

PROTECTING BREASTFEEDING

Emergency services have a role to play

An emergency arises: thousands of people are sheltering at home due to a pandemic or victims of a natural disaster. They do not have access to clean water or electricity for several days. Young children, particularly babies, need special attention.

Do your plans include their feeding needs, whether they are breastfeeding or using infant formula?

Breastfeeding is vital in an emergency. Managers and policy-makers who create and implement emergency plans as well as workers in the field have an essential role to play in supporting and protecting breastfeeding.



“The World Health Assembly urges Member States to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breastfeeding for infants¹.”

Infant and young child feeding in emergencies

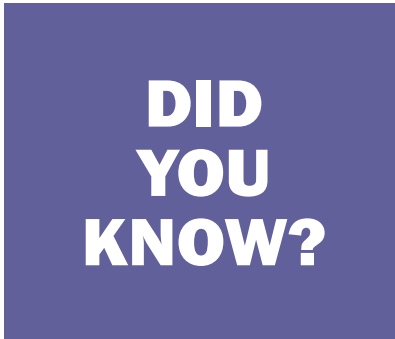
The needs of infants and young children are different based on whether they are breastfed, even partially, or formula-fed². Formula-fed infants are significantly more susceptible to diarrheal and respiratory illness than breastfed infants³.

Continuing breastfeeding

For babies and young children who are breastfed, continuing breastfeeding is the best decision. Breastfeeding is the safest way to feed and adapts best to the needs of the growing child. Always available, regardless of the sanitary conditions, breastfeeding requires no preparation, sterilizing or water.

The importance of support

Stress that can occur during an emergency does not decrease milk supply. It is, however, possible that milk “let-down” is slowed. This can be addressed by offering the breast more often and, most importantly, by providing ongoing follow-up to parents who need it.



Breastfeeding and epidemics

The benefits of continued breastfeeding are generally greater than the risk of transmitting the virus. Unless health authorities recommend otherwise, breastfeeding should continue, even during infection⁴.

Formula and premature weaning

Using infant formula, even just once, can impact latching and decrease milk supply, leading to unwanted early weaning from the breast.

Health Canada and the Canadian Pediatric Society recommend continued breastfeeding until age two and beyond, alongside appropriate complementary feeding from six months⁸.

Formula-feeding

Decreased ability to maintain hygiene increases risks to babies both during preparation and feeding of infant formula.

Breastfeeding protects

Human milk helps the baby’s immune system to defend itself against infections, preventing or reducing the length and severity of illness, including diarrheal and respiratory infections. Among other factors, this is due to the anti-infective cells found in human milk as well the antibodies that a mother creates based on her own exposure to illnesses.

Formula as a last resort

In exceptional situations where a child cannot receive their own mother’s milk, the World Health Organization (WHO) suggests that the milk of another healthy mother or donor human milk through a milk bank are the next alternative. Infant formula should be the last resort^{6,7}.

Queensland in Australia is a leader in taking infant and young child feeding needs into account in their emergency planning. Their website provides emergency preparedness advice for parents who are breastfeeding and those are using infant formula⁹.

SOME INSPIRATION for meeting the needs of all families

Preparing for emergencies

Breastfeeding should always be promoted as the most secure way to feed infants in an emergency.

The development of emergency preparedness and response plans should include a lactation consultant, or another breastfeeding expert, to ensure that infant and young child feeding needs are included.

Creating a clear policy on the distribution of infant formula and related products ensures that responses will meet specific needs in an emergency, while maximizing protection of breastfeeding to protect health.

In order to support families, lactation consultants require training on infant and young child feeding in emergencies.

When an infant is formula-fed, parents should be encouraged to stock their emergency kit with necessary equipment for feeding, in addition to formula itself. In particular, cups are easier to clean than feeding bottles.

During an emergency

Parents and children must be kept together, both for safety and to facilitate breastfeeding.

Collaboration with lactation consultants and breastfeeding helpers, such as volunteers, provides the support families need to continue breastfeeding.

Parents who are using infant formula should receive education on the safer handling, preparation and feeding of infant formula to minimize risks.

Infant formula distribution: what are the risks and how to frame them?

General distribution of infant formula—that is untargeted distribution that does not assess how infants are fed—contributes to changing feeding practices. Breastfeeding parents who receive infant formula distributions are more likely to use the products than those who have not³. Infant formula manufacturers and those who make related infant feeding products also use marketing strategies to normalize their use, particularly for breastfeeding parents. These marketing strategies contribute to reduced confidence in the parents' ability to breastfeed and negatively influences their infant feeding decisions. It is possible to distribute infant formula and the necessary equipment to use it without harming breastfeeding. In particular, this requires careful individual assessment, ensuring that infant formula is not in general distribution, but reserved for the infants who need it.

Protecting breastfeeding

In order to protect breastfeeding, while ensuring the safer use of breast-milk substitutes, including infant formula, when necessary, the *International Code of Marketing of Breast-Milk Substitutes*¹⁰ was adopted in 1981, at the World Health Assembly (WHA). Canada was among the 118 nations who endorsed it. Since then, the Code has been regularly updated by WHA resolutions¹¹. The Code's purpose is not prohibiting the use of breast-milk substitutes, but to ensure that they are not distributed in ways that harm the protection and promotion of breastfeeding, which takes on special importance during emergencies.

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PRODUCTS COVERED

by the *International Code of Marketing of Breast-Milk Substitutes*

- All foods and drinks aimed at children under 36 months
- Feeding bottles and nipples
- Pacifiers



Your reference to foster enabling
breastfeeding environments

MouvementAllaitement.org

EMERGENCY KIT

What's needed for little ones

Amounts in the emergency kit should be stocked according to the local authority's recommendations. In Canada, three days is typically recommended, but kits for longer periods may be needed depending on local conditions and circumstances.

Basic items



Disposable diapers



Baby wipes

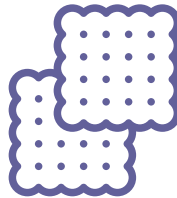


Hand sanitizer and soap



BREASTFED BABY

From 6 to 23 months old



Snacks



Shelf-stable food and utensils



Bottled water

Find community breastfeeding supports

By Regions of Quebec:

mouvementallaitement.org/ressources

Elsewhere in Canada:

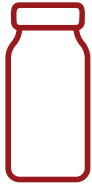
safelyfed.ca/canadian-breastfeeding-resources

For a breastfed baby: do not include infant formula

Offering infant formula to a breastfed baby is not recommended. Breastfeeding is the safest and most accessible way to feed babies in an emergency. The risks of infant formula are increased when hygienic conditions [and access to medical care] worsen. The family should include contacts for local breastfeeding supports in their emergency kit.

FORMULA-FED BABY

Until 12 months old



Ready-to-feed infant formula
(60–90 ml) 10–16 per day



Cleaning wipes



Dish soap and
cleaning brush



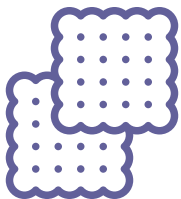
12 L potable water/day



Disposable paper cups
(or glass or metal if washing and
boiling is possible).



From 6 to 23 months old



Snacks

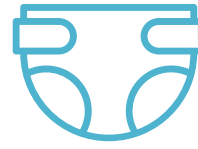


Shelf-stable food
and utensils



Bottled water

Basic items



Disposable diapers



Baby wipes



Hand sanitizer and soap

Stock ready-to-feed formula in your emergency kit, even if it is not what you normally use.

If ready-to-feed formula is not available, concentrate or powder may be used. Both these products require extra materials to prepare and increase the risk of contamination. What's needed:

- 1 L potable water, boiled and cooled (to room temp for concentrate or to 70°C for powder)
- Measuring cup
- Pot for boiling water and equipment
- Stove and fuel
- 24 L potable water/day

Never prepare infant formula in washrooms

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BREASTFEEDING RESOURCES

Community Resources

Breastfeeding Volunteers

These are volunteers who have received training in breastfeeding so that they can answer a range of questions. They can also identify common breastfeeding problems and provide suggestions to resolve them.

Peer Support

Having already breastfed at least one child, these volunteers provide support and encouragement to families to meet their own breastfeeding goals. Services are offered by phone, online and in person, either by home visit or in support groups.

When to access these resources?

Anytime! Including when you have an immediate need for care or worries about a particular breastfeeding situation.

Are these resources only about breastfeeding?

Not at all. These resources can also help families with the safer preparation of infant formula and general nutrition questions.

Lactation consultants (IBCLC)

Certified allied health professionals

Certified by an international certifying board (IBLCE), lactation consultants (IBCLC) are allied health professionals with clinical expertise in breastfeeding.

Specialist breastfeeding services

Lactation consultants (IBCLC) work within their defined scope practice and professional code of conduct. They are trained to perform a full evaluation and assessment of the child and parent to resolve persistent and complex breastfeeding problems. Lactation consultants (IBCLC) work within the health system, in community organizations, pharmacies, specialized lactation clinics and in private practice.

Find local breastfeeding supports

By Regions of Quebec:

mouvementallaitement.org/ressources

Elsewhere in Canada:

safelyfed.ca/canadian-breastfeeding-resources



To foster enabling breastfeeding environments:

Sensitize – Empower – Support

MouvementAllaitement.org