NEW ZEALAND COLLEGE OF MIDWIVES (INC)

Consensus Statement: **Infant feeding in emergencies and disasters**

The New Zealand College of Midwives is committed to supporting women and safeguarding the health, well-being and development of infants during emergency and disaster situations. Midwives are in a unique position to support breastfeeding and safe infant feeding during times of disaster.

Rationale

- Natural and / or human-induced emergencies and disasters threaten the safety and the health of pregnant women, mothers and their newborn infants, and their families.
- The negative impact of complex humanitarian disasters on women and children is profound.
- Preparedness for, and management of, infant feeding issues during emergencies and disasters safeguards the survival, health and development of infants.

Practice Notes

Midwives:

- Are the health professionals with a primary role in supporting the initiation and the establishment of breastfeeding.
- Continue to provide ongoing care and support to women in pregnancy, labour, birth and the post-natal period during disaster and emergency situations.
- Protect, promote and support breastfeeding and the principles of the UNICEF/WHO Baby Friendly Hospital [1 2 3] and Baby Friendly Community Initiatives [4] and the Global Strategy for Infant and Young Child Feeding. [5]
- Recognise that breastfeeding provides a safe, renewable and sustainable resource.
- Actively support women and their infants to initiate, establish and maintain breastfeeding.
- Are committed to the health and well-being of infants and acknowledge that breastfeeding is the optimal and safest way for women to feed their infants, and that this is even more critical during disaster and emergency situations. [6]
- Are aware that breastfeeding provides immunological protection for infants, and recognise that during times when water is scarce or contaminated, breastfeeding provides crucial protection from diarrhoea and infection. [7]
- Dispel dominant mythology concerning breastfeeding and stress effects during times of emergency. Stress does not cause the mother's lactation to disappear but it does affect maternal oxytocin response. Midwives provide education about the importance of mother-infant skin-to-skin contact to provide warmth, protection, comfort and security for the infant, to relieve maternal stress and anxiety and to promote oxytocin response. [8] Information about relactation if necessary and appropriate is also provided. [9]

- Have a responsibility to support all women and infants and recognise that when infants are being fed on breast-milk substitutes they represent a group at higher risk of infection and illness, and their parents require information, support and access to the means for safe preparation and safe method of feeding.[10]
- Understand that the use of bottles and teats during disaster and emergency times represent a source of potential contamination and where possible the use of easily cleaned cups is supported.[11]
- Understand responsibilities under the International Code of Marketing of Breast-Milk Substitutes, [12] and subsequent, relevant World Health Assembly resolutions, [13] and are aware that distribution of donated breast-milk substitutes during emergency disaster times is detrimental to breastfeeding.
- Are aware that donations from the formula industry should be declined at all times.
- Are aware that parents of infants under one year of age, who are being fed on breast-milk substitutes, can be offered infant formula (not follow-on formula or toddler milks) sourced from the appropriate Civil Defense organization if necessary. [14]

*This statement was originally developed in partnership with Te Puawaitanga Ōtautahi Trust, Canterbury Breastfeeding Advocacy Service in 2012.

References

[1] World Health Organisation/UNICEF. (1989). *Protecting, promoting and supporting breast-feeding: The special role of maternity services.* Geneva, Joint WHO/UNICEF Statement.

[2] World Health Organisation/UNICEF. (2009*). Baby-friendly hospital initiative: Revised, updated and expanded for integrated care.* WHO, Geneva.

[3] World Health Organisation/UNICEF. (2000).*BFHI documents for Aotearoa New Zealand*. New Zealand Breastfeeding Authority, NZBA, Christchurch.

[4] New Zealand Breastfeeding Authority. (2007). *Baby Friendly Hospital Initiative and Baby Friendly Communities Initiative.* NZBA, Christchurch.

[5] World Health Organisation/UNICEF. (2003). *Global Strategy for Infant and Young Child Feeding*. Geneva, WHO.

[6] Emergency Nutrition Network/IFE Core Group. (2007). *Infant and young child feeding in emergencies: Operational guidance for emergency relief staff and programme managers*. IFE Core Group, Oxford.

[7] Gribble, Karleen. (2007). *Why infant formula causes deaths due to diarrhoea in emergencies*. Emergency Nutrition Network, Oxford.

[8] International Baby Food Action Network. (2005). *Fact sheet on feeding babies in emergencies*. IBFAN/ICDC, Penang.

[9] World Health Organisation. (1998). *Relactation: A review of experience and recommendations for practice*. WHO, Geneva.

[10] Emergency Nutrition Network/IFE Core Group. (2009). *Complementary feeding of infants and young children in emergencies.* IFE Core Group, Oxford.

[11] Ibid

[12] World Health Organisation. (1981). *The International Code of Marketing Breast-Milk Substitutes*. Geneva, WHO.

[13] World Health Assembly Resolutions keep the International Code updated– WHA Resolution/1994 highlighted the issues with donated supplies of breast-milk substitutes, bottles and teats during emergencies. WHA Resolution/2010 expressed concern that infants and young

children were particularly vulnerable to malnutrition, illness and death during emergencies, and recognised that national emergency preparedness plans and international responses do not always cover protection, promotion and support of optimal infant and young child feeding.

[14] Ministry of Health. (2015). *Position statement: Infant feeding in an emergency for babies aged 0-12 months*. Wellington, MOH.

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International Confederation of Midwives. (2011). *Health of women and children in disasters*. Adopted at Brisbane International Council meeting 2005. Reviewed and adopted Durban 2011. ICM

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Ratification

Original Statement ratified 2012
References and statement updated July 2016