

World Breastfeeding Trends Initiative¹ Australia *Infant and Young Child Feeding in Emergencies* **Position Statement**

November 2020

The challenges for Australia

Recent emergencies have increased public awareness of the need for emergency planning and preparation to keep Australian infants and young children safe. In 2019-20, bushfires, smoke pollution, and floods displaced or displaced thousands of Australian families, removed essential infrastructure, and stretched the health system. During the response to the current COVID 19 pandemic, concerns about disruptions to health services, including to maternity care practices and breastfeeding support, have also come to the fore. Research undertaken by the Australian Breastfeeding Association, indicated mothers experienced increased stress, were concerned about their ability to breastfeed, could sometimes not access health care, and were worried about access to supplies needed for safe formula preparation².

Infants and young children are particularly vulnerable during emergencies. Experiences around the world confirm that breastfeeding is often reduced during disasters. Environmental conditions associated with natural disasters heighten the risk of reduction in breastfeeding and maternal and child health can be severely compromised as a result.

This is not inevitable. It reflects failure of planning and appropriate policy to prioritise and resource mothers and caregivers of infants and young children during emergency responses.

¹ World Breastfeeding Trends Initiative Australia: The World Breastfeeding Trends Initiative (WBTi) is an innovative initiative of the International Baby Food Action Network (IBFAN), spearheaded by its Asia regional office, for tracking, assessing and monitoring implementation of the Global Strategy for Infant and Young Child Feeding in response to the global need for focus on infant nutrition and survival. WBTi was implemented in Australia in 2017 by a WBTi Australian core group following the a 'Gender Responsive Budgeting and Breastfeeding' workshop at the Australian National University (ANU). A broader reference group included organisations such as UNICEF Australia, Breastfeeding Coalition of Tasmania, Childbirth and Parenting Educators of Australia and the South East Queensland Breastfeeding Coalition.

² Hull, Naomi; Kam, Renee L and Gribble, Karleen D. Providing breastfeeding support during the COVID-19 pandemic: Concerns of mothers who contacted the Australian Breastfeeding Association [online]. *Breastfeeding Review*, Vol. 28, No. 3, Nov 2020: 25-35. Availability: <<https://search.informit.com.au/documentSummary;dn=480749310059270;res=IELHEA>> ISSN: 0729-2759. [cited 11 Nov 20].

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'Breastfeeding provides a dependable method of infant feeding in rural and remote locations with limited or sporadic access to alternative infant feeding options.

It also provides a safe and reliable method of infant feeding in emergencies, providing a consistent source of adequate nutrition and protection against infections.

The policy environment

Protecting, supporting, and promoting appropriate safe infant feeding, particularly breastfeeding, is often an afterthought in emergency preparedness and responses.

The WBTi Aus Assessment 2018 Report on Australian breastfeeding policies found that Australia scores poorly in infant feeding emergency preparedness and response. There is no designated national agency for Infant and Young Child Feeding in Emergencies (IYCF-E) in the Commonwealth Disaster Response Plan and states and territories also do not have an agency responsible for IYCF-E.

Australia has weak implementation of the World Health Organization (WHO) International Code of Marketing of Breastmilk Substitutes and subsequent Resolutions meaning caregivers are not protected from commercial misinformation on infant feeding.

In 2019, Australian Federal and State and Territory governments released the Australian National Breastfeeding Strategy (ANBS). It stated that developing a policy on IYCF-E and ensuring that skilled breastfeeding and lactation support is available during emergencies were national priorities. Designation of these actions as national priorities is commendable and in line with a 2018 World Health Assembly resolution which urged Member States, including Australia, to:

‘take all necessary measures to ensure evidence-based and appropriate infant and young child feeding during emergencies, including through preparedness plans, capacity-building of personnel working in emergency situations, and coordination of intersectoral operations’

World Health Assembly-endorsed guidance on IYCF-E [exists](#) to enable governments and non-government organisations to develop appropriate national emergency preparedness and to strengthen their emergency response.ⁱ This includes protecting caregivers from commercial exploitation in crises responses.

The protection, promotion and support of breastfeeding is also vital during infectious disease emergencies. During the COVID 19 pandemic, WHO advised that mothers should continue breastfeeding because of the importance of breastfeeding in protecting infant health, while applying all the necessary precautions.ⁱⁱ

*Mothers and infants should be enabled to remain together and practise skin-to-skin contact, kangaroo mother care and to remain together and to practise rooming-in throughout the day and night, especially immediately after birth during establishment of breastfeeding, whether they or their infants have suspected, probable, or confirmed COVID-19. Minimizing disruption to breastfeeding during the stay in the facilities providing maternity and newborn services will require health care practices that enable a mother to breastfeed for as much, as frequently, and as long as she wishes.*ⁱⁱⁱ

WHO also advised health workers that donor milk or wet nursing may be recommended if a mother was not able to breastfeed or to express breastmilk.^{iv}

The Role of Governments, Health Services and Emergency Management Services

Emergency management, health workers, nutrition experts, and child protection workers need to support caregivers of infants to mitigate adverse impacts of natural disasters and other emergencies³. Support for breastfeeding should be considered an important emergency preparedness activity. The ANBS *Priority Actions* provide an opportunity to align Australian policies related to IYCF-E with global recommendations and frameworks and improve food security and community resilience.

These *Priority Actions* should address gaps in Australia’s capacity, programs, and funding shortfalls that affect implementation of safe IYCF-E.

³ Smith JP, Cattaneo A, Iellamo A, Javanparast S, Atchan M, Hartmann B, et al. Review of effective strategies to promote breastfeeding: an Evidence Check rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for the Australian Department of Health. Canberra, Australia: Australian Department of Health; 2018.

All Australian governments, together with health services, and emergency management services have a vital role to play in progressing the *Action Areas* of the ANBS.

The WBTi Australia supports the following recommendations for action by Australian governments:

- 1. Urgently designate the Australian Government Department of Health as the national agency responsible for providing advice and support to the states and territories on IYCF-E in the Commonwealth Disaster Response Plan.*
- 2. Establish and appropriately fund a national advisory committee on IYCF-E, comprised of stakeholders from governments, academe, emergency and health-related non-government organisations, and excluding commercial interests, to adapt international IYCF-E guidance to the Australian context and develop national planning principles for IYCF-E .*
- 3. Commission the Australian Institute for Disaster Resilience to develop an Emergency Handbook on children including IYCF-E.*
- 4. Include detailed advice for health workers on how to support mothers and other caregivers of infants in emergency preparedness, and in the feeding and care of infants and young children during emergencies in the updated National Health and Medical Research Council's Infant Feeding Guidelines for Health Workers.*
- 5. Ensure the importance of breastfeeding is fully considered in recommendations on infant care during infectious disease outbreaks and that accurate and up to date information on breastfeeding is widely communicated to health workers, parents, and the public. This should include the universal importance and benefits of breastfeeding, while applying all necessary precautions.*
- 6. Ensure skilled and experienced breastfeeding support is available to all mothers and their infants and young children affected by natural disasters. This should include capacity and experience in providing help and reassurance on breastfeeding, assistance with relactation and/or wet nursing where appropriate and desired by the mother, and advice on feeding of infants and young children dependent on breastmilk substitutes.*
- 7. Ensure that breastfeeding counsellors and health workers with appropriate skills and certifications in breastfeeding support and lactation management are included in emergency first response teams, and coordinate with breastfeeding and lactation support non-governmental organisations to identify regional availability of breastfeeding counsellors and lactation consultants.*
- 8. Ensure that registration processes in evacuation and recovery centres collect information on how infants are fed and that mothers and caregivers of infants and young children have priority access to resources and are referred for individualised infant feeding support.*
- 9. Allocate financial resources for mother baby friendly areas to provide a safe, supportive environment the mothers and caregivers of infants and young children affected by emergencies.*
- 10. Ensure that mothers of infants dependent on infant formula have access to individualised needs assessment, infant formula and all necessary utensils and resources, including clean water for reconstitution and washing, infant feeding counselling and health care necessary for formula feeding.*

- 11. Ensure mental health and psychosocial support is offered to all mothers and carers with infants and young children affected by natural disasters and other emergencies.**
- 12. Provide training and policy guidance to those involved in emergency planning and response on the aspects of the WHO International Code of Marketing of Breast Milk Substitutes and the Infant and Young Child Feeding in Emergencies Operational Guidance related to the management of infant formula and other breastmilk substitutes in emergencies. In line with these documents, breastmilk substitutes, complementary foods, and feeding equipment should be purchased, based on assessed need in emergencies. Donations should not be sought or accepted and management plans If donations are identified should be developed to minimise risk.**

ⁱ IFE Core Group: Infant and Young Child Feeding in Emergencies, Operational Guidance [Available from: <https://www.enonline.net/operationalguidance-v3-2017>]

ⁱⁱ For symptomatic mothers well enough to breastfeed, this includes wearing a mask when near a child (including during feeding), washing hands before and after contact with the child (including feeding), and cleaning/disinfecting contaminated surfaces – as should be done in all cases where anyone with confirmed or suspected COVID-19 interacts with others, including children. If a mother is too ill, she should be encouraged to express milk and give it to the child via a clean cup and/or spoon – all while following the same infection prevention methods.

ⁱⁱⁱ WHO 2017. *Guideline. Protection, promoting and supporting breastfeeding in facilities providing maternity and newborn services*. [Available from: <https://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf>]

^{iv} “If a mother with confirmed/suspected COVID-19 is not able to breastfeed or to express breastmilk, can wet-nursing be recommended? Wet-nursing may be an option depending on acceptability to mothers/families, national guidelines, cultural acceptability, availability of wet-nurses and services to support mothers/wet-nurses. WHO 2020. *Frequently asked questions: Breastfeeding and COVID-19 For health care workers*. [Available from: https://www.who.int/docs/default-source/maternal-health/faqs-breastfeeding-and-covid-19.pdf?sfvrsn=d839e6c0_1].