



# PROTECTING BREASTFEEDING Emergency Services Have a Role to Play

An emergency occurs: thousands of people are sheltering at home due to a pandemic or are victims of a natural disaster. They do not have access to clean water or electricity for several days. Young children, particularly babies, need special attention.

Do you know how to help parents prepare, whether they are breastfeeding their infants or using commercial infant formula?

Breastfeeding is vital in an emergency. Managers and policy-makers who create and implement emergency plans, as well as workers in the field, have an essential role to play in supporting and protecting breastfeeding.



“The World Health Assembly urges Member States to exercise extreme caution when planning, implementing or supporting emergency relief operations, by protecting, promoting and supporting breastfeeding for infants.”<sup>1</sup>

## Infant and young child feeding in emergencies

The needs of infants and young children are different, depending on whether they are breastfed, even partially, or commercial infant formula fed.<sup>2</sup> Formula-fed infants are significantly more susceptible to diarrheal and respiratory illness than breastfed infants.<sup>3</sup>

### Continuing breastfeeding

For babies and young children who are breastfed, continuing breastfeeding is the best choice. Breastfeeding is the safest way to feed infants and adapts to the needs of the growing child. Always available, regardless of the sanitary conditions, breastfeeding requires no preparation, sterilization, or water.

### Breastfeeding protects

Human milk helps the baby's immune system to defend itself against infections, preventing or reducing the length and severity of illness, including diarrheal and respiratory infections. Among other factors, this is due to the anti-infective cells found in human milk as well the antibodies that a mother creates based on her own exposure to illnesses.

**DID YOU KNOW?**

### Breastfeeding and epidemics

The benefits of continued breastfeeding are almost always greater than the risk of transmitting a virus or bacteria. Unless health authorities recommend otherwise, breastfeeding should continue, even during infection.<sup>4</sup>

### The importance of support

Stress that can occur during an emergency does not decrease milk supply, but it may affect the let-down.<sup>5</sup> Offering the breast more often and, most importantly, receiving ongoing support, will help.

**Health Canada and the Canadian Paediatric Society recommend continued breastfeeding until age two and beyond, along with appropriate complementary foods after six months.<sup>8</sup>**

## Commercial infant formula and premature weaning

Using commercial infant formula, even just once, can impact latching and decrease milk supply, leading to unplanned early weaning from the breast.

### Commercial infant formula feeding

Decreased ability to maintain hygienic conditions increases risks to babies, both during preparation and feeding of commercial infant formula.

### Commercial infant formula as a last resort

In exceptional situations, when a child cannot receive their own mother's milk, the World Health Organization (WHO) suggests that the milk of another healthy mother or donor human milk through a milk bank are the next best option. Commercial infant formula should be the last resort.<sup>6,7</sup>

Queensland in Australia is a leader in integrating infant and young child feeding needs into emergency planning. Their website provides emergency preparedness advice for parents who are breastfeeding and those are using commercial infant formula.<sup>9</sup>

## INSPIRING IDEAS to Respond to the Needs of All Families

### Preparing for emergencies

Breastfeeding should always be promoted as the safest way to feed infants in an emergency.

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The development of emergency preparedness and response plans should include an IBCLC (lactation consultant), or another breastfeeding expert, to ensure that infant and young child feeding needs are included.

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Creating a clear policy on the distribution of commercial infant formula and related products ensures that responses will meet specific needs in an emergency, while protecting breastfeeding and thus protecting health.

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To provide optimal support to families, lactation consultants need to learn about infant and young child feeding in emergencies.

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When an infant is commercial infant formula fed, parents should be encouraged to stock their emergency kit with necessary equipment for feeding, in addition to commercial infant formula itself. Note that cups are easier to clean than baby bottles.

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### During an emergency

Parents and children need to stay together, both for safety and to facilitate breastfeeding.

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Collaboration with IBCLCs and breastfeeding helpers, such as volunteers, provides the support families need to continue breastfeeding.

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Parents who use commercial infant formula should receive education on the safer handling, preparation and feeding of commercial infant formula to minimize risks.

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### Commercial infant formula distribution: risks and solutions

General distribution of commercial infant formula (that is, mass distribution that does not consider infant feeding decisions) affects feeding practices. Breastfeeding parents who receive commercial infant formula samples are more likely to use the products than those who do not receive them.<sup>3</sup> Manufacturers of commercial infant formula and related infant feeding products also use marketing strategies to normalize their use, particularly for breastfeeding parents. These marketing strategies reduce parents' confidence in their ability to breastfeed and have a negative influence on their infant feeding decisions. There are ways to distribute commercial infant formula and the necessary equipment without harming breastfeeding. This requires discussing infant feeding decisions individually with parents, responding to their questions and concerns about infant feeding, and distributing commercial infant formula only to those who are using it.

## A code that aims to protect all families

In order to protect breastfeeding, while ensuring the safe use of breast milk substitutes, including commercial infant formula, when necessary, Canada is a signatory to the *International Code of Marketing of Breast-milk Substitutes* (the Code)<sup>10</sup>, adopted in 1981 at the World Health Assembly (WHA) by a 118 nations. Since then, the Code has been regularly updated by WHA resolutions.<sup>11</sup> The Code's purpose is not to prohibit the use of breast milk substitutes, but to ensure “*that they are not distributed in ways that harm the protection and promotion of breastfeeding*” which takes on special importance during emergencies.

## PRODUCTS WITHIN THE SCOPE

of the *International Code of Marketing of Breast-milk Substitutes*

- All food and beverages for children under 36 months of age
- Bottles and nipples
- Pacifiers



## References

1. World Health Assembly. (1994). *WHA47.5 Infant and Young Child Nutrition*. [https://www.who.int/nutrition/topics/WHA47.5\\_iycn\\_en.pdf](https://www.who.int/nutrition/topics/WHA47.5_iycn_en.pdf)
2. Gribble K D, Berry N J. (2011). Emergency preparedness for those who care for infants in developed country contexts. *International Breastfeeding Journal*, 6(1), 16. <https://doi.org/10.1186/1746-4358-6-16>
3. Hipgrave D B, et al. (2012). Donated breast milk substitutes and incidence of diarrhoea among infants and young children after the May 2006 earthquake in Yogyakarta and Central Java. *Public Health Nutrition*, 15(2), 307-315. <https://doi.org/10.1017/S1368980010003423>
4. Centers for Disease Control and Prevention. (2020). *Coronavirus Disease 2019, Pregnancy and Breastfeeding*. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>
5. Hill P D, et al. (2005). Psychological distress and milk volume in lactating mothers. *Western Journal of Nursing Research*, 27(6), 676–693. <https://doi.org/10.1177/0193945905277154>
6. World Health Organization. (2003). *Global Strategy on Infant and Young Child Feeding*. <https://apps.who.int/iris/bitstream/handle/10665/42590/9241562218.pdf>
7. Mouvement allaitement du Québec. (2019). *Partage informel de lait pour les bébés nés à terme et en santé*. <https://mouvementallaitement.org/bibliothequevirtuelle/items/show/1777>
8. Joint statement of Health Canada, et al. (2013). Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months. <https://mouvementallaitement.org/bibliothequevirtuelle/items/show/1745>
9. Queensland Government. (2020). Food during a disaster. <https://www.qld.gov.au/emergency/dealing-disasters/prepare-for-disasters/food-during-disaster>
10. World Health Organisation. (1981). *International Code of Marketing of Breast-Milk Substitutes*. <https://mouvementallaitement.org/bibliothequevirtuelle/items/show/1822>
11. Infact Canada. (2018). Summary of WHA Resolutions Relevant to the Code. <https://mouvementallaitement.org/bibliothequevirtuelle/items/show/1812>

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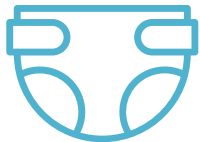
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# EMERGENCY KIT

## What's needed for little ones

Supplies and quantities in the emergency kit should be stocked according to the local recommendations. In Canada, a three-day supply is usually recommended, but it may be necessary to have supplies for longer periods, depending on local conditions and circumstances.

### Basic items



Disposable diapers



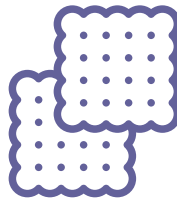
Baby wipes



Hand sanitizer and soap



### From 6 to 23 months old



Snacks



Non-perishable food and utensils



Bottled water

### Find community breastfeeding supports

In Quebec (by region):  
[mouvementallaitement.org/ressources](http://mouvementallaitement.org/ressources)

Elsewhere in Canada:  
[safelyfed.ca/canadian-breastfeeding-resources](http://safelyfed.ca/canadian-breastfeeding-resources)

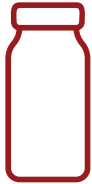
### For a breastfed baby: do not include commercial infant formula

Offering commercial infant formula to a breastfed baby is not recommended. Breastfeeding is the safest and easiest way to feed babies in an emergency. The risks of commercial infant formula are increased in emergency situations, as health services and safe conditions may be difficult to access. Contact information for local breastfeeding supports should be added to a family's emergency kit.

## BREASTFED BABY

# FORMULA-FED BABY

## Until 12 months old



Ready-to-feed infant formula  
(60–90 ml) 10–16 per day



Cleaning wipes



Dish soap and  
cleaning brush



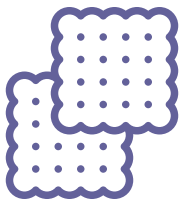
12 L clean water/day



Disposable paper cups  
(or glass or metal if washing and  
boiling is possible)



## From 6 to 23 months old



Snacks

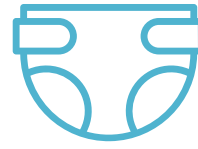


Non-perishable  
food and utensils



Bottled water

## Basic items



Disposable diapers



Baby wipes



Hand sanitizer and soap

**Stock ready-to-feed formula in your emergency kit, even if it is not what you normally use.**

If ready-to-feed formula is not available, concentrate or powder may be used. Both these products require extra materials to prepare and increase the risk of contamination. What's needed:

- 1 L clean water, boiled and cooled (to room temp for concentrate or to 70°C for powder)
- Measuring cup
- Pot for boiling water and equipment
- Stove and fuel
- 24 L clean water/day

*Never prepare infant formula in washrooms*

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# BREASTFEEDING RESOURCES

## Community Resources

### Trained support people

Community workers and volunteers who provide breastfeeding support have received basic education and training to enable them to answer a wide range of questions. They can also identify common breastfeeding difficulties and suggest solutions.

### Peer support

Peer support has a proven positive effect on breastfeeding duration and exclusivity.<sup>1,2</sup> Breastfeeding volunteers have personal experience and provide support to help other breastfeeding parents reach their goals. Peer supporters may provide remote, virtual, or in-person services individually or in groups. Optimal results are associated with programs connecting an expectant parent with a volunteer during pregnancy.

### Where to find community breastfeeding support services

In Quebec, search by region:

[mouvementallaitement.org/ressources](http://mouvementallaitement.org/ressources)

In other locations in Canada:

[safelyfed.ca/canadian-breastfeeding-resources](http://safelyfed.ca/canadian-breastfeeding-resources)

## References

1. Dennis CL. (2002). Breastfeeding initiation and duration: a 1990-2000 literature review. *J Obstet Gynecol Neonatal Nurs* 31(1):12-32. <https://doi.org/10.1111/j.1552-6909.2002.tb00019.x>
2. McFadden A, et al. (2017). Support for healthy breastfeeding mothers with healthy term babies. *Cochrane Database Syst Rev* 2(2):CD001141. <https://doi.org/10.1002/14651858.cd001141.pub5>

## When to access these resources?

Any time! Whether parents have a quick question or are worried about a particular situation, such as being separated from their child or weaning, breastfeeding support people can help.

## Are their services limited to breastfeeding support?

The range of services provided by community support people varies. They can also suggest reliable sources of information and services to help with parenting and nutrition questions.

## Lactation Consultants (IBCLCs)

### Certified professionals

Board Certified Lactation Consultants (IBCLCs) are specialists in breastfeeding who have clinical expertise. IBCLCs are certified by the International Board of Lactation Consultant Examiners.

### Specialized services

IBCLCs work within a professional framework that includes a scope of practice and a code of ethics. They are qualified to conduct comprehensive examinations to resolve persistent or complex breastfeeding issues. An IBCLC may work for a health authority, a community organization, a pharmacy, a specialized breastfeeding clinic, or a medical clinic, or they may have a private practice.



Your breastfeeding friendly resource  
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