

UNICEF, WHO, Save the Children, ACF and Merlin joint statement on appropriate infant and young child feeding in the current emergency, and caution about unnecessary use of milk products

Major health problems in Myanmar, which are most likely to be exacerbated by this crisis, relate to malnutrition and communicable diseases (malaria, dengue, measles), especially in children. Given the structural damage caused by the cyclone and flooding to water supplies, there is an additional risk of water borne diseases affecting large numbers of the urban, rural and displaced populations. Infants and young children may have been orphaned or separated from their mothers.

During emergency situations, whether manmade or natural disasters, disease and death rates among under-five children are generally higher than for any other age group. The younger the infant, the higher the risk. Mortality may be particularly high due to the combined impact of a greatly increased prevalence of communicable diseases and diarrhoea and soaring rates of under-nutrition. The fundamental means of preventing malnutrition and mortality among infants and young children is to ensure their appropriate feeding and care. The aim should be to create and sustain an environment that encourages frequent breastfeeding for children at least up to 2 years of age. Where infants are not breastfed, comprehensive interventions are needed to reduce the high risks of artificial feeding in this environment.

UNICEF, WHO, Save the Children, ACF and Merlin reiterate that infants should start breastfeeding within one hour of birth and continue breastfeeding exclusively (with no food or liquid other than breast milk, not even water) until six months of age. After this period, infants should begin to receive a variety of foods, while breastfeeding continues up to two years of age or beyond. Under normal circumstances, infants who are not breastfed are five times more likely to die from pneumonia and 14 times more likely to die from diarrhoea, than infants who are exclusively breastfed for the first six months. The valuable protection from infection and its consequences that breast milk confers is all the more important in environments without safe water supply and sanitation. Therefore, creation of a protective environment and provision of skilled support to mothers of newborn infants and breastfeeding women are essential and are priority interventions.

UNICEF, WHO, Save the Children, ACF and Merlin note that donations of infant formula and other powdered milk products are often made, whilst experience with past emergencies has shown that without proper assessment of needs, an excessive quantity of milk products for feeding infants and young children are often provided, endangering their lives. **There should be no donations of breast milk substitutes (BMS), such as infant formula, other milk products, bottle-fed complementary foods represented for use in children up to 2 years of age, complementary foods, juices, teas represented for use in infants under six months; and bottles and teats.** Any unsolicited donations should be directed to the designated coordinating agency (see below).

Any provision of BMS for feeding infants and young children should be based on careful needs assessment to inform purchase of supplies and the package of nutritional and medical care needed. Therefore, all donor agencies, non-governmental organisations (NGOs), media, individuals wishing to help and other partners, should avoid calls for and sending donations of BMS, bottles and teats and refuse any unsolicited donations of these products. BMS should be used only under strict control and monitoring and in hygienic conditions, and in accordance with the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions, as well as humanitarian agencies' policies and guidelines. **There should be no general distribution of BMS and/or powdered milk.**

There is a common misconception that in emergencies, many mothers can no longer breastfeed adequately due to stress or inadequate nutrition. A desire to help may result in the inappropriate donations of infant formula and other milk products. Stress can temporarily interfere with the flow of breast milk; however, it is not likely to inhibit breast-milk production, provided mothers and infants remain together and are adequately supported to initiate and continue

breastfeeding. Mothers who lack food or who are malnourished can still breastfeed adequately. Adequate fluids and extra food for the mother will help to protect their health and well-being.

If supplies of infant formula and/or powdered milks are widely available, mothers who might otherwise breastfeed might needlessly start giving artificial feeds. This exposes many infants and young children to increased risk of infectious disease, malnutrition and death, especially from diarrhoea when clean water is scarce. The use of feeding bottles only adds further to the risk of infection as they are difficult to clean properly. Bottled water is not sterile.

In exceptionally difficult circumstances, therefore, the focus needs to be on creating conditions that will facilitate breastfeeding, such as establishing safe 'corners' for mothers and infants, one-to-one counselling, and mother-to-mother support. Traumatized and depressed women may have difficulty responding to their infants and require particular mental and emotional support. Every effort should be made to identify ways to breastfeed infants and young children who are separated from their mothers, for example by a wet-nurse.

The decision to use infant formula in separated and orphaned infants should be informed by results from an assessment by qualified health and nutrition workers trained in infant feeding issues. Criteria for targeting and use should be established. Given the damage to water sources and sanitation facilities, only ready-to-use infant formula is the most appropriate as it does not need to be mixed with water. Caregivers should be encouraged to feed the ready-to-use infant formula with cup and spoon. Bottles and teats should not be provided. UNICEF will support training of staff and education of mothers on how to use the ready-to-use formula safely. This will be accompanied by monitoring of the distribution and use of formula.

Treatment of severely malnourished children, whether facility or community based, should be done in accordance with international standards and best practice and closely monitored. Standard commercial infant formulas are not meant for this purpose.

Children from the age of six months require nutrient-rich complementary foods in addition to breastfeeding. Complementary feeding should be addressed with priority for locally available, culturally acceptable, nutritionally adequate family foods. Provision of fortified foods or micronutrient supplements such as vitamin A or zinc in supervised programmes for young children represent a much more appropriate form of assistance than sending milk products. In rations for general food distribution programmes, pulses, meat, or fish are preferable to powdered milk.

UNICEF, WHO, Save the Children, ACF and Merlin strongly urge all who are involved in funding, planning and implementing an emergency response and in all levels of communication to refer to key policy and programme instruments to avoid unnecessary death following uncontrolled distribution of BMS. Community leaders are called upon to monitor and report any donations that may undermine breastfeeding.

We urge governments and partners to include capacity building for breastfeeding and infant and young child feeding as part of emergency preparedness and planning, and to commit financial and human resources for proper and timely implementation of breastfeeding and infant and young child feeding in the Cyclone Nargis emergency.

Designated co-ordinating agency: UNICEF and Save the Children

References

Operational Guidance on Infant and Young Child Feeding in Emergencies, v2.1, Feb 2007

<http://www.enonline.net/ife/view.aspx?resid=6>

Module 2 on Infant Feeding in Emergencies, v1.1, Dec 2007. For health and nutrition workers in emergency situations. Includes breastfeeding support (core manual), supporting infants who are not breastfed and managing malnutrition in infants under six months of age. Available from:

<http://www.enonline.net/ife/view.aspx?resid=4>

Policy on Food security and nutrition from IFRC - <http://www.ifrc.org/Docs/pubs/policies/food-security-en.pdf>