



## Joint Statement

# Breastfeeding saves lives: Myanmar IYCF-E TWG

## Cautions against unnecessary use of breast-milk substitutes (BMS) during the Myanmar earthquake response

In humanitarian emergencies, infants and young children—particularly those under two years of age—face heightened risks of illness and death due to unsafe feeding practices, poor sanitation, disrupted health services, and food insecurity. The recent earthquake in Myanmar has further exacerbated existing vulnerabilities, including malnutrition and infectious disease risk.

In Myanmar, malnutrition and communicable diseases, especially among children, are major health concerns likely worsened by the crisis. Earthquake damage to water and food systems raises the risk of waterborne diseases affecting urban, rural, and displaced populations. Infants and young children may be orphaned or separated from their mothers.

Breastfeeding offers infants the best protection against disease and malnutrition, especially in emergency contexts where access to clean water, adequate hygiene, and health services is compromised. The introduction and use of breastmilk substitutes (BMS) in such contexts carry serious risks of infection and malnutrition when not strictly managed. As stated in the “Order of Marketing of Formulated Food for Infant and Young Child” and “Operational Guidance on Infant and Young Child Feeding in Emergencies”, BMS should only be used following individual assessment and under controlled, hygienic conditions, with appropriate feeding support services<sup>1</sup>. Donations of BMS are not permitted and must be avoided under all circumstances.

Therefore, IYCF-E Technical Working Group and the Nutrition Cluster recommend:

- 1) **To prioritise breastfeeding** – Breastmilk's protection against infection is crucial in areas lacking safe water and sanitation. Creating a protective environment and providing skilled support to mothers and breastfeeding women are essential and should be prioritized such as:
  - i. Establish safe ‘corners’ for mothers and infants
  - ii. Provide one-to-one counselling, and mother-to-mother support
  - iii. Identify ways to breastfeed infants and young children who are separated from their mothers, for example by a wet-nurse
- 2) **Limit use of BMS to exceptional cases** – BMS should only be provided after an individual assessment confirms breastfeeding is not possible and no alternatives (relactation, wet nursing, donor milk) are available. Examples include<sup>2</sup>:
  - i. The breastfeeding mother has passed away, and a healthy wet nurse is unavailable.
  - ii. The breastfeeding mother is separated from the child, and a healthy wet nurse is unavailable.
  - iii. The breastfeeding mother has dried up or significantly reduced milk production, and a healthy wet nurse is unavailable.
  - iv. Mothers who are told by the doctors to delay breastfeeding due to her health and prescribed therapy. (e.g., Mothers receiving chemotherapy)

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<sup>1</sup> IFE Core Group. 2017. Operational Guidance on Infant Feeding in Emergencies (OG-IFE) version 3.0 (Oct 2017).

<sup>2</sup> UNICEF Guidance on the provision and use of breastmilk substitutes in humanitarian settings. New York: United Nations Children’s Fund; 2018



- v. Child who are suffering from medical conditions which cannot digest breastmilk (e.g. Maple syrup Syndrome, Phenylketonuria, etc.)

**3. To ensure safe preparation and feeding when BMS is used:** If the use of breastmilk substitutes is assessed to be necessary under unavoidable circumstances, the following recommendations should be strictly followed:

- i. Avoid using baby bottles and nipples. Instead, use clean and sanitized cups and spoons to reduce the risk of infections.
- ii. All related feeding equipment, such as spoons, cups, and stirrers, and clean water must be thoroughly sterilized before preparing and feeding powdered milk to prevent infections.
- iii. Ensure that the correct formula for the child's age is selected, prepared according to instructions, and administered as per healthcare professionals' guidance to prevent malnutrition.
- iv. Provide safe water and sanitation supplies and services, and promotion of critical water, sanitation and hygiene practices

**4. To reinstate breastfeeding as early as possible.** Where BMS is provided, it must be accompanied by:

- i. Maternal Infant and Young Child Nutrition (MIYCN) counselling
- ii. Mental Health and Psychosocial Support Services (MHPSS)
- iii. Continued follow-up to restore breastfeeding when feasible

#### **Contact details**

- i. For breastfeeding counselling support (e.g. relactation): please contact Dr. Nay Tun Kyaw (**09780001165**), Dr. Saw Eden (**09250762934**)
- ii. For access to BMS kits under exceptional circumstances: Contact the UNICEF Nutrition Cluster, Sub-national Nutrition Cluster, UNICEF Field Offices.
- iii. For mental health and psychosocial support (MHPSS): Email Myanmar MHPSS Technical Working Group: [mhcphod@mm-actioncontrelafaim.org](mailto:mhcphod@mm-actioncontrelafaim.org)