HOW TO WRITE AND TALK ABOUT
INFANT & YOUNG CHILD FEEDING in EMERGENCIES

The purpose of this document is to provide guidance for anyone involved in humanitarian assistance who produces communications on behalf of an organisation (e.g. press releases, social media, fund raising appeals) or engages with the media (e.g. interviews). It aims to support communications experts to provide accurate information that protects and supports infants and young children and their caregivers and reduces harmful interventions.

How can the survival and development of children under 2 years be protected in emergencies?

During emergencies (such as earthquakes, conflict or floods), children are vulnerable to malnutrition, illness and death. They are highly dependent on their caregivers, their immune systems are still developing, and their bodies and brains depend on good nutrition for healthy growth and development.

Protection and appropriate support of these children involves actively supporting breastfeeding, ensuring that babies who are not breastfed are fed in the safest way possible, enabling access to appropriate complementary foods[1], preventing donations and uncontrolled distributions of breastmilk substitutes[2] and supporting the wellbeing of mothers. **Infant and young child feeding in emergencies is a complex area of aid, but effective communications can make a significant contribution to the wellbeing of the most vulnerable.**

Here are some suggestions…

Remember that The World Health Organisation and UNICEF **recommend** that babies are put to the breast within 1 hour of birth, are exclusively breastfed for the first 6 months of life (no food or liquid other than breastmilk, not even water) and continue breastfeeding for two years or more. They also recommend introducing safe, nourishing, age-appropriate complementary foods at 6 months of age. Our communications should always protect, promote and support these Infant and Young Child Feeding (IYCF) practices.

Remember that children are at increased risk of malnutrition, illness and death in emergencies. Youngest children are the most vulnerable. Recommended IYCF practices protect children from malnutrition and illness. Breastfeeding provides active protection (immunity).

Counter rumours and false information with correct information such as:

- Malnourished mothers CAN breastfeed
- Stress does NOT “dry up” breastmilk
- Breastfeeding is NOT an “additional burden” to mothers
- Mothers CAN breastfeed during pregnancy and most illnesses.
- Infants less than 6 months do NOT need extra food or water if they are breastfed; breastmilk provides all the nutrients and water infants need.
- Donations of infant formula (“baby milk”) are NOT helpful and will cause harm

[1] Foods which are introduced after 6 completed months of age to complement breastmilk (or a breastmilk substitute)
[2] Any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose. For example, infant formula or growing-up milks. Abbreviation: BMS.

It is important to acknowledge the challenges and barriers faced by mothers and caregivers in emergencies. However, the spread of myths and misconceptions can **shake a mother's confidence,** prevent her getting the help she needs and result in harmful aid in the form of donations of breastmilk substitutes. Women who are physically and emotionally stressed are able to make enough milk for their babies, but stress and illness can make caring for a baby very challenging and these mothers need support – from aid workers, health professionals, their families and communities. This includes sufficient food to keep them healthy, safe drinking water and skilled breastfeeding and psychosocial support. A happy, healthy mum means a happy, healthy, well-nourished baby.

Advocate for pregnant and breastfeeding women to receive the support they need and to be prioritised in an emergency response, so that their wellbeing is safeguarded and they are supported to protect their children.

Remember that breastfeeding saves lives in emergencies and that non-breastfed infants are at increased risk. Supporting mothers to breastfeed is the surest way of protecting infants from malnutrition, disease and death in emergencies. Infants who are *NOT* breastfed are far more likely to become malnourished, get sick and die; they need to be urgently identified and supported appropriately by qualified personnel and with committed supplies of what they need.

Remember that there are often donations of breastmilk substitutes, other milk products and infant feeding bottles/teats during emergencies. These donations are often driven by media requests and calls for donations. Donations and indiscriminate use of products such as infant formula puts both breastfed and non-breastfed infants at risk. Such donations are often used by mothers who would normally breastfeed, which can lower their milk supply and increases rates of infection. Such donations are not accompanied by the support that non-breastfed babies require to protect their wellbeing and are often unsuitable for use (e.g. past expiry). **DO talk about the risks associated with such donations in order to prevent harmful aid. State clearly that donations of products such as infant formula, milk powder and feeding bottles are harmful. DO encourage donations of funds instead, so that appropriate supplies can be provided in a sustainable manner alongside the necessary support.**

Remember that YOU have an important role to play in protecting infants in emergencies by presenting accurate information to the public and the media about what sort of aid helps or does not help. The media in turn also has a crucial role to play by, for example, not supporting appeals for donations of infant formula or spreading incorrect information regarding infant feeding. Appeals for donations of milk can occur within hours of the beginning of the emergency so addressing these issues early is beneficial.

Remember that non-breastfed infants require more than infant formula to survive. These infants need a package of support delivered by experienced agencies, that includes a sustained supply of an appropriate breastmilk substitute, preparation and feeding equipment, safe water, a hygienic space for preparation and storage, growth monitoring and access to rapid medical care.

Remember it is helpful to communicate about how non-breastfed children are being safely cared for, as it is concern for these infants that drives donations. However, any presentation of such programmes must also describe the protection provided by breastmilk, why these children are vulnerable, that artificial feeding is a last resort, what is being provided to minimise the risk of artificial feeding, and that the agency refuses donations of infant formula because they cause harm. We must support the non-breastfed child in accordance with international guidelines, which include giving one-to-one, individualised support so as not to undermine breastfeeding practices and to ensure that non-breastfed children receive the full package of care they need. Communications regarding artificial feeding should be reviewed by a technical member of your team.

Share stories of mothers who continue to breastfeed despite difficult circumstances, emphasising their bravery, strength, and resilience. When a family has lost everything in a crisis, a breastfeeding mother can provide her baby with nourishment as well as warmth, comfort and protection against disease. It is preferable to portray *the mother* as the hero of the story, with your organisation as her partner to support her. Stories of wet nursing, of how women who believed their milk supply was insufficient were able to continue breastfeeding with support, of women who had stopped breastfeeding who were able to start again (relactate), or other similar presentations of individual and community resilience can be helpful.

Remember to advocate for access to appropriate and nutritionally adequate complementary foods for children aged 6 – 23 months. These should be provided alongside breastfeeding which continues to play a very important role. Introducing complementary foods too early (before six months) puts the child at risk. Delaying the introduction of complementary foods means that the infant's nutritional needs are not being met. Children are vulnerable during this transition phase and caregivers are likely to need support in continuing breastfeeding and accessing safe, adequate and appropriate complementary foods during a food crisis. Talk about the dangers associated with donations of inappropriate complementary foods and the need to support hygienic feeding practices if sanitation is poor.

Share accurate information on what appropriate support entails when sharing mothers' perceived needs or problems. For example, articles often report that mothers feel unable to breastfeed because they are not eating well without explaining that the most helpful response would be to provide breastfeeding support and food for the mothers. Omitting information on required actions can lead to the public making their own conclusions, which in turn can lead to inappropriate donations.

Messages to avoid

Avoid using imagery such as feeding bottles or pacifiers (dummies) to represent infants and young children. The preferred image is of a mother holding / breastfeeding her child.

Avoid describing breastfeeding as best, healthiest or optimal. Terms such as critical, vital and life-saving are more accurate; presentation of breastfeeding as the biological norm assists in communicating how important it is

Avoid stories which suggest that an infant is crying because they are hungry. There are many reasons babies cry, especially during an emergency, when the family is in turmoil. Breastfeeding and skin-to-skin contact with the mother can help calm and soothe the baby.

Avoid calling for, or praising, donations of "baby milk"

Avoid describing therapeutic milk in a way that could confuse it with infant formula. Therapeutic milks should be presented as akin to a medicine for severely malnourished infants. Therapeutic milk is used in the short term to treat severe malnutrition, while we counsel the mother on feeding practices and support her to re-start or continue breastfeeding or on how to most safely feed her infant if breastfeeding is not an option.

PHOTOGRAPHY

Inappropriate use of photography can endanger children and their caregivers, contribute to the spread of myths and misconceptions and create a perceived need for harmful aid such as donations of infant formula, bottles or teats. Photography can also be a powerful tool for highlighting genuine needs and sharing best practices.

Helpful photography	It is best to avoid pictures of…
• Mothers continuing to breastfeed despite difficult circumstances • Mothers receiving breastfeeding support or other interventions which promote or support appropriate IYCF practices *e.g. cooking demonstrations, mother support groups or skin to skin contact after birth* • Children who have become ill or malnourished after receiving donated or unsafely prepared breastmilk substitutes • Secondary caregivers supporting breastfeeding • Women who are wet nursing (breastfeeding a baby other than their own) • Situations which demonstrate the difficulties that pregnant and lactating women face in emergencies (such as a lack of privacy or unhygienic conditions for food preparation). • Images which show the risks infants and young children face during emergencies e.g. unclean feeding bottles. • Photographs where both the mother and child are shown, as a unit	• Distributions of infant formula, bottles, teats, pacifiers, milk powder as a form of aid • Any brands or commercial labels of breastmilk substitutes, bottles, teats and complementary foods. • Pictures of feeding support for mothers living with HIV, where this is potentially stigmatising or breaches their confidentiality or privacy • Mothers with her breast fully exposed, where this is culturally sensitive, or any other imagery which would impact her dignity • Images of therapeutic feeding products where it cannot be made clear that the therapeutic milk is not a breastmilk substitute • Images for which informed consent has not been obtained • Babies with the mother edited / cropped out of the picture

Key References

- Operational Guidance on Infant Feeding in Emergencies. IFE Core Group, 2017. http://www.ennonline.net/operationalguidance-v3-2017
- The International Code on the Marketing of Breastmilk Substitutes, WHO, 1981 and subsequent relevant World Health Assembly resolutions http://ibfan.org/the-full-code
- The Sphere Handbook. 2011. www.sphereproject.org/handbook
- Lifeline Production Manual. BBC Media Action. http://www.bbc.co.uk/mediaaction/publications-and-resources/brochures/lifeline-programming
- Global Breastfeeding Collective. WHO and UNICEF, 2017. https://www.unicef.org/breastfeeding/
- Protecting Infants and Young Child in Emergencies: Information for the Media. IFE Core Group, 2018. http://www.ennonline.net/iycfmediaguide

Recommendation: when adapting this guidance to your agency's needs, consider including focal persons and technical resources within your organisation by topic, geographic region and / or language.

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