

Why is support for infant and young child feeding important?

- In emergencies, both caregivers and their infants require special support. Breastfeeding and appropriate first foods both help to save lives.
- Because they are often stressed and receive contradictory advice, many mothers think they cannot produce enough breastmilk, or good breastmilk. It is vital to encourage and support mothers, as well as other caregivers and the extended family.

What you need to know

- Breast milk is a clean, nutritious and cheap food for babies (see Action tool 13). It is the safest choice in emergencies when people may lack access to safe water and hygiene, a regular supply of food, income or a livelihood.
- Breastfeeding helps fight disease. In most circumstances, a mother should continue to breastfeed when she or her child is unwell.
- Stressed, malnourished and hungry mothers can still make enough milk to feed their babies. If milk flow stops, it may be possible to restart it with support and counseling. Other options may also be available, such as milk banks, wet nurses, etc.
- Use of Breast Milk Substitutes (BMS) and bottle-feeding can increase the incidence of diarrhoea and death when bottles/teats are not adequately cleaned or sterilized, or the water used is dirty. Any distribution of artificial milk, cows' milk or other animal milk, bottles or teats should be reported to the cluster or to another authority responsible for monitoring the WHO Code on Breast Milk Substitutes.
- Find out what local or distributed high energy foods are available for young children older than six months to complement the breastmilk they receive.
- Find out the location of quiet areas, breastfeeding tents, caregiver support groups, mothers' groups and other services that support families and carers who are feeding infants and young children.

What you can do: breastfeeding

- Provide support to mothers, families and carers with babies.
 - Tell them that breastmilk is the best food, even when mothers are stressed, malnourished or hungry.
 - To sustain their milk supply, encourage mothers to give breast feeds frequently (day and night, at least eight times).
 - Tell them that skin-to-skin contact between mother and baby can help increase milk supply.
 - Help mothers to find a quiet place to relax since this helps milk flow.
 - Include fathers, carers, and other family members in discussions (where culturally appropriate) to ensure that mothers are supported when they breastfeed.

- Make sure that mothers, carers, fathers, support groups and communities receive correct information on infant and young child feeding (IYCF).
- Refer mothers who are malnourished, overtired, worried they lack milk, unwell, or low in spirits, to a health facility or feeding centre for nutrition and psychosocial support, including education on IYCF.
- Report any donations or distributions of BMS, powdered cows' milk, bottles or teats to your focal point in the National Society or Ministry of Health, or to the cluster or another authority responsible for monitoring violations of the WHO Code on BMS.

What you can do: maternal (mother) nutrition

- Support and advise mothers on nutrition during pregnancy and breastfeeding:
 - Increase the number of meals or snacks during pregnancy (one extra) and breastfeeding (two extra) as mothers have higher energy needs.
 - Encourage consumption of locally available nutritious foods, including foods rich in iron, calcium and vitamin A.
 - Ensure that mothers take iron/folate supplements during pregnancy and for at least three months after giving birth.
 - Ensure that mothers start to take vitamin A supplements within six weeks after giving birth.
- To prevent infections, give mothers anti-tetanus immunisations during pregnancy, encourage them to use insecticide-treated mosquito nets, provide deworming and anti-malarial medicines during pregnancy, and prevent and treat sexually transmitted diseases (STIs).
- Encourage recommended hygiene practices.
- Encourage families to support and assist women with their workload, especially late in pregnancy.
 - Encourage families to allow mothers to rest more.

What you can do: first foods (complementary feeding) from six months of age

- Encourage families to give their infants small and frequent meals.
- Encourage families to drink clean water and adopt recommended hygiene practices, including washing hands before food preparation and feeding. Work with colleagues in water and sanitation (WASH), health and other relevant sectors to ensure that clean water and sanitation are available.
- Encourage families to eat nutritious foods, including foods rich in iron (meat, chicken, fish, green vegetables, beans, peas) and vitamin A (organic meats, carrots, pumpkins, papayas, mangoes, eggs), as well as a variety of fruits, vegetables and fortified cereals.
- Advocate that food distributions for both children and pregnant and lactating women (PLWs) should include appropriately textured first foods for young children (such as purées, mashed and finger foods), supplementary foods (if required, such as corn soya blend (CSB), micronutrient powders (MNPs), and other nutrition supplements, such as ready-to-use therapeutic foods (like Plumpy'Nut).

Community messages

- Breastfeeding nourishes, protects and saves infant lives, especially in emergencies. During emergencies, breastfeeding is the safest way to feed infants.

- Do not use bottles or teats because these can make infants sick. If a child is being given infant formula, use a cup and spoon because they are easier to keep clean in less sanitary environments.
- Do not give foods other than breastmilk to infants until they are about six months of age.
- Stress the importance of maternal nutrition.
- In addition to mothers, include fathers, carers and the wider family in education and support activities.

Community messages

See the following community messages to support infant and young child feeding in emergencies:

3 - Breastfeeding

23 - Encouraging safe sex practices in a community

29 - Attending nutrition checks