

EARLY INITIATION OF BREASTFEEDING

DURING EMERGENCIES

A guide for **maternity service providers** on supporting early initiation of breastfeeding



Warning

During emergencies, breastfeeding saves lives

Delaying the start of breastfeeding and withholding skin-to-skin contact puts mothers and babies at serious risk of:

- ▶ Neonatal infection, dangerously low body temperature and blood sugar, less stable heart rate and breathing, and death.
- ▶ Newborn stress, disrupted mother-baby bonding, neglect and abandonment.
- ▶ Maternal mortality, postpartum haemorrhage, postpartum depression.
- ▶ Breastfeeding difficulties, not breastfeeding exclusively, stopping breastfeeding too soon.



Key conversations

Cover the following topics in pregnancy and the first few days of life:

- ✓ Typical newborn feeding behaviours (e.g. cluster feeding)
- ✓ The importance of feeding frequently, staying together (24h rooming-in) and skin-to-skin contact
- ✓ Reliable signs that baby is getting enough milk (see 'Check' below)
- ✓ Recognising and responding to baby's cues for feeding and comfort
- ✓ Risks of using bottles, teats and pacifiers, of not breastfeeding, and of feeding babies any foods or liquids other than breastmilk
- ✓ Common infant behaviour during emergencies and how to respond (calming and soothing techniques)
- ✓ Reassurance to continue breastfeeding, even when stressed or worried about diet
- ✓ Maternal nutrition and wellbeing
- ✓ Family support for breastfeeding women
- ✓ Safe sleeping and breastfeeding at night

At all times – including during emergencies – women have the right to antenatal and postnatal care from health workers who are knowledgeable about and supportive of breastfeeding.

Check

Is the baby getting enough breastmilk?

The most reliable way to tell if a newborn is getting enough milk is to monitor newborn weight, stool and urine output.

Day	# of soiled diapers	# of wet diapers
1	   	   
2	   	   
3	   	   
4	   	   

Other reassuring signs:

- ✓ Infant feeds at least 8 times in 24 hours
- ✓ Infant has lost no more than 7 – 10% of their birth weight
- ✓ No signs of dehydration, e.g. depressed fontanel, dark and strong smelling urine.
- ✓ Baby is alert and active

How can you support early initiation of breastfeeding?

1

During pregnancy

Talk to mothers about:

- The importance of skin-to-skin, colostrum, exclusive breastfeeding and starting breastfeeding within the first hour.
- How to manage breastfeeding in the early days, including how to position and attach the baby and hand express breastmilk.



For more, refer to: **Key conversations**

2

Immediately after birth

Place baby skin-to-skin with mother.

- Place naked baby on mother's bare chest.
- Dry and assess baby on mother's chest.
- Cover mother and baby with a blanket.
- Ensure baby's mouth and nose are visible at all times.



WHO and UNICEF recommend that all mothers and newborns have immediate, uninterrupted skin-to-skin contact.

3

In the first hour

For at least one hour, maintain uninterrupted skin-to-skin contact and support mothers to initiate breastfeeding.

- Support baby to crawl to nipple and start breastfeeding using their instincts.
- Share why suckling at the breast in the first hour is important and help mother recognise signs of readiness.
- Avoid interruptions: delay non-urgent procedures (e.g. weighing) and perform necessary procedures with the baby on the mother (e.g. newborn assessment and monitoring).
- Follow protocol on mother and baby observation and explain when to call for help.



Remember to record the number of children who were put to the breast within one hour of birth.

4

On day one

Continue to support breastfeeding.

- Offer practical and emotional support.
- Point out signs of a good latch and milk transfer.
- Help with breastfeeding difficulties.



For more, refer to: **Key conversations**

5

At discharge

Check how breastfeeding is going and review mother's knowledge.

- Refer mother to a skilled counsellor if there are breastfeeding challenges.
- Describe a) newborn danger signs, b) signs of undernourishment and c) how to get help.
- Link mother to maternal and child health services and breastfeeding support services.
- Ensure the birth is registered within two weeks.



Essential tips

for successful breastfeeding in the first days of life

- ! Always comply with the **International Code of Marketing of Breast-milk Substitutes**, and your facility's infant feeding policy.
- ! Delay bathing for the first few days.
- ! Avoid bottles and pacifiers, or giving any foods and fluids other than breastmilk.
- ! During emergencies, mothers may be more stressed than usual and their confidence may be shaken. This may delay the onset of plentiful milk production or slow down milk flow. You can support a mother's milk to flow by helping her to feel safe and supported:
 - Listen to mothers
 - Provide respectful medical care
 - Share praise and encouragement
 - Protect privacy and dignity
 - Support skin to skin
 - Ask for consent before any necessary touch or procedure
- ! When temporary separation is unavoidable, support mother to express breastmilk every 2-3 hours into a clean container for cup feeding.



WHO and UNICEF recommend that babies should receive only breastmilk for the first 6 months of life.

Special care

for higher-risk mothers and babies

Early initiation of exclusive breastfeeding saves lives. It should be prioritised during a humanitarian response for both healthy and high-risk newborns. Below is a list of **special care scenarios** and advice for healthcare providers

Low-birth weight or premature babies

- ✓ Provide Kangaroo Mother Care (KMC) and patiently practice breastfeeding.

After a caesarean birth

- ✓ Try a laid-back, side-lying or football-hold position. Show birth companions how to assist the mother to safely hold the baby skin-to-skin.



Mothers with a disability, or who are incapacitated by illness or injury

- ✓ Provide practical assistance for mother to breastfeed or express breastmilk to cup feed.

Mothers who are survivors of sexual violence

- ✓ Understand breastfeeding may trigger difficult memories and provide trauma-informed care.

Mother deceased

- ✓ Provide donor human milk from a milk bank or find a healthy lactating woman who can breastfeed the baby. As a last resort, provide infant formula in accordance with the OG-IFE.

When supplementation is medically necessary

- ✓ Supplements should only be given when medically necessary, as determined by a breastfeeding-trained health worker. Breastmilk is the preferred supplement.



Coordination tip: During service planning, take into account that the number of higher-risk mothers and babies often rises during emergencies.



Part of the **Infant Feeding in Emergencies Core Group** infographic series. Find out more at www.enonline.net/ife