# Guidance Note on Appropriate Infant and Young Child Feeding Practices in the Current Refugee Emergency in Jordan

## 26th November 2012

This is a call for the support for appropriate infant and young child feeding in the current refugee situation in Jordan, and caution about unnecessary and potentially harmful donations and use of breast-milk substitutes.

### 1. Background

During emergencies, the risks for morbidity and mortality among under-five year old children are generally higher than other age groups, particularly due to their higher vulnerability to the combined impact of increased incidence of communicable diseases and diarrhea and increased rates of under-nutrition. The most effective and fundamental measure to prevent malnutrition and mortality among infants and young children is to ensure their optimal feeding and care.

Exclusive breastfeeding of infants during the first six months of life, with no introduction of other food or drinks including water, is the ideal nutrition, as it meets the nutritional requirements of the infant and provides valuable protection from disease and infection.
After the age of six months, introduction of adequate and safe complementary foods, IN ADDITION to breast milk, is necessary to respond to the infant's increasing nutritional requirements.

**RECOMMENDATIONS**

1. Exclusive Breastfeeding for the first six months of life

**Rationale** – Protecting and supporting exclusive breastfeeding in normal situations and particularly in emergencies is important because:

- Risks of infections are higher during emergencies: breastfeeding provides a protective measure against the increased risks of illness among infants during emergencies.
- Stress, overcrowding and lack of privacy may temporarily disrupt breastfeeding or make it difficult to accomplish.
- Providing infants with breast milk substitutes (BMS) e.g. formula milk, in an emergency increases the risk of illness and mortality, as hygiene and sanitation conditions as well as access to clean water and fuel are usually limited.

Action– To protect breastfeeding practices:

- Encourage and support mothers to continue breastfeeding.
- Provide counseling and support for mothers to exclusively breastfeed for six months, continue breastfeeding and/or re-lactate and ensure privacy for these mothers e.g. aprons, scarves, community centres with privacy.
- Provide appropriate food, nutrition and water for the mother / family
- Provide support for re-lactation when necessary
- Find among population groups lactating women willing to breastfeed orphans or unaccompanied infants if culturally appropriate

- Form support groups with mothers experienced in breastfeeding to support young mothers
- Provide information on the importance of breastfeeding
- Prohibit the indiscriminate distribution of BMS and feeding bottles

Conditions when replacement feeding is necessary[1]:

- When a child is orphaned - and wet-nursing is not possible or culturally accepted.
- When a child is temporarily or permanently separated from mother.
- When the mother is very ill (based on the WHO and UNICEF criteria[2] )
- When mothers have stopped breastfeeding and re-lactation efforts have failed.
- Cases of inborn errors of metabolism, e.g. Phenylketonuria , galactosemia, etc..

Guidelines to follow for replacement feeding in emergencies – according to the International Code for the Marketing of Breast Milk Substitutes (BMS) and the World Health Assembly resolutions:

- A general distribution should NEVER include breast-milk substitutes or any other milk products. BMS should only be provided to infants with exceptional conditions who cannot or should not breastfeed (as per WHO and UNICEF standards which are adopted by the National Program for IYCF).
- Individual case assessments should be conducted by midwifery or IYCF staff at the JHAS clinic who have received training in infant and young child feeding Organizations must NEVER accept unsolicited donations of ANY milk products.
- The milk product should conform to the Codex Alimentarius standards for labeling in the appropriate language according to the International Code of Marketing of Breast-milk Substitutes.
- In exceptional cases when use of infant formula is indicated, the infant's caregiver(s) should receive training on how to properly prepare the formula. Caregivers should be encouraged and taught to feed with a cup and spoon.
- Infant formula should only be sourced and distributed when there is access to adequate clean water, when resources are available to continuously provide infant formula and to prepare formula safely, with family support and with access to health services.
- The use of infant feeding bottles and artificial teats in emergency settings should be actively discouraged.

## 2. Complementary feeding

**Rationale** – At six months of age, infants' requirements increase beyond what is provided by breast milk alone

- Infants should receive complementary foods IN ADDITION to breast milk.
- The complementary foods should be age appropriate, nutritionally adequate, safely prepared and continuously provided.
- Agencies should encourage use of local products and avoid commercially marketed

[1] See Acceptable Medical Reasons for use of Breast-Milk Substitutes. World Health Organization/UNICEF 2009
http://www.who.int/nutrition/publications/infantfeeding/WHO_NMH_NHD_09.01/en/index.html

[2] Ibid

products.

## 3. Key References:


- International Code of Marketing of Breastmilk Substitutes and subsequent relevant World Health Assembly Resolutions. WHO (1981).Available at: www.unicef.org/nutrition/files/nutrition_code_english.pdf
- Operational Guidance on Infant and Young Child Feeding in Emergencies,v2.1,Feb2007Available at: www.ennonline.net
- UNHCR Policy Related to the Acceptance, Distribution and Use of Milk Products in Refugee Settings, revised edition, UNHCR (2006). Available at: www.ibfan.org
- Module 2 on Infant Feeding in Emergencies, v1.1, Dec 2007, for health and nutrition workers in emergency situations. Available at: www.ennonline.net/ife



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