



PSRH Webinar | Breastfeeding & Lactation
Infant feeding after a disaster
Carole Dobrich B.Sc., RN, IBCLC
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Disclosure

Woman, sister, mother, professional, advocate and friend

Co-director & professional development educator for The International Institute of Human Lactation Inc., Health e-Learning and Step 2 Education International.

I meet my obligations as a health professional under the International Code of Marketing of Breastmilk Substitutes and Subsequent WHA Resolutions.

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Objectives – participants will be able to:

1. Understand the importance of safe infant feeding

2. Identify 3 IYCF-E tirage questions for a needs assessment

3. List 3 important IYCF-E resources

4. Name 4 key messages about relactation



Image: <https://www.usaid.gov/humanitarian-assistance/pacific-islands>

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The Importance of Breastfeeding

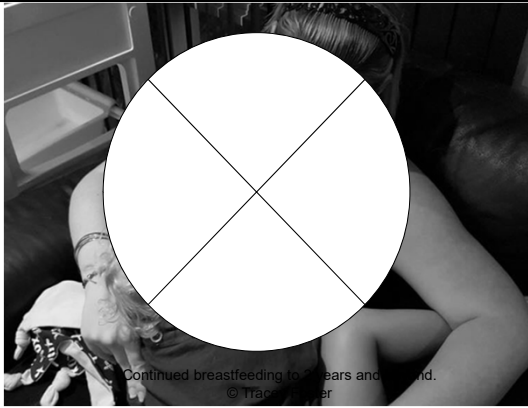
If a new vaccine became available that could prevent one million or more child deaths a year, and that was moreover cheap, safe, administered orally, and required no cold chain, it would become an immediate public health imperative.

Breastfeeding can do all of this and more, but it requires its own 'warm chain' of support – that is, skilled care for mothers to build their confidence and show them what to do, and protection from harmful practices. If this warm chain has been lost from the culture or is faulty, then it must be made good by health services.

The Lancet 1994

<https://waba.org.my/gbpf/wp-content/uploads/2016/08/Warm-chain-article-Lancet-1994.pdf>

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Continued breastfeeding to 2 years and beyond.

© Transcultural

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Disasters

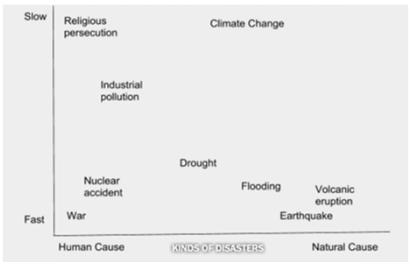
The World Health Organisation defines a disaster as an occurrence disrupting the normal conditions of existence and causing a level of suffering that exceeds the capacity of adjustment of the affected community. (Goniewicz et al 2020)



Image by Wikimages from Pixabay

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Kinds of Disasters



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Infant and Young Child Feeding in Emergencies



The Black Summer bushfires put an enormous strain on families with young children. We can't make the same mistakes again

Published: June 26, 2020 4:09pm EDT

<https://theconversation.com/the-black-summer-bushfires-put-an-enormous-strain-on-families-with-young-children-we-cant-make-the-same-mistakes-again-205026>

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Breastfeeding is Emergency Preparedness



Dr. Magdalena Whoolery - MCH-IECF Consultant

<https://online.fliphtml5.com/etaex/aaro/#p=1>

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Breastfeeding for the apocalypse

“In the developed world there isn’t a single country that has, as part of its emergency planning and preparedness, adopted standard guidance to support safe infant feeding.” Jodine Chase

<https://www.corporateknights.com/health-and-lifestyle/breastfeeding-for-the-apocalypse/>

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When disaster strikes what do we do?

In a nutshell the problem is to provide ongoing food security for everyone involved.

Priority groups need to include mothers, infants and young children.

Breastfeeding for the apocalypse



<https://www.corporateknights.com/health-and-lifestyle/breastfeeding-for-the-apocalypse/>

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Emergency nutrition situations

During or following a disaster there may be:

- no clean drinking water
- no clean area for food preparation
- no supplies to clean or sterilize feeding utensils
- no refrigeration
- isolation
- lack or limited access to food

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Donations

Discourage the public from donating infant formula during these times as it may increase the risk of morbidity and mortality.

Monetary donations make the difference for safe feeding needs to be met.

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3 important IYCF triage questions

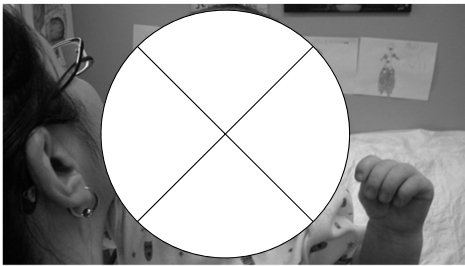
There are three important IYCF triage questions to ask in any emergency, and you don't need to be an expert.

These 3 basic questions will help you triage to expert support.

1. How old is your baby?
2. How was your baby fed before the emergency (cyclone, landslide, fire, flood, evacuation disruption)?
3. What is your baby eating now?

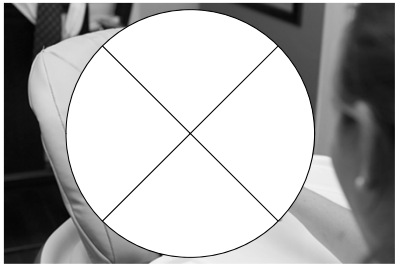
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How old is your baby?



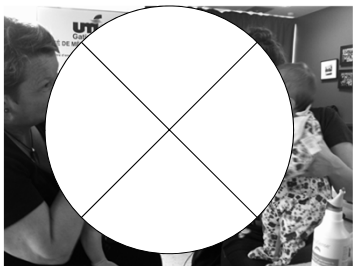
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How was your baby fed before the emergency?



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What is your baby eating now?



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What is your baby eating now?

Breastfeeding only
"Keep breastfeeding"

Mixed feeding
"Breastfeed as much as possible"

Infant formula
"Use extra caution"

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A decision tree based on breastfeeding status and current conditions.

```
graph TD
    A[Mother and infant Together] --> B[Mother Breastfeeding Practically]
    A --> C[Mother not Breastfeeding Practically]
    A --> D[Breastfeeding Not Possible]
    B --> E[Breastfeeding OK]
    B --> F[Breastfeeding Reduced/Interrupted]
    C --> G[Breastfeeding Possible]
    D --> H[Donor Human Milk Available]
    D --> I[Donor Human Milk Not Available]
    E --> J[Breastfeeding Support]
    F --> K[Relactation Support]
    I --> L[Provide Ready-to-Feed Standard Formula]
```

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11059941/> Deniz Bilgin 2024

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Rapid Infant Feeding Triage - Quick Reference

	0-6m	6-12m	12m+
Breastfeeding	Lowest risk	Lowest risk	Lowest risk
Infant formula	Lowest risk	Lowest risk	Lowest risk
Breastfeeding + infant formula	Lowest risk	Lowest risk	Lowest risk
Breastfeeding + cow's milk	Lowest risk	Lowest risk	Lowest risk
Infant formula + cow's milk	Lowest risk	Lowest risk	Lowest risk
Cow's milk	Lowest risk	Lowest risk	Lowest risk
Other	Lowest risk	Lowest risk	Lowest risk
Solid food	Lowest risk	Lowest risk	Lowest risk

Lowest risk category for age, requires a referral to psychosocial & peer support

Higher risk category for age, requires immediate practical supports & referral to clinical counseling

High risk category for age, requires immediate practical supports & urgent referral to clinical counseling

Higher risk & outside of recommendations, clarify then consider when to refer professional & close follow-up

Common practice that is not recommended, risks may increase in emergency setting, refer to individual counseling

<https://safelyfed.ca/wp-content/uploads/2023/08/SFC-RapidTriage-Worksheet-082323-1.pdf>

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“The Ministry of Health and Medical Services is pledging our support as custodians of health, breastfeeding and safe infant feeding practices for more than 100,000 children under five years in Fiji. We will continue to advocate for breastfeeding and optimal feeding practices during and following disasters and emergencies...Even if animal milk is required, it will be procured and administered according to government processes, together with proper counselling on an individual basis for parents and caregivers.”

Dr. Ifereimi Waqainabete, Minister for Health and Medical Services 2021

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Fiji government commitment

Basic interventions to facilitate breastfeeding during emergencies –

- prioritizing mothers with young children for shelter
- Food, security, water and sanitation
- enable mother-to-mother support
- provide specific space for skilled breastfeeding counseling
- support to maintain or re-establish lactation
- education and training of health officials and caregivers
- ensure responsible marketing and donation of breast milk substitutes
- enforce the International Code of Marketing of Breast-milk Substitutes

<https://www.unicef.org/pacificislands/press-releases/fiji-calls-appropriate-infant-and-young-child-feeding-during-emergencies-protect-and>

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Now some practical tips



During emergencies birth and breastfeeding don't stop!

Our role is to provide safe care and best practice.

Following birth the safest place for the newborn is generally skin to skin on the mother's chest.

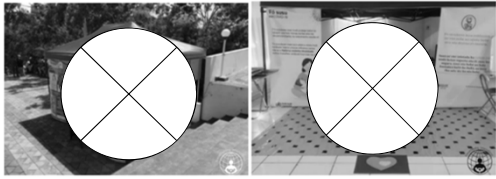
Even if they need to be transported for safety reasons baby is best on the chest.

This will facilitate breastfeeding and prevent separation.

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Baby tents/ baby-friendly corners

They are safe, low-stress spaces where mothers can breastfeed, rest, eat and receive skilled counseling and targeted advice about breastfeeding and nutrition.



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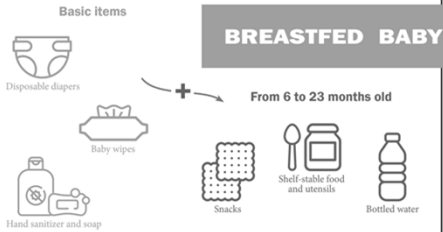
The breastfed infant



Providing food to the mothers of infants less than a year old, and giving them support to breastfeed their infant is the best way to protect the infant from malnutrition and diseases, and ease the trauma they have experienced.

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EMERGENCY KIT
What's needed
for little ones



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Some frequently asked questions

Does a mother lose her milk supply when she is in a stressful situation?

Won't stress or trauma cause the milk to be unsuitable?

Could a mother's milk become contaminated?

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The commercial formula fed infant

Commercial formula feeding in these situations is difficult and increases the risk of malnutrition, disease and infant death. The resources required to provide safe nutrition to formula fed infants may be scarce.

Breastmilk substitutes that are donated are frequently not in the safest form.



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The commercial formula fed infant

The resources required include:

- an ongoing source of a safe commercially manufactured infant milk, and safe storage for it
- utensils for the preparation of the commercially manufactured infant milk, and cups/spoons for feeding (bottles and teats are difficult to clean)
- an ongoing source of clean drinking water
- fuel to heat the water to a safe temperature for commercially manufactured infant milk preparation
- the ability to thoroughly clean all the preparation and feeding utensils

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EMERGENCY KIT

What's needed for little ones

FORMULA-FED BABY

Until 12 months old

Ready-to-feed infant formula (80-90 ml) 10-16 per day

Cleaning wipes

Dish soap and cleaning brush

12 L potable water/day

Disposable paper cups (or glass or metal if washing and boiling is possible)

From 6 to 23 months old

Sticks

Shelf-stable food and utensils

Bottled water

Basic items

Disposable diapers

Baby wipes

Hand sanitizer and soap

Stock ready-to-feed formula in your emergency kit, even if it is not what you normally use.

If ready-to-feed formula is not available, concentrate or powder may be used. Both these products require extra materials to prepare and increase the risk of contamination. What's needed:

- 1 L potable water, boiled and cooled to room temp for concentrate or to 70°C for powder
- Measuring cup
- Pot for boiling water and equipment
- Stove and fuel
- 24 L potable water/day

Never prepare infant formula in washrooms.

SafelyFed Canada

safelyfed.ca

mas

More on mas.com

Risk of Bottles

Bottles in emergencies and disasters increase the risk of contamination, morbidity and mortality.

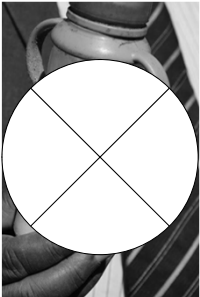
The use of bottles is very challenging in emergency situations where access to water, equipment and fuel for safer hygiene is often impossible, even in otherwise high-resource environments.

Cup-feeding is preferred where infants cannot be directly breastfed.

The use of pumping equipment poses similar challenges in emergencies and, for this reason, hand expression is encouraged over the use of electric and manual pumps where milk expression is needed.

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Cup feeding



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A BABY NOT FED AT THE BREAST CAN BE FED WITHOUT A BOTTLE

Cups are safer than bottles, because bottle teats and screw tops trap germs that can get into the milk and make babies ill.

Smooth, open cups are easy to clean by washing in hot soapy water and don't need to be sterilized like bottles.

In emergencies use disposable cups. Babies can drink from cups from birth.

For average time per feed, cup feeding has no notable difference to bottles.

Feeding time is bonding time - lots of cuddles, eye contact, talking, smiling, humming and singing.

HOW DO YOU CUP FEED A BABY?

1

2

3

Full-term babies will suck-rip the milk. Premature babies will 'sip' the milk like a kitten, taking the milk into their mouth with their tongue.

With bottles and dummies, babies usually 'latch' like drinking from a straw. Cup feeding gives babies freedom to move their tongue, as happens with the tongue-moving 'suckles' of a breastfeeding baby.

Did you know you can re-establish breastfeeding through a process called 'relactation'? Breastfeeding saves lives, especially in emergencies. Reach out to a breastfeeding counsellor to learn more.

MagdalenaWhoolery & JulieFogarty 2020

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Relactation

In crisis affected areas where an imminent end is not in sight, assisting mothers to relactate could be the only solution.

When a woman has stopped breastfeeding an infant or child, recently or in the past, and wishes to restart, relactation can be considered.

In emergency situations it can be a potentially life-saving measure.

Globally, many who have relactated have been able to produce enough milk to feed their infant exclusively.

Although relactation may not be a common practice in high income countries it is worth discussing with families as disasters and emergencies occur in all countries around the world.

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Relactation in emergencies

Motivation, determination, perseverance and support is vital.
The breast should be a comforting and nurturing place for baby. Do not force-feed baby.
Express breastmilk, or use breastmilk from a healthy wet nurse, or donor milk, from a milk bank. If these options aren't available to you, use a breastmilk substitute (formula), as the last option. Drip-drop method takes practice, and it helps to have some assistance.

DRIP-DROP FEEDING IS AS EASY AS 1-2-3!

- 1 In a clean cup, with baby's milk, have a clean spoon, and clean cloth handy for any dribbles. Relax in skin-to-skin contact, either in laid back or up-right position, with baby positioned "tummy to mummy - nipple to nose".
- 2 Take the spoon with milk and drip so it flows from the top of breast to the nipple. Continue ensuring a gentle constant flow (if flow is slow, baby may get frustrated).
- 3 Repeat on other breast for as long as baby wants. Allow baby to breastfeed and spend as much time as possible in skin-to-skin contact, suckling on the breasts. You can cup or spoon feed any remaining milk (see Cup Feeding poster). Avoid all bottle-feeding.

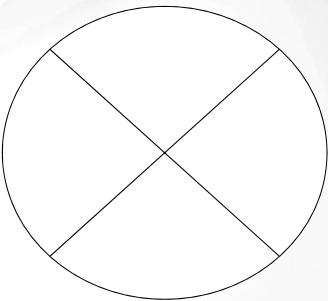


For breastfeeding, aim for 10-12 times in 24 hours and 20-30 mins sessions (more frequent and longer duration the better, frequently swapping sides and especially sessions at night). If baby isn't able to breastfeed yet, express with the same frequency. Learning to hand express is an important skill, particularly during emergencies.
It can take days, or weeks to produce breastmilk, so it's important the breastmilk supply is increased, before decreasing supplements. Reach out to a Breastfeeding Counsellor, who can support you in relactation/induced lactation, advising when and how much, to gradually reduce supplements and closely monitor baby's weight.

By Magdalena Woolery PhD Health Studies, BA Nursing, 2014-16 Nursing, April 2021. Special thanks to Ms. Jane Al-Farraj for mentorship and technical support. Photo credit: @Magdalena Woolery. Reproduced and adapted from online course: Breastfeeding 101: Practical Guidance on Breast and Pumping, 2021. Organized by the World Health Organization (WHO) Global Strategy for Infant and Young Child Feeding, 2021. World Health Organization (WHO) Global Strategy for Infant and Young Child Feeding, 2021. World Health Organization (WHO) Global Strategy for Infant and Young Child Feeding, 2021.

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Drip drop method for relactation



Special thanks to Dr. Magdalena Woolery for giving us permission to share the video

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4 key messages about relactation

from Dr. Magdalena Whoolery

- Continuous skin to skin contact between mother and infant/child
- Frequent breastfeeding/stimulation/expressing (DripDrop method, Breast Compressions and breast massage)
- Avoid the use of bottles, use cup feeding/spoon feeding instead
- And **most important** is good support and a motivated mother. If the family isn't supportive it can hinder her success, therefore education for those supporting and close to the mother is also essential

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Supporting breastfeeding

Support and “low-tech” breastfeeding management techniques such as hand expression and cup-feeding are critical to maintaining breastfeeding.

Specialists in lactation can help families to make informed decisions about shared nursing where an infant's own mother is unable to breastfeed, and also assist with re-lactation.

Ensuring appropriate public messages about breastfeeding and especially preventing inappropriate donations of breastmilk substitutes

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What can you do to help?

Protect, promote and support breastfeeding for all infants for at least the first two years of life, with the addition of suitable complementary foods from six months of age. *Breastfed infants are in a much more secure situation should an emergency strike.*

If you are in a position to, volunteer your services to provide support, encouragement and information to the breastfeeding families caught in the emergency; and education to the other relief workers.

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What can you do to help?

Discourage the public from donating commercially manufactured infant milk at these times as it is likely to cause more morbidity than it prevents.

Discuss with ALL parents emergency preparedness for themselves and their children.

Encourage them to have an emergency plan and kit always ready.

Know how to assist a mother to relactate should it become necessary.

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What I should remember

- emergency situations are usually unexpected, with little or no time for preparation
- breastfeeding provides the best food security for infants
- formula fed infants require a lot of care and resources to ensure their safety
- discourage weaning during emergencies
- relactation is a possibility
- parents are unlikely to be prepared for an emergency if there is not a procedure in place to educate them

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Key messages



Breastfeeding is lifesaving in an emergency

Mothers can make enough milk, even if even when experiencing stress.

Mothers who are hungry and/or dehydrated can still make enough nutritious milk.

Babies should continue to breastfeed, even if they are sick.

Introduce complementary foods only after six months and continue breastfeeding or providing human milk.

Avoid routine distribution of infant formula

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Important IYCF-E resources

Infant and young child feeding in emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers. Version 3 (2017) - <https://www.enonline.net/resources/operationalguidancev32017>

Fact sheet on Infant and young child feeding practices assessment in emergencies - <https://www.nutritioncluster.net/sites/nutritioncluster.com/files/2020-01/TechRRT-IYCFassessmentfactsheet.pdf>

Infant Feeding In Disasters And Emergencies (AAP 2020) <https://downloads.aap.org/AAP/PDF/DisasterFactSheet6-2020.pdf>

SafelyFed Canada - <https://safelyfed.ca/>

Breastfeeding is Emergency Preparedness (Dr. Magdalena Whoolery)

Emergency Nutrition Network <https://www.enonline.net/>

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Thank You!

caroledobrich@gmail.com

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