



ENSURING OPTIMAL FEEDING OF INFANTS AND YOUNG CHILDREN DURING EMERGENCIES

A summary of the policy of the World Health Organization¹

Context

During emergencies disease and death rates among under-five children are generally higher than for any other age group. In refugee populations mortality may be particularly high due to the combined impact of soaring rates of malnutrition and a greatly increased incidence of communicable diseases. The fundamental means of preventing malnutrition among infants and young children is to ensure their optimal feeding and care. Usually, no food or liquid other than breast milk, not even water, is required to meet an infant's nutritional requirements during the first 4 and, if possible 6, months of life. After this period, infants should begin to receive a variety of foods rich in energy, in addition to breast milk, to meet their changing nutritional requirements. Breast milk confers valuable protection from infection and its consequences, which is all the more important in environments with inadequate water supply and sanitation. If breastfeeding is interrupted, every effort should be made to re-establish it either with the child's own mother (through relactation) or, if culturally acceptable, with a wet-nurse. For infants who do not have access to breast milk, a nutritionally adequate breast-milk substitute should be fed by cup, which is easier to keep clean and therefore safer to use than a feeding bottle.

Recommendations

- ⊖ Infants and young children in populations affected by emergencies should normally be breastfed.
- ⊖ Every effort should be made to identify ways to breastfeed infants and young children whose mothers are absent or incapacitated, for example by a wet-nurse or through relactation.
- ⊖ Those who are responsible for the care of mothers and children should be adequately informed and skilled to support them in breastfeeding.
- ⊖ For infants who cannot breastfeed, a nutritionally adequate breast-milk substitute, fed by cup, should be made available for as long as the infants concerned need it. The product should conform to relevant Codex Alimentarius standards and bear only a generic label that includes all labelling provisions of the International Code of Marketing of Breast-milk Substitutes (Article 9). There should be no general distribution of breast-milk substitutes.
- ⊖ Those who are responsible for feeding a breast-milk substitute should be adequately informed and equipped to ensure its safe preparation and use.
- ⊖ Feeding a breast-milk substitute to a minority of children should in no way interfere with protecting and promoting breastfeeding for the majority.
- ⊖ The use of infant-feeding bottles and artificial teats in emergency settings should be actively discouraged.
- ⊖ The policy of the UNHCR (1989) related to the acceptance, distribution and use of milk products in feeding programmes in refugee settings should be followed carefully. In this connection, particular

¹Adapted from *Guiding principles for feeding infants and young children during emergencies*. Document WHO/NHD/99.10. Geneva, World Health Organization (in preparation).

attention should be paid to dried milk, which should not be distributed in a take-away form unless it has been previously mixed with a suitable cereal flour.

- ⊖ Older infants and young children need hygienically prepared foods that are easy to eat and digest, and that nutritionally complement breast milk.