

Consensus Statement:

Infant feeding in emergencies and disasters

Approved, awaiting ratification



New Zealand
College of Midwives

TE KĀRETI O NGĀ KAIWHAKAWHANAU KI AOTEAROA

Consensus Statement:

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Tauākī | Statement

The New Zealand College of Midwives | Te Kāreti o Ngā Kaiwhakawhānau ki Aotearoa (the College) is committed to supporting women and safeguarding the health, wellbeing 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. Natural and/or human-induced emergencies and disasters threaten the safety and health of pregnant women, mothers, their newborn infants, and their whānau globally. Preparedness for, and management of, breastfeeding and infant feeding issues during emergencies and disasters safeguards the survival, health and development of infants.

Midwives, in their unique role, play a critical part in supporting breastfeeding and ensuring safe infant feeding practices during times of disaster.

Whakamārama | Background

Midwives continue to provide essential midwifery care to women during pregnancy, labour, birth, and the postnatal period, during disaster and emergency situations. In alignment with the UNICEF/WHO Baby Friendly Hospital Initiative (BFHI) and its principles, midwives protect, promote, and support breastfeeding (New Zealand Breastfeeding Alliance, 2023, 2024; World Health Organization, 2018; World Health Organization/UNICEF, 1989, 2009).

Breastfeeding is a safe, renewable and sustainable resource offering immunological protection for infants. During times when water is scarce or contaminated, breastfeeding provides crucial protection from diarrhoea and infection (Emergency Nutrition Network/IFE Core Group, 2007; Gribble, 2007). During emergency situations support for breastfeeding initiation, establishment and maintenance is critical, and a lack of emergency planning for infant feeding will place infants at serious risk of adverse health consequences.

Emergencies often disrupt safe water supplies, sanitation, electricity, gas, and infrastructure, disproportionately affecting vulnerable groups such as pregnant women, mothers with infants, disabled individuals, and the socially disadvantaged (Gribble et al., 2019). Infants being fed with commercial milk formula (CMF) are at a higher risk of illness and infection. (Gribble et al., 2007). The necessary resources to support safe feeding of CMF during an emergency may be difficult or impossible to access in an emergency (Newby et al., 2012). Uncontrolled and unsolicited donations of CMF create a higher risk situation for all infants.

Disruption to the mother/infant breastfeeding dyad and a lack of safe appropriate foods and fluids can have profound consequences for infant wellbeing (Newby et al., 2012). While stress does not reduce a mother's milk supply, it may negatively affect maternal oxytocin response (Gribble et al., 2023). Breastfeeding remains the optimal feeding method, even under stress, provided maternal hydration is maintained (Gribble et al., 2023; Newby et al., 2012). Because breast pumps may need electricity to function, and they need to be kept clean, use in an emergency is problematic. Hand expression of breastmilk is a safer option when hygienic conditions are compromised.

Te Reo | Language

College statements utilise words from Te Reo Māori to acknowledge and respect the indigenous language of Aotearoa New Zealand.

Honouring Te Tiriti o Waitangi

Midwifery practice in Aotearoa is guided by the cultural competencies of Tūranga Kaupapa (Ngā Māia Trust, 2024). Tūranga Kaupapa honours a Tiriti-based partnership and is foundational in providing care to whānau Māori. Midwives work in ways that uphold the mana of all whānau, recognising the role of cultural identity, values and belief systems in shaping health experiences (New Zealand College of Midwives, 2025).

Tikanga | Guidance for Practice

Midwives are health professionals with a primary role in supporting the initiation and establishment of breastfeeding. During emergencies, they continue to support breastfeeding during and after an emergency and ensure that breastfeeding mothers are not provided with commercial milk formula (CMF).

- **Mother-Infant Dyad:** Keeping the mother and infant together is vital for maintaining breastfeeding. Close contact supports oxytocin response even in times of stress, and this protects breastfeeding (Gribble et al., 2023).
- **Hydration:** Ensuring mothers remain hydrated is essential for sustained lactation (Gribble et al., 2023; Newby, 2012).
- **Support for Mixed Feeding:** Mothers who are mixed feeding who wish to increase their breastmilk supply should be supported, including those considering relactation (Gribble & Chad, 2020; Kent et al., 2012).
- **Breast Pumps:** In emergencies, hand expression of breastmilk is recommended over the use of electric pumps due to potential hygiene issues (Australian Breastfeeding Association, 2023b, 2023d).
- **Frozen Breastmilk:** Information on protecting frozen breastmilk during power outages should be provided to breastfeeding mothers (Australian Breastfeeding Association, 2023e).
- **Cup Feeding:** Bottles and teats are difficult to sterilise and keep clean during an emergency and cup feeding may be useful in some situations as cups are easier to clean (Australian Breastfeeding Association, 2023a).

Formula feeding during emergencies

- Parents and caregivers of CMF-fed infants should be identified as a priority group (Bartick et al., 2024) and may need support to access the resources needed to formula feed with acceptable safety (Australian Breastfeeding Association, 2023c; Gribble et al., 2019).
- The Ministry of Health's position on CMF donations in emergencies is that agencies, health practitioners and emergency responders involved in the emergency response will decline, and not seek, donations of infant formula, including donations of follow-on formula and toddler milks (Ministry of Health, 2015).
- Stage One formula milks are recommended for formula fed infants for the first year of life. Follow on formula and toddler milks are unnecessary products (Richter et al., 2024; World Health Organization, 2013).
- The most challenging aspect of infant feeding support in emergencies is how to distribute CMF appropriately and safely when necessary to families using CMF (Australian Breastfeeding Association, 2024).
- The Ministry of Health advises that, wherever possible, families can be supported to purchase, safely prepare and use their own supplies of infant formula (Ministry of Health, 2015).
- Parents and caregivers who need infant formula, feeding equipment and clean water, and who are unable to access/purchase these items in the usual way, can contact the Civil Defence staff operating in their area or go to their local Civil Defence Centre (Ministry of Health, 2015).

The Ministry of Health's position on CMF donations in emergencies is that agencies, health practitioners and emergency responders involved in the emergency response will decline, and not seek, donations of infant formula, including donations of follow-on formula and toddler milks
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Whakamana | Ratification

This updated statement (uploaded 4 July, 2025) will be ratified at the College's AGM on 27 August, 2025. Original Statement ratified 2012. Statement updated 2015 and 2025.

Arotake | Review - November 2029

The purpose of the New Zealand College of Midwives Consensus Statements is to provide women, midwives, whānau and the maternity services with the profession's position on specific situations. These guidelines are designed to educate and support best practices, and are regularly reviewed and updated in line with evidence-based practice.

Tūtohu | Suggested Citation

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