnant women and mothers with young children come together in a safe place (emotionally and physically) to exchange ideas, share experiences, give and receive information and, at the same time, offer and receive support in breastfeeding, child rearing and women's health (35)
- **Father-to father support group:** Similar to mother-to-mother support groups except the participants are fathers and the topics discussed may be different but include breastfeeding and complementary feeding support

Supportive space: An overarching term that describes the safe spaces where pregnant women/girls, mothers and other caregivers of infants and young children can access support in feeding and caring for their children and themselves during emergencies. They may be called **Baby Friendly Spaces (36), Mother Baby Areas, Baby Tents (37) and Infant and Young Child Feeding (IYCF) Corners**, among others. Supportive spaces can be mobile (i.e., temporary structures that can be rapidly set up, such as a tent) (38) or in a fixed location. They can be freestanding or integrated within other structures (such as health facilities) or services (such as food distribution). Integrated spaces are often referred to as IYCF Corners.

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