



Infant Feeding in Emergencies Challenges

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Common concerns

- **Malnourished mothers can not breast feed**
- **The mother think she is not able to produce enough milk**
- **Stress prevent milk production**

Challenges for breastfeeding

Mothers' difficulties

- **time constraints**
long time to fetch water,
queue for food
- **lack of protection, security, and (where valued) privacy**
- **lack of social support and the familiar social network**
- **free availability of breastmilk substitutes, undermining mothers' confidence in breastfeeding**

Benaco Camp

UNICEF/94-0069/Howard Davies Benaco Camp, Tanzania



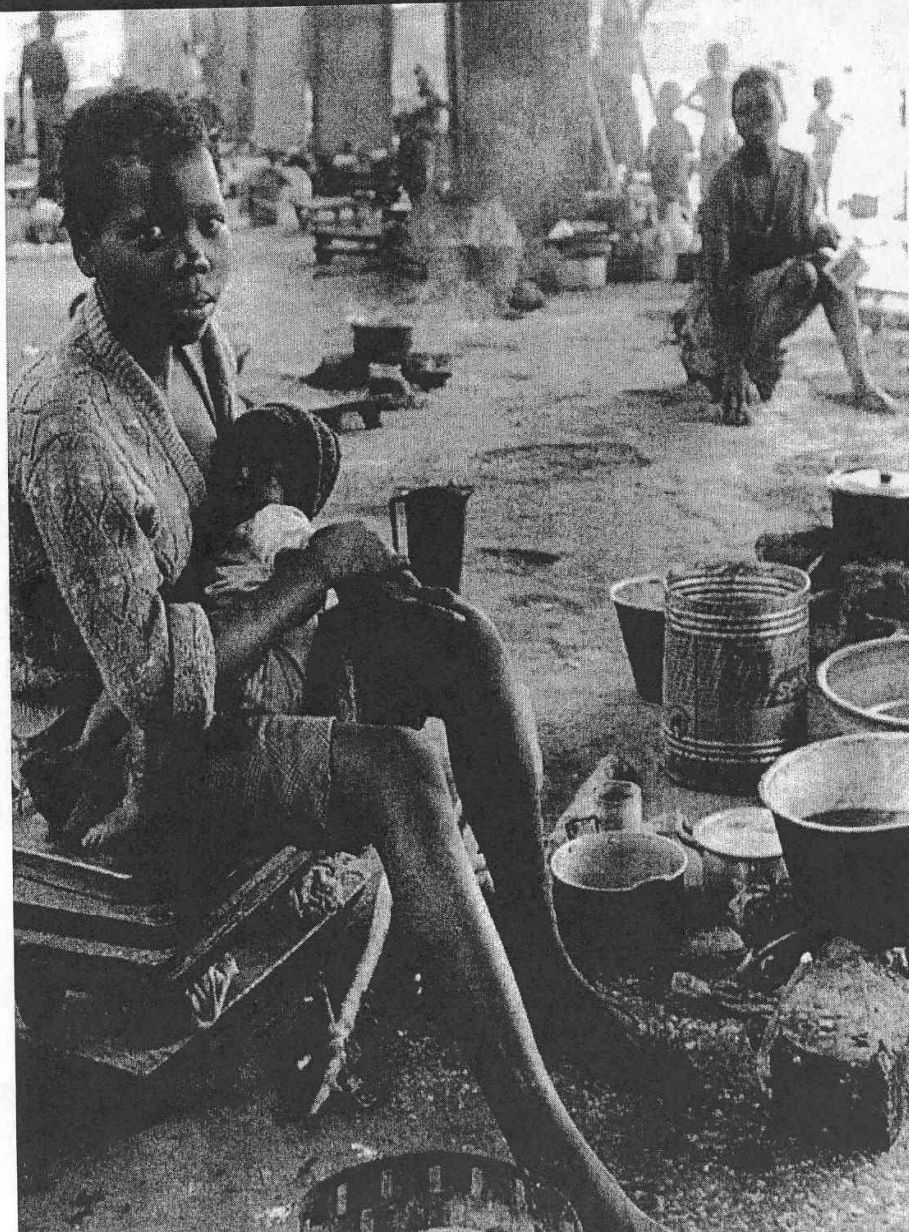
Household in camp near Goma, Zaire/Congo

UNICEF-D0194-0285/Betty Press



“Household” conditions when there is no house

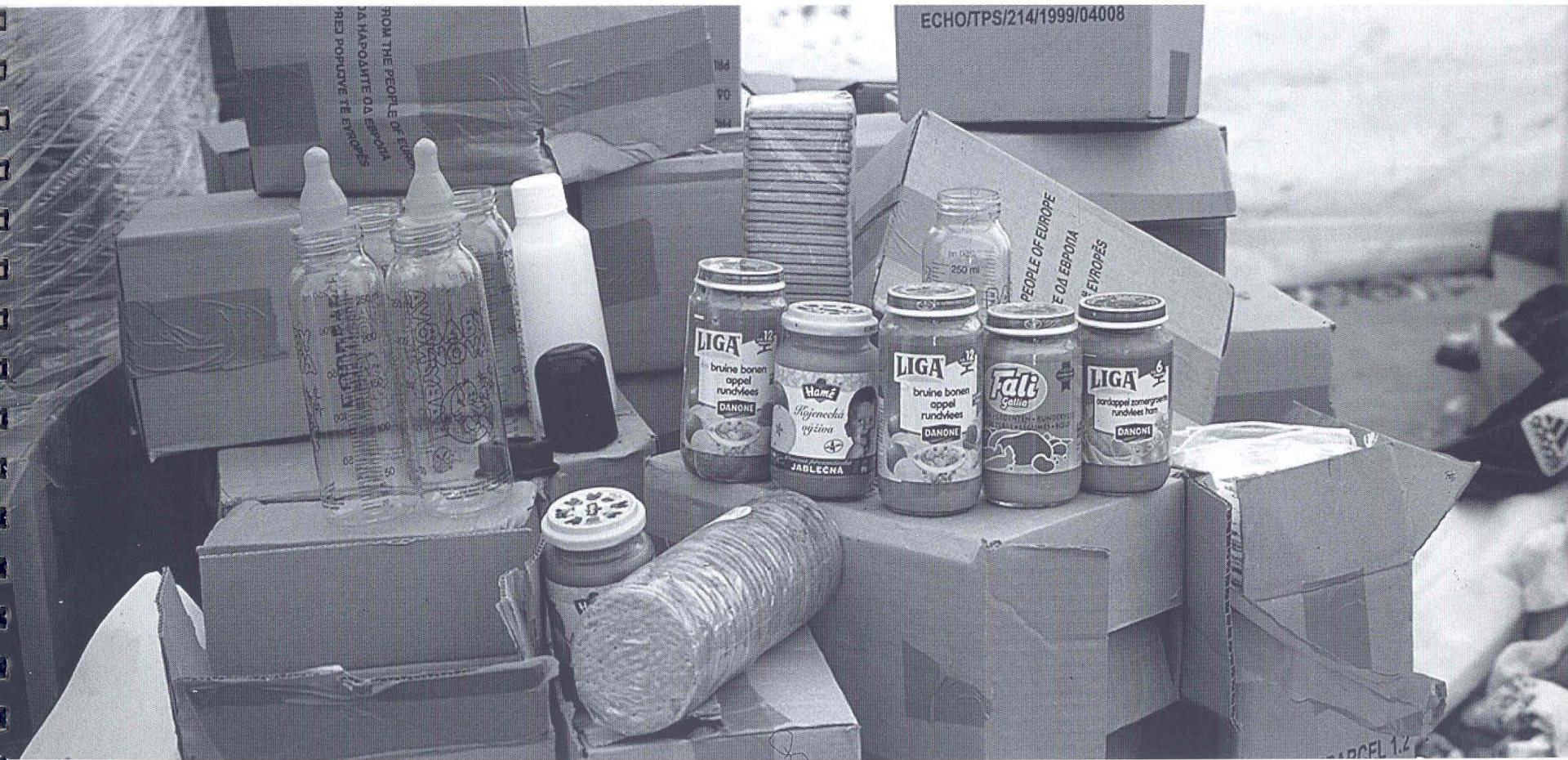
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UNHCR/C. Sattlerberger. From WHO, Reproductive health during conflict and displacement. 2000

- **In appropriate donation of milk food**

Inappropriate donations of infant feeding products



McGrath M. Infant feeding in emergencies: recurring challenges. Paper for Save the Children UK and Centre for International Child Health, 1999





ITEM NO.: 80170A
QTY: 12 PCS

BABY
BOTTLES

Capla
Capla

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Dangers of prelacteal feeds

- They replace colostrum
 - greater risk of infection
 - risk of intolerance, allergy
- They interfere with suckling
 - artificial feeds satisfy hunger
 - bottles interfere with attachment
 - baby suckles less
 - more difficult to establish breastfeeding

“Although Sri Lanka is a country with a high exclusive breastfeeding rate, there was a myth among mothers about the inability to produce enough breastmilk when under stress. A major problem was the distribution of infant formula and feeding bottles by donors and NGOs without the appropriate controls to breastfeeding mothers. Donors acted emotionally without any scientific basis, disregarding the dangers of artificial feeding in disasters. Additionally the mass media was very keen on feeding babies so made a public appeal to supply artificial milk and feeding bottles. There was also some difficulty in getting appropriate complementary food to mothers post tsunami. The ministry of health faced many challenges to ensure that breastfeeding mothers continued to do so and did not swap to unsustainable and potentially dangerous infant formula.”

Statement from the Sri Lankan Ministry of Health after the 2004 Indian Ocean Tsunami

M. Corbett, Indonesia, 2006

Although Sri Lanka is a country with high exclusive breast feeding status

Some important points from the International Code of Marketing of Breastmilk Substitutes

- **no advertising or promotion to the public**
- **no free samples to mothers or families**
- **no donation of free supplies to the health care system**
- **health care system obtains breast milk substitutes through normal procurement channels, not through free or subsidised supplies**
- **labels in appropriate language, with specified information and warnings**

How to protect, promote and support breastfeeding

- Emphasise that breast milk is best.
- Actively support women to breastfeed.
- Avoid inappropriate distribution of breast milk substitutes.
- When necessary, use infant formula if available.

HONDURAS. UNICEF/HQ98-0639/BULAGUER



How to protect, promote and support breastfeeding IFE 1/17

- Do not distribute feeding bottles/teats; promote cup feeding.
- Add complementary foods to breastfeeding at about 6 months.
- Include pregnant and lactating women in supplementary feeding when general ration is insufficient.



Care for the individual breastfeeding mother

Concerns for mother

- her own nutrition and fluid intake
- her own health
- physical difficulties (e.g. sore nipples)
- misinformation, misconceptions

Staff should ensure

extra rations and fluids

attentive health care

skilled breastfeeding counsellors

*correct information and
breastfeeding counselling*

Companionship and protection help milk flow

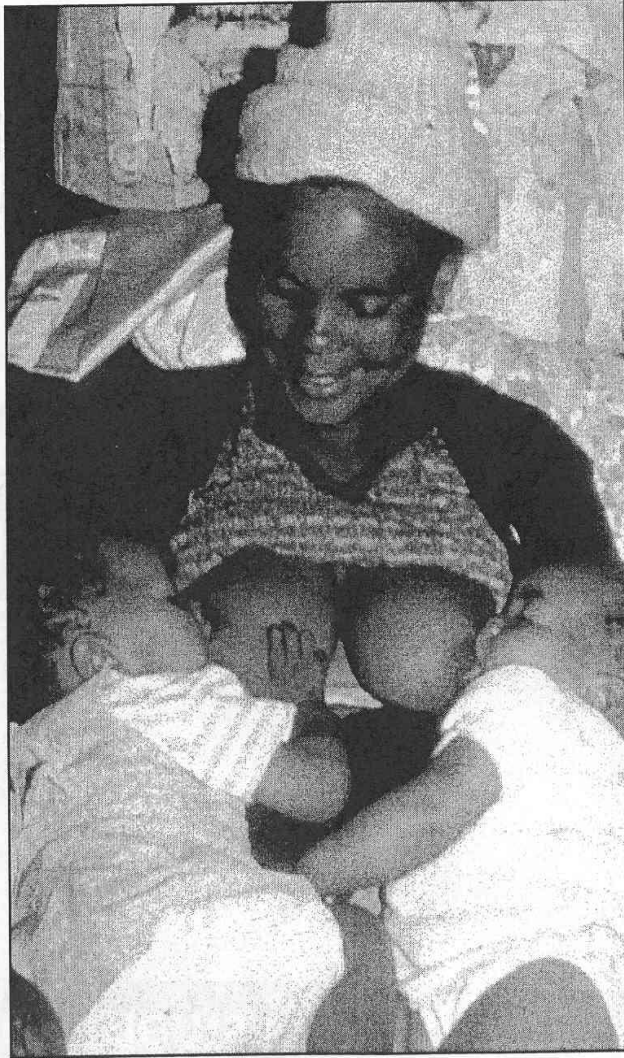
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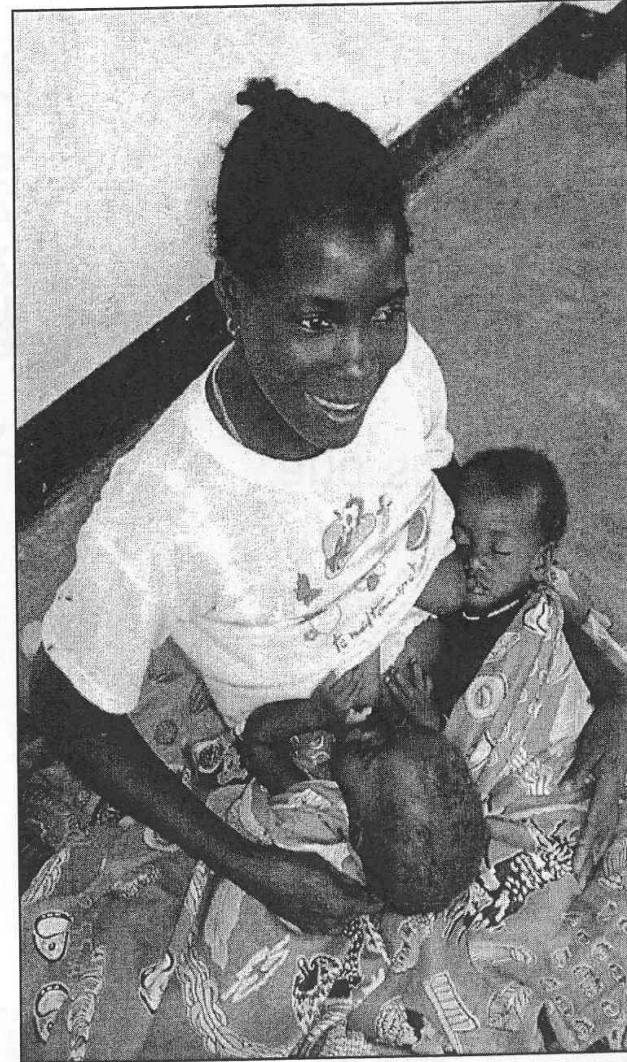
Janet Griffin/Nepal, from IFE, WEMOS/IBFAN

Breastfed twins: Swaziland and Angola

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By F. Savage, Swaziland



Mary Lungaho, Cubal, Angola

Four elements of supportive care

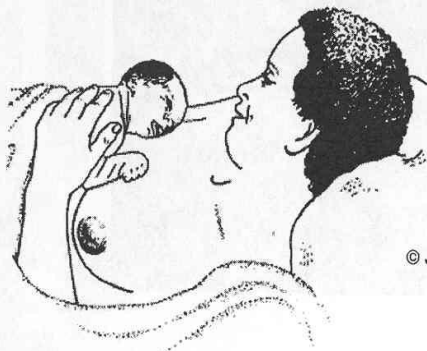
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Adequate nutrition



Continuing assistance
and social support



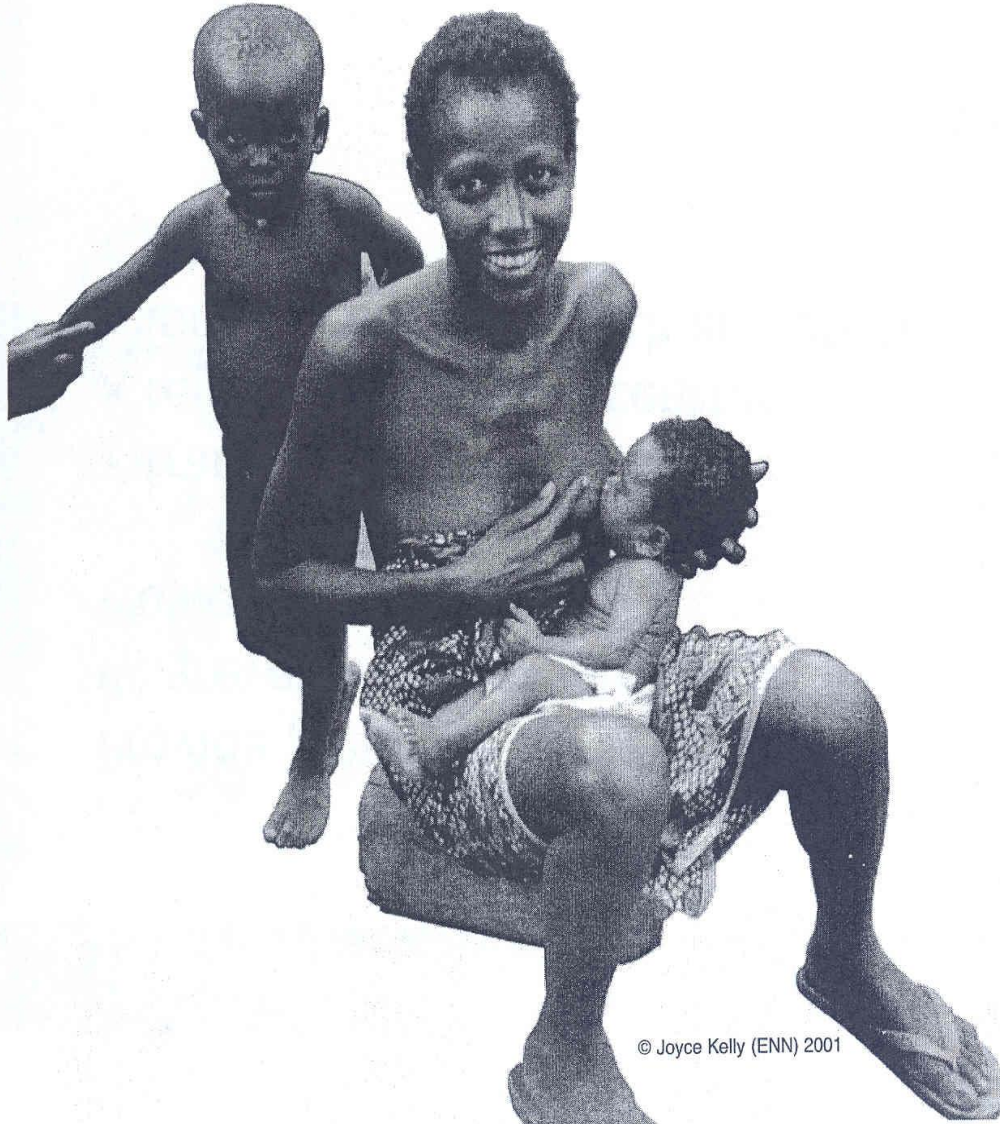
Helpful maternity
services



Appropriate health services

© Joyce Kelly (ENN) 2001

Sierra Leone, 2001

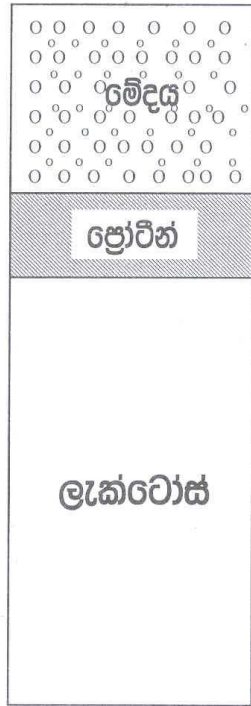


Feed the mother and let her feed the infant

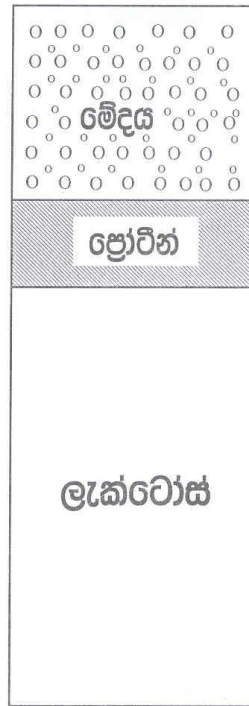
Monitor the weight and urine output.

Temporary supplements by cup may be needed while the mother's milk production increases.

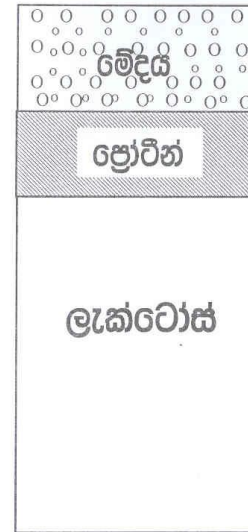
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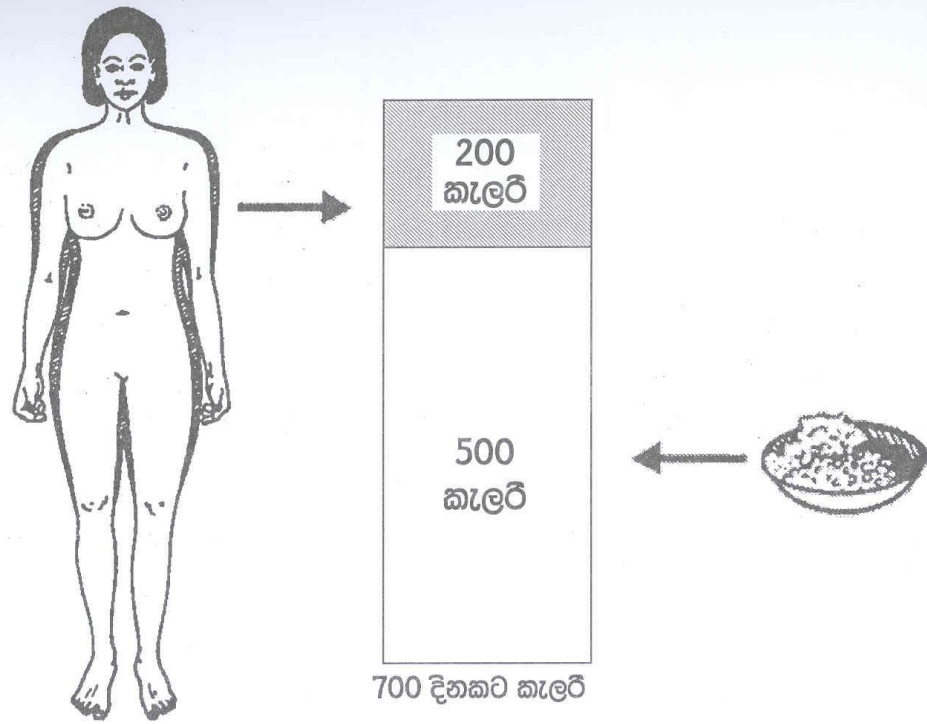


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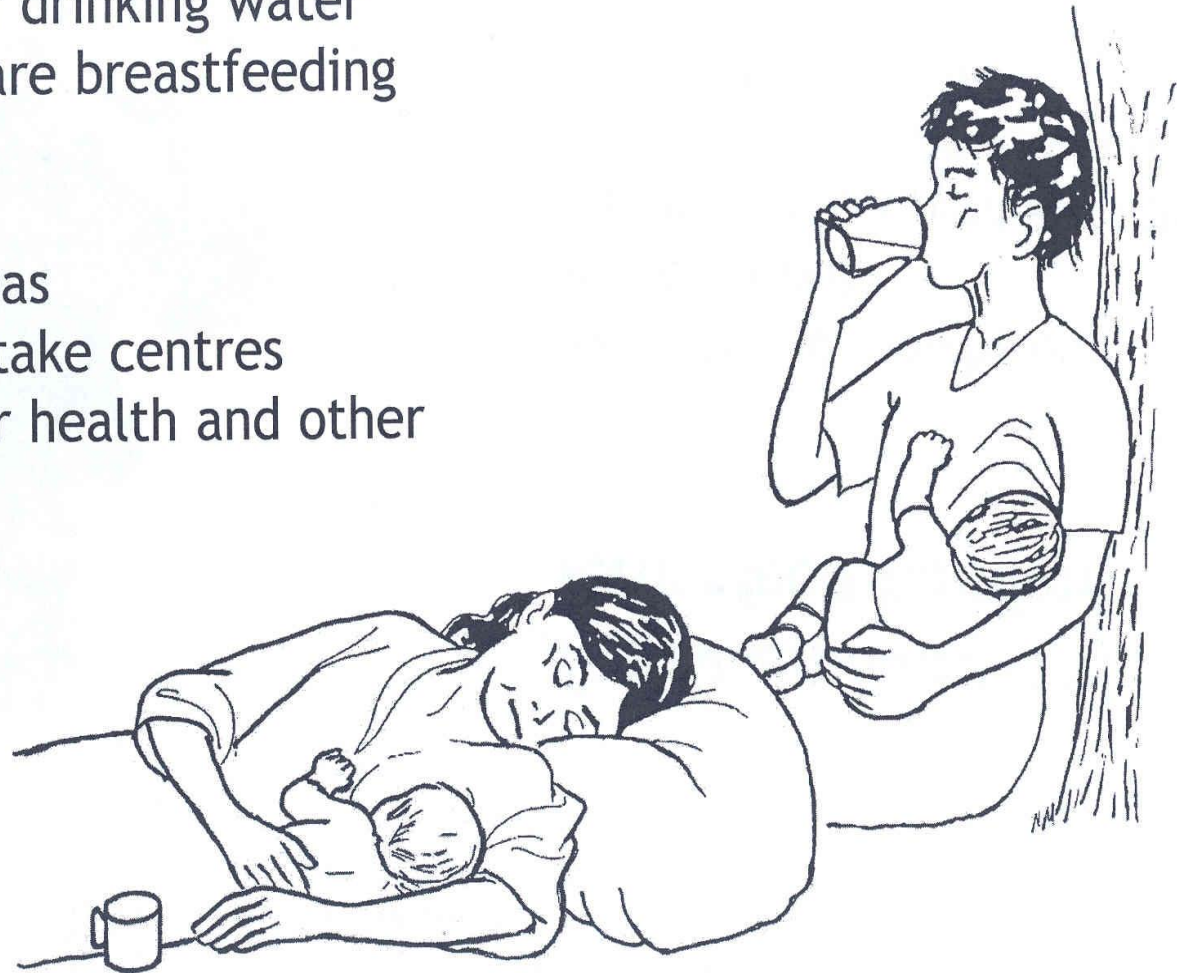


EXAMPLE OF EXTRA FOOD NEEDED EACH DAY BY A BREAST FEEDING WOMAN

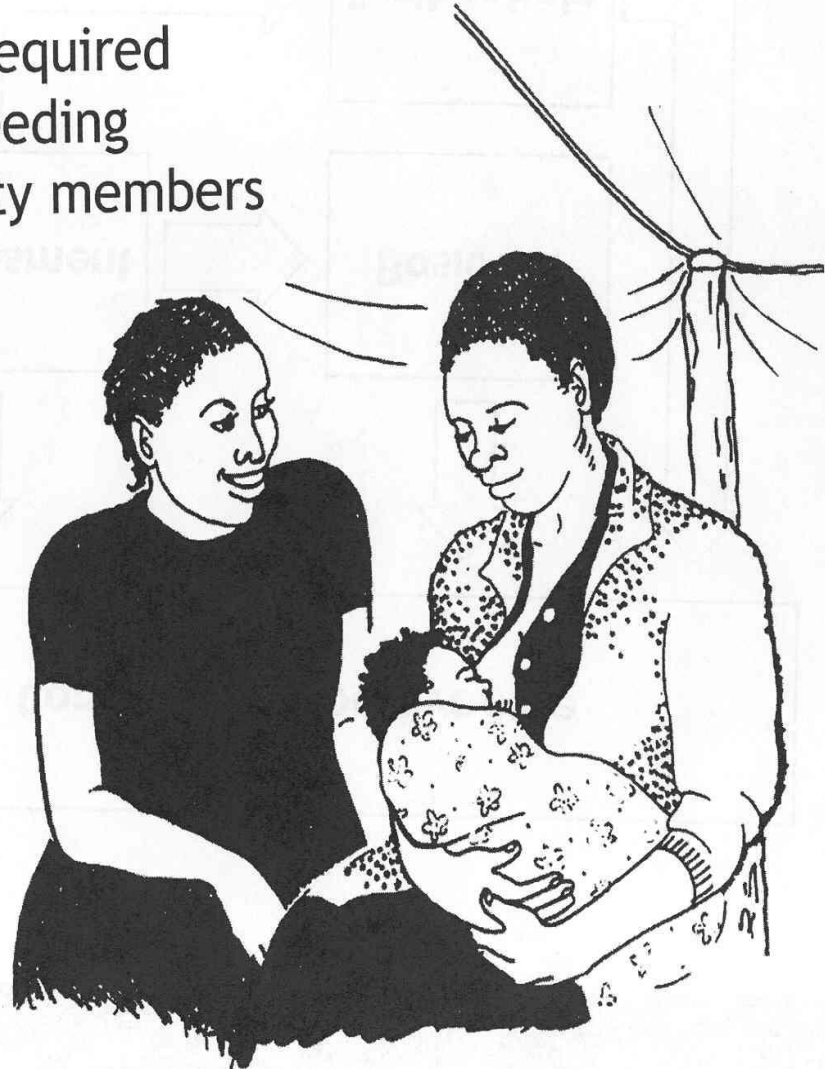
60 g rice	(1 fistful)	240 Calories
30 g dhal	(1/2 fistful)	120 Calories
Vegetables	(1 fistful)	
1/2 banana		90 Calories
5 ml oil	(1 teaspoonful)	50 Calories

Provide plenty of drinking water wherever there are breastfeeding women in:

- transit rest areas
- registration/intake centres
- long queues for health and other services.



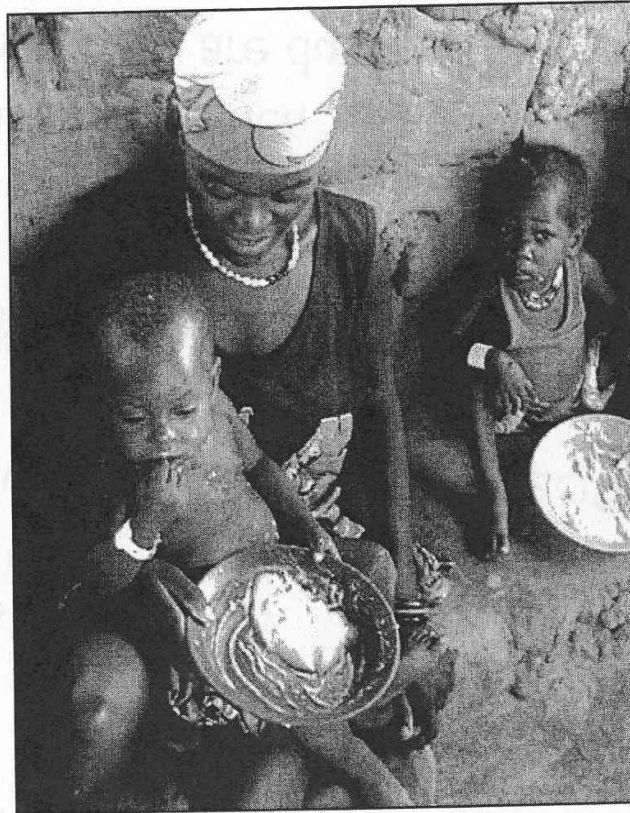
- reduce isolation
- provide privacy if culturally required
- encourage age-appropriate feeding
- educate family and community members
- remove conflicting messages
- listen
- build confidence.



Age-appropriate feeding

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includes starting complementary foods at the age of 6 months



Brian Gleeson, CRS Angola

From six months to two years of age, children should receive appropriate complementary foods in addition to continued frequent breastfeeding.

If an infant can

- suck (or lap milk with the tongue) and
- swallow

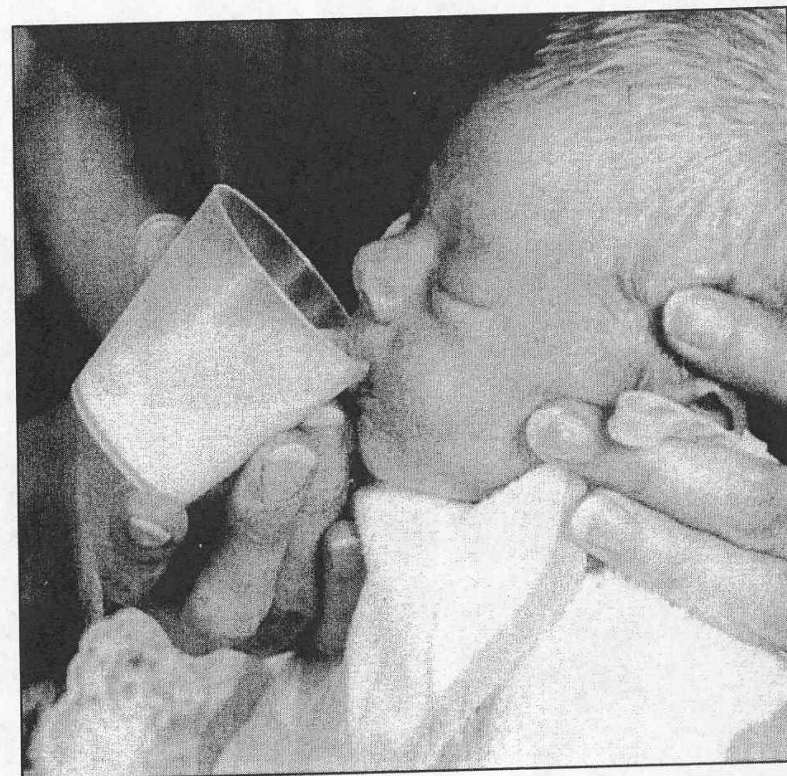
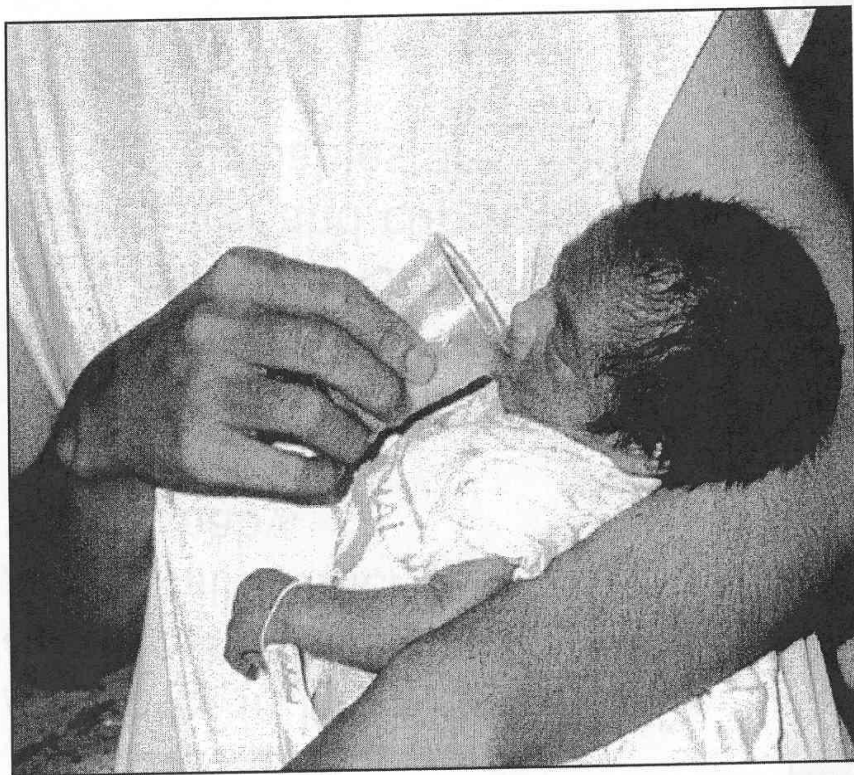
he or she can be fed with any open cup



Use of feeding bottles increases risks of illness.

How to cup feed

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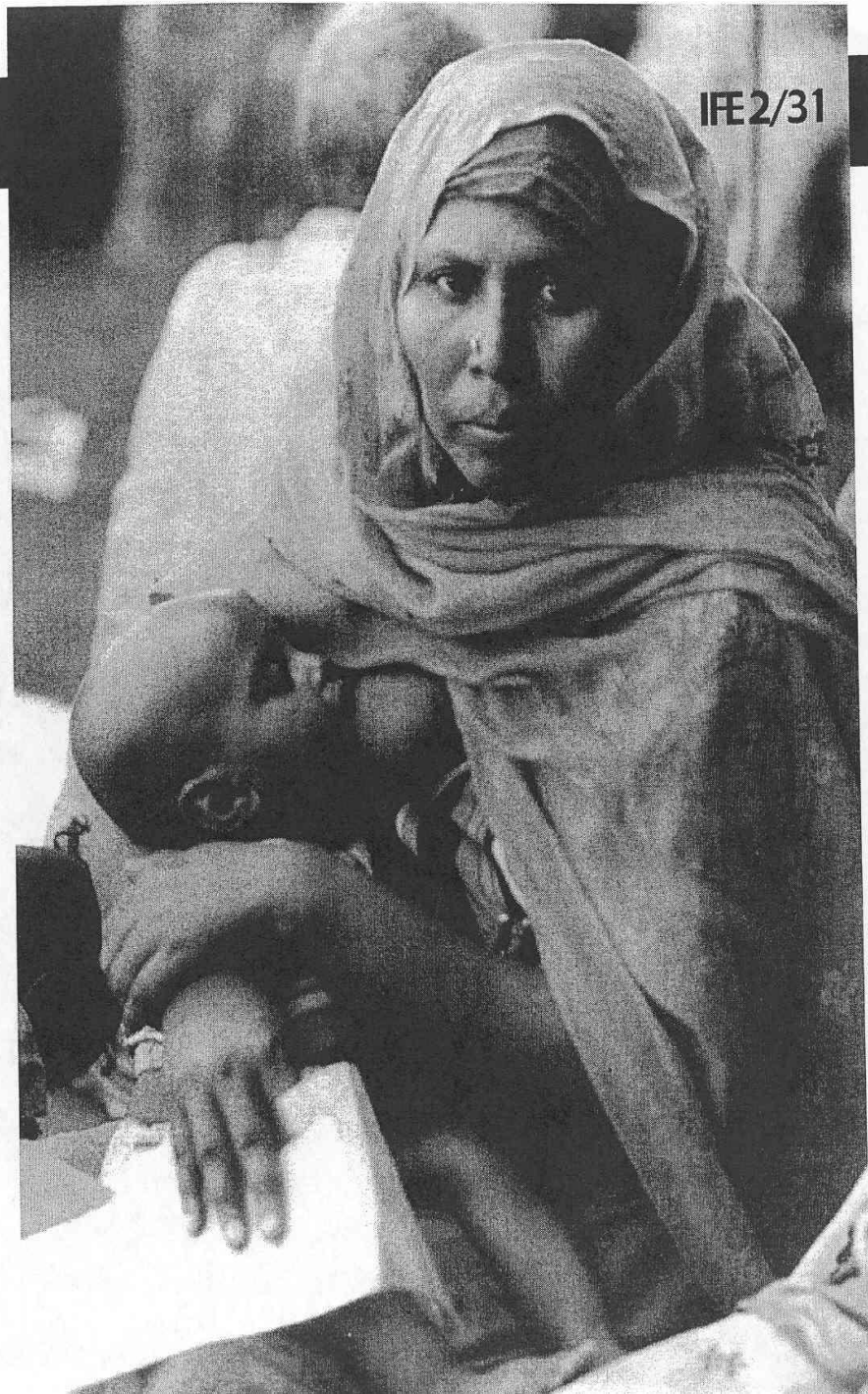


F. Savage / Philippines & UK

The milk just reaches the infant's lips.
The caregiver does not pour the milk into the baby's mouth.
The infant takes up the milk with his/her tongue, sucks or sips.

The need for restorative care

Stress, trauma, grief, or sexual violence do not spoil a mother's breastmilk, but she needs care that helps to restore her emotional balance.



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