



Center Endorses Infant Feeding in Emergencies Materials on World Health Day 2007

The Center for Infant and Young Child Feeding, Department of Maternal and Child Health reconfirms commitment to supporting national and international health security plans for women and children by endorsing the updated “Infant Feeding in Emergency” materials on 7 April 2007, World Health Day during National Public Health Week.

The US National Public Health Week includes World Health Day, April 7, commemorating the founding of the World Health Organization, and providing an opportunity to reflect on the local, national and international health issues that affect us all. This year’s themes “Preparedness and Public Health Threats: Addressing the Unique Needs of the Nation’s Vulnerable Populations,” and “International Health Security” encourage thought and actions on meeting public health challenges brought on by humanitarian crises and other emergency situations. Breastfeeding is lifesaving, especially where other health security measures are delayed or inaccessible, and, with ongoing support, women can continue breastfeeding even under the most challenging circumstances. As long as the mother is with the child, breastfeeding is an indisputable life-saving intervention – in times of peace, in times of war, and in times of emergency and catastrophe.

In winter 2006, Kati Kim’s children survived nine days in a snowstorm-isolated car because she was breastfeeding the younger child prior to the disaster.

Infants and young children have the highest rates of emergency-related mortality compared to other age groups. Breastfeeding, especially exclusive breastfeeding, saves infants and children’s lives. While breastfeeding reduces mortality in every country around the world, the impact of this life-saving behavior is multiplied many times when conditions worsen. Young children are particularly susceptible to malnutrition, diarrheal diseases, and other infections, especially where exposure to disease is heightened and safe water is scarce. In long-term displacement, sustained breastfeeding can also protect mothers’ health by reducing her risk of becoming pregnant.

The Center joins WHO, UNICEF, and others who recommend that all children under 6 months be exclusively breastfed, and that mothers of children up to two years of age and older should be enabled to continue breastfeeding with age-appropriate complementary feeding. To commemorate the founding of WHO, to contribute to international health security, and to reconfirm commitment to the increased vital importance of breastfeeding for health security, **on 7 April 2007, the Center formally endorsed the Emergency Nutrition Network (ENN) updated materials on Infant Feeding in Emergencies.** These materials are the product of inputs from many organizations and agencies, including input from Center staff, and offer an ongoing contribution for health security in all settings. Center Director, Professor Miriam Labbok, MD, MPH, notes that we cannot await an international health security breach, “When a crisis arises, it is too late to initiate the profoundly lifesaving behavior of breastfeeding. We have to provide the social, medical and legal support for all women to be enabled to breastfeeding successfully, for the conditions of today, and for the conditions that we can never fully predict that may lay ahead.”

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The Center for Infant and Young Child Feeding and Care in the School of Public Health at UNC-Chapel Hill was established in 2006 and exists to further statewide, national and global understanding and support for the mother/child dyad as key to the achievement of optimal infant and young child feeding and related reproductive health.

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Notes: Recent news covering a family caught in a snow storm illustrated the importance of breastfeeding as a health security measure; a breastfeeding mother was able to feed both her children for a week until they were rescued.

Unfortunately, there are many misperceptions about breastfeeding in emergency situations, which can interfere with support given to breastfeeding families. Below are some facts concerning breastfeeding in emergencies:

- **Mothers are able to produce milk and breastfeed even in stressful situations:** Milk release (letdown), but not milk production, is affected by stress. Poor milk release due to the stress of emergency situations can be improved by increased suckling, in order to increase oxytocin levels. Research suggests that lactating women have a lower response to stress, so helping women to initiate or continue breastfeeding may help relieve some of the stress of emergency situations. Relief workers and other public health professionals should work to ensure that caregivers are provided with physical and psychological support and encouragement.
- **Breastfeeding families need specialized support and encouragement during crisis situations.** Emergency situations increase the likelihood of breastfeeding problems. Relief workers must have specialized training in counseling and supporting breastfeeding families, including teaching proper infant positioning and latch, addressing common breastfeeding problems, and counseling women who perceive their milk supply to be insufficient due to stress or other factors. Relief programs must also be prepared to provide additional physical support to breastfeeding families, such as increased food rations for lactating women, and relief from waiting in long lines for services.
- **Mothers who have weaned but wish to resume breastfeeding can be supported to re-lactate and re-establish a milk supply.** Re-lactation can occur through nipple stimulation by an infant or older child, by hand expression and stimulation, and/or by pumping. The process may take between several days and two weeks, and should be provided with encouragement, a reasonable supply of food and water, and protection from stress to the extent possible. The WHO recommends that at least one member of an emergency management team be trained in providing re-lactation support.
- **The routine distribution of excessive quantities of human milk substitutes (infant formula and/or milk) in emergency situations may interfere with optimal child health.** The Center joins WHO, UNICEF, the Red Cross and others in noting that excess supply and distribution of human milk substitutes (HMS) in emergency situations can lead families to begin supplementing breastfeeding with HMS, putting children at increased risk of infectious disease. The WHO and others insist that distribution of HMS substitutes should adhere to World Health Assembly Resolution WHA 47.5, be restricted to infants without access to an adequate supply of breast milk, be accompanied by training in safe preparation and handling, be given from a cup and not a feeding bottle, and be guaranteed for the lifetime of the emergency, and never be used as a marketing tool or sales inducement.

Resources:

1. Emergency Nutrition Network, 32 Leopold Street, Oxford, OX4 1TW, UK office@enonline.net, +44 (0)1865 324996 “UNCHR/ UNICEF/ WFP/ WHO/ LINKAGES/ IBFAN/ GIFA. Infant feeding in emergencies: training modules 1 and 2.” Available at: <http://www.enonline.net/ife/index.html>
2. WHO, UNICEF, International Committee of the Red Cross, International Federation of Red Cross/ Red Crescent Societies. Joint statement on support for appropriate infant and young child feeding in the current Asian emergency, and caution about unnecessary use of milk products. 2004.
http://www.who.int/nutrition/topics/emergencies_tsunami_statement/en/
3. December 5, 2006. Breast Milk Ensures Children's Survival Mother Nurses Two Children, Including 4-Year-Old, Over Nine Days, by DAN CHILDS, ABC News Medical Unit
<http://abcnews.go.com/Health/story?id=2701717&page=1>

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