

# BREASTFEEDING

## – A VITAL EMERGENCY RESPONSE

*Are You Ready?*

### RATIONALE

- Children are the most vulnerable in emergencies – child mortality can soar from 2 to 70 times higher than average due to diarrhoea, respiratory illness and malnutrition.<sup>1</sup>
- Breastfeeding is a life saving intervention and protection is greatest for the youngest infants. Even in non-emergency settings, non-breastfed babies under 2 months of age are six times more likely to die<sup>2</sup>.
- Emergencies can happen anywhere in the world. Emergencies destroy what is 'normal,' leaving caregivers struggling to cope and infants vulnerable to disease and death.
- During emergencies, mothers need active support to continue or re-establish breastfeeding.
- Emergency preparedness is vital. Supporting breastfeeding in non-emergency settings will strengthen mothers' capacity to cope in an emergency.



## WABA WORLD BREASTFEEDING WEEK

### 1-7 AUGUST 2009

### OBJECTIVES OF WORLD BREASTFEEDING WEEK 2009

- To draw attention to the vital role that breastfeeding plays in emergencies worldwide.
- To stress the need for active protection and support of breastfeeding before and during emergencies.
- To inform mothers, breastfeeding advocates, communities, health professionals, governments, aid agencies, donors, and the media on how they can actively support breastfeeding before and during an emergency.
- To mobilise action and nurture networking and collaboration between those with breastfeeding skills and those involved in emergency response.

[www.worldbreastfeedingweek.org](http://www.worldbreastfeedingweek.org)

# 2009

JANUARY							FEBRUARY							
S	M	T	W	T	F	S	S	M	T	W	T	F	S	
					1	2	3	1	2	3	4	5	6	7
4	5	6	7	8	9	10	8	9	10	11	12	13	14	
11	12	13	14	15	16	17	15	16	17	18	19	20	21	
18	19	20	21	22	23	24	22	23	24	25	26	27	28	
25	26	27	28	29	30	31								

  

MARCH							APRIL						
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15	16	17	18	19	20	21	12	13	14	15	16	17	18
22	23	24	25	26	27	28	19	20	21	22	23	24	25
29	30	31					26	27	28	29	30		

  

MAY							JUNE						
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JULY							AUGUST*								
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SEPTEMBER							OCTOBER										
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27	28	29	30				25	26	27	28	29	30	31				

  

NOVEMBER							DECEMBER									
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15	16	17	18	19	20	21	13	14	15	16	17	18	19			
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29	30						27	28	29	30	31					

The World Alliance for Breastfeeding Action (WABA) is a global network of individuals and organisations concerned with the protection, promotion and support of breastfeeding worldwide based on the Innocenti Declarations, the Ten Links for Nurturing the Future and the WHO/UNICEF Global Strategy for Infant and Young Child Feeding. Its core partners are International Baby Food Action Network (IBFAN), La Leche League International (LLL), International Lactation Consultant Association (ILCA), Wellstart International and Academy of Breastfeeding Medicine (ABM). WABA is in consultative status with UNICEF and an NGO in Special Consultative Status with the Economic and Social Council of the United Nations (ECOSOC).

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WORLD ALLIANCE FOR  
 BREASTFEEDING ACTION

# BREASTFEEDING - A VITAL EMERGENCY RESPONSE. *Are you ready?*

## What is an emergency?

An emergency is an extraordinary situation that puts the health and survival of a population at risk. Emergencies may be man-made or natural. They may be unpredicted, occur regularly or be long running. Emergencies are characterised by turmoil, insecurity, poor sanitation and a short supply of clean water, food, fuel, medical care and shelter.

## Why does this matter to me?

The number of emergencies is increasing and can affect any country no matter its location or level of development. This means that everyone everywhere needs to prepare and know how to actively support breastfeeding so that infants are not endangered.

## What is so good about breastfeeding in emergencies?

In emergencies, breastfeeding mothers give their infants a clean, safe, sustainable food and water supply and actively protect their infants from infections. Infant formula offers no immune protection and harms infants' gut defence mechanism, actually making infection easier. Further risks emerge from the dependence on the quality and supply of formula, water and fuel, intrinsic contamination of infant formula, and the difficulty cleaning feeding bottles. These vulnerabilities were exposed in Botswana in 2005/06<sup>3</sup> where flooding led to a huge rise in diarrhoea and death amongst non-breastfed infants - in the first quarter of 2006, the under five child mortality rate was 22 times higher than for the same quarter the previous year. In an investigation of admissions to one hospital, non-breastfed infants were 50 times more likely to need hospital treatment than breastfed infants, and much more likely to die. In one village, no breastfed infants died while 30% of artificially fed infants perished. Even in developed countries, artificially fed infants are at risk in an emergency. Following Hurricane Katrina, in the USA, many infants lacked food and some died as a result.<sup>4</sup> **Breastfeeding is a shield that protects infants in an emergency.**

## Breastfeeding in emergencies is often undermined by:

### ● Lack of breastfeeding knowledge

Myths such as 'stress dries up breastmilk' and 'malnourished women cannot breastfeed' are commonly believed. Many do not know that mothers can increase their milk supply, relactate after having stopped, and that wet nursing may be an option as a temporary measure or if an infant is orphaned.

### ● Lack of active protection and support for breastfeeding

Poor knowledge of feeding patterns in affected areas often leads to wrong assumptions. Emergency assistance often prioritises provision of goods and breastfeeding protection and skilled support are neglected. Yet, they are always needed! Such protection and support mean ensuring mothers are secure, have priority access to food, water, shelter, and if necessary, private places to breastfeed. Breastfeeding support groups and programmes offering skilled breastfeeding assistance may be required.

### ● Donations of infant formula, other milk products and bottles

Emergencies attract donations of large amounts of these products. Frequently they are distributed to all mothers, undermining breastfeeding and leading to illness and death. For example, after the Yogyakarta earthquake, Indonesia (2006), 75% of carers of infants received donated infant formula, significantly increasing diarrhoeal rates in young children<sup>5</sup>. Untargeted distributions also harm non-breastfed infants because they do not provide the package of care needed to minimise the risks of artificial feeding

## What emergency response is needed?

As shown above, active protection and support for breastfeeding are always needed – the exact package of care will depend on the context. Protection also means acting to prevent donations of infant formula, milk products and baby bottles, highlighting the value of breastfeeding in official statements, and generating press releases to prevent and counter media messages containing breastfeeding myths. Preparedness is the key to timely interventions.

## What can you do?

**Breastfeeding mothers** can be confident that if an emergency occurs, they can feed and protect their child. We all can help to create the right environment for them. **Are you ready? Yes, you are!**

● **Educate yourself:** Consult with the *Operational Guidance on Infant and Young Child Feeding in Emergencies*<sup>6</sup> and key resource materials.

● **Educate others:** Talk to families, humanitarian workers (nutrition, health, water and sanitation), donors and the media about the importance of breastfeeding and the dangers of artificial feeding in an emergency.

● **Network with aid and donor agencies:** Ask them whether they have a policy on actively supporting breastfeeding in emergencies and are aware of and support the *Operational Guidance on Infant and Young Child Feeding in Emergencies*. Advocate against donating infant formula, other milks or bottles during emergencies. Support organisations that support breastfeeding. See if you can get involved with their programmes.

● **Engage in emergency preparedness in your country:** Ask your government to commit resources to training health professionals and orient emergency relief staff on breastfeeding support. Form a working group on IFE with key emergency players.

## Helpful Resources & Contacts:

Visit [www.enonline.net/ife](http://www.enonline.net/ife) for key guidance and resources.



An inter-agency collaboration concerned with the protection and support of safe and appropriate infant and young child feeding in emergencies

WBW 2009 resources are being developed by the IFE Core Group. Within the IFE Core Group, the ENN and IBFAN-GIFA are the lead contributors to the content.

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**SPONSORSHIP:** WABA does not accept sponsorship of any kind from companies producing breastmilk substitutes, related equipment and complementary foods. WABA encourages all participants of World Breastfeeding Week to respect and follow this ethical stance.