

General Circular No: 01-11/2009

M. No: DGHS/D (FHS) 2009 - 27

Ministry of Healthcare & Nutrition,  
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Colombo - 10.  
25.01.2009

All  
Provincial Directors of Health Services  
Regional Directors of Health Services  
Heads of Institutions

### **Support and Ensure Appropriate and Adequate Infant Feeding during Emergencies**

Emergencies such as floods, earth slips, tsunami and war, result in the displacement of a large number of people including infants and young children and sometimes they have to take shelter in camps either on a short-term or long-term basis. You are aware that the tsunami on December 26<sup>th</sup> 2004 affected many countries in the region including Sri Lanka and killed more than 50,000 people and caused massive destruction, mostly in the northern, southern and eastern parts of Sri Lanka, the most effected districts being Hambantota, Matara, Galle, Kalutara, Trincomalee, Batticaloa, Ampara (Kalmunc) and Jaffna.

It has been learnt throughout the world that in emergencies, infants and young children are the most vulnerable to disease, and, since their needs for growth as well as maintenance can be higher than adult needs for maintenance alone, they suffer more severely from poor availability of appropriate food and water. Powdered milks and powdered formulas can increase these risks and disrupt the protection provided by breastfeeding.

Therefore the Ministry of Health care and Nutrition considers the following actions vital for the health and survival of children and hence suggests that whoever operating any emergency response programme, would abide by the following guidelines:

#### **1. PROTECT BREASTFEEDING**

- Encourage and support mothers to continue breastfeeding
- Provide an enabling environment for lactating women to breast feed, help reduce stress, give priority when distributing food rations, provide supplementary food, micronutrients and water, and re-lactation support if needed.
- Identify willing wet-nurses within the community for orphans or unaccompanied children.

#### **2. RESTORE BREASTFEEDING**

- Help mothers return to exclusive breastfeeding by increasing frequency of feeds and ensuring "emptying" of breasts
- Return to breastfeeding: re-lactation support includes increasing frequency of breastfeeds, offering alternative foods only after a full breastfeed, and,

- Use (if needed) a re-lactation device (such as a lactation-aid, generally Breast Milk Substitutes delivered by naso-gastric tube fed into the baby's mouth during suckling) until breastfeeding is re-established.

### 3. REPLACEMENT FEEDING (in exceptional circumstances)

There are some situations when breastfeeding is not possible. These include:

- Orphans who have lost their mothers and where wet-nursing is not possible or acceptable
- Children temporarily or permanently separated from their mothers
- Mothers who are very sick
- When mothers have stopped breastfeeding for some time and re-lactation efforts have failed
- An HIV-positive mother who has elected not to breastfeed.

In these situations, for children under 12 months, the most appropriate food is high quality Breast-Milk Substitutes (BMS) prepared under hygienic conditions supervised by health workers and given safely. When it is considered necessary for mothers to use Breast Milk Substitutes, the following will help reduce the risks:

- Breast Milk Substitutes or other powdered milk should never be part of a general distribution. They should only be used when breastfeeding is not possible. Clear assessments of the numbers of infants needing Breast Milk Substitutes should be quickly established in order to ensure adequate supplies and no over-supply
- All Breast Milk Substitutes provided should be labeled in accordance with the International Code of Marketing of Breast-milk Substitutes (i.e., with easily understood health messages and instructions printed using local languages).
- Breast Milk Substitutes should be provided to caregivers who need it through a separate distribution channel to that of other food aid and be under the close supervision of a trained health worker. Responsible person / organization or local authority should ensure the use of BMS only by those who need it and to prevent it from 'spilling over' to breastfeeding mother-baby pairs.
- Practical and educational support should be provided so that Breast Milk Substitutes are:
  - stored in proper conditions, and
  - used by expiration dates.
  - prepared appropriately and safely -- clean surface and safe storage for preparation, means of measuring water and milk powder (not a feeding bottle), adequate fuel and portable water, home visits to lessen difficulties in preparing feeds, washing and sterilization facilities for cleaning the materials and containers and counseling and education support and follow up visits.
- Bottles and teats should never be distributed and their use should be discouraged.

- Easily cleaned cups should be provided and used for giving the Breast Milk Substitutes to the child.
- Breast Milk Substitutes should be provided for as long as it is needed in adequate quantities
- Use of Breast Milk Substitutes and their health and nutrition impact should be carefully monitored, including logistics, preparation/storage, and health and nutrition impacts of recipients
- Sweetened condensed milk and UHT milk are **NOT** considered as Breast Milk Substitutes and should **NOT** be used to feed children below 12 months.

**4. PREVENT DONATIONS OF BREASTMILK SUBSTITUTES (BMS) AND POWDERED MILKS** [NB. Limited amounts may be appropriate in the hands of hospitals and orphanages and should be purchased locally, however, wet-nursing, is more likely to result in survival.]

- Ministry of Health and Nutrition recommends not accepting any donations of BMS or other powdered milks as part of general ration. Donations are easily misused and could undermine breastfeeding leading to infant morbidity and mortality.
- However, all such donations (if offered by any agency or country or organization) should be channeled through Provincial/District level Health authorities or according to the advice of Ministry of Health and Nutrition.
- Requirements for BMS are likely to be small and are better managed if they are purchased to fulfill recognized or established needs. Do not purchase or distribute BMS products that do not meet applicable standards recommended by the Codex Alimentarius Commission or that are not labeled in accordance with the Code.<sup>1</sup>
- Any unsolicited donations should be collected from all points of donation and stored centrally under the control of a single agency. A plan for their safe use, combination with other foods, or destruction should be developed to prevent indiscriminate use.

**5. ENSURE AVAILABILITY AND USE OF AGE APPROPRIATE COMPLEMENTARY FOODS AND SUPPLEMENTS**

- In emergency situations, appropriate foods and/or cooking facilities may not be easily available. Therefore arrangements should be made to prepare appropriate

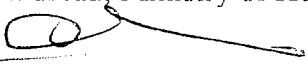
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<sup>1</sup> Most large, well-known brands of infant formula meet Codex standards and the International Code requires that labels provide necessary information about the appropriate use of the product and do not discourage breastfeeding, state the superiority of breastfeeding, state that the product should be used only on the advice of a health worker, be in the local language, provide instructions for appropriate preparation and not have pictures of infants.

complementary foods centrally under the supervision of health workers until facilities are made available for individual cooking. Eg: Rice and dhal as a dense mash cooked with some oil or coconut milk can be used in the initial stages.

- It is also necessary to provide special foods for infants and young children, preferably ready to eat foods such as Thripasha, High Energy Biscuits etc. However foods which need cooking prior to consumption such as Corn Soya Blend and UNIMIX can be used provided facilities are available for cooking. If not, arrangements should be made to cook it centrally under hygienic conditions supervised by health care workers. These should have high nutrient/protein content and be of an appropriate texture for infants when prepared.
- Ministry of Healthcare and Nutrition suggests and encourages use of Multiple Micronutrients added to the complementary food for children aged 6-59 months. This would be made available through the routine primary health care system (presently it is being pilot tested for children aged 6-24 months in selected districts).
- NEVER prepare thin gruels for complementary feeding as this will cause growth faltering and NEVER use a baby bottle for feeding because of the risk of diarrhea.

For further information and guidance, please refer Infant and Young Child Feeding Guidelines issued by Family Health Bureau and/or contact the Child Health Unit, Family Health Bureau, Ministry of Healthcare and Nutrition ( 011 2693934).

  
Dr. Ajith Mendis  
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6. Chief Epidemiologist
7. Director, HEB
8. Director, Nutrition
9. Director, Nutrition Co-ordination Division
10. Director, NIHS
11. President – Sri Lanka College of Obstetricians
12. President – Sri Lanka College of Paediatricians
13. President - College of Community Physicians of Sri Lanka
14. Chief, Health and Nutrition, UNICEF