

Summary Sheet for Infant and Young Child Feeding in Emergencies

WHAT IS IYCF-E?

IYCF-E stands for 'Infant and young child feeding in emergencies'. It covers a range of activities. It aims to protect and support optimal infant and young child feeding practices:

- Initiation of breastfeeding within 1 hour of birth
- Exclusive breastfeeding (ONLY breastmilk) until 6 months of age
- Continued breastfeeding (at a high level) until at least 2 years of age
- Introduction of safe and appropriate complementary foods from 6 months of age.

It also seeks to protect and support the non-breastfed child by:

- Seeking safer alternatives to artificial feeding e.g. wet nursing, relactation, using breastmilk from breastmilk-banks
- Minimising risks of artificial feeding e.g. cup feeding.

WHAT IS THE DIFFERENCE BETWEEN IYCF AND IYCF-E?

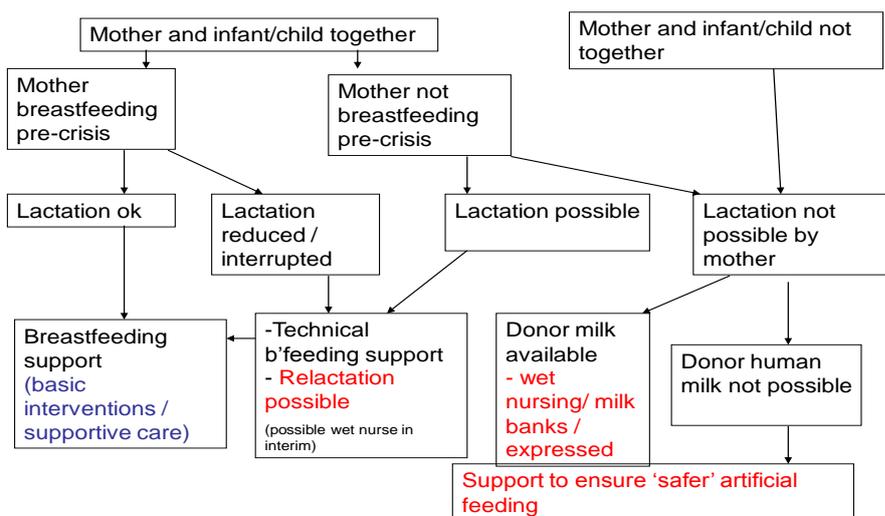
Both promote, protect and support optimal IYCF and aim to improve IYCF practices. However IYCF-E goes beyond this to also:

- DO NO HARM (e.g. untargeted, unregulated donation of Breastmilk Substitutes)
- Immediately save lives

There are differing needs of caregivers in emergencies in relation to IYCF due to severe disruption of family life, communities, systems, infrastructure etc. For example often mothers feel they cannot produce enough breast milk due to stress, because they are not receiving as much food as they were pre-emergency and so on. This results in IYCF staff needing a different skill set in emergency programming, different tools being required and different M&E systems to be set up than in non-emergencies.

In addition IYCF-E needs to take a Public Health approach and reach as many people as possible as quickly as possible, whereas IYCF has the time to reach caretakers multiple times and achieve long-term behaviour change more easily as a result.

DECISION TREE



Things to assess:

(A) Available Resources:

- Amount and suitable Breastmilk Substitutes
- Clean Storage
- Suitable Preparation Facilities – make it in large cup not bottle, use boiling water left for not more than 30 minutes before preparation (cool formula quickly before feeding baby) (Note: bottled water needs boiling as it is not sterile)
- Caregivers have time to make it

(B) Procedures:

- Correct Preparation
- Feeding technique – feed in cup
- Interaction and the end of the feed
- Adequacy of milk feeds
- Age appropriate feeding

IMPORTANT NOTE: Breastfeeding nourishes, protects and saves infants lives, especially in emergencies. Breastfeeding is the safest way to feed your baby. Mothers can increase their milk supply and relactate (start breastfeeding again) by lots of skin to skin contact and breastfeeding more frequently.

If the baby cannot be breastfed at any time:

DO NOT use a feeding bottle and/or teat.

They can cause ILLNESS, MALNUTRITION AND THE DEATH OF THE INFANT because they cannot be cleaned properly.

USE AN OPEN CUP (NOT with a spout)

HOW TO CUP FEED



Step by Step Instructions:

- The baby should be held closely in an up-right position.
- Hold the cup to the infant's mouth such that the milk just reaches the infant's lips.
- Do not rush – continue to hold the milk to the baby's lips while the baby sucks or sips or takes it with his/her tongue.
- Do NOT pour the milk into the baby's mouth
- When the baby has had enough they will refuse to take any more.
- After use clean the cup thoroughly using soap and hot water. Keep in a clean area
- If possible before being used again rinse the cup in boiling water to kill any germs.

- A baby who has not taken enough may take more next time or you may increase the frequency of feeding.
- If the mother has to go somewhere and is not there for a feed she can express her breastmilk. Expressed breastmilk will remain fresh for about 8 hours without being refrigerated in a cool area – the milk may separate and look spoilt but it is not. (*Made up infant formula or powdered milk must not be used after an hour*).

**THROW AWAY ALL FEEDING BOTTLES AND TEATS
MOTHER-BABY AREAS, EVACUATION CENTRES, CLINICS, HOSPITALS, HEALTH STATIONS AND HOMES
SHOULD BE BOTTLE / TEAT FREE AREAS.**

SOME ADDITIONAL IDEAS TO SUPPORT APPROPRIATE IYCF-E PROGRAMMING:

- Pregnant and lactating women should be prioritised in queues, distributions and provision of the shelter, water, food and security.
 - Mothers often need someone to speak for them in emergencies – you need to be their voice.
 - It is vital that new-borns are exclusively breastfed to ensure their health and survival – pregnant mothers must be counselled and given support after birth.
 - Mixed feeding mothers (breastmilk and something else) with infants <6 months of age should be supported to exclusively breastfeed.
 - Look at breastmilk alternatives for not-breastfed infants. Minimise risks e.g. cup feeding
 - Complementary feeding is often neglected but infants' growth and health can easily fail at this age continued breastfeeding at a high level after 6 months of age, especially during an emergency can be lifesaving.
 - Providing mothers with a supportive structure e.g. breastfeeding support groups, peers, friends, a SUPPORTIVE ENVIRONMENT is very important. Also as much as possible, provide space and privacy to support breastfeeding mothers.
 - All people working on the ground with mothers should be orientated on the need to support breastfeeding.
 - Myths and misconceptions related to breastfeeding are common especially in emergencies – they need to be corrected. Correction to common myths:
 - Stress does NOT dry up breastmilk. In a few mothers acute stress may temporarily reduce the rate of flow of milk from the breast. Keeping the baby skin to skin and allowing the baby to suckle is all that is needed to ensure the milk flows again. Breastfeeding actually calms the mother and baby due to skin to skin contact and the hormones it releases.
 - Mild or moderately malnourished women still produce enough good milk. If there is a lack of food milk will be made using the mother's body stores. However lactating mothers should get extra food to ensure their energy and health. FEED THE MOTHER AND LET HER FEED THE CHILD. The lactating mother should have water to stop thirst.
 - Just telling mothers what to do is unlikely to have the behaviour change required. Listening to mothers, talking to them and counselling is important. Having on-going contact and agreeing a short time period to try the new action have been found to work well
 - 'Continuing supportive care' for breastfeeding mothers who do not have particular issues consists of ensuring that they have (i) adequate nutrition/fluid (ii) helpful maternity services (iii) appropriate health services (iv) continuing assistance and social support
 - Donations of milk, bottles and teats are against the Operational Guidance on IYCF-E and Sphere 2011. Monitoring and reporting of these products must be done as soon as possible to the Nutrition Cluster / IYCF-E Working Group, etc.
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SOME KEY IYCF-E DOCUMENTS:

- **Operational Guidance on Infant and Young Child Feeding in Emergencies. v.2.1. 2007 (and 2010 addendum)** *A brief practical guidance on how to ensure appropriate infant and young child feeding in emergencies. Written by the IFE Core Group made up of UNICEF, WHO, UNHCR, WFP, IBFAN-GIFA, Save the Children, CARE USA, ACF and Emergency Nutrition Network, etc. It is endorsed by WHA resolution 63.23, 2010. This and other IYCF-E materials are available free at: www.enonline.net/ife*
- **Module 2 on Infant Feeding in Emergencies, v1.1, Dec 2007. For health and nutrition workers in emergency situations.** *Includes breastfeeding support (core manual), supporting infants who are not breastfed and managing malnutrition in infants under six months of age. Available from: <http://www.enonline.net/resources/4>*
- **The Sphere Project. Humanitarian Charter and Minimum Standards in Disaster Response. 2011.** *This is in line with the Operational Guidance on IYCF-E. It sets out that powdered milk or liquid milk distributed as a single commodity should not be included in general distributions in emergencies. www.sphereproject.org*