

## World Breastfeeding Week by Mother-to-mother peer support group: 'Breastfeeding: A Vital Emergency Response. Are You Ready?'

Saturday, 1 August 2009 • Universiti Sains Malaysia, Penang, MALAYSIA

**SPEECH BY**

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### Breastfeeding – every child's right

Children have the right to adequate nutrition and access to safe and nutritious food. Both are essential for fulfilling their right to the highest attainable standard of health.

UNICEF and WHO recommend early initiation of breastfeeding, and exclusive breastfeeding until six months and continued breastfeeding for two years or beyond.

### A vital emergency response

Children are the most vulnerable during emergencies, due to challenges arising from unsanitary conditions, lack of safe water and nutritious food, and lack of safe shelter.

The mortality rate among under-five children is particularly high in emergency-affected populations due to a high prevalence of malnutrition and increased incidence of communicable diseases. Even for children who are only mildly malnourished, the risk of death from a bout of illness is twice that of well-nourished children. The risk is greater still for those who are severely malnourished.

Child mortality can soar from 2 to 70 times higher than average due to diarrhoea, respiratory illness and malnutrition.

Malnutrition during the early years has a negative impact on cognitive, motor skill, physical, social and emotional development. The consequences of severe malnutrition effectively block the full realisation of intellectual and physical potential for both current and future generations. During emergencies, breastmilk can make the difference between life and death. Mothers who breastfeed are able to give their infants clean, safe, sustainable food and water supply, and actively protect their infants from infections.

### Challenges to breastfeeding during emergencies

Lack of breastfeeding knowledge – there are myths that “stress dries up breastmilk” and “malnourished women cannot breastfeed”.

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Stress can temporarily interfere with the flow of milk, but it does not prevent production of milk. Mothers can continue to breastfeed if they are protected from stress as much as possible, eg being in a protected area, having reassurance from other women, keeping mothers and babies together, and making sure the child keeps suckling.

Malnourished mothers will continue to produce milk, but she will require extra food and fluids, including micronutrient supplementation, to replenish her own body stores.

Mothers can increase their milk supply and relactate after having stopped breastfeeding. If infants are orphaned or separated from their mothers, support should be provided to look for wet nurses for these children.

Lack of active protection and support for breastfeeding – there are always good intentions to provide aid and support during and after emergencies, but there is not enough priority given to protection and skilled support for breastfeeding. Instead, emergency assistance often focuses only on provision of goods.

Protection and support for breastfeeding means ensuring that mothers and safe and secure, have priority access to food, water, shelter, and if necessary, private places to breastfeed.

Uncontrolled distribution of breastmilk substitutes – Donations and distribution of infant formula, other milk products and bottles during emergencies can lead to early and unnecessary cessation of breastfeeding.

Risks from bottle feeding: (i) infant formula offers no immune protection; (ii) have to depend on the quality and supply of formula, water and fuel; (iii) intrinsic contamination of infant formula; (iv) difficulty cleaning feeding bottles.

**Preparing for emergencies**

During emergencies, mothers need active support to continue or re-establish breastfeeding, through emergency preparedness.

Emergency preparedness is key for everyone, everywhere. Malaysia is not immune from emergencies, as it suffers from frequent floods.

Emergency preparedness at all levels of policy and practices means everyone can take quick, appropriate actions to ensure that breastfeeding is continued in an emergency.

Emergency preparedness includes developing protective policy and strong legislation of the International Code of Marketing of Breastmilk Substitutes; building capacity of healthcare and emergency relief staff to provide support for breastfeeding mothers during emergency; strengthening the Baby-Friendly hospital initiative; making infant feeding support a part of

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normal healthcare and of collaborative emergency preparedness plans; formulating plans to prevent donations of breastmilk substitutes, bottles and teats during emergencies.

**Establishing a breastfeeding culture – Protecting mothers**

The best preparation for a mother facing an emergency is well-established breastfeeding. A mother who practises and is confident in her own capacity to breastfeed her baby in any circumstance will be best placed to do that during an emergency, and to help other mothers do the same.

Mothers, fathers and other caregivers should have access to objective, consistent and complete information about appropriate feeding practices, free from commercial influence.

Mothers should have access to skilled support to help them initiate and sustain appropriate feeding practices, and to prevent difficulties and overcome them when they occur – through community-based networks, trained breastfeeding counsellors within the healthcare system, and fathers.

Mothers should also be able to continue breastfeeding and caring for their children after they return to paid employment.

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