



UNITED STATES BREASTFEEDING COMMITTEE

STATEMENT ON INFANT/YOUNG CHILD FEEDING IN EMERGENCIES

It is the position of the United States Breastfeeding Committee that emergency preparedness should include provision for the protection, promotion, and support of breastfeeding and safe infant/young child feeding.

Breastfeeding is the norm for infant feeding, with exclusive breastfeeding for the first six months of life and continued breastfeeding with added appropriate solid foods until age two years and beyond.^{1 2} In the event of a disaster depriving people of food, shelter, clothing, and resources needed to survive, breastfeeding is the first line of defense for safe infant feeding.^{1 2 3} In addition to providing perfect nutrition, factors in human milk specifically protect against respiratory and gastrointestinal infections, recognized as serious risks in crowded shelter conditions.^{4 5} Hormones released during breastfeeding reduce stress, providing comfort for both mother and child.^{4 6 7} There is a reduced health care resource burden associated with breastfeeding, because infants have a decreased likelihood of developing diarrhea, respiratory, and other infections, and there are lower overall costs as mothers are producing the food for their infants.^{5 6 7 8}

Guidelines for safe infant and young child feeding practices in the event of a disaster:

Prior to the disaster:

- Provide basic education by relief agencies for all supervisory, technical, and non-technical staff and volunteer workers to support appropriate infant and young child breastfeeding in emergencies.^{2 9} Address cultural expectations and personal experiences of staff and volunteers that may present barriers to understanding and implementing sound practice.^{2 9}
- Integrate key information about infant and young child feeding needs into routine rapid assessment procedures.⁹

- Include feeding protocols for breastfeeding management and appropriate procurement, use, and handling of infant formula in federal, state, and local emergency preparedness plans, accompanied by education and training necessary for implementation.¹
- Establish standards to ensure the safety of purchased and donated infant formula.
- Include in emergency preparedness plans strategies to prevent separation of mothers and their infants during evacuation, transport, and sheltering, and a unification plan for those who become separated during an emergency.^{3 9}

In the immediate post-disaster period:

- Establish a safe environment with protection from harassment for all mothers and caregivers with infants and children.^{2 9}
- Identify mothers who breastfeed when they arrive at the shelter and provide them with education, assurance, and support to sustain and increase their milk supply.^{3 4}
- Strongly encourage, educate, and support any woman who gives birth during the disaster to initiate and continue breastfeeding.⁴
- Inform mothers of recently weaned infants and young children that relactation is a possibility and support those who choose to relactate.^{2 4}
- Include lactating women in the priority list for water and food.⁴
- Encourage and facilitate mother-to-mother support so experienced mothers can help less experienced mothers.^{1 2 6}
- Show mothers how to express milk by hand as needed.^{2 4}
- Consider informal human milk donation in a situation where the infant is not with the mother or she is not lactating, and the person responsible for the baby prefers feeding donor breast milk, and understands the risks and benefits of feeding unpasteurized breast milk from a healthy donor.¹
- Follow existing protocols for providing infant formula to non-lactating mothers or caregivers of infants, and when needed as a supplement for infants of relactating mothers.⁹

In the stable shelter environment:

- Provide sufficient water and food for lactating mothers.⁴
- Consider the use of pasteurized donor human milk when refrigeration, transportation, safe water, and basic infrastructure are in place, if an infant's mother is not available due to separation or death, or as supplement when a mother's milk supply is inadequate.¹
- Ensure that appropriate complementary foods are available for children (ages six months – two years).^{1 10}
- Include skilled lactation care providers in the team of trained emergency workers to assist in shelters with basic and advanced lactation care.⁹
- Provide infant formula for those infants who are already using it, or are determined to require it for medical reasons.¹
- Control the distribution of purchased infant formula so that it is offered only to those infants who do not have access to human milk.¹

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¹ World Health Organization/UNICEF. *Global Strategy for Infant and Young Child Feeding*. Geneva, Switzerland: World Health Organization; 2003.

² World Health Organization. *Guiding Principles for Feeding Infants and Young Children During Emergencies*. Geneva, Switzerland: World Health Organization; 2004.

³ National Commission on Children and Disasters. *2010 Report to the President and Congress*. Appendix D: Children and Disasters: the Role of State and Local Governments in Protecting This Vulnerable Population. Rockville, MD: Agency for Healthcare Research and Quality; 2010. AHRQ Publication No. 10-M037.

⁴ American Academy of Pediatrics. *Infant nutrition during a disaster: breastfeeding and other options*. <http://www.aap.org/breastfeeding/files/pdf/InfantNutritionDisaster.pdf>. Published 2007. Accessed May 9, 2011.

⁵ Ip S, Chung M, Raman G, Chew P, Magula N, DeVine D, Trikalinos T, Lau J. *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries*. Rockville, MD: Agency for Healthcare Research and Quality; 2007. Evidence Report/Technology Assessment No. 153.

⁶ United States Breastfeeding Committee. *Breastfeeding: a vital emergency response. Are you ready?* <http://www.usbreastfeeding.org/LinkClick.aspx?link=Publications%2fBF-Emergency-Response-2009-USBC.pdf&tabid=70&mid=388>. Published 2009. Accessed May 9, 2011.

⁷ Wellstart International. *Infant and young child feeding in emergency situations*. http://wellstart.org/Infant_feeding_emergency.pdf. Published 1996. Updated 2005. Accessed May 9, 2011.

⁸ Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics*. 2010;125(5):e1048-e1056.

⁹ Infant and Young Child Feeding in Emergencies (IFE) Core Group. *Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers*. v 2.1. Oxford, UK: IFE Core Group, Emergency Nutrition Network; 2007.

¹⁰ American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk (policy statement). *Pediatrics*. 2005;115(2):496-506.