

SUPPORTING INFANTS DEPENDENT ON ARTIFICIAL FEEDING

DURING EMERGENCIES

Guidance for **Frontline Workers** (including health, nutrition and child protection staff)



Infants and young children who are fed with **Breastmilk Substitutes (BMS)** such as infant formula are at **high risk of malnutrition, illness and death** during emergencies. Act immediately to protect them and to support mothers and other caregivers to minimise risk and meet their infant's nutritional needs.



In emergencies, the use of BMS requires a contextualised, coordinated and sustained package of care and skilled support to protect and support ALL children (both breastfed and non-breastfed). Refer to the infographic on **Planning and Managing Artificial Feeding Interventions during Emergencies** for guidance on how to establish this support.

1 Carefully check eligibility for BMS support through 1-1 assessment¹

Artificial feeding needs should be determined through individual-level assessment by a qualified health or nutrition worker trained in breastfeeding and infant feeding issues.

Safer alternatives are not possible

- ✗ Mother's own expressed breastmilk.
- ✗ Re-starting supply to return to breastfeeding (relactation).
- ✗ Breastfeeding by a healthy woman other than the child's mother.
- ✗ Donor human milk.

Short-term eligibility

- ✓ Mother severely ill.
- ✓ Relactation (with infant formula as the supplement).
- ✓ Waiting for other safer alternatives.
- ✓ Increasing supply to return to exclusive breastfeeding (U6M).
- ✓ Short-term separation.

AND

Long-term eligibility

- ✓ Not breastfed pre-emergency.
- ✓ Replacement feeding for HIV.
- ✓ Mother deceased or absent.
- ✓ Rare medical condition.²
- ✓ Mother has rejected infant.
- ✓ Sexual and Gender Based Violence (SGBV) survivor who may not be ready to breastfeed.

2 Determine if BMS can be used hygienically at home

What is needed	Powdered Infant Formula (PIF)	Ready to use Infant Formula (RUIF)
Potable water for reconstitution	Yes	
Handwashing facilities	Yes	Yes
Clean and dry storage	Yes	Yes
Heat source	Yes	Yes
Washing facilities (safe water and sink/washing up bowl)	Yes	Yes

Use **disposable** cups if heat source and washing facilities are not available.

Can a BMS kit be provided to ensure hygienic preparation at home?

- Yes Provide the kit No Provide on-site feeding with 24/7 access

3 Discreetly provide BMS and associated supplies (BMS Kit)

An **appropriate*** BMS that is labelled in the correct language and is compliant with the WHO International Code.

*Refer to the infographic on **Planning and Managing Artificial Feeding Interventions during Emergencies** for guidance on what constitutes an appropriate BMS, depending on the child's age and the context.

Storage, preparation and cleaning equipment



Feeding cup



Safe water



Hygiene support



4 Counsel and demonstrate how to feed the child as safely as possible



Correct, hygienic preparation*
1-1 practical demo

Remember!
Over- and under-dilution is DANGEROUS



Responsive feeding



Cup feeding³
1-1 practical demo

Remember!
Feeding bottles are NOT recommended



Where and when to seek medical care



Safe storage in a clean and dry location

*Instructions for preparation

Steps	Powdered infant formula	Ready-to-use infant formula
1	Wash hands thoroughly with soap and water for at least 20 seconds.	
2	Carefully sterilise the feeding (e.g. cup) and preparation equipment. Ensure a clean preparation surface.	
3	Boil fresh, safe water. Leave the covered water to cool to no less than 70°C. <i>Tip:</i> It takes 1 litre of water about 30 minutes to cool to 70°C – do not wait longer.	X
4	Following the product's instructions, combine the correct amount of hot water with the exact amount of powder in a cleaned and sterilised measuring jug (using the measuring scoop provided with the product).	X
5	Mix well with a cleaned and sterilised spoon.	X
6	Cool the prepared formula until it feels lukewarm, not hot, when dripped on the inside of a wrist.	X
7	Pour the infant formula into a cleaned and sterilised feeding cup and offer it to the infant.	
8	Throw away any feed that has not been consumed within 2 hours (mix in family food, or consume it yourself as the caregiver/offer it to an elderly family member).	
9	Thoroughly clean feeding and preparation equipment after use.	

5 Establish a regular follow-up schedule (every 2 weeks or more frequently)

Monitor growth and health

Counsel on infant and young child feeding and other topics (as needed)

Check caregiver wellbeing

Re-assess eligibility, including feasibility of safer alternatives (e.g. relactation)

Resupply BMS

Refer to additional services (as needed)

Remember! Similar to medication, BMS can be **necessary** and **lifesaving**, but must be given carefully, only when needed and **under strict control** and **monitoring**.

6 Repeat step 5 until the child can be fed with breastmilk or reaches at least 6 months of age*

BMS should be provided for as long as the infant needs it.

Remember! Health and nutrition workers have a **professional** responsibility to **protect, promote** and **support** recommended infant and young child feeding practices. Breastfeeding saves lives during emergencies. The WHO International Code calls on you to ensure that caregivers and their children are protected from harmful BMS marketing practices whilst in your care. The Code is especially important during emergencies.

At all times, health and nutrition workers should follow the WHO International Code.

*Milks other than infant formula may be used as a BMS in children aged six months and older (e.g. full fat UHT milk).

1 In circumstances where individual-level assessment, support and follow-up are not possible, such as where population access is compromised, consult with the IFE coordination authority.

2 Refer to WHO for a small number of acceptable medical reasons: https://apps.who.int/iris/bitstream/handle/10665/69938/WHO_FCH_CAH_09.01_eng.pdf

3 Where bottles are used by caregivers, act to help mitigate risks. Refer to 6.23 in the OG-IFE.



Part of the **Infant Feeding in Emergencies Core Group** infographic series. Find out more at www.enonline.net/ife

