Appendix II:
Breastfeeding in emergency situations

Guiding principles for feeding infants and young children during emergencies

All infants born into populations affected by emergencies should be fed only breast milk from birth to 4-6 months of age.

Every effort should be made to create and sustain an atmosphere which encourages frequent breastfeeding, for all children under 2 years of age.

- In areas of high HIV prevalence, breastfeeding should be promoted, supported and protected among mothers who are HIV-negative or of unknown HIV status. Women who are HIV-positive or of unknown HIV status should be counselled on different feeding options and supported in their choice.
- The joint WHO, UNICEF and UNAIDS policy guidelines regarding HIV and Infant Feeding offer several different feeding options for consideration by HIV-positive mothers which may or may not prove viable in populations affected by emergencies:
  - replacement feeding with commercial formula or home prepared formula;
  - breastfeeding exclusively and stopping early;
  - use of heat treated expressed breast-milk;
  - wet nursing.
- If possible, a way should be found to breastfeed infants whose mothers are absent or incapacitated.

The quantity, distribution and use of breast-milk substitutes at emergency sites should be strictly controlled.

- Breast-milk substitutes should be fed by cup and spoon.
- Breast-milk substitutes should be available only for infants who do not have access to breast milk and for infants of mothers who are HIV positive and choose not to breastfeed.
- Those using breast-milk substitutes should be adequately informed and equipped to ensure safe and appropriate preparation and feeding.
- The use of infant-feeding bottles and artificial teats should be actively discouraged.

To sustain growth and good health, older infants and young children need foods that are both easy to eat and digest and nutritionally complement breast milk.

Caregivers need uninterrupted access to ingredients to prepare and feed nutrient-dense foods to older infants and young children.

- Adequate feeding of infants and young children cannot be assured if basic household food and economic needs are unmet.
- Blended foods, especially if they are fortified with essential nutrients, are useful for feeding older infants and young children. However, their provision should not reduce efforts to promote the use of local foods and other donated commodities in preparing suitable complementary foods for older infants and young children.
- The preparation of complementary foods and their feeding to older infants and young children should be done frequently and safely in a clean environment.

Because the number of caregivers is reduced during emergencies and the capacity of those who remain is diminished by physical and

mental stress, it is essential to strengthen care-giving capacity for promoting good infant and child feeding practices.

To encourage adequate intake of breast milk and complementary foods, the health and vigour of children, including newborns, should be protected so that they are able to suckle frequently and maintain their appetite.

The search for malnourished children should be active and constant so that their condition can be identified before it becomes severe. The underlying causes of malnutrition should be investigated and corrected.

- Therapeutic feeding is required to rehabilitate severely malnourished children.

To minimize the negative impact of emergencies on feeding practices, interventions should begin immediately during an emergency's acute phase; they should focus on alleviating pressures on caregivers and channelling scarce resources for the benefit of infants and young children.

Emergencies, by definition, are periods marked by frequent and rapid change. Promoting optimal feeding for infants and young children in such circumstances requires a flexible approach based on continual careful monitoring.

HIV and infant feeding: a policy statement developed collaboratively by UNAIDS, WHO and UNICEF, 1998

Introduction

The number of infants born with HIV infection is growing every day. The AIDS pandemic represents a tragic setback in the progress made on child welfare and survival. Given the vital importance of breast milk and breastfeeding for child health, the increasing prevalence of HIV infection around the world, and the evidence of a risk of HIV transmission through breastfeeding, it is now crucial that policies be developed on HIV infection and infant feeding. The following statement provides policy-makers with a number of key elements for the formulation of such policies.

The human rights perspective

All women and men, irrespective of their HIV status, have the right to determine the course of their reproductive life and health, and to have access to information and services that allow them to protect their own and their family's health. Where the welfare of children is concerned, decisions should be made that are in keeping with children's best interests. These principles are derived from international human rights instruments, including the Universal Declaration of Human Rights (1948), the Convention on the Elimination of All Forms of Discrimination against Women (1979), and the Convention on the Rights of the Child (1989), and they are consistent with the Cairo Declaration (1994) and the Beijing Platform for Action (1995).

Preventing HIV infection in women

The vast majority of HIV-infected children have been infected through their mothers, most of whom have been infected through unprotected heterosexual intercourse. High priority therefore, now and in the long term, should be given to policies and programmes aimed at reducing women's vulnerability to HIV infection—especially their social and economic vulnerability—through improving their status in society. Immediate practical measures should include ensuring access to information about HIV/AIDS and its prevention, promotion of safer sex including the use of condoms, and adequate treatment of sexually transmitted diseases which significantly increase the risk of HIV transmission.

The health of mothers and children

Overall, breastfeeding provides substantial benefits to both children and mothers. It significantly improves child survival by protecting against diarrhoeal diseases, pneumonia and other potentially fatal infections, while it enhances quality of life

through its nutritional and psychosocial benefits. In contrast, artificial feeding increases risks to child health and contributes to child mortality. Breastfeeding contributes to maternal health in various ways, including prolonging the interval between births and helping to protect against ovarian and breast cancers.

However, there is evidence that HIV can be transmitted through breastfeeding. Various studies conducted to date indicate that between one-quarter and one-third of infants born worldwide to women infected with HIV become infected with the virus themselves. While in most cases transmission occurs during late pregnancy and delivery, preliminary studies indicate that more than one-third of these infected infants are infected through breastfeeding. These studies suggest an average risk for HIV transmission through breastfeeding of one in seven children born to, and breastfed by, a woman infected with HIV. Additional data are needed to identify precisely the timing of transmission through breastfeeding (in order to provide mothers infected with HIV with better information about the risks and benefits of early weaning), to quantify the risk attributable to breastfeeding, and to determine the associated risk factors. Studies are also needed to access other interventions for reducing mother-to-child transmission of HIV infection.

WHO, UNICEF, UNAIDS Statement on the Current Status of WHO/ UNICEF/UNAIDS Policy Guidelines, 1999

A recently early report that HIV is less likely to be transmitted through exclusive breastfeeding does not warrant a change in existing WHO/ UNICEF/UNAIDS policy. The current guidelines emphasize the need for counselling so that mothers can make a fully informed decision. In addition, it indicates the options available and states that for HIV-positive mothers who choose to breastfeed, the safest option is to breastfeed exclusively to minimize the risk of other childhood infections. A technique should be used that minimizes risk of mastitis and nipple damage. Stopping breastfeeding when the infant is 3-6 months old is an option which can avoid late postnatal transmission, reduce health hazards because of older age of the infant and reduce social difficulties associated with a mother not breastfeeding.

Elements for establishing a policy on HIV and infant feeding

1. Supporting breastfeeding

As a general principle, in all populations, irrespective of HIV infection rates, breastfeeding should continue to be protected, promoted and supported.

2. Improving access to HIV counselling and testing

Access to voluntary and confidential HIV counselling and testing should be facilitated for women and men of reproductive age. It is important to offer a supportive environment that encourages individuals to be informed and counselled about their HIV status rather than one that discourages them out of fear of discrimination or stigmatization.

As part of the counselling process, women and men of reproductive age should be informed of the implications of their HIV status for the health and welfare of their children. Counselling for women who are aware of their HIV status should include the best available information on the benefits of breastfeeding, and on the risk of HIV transmission through breastfeeding, and on the risks and possible advantages associated with other methods of infant feeding.

3. Ensuring informed choice

Because both parents have a responsibility for the health and welfare of their children, and because the infant feeding method chosen has health and financial implications for the entire family, mothers and fathers should be encouraged to reach a decision together on this matter. However, it is mothers who are in the best position to decide whether to breastfeed, particularly when they alone may know their HIV status and may wish to exercise their right to keep that information confidential. It is therefore important that women be empowered

to make fully informed decisions about infant feeding, and that they be suitably supported in carrying out these decisions. This should include efforts to promote a hygienic environment, essentially clean water and sanitation, that will minimize health risks when a breast-milk substitute is used.

When children born to women infected with HIV can be ensured uninterrupted access to nutritionally adequate breast-milk substitutes that are safely prepared and fed to them, they are at less risk of illness and death if they are not breast-fed. However, when these conditions are not fulfilled, in particular in an environment where infectious diseases and malnutrition are the primary causes of death during infancy, artificial feeding substantially increases children's risk of illness and death.

4. Preventing commercial pressures for artificial feeding

Manufacturers and distributors of products which fall within the scope of the International Code of Marketing of Breast-milk Substitutes (1981) should be reminded of their responsibilities under the Code and continue to take the necessary action to ensure that their conduct at every level conforms to the principles and aim of the Code.