



## ***Guidelines to Protect, Promote, and Support Breastfeeding in an Emergency Shelter***

*To be used by local health departments and public aid organizations in times of crisis*

### **1. Overview**

In accordance with United States Breastfeeding Committee (USBC) guidelines, “emergency preparedness should include provision for the protection, promotion, and support of breastfeeding and safe infant/young child feeding.”<sup>1</sup> It is a biological norm to breastfeed infants and young children. The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for the first six months of life and the World Health Organization (WHO) recommends breastfeeding until at least two years of age with continuation of breastfeeding as long as mutually desired by mother and child.<sup>2,3</sup> Infants and children are the most vulnerable during emergencies. In addition to providing optimal immunological, nutritive, and developmental benefits, breastfeeding saves lives during emergencies.

### **2. Breastfeeding-Friendly Policy and Practice Guidelines**

- a. Every lactating individual should receive evidence-based breastfeeding support from emergency responders. Provide information to staff and volunteers on breastfeeding management. Employ peer and professional lactation providers to support breastfeeding in an emergency shelter environment
- b. Keep families together and do not separate infants and young children from their parents/families or guardians/caretakers.
- c. Encourage all lactating individuals to continue breastfeeding without delay or interruption in order to maintain milk supply and provide continuous nutrition and protection to infants and young children. Disruption of breastfeeding increases the risk of infant morbidity, mortality, and malnutrition.
- d. Encourage hand expression in all breastfeeding individuals as a way to maintain lactation without the need for breast pumps or electricity.
- e. Dispel misconceptions: a woman’s ability to produce breast milk is not affected by a stressful situation.
- f. Promote cultural awareness: provide information and written materials in multiple languages, as appropriate for the community, and provide translation services as necessary.



### 3. Logistics within the Emergency Shelter

- a. Address space and time constraints: support breastfeeding by providing safe, clean, and comfortable family areas in which lactating individuals are encouraged to breastfeed anytime and anywhere, often and exclusively, in response to hunger cues and not on a schedule. Private areas are not necessary but privacy screens and breastfeeding tents have been utilized in emergencies for breastfeeding individuals who request privacy.<sup>4</sup> Stand alone units, spaces within other existing structures, or specified areas within shelters have also been used to provide space for breastfeeding.<sup>5</sup>
- b. Provide necessary supplies for breastfeeding success: nutrition and fluids for the breastfeeding mother, comfortable chairs in which to breastfeed, referrals to community partners that provide breastfeeding support.
- c. Donations of breast milk substitutes during times of emergency can be dangerous. Guard against actions that undermine breastfeeding success: do not promote the use of breast milk substitutes or offer free samples to mothers in place of breastfeeding education and support. Breast milk substitutes increase the risk of disease and malnutrition, which in turn substantially increase the risk of infant and young child deaths.

#### **References**

1. United States Breastfeeding Committee (USBC), Statement on Infant/Young Child Feeding in Emergencies, available at: <file:///C:/Users/dwood/Downloads/Emergencies-Statement-2011-USBC.pdf>.
2. American Academy of Pediatrics, *AAP Reaffirms Breastfeeding Guidelines*, February 2012, available at: <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-reaffirms-breastfeeding-guidelines.aspx>.
3. World Health Organization (WHO) infant feeding recommendation, *Global Strategy on infant and young child feeding*, April 2002, available at: [http://apps.who.int/gb/archive/pdf\\_files/WHA55/ea5515.pdf?ua=1](http://apps.who.int/gb/archive/pdf_files/WHA55/ea5515.pdf?ua=1).
4. Ayoya, M.A., et al., "Protecting and improving breastfeeding practice during a major emergency," *Bulletin of the World Health Organization (WHO)*, August 2013.
5. Supporting Breastfeeding in Emergencies, World Vision International, October 2012.