












































- ➔  **Infant Feeding in Emergencies: A Guide for Mothers (WHO, 1997, 48 p.)**
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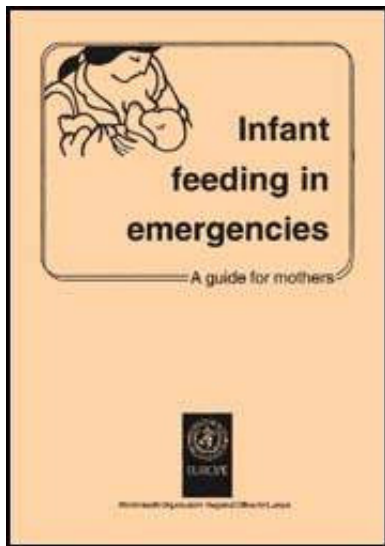
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Prepared for the

**Programme for Nutrition Policy,
Infant Feeding and Food Security
Lifestyles and Health Unit
World Health Organization
Regional Office for Europe, Copenhagen**

EU/ICP/LVNG 01 02 08

Revised September 1997

Target 16 HEALTHY LIVING

By the year 2000, there should be continuous efforts in all Member States to actively promote and support healthy patterns of living through balanced nutrition, appropriate physical activity, healthy sexuality, good stress management and other aspects of positive health behaviour.

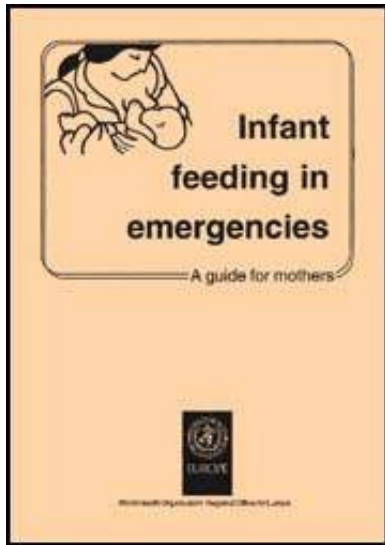
Keywords


















**BREASTFEEDING
EMERGENCIES
INFANT NUTRITION**










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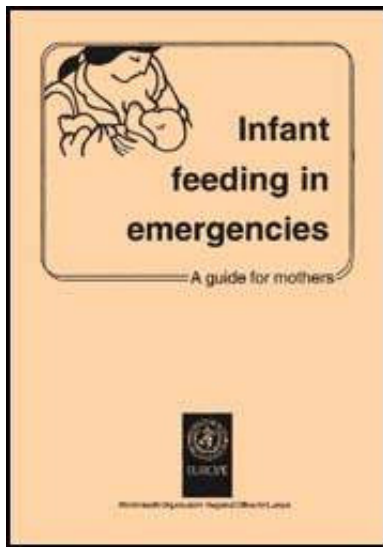
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When do babies need more than just breast-milk?

At around 6 months introduce solid foods (any family foods available: see section "Food supplies can be precarious. How can we feed the babies over 6 months who need more than breast-milk alone?"), but ideally continue breast-feeding for 2 years or beyond. When your baby starts to eat solid foods, then you can give her cooled boiled water, though breast-milk will supply enough fluid if safe water is unavailable. Babies should not drink sugared drinks or teas. These drinks contain no useful nutrients and damage the teeth. Tea reduces iron-absorption and can lead to iron deficiency anaemia. Breastfeeding into the second year and beyond can provide about a third of the child's energy and protein needs, is a good source of the important vitamins A and C and protects against infection. Sick toddlers can breastfeed even when they refuse other foods. This maintains nutrition, speeds recovery and gives comfort.





















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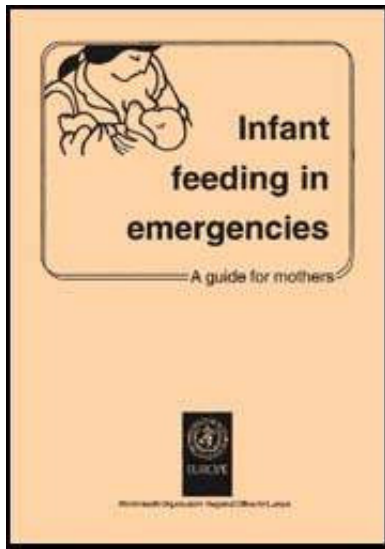
Yes, a sick baby must continue to breastfeed⁴ because breast-milk actively fights disease. Breast-milk contains numerous disease-fighting substances. For example, if germs which cause diarrhoeal disease are in your environment, your body produces antibodies against them in your breast-milk to protect your baby. Breast-milk is easy to digest so a sick baby is less likely to vomit after feeding.

⁴ If the baby is too weak to suckle he should be given expressed breast-milk (EBM).

















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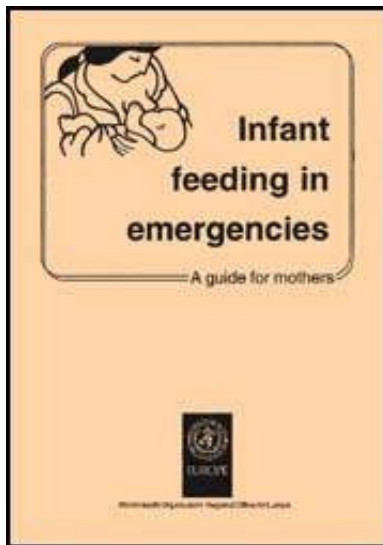
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Do breastfed babies get fewer diseases?





















Yes, definitely. Breastfeeding protects against common infections, especially diarrhoeal and respiratory diseases. Even in the best, most hygienic conditions, artificially-fed babies are 5 times more likely to suffer diarrhoeal disease. When water and fuel supplies are disrupted, infections spread rapidly. Artificially-fed babies are 14 times more likely to die from diarrhoeal diseases and 3 times more likely to die from respiratory diseases than breastfed babies. Breastfeeding lowers the risk of a baby getting urinary tract infections which can lead to kidney disease, and ear infections which can lead to deafness.




























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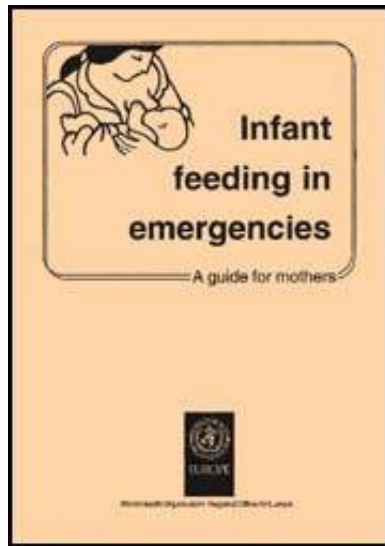
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But my friend's baby got ill and he was breastfed

















Of course some breastfed babies get infections, but most get them less severely. They recover more quickly, and are less likely to die from infections or become













malnourished, than artificially-fed babies. The more vulnerable the baby the more he needs breast-milk.





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-  **How do you cup-feed a baby?**
-  **A final word**

So breastfeeding is like a medicine?

Yes, and it protects long-term health too. Breastfeeding lowers the risk of a child developing diabetes. Exclusive breastfeeding can delay allergies such as asthma and eczema. Studies show breastfed children to be more intelligent, especially premature babies who received breast-milk. Immunization works better in breastfed babies.

Studies suggest that breastfeeding reduces the risk of badly formed teeth, poor eyesight, some childhood cancers, raised blood pressure and coronary heart disease in adult life.

Some studies suggest that the longer a woman breastfeeds the lower her risk of ovarian and pre-menopausal breast cancer, and bone disease (osteoporosis) and

hip fractures when she is old. Diabetic women need less insulin when they breastfeed.

Breastfeeding protects against:

Diarrhoeal diseases

Respiratory infections

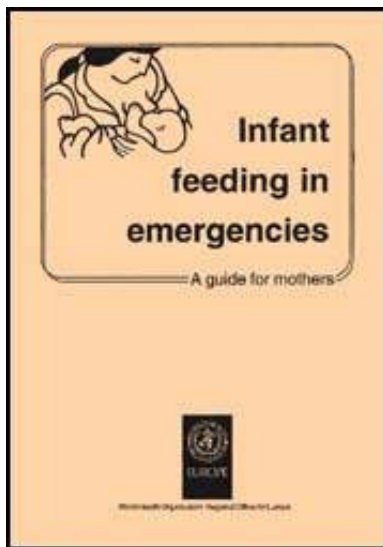
Urinary tract infections

Ear infections (otitis media)

Diabetes mellitus

Asthma and wheezing

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 **Why is breastfeeding so important?**

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













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

 **But can every woman breastfeed?**

-  **But why don't the experts tell us this if breastfeeding is so important?**
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People say that stress stops the milk, so during stressful times how can we breastfeed?

In societies where women never doubt their ability to breastfeed, mothers have

suckled their babies for centuries during famines and wars and saved their lives. In societies where bottle-feeding has become common and confidence in breastfeeding has declined, women have breastfed even less during emergencies. Aid workers did not realize that when they distributed commercial milks and bottles, they were destroying women's confidence, stopping their babies stimulating their breast-milk production and increasing the risk of illness.

If you understand how women's bodies work, despite the stress, you can help yourself and others to cope with a difficult situation. Stress has no effect on the milk-making hormone (prolactin), but it can have a temporary effect on the hormone which makes the milk flow out of the breast (oxytocin). The temporary stoppage of this reflex is a useful biological mechanism to stop milk being ejected from the breast at difficult moments.

Stress has always been part of life and if it destroyed breastfeeding, the human race would never have evolved. When an early human mother and her baby were escaping from a wild animal, it would help for the milk flow to stop while she was running away. But as soon as she reached shelter, the flow would re-start through putting her baby to the breast.

We know the signs of fear: a dry mouth, increased heart beat, cold feet and trembling. These signs slow down after a while, even when the cause of the fear continues. It is the same with the oxytocin reflex: the milk flow may stop for a short time when you are very shocked, but even though the cause of the shock remains, the flow of breast-milk will resume as long as you keep putting your baby to your breast.

The milk-making system is very robust. The oxytocin reflex is sensitive: it can stop temporarily, but it resumes quickly. We all need comfort during stressful times. Ask someone to give you a gentle back massage. This can help your oxytocin reflex, together with the baby suckling freely, to stimulate the breast-milk to start flowing again.

Breastfeeding, with skin-to-skin contact, helps you feel closer. This can help your baby feel secure and limit the damage of the emotional traumas of stressful situations. The breastfeeding hormones help many women feel calmer in stressful situations.

Show this booklet to the health professionals or anyone who is trying to help you. The most important point for health professionals, aid workers, family or friends to remember is that a few minutes of comfort and reassurance can get breast-milk flowing and protect a baby's health and life. Distributing bottles and artificial milk can cause illness and death.



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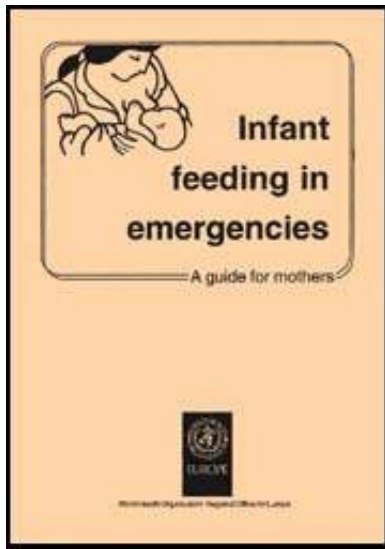
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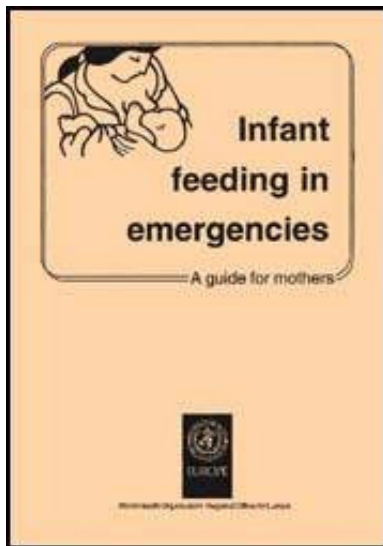
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What about women who have lost a lot of weight? Can they produce milk?




















Thinness or weight loss rarely influence breast-milk supply. Human lactation is a remarkably resilient process. Most women gain body fat during pregnancy which acts as an energy store to make milk after the baby is born. However, even thin women who do not gain weight during pregnancy still produce enough good quality milk for their babies. The important thing is their babies suckle freely. Even in the Dutch famine in 1945 and the African famines in the 1980s, women continued to breastfeed and their babies grew. Only severe starvation makes lactation stop. In emergencies everyone is worried about getting food and of course you need sufficient food for yourself. The one food supply that you need not worry about is breast-milk.





















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Do we need special nutrition for breastfeeding?

You need enough food to maintain your own health and energy. Your breast-milk supply will continue as long as you let your baby suckle freely and effectively.

When there is food rationing, pregnant and lactating mothers should have priority among the adult population. The extra energy needed by the body to make breast-milk is about 500 extra calories a day above basic needs. This means, for example, two extra slices of bread, or an extra helping of potatoes or any other food available. However, women's bodies adjust to lactation by using nutrients more efficiently. You may feel hungrier, but you need not worry that you need special foods to make breast-milk. Diets vary around the world. Meat is not essential; vegetarian women who never eat meat or fish, and women who never drink milk, all breastfeed successfully and stay healthy. Eat a varied diet with vegetables if you can get them. Try to get salt which has iodine added, since iodine deficiency is common in most countries. There is no need to avoid certain foods while breastfeeding. In an emergency eat whatever is available. There is no need to take extra fluid. Just drink when you are thirsty.



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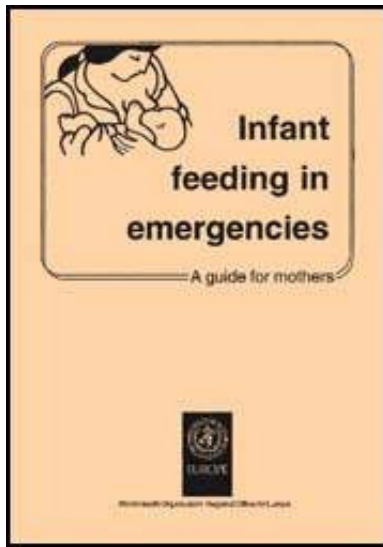
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 **Why is breastfeeding so important?**













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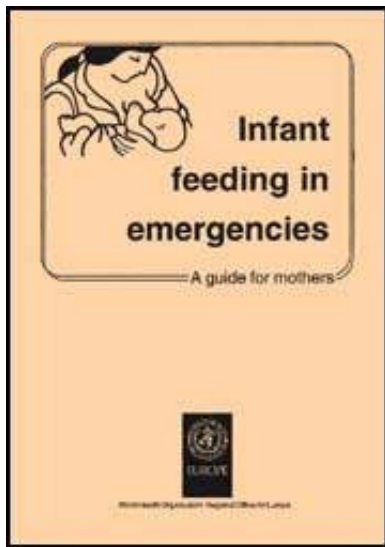
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But what about anaemic women? Does breastfeeding drain their strength?














No. Anaemic women can breastfeed quite normally, though it is best for their own health if they get treated. Drinking tea with your food reduces the absorption of iron, so try to drink tea two hours after a meal. In fact, exclusive breastfeeding can protect women from anaemia because it delays the return of menstruation. The small amount of iron that goes from your bloodstream into the breast-milk is less than that lost through menstruation.




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Someone told me breastfeeding stopped you getting pregnant, but isn't that just a story?

Exclusive breastfeeding lowers your risk of getting pregnant. During the first 6 months, as long as you do not menstruate, and you breastfeed fully day and night, you have 98% protection from pregnancy. This is equivalent to the protection from other modern contraceptive methods. As you will learn from the following section (*How does breastfeeding work?*), the stimulation by your baby's mouth at your breast influences the hormones which affect your fertility. If your baby gets

bottle feeds, even of your expressed breast-milk, or is given a dummy, the suckling stimulus is reduced and the contraceptive effect of breastfeeding is less effective. You should not rely on this method of contraception after the baby is 6 months old.

Breastfeeding protects women's health

Less risk of:

Anaemia

Early breast cancer

Ovarian cancer

Bone disease in old age

Pregnancy in the first 6 months

Diabetic women need less insulin

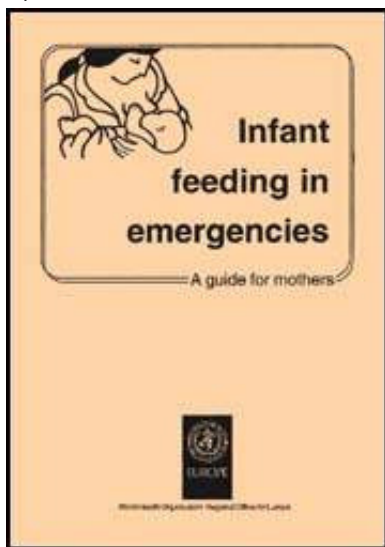
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 **A final word****Foreword**

This booklet is designed to help you if you are a mother, soon-to-be a mother, or want to help one of your friends or relatives to breastfeed their baby. Once you have finished with this booklet, please pass it on to a friend who needs help to breastfeed her baby.

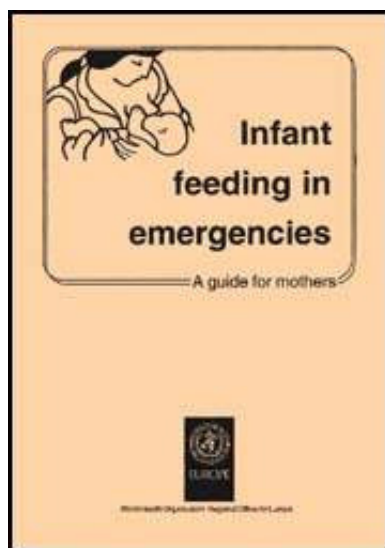
The concept for this booklet was born during the last war in Europe, in Bosnia and Herzegovina in 1994, when it was clear many mothers had become so accustomed to bottle-feeding that most women had lost their knowledge on how to breastfeed.












Although originally developed for mothers during emergency situations, we at WHO are hopeful and confident that this booklet can be of use to all mothers everywhere.



















Many breastfeeding experts throughout the world have commented and contributed to the development of this booklet and WHO would like to express their sincere gratitude to all those who worked to make this booklet one of the best up-to-date guides for mothers.

***Aileen Robertson, Ph.D.
Acting Regional Adviser
Nutrition Policy, Infant Feeding and
Food Security (NIF)***





















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-  **A final word**

How does breastfeeding work?

Both you and your baby have a part to play.

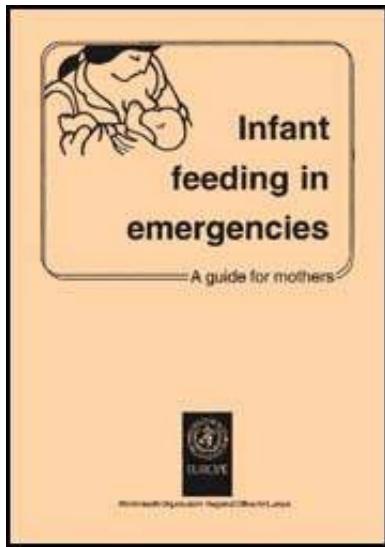
Every woman who gives birth produces colostrum and then breast-milk. As soon as a mother delivers her baby and the placenta (afterbirth), the milk-making process starts to work. This happens whether you are healthy or ill, overweight or underweight, have a normal or assisted birth or a Caesarean section. The only time this does not happen is if part of the placenta stays in the womb or if a mother suffers extremely severe bleeding during childbirth - both very rare events.













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What about women with small breasts or flat nipples?

Every woman's breasts are suitable for feeding. They can be large, small or flat. The areola (the darker area surrounding the nipple) can be large or small, dark or pale, protrude or not show at all. The nipples can be long, short or flat. Women with inverted nipples can breastfeed as long as they get help and encouragement. What matters in all cases is that the baby takes in a large mouthful of the breast, and not just the nipple. It is important that every woman feels confident that she can breastfeed her baby. Family, friends or health professionals can make or break that confidence.



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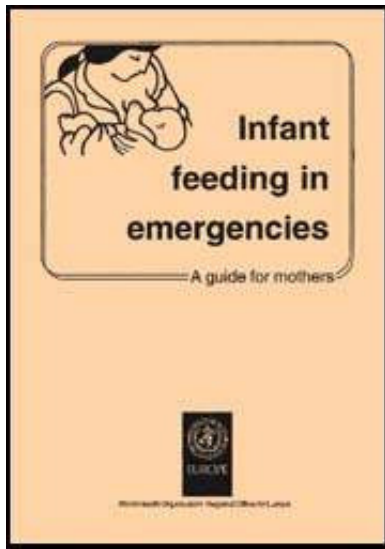
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 **Foreword**















 **Introduction**













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You said the baby has a part too. What can he do?

The baby has a major part to play. After the birth, a healthy baby has the strength and skill⁵ to crawl up his⁶ mother's stomach, find the breast and nuzzle and lick his mother's nipple. In his own time he will open his mouth and start suckling. If no one stops the baby and he stays close to his mother, the baby looks for the breast whenever he feels hungry and suckles. Skin-to-skin contact stimulates the hormones that make breastfeeding and digestion go well. If your baby is healthy he should not be separated from you (see The Ten Steps). You can rest together. Routine medical observations can be done while you are holding your baby (Figure 1).

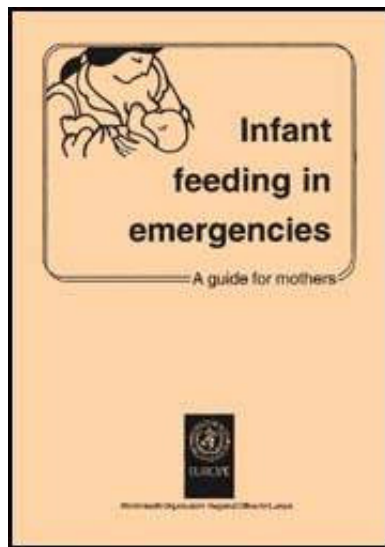
⁵ If drugs have been used late in labour they may make your baby less alert and he may take longer to be interested in the breast. Be patient. Your baby does not need other fluids; they will only delay his interest in the breast.
















⁶ He/she, his/her are used alternately from paragraph to paragraph, thus referring to a balance of male and female babies. The translator can do what is appropriate in her/his language.

































Figure 1






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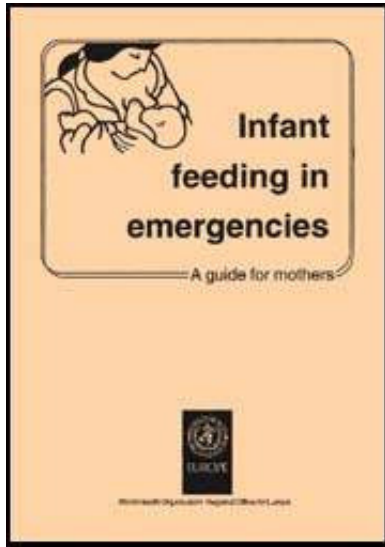
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-  **A final word**




















Why is the baby's suckling-action important?

The baby's suckling action stimulates the milk supply. The earlier and more frequently the baby goes to the breast, the more quickly breastfeeding is established. Sometimes mothers cannot control the procedures after childbirth. Even if you could not have your baby near you, with a little help and confidence, your baby can restimulate the milk even if you have stopped breastfeeding. Women have breastfed adopted babies simply by letting the baby suckle their breasts (see section "You said earlier that milk changes during a feed. Can you explain that?").



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 **A final word**

How does a baby stimulate the milk?

Signs of hunger start long before crying: a baby turns her head, opens her mouth wide, sticks her tongue out and salivates. When you stay close together, you learn to recognize these signs. You can then offer your breast before your baby cries. A baby learns to breastfeed better if she is not distressed before a feed.

Every baby is born with reflexes to enable him to breastfeed. You may have noticed a baby doing the following:

1. A baby instinctively turns his head from side to side to look for his mother's breast.

2. A mother offers her breast and holds her baby close. The touch of her nipple stimulates him to open his mouth wide and take in a 'good mouthful' of breast (Figure 2). He takes in much of the underpart of the areola (the darker area surrounding the nipple). He holds his tongue down so that it goes under the breast. His lower lip is turned outwards and his chin indents the breast. The tip of the nipple touches the roof of his mouth far back. This stimulates him to make the milking action or 'suckling'.⁷

7 The term 'suckling' in English is different from sucking, although in English and many other languages the word sucking is often used for feeding at the breast. It is important to differentiate as sucking is a different action from suckling. Suckling is the milking action at the breast (as described) whereas sucking is how we drink through a straw. A baby usually sucks on a bottle or dummy, but suckles at the breast. If the translator can use different words or phrases for the two actions this will help get the information across.



Figure 2

3. The suckling action is like a wave. The baby's tongue and lower jaw compress the darker area behind the nipple (the areola). The movements of the baby's tongue press the mouthful of breast against the roof of his mouth. This action presses out the milk. The baby's suckling stimulates nerves in the areola to send messages to the mother's brain which then releases two breastfeeding hormones which go through the bloodstream to the breast. The first hormone (called prolactin) stimulates the breast to make milk. The second hormone (called oxytocin) makes the milk flow (Figure 3).



Figure 3

The baby does not suckle continuously. At first he suckles quickly a few times to start the milk flowing. Then he changes to deep rhythmic suckling, sometimes pausing. Sometimes a mother mistakenly thinks her baby wants to stop feeding when he pauses and she takes the baby off. In fact the pauses mean the milk is flowing and feeding is going well. Always let the baby end the breastfeed in his own time. Of course in a special situation, a feed must be interrupted. Put your little finger in your baby's mouth and take him off gently so that he does not pull on your breast and hurt your nipple.

4. When the milk flows out of the breast, we call it the oxytocin or milk ejection reflex. Some women feel this as a tingling sensation in their breasts.

5. You can see now why nipple shape does not matter. What is important is that the baby gets 'a good mouthful' of breast and not just the nipple. This

enables the baby to stimulate the nerves which trigger the hormones and also to press out the milk which collects in little 'sinuses' under the areola. A baby should breastfeed, not just suck the nipple. If she is 'well-attached' she can make a good milking action (suckling).

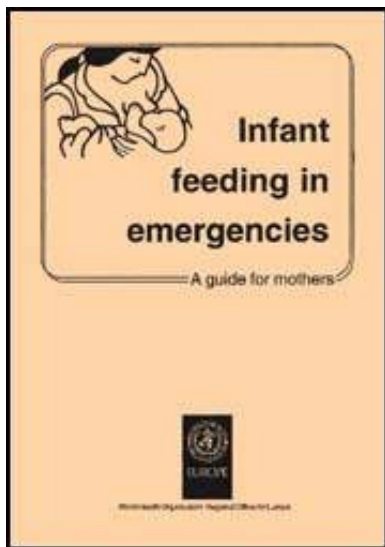
Three principles for happy breastfeeding

Make sure breastfeeding does not hurt you - *the good attachment principle.*

Let your baby suckle as often and as long as she wants - *the supply and demand principle.*

Know that you can make enough milk for your baby - *the confidence principle.*

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 **(introduction...)**

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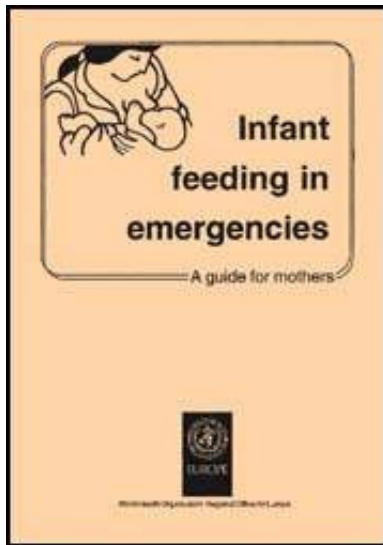
The first principle of breastfeeding: good attachment
















When we understand the first principle of 'good attachment', we can help breastfeeding start well and we can prevent most common difficulties so that it


















continues well.





















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-  **Infant Feeding in Emergencies: A Guide for Mothers (WHO, 1997, 48 p.)**
-  **(introduction...)**
-  **Foreword**
-  **Introduction**
-  **Why is breastfeeding so important?**
-  **Are commercially-made baby milks as good as breastfeeding?**
-  **Why are commercially-made baby milks not so good?**
-  **But can every woman breastfeed?**
-  **But why don't the experts tell us this if breastfeeding is so important?**
-  **Do babies also need tea and water?**
-  **When do babies need more than just breast-milk?**
-  **So a sick baby should go on breastfeeding?**
-  **Do breastfed babies get fewer diseases?**
-  **But my friend's baby got ill and he was breastfed**
-  **So breastfeeding is like a medicine?**

-  **People say that stress stops the milk, so during stressful times how can we breastfeed?**
-  **What about women who have lost a lot of weight? Can they produce milk?**
-  **Do we need special nutrition for breastfeeding?**
-  **But what about anaemic women? Does breastfeeding drain their strength?**
-  **Someone told me breastfeeding stopped you getting pregnant, but isn't that just a story?**
-  **How does breastfeeding work?**
-  **What about women with small breasts or flat nipples?**
-  **You said the baby has a part too. What can he do?**
-  **Why is the baby's suckling-action important?**
-  **How does a baby stimulate the milk?**
-  **The first principle of breastfeeding: good attachment**
-  **Why does good attachment not always come naturally to the baby?**
-  **Why does the baby not always get this right?**
-  **Sometimes it is hard to get a baby close because he is swaddled and his clothing gets in the way**
-  **Even if my baby attaches well, how can I be sure there will be enough milk?**
-  **You said earlier that milk changes during a feed. Can you explain that?**
- 

-  **But I thought you must feed from both breasts? You said earlier that confidence was important but not everyone has that. What can we do?**
-  **I know women with breastfeeding problems. Can they be helped?**
-  **My mother told me that you always get sore nipples and you just have to put up with them**
-  **What about special creams for sore nipples? How can we get them during an emergency?**
-  **With this baby-led feeding how can I be hygienic and wash my nipples?**
-  **So if I get my baby well-attached, I will never get sore nipples?**
-  **You say breastfeeding should not hurt, but what about the engorgement that every woman gets a few days after the birth?**
-  **You mentioned blocked ducts, mastitis and abscess. Are they common and how can we treat them?**
-  **All these problems make breastfeeding look too difficult**
-  **You said earlier that you can breastfeed even if you have stopped completely. How can this be done?**
-  **Food supplies can be precarious. How can we feed the babies over 6 months who need more than breast-milk alone?**
-  **What about premature or very small babies?**

-  **I can see the reason for expressing milk for sick or premature babies, but must all women learn to express?**
-  **How do I express milk?**
-  **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**
-  **Is it possible to feed a baby artificially without a bottle?**
-  **How do you cup-feed a baby?**
-  **A final word**

Why does good attachment not always come naturally to the baby?

Good positioning leads to good attachment

You now know how a baby feeds: the baby is stimulated by the touch of your nipple on his lip to open his mouth wide and take in a good mouthful of breast.

