

# Infant and Young Child Feeding Summary Sheet



## What do I need to know?

- Breastfeeding provides all the necessary nutrients and water for the first 6 months, at least half of the nutritional requirements between 6 and 12 months, and as much as one third between 12 and 24 months.
- Breastmilk has anti-infective properties that help to protect the infant against infections. Colostrum, the milk produced in the first few days, is the first "*essential immunization*".
- Breastfed infants have fewer illnesses and are at reduced risk of death from infections such as diarrhea and acute respiratory infections – infants are 25 times more likely to die from diarrhea in the first 6 months of life if not exclusively breastfed.
- The World Health Organization estimates that a million and a half infant deaths could be averted each year through effective breastfeeding.
- For mothers, breastfeeding reduces blood loss after delivery by helping the uterus to contract.
- Breastfeeding delays the return of fertility and contributes to natural birth spacing.

## What are common misconceptions?

### Stress Makes Milk Dry Up

- While extreme stress or fear may cause milk to momentarily stop flowing, this response, like many other physiological responses to anxiety is usually temporary. There is growing evidence that breastfeeding produces hormones that reduce tension, calm the mother and the baby and create a loving bond.

### Malnourished Mothers Cannot Breastfeed

- Food should go to the lactating mothers so that they can feed their babies and maintain the strength to care for older children in the family as well. In the case of severe malnutrition, the use of a breastfeeding supplementer can ensure increased breastmilk production.

### Babies with Diarrhea Need Water or Tea

- Breastmilk is 90% water, therefore, babies being exclusively breastfed that have diarrhea do not usually need additional liquids such as glucose water or tea. What is more, water is often contaminated in emergency situations. In the case of severe diarrhea however, oral rehydration therapy (administered by cup) may be required.

### Once Breastfeeding Has Stopped, It Cannot Be Resumed

- With an adequate relactation technique and support, it is possible to help mothers and their babies to restart breastfeeding after their babies have been switched to infant formula. This is sometimes vital in an emergency.

### HIV/AIDS and Breastfeeding

- When advising an HIV+ mother, advise them of the risks and promote exclusive breastfeeding for 6 months. At six months, if replaceable feeding is not AFASS, continuation of breastfeeding with additional complementary food is recommended, while the mother and baby continue to be regularly assessed. All breastfeeding should stop once a nutritionally adequate and safe diet without breast milk can be provided.

## How do I respond to a crisis?

### Promote Immediate and Exclusive Breastfeeding

A recent review of evidence has shown that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond.

To encourage mothers to establish and sustain exclusive breastfeeding for 6 months, WHO and UNICEF recommend:

1. Establish a written breastfeeding policy that is routinely communicated to all healthcare staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within an hour of birth.
5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless medically indicated.
7. Practice rooming-in - allowing mothers and infants to remain together - 24 hours/day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

### Establish Support Mechanisms

Support networks can help promote optimal feeding practices by channeling diverse talents, experiences and other human and material resources; and linking dissimilar groups, pairing breastfeeding mothers and single-adult households with neighbors, single-adult households with income generating groups, and breastfeeding women with older persons will encourage forming support networks. Mother and Baby Tents, which are special shelters in refugee camps where mothers with children under two years of age can find a safe and secure place to rest, eat and receive support, should also be established.

### Comply With the International Code

The International Code was the first of its kind, an internationally adopted and endorsed basic minimum requirement to protect healthy practices in respect of infant and young child feeding. Although less binding than a treaty or a convention, the International Code is an international public health recommendation to regulate the marketing of breastmilk substitutes, adopted by the World Health Assembly (WHA).

- Donations of breastmilk substitutes, bottles, teats and commercial baby foods should be refused.
- If needed, breastmilk substitutes should be purchased by the organizations responsible for the nutrition programs, based on a careful analysis and assessment of the situation at hand, and only after approval and together with the appointed emergency health/nutrition coordinating body and the most senior health/nutrition advisor at headquarters level.
- Purchased breastmilk substitutes should preferably be generically labeled (contact the local UNICEF office about obtaining generically labeled formula).
- If breastmilk substitutes are distributed, their distribution and use should be carefully monitored and infant health followed up by trained health staff. Distribution should only be to infants with a clearly identified need, and for as long as the infants need them (until maximum 1 year age or until breastfeeding is re-established).
- Breastmilk substitutes should NEVER be part of a general distribution.
- Products should be labeled in accordance with the International Code using correct language, instructions and messages, should comply with the standards Codex Alimentarius, and have a shelf life of at least one year from the date of distribution.
- Bottles and teats should NEVER be distributed, and their use should be discouraged. CUP FEEDING should be encouraged instead.

❖ Document adapted from the following sources:

**International Code of Marketing of Breast-milk Substitutes. WHO, 1981**

**Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity Services, a joint WHO/UNICEF statement published by the World Health Organization.**

**Guiding principles for feeding infants and young children during emergencies. WHO, 2004.**



**Save the Children®**  
USA