

# Protecting infants in emergencies: Information for the Media



Kent Page, UNICEF, DRC, 2003.

“ Although Sri Lanka is a country with a high exclusive breastfeeding rate, there was a myth among mothers about the inability to produce enough breastmilk when under stress. A major problem was the distribution of infant formula and feeding bottles by donors and non-governmental organisations (NGOs), without the appropriate controls, to breastfeeding mothers. Donors acted emotionally without any scientific basis, disregarding the dangers of artificial feeding in disasters. Additionally the mass media was very keen on feeding babies so made a public appeal to supply artificial milk and feeding bottles. The Ministry of Health faced many challenges to ensure that breastfeeding mothers continued to do so and did not swap to unsustainable and potentially dangerous infant formula. ”

**Statement from the Sri Lankan Ministry of Health after the 2004 Indian Ocean Tsunami**

Natural and man-made disasters – earthquakes, floods, droughts and wars – regularly put lives at risk. And babies caught in the ensuing chaos are vulnerable to malnutrition and death. Journalists have an important role in helping to protect infants in emergencies by not supporting appeals for donations of infant formula and by reminding audiences that breastmilk is a reliable and sterile food that helps to prevent illness, while artificial feeding may further add to the health risks.

## Why are infants vulnerable?

Babies have specific nutritional needs and are born with an undeveloped immune system. For infants who are breastfed, breastmilk provides both food and immune support, which protects them from the worst of emergency conditions. However, the situation is very different for babies who are not breastfed. In an emergency, food supplies are disrupted, there may be no clean water with which to make up infant formula or to clean feeding implements and the health care system is stretched past breaking point. This means that babies who are not breastfed are vulnerable to infection and to developing diarrhoea. Babies with diarrhoea easily become malnourished and dehydrated and so are at real risk of death.

Whenever there is an emergency, it is extremely important that babies who are already being breastfed continue to be and that babies who are not breastfed re-start breastfeeding or, if this is not possible, are given infant formula in the safest possible way.

## What about young children?

It is not only babies that are vulnerable. Under five year olds, and especially children under 2 years, are at risk of increased illness and death in emergencies. Breastfeeding still protects these children and the World Health Organisation (WHO) recommends that breastfeeding be continued until at least 2 years of age. Young children also need enough nourishing food that is safely prepared – this too can be a real challenge in an emergency.

## What is the problem?

Past experience has shown that when there is an emergency, massive amounts of infant formula and powdered milk are commonly donated. Some donations are a direct result of media appeals for infant formula. These may originate with aid agencies, governments or from individual efforts to help. Media coverage may generate public pressure on governments to bring in formula. In the confusion that surrounds emergencies, these products are often distributed in an uncontrolled way and used by mothers who would otherwise breastfeed their babies. This results in unnecessary illness and death for many infants. For instance, a UNICEF audit after the 2006 Yogyakarta earthquake in Indonesia found that although breastfeeding rates were initially very high, 70% of children under six months had been given donated infant formula. In another example, a Centre for Disease Classification (CDC) investigation of the post-flood deaths of more than 500 children in Botswana in 2005-06, found that nearly all of the babies who died were formula fed. Here the risk of hospitalisation for babies who were not breastfed was 50 times greater than that of breastfed infants. It is also extremely common for powdered milk to be distributed as a part of general rations. However, this is also problematic since experience has shown that about half of such milk will be given to babies.



O.Banpong, 2001

Thailand



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Bangladesh



A MacLaine/SCUK, Lebanon 2006

Lebanon



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Venezuela

## How can journalists help?

The media has an important role to play in protecting babies in emergency situations by disseminating information that will protect breastfeeding and promote the appropriate use of infant formula and powdered milk. Members of the media can assist by including the following messages in their stories:



- Supporting mothers to continue breastfeeding is the surest way of protecting infants in emergencies.
- Breastfeeding is not fragile and women who are physically and emotionally stressed are able to make enough milk for their babies.
- The indiscriminate use of infant formula in an emergency is extremely dangerous to babies, causing illness and death.
- Emergency workers do not need large amounts of infant formula when there is an emergency and any that they do need should be procured locally. There is no need for donations of infant formula, powdered milk or baby bottles to be sent to the site of an emergency.
- Members of the public who donate funds to aid agencies should be encouraged to ask the recipients of their donations if and how they are distributing infant formula or powdered milk and encourage them to act appropriately.
- Members of the public who become aware of aid agencies distributing infant formula or powdered milk inappropriately should report these activities to the relevant authorities (see key contacts).

**Sometimes representatives of aid or government agencies will seek to place an appeal for donations of infant formula via the media. This is never appropriate. Such representatives should be directed to UNICEF for clarification on how to appropriately source and supply infant formula.**

## How can babies and young children be protected in emergencies?

There are accepted guidelines for the management of infant feeding in emergencies.



1. Mothers who are breastfeeding their babies are to be given support and practical assistance to continue, they should never be indiscriminately given infant formula or powdered milk. Experience has found that peer support programmes can help mothers to care for their babies and keep breastfeeding.
2. Mothers who have stopped breastfeeding completely, i.e. weaned their babies, should be encouraged to restart breastfeeding (relactate) and the option of wet nursing (where another woman breastfeeds the baby) should be explored for babies without mothers.
3. If there are infants who cannot be breastfed they should be provided with infant formula and the associated necessary resources to prepare it, under close supervision. Carers should be provided with education and support and the health of the baby monitored. Baby bottles should never be used because of the risk of contamination due to the difficulty of effectively cleaning them – even young babies can be fed via cup or spoon.
4. If powdered milk is to be provided it should be mixed with the local staple cereal prior to distribution so that it cannot be used as a breastmilk substitute.
5. Efforts to protect and support breastfeeding and ensure safe artificial feeding should extend to all young children.
6. Emergencies may be used by infant formula manufacturers as a way to enter new markets and increase sales. Unethical marketing of infant formula is a problem worldwide and an international code has been developed to protect mothers and babies from such unethical marketing.



## Conclusion

The messages that the media present about the needs of infants in emergencies can have a far-reaching impact on the babies who are unfortunate enough to be affected by an emergency. Members of the public, NGOs and donor agencies want to assist babies and giving them good information about infant and young child feeding in emergencies will help to prevent harmful practices and help to protect the most vulnerable from malnutrition and death.

## Key Contacts

Get information and resources on infant and young child feeding in emergencies from

**Emergency Nutrition Network (ENN),  
32 Leopold Street, Oxford, OX4 1TW, UK.**

**tel (UK): +44 (0)19865 324996**

**email: ife@ennonline.net web: www.ennonline.net**

Address field concerns on IFE to UNICEF,

**email: pdpimas@unicef.org**

Report violations of the International Code of Marketing of Breastmilk Substitutes, to WHO,

**email: cah@who.int or nutrition@who.int**

and the International Baby Food Action Network (IBFAN),

**email: ibfanpg@tm.net.my**

and UNICEF, **email: pdpimas@unicef.org**

For similar issues in refugee settings, email Public Health &

Nutrition, **email: HQPHN@UNHCR.org** and **abdallaf@unhcr.org**

## Key References

*Operational Guidance for Emergency Relief Staff and Programme Managers on Infant and Young Child Feeding in Emergencies.* Developed by the IFE Core Group. Version 2.1, February 2007.

Available at: **www.ennonline.net**  
and from the ENN

*The International Code of Marketing of Breast-milk Substitutes. WHO, 1981 and subsequent relevant World Health Assembly (WHA) Resolutions.*

Available at:

**www.ibfan.org/English/resource/who/fullcode.html**  
**www.who.int/nut/documents/code\_english**

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