

# INFANT NUTRITION DURING A DISASTER

## BREASTFEEDING AND OTHER OPTIONS

### IN AN EMERGENCY

- There may be no clean drinking water.
- There may be no sterile environment.
- It may be impossible to ensure cleaning and sterilization of feeding utensils.

### PEDIATRICIANS CAN TAKE ACTION TO SUPPORT BREASTFEEDING DURING A DISASTER

1. Keep families together.
2. Create safe havens for pregnant and breastfeeding mothers. These havens should provide security, counseling, water, and food. Pediatricians can contribute using offices, hospitals, or other shelters.
3. Assure mothers that human milk can contribute significant nutrition in the absence of safe complementary foods for the first year of life and beyond.
4. Advocate for optimal feeding options for orphaned infants, including HIV-negative donor human milk.
5. Assist new mothers to initiate breastfeeding within 1 hour of birth, promote exclusive breastfeeding for 6 months\*, and encourage breastfeeding for at least 1 year or longer.
6. Provide support for breastfeeding through assessment of the infant's hydration and nutritional status.
7. In situations where human milk is not available, recommend ready-to-feed formula. Powdered formula is the last resort. Use concentrated or powdered formula only if bottled or boiled water is available.
8. Lactating women may be immunized as recommended for adults and adolescents to protect against measles, mumps, rubella, tetanus, diphtheria, pertussis, influenza, *Streptococcus pneumoniae*, *Neisseria meningitidis*, hepatitis A, hepatitis B, varicella, and inactivated polio.
9. Refer to [www.cdc.gov](http://www.cdc.gov) for further information about precautions for lactating women involving specific diseases and treatments.
10. Advocate for breastfeeding promotion, protection, and support with relief agencies and workers. Infant feeding practices and resources should be assessed, coordinated, and monitored throughout the disaster.



### THE CLEANEST, SAFEST FOOD FOR AN INFANT IS HUMAN MILK.

- Human milk is nutritionally perfect.
- It is readily available without dependence on supplies.
- It is protective against infectious diseases, especially diarrhea and respiratory illnesses.
- It is the right temperature and helps to prevent hypothermia.
- The release of hormones during breastfeeding relieves maternal stress and anxiety.

### DISADVANTAGES OF FORMULA USE DURING A DISASTER

- It may not be available.
- It may become contaminated.
- Errors in formula preparation may occur.
- Water that is mixed with powdered or concentrated formula may be contaminated.
- There may be no method to sterilize the formula, bottles, or nipples.
- If there is no electricity, opened prepared formula cannot be preserved in the refrigerator.



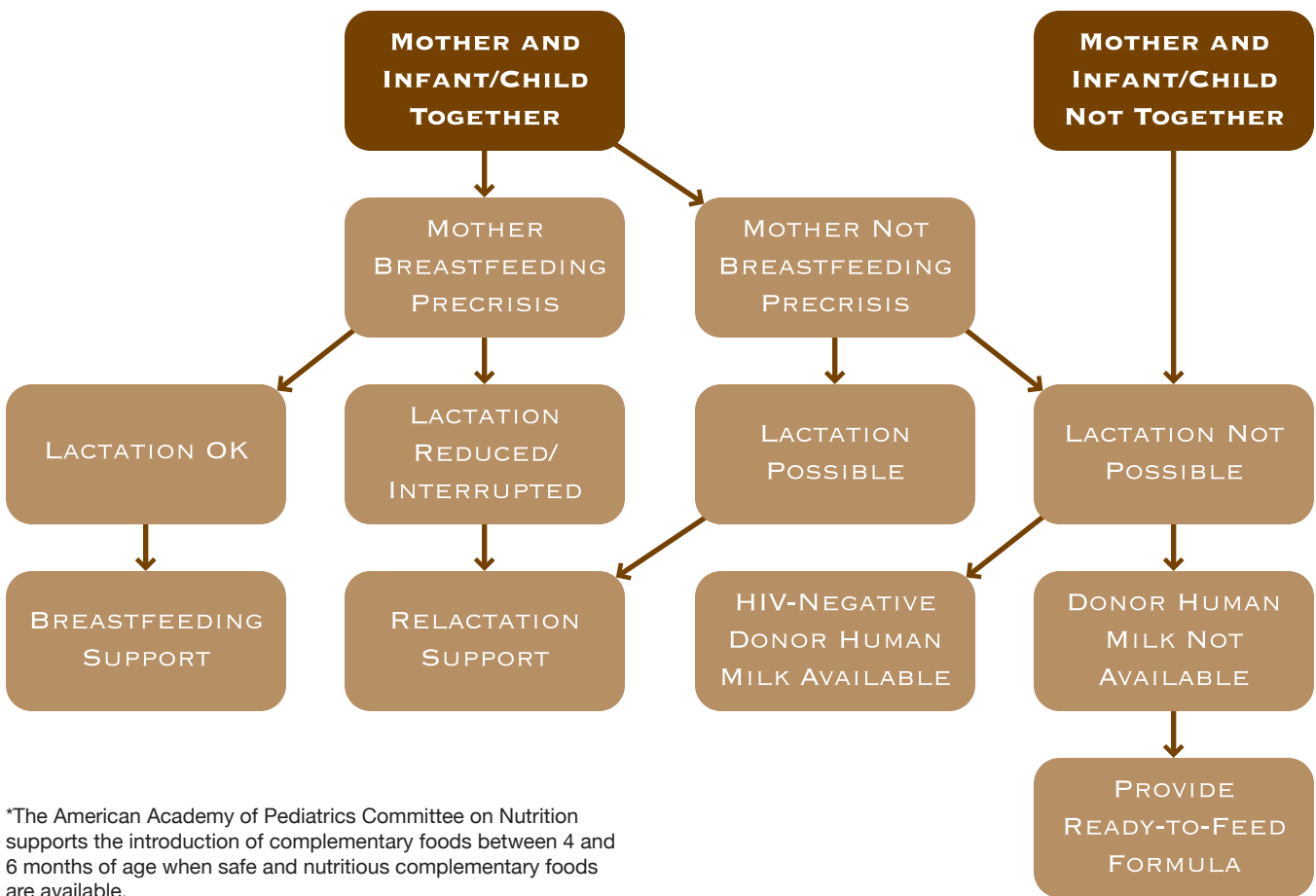
**KEY STRATEGY:** INCREASING THE CURRENT RATE OF BREASTFEEDING IN THE UNITED STATES IS FUNDAMENTAL TO OPTIMIZE INFANT NUTRITION, ESPECIALLY WHEN DISASTER STRIKES.

**BREASTFEEDING FACTS**

1. With appropriate support and guidance, stress does not cause milk to dry up.
2. Malnourished women can breastfeed.
3. Optimal human milk supply is maintained by infant demand.
4. For some mothers and babies, once breastfeeding has stopped, it may be resumed successfully.
  - a. Encourage skin-to-skin contact and frequent suckling (every 2 hours).
  - b. Supply increases gradually over days to weeks and supplementation should decrease accordingly.
  - c. Careful assessment of the infant’s nutritional and hydration status is critical.
  - d. A full milk supply is established more rapidly with the younger infant.
  - e. Mothers need encouragement during this process.

FOR MORE INFORMATION ON INFANT FEEDING DURING A DISASTER AND RELACTATION TECHNIQUE, PLEASE VISIT ANNEX VIII, INFANT FEEDING IN EMERGENCIES: POLICY, STRATEGY & PRACTICE, AVAILABLE AT [WWW.ENNONLINE.NET/](http://WWW.ENNONLINE.NET/).

**INFANT FEEDING DURING DISASTERS**



\*The American Academy of Pediatrics Committee on Nutrition supports the introduction of complementary foods between 4 and 6 months of age when safe and nutritious complementary foods are available.

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The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.