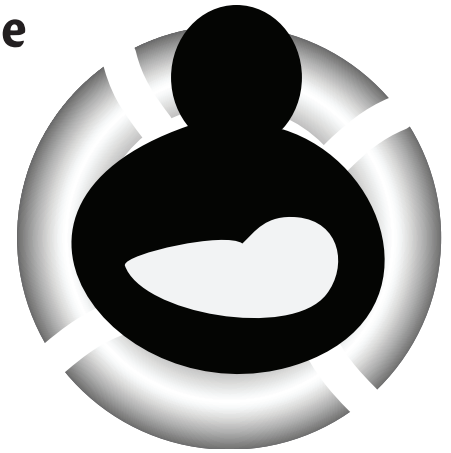


Breastfeeding: A Vital Emergency Response Are You Ready?

Facts About Breastfeeding in an Emergency

Especially for Health Workers



FACT: Breastfeeding Is Life-Saving Protection in an Emergency

In an emergency, breastfeeding saves lives. This is because human milk is not only the perfect nutrition for infants; it also contains antibodies that fight infection and disease, preventing bacteria and pathogens from attaching to the infant's intestines. Contaminated water, poor sanitation, and the spread of germs and bacteria are rampant in emergencies, and infants and young children are at heightened risk. The safest, most sanitary food is always the mother's own milk. Breastfeeding also helps keep infants warm, lowers pain levels in infants, and lowers stress levels to calm traumatized infants and mothers.

ACTION:

Encourage pregnant and postpartum women to breastfeed, or to restart breastfeeding if they have stopped (*see reverse*). Make referrals to International Board Certified Lactation Consultants (IBCLCs) in your community to provide the special assistance and support to help mothers continue breastfeeding.

FACT: Mothers Can Make Plenty of Milk...Even if They Are Stressed

Many health and relief workers assume that a mother who is stressed during an emergency cannot make milk. This is not true. In fact, stressed women can make plenty of milk, though stress can sometimes affect the flow of that milk to the baby. Holding her baby "skin-to-skin" will help lower stress (cortisol) levels in both mother and baby, and increase the hormone oxytocin, which helps the milk to flow.

ACTION:

Remind relief workers that supporting breastfeeding mothers can help them feel confident that they can continue to breastfeed. Workers should advocate for privacy, when possible, to help mothers and children relax. Encourage mothers to hold their babies skin-to-skin. A sling or wrap can help give mothers and babies a little privacy for skin-to-skin contact and breastfeeding.

FACT: Hungry Mothers Still Make Plenty of Nutritious Milk

Mothers CAN breastfeed and make plenty of fully nutritious milk for their babies even when they aren't getting enough food themselves, except in rare situations. Mothers make milk from their own body stores, so even in an emergency situation, the quality and quantity of the milk will be unaffected. However, a hungry mother will lack strength and may find breastfeeding more difficult than usual.

ACTION:

Encourage relief workers to feed the mother so she can feed her baby.



FACT: Babies Should Continue to Breastfeed...Even if They Are Sick

Infants and young children are five times more likely to die in an emergency, due primarily to diarrhea. Breastfeeding dramatically decreases the risk of diarrhea. Human milk is quickly absorbed, and the many immune factors help fight illness and infection. Human milk also has important nutrients, minerals, and water to help keep the baby hydrated. Electrolyte solutions, teas, and water are a poor substitute for human milk.

ACTION:

If an infant is ill, encourage the mother to breastfeed as often as possible and refer her to an IBCLC if special breastfeeding assistance is needed.

FACT: Avoid Routine Distribution of Infant Formula

Infant formula should never be routinely distributed in an emergency. This is especially true of powdered formulas since they are not sterile, as well as concentrated formulas that require clean water for safe preparation. In an emergency, infant formula distribution can actually do more harm than good.

ACTION:

Discourage donations of infant formula by well-meaning contributors. Any formula used should be purchased by the relief agency and used only in the strictest conditions, including situations where human milk is not an option, where infant formula can truly be prepared safely, and where its availability can be continued for as long as the infant needs it.

FACT: Breastfeeding Can Begin Again...Even if the Mother Stopped

Mothers can begin producing milk again, even if they have already discontinued breastfeeding. This is called relactation, and it can be a life-saving solution in an emergency. An IBCLC can assist a mother with relactation by encouraging baby's frequent access to the breast or pumping and techniques to help the baby resume interest in breastfeeding. Medications can also be helpful to jump-start her milk production again.

ACTION:

Give mothers who have discontinued breastfeeding the option of restarting again, and refer them to an IBCLC for relactation assistance. Encourage relief workers to offer relactation as an option, and emphasize the importance of human milk for babies affected by an emergency.

ACTION: Advocate for Breastfeeding Mothers in an Emergency

In an emergency, pregnant and breastfeeding mothers need support to continue breastfeeding. Encourage relief workers to support breastfeeding mothers by offering areas with privacy. They can encourage mothers to continue breastfeeding often, around 8-12 times every 24 hours. Babies should be breastfed exclusively (giving baby nothing but human milk) for their first six months of age. As baby begins to eat solid foods, breastfeeding should continue for at least a year or two (or for as long as the mother and baby wish).

FACT: What Is an IBCLC?

International Board Certified Lactation Consultants (IBCLCs) are health care professionals with specialized knowledge and experience helping breastfeeding families from pregnancy through weaning, and are an important part of the healthcare team. In an emergency, they assist mothers with milk production questions, help mothers who need to express their milk, and help mothers relactate. They also assist when babies refuse to latch and provide expert assistance in numerous other situations that can occur with breastfeeding. Check the "Find a Lactation Consultant" directory at the website of the International Lactation Consultant Association to learn more at: www.ilca.org.

