

## 2009 World Breastfeeding Week

# Background Information

## Breastfeeding: A Vital Emergency Response – Are You Ready?

Emergencies happen continually across the world, and no country or community is exempt. Some emergencies are unplanned and involve natural disasters such as earthquakes, hurricanes, tsunamis, tornadoes, rock slides, blizzards, and other cataclysmic events. Emergencies can be man-made catastrophes such as wars, acts of terror, and even wildfires. They can also include medical emergencies such as a pandemic flu, or individual family crises such as a house fire.

The 2009 World Breastfeeding Week theme, “Breastfeeding: A Vital Emergency Response – Are You Ready?” is a reminder of the importance of promoting, protecting, and supporting breastfeeding in an emergency, and the importance of adequate preparation. Though **when** an emergency situation will occur may not always be known, what we **do** know is that taking steps to protect and support breastfeeding through preventive actions can save lives.

## After an Emergency Occurs

An emergency is an extraordinary situation or event that puts the health and well-being of human beings at risk. Emergencies have happened throughout history, but in the last few years, increased attention has been given to the importance of preparation for these events and the follow-up needs of people affected by emergencies.

Confusion and panic follow any emergency. This atmosphere makes it difficult to communicate consistent messages to responders and the general public. While the disaster itself makes headlines, the true impact often lies in what happens in the days and weeks afterwards. In fact, more than 80% of the deaths and disease in an emergency actually occur after the initial traumatic event (WHO 2003).

For example, a major hurricane is often followed by tornadoes and flooding. After Hurricane Katrina on the U.S. Gulf Coast in August 2005, the resultant flood waters were found to contain elevated levels of contaminants, including lead and other toxicants, (Quinn 2008). Many disasters also bring about a dramatic rise in insect-borne illnesses (ex: West Nile Virus), contamination of water supplies leading to diarrhea and other disease, hypothermia or heat strokes among displaced persons due to extreme weather conditions, lack of food and sanitary eating utensils, post-traumatic stress and depression, mold in buildings and homes when flood waters recede, and spread of communicable diseases from overcrowded conditions in shelters and tents. These after-effects prolong the emergency, weeks and months after its initial occurrence.



## Infants and Children Are the Most Vulnerable in an Emergency

After an emergency, the disease and death rates among children younger than five are higher than for any other age group. The younger the child/infant, the higher the risk (WHO 2003; Burkholder 1995).

Diarrhea is a grave risk for infants in an emergency. 90% of deaths after an emergency occurs are due to diarrhea (Toole 1997).

Even in non-emergency situations, diarrheal disease is the leading infectious cause of death in young children, accounting for 22% of the 10 million annual worldwide deaths of children under 5 years (Black 2003).

Diarrhea is caused by bacteria, viruses, and parasites from contaminated water, feeding utensils, and overcrowded situations. Diarrhea causes loss of water and salts, which in turn results in organ shutdown and death within a few days. Artificial feeding using breastmilk substitutes and feeding tools can be difficult in emergency situations, and can increase the risk of diarrhea, malnutrition, disease, and infant death. Here's why:

## Sanitary Water Is Not Available

Clean water is required to mix up breastmilk substitutes and to clean feeding instruments. Yet in an emergency, water supplies are often contaminated with fecal material containing diarrheal-causing pathogens (Toole 1997). This contamination happens in different ways, depending on the type of emergency. Earthquakes can rupture sewage pipes resulting in the flow of sewage into water supplies. Storms, tsunamis and flooding similarly can wash human and animal fecal material into water supplies (PAHO 2002). When large numbers of people are homeless, sanitary services may be makeshift and inadequate, which creates an environment where water supplies are easily contaminated. Even ready-to-feed artificial milk is problematic because feeding utensils cannot be properly cleaned, and excess formula cannot always be adequately refrigerated. Using breastmilk substitutes also denies infants access to human antibodies that protect them from disease (Gribble).

***“While an emergency may be an unplanned event, what we CAN predict is that one will happen.***

***What is unknown is when, where, what type, and how big the emergency will be.”***

—Audrey Naylor, MD,  
Wellstart International



## Infant Formula Can Be Contaminated with Pathogens

Powdered formula is not a sterile product and may occasionally contain pathogens. According to experts at the World Health Organization, intrinsic contamination of powdered infant formula with *E. sakazakii* and *Salmonella* is a cause of infection and illness in infants, including severe disease which can lead to serious developmental sequelae and death. The risk of disease from *E. sakazakii* is greatest for infants under one year. The babies who are especially vulnerable are infants under 28 days old, pre-term infants, low-birth-weight infants, and compromised babies, including infants of HIV-positive mothers. (WHO 2002) According to the World Health Organization's 2007 recommendations in their "Guidelines for the Safe Preparation, Storage, and Handling of Powdered Infant Formula," boil water to 70 degrees Celsius before mixing with powdered formula to kill any bacteria resulting from intrinsic contamination. This means that in an emergency, fuel for boiling water is absolutely essential if using powdered formula.

## Infant Formula in an Emergency: A Recipe for Disaster?

In an emergency, generous benefactors often respond in overwhelming numbers by providing unsolicited donations of infant formula, including powdered formula that cannot be sterilized. When the crisis site has contaminated water, these well-meaning contributions do more harm than good, and **increase** infant mortality and morbidity. For example:

### Jakarta Indonesia Floods – May 2007

More than 400,000 people were left homeless after these massive floods, and 2/3 of the ill were suffering from diarrhea. An epidemic of mosquito-borne diseases and bacterial disease caused by rat urine contamination made this disaster a special health crisis. Free breastmilk substitutes had disastrous results (Firdaus 2007).

### Iraq War – 2006-2007

More than one million babies were born during 2006-07, and 40,000 of those births were to displaced families living in refugee camps. Diarrhea, the number one killer of infants and young children in Iraq, was doubled for people living in these displaced areas. Donations of infant formula resulted in a drop in Iraq's exclusive breastfeeding rate for babies six months to only 25% (UNICEF UK).

## Botswana Floods – November 2005-February 2006

Among the 500+ deaths in the massive flooding in Botswana, 96% were to children under the age of 2. Formula-fed babies were 50 times more likely to be hospitalized, and 7 times more likely to die once hospitalized. In one village alone, 30% of the formula-fed babies died. None of the breastfed babies perished. The instance of diarrheal diseases increased from 9,166 before the disaster to 22,500 afterwards, and the death rate rose from 21 to 470 just due to diarrhea. Hundreds of formula-fed babies died compared with only a handful of breastfed babies.

## Java Indian Ocean Earthquake – May 2006

Following this disaster which took the lives of more than 6,000 and left 150,000 homeless, 75% of infants under age 6 months were given infant formula, and half of them were provided with powdered formula. Breastfeeding rates plummeted, while diarrhea, dehydration, and death rates skyrocketed.

## Indian Ocean Tsunami – December 2004

Following this well-publicized disaster, 72% of families received free breastmilk substitutes, even though they did not meet the qualifications for it. The formula feeding rate increased from 27% before the tsunami to 80% after the disaster. The occurrence of diarrhea was three times higher among formula-fed infants. 73% of infants with diarrhea had been fed from the free breastmilk substitutes provided (Adhisivam 2006).

## Armenia Earthquake – 1988

After this major disaster, widespread distribution of breastmilk substitutes by well-meaning aid agencies resulted in a drastic drop in breastfeeding rates. More than a decade later, health authorities recognize that the repercussions of this aid are still being felt with low breastfeeding rates. ("IFE Core Group: Protecting Babies in Emergencies: The Role of the Public," 2007).



## Breastfeeding Makes the Difference

In an emergency situation, breastfeeding saves lives! Breastfeeding is always sterile and requires no water, feeding utensils or fuel. Antibodies in human milk prevent bacteria and pathogens from attaching to an infant's intestines, significantly lowering rates of diarrhea and other infectious disease. When babies are breastfeeding, their food source is always available and ready whenever they are ready to eat. Breastfeeding also helps keep infants warm, and lowers stress levels to calm traumatized infants. Breastfeeding also helps reduce a mother's stress levels (Feldman 2006), allowing her to focus on her baby and safety priorities as she begins to cope with the challenges ahead.

## Myths About Breastfeeding in an Emergency

In the midst of crises, common myths abound among relief workers, healthcare professionals and the general public. Often these misconceptions result in lack of support for breastfeeding mothers, or policies and practices that actually undermine the mother's ability to continue breastfeeding.

Some of these misconceptions noted by the Infant Feeding in Emergencies (IFE) Core Group, coordinated by the Emergency Nutrition Network ([www.enonline.net](http://www.enonline.net)), include:

### Myth: "Breastfeeding Is Not Important in an Emergency"

A survey report from the Tsunami disaster areas of Tamil Nadu, where Nestle formula was routinely distributed by non-governmental organizations (NGOs), found that 64% of NGOs, 76% of social workers, 32% paramedical staff, and 87% of victims were unaware of the importance of breastfeeding in emergency situations (BPNI 2005)

### Myth: "Stressed Women Cannot Breastfeed"

There is widespread confusion about the impact of stress on milk production. Many believe that stress or trauma will cause a woman's milk to "dry up." In reality, stress does not end the milk production process, though it can inhibit milk flow due to delayed milk ejection reflex. Breastfeeding actually helps **reduce** tension and stress, calm the baby, and create a loving bond that helps milk to flow well. Skin-to-skin contact with their infants has also been found to minimize stress cortisol levels in women (Feldman 2006) which can, in turn, help women relax and allow milk to flow. This reduction in tension and stress on the part of the mother helps her cope with the difficult situations ahead.



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### Myth: "Malnourished Mothers Cannot Breastfeed"

Other than in severe cases, malnourished mothers CAN breastfeed. Moderate malnutrition has little or no effect on milk production. The mother will continue to produce milk from her own body stores. The rule of thumb to follow: **Feed the mother so she can feed her baby.**

### Myth: "Infant Formula Is Safe and Only Risky in Developing Countries"

In an emergency, everything changes, even in developed countries. Breastfeeding helps protect babies from the fall-out during and after the emergency, in all parts of the globe.

### Myth: "Breastfeeding Is Common, So Special Support Is Unnecessary"

Exclusive breastfeeding from birth is not the norm in most countries. In an emergency where chaos and confusion abound, mothers need support for breastfeeding and maintaining milk production. Helping them access peer counselors and lactation experts can help mothers feel confident, and continuing to breastfeed.

### Myth: "Once Stopped, Breastfeeding Cannot Be Started Again"

Many are unaware that even if a mother has discontinued breastfeeding, she can restart again, especially if she stopped breastfeeding because the use of breastmilk substitutes reduced her milk production. Production can rebound using techniques for relactation. (See page 5.)

### Myth: "A Mother Should Stop Breastfeeding if Her Baby Has Diarrhea"

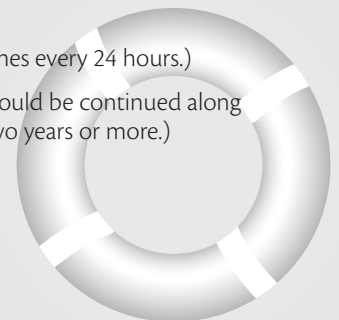
Some believe that if babies develop diarrhea they should cease breastfeeding and receive electrolyte solutions, tea, or water. None of those fluids feed a baby; breastmilk does. Breastmilk already contains water, as well as the important minerals and vitamins to prevent dehydration, and proteins to help strengthen the immune system of the baby. (IFE and collaborators, 2007)

## Vital Messages About Breastfeeding in an Emergency

Simple, consistent messages about breastfeeding are essential in an emergency, and should be repeated in all outreach materials to mothers, aid agencies, healthcare providers, the media, and the general public.

### Vital messages are:

- The safest food for babies in an emergency is mother's milk. (It is life-saving nutrition and protection from disease and infection.)
- Nearly every woman, even malnourished mothers, CAN breastfeed her baby.
- Feed the baby OFTEN and monitor baby's output. (Mothers should put their babies to breast 8-12 times every 24 hours.)
- Babies need nothing but mother's milk for the first 6 months of life. (After 6 months, mother's milk should be continued along with complementary foods. Mother and baby should breastfeed as long as they want to, preferably two years or more.)
- Stress does not have an impact on milk production. Help mothers to relax in a supportive environment to help her milk flow freely.
- Even if a mother has discontinued breastfeeding, she can re-establish lactation.
- Support makes the difference!





## Breastfeeding Support in Action – Indonesia Peer Counseling Initiative

Following the tsunami disaster in Indonesia, a peer support program was implemented to encourage women to continue breastfeeding exclusively. UNICEF Indonesia trained 180 “Traditional Birth Attendants” as peer helpers providing information and support.

As a result of the program, 65% of the women followed by the peer helper continued to breastfeed exclusively. This is in sharp contrast to the high numbers of mothers (up to 80%) who switched to formula in other parts of Indonesia as a result of infant formula contributions.



W Timor, Feb-Mar 2006

## Preparing for an Influenza Pandemic

The U.S. Centers for Disease Control encourages healthcare professionals to develop plans for dealing with other emergencies, including the potential for an influenza pandemic. Lactation consultants should seek to be part of ongoing preparations being made by hospitals and maternal-child providers since pregnant women and children under age 5 are among at-risk populations (CDC).

Influenza is a serious disease of the nose, throat and lungs which can make a person sick for a week or longer with coughing, fever, aching, and more, and possible pneumonia complications. There are three kinds of influenza outbreaks:

1. Seasonal or common “flu” which can be transmitted from person-to-person. Most people have some immunity, and a vaccine is available. Pregnant women typically avoid vaccination, even though the CDC states that the inactivated vaccine is safe. Without the vaccine, a pregnant mother who gets the flu can experience serious pregnancy and birth complications, including premature delivery and fetal birth defects. Breastfeeding mothers can also safely take the influenza vaccine (CDC).
2. Avian, or “bird” flu, is caused by influenza viruses that occur naturally among wild birds. There is virtually no human immunity and human vaccine availability is limited.
3. Pandemic flu is virulent human flu that causes global outbreak (a pandemic), or serious illness and death. Influenza pandemics are unpredictable, but tend to occur at 20-40 year intervals. In the 20th century there were three pandemics in 1918, 1957 and 1968. Because of the natural evolution of influenza viruses, it is predicted that the world is “due” for another pandemic (Beigi 2007). Emergency plans in the event of an influenza pandemic should include strategies for communicating with pregnant and breastfeeding mothers, and efforts to support mothers with breastfeeding.

## Operational Guidance on Infant and Young Child Feeding

The IFE Core Group\* has developed the *Operational Guidance on Infant and Young Child Feeding in Emergencies* (Version 2.1, February 2007) to provide concise, practical guidance on appropriate infant and young child feeding in emergencies. The guidance is designed for emergency relief staff and program managers, and is available as a free download on the website of the Emergency Nutrition Network at [www.enonline.net](http://www.enonline.net). It includes key policy guidance on infant and young child feeding for emergency preparedness and response, reflecting the World Health Organization Guiding Principles for feeding infants and young children during emergencies. The guidance has also integrated and built upon the International Code of Marketing of Breast-Milk Substitutes to respond to the particular challenges that emergencies pose to Code compliance.

The Operational Guidance has been translated into many languages, all available on the ENN website, and is supported by numerous international organizations and agencies, including ILCA.

*\*The IFE Core Group is an inter-agency collaboration concerned with the development of training materials and related policy guidance on infant and young child feeding in emergencies. Members include WHO, UNICEF, UNCHR, WFP, IBFAN-GIFA, CARE USA, Save the Children, Save the Children UK Action Contre la Faim International Network, Emergency Nutrition Network (ENN), Fondation Terre des hommes. ENN serves as the coordinating agency.*

## Protecting and Supporting Breastfeeding in an Emergency



N Dent/Valid Int, South Sudan, 2003

### Feed the Mother

Encourage relief organizations and potential contributors to provide safe food and drink for the mother while she continues to breastfeed her baby. When mothers are well nourished they can more easily cope with their trauma. By breastfeeding they can be assured they are giving their babies the best in both comfort and protection from infection and disease. Breastfeeding also helps build empowerment in mothers by helping them feel they can

control the most important thing—the safety and well-being of their child—even when other circumstances are outside their control.

### Encourage Pregnant Mothers to Breastfeed

Healthcare professionals should enthusiastically encourage pregnant women who deliver during or after an emergency to breastfeed their babies—even if the mothers had not originally planned to do so. This will give the baby vital, life-protecting nutrition and disease protection. This is a general public-health message that every health care provider should give to every pregnant woman, even when there is no recent emergency. Times of crisis make breastfeeding—the optimal nutrition and disease protection for all babies, everywhere—even more important.

# Breastfeeding Support in Action: Physicians Consult Teams in Georgia

After the 2008 Russian invasion into Georgia, quick action on the part of physicians in targeted communities helped prevent potential disaster.

A policy statement with instructions for appropriate preparation of artificial baby milks (ABM) was created, along with protocols and criteria for appropriate distribution.

Mobile teams composed of pediatricians trained in breastfeeding were created, and following an orientation meeting for all team members, they were dispatched to 10 key sites. The role of the teams was to

support breastfeeding, monitor ABM distribution at the targeted sites, consult with mothers on appropriate complementary feeding techniques, and consult with non-breastfeeding mothers on safe preparation of ABM. A toll-free hotline was also established for mothers who had questions or needed help.

Results showed that the rates of exclusive breastfeeding increased as a result of the intervention, which was put in place by IBFAN Georgia-Claritas, in collaboration with UNICEF Georgia.



## Assist Mothers to Relactate, if Possible

If mothers have discontinued breastfeeding, they can resume breastfeeding again through a process of re-establishing breastfeeding, or relactation. Not all women choose to relactate, particularly if their original barriers to breastfeeding remain. And re-lactation is not easy under difficult circumstances. However, in a crisis, it could be a life-saving decision for infants and should be described to mothers as part of any evidence-based guidance and support. Younger infants and those who only recently weaned may more easily accept a return to breastfeeding. Some general guidelines for relactation include:

1. Explore the mother's motivation to relactate by sharing the dangers of formula feeding and the importance of human milk after an emergency.
2. Encourage the mother to keep her baby with her as much as possible, and to have as much skin-to-skin contact as possible.
3. Advise the mother to encourage the baby to suckle as much as possible, whenever the baby appears interested, every 1-2 hours or at least 8-12 times within a 24-hour period. Offer both breasts, and include feedings at night when prolactin levels are highest.
4. If additional human milk or breastmilk substitutes are needed while waiting for milk production to increase, they can be offered either at the breast using a lactation aid, or by cup.
5. Reduce the amount of supplemental milk once relactation begins.

("Supporting Families to optimally feed infants and young children in emergencies: an important guide for health and relief workers," UNICEF EAPRO 2006)

## Explore Other Ways to Provide Human Milk

If an infant is orphaned, one option is cross-nursing (sometimes called wet nursing) from an already-lactating mother, in areas where this practice will be accepted. Following the 2008 earthquake in China, a lactating police officer received widespread media publicity when she breastfed several orphaned infants and was lauded as a hero for saving their lives. Another option is to have lactating women express their milk, so it can be offered by cup to other babies. Human milk from a human milk bank may also be an option. Contact the Human Milk Banking Association of North America for more details at [www.hmbana.org](http://www.hmbana.org).

## Provide Safe Space

Relief agencies in shelters can provide private areas for mothers to feed their babies or to express milk, if needed. Private areas can be created in an extra room, through portable partitions enclosing a quiet area, or through sheets draped over a clothesline or rope. Providing mothers with slings or wraps allows them to keep babies close, so have easy and discreet access to the breast.

## Provide Lactation Consultation

International Board Certified Lactation Consultants (IBCLCs) can set up lactation clinics in health units, shelters, or other areas where people gather, if needed. Widely publicize services through informational fliers and word-of-mouth to healthcare professionals and mothers.

## Help Mothers Access Support

Help mothers access healthcare providers who can assist with medical issues related to breastfeeding. Help them connect with other mothers, who will be a source of mother-to-mother support. Trained breastfeeding peer counselors have been used effectively in many emergency situations to help mothers feel reassured in the midst of their fears.

## If Formula Is Needed, Exercise Safe Precautions

Infant formula should be used only when mothers have weaned and relactation is not possible, when cross-nursing or expressed milk is not available or acceptable, and when artificial feeding can truly be provided safely. Breastmilk substitutes, bottles, and teats should never be given as part of routine distribution in an emergency.

The Operational Guidance on Infant and Young Child Feeding in Emergencies suggests additional steps to minimize the risk of artificial feeding in an emergency, including giving it only to babies who truly need it and under strict conditions following the International Code of Marketing of Breast-milk Substitutes. This includes:

1. Do not solicit or accept donations from formula companies or the general public.
2. Use formula only when breastfeeding is not possible (example: orphaned infant or baby who has already been weaned and relactation is not possible).
3. Provide formula only when linked to appropriate education about safe preparation, and when there is clean water and fuel to boil water.
4. Avoid bottles and teats (nipples) that are difficult to clean and prone to bacterial contamination. Feeding cups can be used, even for young babies.
5. If it must be given, it should be available not just during the immediate period of the emergency, but for as long as the baby needs it, or for a maximum of one year or until breastfeeding can be re-established.
6. Include labeling instructions in the local language. Use non-branded formula (so that a particular brand is not promoted).
7. Closely monitor the infants.

## Are YOU Ready?

Being ready for an emergency involves more than just packing a box of basic supplies (which, in fact, should not include infant formula and bottle feeding paraphernalia). Being ready also means making sure that healthcare professionals in your area are aware of the importance of breastfeeding and how to support it in an emergency. It means being a part of disaster response plans in your community and educating volunteers and staff from relief agencies about the importance of breastfeeding. It means informing mothers you see prenatally and after delivery. It means having seasonal media messages ready at targeted times.



public health conferences and training events. Training modules for relief organizations and healthcare providers, along with a sample outreach letter developed by the IFE Core Group, are available at [www.enonline.net](http://www.enonline.net).

## Get Involved

Sign up for the ENN's international roster for emergency assistance in the event of a disaster.

## In the Event of an Emergency:

### Volunteer

Provide basic volunteer services at local shelters, faith-based organizations, and other areas. Be willing to provide whatever support services are needed, including assisting with food distribution and other support services.

### Offer Lactation Services

Set up an independent lactation clinic within a shelter or as part of medical services to provide direct breastfeeding assistance to new families. Services can include assistance with milk production concerns, relactation, assistance in coaxing traumatized infants back to the breast, and other breastfeeding services. Print fliers about your services and distribute them widely to the community.

### Contact the Media

Provide your press releases to local media and remind them that general donations of infant formula can actually do more harm than good. Inform the general public about appropriate donations for infants in an emergency (including diapers, disposable toddler pants, and ready-to-eat complementary foods appropriate to the community), as well as food and drinks for mothers. [See ILCA's WBW Media Guide, as well as the Guide for the Media on Infant Feeding in Emergencies developed by the IFE Core Group and available on the ENN website.]

## To Prepare for an Emergency:

### Learn All You Can

Visit the website of the Emergency Nutrition Network at [www.enonline.net](http://www.enonline.net) to learn about the materials developed by the IFE Core Group, and to read more about IFE in the ENN Resource Library and "Field Exchange" publication." Attend emergency preparedness courses offered in your community, or participate in online training modules on disaster response (ex: U.S. Federal Emergency Management Agency [FEMA] courses available at [www.fema.gov](http://www.fema.gov) and an online course on infant feeding in emergencies developed by the IFE Core Group that will be available online in July 2009). Read policy documents from aid agencies to explore policies that affect breastfeeding mothers. Contact UNICEF, WHO, and the Emergency Nutrition Network to learn more about the needs of families following an emergency, and strategies for supporting breastfeeding.

### Develop a Plan

Prepare a seasonal plan for community outreach with relief organizations, healthcare professionals, and the local media. Prepare a resource list of IBCLCs who are available to provide assistance in an emergency. Develop resource information for parents and healthcare providers that can be easily copied and distributed in an emergency. Include information in prenatal classes.

### Make Contacts with Aid Agencies

Contact local aid agencies in your community to explore policies affecting mothers and infants, including policies for handling unsolicited donations of infant formula. Encourage them to develop a policy on infant feeding in emergencies, including the importance of protecting and supporting breastfeeding and minimizing the risks of artificial feeding. Advocate that all agencies orient their staff on the Operational Guidance on Infant and Young Child Feeding in Emergencies and that it be included in all emergency kits.

### Offer Training for Aid Agency Staff

Offer training for staff and volunteers in how to appropriately support mothers and infants with breastfeeding during an emergency. This can include basic breastfeeding technique and management skills. Ask that your name be included as a community resource should an emergency arise. Make contacts with healthcare providers, as well, and offer training as part of hospital in-services and

## The Role of the International Board Certified Lactation Consultant

International Board Certified Lactation Consultants (IBCLCs) are in a pivotal position to educate colleagues, health professionals, and community organizations about the importance of supporting mothers in a variety of settings and situations they encounter, including emergencies. IBCLCs can provide information on the importance of following evidence-based practices, and are in a prime position to offer tailored support to new mothers who face challenges with breastfeeding in an emergency. IBCLCs can also assist organizations with removing barriers that make it difficult for women to breastfeed in a crisis situation, and can recommend practices and provide technical assistance to families.

## How ILCA Helps

ILCA is the professional association for IBCLCs and others who work with new families, with nearly 5,000 members worldwide. ILCA provides a variety of resources and educational opportunities that can assist healthcare professionals who work with new families in an emergency. Check out the website at [www.ilca.org](http://www.ilca.org) to learn more about:

- Position paper on "Infant Feeding in Emergencies," and other position papers available as free downloads





- “Find a Lactation Consultant Directory” which lists IBCLCs in every country who are available to assist mothers with breastfeeding questions and concerns
- “Speaker Directory” and “Course Directory” with IBCLCs who are available to present lactation training conference presentations, workshops and courses
- ILCA’s Annual International Conference which brings together health professionals worldwide to learn cutting-edge research and practice in the field of lactation
- Worldwide Education Calendar with listings of breastfeeding conferences and seminars worldwide
- Liaisons who advocate for breastfeeding concerns with major global organizations
- Resources for health professionals at the ILCA Bookstore
- Online study modules
- *Journal of Human Lactation*, the premier lactation journal worldwide

## Resources

### Academy of Breastfeeding Medicine

“Support for Breastfeeding is Crucial in Infant Health in the Aftermath of Natural Disasters” (2006) Academy of Breastfeeding Medicine. [www.bfmed.org](http://www.bfmed.org)

### American Academy of Pediatrics

Triage tool and poster for clinicians supporting breastfeeding families. [www.aap.org](http://www.aap.org)

### U.S. Centers for Disease Control and Prevention

[www.bt.cdc.gov/disasters/foodwater.asp](http://www.bt.cdc.gov/disasters/foodwater.asp)

### IFE Core Group/Emergency Nutrition Network

The Emergency Nutrition Network (ENN) based in Oxford, UK, was begun in 1996 by various humanitarian agencies to focus on food and nutrition issues following an emergency. The ENN includes a network of more than 200 agencies worldwide, and publishes the news magazine, “Field Exchange,” with up-to-date information on current emergency response needs. The IFE Core Group, coordinated by ENN, developed the *Operational Guidance for Infant and Young Child Feeding in Emergencies* for emergency relief staff and program managers to guide health and relief workers with standard evidence-based practice that protects and supports breastfeeding and infant feeding in an emergency.

The IFE Core Group has also developed two major training modules on infant feeding in emergencies. Module 1 (November 2001) focuses on raising awareness of the importance of breastfeeding support with emergency relief staff. Module 2 provides technical breastfeeding management in an emergency situation and is designed for health and nutrition workers (version 1.1, December 2007). Module 1 is currently under revision and an online training course based on the updated Module 1 will be available in July 2009 as a free download on the ENN website. [www.ennonline.net](http://www.ennonline.net)



### Federal Emergency Management Association (FEMA)

Training modules in emergency management. [www.fema.gov](http://www.fema.gov)

### ILCA

“Infant Feeding in Emergencies” position paper. [www.ilca.org](http://www.ilca.org)

### La Leche League

[www.lalecheleague.org/emergency.html](http://www.lalecheleague.org/emergency.html)

### UNHCR

“Policy in the acceptance, distribution, and use of milk products in refugee settings” (2006) and “Guidance on Infant feeding and HIV in the context of refugees and displaced populations” (2008).

[www.unhcr.org](http://www.unhcr.org)

### UNICEF

[www.unicef.org/nutrition/index\\_emergencies.html](http://www.unicef.org/nutrition/index_emergencies.html)

### United States Breastfeeding Committee

[www.usbreastfeeding.org](http://www.usbreastfeeding.org)

### Wellstart International

[www.wellstart.org/infant\\_feeding\\_emergency.pdf](http://www.wellstart.org/infant_feeding_emergency.pdf)

### World Health Organization

Guiding Principles for feeding infants and young children in emergencies. <http://whqlibdoc.who.int/hq/2004/9241546069.pdf>

## Materials for Mothers

“When Disasters Happen: Breastfeeding During Emergencies” (Pamela K. Wiggins) – available from LA Publishing, LLC. (2006)

“Infant Feeding During Emergencies: A Guide for Mothers” (World Health Organization) (1997)

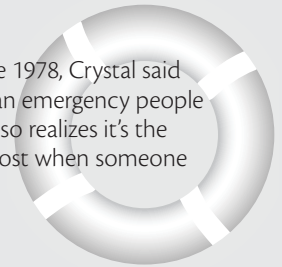
“La Leche League Answers Questions about Breastfeeding in Emergencies” (2006)

## Breastfeeding Support in Action: Professional Book Recovery Project

Following the 2005 Hurricane Katrina disaster, Oklahoma City IBCLC Crystal Stearns was saddened to realize that lactation consultants and La Leche League leaders in affected areas had lost everything, including their lactation reference books and resources used to help mothers.

When she posted her concerns on LACTNET, an international listserv for lactation educators, the response was overwhelming. Individuals across the world were ready to donate resources, teaching materials and funds—and the Book Recovery Project took off. Thanks to the generosity of Hale Publishing Company and Bright Futures Lactation Resource Center, donors were able to purchase gift certificates that could then be redeemed at a discount for needed books. The project helped about 15 lactation consultants and La Leche League leaders restock their professional libraries.

A Red Cross emergency nurse since 1978, Crystal said that although she is aware that in an emergency people need shelter, food and water, she also realizes it’s the “little things” that can mean the most when someone has lost everything.



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