

Information on Management of Non-breastfed Children with Infant Formula in Emergency Situation

Major health and nutrition problems in Myanmar are exacerbated by the COVID-19 Pandemic and current crisis especially for the children. The most important nutrition response is to create and sustain an environment, as much as possible for exclusive breastfeeding and appropriate complementary feeding. Where infants are not able to be breastfed, comprehensive interventions are needed to reduce the high risks and dangers of artificial feeding in this environment.

Therefore, Myanmar nutrition cluster held on April 26, 2022, decided and endorsed programme for non-breastfed infants. As a cluster lead agency and provider of last resort, UNICEF procured the infant feeding kits including milk powders, provide training and manage the programme in collaborating with implementing partners and nutrition cluster members.

Because of current earthquake on 28 May 2025 and as per cluster decision, UNICEF in collaboration with nutrition cluster members will continue this programme for the needed children to save their lives.

Breastfeeding is the safest way to feed an infant, especially during an emergency. However, a small proportion of emergency-affected infants will not be breastfed in the following condition.

- mother has died,
- mother is critically ill (e.g., unconscious, sepsis),
- mother and child separated,
- Infant has been rejected by the mother,
- mother is rape survivor not wishing to breastfeed,
- mother has Herpes Simplex Virus Type 1 (HSV-1) active lesion on mother's breast,
- mother receive cytotoxic chemotherapy,
- relactation or wet nursing or donor human milk is unsuccessful or not possible

In this situation, management of non-breastfed children is very important. The best available feeding options for these children are re-lactation or wet nursing or donor human milk from human milk bank. If these safer options are not available, as a last resort, infant formula accompanied by an essential package of support will be provided as lifesaving.

During implementation, the following key activities are conducted.

- The targeted and eligible children were decided by the assessment done by health/nutrition staff trained on IYCF-E or programme on management of non-breastfed children as a case-by-case basis.
- After selection of targeted child, the trained staff conduct demonstration/training to the mothers/caregivers on safety and correct preparation of formula feeding.
- After ensuring the skill of mother and caregivers, infant feeding kit including infant formula (15 items) were provided to the mothers/caregivers. The use of feeding bottles and teats are discouraged at all times due to the high risk of contamination.
- After that, health/nutrition staff asked mothers/caregivers for follow up visit of weekly or monthly until no feeding issue is detected. Health/nutrition staff has conducted household monitoring visit fortnightly or monthly to assess the progress, take correct action if needed and ensure the avoiding spillover of the use of BMS.

As per Myanmar IYCF-E Standard Operation Guidance and humanitarian agencies' policies and guidelines, donations or general distribution of Infant formula and other breastmilk substitutes are not allowed. Infant formula has to be procured by designed humanitarian agency if needed.