

Recommendations on INFANT FEEDING IN EMERGENCIES

Joint UNICEF WHO ISP* STATEMENT

Jakarta – Indonesia 7 January 2005



WHO



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I. POLICIES ON INFANT FEEDING

- Breastfeeding should be initiated within the first hour after birth
- Exclusive breastfeeding up to 6 months
- Complementary feeding starts from 6 months of age.
- Continue breastfeeding up to 2 years and beyond.

II. BREASTFEEDING

- Breastfeeding is the best and most optimal feeding method for infants especially for babies less than 6 months of age, and also beneficial to the mothers.
- Breastmilk has all the needed nutrients and liquids to fulfill the infants' requirements in the first 6 months of life.
- From the age of 6 to 12 months, breastmilk is still the main food, because it provides more than 60% of the infant's energy needs. To fulfill all the needs, it should be supplemented by complementary food.
- After the age of 1 year, even though breastmilk can only provide 30% of the infant's needs, breastfeeding is still recommended for other benefits.
- **In emergency conditions**
 - ~ Breastfeeding becomes even more important because resources for safe artificial feeding are often unavailable, for example water, fuel and adequate quantity of infant formula.
 - ~ Artificial feeding with breastmilk substitute increases the risk of diarrhoeal disease, malnutrition and infant death.
 - ~ If breastmilk substitutes are distributed by any donors, their distribution and use should be monitored by trained staff, according to the principles below.
 - ~ **Infant formula should only be given under strict conditions:**
 - Lactation status of mother has been assessed, and relactation is not possible.
 - Targeted only to children who no longer have access to breastmilk, e.g. orphaned children etc
 - For orphaned infants and infants whose mothers can no longer breastfeed, supply of infant formula should be continued for as long as the infant needs it.
 - Infant formula is provided under close supervision and monitoring by trained health staff.

*ISP = Indonesian Society of Pediatricians

- Mothers or caretakers are also provided with adequate information and counseling on safe preparation of infant formula and appropriate infant feeding practices.
- Only infant formula that meets the Codex Alimentarius standards can be accepted.
- As much as possible, infant formula produced by companies in violation of the International Code of Marketing of Breastmilk Substitutes cannot be accepted.
- Where exceptions to the preceding point must be made, promotion of breastmilk substitutes by such companies should be prevented at all times.
- Condensed milk and UHT milk (liquid) cannot be provided to infants less than 12 months of age.
- Infant formula is labeled with clear instructions on safe preparation methods, including mentioning the expiration date for at least 1 year, in a language understandable by the mother, caretaker or family.
- Bottles and teats should never be distributed, and their use should be discouraged. Feeding should be done using a cup.
- To reduce the danger of artificial feeding, the following conditions should be met as much as possible:
 - Easily cleaned cups and soap for cleaning them.
 - Clean surface and safe storage for preparation.
 - Means of measuring water and milk powder (not a feeding bottle)
 - Adequate fuel and potable water (if possible and available, use bottled water)
 - Home visit to lessen difficulties in preparing feeds
 - Follow up with extra care and supportive counseling
 - Continued promotion of breastfeeding to prevent use of infant formula by mothers still able to breastfeed
- ~ Dried skimmed milk should not be given as a single commodity or as part of a general food distribution, because of the risk that it will be used as a breastmilk substitute.

The above recommendations are based on the International Code of Marketing of Breastmilk Substitutes, World Health Assembly Resolutions 1994 and 1996, the Indonesian Ministerial of Health Decree on Marketing of Breastmilk Substitutes 1997 and the Ministerial of Health Decree on Exclusive Breastfeeding 2004. The 47th World Health Assembly states that: “In emergency relief operations, breastfeeding for infants should be protected, promoted and supported. Any donated supplies of breastmilk substitutes, or other products covered by the scope of the Code, may be given only under strict conditions.”

III. COMPLEMENTARY FEEDING

- Complementary feeding should start only after 6 months of age.
- Complementary foods should be prepared from locally available foods, whenever possible.
- Complementary foods should be easily digested.
- Complementary foods should be given consistent with the age and nutritional needs.
- Complementary foods should contain adequate energy and micronutrients.

IV. CARE AND SUPPORT FOR THE BREASTFEEDING MOTHERS

- Breastfeeding mothers need increased attention and care.
- Conditions that will facilitate exclusive breastfeeding include:
 - i. provision of maternity care
 - ii. extra food rations
 - iii. drinking water for lactating women
 - iv. staff who have breastfeeding counselling skills

V. DISPELLING MYTHS

Myths about breastfeeding can undermine both a mother's confidence and the support she receives. The four most common myths are:

A. Stress makes milk dry up

While extreme stress or fear may cause milk to momentarily stop flowing, this response, like many other physiological responses to anxiety is usually **temporary**. There is growing evidence that breastfeeding produces hormones that reduce tension, calm the mother and the baby and create a loving bond.

B. Malnourished mothers cannot breastfeed

Food should go to the lactating mothers so that they can feed their babies and maintain the strength to care for older children in the family as well. In the case of severe malnutrition, the use of breastfeeding supplementer can ensure increased breastmilk production.

C. Babies with diarrhoea need water or tea

As breastmilk is 90% water, exclusively breastfeeding babies with diarrhoea do not usually need additional liquids such as glucose water or tea. What is more, water is often contaminated in emergency situations. In the case of severe diarrhoea however, oral rehydration therapy (administered by cup) may be required, besides breastmilk.

D. Once breastfeeding has stopped, it cannot be resumed

With an adequate relaxation technique and support, it is possible to help mothers and their babies to restart breastfeeding after they have switched to infant formula. This is sometimes vital in emergency.