Breastfeeding Promotion
– an Essential Part of Emergency Preparedness

Breastfeeding Grand Rounds
August 6, 2009

Speakers

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Outline

• History & scope of the World Alliance for Breastfeeding Action – WABA
• World Breastfeeding Week
• Why disaster preparedness is this year’s theme
• Examples of disasters
• Why women stop breastfeeding in disasters
• Why breastfeeding is especially important in disaster settings
• What we can do to support breastfeeding after a disaster

WABA
World Alliance for Breastfeeding Action

Spedale degli Innocenti,
Florence, Italy
July 30 -August 1, 1990
The Birth of WABA, UNICEF/New York, February 14, 1991

Two Major Strategic Outcomes:
1. A global award to hospitals for Ten Steps practice
2. A global grass roots, networking organization - WABA

WABA Mission
To protect, promote and support breastfeeding worldwide in the frame work of the Innocenti Declaration (1990 and 2005) and Global Strategy for Infant and Young Child Feeding (2003) through networking and facilitating collaborative efforts in social mobilization, advocacy, information dissemination and capacity building

Organizational Structure
1. Endorsers
2. General Assembly
3. International Advisory Council
4. Regional Focal Points
5. Taskforces (Coordinators)
6. Core Partners
7. Steering Committee
8. Secretariate
1. WABA Endorsers

Organizations and individuals who abide by the WABA principles and sign a statement so indicating

WABA Endorsement Statement

"I/We believe that breastfeeding is a universal right of all mothers and infants and shall work to protect, promote and support this right worldwide."

"I/We support to end all promotion of breastmilk substitutes and to prevent practices that negatively impact on breastfeeding."

2. General Assembly

- Five representatives (one from each region) of each Core Partner.
- Each Task Force Coordinator and Co-coordinator.
- Each Regional Focal Point.
- Each Co-chairperson of the International Advisory Council.

(Currently there are fifty (50) voting members of the GA)

3. International Advisory Committee

Internationally recognized individuals indentified by a consultative process and invited by the Steering Committee to provide advise to WABA on an as needed basis.

4. Regional Focal Points

Institutions or organizations that assist WABA in networking, information support and social mobilization at a regional level.

Regions include Latin America and the Caribbean, Europe, North America, Asia and the Pacific, Africa and the Middle East.
5. Core Partners

Organizations and networks working internationally on breastfeeding and are endorsers of WABA.

Current Core Partners:
- ABM, IBFAN, ILCA, LLLI, and Wellstart International

6. Task Forces

The task forces serve as standing committees and carry out projects in their topic areas including:
- Code compliance
- Mother’s support groups
- Research
- Women and work
- Health care practices
- Breastfeeding and HIV
- Global advocacy

7. Steering Committee

Elected by the General Assembly for a 3 year term

Responsible for management and policy making

8. Secretariat

Co-Executive Directors and 9 full-time paid staff

Located in Penang, Malaysia

Funding Sources

Current Funding Sources:
1. Swedish International Development Agency (SIDA)
2. Norwegian Development agency (NORAD) is helping with this year’s World Breastfeeding Week

(Note: WABA does not accept funds or gifts from manufacturers or distributors of breastmilk substitutes, related equipment such as feeding bottles and teats, commercial foods for breastfeeding mothers, or commercial complementary foods.)
Program Activities

- Mother Friendly Workplace Initiative and Maternity Protection Campaign
- Global Initiative for Mother Support
- Gender Issues
- Men’s Initiative
- Breastfeeding and HIV
- Health Care Practices
- Youth Initiative
- Health Worker Training
- Advocacy and Outreach
- Global Forums
- World Breastfeeding Week

World Breastfeeding Week

- Launched August 1, 1992 to commemorate the adoption of the Innocenti Declaration August 1, 1990 and has occurred the first week of August every year since.
- The first Four Themes (1992, 93, 94 and 95) were focused on the Operational targets of the Innocenti Declaration. Subsequent themes have been selected jointly by the Steering Committee and the WABA Secretariate selected to strengthen the breastfeeding link with broader development issues and with other networks.

World Breastfeeding Week
August 1-7, 2009


Why This Theme was Chosen this year?

1. Number of major disasters in recent years
2. WABA Meeting re: Complementary Feeding, October 2008

December 2004
Sumatra, Indonesia
Indian Ocean Tsunami

Eleven countries affected. 230,210 killed (~1/3 children), 125,000 injured, 45,752 missing, 1.69 million displaced

August 2005
New Orleans, USA
Hurricane Katrina

• 1,836 killed
• 705 missing,
• 645,000 to 1 million displaced people
May 2008
Sichuan, China
Earthquake

- 68,712 killed,
- 17,921 missing
- 374,643 injured
- 4.8+ million homeless

May 2009,
Santa Barbara,
California Fire

30,500 evacuated,
80 homes damaged
or destroyed.

Objectives of WBW, 2009

- To reinforce the vital role that breastfeeding plays in emergency response worldwide.
- To advocate for active protection and support of breastfeeding before and during emergencies.

Objectives of WBW, 2009

- To inform everyone concerned about how they can actively support breastfeeding before and during emergencies.
- To mobilize action and promote networking and collaboration between those with breastfeeding management skills and those involved in emergency response.

Breastfeeding:
A Vital
Emergency
Response

Are we ready?

www.worldbreastfeedingweek.org

www.waba.org.my
### Examples of disasters
- Mexico City earthquakes, 1985 & 2009
- Indian Ocean earthquake & tsunami, 2004
- Hurricanes Katrina & Rita, 2005
- Sichuan earthquake, 2008
- Nuclear melt-down
- Pandemic flu
- Ice storm
- Fire

### Mexico City Earthquake, 1985
- 3000 buildings damaged; 900 in ruins
- 13 hospitals destroyed
- >$10 billion in damage
- 50,000 homeless
- 10,000 people died

### Indian Ocean Tsunami
- 230,000 killed
- 42,883 missing
- 1,126,900 displaced

### Sichuan Earthquake, 2008
- Chinese police officer Jiang Xiaojuan
- Called for duty after devastating earthquake
- Mother of 6-month old
- Nursed 9 babies whose own mothers hadn’t survived

### Hurricane Katrina
- Mother stuck for 5 days on a roof with her 2 week old formula-fed baby
- Infant hospitalized on evacuation, but died
- Mother later sought help for engorged breasts
  - Report from Dr. Karleen Gribble
    Univ of Western Sydney, Australia

### Snowbound
- Kati Kim trapped in a snowbound car with 4-year-old and 7-month-old
- Rescued after nine days
- Both girls in good condition
- Kim had breastfed both
- Hydration, calories, warmth
Why don’t all mothers breastfeed during disasters?

- Low breastfeeding rates at baseline
- Stress of disaster
- Lack of privacy
- Nobody to help with nursing
- Mother-baby separation
- Abundant, donated formula
- Myths, e.g. breastmilk sours

Why is it Important to Breastfeed During an Emergency?

Breastfeeding Boosts Immunity

- Breastmilk contains antibodies
- Protective against GI and respiratory disease
- Fewer and milder colds, flu, ear infections, diarrhea
- Lower risk of life-threatening infections

Java Earthquake, 2006

- Pre-quake, 70% of babies breastfed exclusively
- Mass formula distribution:
  - 75% of infants under 6 months
  - over 80% of children under 2 years
- Diarrhea prevalence: 29%
  - 4% pre-earthquake
- Twice as common in formula-fed infants

Breastmilk = Optimal Nutrition

- Perfect balance of protein, fats, carbohydrates, micronutrients
- Easily digested
- Always available

Comfort & Security

- “A newborn baby has only three demands. They are warmth in the arms of its mother, food from her breasts, and security in the knowledge of her presence. Breastfeeding satisfies all three.”
  
  – Grantly Dick-Read (1890-1959), British Obstetrician
Breastfeeding is Calming

- Promotes maternal-infant bond
- Lowers cortisol levels in infant and mother
- Prolactin calms mother
- Infants easily comforted at the breast

Dangerous to depend on formula in a disaster!

No Clean Water

- Common problem during disasters
  - No piped or bottled water
  - No electricity for boiling water
- Formula needs to be mixed and stored
- Bottles & nipples need to be cleaned and stored

No Formula

- Evacuation with little or no warning:
- Even with warning, may not be able to pack enough
- Stores may be closed
- Long hours in traffic jams
- Shelters may not have enough formula
- May be tempted to dilute formula to make it stretch

Yugoslav Civil War, 1990s

- Mostly bottle-feeding culture
- Fewer women breastfed in war-torn areas
- Food supplies suffered interruptions or stoppages
- Many infant deaths due to malnourishment


TEN STEPS to helping mothers continue breastfeeding after disasters
1. Keep Families Together

2. Create safe havens for pregnant and breastfeeding mothers
   Create private spaces for mothers to breastfeed

3. Reassure
   Assure mothers that human milk can provide the nutrition her baby needs for the first year of life and beyond.

4. Advocate for orphans
   Advocate optimal feeding options for orphaned infants, including (HIV- negative) donor milk from HMBANA-certified human milk banks

5. Assist and Encourage
   Assist new mothers to breastfeed within the first hour, and promote exclusive breastfeeding for the first 6 months of life.

6. Provide Support
   Provide support for breastfeeding through assessment of hydration and nutritional status.
7. Breastfeeding and Vaccinations

Vaccinations may be necessary for evacuees.
All routine vaccinations may be safely given to lactating women.

Order posters at lactation@aap.org

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8. Breastfeeding and Specific Diseases

[Website URL] for specific disease and treatment information for lactating women

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9. If Formula IS Necessary…

- Ready-to-feed is **THE** formula of choice!
- Use concentrated or powder formula ONLY IF bottled or boiled water is available.

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10. Advocate with relief agencies for breastfeeding promotion, protection, and support

- Disaster Medical Assistance Team [Website URL]
- Federal Emergency Management Agency [Website URL]
- United Way [Website URL]
- Red Cross (National & Local) [Website URL]
- Salvation Army (National & Local) [Website URL]

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Disaster Response Team Members

- Volunteer pediatricians, nurses, lactation consultants, LLL and NMC leaders
- American Red Cross Emergency Infant Feeding Specialists (if available)

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Remember the Facts

- A stressed mother still can produce milk
- A malnourished mother can effectively nurse her child
- Infant demand increases milk supply
- Relactation may be useful
Increasing the current rate of breastfeeding in the United States is fundamental to optimizing infant nutrition when disaster strikes.

“When the baby is born, it wants many things: among others air and food, mostly food. Maternal milk is the only safe nutriment for the little stranger.”

Abraham Jacobi M.D.  
JAMA 58(2) 1735-1744, June 8, 1912

Breastfeeding is the most precious gift a mother can give her infant. When there is illness or malnutrition, it may be a life saving gift; when there is poverty, it may be the only gift.

Ruth Lawrence, 1991

Imagine that the world had created a new “dream product” to feed and immunize everyone born on Earth.

Imagine also that it was available everywhere, required no storage or delivery and helped mothers to plan their families and reduce the risk of cancer.

Then imagine that the world refused to use it.

James Grant

Babies were born to be breastfed.

Case Studies

• Emergency Shelter
• H1N1 Influenza Pandemic
• Radiation Emergency
Emergency Shelter

- Flooding due to heavy rains
- Roads and bridges washed out
- Power outages widespread
- Red Cross shelter in local school

Emergency Shelter – Evacuees

- Four mothers with babies
  - Two breastfeeding
  - One weaned
  - One never breastfed
- Pregnant woman (G1): 35 weeks, having contractions; husband stranded elsewhere
- 8-week-old infant from nearby home-based childcare center; mother stranded elsewhere

Emergency Shelter - Questions

- What might negatively affect breastfeeding?
- How could we support breastfeeding?
- What should we do if the pregnant woman delivers?
- How should we feed the other infants if formula supplies run low?

Relactation

- Usual indications:
  - recent weaning
  - easier if infant <6 months
- Necessary conditions:
  - highly motivated mother
  - stimulation of the breasts essential
  - ongoing support
- Detailed information available from Emergency Nutrition Network (ENN) website

Starting Relactation

- Provide encouragement and support
  - daily at first
- Infants who have previously breastfed may suckle at the breast even before much milk is produced.
  - offer the breast whenever the infant shows interest
- Giving milk supplements
  - the drop and drip technique
  - breastfeeding supplementer technique
- Lactagogues rarely necessary

Starting Relactation (cont.)

- Monitor infant's weight and activity level
- Signs of milk production
  - breast changes
  - less supplement consumed
  - infant does not take second breast
  - stool changes
- Reduce the supplement as necessary and as indicated
  - encourage longer and more frequent breastfeeding
  - don't reduce so much that baby becomes too hungry or too lethargic to feed properly
**H1N1 Influenza**

- Outbreak in Mexico, Spring 2009
- WHO declared pandemic, June 12, 2009
  - over 95,000 cases (35,000 in US)
  - over 400 deaths (170 in US)

**H1N1 Influenza - Questions**

- How does breastfeeding relate to general flu preparedness?
- What about in areas with high rates of disease spread?
- Is flu vaccine safe for pregnant women? for nursing mothers?

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**Radiation Emergency**

- Nuclear power plant in populated area
- Significant radiation release
- Unclear whether terrorism or failure of safety systems
- Mass distribution of iodine underway

**Radiation Emergency - Questions**

- Is potassium iodide safe for pregnant or breastfeeding mothers?
- Is it safe for infants?
- Do breastfed infants need it if their mothers are treated?
- Other concerns?

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**Viewer Call-In**

Phone: 800-452-0662
Fax: 518-426-0696

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**Evaluations**

Please fill out your evaluation and post-test online:

[albany.edu/sph/coned/bfgr/bfgr09.htm](http://albany.edu/sph/coned/bfgr/bfgr09.htm)

Continuing education credits are available.

*Thank You!*
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For more information please contact us or log on to our website.

coned@albany.edu
albany.edu/sph/coned/bfgr/bfgr09.htm