

## Mother and Baby Spaces (MBS) - Operational Guidance Ukraine

### 1. Aim of this guidance

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This document aims to guide agencies and staff working to support those affected by the conflict in Ukraine on how to establish and manage Mother and Baby Spaces (MBS).

### 2. What are Mother and Baby Spaces (MBS)?

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Mother and baby spaces are safe spaces where pregnant women and caregivers of infants and young children (<2 years) are able to relax. In these spaces, they will be able to access advice and support to determine the best options to feed and care for themselves and young children in the current context. Spaces may be established in different locations in various types of structure (ie: tent, bomb shelter, area of a train station). They may be stand-alone sites or part of an integrated centre offering multiple support services.

### 3. Who are MBS for?

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The primary target users are women, female caregivers and mothers of infants and children less than two years old. Male caregivers of children under two will also be welcome, but either at a specified time or in a separated space to allow privacy for breastfeeding mothers.

### 4. Why do we plan to establish these spaces?

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Pregnant women, infants, young children and their caregivers have heightened, specific needs and crises can lead to disruptions to routines, feeding and care practices.

### 5. What is the purpose of these spaces?

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The aim of these spaces is to protect and promote safe and appropriate Infant and Young Child Feeding (IYCF) practices and mitigate/minimise the risks associated with challenging and traumatic circumstances for caregivers and young children in Ukraine. The MBS provides:

- A. Support to caregivers to feed and care for their infants and young children.
- B. Support to caregivers to troubleshoot challenges and identify the best options for their circumstances and preferences.
- C. Minimise the risks associated with artificial feeding
- D. Provide information about where/how to access other services and facilitate referrals where necessary

**6. Which services will these spaces offer?**

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**Minimum services to be offered in the MBS**

General Services		IYCF Services	
Space to relax	Diaper changing station	Infant and Young Child Feeding (IYCF) consultation (based on IYCF initial assessment checklist)	Basic support and advice for breastfeeding
Safe drinking water and handwashing facilities	Child play area with toys	Advice and support troubleshooting complementary feeding and maternal nutrition challenges	Controlled provision of infant formula for non-breastfed infants
Charging station for phone and laptop	Information on other services available and how/where to access	Space to breastfeed comfortably and privately	Preparation and sterilization area for formula

**Additional services to be offered in the MBS**

Where space, budget and capacity allow, implementing partners may choose to include additional services. These may include:

- Provision of warm drinks and nutritious snacks for women and children 6-23 months in the MBS
- Skilled IYCF counselling, including building milk supply and relactation
- Psychosocial support (PSS)
- Distribution of complementary feeding (CF) food baskets for children 6-23 months

## 7. Who will work in the MBS?

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The staff in the space should be female. A ratio of 1 staff member for every 15 caregivers is the maximum acceptable ratio. It is critical that there are sufficient personnel to greet caregivers and to coordinate activities, as well as support staff arrangements for cleaning and security.

## 8. What training will be given to staff working in the MBS?

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**Stage 1:** Staff will initially be trained on how to establish and manage an MBS, IYCF recommendations including exclusive breastfeeding, continued breastfeeding, and complementary feeding, and communication principles in traumatic circumstances (look, listen, link). Staff will also be trained on targeted support for non-breastfed infants in emergencies.

Staff will be guided on how to access resources and support for technical issues (protocol checklists, hotlines, tip sheets).

**Stage 2.** Following an initial start-up, further training will be provided on breastfeeding counselling skills, technical support for breastfeeding and complementary feeding challenges, including relactation. Training at this stage may also cover support for caregivers and children with disabilities, gender-based violence (GBV) risk mitigation and referral, early childhood development and psychosocial support, depending on agency capacity.

Where agencies have experience and capacity, they can combine Stage 1 and 2 of the training at start-up and provide a wider package of services.

## 9. How should we establish an MBS?

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A diagram of an example space and supply list are included in [Annex 1](#) and [Annex 3](#) to this document. Spaces will vary, but MBS should be set up: (i) in as safe a location as possible for young children (ie: away from debris, roads, train tracks etc); (ii) if possible - with electricity and running water; (iii) if possible, in proximity to available health services; (iv) accessible for pregnant women and, where feasible, with appropriate access for people with disabilities taken into consideration (ramp access, considerations for visual and hearing impairments).

The space should be welcoming, bright, and temperate. There should be chairs and pillows for women to sit comfortably, and floor mat/ mattresses for relaxing, as well as a play area for young children, with toys that can be easily cleaned each day.

Where possible the space where the infant formula (Ready-to-Use Infant Formula - RUIF or Powdered Infant Formula - PIF) is provided and where equipment for safe preparation are placed should be separated from the main space, where women are encouraged to breastfeed. This is important in order to encourage, protect and promote breastfeeding. If space allows, have a curtained area where mothers can go to breastfeed in privacy when needed.

## 10. How should we manage mothers and children in the MBS?

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- Welcome the mother, introduce yourself and explain the services. Unless the mother requests, don't mention artificial feeding services immediately.
- Explain infection prevention and control (IPC) procedure, request that she wear a mask and use sanitiser
- Ask her name and the name of her child/children
- Suggest that she relaxes and ask if she would like a drink. Suggest that the child can use the play area.
- Ask how she's doing
- If she has any obvious basic needs or requests, provide information about services from the service mapping sheet
- Explain that we're checking in on how people are doing with feeding young children in these circumstances to see if/how we can support
- Ask if she has any needs in terms of feeding her child or would like to discuss any IYCF issues and say that we have a few questions that we usually ask to understand the situation.
- If she is happy to proceed, use the Initial IYCF assessment form.

Use the Initial IYCF Assessment to assess feeding ([Annex 4](#)).

Use the checklist to discuss feeding with the mother and tips sheets to aid her [Annexe 6](#).

## 11. How do I do an IYCF Initial Assessment?

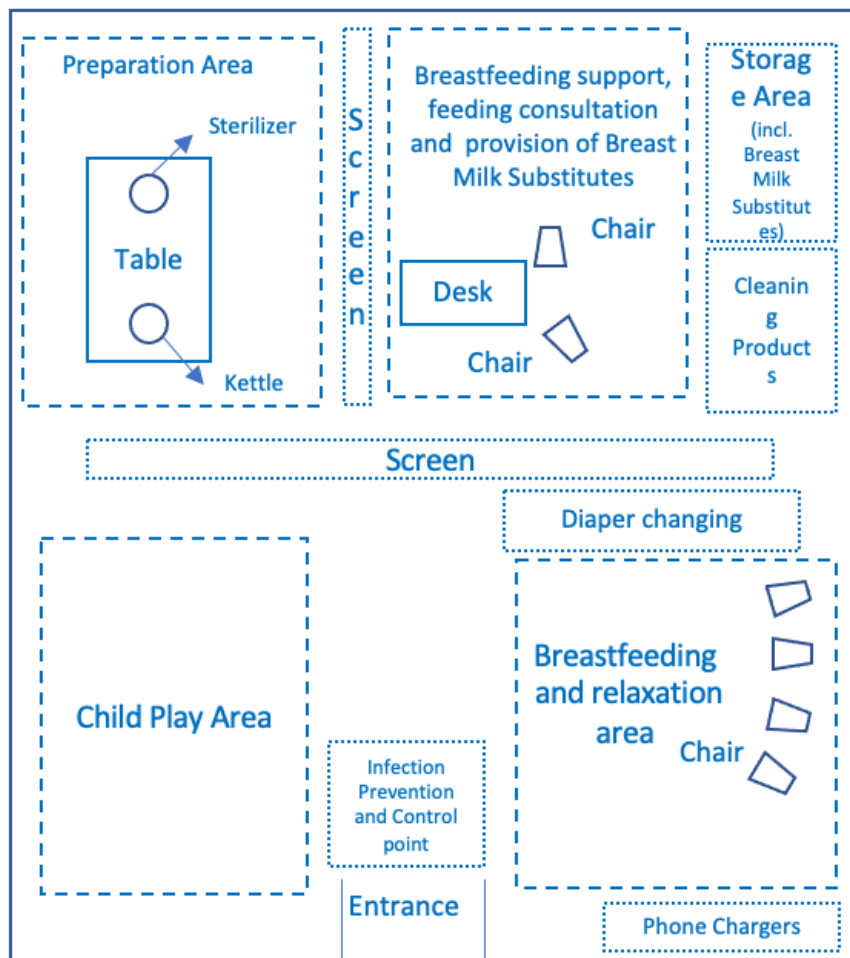
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[Refer to Annex 4.](#)

Use the checklist and the tip sheets indicated to support the caregiver and child.

# ANNEXES

## Annex 1: Example MBS layout



## Annex 2: Service Mapping template

	Type of centre	Available services	Yes/ No	Location	Contact details	Permission given to make referrals Yes/No
1.	Public Hospital	Can we refer any serious medical problems to this hospital?				
2.	Public Health Center	Can you provide technical support for breastfeeding and breastfeeding problems such as mastitis?				
3.	Food services	Is the food provided suitable for children 6-23 months?				
		Is the food provided suitable for pregnant women?				
4	Water and sanitation	Where can people wash?				
		Where are the toilets?				
		Where can hygiene items be accessed?				
4.	Social protection	Are there income support/cash programmes?				
5.	Mental Health Services	Are there referral services for support with trauma, anxiety, depression and other mental health challenges?				
6.	Services for GBV	Is there a place to refer those who experience violence and/or abuse?				

## Annex 3 Core Commodities and Equipment

MBS establishment will need to adapt to contextual and environment opportunities and challenges. In general, however, the following commodities and equipment are necessary to establish a space. This list assumes access to electricity but not to running water. The list is divided into a) site establishment equipment b) consumables to be bought more regularly c) Infant formula and safe preparation kits to be provided based on caseload. Catalogue names and numbers refer to the [UNICEF Supply Catalogue](#).

	Item	Qty	Function	UNICEF Catalogue Name	Catalogue Number/ Example item
E q u i p m e n t	Collapsible / foldable table (approx 1.5m length)	2	For preparation of powdered infant formula. For check in/reception, IPC items and leaflets, tea and coffee		<a href="#">Folding table</a>
	Chairs	6	For mothers to sit on to breastfeed and/or relax. Needs to have armrests and plenty of space. Ideally high and sturdy.		<a href="#">Double person camping chair</a>
	Large plastic bucket	1	Washing equipment, toys	Bucket, HDPE, w/lid and 10cm cap, 14 L	S5007317
	Covered trash bins	2	Hygienic disposal of trash, diapers etc	Receptacle, waste, pedal action,20L	S0190000
	Plastic basin	1	Washing equipment	Bucket, HDPE, 5 litres	S0000314 or <a href="#">Plastic basin</a>



Screen or curtain	4	For discrete formula provision, separating the space	Bedscreen, hospital, on castors	S0101015
Cushions/pillows	12	For mothers to rest their arms to help with the weight of the baby when feeding. To put on the chairs to relax		<a href="#">Pillow</a>
Child play mats	2- 4	For infants and children under two to play and/or relax		<a href="#">Child play mat</a>
Toys for children 0-5 years old	Variable	For infants and children to play with stimulation	<p>Animal/people set,wood,col.,set of 100</p> <p>Cubes,wood or plast.,coloured,set of 100</p> <p>Globe,inflatable,diam.42cm,w/o stand</p> <p>Ball,sponge rubber,60mm diam./SET-5</p> <p>Board Games, box of 3 games</p>	<p><a href="#">Stackable rings</a></p> <p><a href="#">stackable cups</a></p> <p><a href="#">soft sensory, toys, Animals blocks</a></p> <p>S2595000</p> <p>S2512000</p> <p>S4419000</p> <p>S2702801</p> <p>S2795802</p>
Thermos flasks	2	To prepare powdered infant formula		<a href="#">Thermos flask</a>
Storage boxes with padlocks	3	Essential to keep cleaning products out of reach for young children		<a href="#">Lockable storage box</a>
Electric sterilising	1	To sterilise feeding equipment	Steriliser, steam, 24L	S0157000

machine equipment for bottles and teats				
Electric kettle	1	To boil water for the powdered infant formula- and also for other needs : a tea or coffee for the mothers		<a href="#">Large electric kettle</a>
Feeding Cups (e.g. Medicine cups)	100	To use to feed infants who are not breastfed	<a href="#">Feeding cup</a>	S0845078
Measuring jugs	2	To measure correct amount of water to mix with specified amount of powdered infant formula	Jug,measuring,1L	S0334700
Plastic covered mats	2	To be used as a diaper changing station. Ensure plastic covers for easy cleaning/sterilisation.		<a href="#">Diaper mat</a>
Diaper changing table	1	To change diapers		<a href="#">Baby changing table</a>
First aid kit	1	To treat minor injuries including cuts, scrapes, burns, bruises, and sprains	First aid kit A	S9975020
Multi device charging station/extension cord	2	To encourage mothers to use the space and to relax		<a href="#">Charging station</a>
Posters and IEC materials		To provide information to caregivers		
Jerrycan	2	This is for handwashing, washing up, cleaning, etc. when running water is not available	<a href="#">Bucket,HDPE, w/lid,10cm cap and tap,14 l</a>	S5007316

	Mop and bucket	1	Regular cleaning during the day and infection prevention and control		<a href="#">Mop and bucket</a>
C o m m o d i t i e s	Disposable diapers	caseload dependent	For baby hygiene		Mainly sizes 2, 3, and 4. Small stock of size 1 and larger sizes
	Hand soap	1	For handwashing	Soap,toilet,bar,approx.100-110g,wrapped	S0552000
	Dishwashing soap	1	To clean cups and utensils		<a href="#">Dish liquid soap</a>
	Cleaning sponges/brushes	2-3	To clean cups and utensils used to mix and to clean surfaces		<a href="#">Cleaning brushes</a> <a href="#">Cloths</a>
	Antibacterial surface cleaning spray	1	To clean surfaces		<a href="#">Antibacterial spray</a>
	Paper towels	20 pack	To clean surfaces		<a href="#">Paper towel</a>
	Trash bags	10	Hygienic disposal of waste, diapers etc	Garbage bags, 100 liters	S0000285
	Face masks - disposable	500	COVID IPC equipment	Mask,surgic,typeIIR,ear loop,disp.pack50	S6780358
	Hand sanitiser	2	COVID IPC equipment	Hand sanitizer Alcohol >60% 500ml w.pump	S0006559
	Stationery (pens, notebooks, clipboards)		For use by the staff or mothers if needed	Pen,ball-point,black/BOX-10	S4460007

				Pencil,HB grade,black lead/Box-10 Notepad,plain,100 sheets,A6 size/PAC-10	S4460701 S0538101
	Sudocrem	10	For nappy rash	<a href="#">Sudocrem</a>	
	Wooden sticks for hygienic application of sudocrem	500	Application of sudocrem	Tongue depressor,wooden,disp/BOX-100	S0621001
	Disposable gloves	1000	For diaper changing	<a href="#">Gloves,exam,latex,pwdfree,M,BOX-100</a>	S0330025
	Bottled water		For drinking and to prepare formula		
Support for non-bre	Powdered infant formula	Based on caseload calculation	The powdered infant formula can be used by mothers or caregivers of non-breastfed infants under 6 months where water and sterilisation equipment is available		
	Ready-to-use infant formula	Based on caseload calculation	Ready to use infant formula can be used by mothers or caregivers of non-breastfed infants under 6 months where water and sterilisation equipment is <u>not</u> available	Ready to Use Infant Formula (RUIF)	S0000832

a s t f e d i n f a n t s					
	<b>Artificial feeding kits</b>				
	High quality thermos flask	1 per artificial feeding kit based on caseload calculation	For hot water for PIF preparation and cleaning		<a href="#">Thermos flask</a>
	Plastic feeding bib	2 per artificial feeding kit	To provide wipeable bib during feeding and minimise infant spilling on clothes		<a href="#">Plastic feeding bib</a>
	Open feeding cups	2 per artificial feeding kit	For feeding infants	<a href="#">Feeding cup</a>	S0845078
Solid plastic box with lid for stable populations or Backpack for people on the move	1 per kit	For storage and preferable to have a smooth flat lid which can be used as a washable preparation surface. If it does not have a smooth flat lid then plastic sheeting will be needed as a preparation surface	<a href="#">Storage crate</a>  <a href="#">Backpack</a>		

Jug for measuring mixing	1 per kit	To mix formula and to measure amounts	<a href="#">Jug,measuring,1L</a>	S0334700
Small pot/kettle	1 per kit	For boiling water for infant formula preparation	<a href="#">Kettle</a>	
Small spoon	1 per kit	For mixing PIF	<a href="#">Mixing spoon</a>	
Small basin	1 per kit	Or washing equipment	<a href="#">Plastic basin</a>	
Purification treatment (Aquatab) (1 tab per feed)	1 box per kit	To purify water if potable water not available	<a href="#">Water purif.(NaDCC) 33mg tabs/PAC-50</a>	S1588355
Water (approx 3 litres per day)		To make PIF		
Instruction leaflet	1 per kit	For caregiver		

## Annex 4 IYCF Initial Assessment Checklist

If possible, it is suggested to have this as an online form using e.g. ODK/Kobo, that staff can use on phones or tablets. This can then be directly linked to tip sheets/key messages.

### Step 1 Initial Assessment (tick indicates yes, cross indicates no)

ASK				
		<6 months	6-11 months	>11 months
1	How old is the baby/child?			
2	Are you breastfeeding him/her?			
3	Is the baby/child getting anything else?			
4	Are you having any difficulties breastfeeding?			
OBSERVE				
5	Does the baby/child look thin?			
6	Does the baby/child look lethargic?			

### Step 2 Decide which advice is relevant and use tips sheets to support the caregiver

- **If the answer to question 5 and/or question 6, children look too thin or lethargic, refer to medical services**
- **Baby/child receiving only breastmilk**

Less than 6 months	Refer to Tip Sheet 1
6-11 months	Refer to Tip Sheet 2
Above 11 months	Refer to Tip Sheet 2

- **If baby/child is receiving breastmilk and other foods/infant formula.**

Less than 6 months	Refer to Tip Sheet 3
6-11 months	Refer to Tip Sheet 4
Above 11 months	Refer to Tip Sheet 4

- **If the mother is experiencing problems with breastfeeding**
- Reassure her that these problems are common and can usually be resolved
- Refer to technical sheets (IEC Materials in Ukrainian)<sup>1</sup>
- Provide hotline number for counselling

<sup>1</sup> <https://www.humanitarianresponse.info/en/operations/ukraine/document/mbs-resource>

- If baby/child is not being breastfed and only receiving infant formula/other foods

Less than 6 months	Refer to BMS assessment
6-11 months	Refer to BMS assessment
Above 11 months	Refer to Tip Sheet 4

## Annex 5 Breast Milk Substitute (BMS) Assessment

If possible, it is suggested to have this as an online form using e.g. ODK/Kobo, that staff can use on phones or tablets.

**Step 1. Ask why the mother is formula feeding (as an open question, tick any that are mentioned)**

1	Breast milk supply issues	
2	Absent mother	
3	Mother never breastfed/does not want to breastfeed	
4	Baby refused to breastfeed	
5	Other - please specify	

**Step 2. Ask about her breastfeeding history and interest in breastfeeding again.**

1	Have you ever breastfed?	
2	Did you stop recently?	
3	Would you be interested in trying to breastfeed?	

**Step 3. Decide which advice is relevant and use tips sheets to support the caregiver**

- If the caregiver had breastmilk supply issues (1), advise her that it is possible to increase the supply of milk and restart breastfeeding if she stopped recently. Provide the guidance on increasing milk supply<sup>2</sup>.

<sup>2</sup> See folder “breastfeeding skilled support” at <https://www.humanitarianresponse.info/en/operations/ukraine/document/mbs-resource> (increasing milk supply factsheet)



- If the caregiver has an interest in restarting breastfeeding, provide her with information about mobile/remote counselling services.

**Step 4. If there is no option for breastfeeding (including if the mother simply does not wish to breastfeed), check her requirements for infant formula/BMS**

- Ask her if she needs any formula
- If yes, she does need formula, take her to the BMS preparation area

**Step 5. Check knowledge about preparation**

- Show her the formula and ask if she's comfortable with how to prepare this type or if some directions would be helpful.
- Explain the importance of correct preparation, usage and heightened risks of BMS in this context (Refer to Tipsheet 5)
- If the mother is still unsure, offer to demonstrate how to prepare safely and correctly (Tipsheet 6)
- Provide a pamphlet about safe formula feeding

**Step 6. Provide the infant formula/BMS**

- Provide the BMS (provide a 1-2 week supply depending on the needs of the family)
- For PIF provide 1-2 tins depending on need and distance to next nearest blue dot. Provide up to maximum 4 tins in cases the mother is in a situation where she cannot access supplies for a number of consecutive weeks.
- For RUIF provide 5-10 packs of 200 ml, depending on the needs, feasible weight to carry and distance to next nearest blue dot.

**Step 7. Ask the mother if there are any items she needs to support correct use of infant formula/BMS**

- Collect a kit and show her the items
- Recommend that she uses the services in the MBS or where she can find another centre

## Annex 6. IYCF Support Tip Sheets

### **TIP SHEET 1: KEY MESSAGES FOR BREASTFEEDING MOTHERS WITH BABIES UP TO 6 MONTHS**

REMINDER: The purpose of the Mother and Baby Space is to offer a safe space for mother and child to relax and feel comfortable. Supporting the mother/caregiver and her sense of autonomy and agency is key, using positive and encouraging language as much as possible. Caregivers are likely to know the key recommendations already. Due to the exceptional circumstances, we are reminding them of these recommendations, however it is important to respect a caregiver's decision if she does not want to discuss.

- **Ask the mother if she would like any breastfeeding support**
- **Ask the mother to let us know of anything that is not feasible in relation to infant and young child feeding and we will do our best to help**

#### **Gentle conversation cues to encourage continued exclusive breastfeeding:**

- Your breast milk is perfectly designed for your baby's health and nutrition needs
- There is no need to provide any additional food or drink to your baby as your breast milk provides everything your baby needs up to the age of 6 months
- Breast milk protects your baby from infections and diseases
- Breastfeeding provides health benefits for you, such as reduced risk of breast cancer, ovarian cancer, cardiovascular disease, obesity. The more you breastfeed, the greater the benefits
- Breastfeeding can build a strong emotional bond between you and your baby
- Formula milk does not provide any protection from illness and does not give you any health benefits
- Breastfeeding has long-term benefits for your baby, lasting right into adulthood
- Any amount of breast milk has a positive effect. The longer you breastfeed, the longer the protection lasts and the greater the benefits
- Breastfeeding can help to reduce your baby's risk of infections, diarrhoea and vomiting
- In an ideal situation, your baby will breastfeed 8 to 12 times in a day (24 hours)
- If you start to experience any difficulty expressing milk, contact your nearest mother and baby space for support

**TIP SHEET 2:  
KEY MESSAGES FOR MOTHERS COMPLEMENTARY FEEDING WITH BABIES AGE  
6 MONTHS - 2 YEARS**

REMINDER: The purpose of the Mother and Baby Space is to offer a safe space for mother and child to relax and feel comfortable. Supporting the mother/caregiver and her sense of autonomy and agency is key, using positive and encouraging language as much as possible. Caregivers are likely to know the key recommendations already. Due to the exceptional circumstances, we are reminding them of these recommendations, however it is important to respect a caregivers decision if she does not want to discuss.

- **Ask the mother if she would like any support on providing the best nutrition for their baby**
- **Ask the mother to let us know of anything that is not feasible in relation to infant and young child feeding and we will do our best to help**

**Gentle conversation cues to encourage complementary feeding (introducing foods with continued breastfeeding for babies 6 months - 2 years):**

*\*Select age-appropriate conversation cues (e.g. if the mother has a one year old, do not discuss complementary feeding practices for 6 - 8 months) \**

- Between the ages of 6 months - 2 years, your baby has increasing additional nutrient needs to support rapid growth that requires the introduction of semi-solid and eventually solid foods when available, in addition to breast milk
- If available, introducing your baby to semi-solid foods, while continuing to breastfeed, should start when your baby is around 6 months old
- At around 6 months, your baby will show the following signs for you to know they are ready for complementary foods in addition to breastmilk:
  - stay in a sitting position and hold their head steady
  - coordinate their eyes, hands and mouth so they can look at the food, pick it up and put it in their mouth by themselves
  - swallow food (rather than spit it back out)
- If no semi solid foods are available, you can breastfeed more often and your milk supply will increase
- Your breast milk is still the most important source of nutrition, even after you start feeding your baby semi-solid foods

- For babies 6 - 8 months, complementary foods can be given 2-3 times per day in addition to breastfeeding. For babies 9 months - 2 years this can be increased to 3-4 times per day
- The amount of food per meal will also depend on the age of your baby. Start with two to three spoonfuls and then slowly transition to half a cup, three quarters of a cup and finally one full cup
- Gradually, when possible, increase the amount and variety of food your baby eats until they can eat the same foods as the rest of the family (with no added salt, sugar or stock cubes), in smaller portions, while keeping in mind the need for nutrient-dense foods, including animal-sourced foods like meat, poultry, fish, eggs and dairy products
- Avoid processed foods high in sugar, fat and salt or adding sugar or salt to foods
- Interaction and encouragement during feeding is key to a creative feeding environment and minimising distractions
- Look for and respond to signs of being hungry and full
- Children should not be rushed or forced to eat, patience is key
- If your baby refuses food, don't force feed, but again try later
- Provide positive attention when they eat

### TIP SHEET 3

#### KEY MESSAGES FOR MOTHERS MIXED FEEDING WITH BABIES UP TO 6 MONTHS

REMINDER: The purpose of the Mother and Baby Space is to offer a safe space for mother and child to relax and feel comfortable. Supporting the mother/caregiver and her sense of autonomy and agency is key, using positive and encouraging language as much as possible. Caregivers are likely to know the key recommendations already. Due to the exceptional circumstances, we are reminding them of these recommendations, however it is important to respect a caregivers decision if she does not want to discuss.

- **Ask the mother if she would like any support on breastfeeding**
- **Ask the mother to let us know of anything that is not feasible in relation to infant and young child feeding and we will do our best to help**

#### **Gentle conversation cues to encourage exclusive breastfeeding and reduce the usage of infant formula:**

- If you are both breastfeeding and using infant formula or other milks, in the current situation it is safer for you and your baby to only breastfeed
- Bottles are difficult to clean and build up of bacteria in the bottle teat can result in a higher risk of infection for your baby
- Before using infant formula, try to breastfeed in order to stimulate breast milk production. The more the baby suckles, the more milk will be produced. Try to be patient as this could take a few days
- If you're experiencing any difficulty expressing milk, contact your nearest mother and baby space for support
- Your breast milk is perfectly designed for your baby's health and nutrition needs
- There is no need to provide any additional food or drink to your baby as your breast milk provides everything your baby needs up to the age of 6 months
- Breast milk protects your baby from infections and diseases
- Breastfeeding also provides health benefits for you, such as reduced risk of breast cancer, ovarian cancer, cardiovascular disease, obesity. The more you breastfeed, the greater the benefits
- Formula milk does not provide any protection from illness and does not give you any health benefits
- Breastfeeding can build a strong emotional bond between you and your baby
- Breastfeeding has long-term benefits for your baby, lasting right into adulthood
- Any amount of breast milk has a positive effect. The longer you breastfeed, the longer the protection lasts and the greater the benefits

- Breastfeeding can help to reduce your baby's risk of infections, diarrhoea and vomiting
- If you do wish to continue to formula feed, hygiene is essential to reduce the risk of infection. Using a cup instead of a bottle can reduce the risk of infection as cups are easier to clean

## TIP SHEET 4

### KEY MESSAGES FOR MOTHERS MIXED FEEDING WITH BABIES 6 MONTHS - 2 YEARS

REMINDER: The purpose of the Mother and Baby Space is to offer a safe space for mother and child to relax and feel comfortable. Supporting the mother/caregiver and her sense of autonomy and agency is key, using positive and encouraging language as much as possible. Caregivers are likely to know the key recommendations already. Due to the exceptional circumstances, we are reminding them of these recommendations, however it is important to respect a caregivers decision if she does not want to discuss.

- **Ask the mother if she would like any support on providing the best nutrition for their baby**
- **Ask the mother to let us know of anything that is not feasible in relation to infant and young child feeding and we will do our best to help**

**Gentle conversation cues to encourage reducing mixed feeding (minimising formula feeding and increase breastfeeding in addition to complementary foods):**

*\*Select age-appropriate conversation cues (e.g. if the mother has a one year old, do not discuss complementary feeding practices for 6 - 8 months)\**

- If you are both breastfeeding and using infant formula or other milks, in the current situation it is safer for you and your baby to only breastfeed as you introduce semi-solid foods (if and when available)
- After 6 months, your baby can have animal milk instead of formula, in addition to breast milk. Animal milk might be easier to obtain and is safer to use than powdered infant formula
- Bottles are difficult to clean and build up of bacteria in the bottle teat can result in a higher risk of infection for your baby
- Before using infant formula, try to breastfeed in order to stimulate breast milk production. The more the baby suckles, the more milk will be produced. Try to be patient as this could take a few days
- If you're experiencing any difficulty expressing milk, contact your nearest mother and baby space for support
- If you do wish to continue to formula feed, hygiene is essential to reduce the risk of infection. Using a cup instead of a bottle can reduce the risk of infection as cups are easier to clean

- Between the ages of 6 months - 2 years, your baby has increasing additional nutrient needs to support rapid growth that requires the introduction of semi-solid and eventually solid foods when available, in addition to breast milk
- If available, introducing your baby to semi-solid foods, while continuing to breastfeed, should start when your baby is around 6 months old
- If no semi solid foods are available, you can breastfeed more often and your milk supply will increase
- Your breast milk is still the most important source of nutrition, even after you start feeding your baby semi-solid foods
- For babies 6 - 8 months, complementary foods can be given 2-3 times per day in addition to breastfeeding. For babies 9 months - 2 years this can be increased to 3-4 times per day
- The amount of food per meal will also depend on the age of your baby. Start with two to three spoonfuls and then slowly transition to half a cup, three quarters of a cup and finally one full cup
- Gradually, when possible, increase the amount and variety of food your baby eats until they can eat the same foods as the rest of the family (with no added salt, sugar or stock cubes), in smaller portions, while keeping in mind the need for nutrient-dense foods, including animal-sourced foods like meat, poultry, fish, eggs and dairy products
- Avoid processed foods high in sugar, fat and salt or adding sugar or salt to foods
- Interaction and encouragement during feeding is key to a creative feeding environment and minimising distractions
- Look for and respond to signs of being hungry and full
- Children should not be rushed or forced to eat, patience is key
- If your baby refuses food, don't force feed, but again try later
- Provide positive attention when they eat



## TIP SHEET 5

### KEY MESSAGES ON THE IMPORTANCE OF CORRECT PREPARATION, USAGE AND HEIGHTENED RISKS OF BREAST MILK SUBSTITUTE (BMS) IN EMERGENCY CONTEXTS

REMINDER: The purpose of the Mother and Baby Space is to offer a safe space for mother and child to relax and feel comfortable. Supporting the mother/caregiver and her sense of autonomy and agency is key, using positive and encouraging language as much as possible. Explain to the mother/caregiver that although she may already know the following recommendations, you are obliged to discuss them with her in order to provide her with BMS.

- **Ask the mother if she knows of the added risks of providing BMS to her baby in the current emergency context**

**Use the following cues to guide the conversation and anything she does not mention:**

- Milk powder is not a sterile product. Where access to clean water and a clean space to prepare/wash the equipment is difficult or not possible, using feeding bottles and unhygienic preparation of BMS increases the risk of your baby getting sick. Correct preparation and cleaning is therefore paramount when giving BMS
- Bottles are difficult to clean and build-up of bacteria in the bottle teat can result in a higher risk of infection for your baby
- To minimise the risk of infection, it's recommended to use a cup because they are easier to clean
- If you choose to use a bottle, please clean it in a steriliser after each feed. If you're not able to clean it right after feeding, dry it with a clean paper towel and do not reuse before sterilising
- If you are happy to cup feed:
  - Use a small cup. Try to clean it after each feed with hot soapy water. If you're not able to clean it right after feeding your baby, dry it with a clean paper towel and do not reuse before cleaning
  - Place your baby upright or almost upright on your lap
  - Hold the cup to your baby's mouth and tip the cup so the milk just reaches the baby's lips. Rest the cup lightly on the baby's lower lip. Let the edges touch the baby's upper lip and let the baby lap the milk with his/her tongue
  - Try not to pour milk into your baby's mouth, but allow your baby to take milk into his/her mouth from the cup

## TIPSHEET 6

### INSTRUCTIONS FOR THE PREPARATION OF POWDERED INFANT FORMULA (PIF)

#### Necessary equipment:

- Clean water
- Soap
- Feeding bottle steriliser
- Disposable kitchen towels
- PIF container
- Kettle or pan
- Sterilised spoon or measuring cup
- Sterilised mixing cup or jar
- Formula scoop
- Sterilised mixing spoon
- Sterilised feeding cup
- Shallow bowl

#### STEPS:

1. Clean the brewing surface with soap and hot water and then dry with a clean, disposable cloth
2. Wash your hands thoroughly with soap and water and then dry with a clean, disposable cloth
3. Boil some clean water (safe if possible). If you use an automatic kettle, wait until the kettle turns off. If you use a pan to boil water, make sure the water boils. Do not use water that has been boiled before, as this increases the mineral content, which can harm babies
4. Read the instructions on the package of infant formula to find out how much water and how much powder you need.
5. Use a large sterilized tablespoon or measuring cup to measure the correct amount of boiled water for food. This water should not be less than 70 ° C (to achieve this, the water should be used no more than 30 minutes after boiling).
6. PUT WATER FIRST! Pour this water into a cup or jar of sterilized mixture (up to the mark). This cup or bottle should ideally be marked on its side to indicate to the caregiver how much milk the child needs
7. Dip the tablespoon of formula in the powdered milk

8. Use the handle of the clean spoon to level the dust. Follow the instructions on the can to determine how much powder you need. Adding more or less powder from the instructions could make the baby sick
9. Pour the powder into the large cup filled with water
10. Use a sterilized mixing spoon to mix the powder in the water. Alternatively, if you use a small jar with a lid, place the lid and shake gently to mix the water and powder
11. Pour the milk into a sterilized feeding cup or bottle
12. Cool the feed quickly by placing the cup in a bowl of clean cold water. Make sure the water level is below the edge of the cup. When the cup feels warm but not hot, dry the outside of the cup with a disposable kitchen towel. Alternatively, leave to cool for a short period at room temperature.
13. Check the temperature of the feed by dripping a little on the inside of the wrist. You should feel warm, not hot. If it is still hot, cool it a little more before feeding.
14. Feed the baby.
15. Any remaining milk from the prepared feed that is not consumed by the baby within 1 hour should be consumed by the caregiver or an older child, or discarded.

# Annex 7 Diaper Changing, Hygiene and Infection Prevention Protocol

## Diaper Changing, Hygiene and Infection Prevention Protocol

Adapted from Save the Children

### Objectives:

- To ensure that MBS activities, particularly diaper changing, are conducted in a way that minimises infection risk to children, caregivers and staff.
- To empower staff to both teach and model effective hand hygiene to caregivers and volunteers.
- To prevent outbreaks of diarrhoea/vomiting.

### At the start of the shift:

- Wash your hands with soap and water before entering the MBS.
- Ensure there are enough diapers at the changing station; keep the bags under the changing table and have a few on the table ready to be used.

During the shift: Frequent hand hygiene is the best way to protect yourself and the babies from infection!

- Clean your hands with alcohol gel before and after each baby;
- Put a clean, disposable change mat out for each baby before they are changed; *or* Wipe reusable change mat down with antibacterial spray and paper towel and place a new sheet of paper;
- Use a disposable wooden stick to apply diaper rash cream (e.g. sudocrem), if needed;
- Encourage the caregiver to do the nappy change themselves to encourage bonding. If you are changing the nappy, likely to come into contact with stool or urine, or if baby's clothes are visibly soiled:
  - o Wear disposable gloves;
  - o Take them off carefully before you dress the baby;
  - o Dispose of them in the waste bag;
  - o Use alcohol gel after removing them.
- Talcum powder cannot be provided as it contains ingredients that could irritate the baby's skin

### Do NOT wear gloves continuously

- o You can transfer infection from one baby to another.

- o They provide a sweaty, moist, warm environment perfect for skin bacteria to multiply.
- o They do not provide complete protection against infection<sup>3</sup>.

If your hands look or feel dirty at any point, wash them with soap and water – alcohol gel alone will not clean them.

If there is a body fluid spill (urine/faeces/vomit/blood):

- Warn people to avoid the area/step around it.
- Put on disposable gloves.
- Soak up most of the liquid with paper towels or disposable cloths and put into a waste bag.
- Spray the area with antibacterial spray then wipe again with another cloth. Put in the bag.
- Then spray the area again and let it air dry.
- Put your gloves in the bag, tie it closed and put into the main waste bag.

After the mother/baby pairs have left at the end of the day:

- Shake out the mats
- Sweep the floor
- Mop the floor with antibacterial detergent and water
- Wipe down the tables and changing mats with antibacterial spray and paper towel
- If Applicable, wipe the door handle and light switch with antibacterial spray and paper towel
- Leave the mop standing up to air dry with the head end upwards.

If you have diarrhoea or vomiting:

- Stay off work until you have had 48 hours without any symptoms - *until then you are likely to still be shedding virus particles and may put other staff, mothers or babies at risk.*

If a lot of the babies have diarrhoea:

- Wash your hands with soap and water between each baby – some infections (e.g. norovirus, are not destroyed by hand rub gel). Please contact a supervisor if handwashing facilities are not easily available.
- Report the rise in diarrhoea cases to your supervisor immediately.


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<sup>3</sup> *In one study 30% of healthcare workers wearing gloves had bacteria from patients on their hands after removing them, thought to be through microscopic tears in the gloves.*


## How to handrub? WITH ALCOHOL-BASED FORMULATION


**1a**  **1b** 


Apply a palmful of the product in a cupped hand and cover all surfaces.


**2**  Rub hands palm to palm

**3**  right palm over left dorsum with interlaced fingers and vice versa

**4**  palm to palm with fingers interlaced

**5**  backs of fingers to opposing palms with fingers interlocked

**6**  rotational rubbing of left thumb clasped in right palm and vice versa

**7**  rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

**8**  rinse hands with water

**9**  dry thoroughly with a single use towel

**10**  use towel to turn off faucet

 20-30 sec

**8** 

...once dry, your hands are safe.

 40-60 sec

**11** 

...and your hands are safe.



WHO acknowledges the Hôpital Universitaire de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



October 2008, version 1

## Annex 8 COVID-19 Mitigation Measures

### Mother and Baby Spaces COVID-19 Mitigation Measures

#### Objective:

To ensure Mother and Baby Spaces are set up and activities are conducted in a way that minimises the risk of spread of COVID-19 infection.

#### For the staff:

- Maintain social distancing whenever possible and if space allows
- If possible, keep the MBS ventilated with fresh air flow
- Wear a disposable face mask at all times
  - Use a clean mask at the beginning of every shift
  - Ensure the face mask covers your nose and mouth
- Wash your hands with soap before entering the MBS and after being in contact with caregiver and/or baby if possible
- Use hand sanitizer throughout the day, especially after being in contact with caregiver and/or baby
- Routinely wipe down surfaces and equipment with clean paper towel and antibacterial spray; dispose of the paper towel in the waste bin
  - Surfaces to wipe down: chairs, tables, mats, BMS preparation materials, waste bin, charging stations, pens and pencils, children's toys
  - Keep the antibacterial spray and hand sanitizer out of children's reach
- At the end of every shift, sweep and mop the floors with antibacterial detergent and water and wipe down all surfaces using antibacterial spray and paper towel
- Stay at home if you feel unwell, and seek medical attention if you have a fever, cough and/or difficulty breathing

#### For the mothers/caregivers:

- Provide disposable face masks and hand sanitizer at the entrance of the MBS
  - Request all entering mothers/caregivers to wear a mask and clean their hands with hand sanitizer
- Provide soap at the handwashing station (if applicable) and promote routine handwashing
- Promote social distancing where possible

## Annex 9 Resources and guidance for services provided by a health care worker

[Ukraine summary of lessons learned and essential documents on Infant and Young Child Feeding in Emergencies \(IYCF-E\)](#) IFE Core Group, 2022. English.

[Key Phrases for Feeding Assessments and Support](#) Save the Children, 2022. English, Ukrainian, Russian.

[Flyer on IYCF Feeding Support in Transit](#) Infant Feeding Support for Refugee Children. English, Ukrainian, Polish, Russian (2022), Arabic, Farsi, Kurdish (2015).

1- Counselling and support on breastfeeding and problem solving any issues  
Operational guidance for breastfeeding counselling in emergencies  
<https://www.enonline.net/breastfeedingcounselinginemergencies>

2- Counselling and support on complementary feeding  
[https://cdn.who.int/media/docs/default-source/nutritionlibrary/publications/iycf-counselling--an-integrated-course/9789241594783-slides.pdf?sfvrsn=2a2c49fc\\_4](https://cdn.who.int/media/docs/default-source/nutritionlibrary/publications/iycf-counselling--an-integrated-course/9789241594783-slides.pdf?sfvrsn=2a2c49fc_4)

3- Targeted, controlled provision of infant formula, and practical support for hygienic preparation of infant formula and sterilisation of preparation and feeding equipment.

[IYCF-E Toolkit. Version 3. Section D: Programme Planning and Reporting.](#) Arabic, English and French, 2017.

[Safe Preparation, Storage and Handling of Powdered Infant Formula: Guidelines.](#) WHO and FAO. 2007. Arabic, Chinese, English, French, Spanish, Portuguese and Russian.

[How to Prepare Formula for Cup Feeding at Home.](#) FAO and WHO, 2007. English.

[IYCFE SOP for Emergency Response Teams.](#) SCI and GNC TST, 2020. English

### Logistics

Discuss with logistics teams and warehouse managers not to hand out BMS or feeding bottles and to remove the item and dispose of it if it is expired. Ensure that the 'first in, first out' rule applies for BMS and ensure appropriate temperature control of BMS during summer months. Instruct warehouse managers to refer to blue dots when infant formula is requested rather than distributing directly from the warehouse. Clarify to warehouse managers the disposal instructions for donations and expired products, in accordance with nutrition cluster guidelines.



## Media

[Joint Statement on Protecting Maternal and Child Nutrition in the Ukraine Conflict and Refugee Crisis](#), GNC, IFE Core Group, UNICEF 2022. English.