



## ADVOCACY BRIEF

# BREASTFEEDING IN EMERGENCY SITUATIONS

Breastfeeding gives all children the healthiest start in life. Breastmilk promotes cognitive development and acts as a baby's first vaccine, giving babies everywhere a critical boost. Breastfeeding also reduces the burden of childhood and maternal illness, lowering health care costs and creating healthier families.

When mothers breastfeed, everyone benefits. Yet today, only 40 per cent of the world's children younger than six months are exclusively breastfed. By age two, only 45 per cent receive any breastmilk at all.<sup>1</sup> Increasing breastfeeding worldwide would prevent more than 800,000 child deaths each year, particularly those associated with diarrhoea and pneumonia.<sup>2</sup>

During emergencies, the life-saving protection of breastfeeding is more important than ever. Conflicts, natural disasters and epidemics often force families from their homes and result in devastating food insecurity, limited access to clean water and disruptions to basic services—with women and children bearing the greatest consequences. In these settings, breastfeeding guarantees a safe, nutritious and accessible food source for infants and young children and a protective shield against disease and death.

Breastfeeding in emergencies is no easy feat; mothers face immense challenges. To help them thrive despite the obstacles, we need to make the protection, promotion and support of breastfeeding a standard response in every emergency. This response must put the rights, dignity and well-being of mothers and their children at the centre.

## GLOBAL BREASTFEEDING COLLECTIVE

Led by UNICEF and WHO, the Global Breastfeeding Collective is a partnership of more than 20 prominent international agencies calling on donors, policymakers, philanthropists and civil society to increase investment in breastfeeding worldwide.

The Collective's vision is a world in which all mothers have the technical, financial, emotional and public support they need to start breastfeeding within an hour of a child's birth, breastfeed exclusively for six months, and continue breastfeeding—with safe and adequate complementary foods—for two years or beyond.

The Collective advocates for smart investments in breastfeeding, assists policymakers and NGOs in implementing solutions, and galvanizes public support to get real results in increased rates of breastfeeding for children, families and entire nations.

## KEY MESSAGES

**In emergencies, breastfeeding remains the safest, most nutritious and reliable food source for infants under the age of six months.**

Breastmilk is always the right temperature, requires no preparation and is readily available even in settings with limited access to clean water and adequate hygiene. Breastfeeding continues to offer these benefits through the ages of 6–23 months as children eat their first solid foods.

**Breastfeeding in emergencies saves lives.**

Breastmilk contains antibodies and other components that protect children against deadly infections—no matter where they live. This life-saving protection is especially vital in emergency contexts, where access to clean water and hygienic conditions—needed to prepare and use powdered infant formula—are frequently compromised, increasing the risk of diarrhoea and other diseases. In a study on the aftermath of an earthquake in Indonesia, researchers found the risk of diarrhoea in children under 2 years of age had more than doubled for those who received a donated breastmilk substitute compared with those who were breastfed.<sup>3</sup>

**Breastfeeding mothers need support during emergencies.**

With adequate support, virtually all mothers can breastfeed, even in emergency situations. Support for mothers includes privacy and space (for example in “mother and baby tents”), psychological support, counselling and assistance with attachment and positioning.

**The nutritional needs of lactating mothers should receive sufficient attention in emergency response.**

Lactating mothers have increased nutritional requirements. With proper nutrition, for example through the provision of additional food rations and adequate liquids, mothers can continue breastfeeding.

**The need for breastmilk substitutes in humanitarian situations must be carefully assessed by skilled personnel, free from conflicts of interest.**

If need is established, breastmilk substitutes should be purchased—not donated—to ensure that the procurement and distribution of these products matches needs and is done in line with international guidance.<sup>5</sup>

## KEY FACTS

- In 2016, about 535 million children lived in countries affected by emergencies.<sup>6</sup> Emergency situations pose significant threats to children. Child mortality rates can increase twenty-fold in as little as two weeks, reaching up to 70 times higher than average.<sup>7</sup> The youngest children are most vulnerable in emergencies, particularly when feeding practices are poor to begin with.
- Emergencies are stressful and may cause trauma for mothers, making appropriate infant feeding more challenging. With adequate social, psychological and nutritional support, virtually all mothers can breastfeed, even in emergency situations. For some mothers, breastfeeding can even help reduce stress.<sup>8</sup>
- Non-breastfed infants are extremely vulnerable and require early identification and skilled assessment to explore feeding options. The nutritional needs of non-breastfed infants affected by emergencies should be met in a way that protects their health and does not dissuade other mothers from breastfeeding. Breastmilk substitutes pose significant health risks to vulnerable infants and should only be provided when all other options have been explored.
- According to global guidance, breastmilk substitutes required for an emergency response should ONLY be purchased. Despite this directive, infant formula and powdered milk are commonly donated in emergency contexts based on commercial interests or a lack of awareness. In the short term, unregulated donations can undermine breastfeeding. Over the long term, mothers and their children become reliant on breastmilk substitutes and may not be able to afford to purchase them once the donations cease, giving them no choice but to turn to inadequate and often dangerous alternatives. In cases where donations of breastmilk substitutes or feeding equipment are received, they should be reported, collected and managed by the government or the designated coordinating agency.
- Protecting, promoting and supporting breastfeeding and the nutritional needs of non-breastfed infants in emergencies is crucial. The World Health Assembly endorsed global guidance on protecting, promoting and supporting breastfeeding in emergency settings in 2010.<sup>9</sup>



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## CALL TO ACTION

Countries have shown that it is possible to protect, promote and support breastfeeding adequately in emergency settings. The first step is to make breastfeeding the norm before emergencies, with greater investments in programmes and policies that empower breastfeeding.

Strengthening systems and capacities for breastfeeding support is a crucial form of emergency preparedness. Putting policies, programmes and actions in place that normalize breastfeeding will create clear steps and standards for supporting mothers to breastfeed even when they are affected by an emergency.

We invite partners to join us in supporting breastfeeding before, during and after emergencies. If we want children everywhere to have the best opportunity to survive and thrive, then together we must:

- Disseminate accurate information about the value of breastfeeding, its life-saving importance in general and in emergency settings, and the heightened risks associated with the use of breastmilk substitutes in emergencies.
- Increase investments in breastfeeding in emergencies, including the preparedness phase, to ensure adequate breastfeeding protection, promotion and support are in place and implemented before and during emergencies.
- Participate in monitoring the International Code of Marketing of Breastmilk Substitutes and report violations to the relevant authorities to ensure that emergencies are not exploited for commercial interests.
- Advocate with the medical profession and other professional associations to strengthen their capacities in providing support to breastfeeding mothers affected by emergencies.
- Identify and document breastfeeding support interventions in emergencies to track progress and share lessons learned.



## RESOURCES CITED:

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- <sup>9</sup> WHO, (2010). World Health Assembly Resolution 63.23

## OTHER RESOURCES

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Save the Children. (2016). Infant and Young Child Feeding in Emergencies Toolkit. <http://www.enonline.net/iycfetoolkitv2>



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**FOR MORE INFORMATION  
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Global Breastfeeding Collective Partners: 1000 Days | Academy of Breastfeeding Medicine | Action Against Hunger | Alive and Thrive | Bill and Melinda Gates Foundation | Carolina Global Breastfeeding Institute | Centers for Disease Control and Prevention | Concern Worldwide | Helen Keller International | International Baby Food Action Network | International Lactation Consultant Association | Nutrition International | New Partnership for Africa's Development | PATH | Save the Children | UNICEF | United States Agency for International Development | WHO | World Alliance for Breastfeeding Action | World Bank | World Vision International

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