



# Use of Milks and Breastmilk Substitutes in Emergency Situations Question and Answer Discussion

The risks associated with the use of milk products, breastmilk substitutes (BMS), and infant feeding equipment in emergency situations have long been documented as serious and life-threatening.

CARE is a signatory to the Interagency Operational Guidance on Infant and Young Child Feeding in Emergencies [attached] and upholds the SPHERE Project Humanitarian Charter and Minimum Standards, which call for adherence to the WHO International Code of Marketing of Breastmilk Substitutes and relevant World Health Assembly resolutions. The main points of these standards and resolutions are summarized in the following questions and answers.

## **Q1: How should the supply of BMS (including commercial infant formula and other milks) be controlled in emergency settings?**

A. The procurement, acceptance, distribution and use of breastmilk substitutes at emergency sites should be strictly controlled

- Large-scale donations should be systematically refused
- Any unsolicited donations should be collected and stored centrally under the guidance of the organization or group identified for coordination of infant feeding
- Only unbranded or generic infant formula should be obtained for infants identified as needing BMS according to agreed criteria (see Q2; also, see the Interagency Operational Guidance for further details)

## **Q2: How should staff handle the management, distribution and use of BMS?**

A: BMS and other milks should never be part of a general or blanket distribution; infant formula should only be distributed to targeted caregivers through a separate distribution channel linked to the assessment by a qualified health worker

- BMS, bottles and teats should never be **donated** to the health care system; agencies operating within the health care system may **purchase** BMS, ideally locally, for use within the health care system [see the International Code]
- For any infant targeted as requiring infant formula, supply must be continued for as long as the infant needs it (i.e., until breastfeeding is reestablished or the infant is at least 6 months old)
  - Assess the availability of fuel, water and equipment for preparation prior to distribution
  - Allow no distribution of feeding bottles and artificial teats
  - Allow no promotion or display of BMS at point of distribution

## **Q3: How do we determine which infants need BMS?**

A: A nutritionally adequate breastmilk substitute should be targeted only to an infant assessed by a qualified health worker as meeting the following criteria:

- An infant 0-6 months old

AND

- The mother is dead, severely ill/temporarily incapacitated or unavoidably absent for an extended period of time and no wet nurse or other source of breastmilk can be identified

OR

- The infant is solely dependent on artificial feeding at the start of the emergency

#### **Q4: What are appropriate BMS?**

A: Check with the local coordination body responsible for infant feeding or with HQ staff to determine that any breastmilk substitute being considered:

- Has been formulated in accordance with *Codex Alimentarius* standards [standards to ensure nutritional adequacy: dried skim milk and sweetened condensed milk, as well as some commercially-formulated infant formulas are NOT suitable for infant feeding]
- Is labeled in an appropriate language to provide necessary information about the appropriate use and storage of the product [For more information, see Article 9 from the International Code of Marketing of Breast-milk Substitutes]

#### **Q5: What about orphans and unaccompanied children?**

A: Establish services to provide for their immediate feeding and care

- In an institutional setting (e.g., orphanage, school), a qualified health professional must approve requests for milk products
- Milk products must be consumed on site, under supervision
- Feeding bottles and teats should not be used

#### **Q6: How should powdered milks (or any other milks different than infant formula) be handled?**

A: Other milks can only be distributed if they are not given as a single commodity but are mixed with a milled staple food

#### **Q7: What are the dangers of providing BMS in a general ration?**

A: BMS are difficult to prepare and use safely in situations where water quality and sanitation are poor.

- The risk of bacterial growth in milk products mixed with contaminated water, subsequent illness and possible death of infants is high.
- If a breastfeeding mother is encouraged to give BMS supplied through a general ration to her infant, this reduces infant suckling, resulting in decreased maternal milk production.
- Loss of his mother's breastmilk puts an infant at risk of food insecurity, malnutrition and death if the supply of breastmilk substitutes is disrupted.

#### **Q8: What should staff do to maintain and support the ongoing breastfeeding practices of the majority of the emergency-affected population?**

A: The great majority of women who have been breast-feeding prior to the emergency will be able to continue breastfeeding with appropriate support.

- Feed the lactating mother (both food and water) so that she continue to breastfeed her child
- For any mother who has stopped breastfeeding during the emergency, provide support to re-establish breastfeeding as soon as possible
- Identify sources of emotional and social support breastfeeding caregivers
- Any pregnant woman delivering post-emergency should be encouraged and supported to **exclusively** breastfeed to provide food security for her infant

For additional assistance, contact CARE'S Initiative for Infant and Young Child Feeding in Emergencies: Special Advisor to CARE'S Initiative: Mary Lung'aho [mlungaho@aol.com](mailto:mlungaho@aol.com); Program Associate: Whitney Pyles [wpyles@care.org](mailto:wpyles@care.org).