GLOBAL NUTRITION CLUSTER
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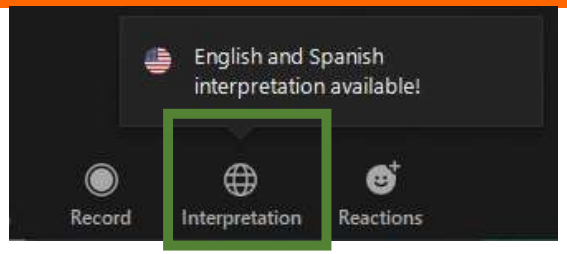
Webinar Series for
Latin America and the Caribbean

Infant and Young Child Feeding in emergency context (IYCF-E)

Thursday 13 October 2022

Interpretation- traduction



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Facilitators

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WEBINAR SERIES

Infant and Young Child Feeding in Emergencies (IYCF-E)

6 October 2022: Breastfeeding support in emergencies

13 October: Support to infants who cannot be breastfed in emergencies

20 October: Support to complementary feeding in emergencies (focus on children 6-23- months)

09:00 am (GMT+5/EST/ Panama time)

Webinar registration - Zoom

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Webinar Working Group

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***Note**: This webinar is made possible by the generous support of all of our donors, however, the contents are the responsibility of the GNC Technical Alliance and the individual presenters and do not necessarily reflect the views of these donors.*

Objectives of this IYCF-E webinar series

Main aim: Strengthen the technical knowledge and capacities on **Infant and Young Child Feeding in Emergencies (IYCF-E)** of organizations involved in responding to emergencies in Latin America and the Caribbean.

Target audience: government institutions, NGOs, UN agencies and emergency coordination platforms among others.

Format:

- **Why?** To explain the rationale of the interventions and practices that are promoted in emergencies.
- **What?** To go into depth regarding the interventions and practices should be promoted in emergencies
- **How?** To explain the steps to take during an emergency → emergency response

Why focusing on the first 2 years of life?

Source: The first 1,000 days of life: The brain's window of opportunity, UNICEF 2013

The first 2 years of life:

- **Vulnerable period**: immune system under development
- **Period of rapid physical growth and accelerated mental development** that offers a unique opportunity to build lifelong health and intelligence.
    - The brain grows more quickly than at any other time in a person's life and a child needs the right nutrients at the right time to feed her brain's rapid development.
- The right nutrition and care during these period **influences**
    - **whether the child will survive**
    - **his or her ability to grow, learn and rise out of poverty**

→ contributes to society's long-term health, stability and prosperity.

Foundation for a child's health development across the lifespan

Feeding in the first 2 years of life

Birth – 24 months

Breastmilk is the ideal food for infants: safe, clean and contains antibodies which help protect against many common childhood illnesses.

6 – 24 months

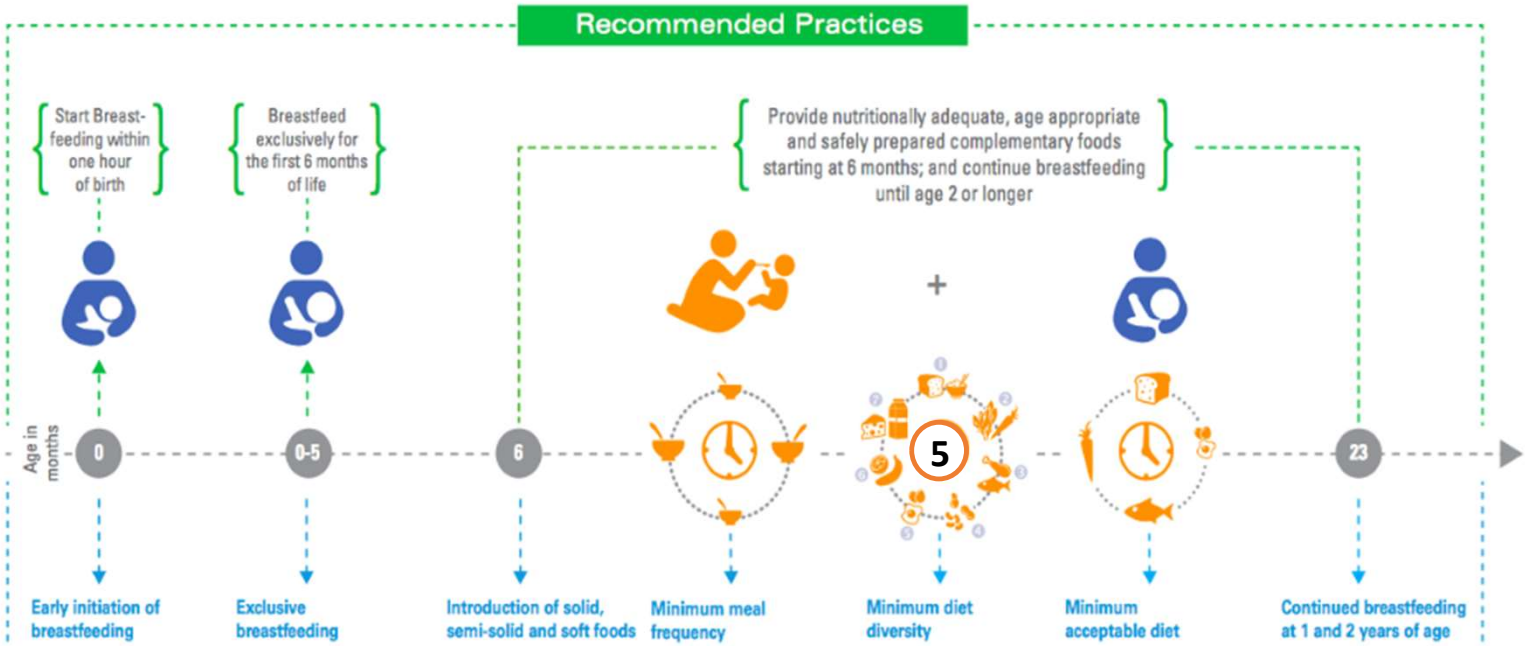
Appropriate complementary foods and feeding practices contribute to child survival, growth and development; they can also prevent micronutrient deficiencies, morbidity and obesity later in life.

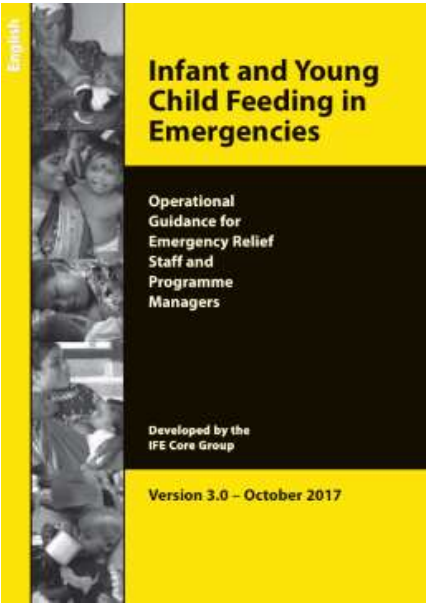
Birth – 12 months

Feeding with breastmilk substitutes is ONLY needed for children who cannot be breastfed following an individual assessment

Source: The first 1,000 days of life: The brain's window of opportunity, UNICEF 2013

IYCF support in emergencies





Fuente: From the first hour of life - UNICEF, 2016

IYCF-E interventions in emergencies aim to ensure two fundamental **humanitarian principles**:

Do no harm & save lives + prevent malnutrition.

Pre-test

Why supporting infants who cannot be breastfed is needed in emergencies?

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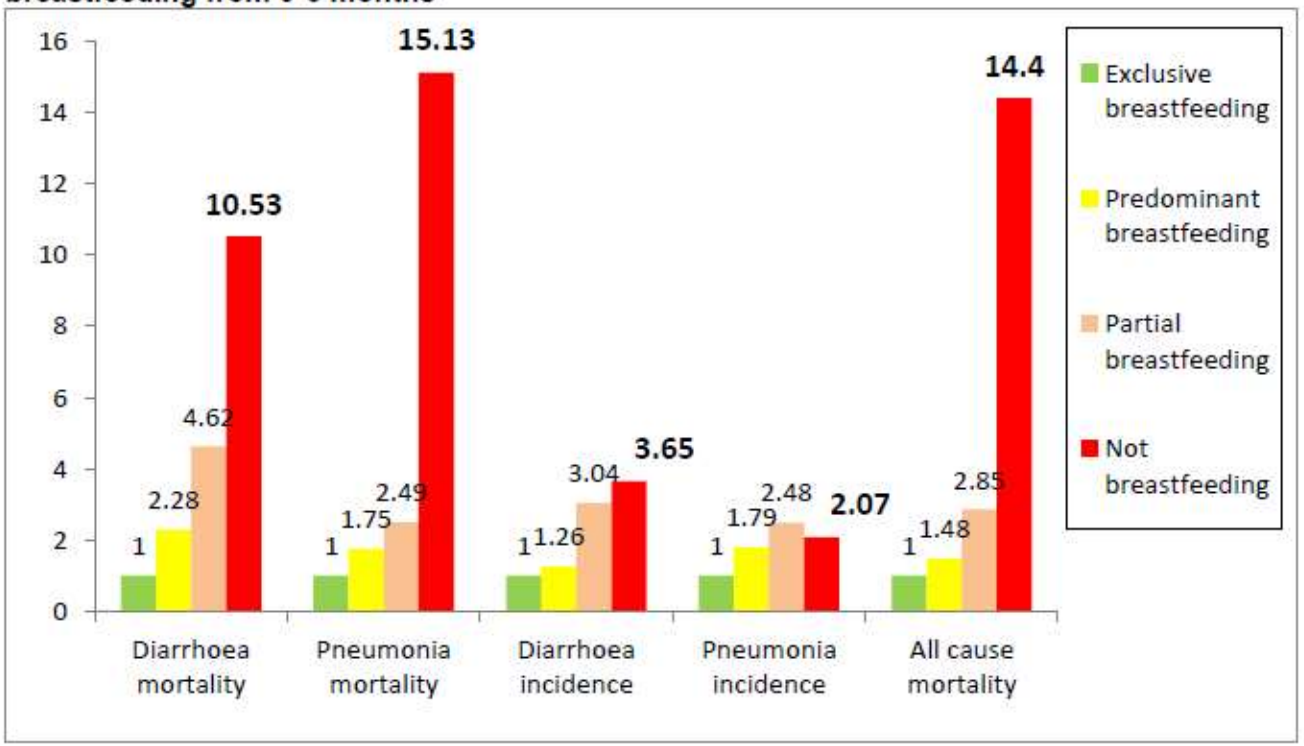
Non-breastfed infants are at higher risk of mortality

Fuente: From the first hour of life - UNICEF, 2016

Non-breastfed infants are at higher risk of infection and mortality

Figure 2: Relative risk of not breastfeeding for infections and mortality compared to exclusive breastfeeding from 0-5 months



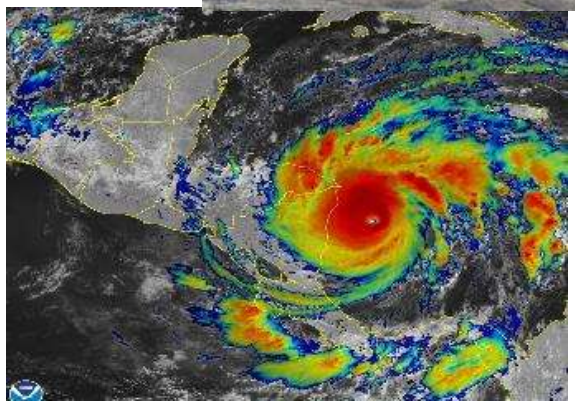
Source: Lancet 2008 [3].

Babies who are not breastfed face major risks:

- **15 times worse odds of dying from pneumonia**
- **10 times more likely to die of diarrhea**

Breast milk is more than just food, it is also a powerful medicine that protects against disease and is tailored to the needs of each child.

At risk



Feeding practices are affected by emergencies

Emergencies

Populations displaced
Basic services interrupted

- **Loss of livelihoods and crops**
- **Limited access to food**
- **Limited access to health services**
- **Hygiene and sanitation conditions affected**
- **Limited access to water**
- **Loss of income**
- **<u>Disruption of health, nutrition and feeding practices</u>**

Compromised dietary intake ⟷ Increased risk of diarrhea and infectious diseases

Malnutrition

Dead

Impact on underlying causes of malnutrition

The younger the child, the greater the risk

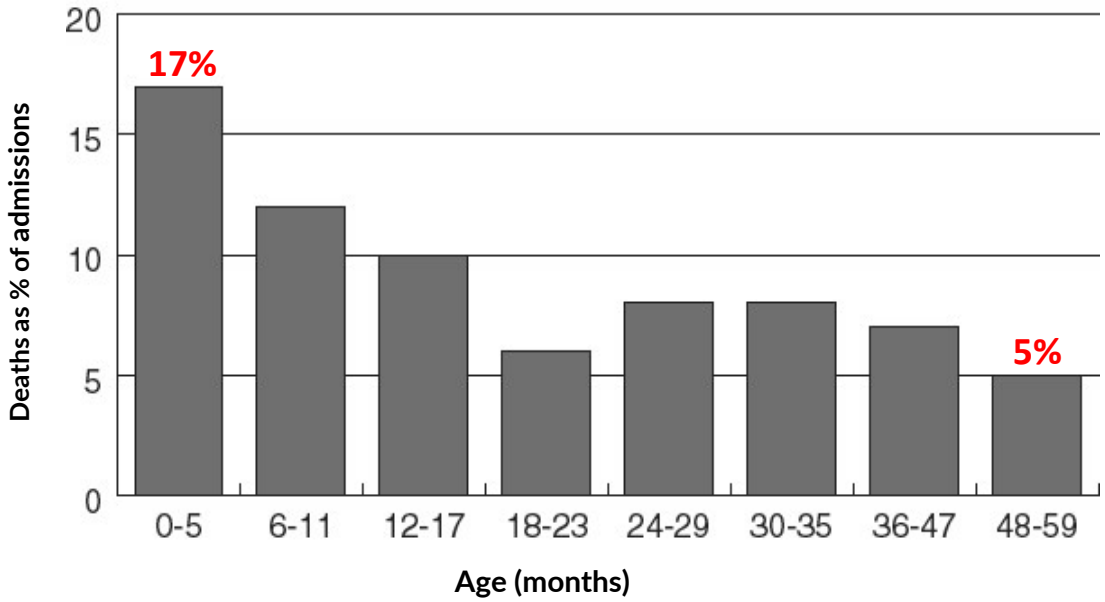
Babies and young children have very specific nutritional needs and are born with an underdeveloped immune system.

In humanitarian contexts, this population group can account for a large percentage of deaths.

Published total mortality rates for children under one year of age in emergencies reach 53%

Carothers, C., & Gribble, K., 2014.

Infants under 6 months face a higher risk of mortality



Golden M. Comment on including infants in nutrition surveys: experiences of ACF in Kabul City. Field Exchange 2000;9:16-17

Challenges Breastfeeding Mothers Face in Emergencies

- ✓Misconception that stress or lack of food is affecting your milk supply
- ✓Lack of breastfeeding support
- ✓Donations of infant formula and powdered milk
- ✓Lack of knowledge about the risk of using breastmilk substitutes in emergency situations

Artificial feeding is risky

Source: Save the Children

1. Lack of safe water (preparation and cleaning)
2. Improper cleaning of eating utensils baby bottle is a source of infection
3. Limited supply of breastmilk substitutes (BMS)
4. BMS contamination
5. BMS do not contain antibodies

Breast milk substitutes carries a higher risk with greater consequences in emergency settings

↓ sanitation & hygiene

↓ safe water

Overcrowding & displacement

↑ caregiver stress & burden

↓ ability to buy BMS

Loss of homes / belongings

Source: IYCF-E Curriculum, V2, 2022 Save the Children

Infant formula donations and powder milk are common in emergencies

Breast-milk substitutes donations in a shelter in Mexico after the earthquake hit in 2017

Massive donations of breast-milk substitutes in a community affected by 2017 earthquake in Mexico

In every emergency

Donations of Breastmilk Substitutes are often:

- **Unsafe** (expired, the wrong type, unreliable quality etc.)
- **Labelled in the wrong language** / unlabeled
- **The wrong quantity** (usually too much)
- **Inconsistently supplied** / unreliably supplied
- Used by breastfeeding mothers**, disrupting breastmilk supply**
- **Not targeted to those who need them**
- **Lacking the instructions, supplies and support needed to minimize risk** (e.g. safe water, heat source etc.)
- **Take excessive time and resources to manage** (transport, storage, sorting, relabelling), creating bottlenecks, slowing down emergency response and diverting from breastfeeding support
- **Contributing to conflict relations**

Donations and uncontrolled distributions undermine the health of <u>all</u> infants in all emergencies

Donations undermine breastfeeding

Breastmilk substitutes are often distributed to breastfeeding mothers

Sends negative message about breastfeeding

Undermines mothers' confidence

The Head of the Israeli Delegation to Sri Lanka teaches mothers how to use infant formula (IsraAID, January 2005)

Sri Lanka, post-tsunami. Distribution of formula the NGO had been given in “big quantities”

Danielle feeds her 3-month-old baby Ember as they wait to be evacuated by members of the Louisiana Army National Guard during flooding in the USA.

THE CODE

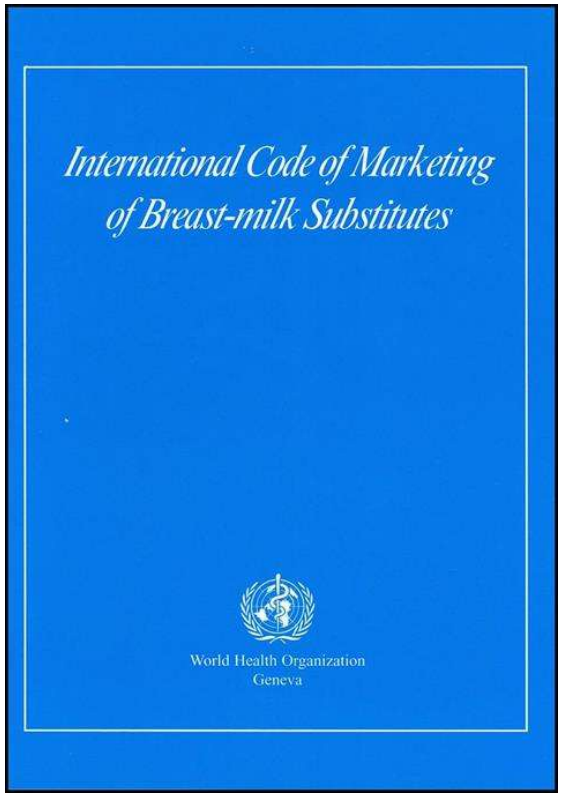
The Code still applies in emergencies – it is especially important!

There is often a lack of understanding around the application of the Code in emergency situations. It is important to point out that the Code:

1. Is intended to **protect breastfed infants by ensuring BMS will not be distributed in an untargeted way or based on inaccurate or biased information**.

2. Is intended to protect artificially fed infants by **ensuring BMS will be used as safely as possible on the basis of impartial, accurate information.**

3. Does not restrict the availability of BMS, feeding bottles or teats, but only **restricts marketing and promotion. This includes promotion in the form of humanitarian donations.** It, does not prohibit the use of BMS by non-breastfed infants during emergencies, only the way in which they are procured and targeted for distribution.



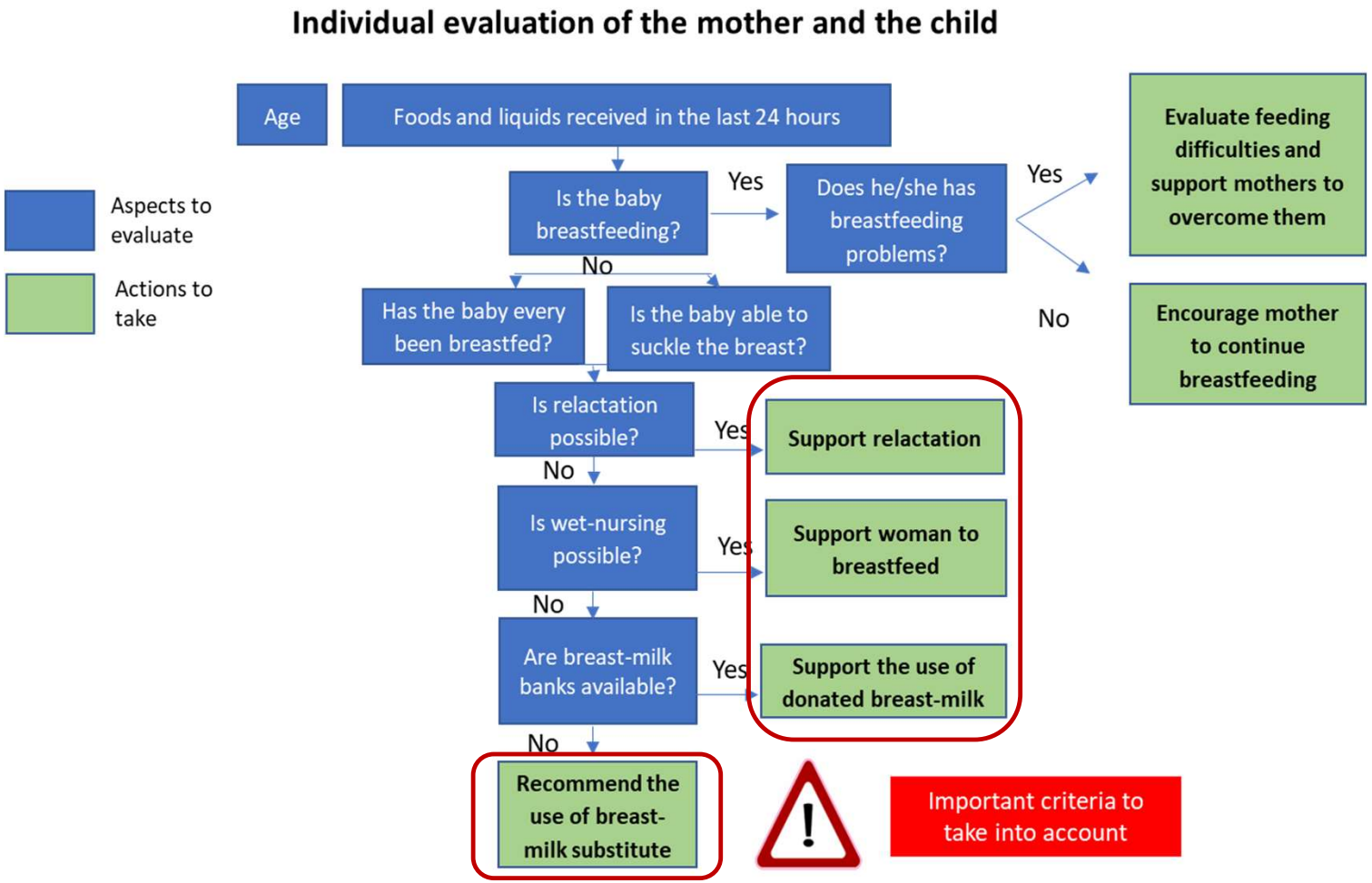
In every emergency

There will be infants who are not breastfed or who are partially breastfed.

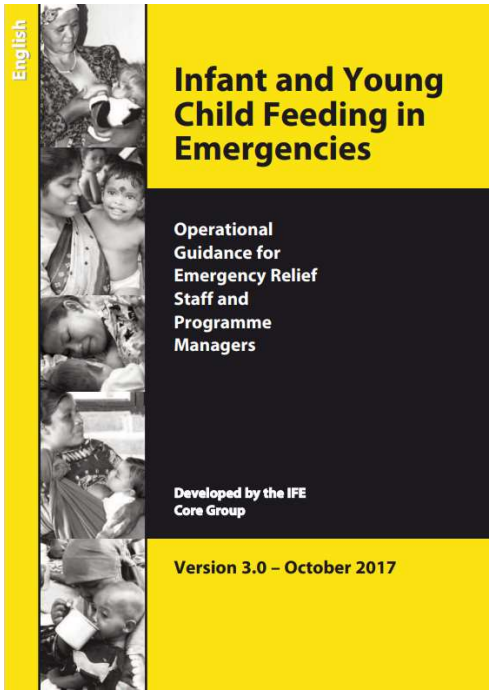
They are highly vulnerable and **require urgent and targeted protection and support** given their increased risk of morbidity and mortality.

How to support infants who cannot be breastfed in emergencies?

Identification and targeted support - overview



Relactation



"**5.12** A non-breastfeeding mother who wishes to relactate will require skilled breastfeeding support until breastfeeding is re-established. Success will depend on the mother's wellbeing and motivation; the age of the infant; how long the mother has ceased breastfeeding; and her access to sustained skilled support. Infants less than six months will benefit the most"

Relactation and building milk supply

- **Relactation**: procedure by which a mother manages to recover her milk production after it has totally or partially decreased.
- **Induced lactation:** milk production process without the woman having been pregnant.
- Many infants discontinue breastfeeding in the first weeks or months and, as a result, are at increased risk of illness, malnutrition and death.
- **Breastfeeding can be reestablished**
- A woman who has stopped breastfeeding her child, recently or in the past, can resume producing milk for her own or an adopted child, even without an additional pregnancy..

IYCF-E Curriculum, Save the Children, V2,2022

Relactation and building milk supply

Reasons for relactation / induced lactation

- Because the mother wants/needs in the emergency setting.
- For the management of sick infants
- For infants with low birth weight
- For infants with feeding problems
- For infants who have been separated from their mothers
- In emergency situations
- In individual situations
- When it is impossible for a woman to breastfeed her child.

Relationship. Review of experience and recommendations for practice. https://apps.who.int/iris/bitstream/handle/10665/65020/WHO_CHS_CAH_98.14.pdf?sequence=1&isAllowed=y

Relactation and building milk supply

Increase milk production: skin to skin

- Practice in which the baby is placed directly on the mother's bare chest.

- Although it is a more common process after delivery, it can still be practiced any time the baby needs comfort or soothing and can help increase the mother's milk production.

Fuente: Skin-to-Skin Contact, The Baby Friendly Initiative, UNICEF

Relactation and building milk supply

Increase milk production: skin to skin: stimulation of the breast

Drip Drop / spoon	Drip drop / syringe	Supplemental Suckling

While the infant is receiving donated breast milk or appropriated BMS

⚠ Hygiene concerns

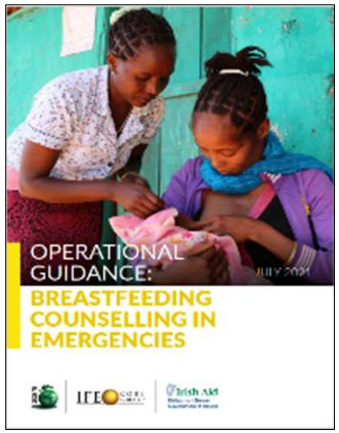
Source: IYCF-E Curriculum, V2, 2022 Save the Children

Relactation and building milk supply

Increasing milk production: lactation massage

- There are points on the body that, when stimulated, seem to trigger the ejection reflex (e.g., see the backs of the women being massaged in the photo).

Source: IYCF-E Curriculum, V2, 2022 Save the Children



Relactation

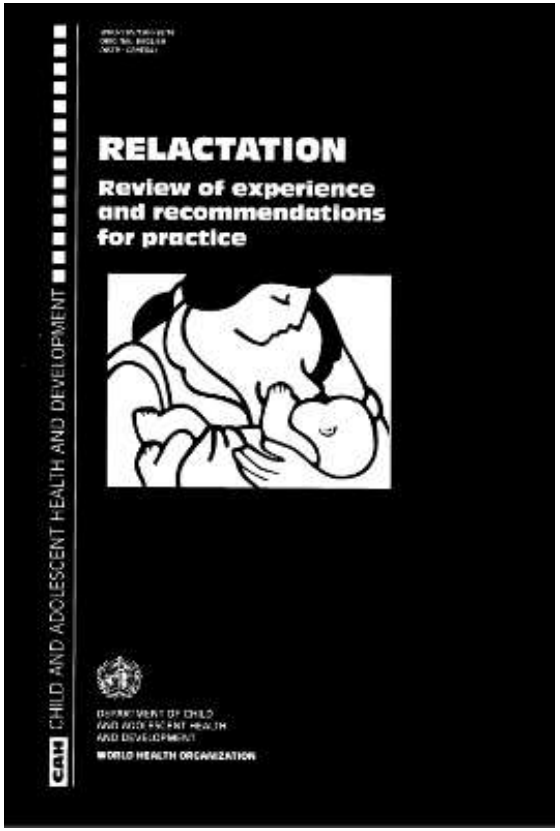
Principal recommendations

A. Essential measures
- Counselling for the mother or foster mother to
  - assess the reason for the difficulty
  - give information to her and members of her family
  - motivate her
  - remove factors which might reduce suckling or breastmilk production
  - provide continuing support

- Stimulation of the nipple and breast by
  - the infant's suckling
  - mechanical or hand expression
  - skin-to-skin contact

- Provision of a temporary milk supplement for the infant without using a bottle
  - to provide nourishment
  - to encourage suckling at the breast

B. Other measures
- lactogogues if indicated
- food, fluids, and rest



Relactation. Review of experience and recommendations for practice
https://apps.who.int/iris/bitstream/handle/10665/65020/WHO_CHS_CAH_98.14.pdf?sequence=1&isAllowed=y

Relactation

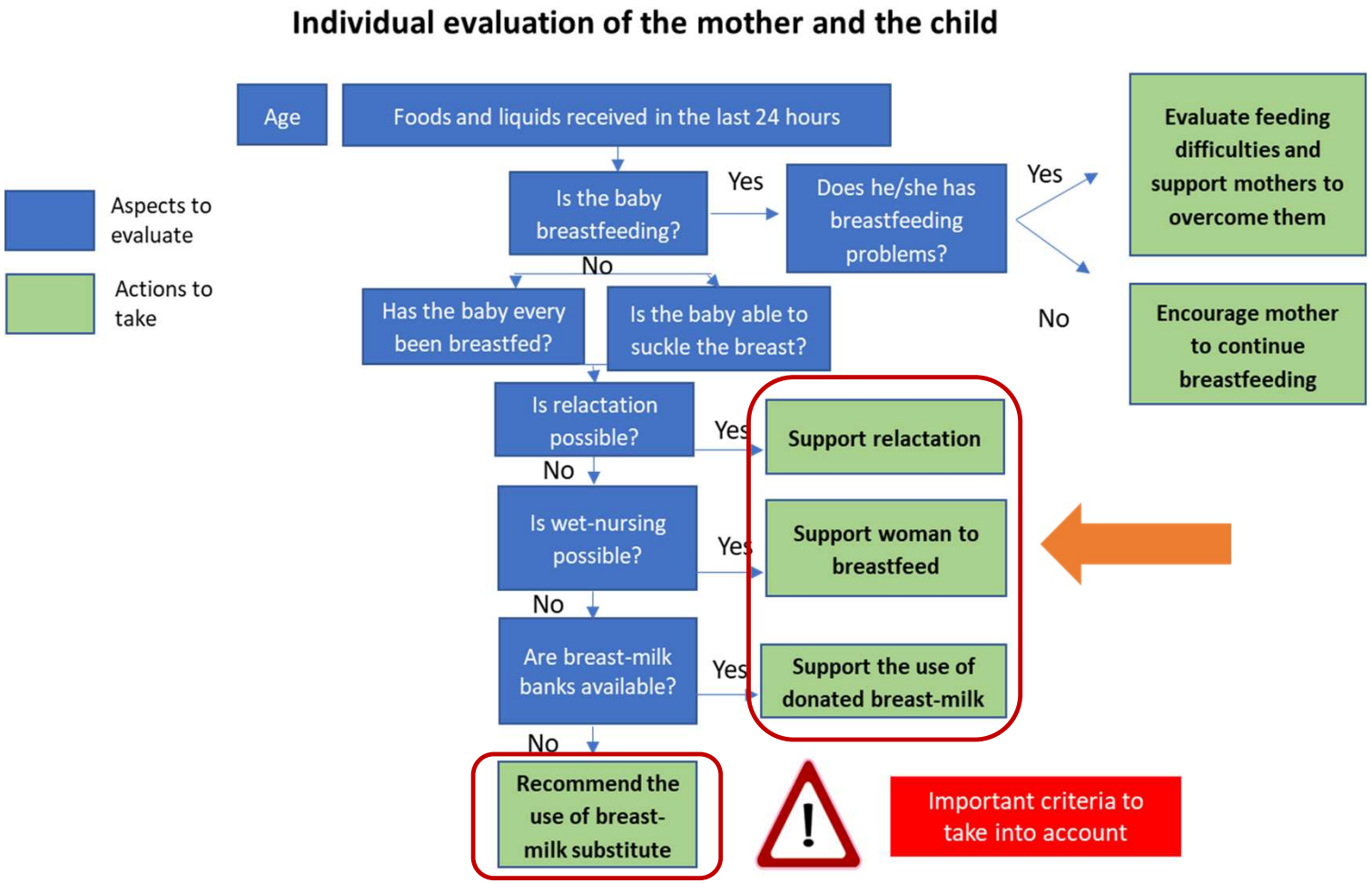
Time for breastmilk to be produced

The time required for breastmilk production to start varies from a few days to a few weeks, and is difficult to predict. Some women never produce enough milk to establish or re-establish exclusive breastfeeding, but others achieve a full supply in a few days (39,40,41,42). Some authors report that relactation occurs earlier in mothers who stopped recently or still breastfeed sometimes, but this is not always the case. Women who have not breastfed for a longer time sometimes take up to 4 to 6 weeks to produce significant amounts, though with them also milk sometimes appears in a few days (40).

Seema et al (43) observed that the first breastmilk appeared between 2 and 6 days; partial relactation was achieved in from 4 to 28 days, and complete relactation in 7 to 60 days. Abejide et al (40) studying 6 cases of adoptive lactation, found that breastmilk appeared on day 4 to 7, partial lactation was achieved in between 11 and 18 days and exclusive breastfeeding was possible in 21 to 25 days. Mothers should encouraged to be patient and not to have precise expectations about when certain amounts of milk will be produced.

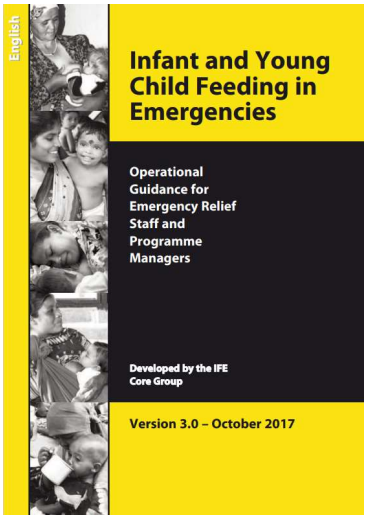
Relactation. Review of experience and recommendations for practice
https://apps.who.int/iris/bitstream/handle/10665/65020/WHO_CHS_CAH_98.14.pdf?sequence=1&isAllowed=y

Identification and targeted support - overview



Wet nursing

When a woman breastfeeds someone else's baby.



"5.13 Investigate the cultural acceptability of wet nursing and availability of wet nurses in preparedness and as part of early needs assessment..."

A police woman in China breastfeeds another woman's baby after the 2008 earthquake. Source: unknown

Wet nursing

Example of Wet Nurse Criteria

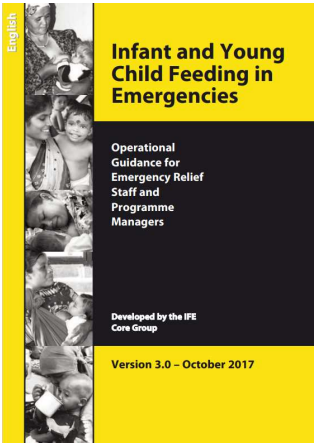
- ✓ Willing to wet nurse the infant until they are at least 6 months old
- ✓ Ideally a family member of other women with a close relationship to the family
- ✓ Lives in close proximity to the infant's household
- ✓ Her own child should be healthy, gaining weight well, free from infections
- ✓ No illness/ not taking medication that may put the infant at risk
- ✓ Accepted by the infant's family
- ✓ Accepted by the wet nurse's family

Wet Nursing and HIV

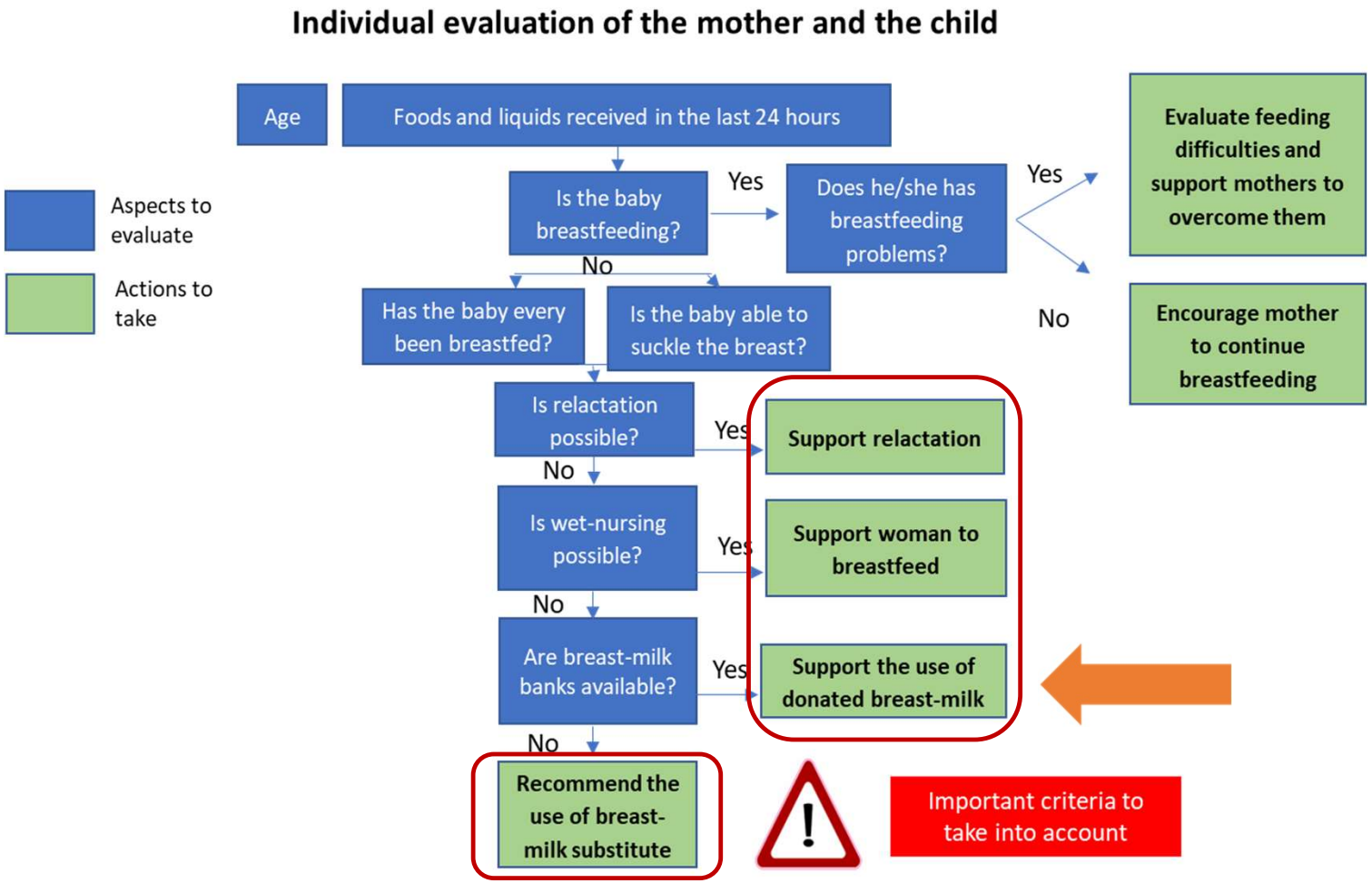
- ***WHO recommendation for breastfeeding in the context of HIV:***

- Mothers and breastfeeding women living with HIV (and whose infants are HIV uninfected or of unknown HIV status) should exclusively breastfeed (their) infants for the first 6 months of life
- Breastfeeding should then only stop once a nutritionally adequate and safe diet without breast milk can be provided
- When ARVs are not (immediately) available, breastfeeding may still provide infants born to mothers living with HIV with a greater chance of HIV-free survival.

The use of wet nurses in emergencies can save lives by providing an immediate source of breast milk for infants, and may carry a small risk of HIV transmission.



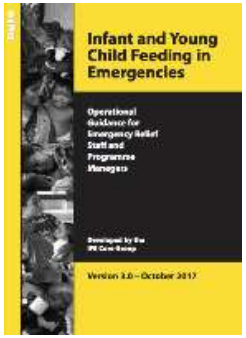
Identification and targeted support - overview



Donor human milk

Global guidance

- When breast milk is not available, WHO recommends pasteurized human donor milk as a first alternative.



- “5.14 To date, there is little experience with the use of formal and informal donor human milk in emergency settings. Donor human milk is likely a more viable option where there are existing human milk banks in an emergency-affected area."

Donor human milk

Definition donated human milk (OG-IFE 2017): Expressed breast milk provided voluntarily by a lactating woman to feed a child other than her own.

- Formally donated human milk is obtained from a human milk bank to breastfeed an infant with selected and processed expressed breast milk.

- Objective: feeding and protecting high-risk infants

Donor human milk

Human Milk Bank (HMB): A service created to recruit breast milk donors, collect the donated milk, and then process, screen, store and distribute it to meet the specific needs of infants for optimal health. (PATH, 2013)

Technical criteria:

- ✓ Healthy mother (medical examination)
- ✓ Process human milk (biosafety processes)
- ✓ Distribute under medical prescription

Beneficiaries:

- Low birth weight infants
- Premature infants
- Sick newborns

Identify breast-milk banks in your country

Programa Iberoamericano de Bancos de Leche Humana (fiocruz.br)
https://www.iberblh.icict.fiocruz.br/

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Minimizing the risk of artificial feeding in emergencies

Terminology

Artificial feeding

means feeding with breast milk substitutes

Breastmilk substitute

any food (solid or liquid) that is marketed, otherwise represented or used as a partial or total replacement for breast milk, whether or not it is suitable for that purpose. BMS includes any milk that is marketed specifically for feeding infants and children 0-3 years of age..

Infant formula

is a breast milk substitute industrially formulated in accordance with the applicable Codex Alimentarius standards, with the purpose of satisfying the nutritional requirements of children 6 months of age, and which is adapted to their physiological characteristics.

Minimizing the risk for artificial feeding

Indications

- **Temporary BMS indications** include:
  - during relactation (restarting relactation once it has stopped);
  - transition from mixed feeding to exclusive breastfeeding;
  - short-term separation of infant and mother;
  - short-term waiting period until wet nurse or donor human milk is available.

- **Longer-term BMS indications** include:
  - infant not breastfed pre-crisis;
  - mother not wishing or unable to relactate;
  - infant established on replacement feeding in the context of HIV;
  - orphaned infant;
  - infant whose mother is absent long-term;
  - specific infant or maternal medical conditions;
  - very ill mother;
  - infant rejected by mother;
  - a rape survivor not wishing to breastfeed.

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

Minimizing the risks of artificial feeding. Regional Group for Integrated Nutrition Resilience for Latin America and the Caribbean 2020

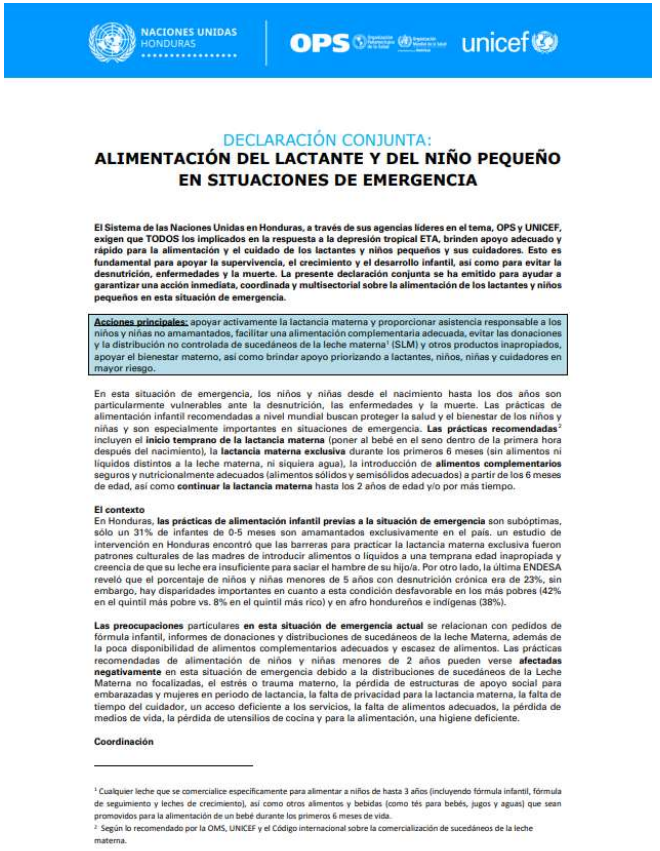
Minimizing the risk for artificial feeding

1. Prevent donations of breast-milk substitutes

Official join statement with key messages for donors, local partners and the media to:

- Discourage donations of infant formula Instead, encourage financial contributions to support urgent community needs
- Focus on the importance of supporting lactating women in emergencies

Communication is critical in the first hours and days of responding to an emergency



NACIONES UNIDAS HONDURAS | OPS | unicef

DECLARACIÓN CONJUNTA:

ALIMENTACIÓN DEL LACTANTE Y DEL NIÑO PEQUEÑO EN SITUACIONES DE EMERGENCIA

El Sistema de las Naciones Unidas en Honduras, a través de sus agencias líderes en el tema, OPS y UNICEF, exigen que TODOS los implicados en la respuesta a la depresión tropical ETA, brinden apoyo adecuado y rápido para la alimentación y el cuidado de los lactantes y niños pequeños y sus cuidadores. Esto es fundamental para apoyar la supervivencia, el crecimiento y el desarrollo infantil, así como para evitar la desnutrición, enfermedades y la muerte. La presente declaración conjunta se ha emitido para ayudar a garantizar una acción inmediata, coordinada y multisectorial sobre la alimentación de los lactantes y niños pequeños en esta situación de emergencia.

Acciones principales: apoyar activamente la lactancia materna y proporcionar asistencia responsable a los niños y niñas no amamantados, facilitar una alimentación complementaria adecuada, evitar las donaciones y la distribución no controlada de sucedáneos de la leche materna[1] (SLM) y otros productos inapropiados, apoyar el bienestar materno, así como brindar apoyo priorizando a lactantes, niños, niñas y cuidadores en mayor riesgo.

En esta situación de emergencia, los niños y niñas desde el nacimiento hasta los dos años son particularmente vulnerables ante la desnutrición, las enfermedades y la muerte. Las prácticas de alimentación infantil recomendadas a nivel mundial buscan proteger la salud y el bienestar de los niños y niñas y son especialmente importantes en situaciones de emergencia. **Las prácticas recomendadas**[2] incluyen el **inicio temprano de la lactancia materna** (poner al bebé en el seno dentro de la primera hora después del nacimiento), la **lactancia materna exclusiva** durante los primeros 6 meses (sin alimentos ni líquidos distintos a la leche materna, ni siquiera agua), la introducción de **alimentos complementarios** seguros y nutricionalmente adecuados (alimentos sólidos y semisólidos adecuados) a partir de los 6 meses de edad, así como **continuar la lactancia materna** hasta los 2 años de edad y/o por más tiempo.

El contexto

En Honduras, **las prácticas de alimentación infantil previas a la situación de emergencia** son subóptimas, sólo un 31% de infantes de 0-5 meses son amamantados exclusivamente en el país. un estudio de intervención en Honduras encontró que las barreras para practicar la lactancia materna exclusiva fueron patrones culturales de las madres de introducir alimentos o líquidos a una temprana edad inapropiada y creencia de que su leche era insuficiente para saciar el hambre de su hijo/a. Por otro lado, la última ENDESA reveló que el porcentaje de niños y niñas menores de 5 años con desnutrición crónica era de 23%, sin embargo, hay disparidades importantes en cuanto a esta condición desfavorable en los más pobres (42% en el quintil más pobre vs. 8% en el quintil más rico) y en afro hondureños e indígenas (38%).

Las preocupaciones particulares **en esta situación de emergencia actual** se relacionan con pedidos de fórmula infantil, informes de donaciones y distribuciones de sucedáneos de la leche Materna, además de la poca disponibilidad de alimentos complementarios adecuados y escasez de alimentos. Las prácticas recomendadas de alimentación de niños y niñas menores de 2 años pueden verse **afectadas negativamente** en esta situación de emergencia debido a la distribuciones de sucedáneos de la Leche Materna no focalizadas, el estrés o trauma materno, la pérdida de estructuras de apoyo social para embarazadas y mujeres en periodo de lactancia, la falta de privacidad para la lactancia materna, la falta de tiempo del cuidador, un acceso deficiente a los servicios, la falta de alimentos adecuados, la pérdida de medios de vida, la pérdida de utensilios de cocina y para la alimentación, una higiene deficiente.

Coordinación

[1] Cualquier leche que se comercialice específicamente para alimentar a niños de hasta 3 años (incluyendo fórmula infantil, fórmula de seguimiento y leches de crecimiento), así como otros alimentos y bebidas (como tés para bebés, jugos y aguas) que sean promovidos para la alimentación de un bebé durante los primeros 6 meses de vida.

[2] Según lo recomendado por la OMS, UNICEF y el Código internacional sobre la comercialización de sucedáneos de la leche materna.

Statement issued in the framework of the response to hurricanes Eta and Iota in Honduras in 2020.

Minimizing the risk for artificial feeding

2. Evaluate the need of breast milk substitutes for non-breastfeed infants

Annex A
SIMPLE RAPID ASSESSMENT[1]

Instructions:

a) Use this assessment form for all mothers/caregivers with children 0-23 months (under 2)
b) Once this assessment has been completed, decide whether the caregiver/mother needs counselling/full assessment and/or other services.
- If yes, complete the referral form
- If no, refer for IYCF support services (e.g., education, peer support group)

SIMPLE RAPID ASSESSMENT			
Staff name/ID		Date of assesment	
Child's name		Gender	
Child's age			
Caregiver's name		Caregiver relationship	
Facility ID		Location	

ASK			
Age of baby	❑ 0-5.9 months ❑ Newborn (<28 days)	❑ 6-12 months	❑ 12-24 months
Is the baby breastfed?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
(If yes) Are there any difficulties breastfeeding?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Is the baby drinking infant formula/milk powder?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Is the baby getting anything else to drink?	❑ Yes ❑ No	n/a	n/a
Is the baby getting anything else to eat?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
OBSERVE			
Multiples (twins/triplets etc.)?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Caregiver requested infant formula?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Baby looks very thin/lethargic/ill?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Baby has sunken eyes/sagging skin?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Caregiver/child has an impairment?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Caregiver looks very thin/ill?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
Caregiver appears to be very anxious, stressed, sad or distressed?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

Key:

Priority 1 – refer for full assessment Priority 2 – refer for full assessment
❑ No need for IYCF counselling – provide praise and encouragement

Operational Guidance: Breastfeeding Counselling in Emergencies, ENN

Annex B
IYCF FULL ASSESSMENT FORM: 0-23 MONTHS[1]

This is a sample feeding assessment tool that has been adapted from Save the Children's IYCF-E Toolkit and should be contextualised before use. Always check for nationally and sub-nationally approved assessment guides and guidelines first.

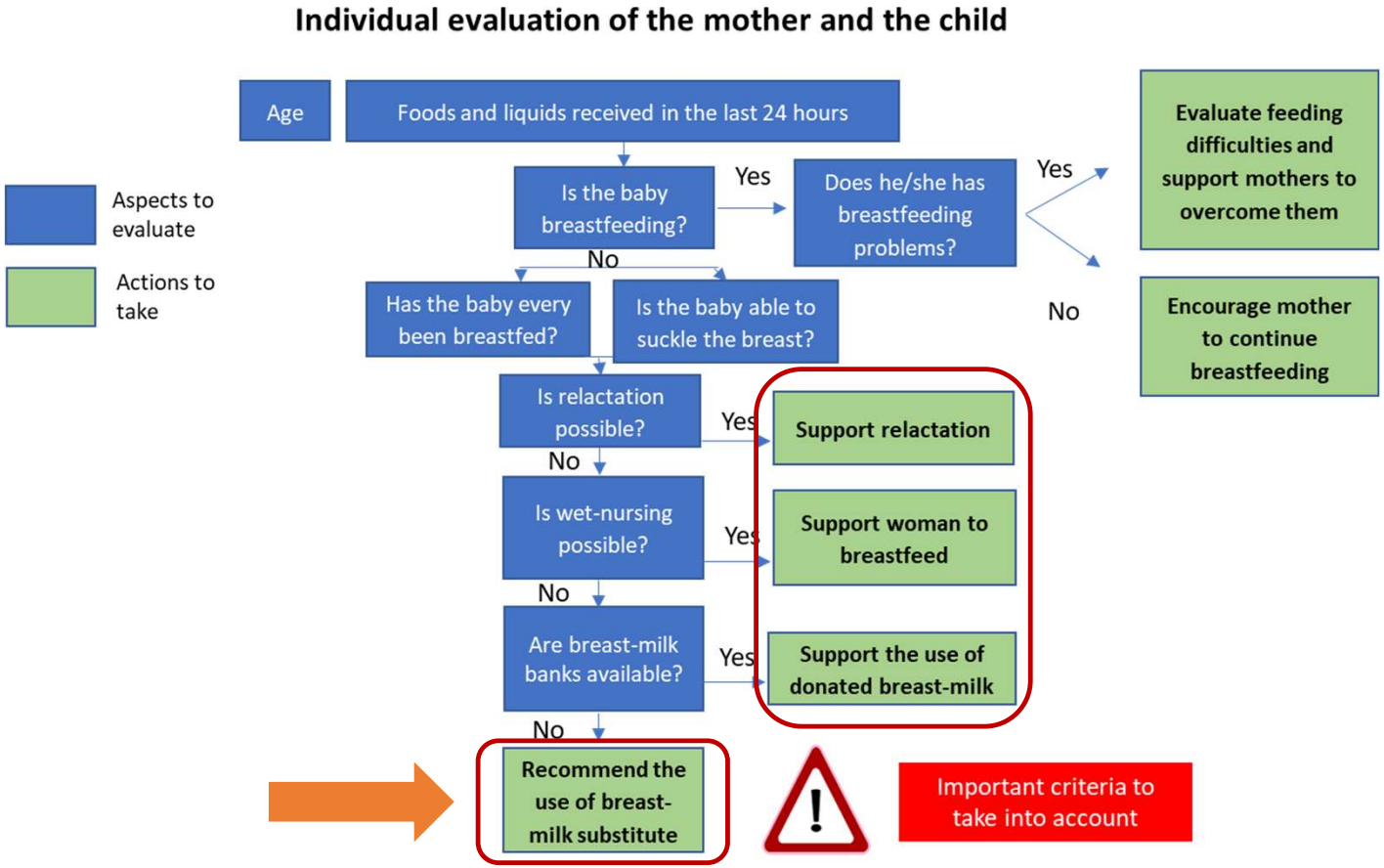
1. COLLECT BASIC INFORMATION					
Counsellor's ID		Location		Date of assesment	/ /
Caregiver's name		Relationship to child	Mother/Father/Grandmother/Sibling/Other:		
Child's name		Sex	Male/Female	Child's ID No.	
Child's D.O.B.	/ /	Child's age	____months	Caregiver's age	____years
Caregiver's name		Relationship to child			
Facility ID		Facility name		District	
Source of referral	❑ Self-referral	❑ SRA – from ____ service		❑ No SRA – direct from ____ service	

2. CHECK FOR DANGER SIGNS[1]		
Lethargic/unconscious?	❑ Yes	❑ No
Vomits everything?	❑ Yes	❑ No
Unable to drink/breastfeed?	❑ Yes	❑ No
Difficulty breathing? (respiration rate, chest indrawing)	❑ Yes	❑ No
Low or high temperature? (< 35.5 or ≥ 38°C)	❑ Yes	❑ No
Bilateral pitting oedemata? (+/++/+++)	❑ Yes	❑ No
Caregiver appears out of touch with reality or infant appears to be at risk from caregiver's behaviour?	❑ Yes	❑ No
ACTION: IF ANY MARKED AS YES → URGENT REFERRAL TO HEALTH SERVICES BEFORE CONTINUING IYCF ASSESSMENT		

3. ASK ABOUT FEEDING PRACTICES		
Please tell me about your experiences of feeding your baby. What concerns or questions would you like to discuss today?		
What and how is the baby fed? (Select all that apply)	❑ Breastfeeding – at mother's breast ❑ Expressed breastmilk – mother's own ❑ Expressed breastmilk – informally shared ❑ Donor human milk ❑ Breastfed by a woman who is not the child's mother ❑ Some artificial feeding (BMS) ❑ Fully artificially fed (BMS) ❑ Fully artificially fed (BMS)	
	❑ Bottle ❑ Spoon ❑ Cup	
Does the baby eat or drink anything other than breastmilk?	❑ Yes	❑ No

Minimizing the risk for artificial feeding

2. Evaluate the need of breast milk substitutes for non-breastfeed infants



Minimizing the risk for artificial feeding

3. Procure breast-milk substitutes and utensils for preparation and feeding

Decide on the quantity of BMS to purchase

First choice Ready to use infant formula (RUIF)	Second choice Powdered infant formula (PIF)	Non-recommended milks
✓ More expensive than powdered infant formula but the safest option for this most vulnerable group ✓ Sterile product until it is opened ✓ Does not require reconstitution with water	✓ Non-sterile product, needs to be reconstituted with water ✓ Risks related to unsafe preparation in emergency situations where conditions are often unhygienic ✓ Where safe preparation and use of infant formula cannot be assured, on-site reconstitution and consumption should be considered ✓ To be procured for a shorter or longer period of time, when RUIF is not (yet) available or accessible.	• Concentrated liquid infant formula: risk of errors in diluting the product higher risk of contamination once opened • Therapeutic milks (F75 and F100): treatment for severe acute malnutrition • Specialized follow-up formulas or toddler formulas

Minimizing the risks of artificial feeding. Regional Group for Integrated Nutrition Resilience for Latin America and the Caribbean 2020

Minimizing the risk for artificial feeding

3. Procure breast-milk substitutes and utensils for preparation and feeding

Infant formula should never be distributed to a population affected by the emergency <u>without the needed resources</u>

Minimizing the risks of artificial feeding. Regional Group for Integrated Nutrition Resilience for Latin America and the Caribbean 2020

Minimizing the risk for artificial feeding

3. Procure breast-milk substitutes and utensils for preparation and feeding

Acceptable:
replacement feeding should be acceptable by the family

Sustainable: the mother is able to prepare feeds for the child as frequently as recommended (for as long as the child needs it)

Affordable: the family has to be able to access infant formula or has easy access to them

Support from skilled personnel

Feasible: the mother has access to clean and safe water for cleaning utensils and preparing the feeds, as well as the knowledge and skills to prepare feeds

Safe: infant formula should be stored and prepared safely, with clean hands and utensils, using a little cup whenever possible

Information leaflets

Hand-washing

Safe water

Utensils: preparation (measuring spoon, cup, tes spoon) and feeding (small plastic cup or glass)

Fuel to boil the water

Minimizing the risk for artificial feeding

3. Procure breast-milk substitutes and utensils for preparation and feeding

Decide on the quantity of BMS to purchase (foresee and quantify needs)

Infants less than six months of age

- Infant formula
  - Ready-to-use infant formula : 750 mL per infant per day → 135 L per infant for a 6-month period
  - Powdered infant formula: average of 3.5 kg per infant per month (for individual amounts, see instructions on the container)
- Animal milk is not recommended due to significant nutritional inadequacy

Infants and young children 6-23 months of age

- Ready-to-use infant formula is recommended if available and affordable
- Alternative milks: ultra-high temperature (UHT) whole fat animal milk (cow, goat, sheep etc,)

Both options are safer that powdered infant formula.

If the children regularly consume adequate amounts of other animal-source foods: 200-400 mL needed per child per day.

If not: 300-500 mL needed per child per day (higher amounts with increased age)

***Infants and young children in this age group also need to receive safe and adequate complementary foods, if at risk of micronutrient deficiencies micronutrient supplements, such as multiple micronutrient powders (MNPs)**

Minimizing the risk for artificial feeding

3. Procure breast-milk substitutes and utensils for preparation and feeding

Purchase BMS, do not accept donations

- Ensure that the procurement and distribution of these products matches needs
- Ensure that distribution of these products is done in line with international guidance → that it is targeted and with appropriate support
- Ensure the supply of a suitable type and amount of BMS
- Avoid infant formula and powdered milk are donated to breastfeeding mothers based on commercial interests

Local purchase is suggested.

Any BMS donations that arrive should be placed under the control of the government or designated agency, not distributed to the general population

Minimizing the risks of artificial feeding. Regional Group for Integrated Nutrition Resilience for Latin America and the Caribbean 2020

Minimizing the risk for artificial feeding

3. Procure breast-milk substitutes and utensils for preparation and feeding

Purchase feeding equipment

Utensils recommended for preparation

- Cup
- Tool for measuring the amounts of water and powdered infant formula (PIF), if PIF provided
- Spoon to mix the product and the water
- Fuel to boil water
- Pot to boil water

Feeding equipment:

- Small cup to feed, that is easy to clean
- Bottle feeding not recommended. If available or donated, ensure that space and facilities to clean them are available

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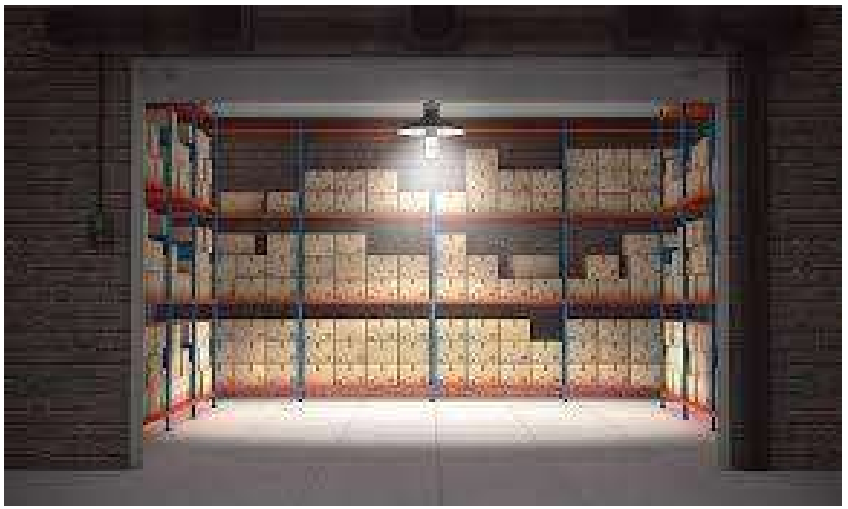
Minimizing the risk for artificial feeding

4. Store breast-milk substitutes

Discretely store out of sight to avoid BMS to be interpreted as promotion of artificial feeding

- Follow the manufacturers guidelines
- Out of direct sunlight, in a secured and supervised area
- Room temperature is preferable



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Minimizing the risk for artificial feeding

5. Distribute BMS

Distribute BMS to families so that they prepare feeding

Ensure:

•Distribution is **targeted, following an assessment of needs** as described before, and not distributed in a blanket fashion.

•All efforts are made to **prevent the promotion of BMS** to mothers who are breastfeeding or could be breastfeeding, and their family members.

•BMS is **distributed in small amounts** each time the caregiver visits the distribution point to reduce the chances of promotion of BMS.

•Track BMS distribution to individual children needs: **monitor and document distribution in a detailed manne**r: age & gender, type and amount of BMS, reason for BMS provision.

•Caregivers are requested to **return empty containers to reduce the risk of BMS selling.**

Minimizing the risk for artificial feeding

5. Distribute BMS

Alternative: Preparation of BMS by shelter staff (instead of BMS distribution)

When safe preparation and use by families cannot be assured, preparation by shelter staff can be considered:

Considerations

•It is preferable to prepare powdered infant formula individually according to the needs instead of large quantities quantities given that infant formula that remains at room temperature for long periods of time attracts the growth of harmful bacteria.

•It is therefore important to prepare the feeds every time and administer them immediately

•Bottles not recommended: If available / donated, make sure there is adequate space and facilities for cleaning

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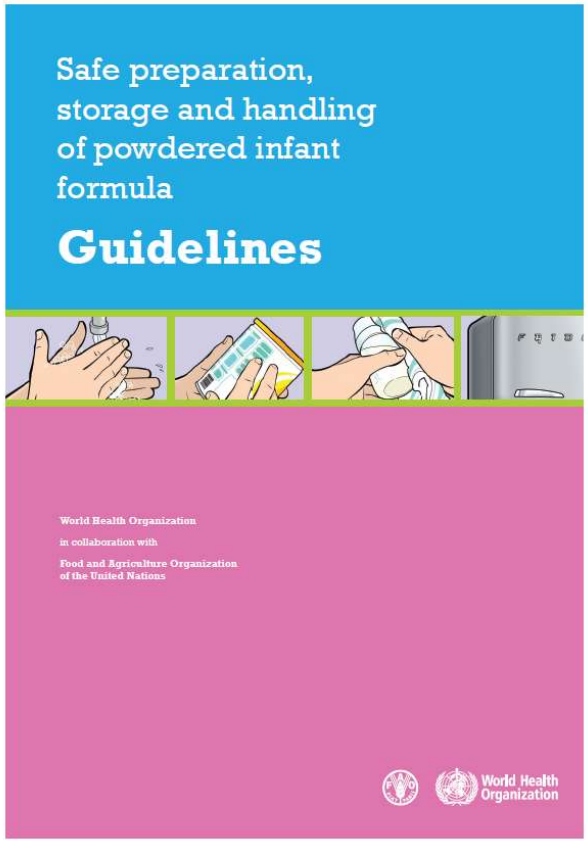
Minimizing the risk for artificial feeding

6. Provide skill individual support for preparation and counseling

Key elements for safe preparation

- Provision of safe water and sanitation supplies and services
- Hand-washing with clean water and soap
- Washing utensils for preparation with hot water and soap, sterilization of material with boiling water
- Preparation following instructions on the contained:
  - Boil the indicated volum of clean wáter
  - Poor the wáter in a cup
  - Measure the quantity of powdered infant formula
  - Perfectly mix the ingredients with a clean spoon
- Storage:
  - Keep the measuring spoon into the container
  - Close the container



Minimizing the risk for artificial feeding

6. Provide skill individual support for preparation and counseling

Individual counseling

- Hygienic preparation, consumption and storage, using equipment in the BMS kit. This should include a practical 1-1 demonstration.
- For powdered infant formula : correct preparation (no. of scoops and volume of water) according to manufacturer's instructions
- Feed/does requirements by age or weight
- How to cup feed, highlighting the risks of using feeding bottles and teats

Minimizing the risks of artificial feeding. Regional Group for Integrated Nutrition Resilience for Latin America and the Caribbean 2020

Minimizing the risk for artificial feeding

6. Provide skilled individual support for preparation and counseling

Individual counseling

- Support **artificial feeding** where mothers have weaned and relactation is not possible or wet nursing is not acceptable
- → Through one-to-one education and demonstrations about:
    - safe preparation and storage of BMS (following manufacturers instructions on the label)
    - how to cup feed
- Provide information **leaflets about BMS use** (clear illustrative instructions) along with the BMS, particularly the powdered infant formula.
- Regularly **follow-up individual children to monitor infant growth and overall health.**

Minimizing the risks of artificial feeding. Regional Group for Integrated Nutrition Resilience for Latin America and the Caribbean 2020

Minimizing the risk for artificial feeding

6. Provide skilled individual support for preparation and counseling

Individual counseling

- Safe storage e.g. dispose within 2 hours of preparation or give to another family member within 2 hours
- Responsive feeding
- Where and when to seek medical care
- Ensure that caregivers also receive key IYCF-E messaging and education and that they know where they can receive support services for IYCF-E.

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Minimizing the risk for artificial feeding

6. Provide skilled individual support for preparation and counseling

Individual counseling

- **Hold the baby sitting upright or semi-upright on your lap**– wrap the baby with a cloth to provide some support and to stop his or her hands from knocking the cup.
- **Hold the cup of milk resting on the lower lip** so that the rim touches the baby's upper lip.
- **Tip the cup** so that the milk just reaches the baby's lips.
- **DO NOT POUR the milk into the baby's mouth.** Just hold the cup to the baby's lips and let him or her take it him- or herself.
- **Measure the intake over 24 hours** – not just at each feed.

Minimizing the risks of artificial feeding. Regional Group for Integrated Nutrition Resilience for Latin America and the Caribbean 2020

Minimizing the risk for artificial feeding

7. Communicate at the community level

Communication channels to reach mothers and their families :

- Importance of breastfeeding
- Risks associated with artificial feeding
- Optimal hygiene practices in the community
  - ✓ hand washing before feeding the child
  - ✓ safe water handling and treatment
- A culture of support to breastfeeding mothers, to dispel any myths about the ability of mothers to breastfeed successfully

Minimizing the risks of artificial feeding. Regional Group for Integrated Nutrition Resilience for Latin America and the Caribbean 2020

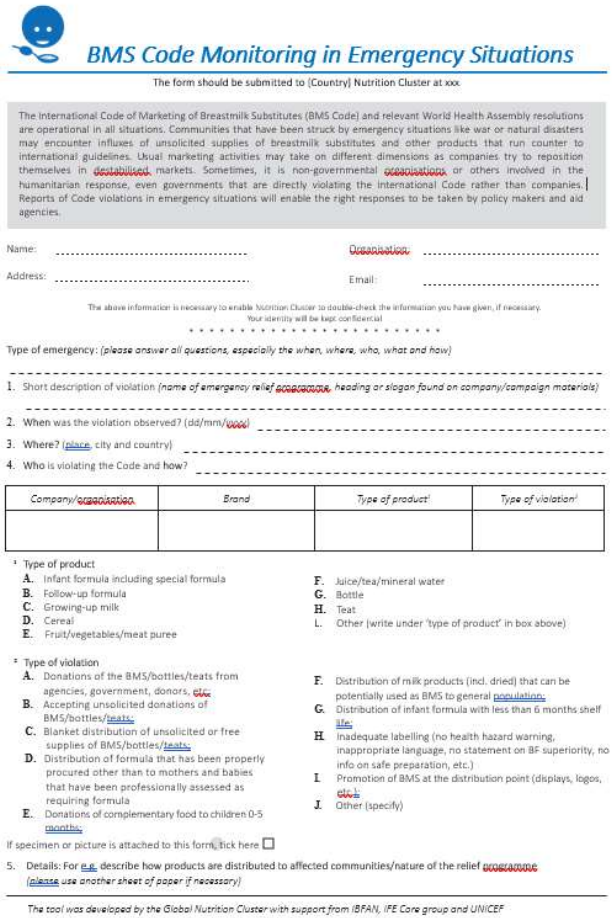
Minimizing the risk for artificial feeding

8. Monitor and evaluate use of BMS

Monitor donations of BMS

Code violations tracking tool

- Tool to track breaches to the Code (distribution of breast milk substitutes in emergency situations).
- Internal document for the Nutrition Coordination Mechanism to compile code violations for further consolidation, analysis and follow up.
- Should not be shared widely as it contains sensitive information, such as who reported the Code violation.
- Available here: http://nutritioncluster.net/resources/bms-code-violations-tracking-tool-nutrition-cluster/



BMS Code Monitoring in Emergency Situations

The form should be submitted to (Country) Nutrition Cluster at xxx

The International Code of Marketing of Breastmilk Substitutes (BMS Code) and relevant World Health Assembly resolutions are operational in all situations. Communities that have been struck by emergency situations like war or natural disasters may encounter influxes of unsolicited supplies of breastmilk substitutes and other products that run counter to international guidelines. Usual marketing activities may take on different dimensions as companies try to reposition themselves in destabilized markets. Sometimes, it is non-governmental organizations or others involved in the humanitarian response, even governments that are directly violating the International Code rather than companies. Reports of Code violations in emergency situations will enable the right responses to be taken by policy makers and aid agencies.

Name: ..... Organisation: .....

Address: ..... Email: .....

The above information is necessary to enable Nutrition Cluster to double-check the information you have given, if necessary. Your identity will be kept confidential

Type of emergency: *(please answer all questions, especially the when, where, who, what and how)*

1. Short description of violation *(name of emergency relief programme, heading or slogan found on company/campaign materials)*
2. When was the violation observed? (dd/mm/yyyy)
3. Where? (place, city and country)
4. Who is violating the Code and how?

Company/organisation	Brand	Type of product[1]	Type of violation[2]

[1] Type of product
A. Infant formula including special formula
B. Follow-up formula
C. Growing-up milk
D. Cereal
E. Fruit/vegetables/meat puree
F. Juice/tea/mineral water
G. Bottle
H. Teat
L. Other (write under 'type of product' in box above)

[2] Type of violation
A. Donations of the BMS/bottles/teats from agencies, government, donors, etc.
B. Accepting unsolicited donations of BMS/bottles/teats;
C. Blanket distribution of unsolicited or free supplies of BMS/bottles/teats;
D. Distribution of formula that has been properly procured other than to mothers and babies that have been professionally assessed as requiring formula
E. Donations of complementary food to children 0-5 months;
F. Distribution of milk products (incl. dried) that can be potentially used as BMS to general population;
G. Distribution of infant formula with less than 6 months shelf life;
H. Inadequate labelling (no health hazard warning, inappropriate language, no statement on BF superiority, no info on safe preparation, etc.)
I. Promotion of BMS at the distribution point (displays, logos, etc.);
J. Other (specify)

If specimen or picture is attached to this form, tick here ☐

5. Details: For e.g. describe how products are distributed to affected communities/nature of the relief programme *(please use another sheet of paper if necessary)*

The tool was developed by the Global Nutrition Cluster with support from IBFAN, IFE Core group and UNICEF

Minimizing the risk for artificial feeding

8. Monitor and evaluate use of BMS

- Set up a tracking system for infants receiving BMS to ensure they receive the required supplies
- Establish or strengthen systems for follow-up of all infants and young children under 2 years of age

Minimizing the risk for artificial feeding

8. Monitor and evaluate use of BMS

Documenting the experience will contribute to further learning and updating of guidance where relevant.

This can include:

- monitoring of prescriptions to ensure proper criteria are followed
- post distribution monitoring of use of the provided BMS by families outside the target group
- sales of the product in the market, etc.

OPEN ACCESS Freely available online

PLOS ONE

Challenges to the Programmatic Implementation of Ready to Use Infant Formula in the Post-Earthquake Response, Haiti, 2010: A Program Review

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Abstract

Background and Objectives: Following the 2010 earthquake in Haiti, infant and young child feeding was identified as a priority nutrition intervention. A new approach to support breastfeeding mothers and distribute ready-to-use infant formula (RUIF) to infants unable to breastfeed was established. The objective of the evaluation was to assess the implementation of infant feeding programs using RUIF in displaced persons camps in Port-au-Prince, Haiti during the humanitarian response.

Methods: A retrospective record review was conducted from April–July, 2010 to obtain data on infants receiving RUIF in 30 baby tents. A standardized data collection form was created based on data collected across baby tents and included: basic demographics, admission criteria, primary caretaker, feeding practices, and admission and follow-up anthropometrics.

Main Findings: Orphans and abandoned infants were the most frequent enrollees (41%) in the program. While the program targeted these groups, it is unlikely that this is a true reflection of population demographics. Despite programmatic guidance, admission criteria were not consistently applied across programs. Thirty-four percent of infants were undernourished (weight for age Z score <−2) at the time of admission. Defaulting accounted for 50% of all program exits and there was no follow-up of these children. Low data quality was a significant barrier.

Conclusions: The design, implementation and magnitude of the 'baby tents' using RUIF was novel in response to infant and young child feeding (IYCF) in emergencies and presented multiple challenges that should not be overlooked, including adherence to protocols and the adaption of emergency programs to existing programs. The implementation of IYCF programs should be closely monitored to ensure that they achieve the objectives set by the humanitarian community and national government. IYCF is an often overlooked component of emergency preparedness; however to improve response, generic protocols and pre-emergency training and preparedness should be established for humanitarian agencies.

Citation: Talley LE, Boyd E (2013) Challenges to the Programmatic Implementation of Ready to Use Infant Formula in the Post-Earthquake Response, Haiti, 2010: A Program Review. PLoS ONE 8(12): e84043. doi:10.1371/journal.pone.0084043

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Introduction

Exclusive breastfeeding of infants up to six months of age provides the best nutrition and immunologic protection for the promotion of healthy growth and development in non-crisis and crisis settings. [1,2] While numerous myths and cultural taboos surround the ability of mothers to breastfeed in the immediate aftermath of an emergency, breastfeeding is physiologically possible for most women. [1,3] There are however, a minority of mothers in crisis settings who may have difficulty nursing their infants due to stress, fatigue, lack of privacy, dehydration, and inadequate diet. [1] Additionally, the immediate chaos and impact of the emergency may result in the death of mothers or separation of mothers and infants. Infants less than six months of age, who are not breastfed, need urgent identification and targeted skilled feeding support.

The priority approach to feeding these infants should be through relactation with their own mother or breastfeeding through a wet nurse. [1] If these options are not possible or when skilled staff, such as health providers or infant feeding counselors, indicate that breast milk substitutes (BMS) are necessary, this must be accompanied by training on hygiene, preparation and use of BMS. BMS in an emergency carries a substantial risk of malnutrition, morbidity and mortality, and should be a last resort option, used only when other safer options have been fully explored. In the majority of natural disasters and complex emergencies, BMS are donated and widely distributed with little monitoring or guidance to mothers. This often results in poor preparation using contaminated water, thereby significantly increasing infants' risk of morbidity and mortality. [4] In emergency situations where there are large number of non-breastfed infants, the substantial risks associated with BMS distribution must be weighed against the risk malnutrition among infants consuming commercial products not intended for use as a BMS.

Emergency response and preparedness measures

Overview of suggested course of action

Immediately		Within the first weeks	In the first month and beyond
Coordination and communication	**Situation analysis and identification of needs**	**Response planning**	**Response implementation and M&E**

• Activate of a coordination group around nutrition, and specifically IYCF-E
• Issue a joint statement on the importance to protect IYCF-E and discouraging donations of BMS
	• Conduct a secondary analysis of existing data (pre-crisis data)
	• Conduct a rapid needs assessment at the community level:
	  • Quantitative
	  • Qualitative
	• Conduct an individual assessment of infant feeding practices and referral
	• Conduct capacity assessment and mapping
	• Conduct mapping of services
		• Developing a context-specific nutrition response plan, including training
		• Identifying monitoring indicators and develop a M&E framework of the nutrition response plan
		• Mobilize resources for the nutrition response plan.
			• Implement the response plan
			M&E:
			• Set-up feedback mechanisms
			• Monitor and report BMS donations.
			• Collect lessons learnt

COORDINATION with Nutrition partners and other sectors

Preparedness measures

Coordination and communication

- Set up the nutrition coordination group to develop plans and actions on nutrition in emergency, covering IYCF-E, and define roles and responsibilities (e.g. TORs for implementing partners).
- Prepare draft early communication and key messages to donors, fundraisers, the media and the general public on the need to avoid donations of BMS and support adequate IYCF practices

Situation analysis and identification of needs

- Prepare or adapt survey tools/questionnaires to assess the needs to support breastfed and non-breastfed infants and young children in emergencies

Preparedness measures

Response planning

- Identify local BMS suppliers for local procurement
- Verify available BMS options and feeding equipment (small cups) at the national level
- Verify the viability of generic/unbranded products with easy to understand instructions in the local language
- Draft a possible supply change for BMS: assessment, purchase, storage, distribution
- **Do not stockpile BMS before the onset of an emergency**

Response implementation and M&E

- Ensure that staff involved has sufficient capacity for assessments, supply chain management, and counseling
- Identify and train relevant institutions and community-based health workers to ensure quality assessment of feeding practices and counseling on appropriate IYCF practices, including BMS use, based on needs.
- Produce relevant training and communication material
- Develop information leaflets about BMS use (clear illustrative instructions) to be provided along with the BMS.
- Set up a tracking system for infants receiving BMS to ensure they receive the required supplies.
- Have the Code violations tracking tool ready.

Case study - Haiti

Case Study: A programme review

Haiti earthquake, 2010

Challenges to the programmatic implementation of ready to use infant formula in the post-earthquake response

The Christian Science Monitor, Fernando Llano AP

Source: https://pubmed.ncbi.nlm.nih.gov/24391877/

What was the situation?

- Suboptimal feeding practices before the earthquake
- Prevalence of EBF 21.7% in Port-au-Princemixed feeding
- Cultural taboos
- Highest HIV prevalence rate (3.8%) in the Caribbean region
- 20% of Haitian babies/children were classified as orphans or vulnerable before the earthquake

Case Study: A programme review

Haiti earthquake, 2010

Challenges to the programmatic implementation of ready to use infant formula in the post-earthquake response

What was the response?

- The humanitarian community, in collaboration with the Ministère de la Santé Publique et de la Population (MSPP), identified the need to address IYCF, including the provision and management of BMS as part of the nutrition response.
- Ready-to-use infant formula (RUIF) was identified as the safest option.
- The National Nutrition Cluster (NNC) in Haiti, chaired by MSPP and UNICEF, was responsible for the acquisition, management and administration of RUIF.

©UNICEF, Marco Dormino

Source: https://pubmed.ncbi.nlm.nih.gov/24391877/

Case Study: A programme review

Haiti earthquake, 2010

Challenges to the programmatic implementation of ready to use infant formula in the post-earthquake response

What was the intervention strategy?

- National Nutrition Cluster partners, non-governmental partners (NGOs) set up Points of Counseling in Nutrition for the Bébé (PCNB) or "baby tents" in Port-au-Prince, Leogane and Jacmel.
- The baby tents provided a safe place for mothers to breastfeed and caregivers to receive advice on IYCF.
- The intention was to provide RUIF in a controlled manner and under strict criteria for specific babies.

Source: https://pubmed.ncbi.nlm.nih.gov/24391877/

Case Study: A programme review

Haiti earthquake, 2010

Challenges to the programmatic implementation of ready to use infant formula in the post-earthquake response

What was the intervention strategy?

- Baby tents focused on providing a quiet place to:
  - ✓ Protect and promote manteining breastfeeding
  - ✓ Give psychosocial support
  - ✓ Support relactation
  - ✓ Detection of growth failure and acute malnutrition.

- Mandatory training based on guidelines was developed and attended by all NGOs setting up baby tents and offering RUIF.

Source: https://pubmed.ncbi.nlm.nih.gov/24391877/

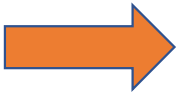
Case Study: A programme review

Haiti earthquake, 2010

Challenges to the programmatic implementation of ready to use infant formula in the post-earthquake response

During the individual evaluation, the following were identified:

- non-breastfed children and determined eligible for RUIF
- counseling was provided to caregivers on how to feed RUIF safely using the cup.



Admission criteria

- ✓ Absent or deadmother seriouslyy ill mother
- ✓ Relactate until lactation is restored
- ✓ Baby rejected or abandoned by the mother
- ✓ Surviving mother of sexual violence who does not want to breastfeed
- ✓ Babies of HIV-infected mothers who were not breastfed before the earthquake and are currently exclusively fed powdered infant formula
- ✓ Babies who were artificially fed before the earthquake

Challenges to the Programmatic Implementation of Ready to Use Infant Formula in the Post-Earthquake Response, Haiti, 2010: A Program Review
https://pubmed.ncbi.nlm.nih.gov/24391877/

Case Study: A programme review

Haiti earthquake, 2010

Challenges to the programmatic implementation of ready to use infant formula in the post-earthquake response

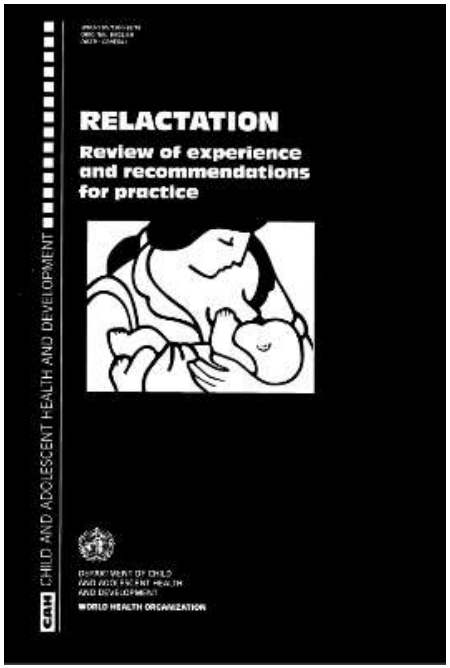
Lessons learnt

The administration of artificial feeding support / RUIF must be based on a clear protocol that must contain:

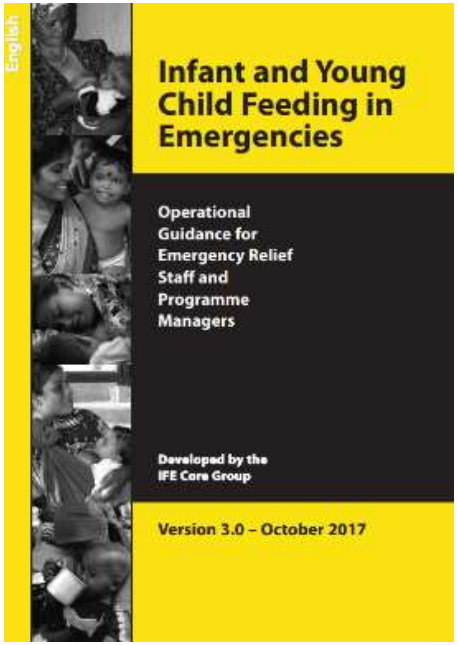
- ✓ Admission and discharge criteria
- ✓ Standardized child record forms and guidance on monitoring child growth
- ✓ Minimum program monitoring and evaluation packagetraining package
- ✓ Appropriate number of staff
- ✓ Logistics components of acquisition, storage, transportation and disposal of waste.
- ✓ Importance of not losing sight of the general support for lactating mothers given the complexity and added demands of the BMS component.

Challenges to the Programmatic Implementation of Ready to Use Infant Formula in the Post-Earthquake Response, Haiti, 2010: A Program Review
https://pubmed.ncbi.nlm.nih.gov/24391877/

Resources



WHO 1998

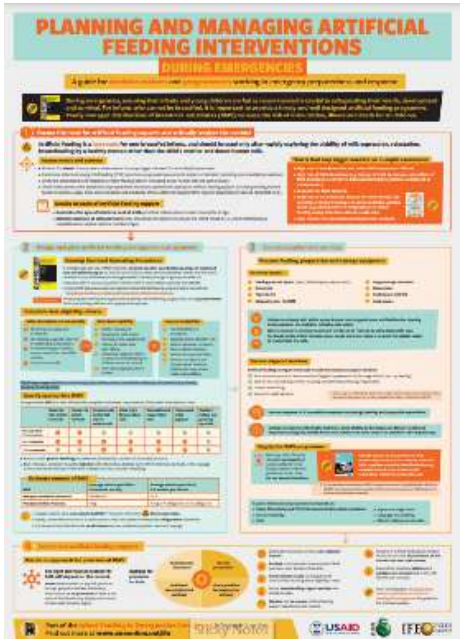


IFE, 2017

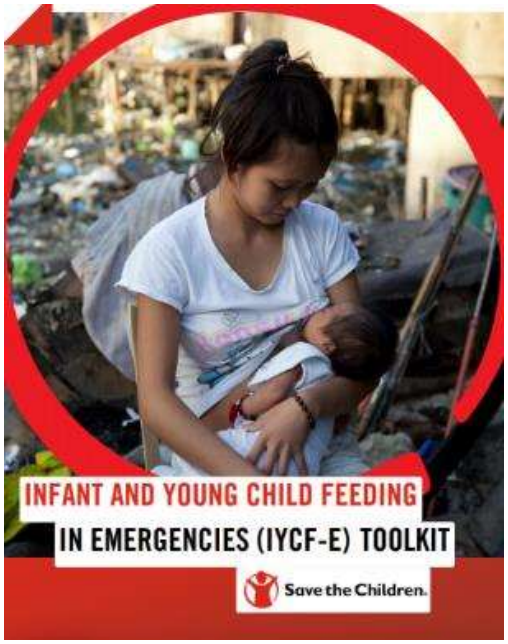
Available in English and French

Resources

GRIN-LAC, 2018



IFE, 2021



Save the Children, 2022

Questions & Answers

Post-test

Next steps and closing!

GLOBAL NUTRITION CLUSTER
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Please fill out the brief webinar evaluation
it will take less than 5 minutes
(*it will pop up when you close the webinar)*

GLOBAL NUTRITION CLUSTER
Technical Alliance

Looking for support in Nutrition in Emergencies?

	Type of supported needed	Provider
1	I want remote or in-country technical support	GNC Technical Alliance
2	I want to hire a consultant directly	GNC Technical Alliance Consultant Rosters
3	I want quick technical advice	GNC HelpDesk
4	I want peer support	www.en-net.org

Visit: https://ta.nutritioncluster.net/ and click "Request Support"

Thank you for your attention