















































-  **Infant Feeding in Emergencies: A Guide for Mothers (WHO, 1997, 48 p.)**
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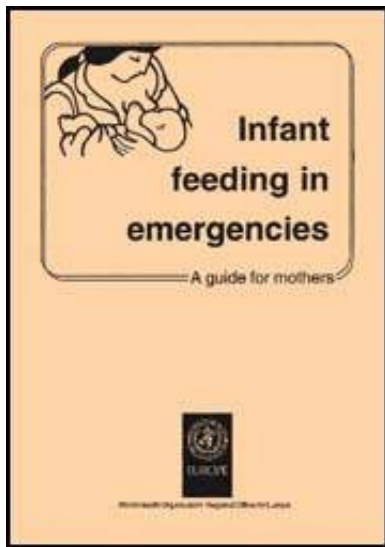
**I can see the reason for expressing milk for sick or premature babies, but must all women learn to express?**


















**If your baby is too small or sick to suckle at your breast, your milk can save his life. If you can express some milk directly into your baby's mouth this can stimulate him when he is learning to breastfeed.**


















**If you ever get an overfull or engorged breast you can relieve the pressure in order to get the baby well attached.**

**If you have to be separated from your baby for work or any other reason, you can leave your breast-milk for your baby. Breast-milk can be stored at room temperature for 6 to 8 hours. It can be stored in a refrigerator for 24 to 48 hours and for 3 months in a freezer. If power cuts stop fridges and freezers working, throw away any thawed milk you cannot use within 8 hours. Never refreeze thawed milk.**





















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## **How do I express milk?**

**Even where women have the choice to use pumps, many prefer hand expression. Hand expression imitates a baby's suckling action more naturally. Also sterilization of breast pumps is essential for safety and may be difficult to control in emergencies.**

- **Wash your hands thoroughly.**
- **Have a clean cup or container with a wide neck.**
- **Make yourself comfortable.**

**The following instructions are just guidelines. You find the way that suits you (Figures 6a, 6b and 6c).**

- **Hold your breast with your four fingers underneath and your thumb on top behind the nipple. Do not squeeze the nipple.**
- **Gently feel the little thickenings inside your breast under the areola. These are 'lactiferous sinuses' which is where the milk collects as it comes**



**down.**

- **Compress your fingers and thumb rhythmically in a way that suits you.**
- **Move your hand round your breast, expressing milk from the sinuses.**
- **Do the same with the other breast.**
- **If you prefer use both hands on each breast.**

**You may find that your milk does not 'come down' as quickly as when your baby is near you. Think about your baby. If you have a photo look at it or smell some of his clothing. Ask someone to massage your back gently. This is where women can help and support each other. If you can find another mother who has hand expressed already, ask her to teach you.**

**Two helpful methods to teach another woman are:**

- **if you are lactating let her watch you do it**

**OR**

- **make sure she is comfortable, then stand behind her and guide her own hand on her breast. In this way she has had practice under your guidance.**



**Figure 6a**

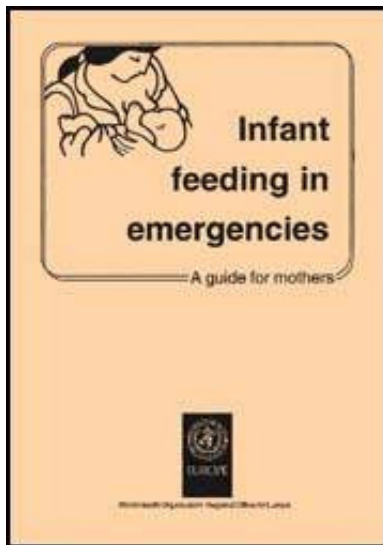











**Figure 6b**





















Figure 6c

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**I can see that breastfeeding is possible in most cases, but we still have to face the times when it is not possible: emergencies create orphans, abandoned babies and severely ill or wounded mothers**

**Yes of course. Let us confront the issue of substitute feeding.**

**1. The best possible substitute used to be for another lactating mother to breastfeed the baby. We must now be cautious because in some situations there might be a risk of HIV transmission through breast-milk if the lactating foster mother happens to be infected with HIV. In some regions there may be very few people with HIV but it is always difficult to know when rates of the infection are rising.**

**In an emergency your own breast-milk may be the only source of food for another baby. If you are feeding your own baby, another baby will not 'steal' his milk, but will stimulate a larger supply. Women have done this for sisters and friends who were extremely ill or had died. This can be a life saver.**

**2. The next best substitute is expressed breast-milk given by another mother or mothers. This should be heated to 57°C for 30 minutes. This kills viruses (including HIV) and bacteria. Most breast-milk does not carry infection, but it is best to be cautious. You will need the support of a health professional and equipment to be able to do this. You can help organize donation and collection of expressed breast-milk.**

**In an emergency you may have no choice and must use raw breast-milk. The safest way to give the expressed breast-milk is in a clean cup.**

**3. If breast-milk is not available, you can use commercial baby milk (also called infant formula). Only use commercial milk if you know you can get a regular supply and you can afford it. Always use this product very carefully. Sterilize all the utensils before every feed. A cup is safer than a bottle.**

**You must also boil the water for each feed. Follow the instructions on the tin carefully. The babyfood companies are obliged to provide label instructions in your local language. If the labels are not in your language try to report this to the health authorities or aid workers. Such labels break the WHO/UNICEF International Code Of Marketing Of Breast-milk Substitutes.**

**Ask a health professional or aid worker to get a proper translation and to explain the instructions carefully. Different products need different measures of milk powder to water. Never save left-over milk for the next feed. When food is short give the left-over feed immediately to an older child or drink it yourself.**

**4. If you cannot get any commercial baby milk and you can obtain a regular supply of local cow's milk. Use the following recipe:**

- Boil 1/3 cup of water and**
- 2/3 cup of boiled cow's milk, to make 1 cup (200 mls) of feed.**
- Add 1 level teaspoonful (5 g) of sugar.**

**You can also use this recipe if you make up the milk from tinned whole milk powder. First make up the milk to the label instructions, then modify it to the recipe.**

**Never use whole milk (whether fresh or tinned) for a baby under 6 months without modifying it to the recipe above**

**5. An artificially fed baby will not be getting the perfect balance of nutrients that a breastfed baby gets. It therefore may be necessary to introduce solid foods a little**



**before 6 months to widen the intake of nutrients. If you decide to do this make sure these foods are prepared as hygienically as possible. Remember he will not be getting the anti-infective protection of breast-milk and will be more vulnerable to any germs in solid food.**

**6. Sterilization is important in all artificial feeding. Wash your hands thoroughly with soap and water before preparing any feed for a baby. If you have fuel, boil all utensils for at least 20 minutes in water. You must do this before every feed.**

**OR**

**If you can obtain hypochlorite (bleach) keep utensils in a covered container or pan. Add one dessertspoonful (10 ml)<sup>11</sup> of hypochlorite to a litre of water. Household bleach may be a different strength. If the label says it is 0.5%, add 2 dessertspoonfuls (20 ml).**

**<sup>11</sup> Please investigate and use local common measures for translation.**

**Keep this out of the reach of children. You will need to change this solution daily. You can use the discarded fluid to soak cloth nappies or to disinfect the toilet area.**

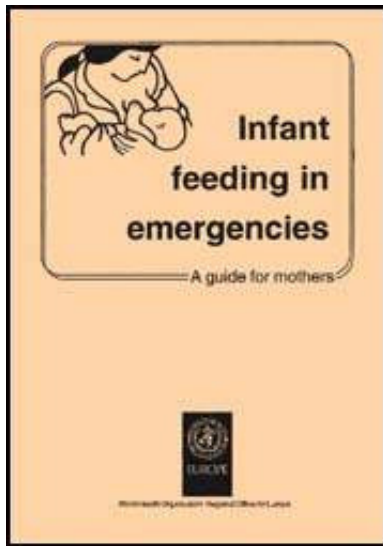
**Wash the hypochlorite off with boiled water before you use the cup and other utensils.**















**If fuel is scarce and hypochlorite unobtainable, scrub everything very thoroughly with soap or detergent. Never use feeding tubes (for relactation) or a bottle unless you know you have continuous means of sterilization.**

















## Cups are safer than bottles























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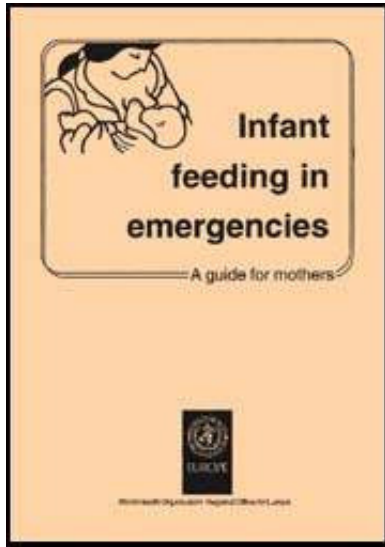
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## **Is it possible to feed a baby artificially without a bottle?**

**Yes. Cups are safer than bottles because the teats and screw tops of bottles trap germs which get into the milk and make the baby ill. Babies can drink from cups from birth. Some people worry that the baby needs to suck on a teat, but it is safer for them to suck their thumbs or fingers. Also cup-fed babies must be held and this is vital for orphans who need lots of cuddling. There is always a temptation (especially in emergency situations) to leave babies to hold their bottles. This is dangerous and deprives babies of essential physical contact.**



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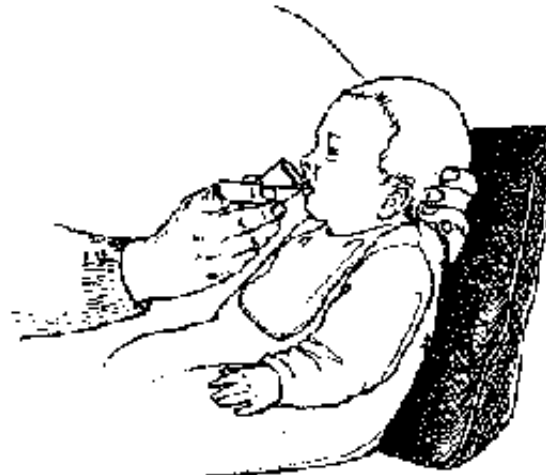
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## **How do you cup-feed a baby?**

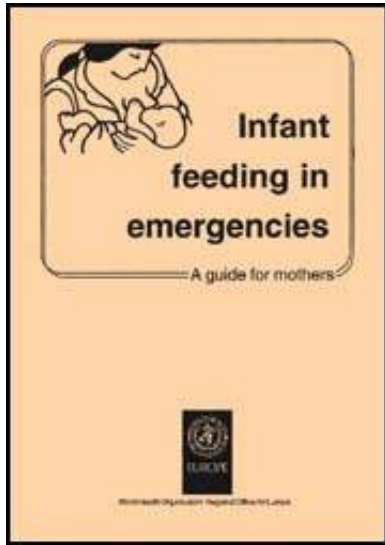
**The baby needs to be held slightly upright and the cup held against the upper lip (Figure 7).**




































**Figure 7**













**Pre-term babies will lap the milk like a kitten. Full-term babies will sip the milk. Never pour the milk down the baby's throat. Always let the baby lead the sipping and swallowing.**

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  **A final word**

## **A final word**

**This booklet shares some basic, up-to-date information. In an emergency this information is crucial because during difficult times many other factors threaten babies' and young children's health. Breastfeeding can protect them from much of the harm. Artificial feeding must be avoided as much as possible, but if it is unavoidable it must be done with the greatest care.**

**No one wants to experience an emergency or difficult situations, but when it does happen, many people find they have more strength and initiative than they believed they had. Many women who once thought they could not produce enough milk, breastfeed successfully during emergencies. They feel proud when they realize how much they have contributed to their children's health and survival. If this booklet has helped you to be one of those women, please share your knowledge and experience with others. When an emergency ends, it is still important to support breastfeeding. Only when it becomes the standard method of infant feeding everywhere during untroubled times, can we be surer that an**

**emergency will not be such a threat to our babies' health and lives.**

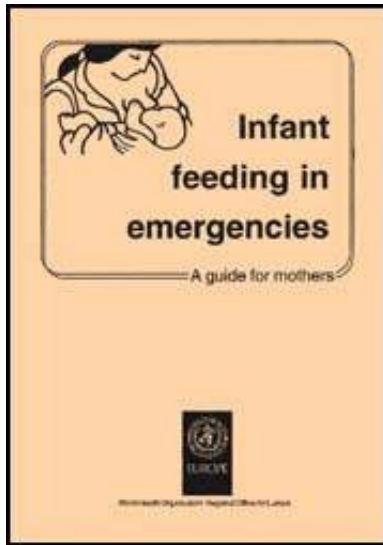
**The information in this booklet comes from international experts on breastfeeding, including health professionals, scientists and breast-feeding mother-to-mother support groups. Please contact WHO or UNICEF (addresses below) if you want more information.**

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 **A final word**

**Are commercially-made baby milks as good as breastfeeding?**

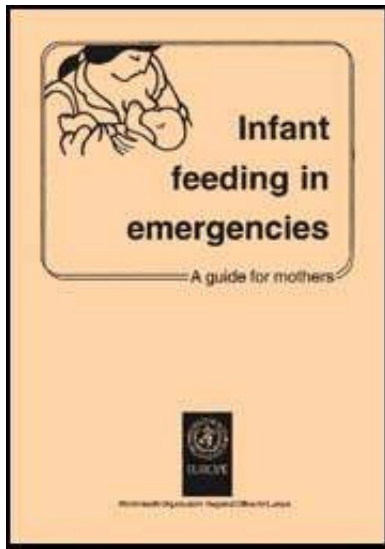
**Artificial feeding, using commercially-made baby milks and bottles, is promoted by companies to make profits. This undermines breastfeeding. Even some health professionals believe that artificial feeding is as good as breastfeeding and their belief influences us to think that it is modern and safe. Artificial feeding can cause health problems in stable situations. It is an even greater risk during an emergency.**



















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## **Why are commercially-made baby milks not so good?**

**Commercially-made baby milks<sup>1</sup> can never match breast-milk, even those made by the most sophisticated and scientific methods. They do not contain anti-infective factors. Even if a manufacturer could copy human milk, it could never be right for each child, because each mother's milk changes according to her child's needs. Colostrum, the early, thicker, yellow-coloured breast-milk, acts as the first immunization, and provides a super-dose of antibodies and vitamins. Colostrum helps expel the baby's first dark faeces (meconium). The change from colostrum into mature milk matches the newborn's needs. Breast-milk then changes composition during a breastfeed and changes according to the child's age.**

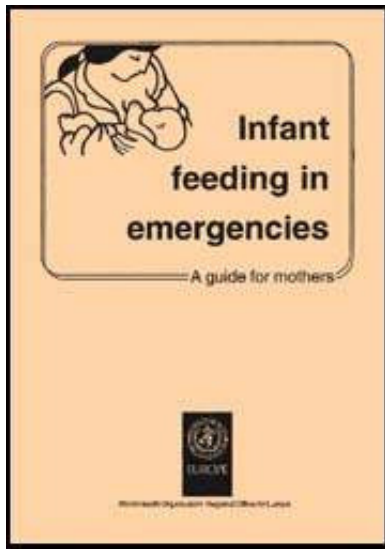
**<sup>1</sup> Also called infant formula, breast-milk substitute or artificial milk.**

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 **A final word****But can every woman breastfeed?**

**Most women are able to breastfeed, but unfortunately a lot of common practices make breastfeeding go wrong. In this century, breastfeeding skills have been lost. Mistaken ideas went into medical textbooks and training. Separation of the mother and baby after birth, feeding to a timetable, giving extra bottles of artificial milk or any other fluid, and other common practices can all make breastfeeding go wrong and reduce a mother's breast-milk supply.**

**The following practices can make breastfeeding go wrong**

**Separation of mother and baby**

**Delaying the first feed**

**Restricting the frequency of feeding**

**Washing the nipples before or after a breastfeed**

**Feeding to a timetable**

**Taking the baby off the breast before the baby is finished**

**Giving other fluids before the first breastfeed**

**Giving supplementary feeds of artificial milk**

**Giving plain water, dextrose, glucose or sucrose water or 'teas' between feeds**

**Saying anything which makes a mother doubt her ability to produce milk**

**Giving free samples of commercial baby milks**

**Isolating the mother from those who support breastfeeding**

**Using nipple shields, bottle teats and dummies (pacifiers)**

**Using drugs during childbirth which sedate the baby**

## The following practices can help breastfeeding go well

**Breastfeeding soon after birth**

**Skin-to-skin contact between mother and baby**

**Good positioning and attachment of the baby at the breast**

**Frequent baby-led feeding**

**Letting the baby come off the breast spontaneously**

**Exclusive breastfeeding<sup>2</sup>**

**Building a mother's confidence through kindness and encouragement**

**Having contact with people who give emotional support**

**Avoiding bottle teats, dummies and nipple shields**

**Avoiding creams and ointments on the nipples**

**Avoiding soap on the breasts and washing them only during normal daily bathing**

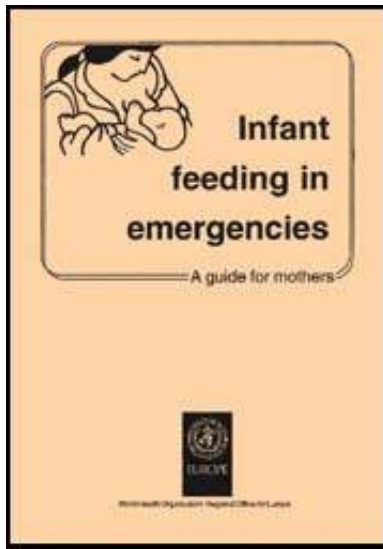
**<sup>2</sup> Exclusive breastfeeding means feeding the baby frequently, on demand (baby-led) day and night, without giving bottles, dummies or other foods or fluids, but allowing for essential medicines.**

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## Introduction

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➔ But why don't the experts tell us this if breastfeeding is so important?

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What about women who have lost a lot of weight? Can they produce milk?














Do we need special nutrition for breastfeeding?

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 **A final word****But why don't the experts tell us this if breastfeeding is so important?**

**Awareness of the importance of breastfeeding is growing fast. However there is still lack of understanding about how to help mothers, even among well-educated health professionals. This is not their fault; established medical practices have unknowingly damaged breastfeeding for years. Now practices are changing. In both rich and poor regions, enlightened health authorities encourage the reform of hospital practices and community support for breastfeeding. Training for health professionals is improving. Global initiatives such as *The WHO/UNICEF<sup>3</sup> Baby-Friendly Hospital Initiative (BFHI)* promote '*The Ten Steps To Successful Breastfeeding*'. These are based on the best knowledge of practices which help mothers and babies breastfeed happily right from the start. WHO and UNICEF urge all health professionals to implement The Ten Steps in all health facilities.**

**<sup>3</sup> WHO is the World Health Organization. UNICEF is the United Nations' Children's Fund. These organizations work together to promote breastfeeding.**

**Ten Steps to Successful Breastfeeding**

Every facility providing maternity services and care for newborn infants should:

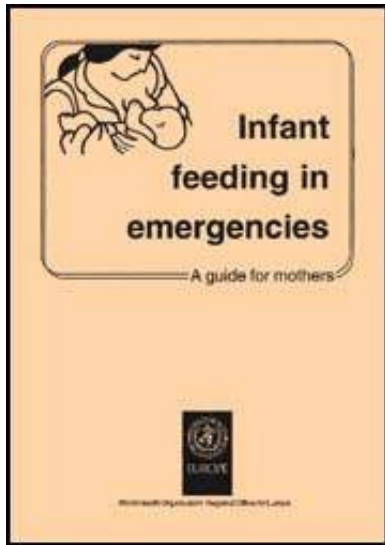
**1. Have a written breastfeeding policy that is routinely communicated to all health care staff.**


















- 2. Train all health care staff in skills necessary to implement this policy.**
- 3. Inform all pregnant women about the benefits and management of breastfeeding.**
- 4. Help mothers initiate breastfeeding within a half-hour of birth.**
- 5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.**
- 6. Give newborn infants no food or drink other than breast-milk, unless medically indicated.**
- 7. Practise rooming-in - allow mothers and infants to remain together - 24 hours a day.**
- 8. Encourage breastfeeding on demand.**
- 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.**
- 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.**


















**In an emergency we cannot wait for practices to change. When water or fuel supplies are disrupted, breastfeeding can save lives. Breastfeeding keeps babies and toddlers healthy and well nourished, even in bad conditions; it can also protect women's health.**















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**Do babies also need tea and water?**

**Breast-milk, including the first milk colostrum, is the perfectly balanced food and drink for babies. No other food or liquid is needed in the first 6 months of life. Plain water, glucose, dextrose or sugar water, teas, herbal drinks, juices, gripe water, milk or any other fluid (including commercial baby milks) all reduce the amount of breast-milk that the baby takes in. All these products are unnecessary, except in the rarest cases, and they can all do harm. They can introduce germs, cause allergies and irritate the baby's intestines. If given soon afterbirth they will delay the establishment of breastfeeding and reduce breast-milk supply. Exclusive breastfeeding is the ideal and all other fluids interfere with the process. Breast-milk contains the exact amount of water that the baby needs, even in the hottest, driest climates. The fluid in breast-milk is better absorbed by the baby than any other that might be given.**

