

## **IOM Operational Guidance Briefer: Use of Breast-Milk Substitutes in Crisis Settings**

### **1. Introduction**

Breastmilk is the best choice for infants in an emergency or crisis setting. The protection, promotion and support of breastfeeding and appropriate complementary feeding, in accordance with international guidance, are essential components of emergency response (UNICEF, 2022). The guiding principles around infant and young child feeding in emergency settings are grounded in the need to protect and support safe and appropriate feeding practices for children 2 years of age and younger. This involves a *do no harm* approach to supporting mothers and caregivers in maximizing the benefits of breastfeeding and minimizing the risks of supplementary or breast-milk substitutes (BMS) feeding. It also involves multisectoral and interagency coordination to ensure there is adequate technical support for decision making around the best-fit nutritional interventions for a given humanitarian context. This briefer is based on recognized global standards that can be found in the in-depth [operational guidance](#) prepared by the Migration Health Division (MHD) on this topic.

### **2. How to Support Infant and Young Child Feeding (IYCF) in Crisis Settings**

Emergency and crisis settings can negatively affect breastfeeding practices and there are also situations in which breastfeeding is not feasible – for example, infants who are separated from their mothers, orphaned, were not breastfed prior to the emergency and/or whose mothers are unable to breastfeed them due to illness, injury or the presence of medical conditions preventing breastfeeding (WHO, 2017; UNICEF, 2021; ASEAN and UNICEF, 2022). As such, there needs to be an assessment process to identify families eligible to receive BMS in crisis settings as part of needs assessment planning and implementation.

#### *Clinical assessment of infants and children under age two*

Nutritional and IYCF assessments should be conducted as part of assessment activities conducted by health professionals in crisis settings.<sup>1</sup> The assessment process needs to take into consideration the prevalent practices, needs, concerns and consent of mothers and caregivers around feeding practices as well as the nutritional needs of the infants and young children in their care. These assessments should aim to:

- Evaluate the nutritional status of infants and young children under the age of 2 years old and current feeding practices;
- Determine the eligibility of infants and young children under the age of 2 years old to receive BMS based on:
  - Infants confirmed to be unable to be breastfed or medically in need of supplemental feeding, and
  - Infants over 6 months of age whose caregivers would like to use BMS as a supplement for personal reasons in combination with complementary feeding;
- Identify breastfeeding mothers of moderately or severely malnourished infants under 6 months and provide them with a supplementary food ration. If those mothers also meet the anthropometric criteria for moderate or severe acute malnutrition, admit or refer them for treatment.

For families identified as in need of BMS support, it is important to include an essential package of support with cooking and feeding equipment, water, sanitation and hygiene (WASH) support and access to health-care services and information on good practices for infant and young child feeding.

---

<sup>1</sup> In settings without available IOM health professionals to conduct this assessment, the MHD Regional Thematic Specialist or Headquarters MHD colleagues would be able to advise on the available inter-cluster assessments and coordination mechanisms that can be drawn on by protection and CCCM focal points to assist in the assessment of and response to the specific needs of mothers, young children and infants.

### *Oversight and coordination of procurement of BMS*

BMS should only be considered for use in context-specific scenarios in which a coordinated approach to care and support is implemented. This coordinated approach refers to both internal IOM processes and inter-agency or inter-cluster coordination. Specific BMS guidelines on procurement, distribution and monitoring of recipients must be followed, including:

- When direct procurement is deemed necessary, a health technical expert must be involved as it is important to determine if the available products are compliant<sup>2</sup> with the WHO International code of Marketing Breast-Milk Substitutes.
- IOM Missions cannot solicit or accept donated BMS or other milk products and feeding equipment in emergency settings.
- Distribution of BMS must be directly to the caregiver of the infant and in accordance with quantity and specifications determined by a medical professional.<sup>3</sup> **Under no circumstances should general or blanket distributions be used as a platform to supply BMS.**<sup>4</sup>
- Information regarding proper preparation, use and storage of BMS should be available in the caregiver's language.
- BMS should be administered safely using an open cup. Feeding bottles and teats should not be distributed during emergencies,<sup>5</sup> and their use should be actively discouraged through education and training.
- All cases receiving BMS need to be monitored closely and on a regular basis by a medical professional to ensure infants' overall well-being and determine the required duration of BMS provision.

### **3. Supporting Sustainable Family Food Choices and Breastfeeding in Crisis Settings**

Promoting an enabling environment to support breastfeeding mothers is vital in crisis settings. To minimize a crisis's negative impact on infant and young child feeding practices, multisectoral interventions should begin immediately.

- Ensure IYCF counselling is an integral part of emergency preparedness plans, in both the initial and sustained response. It is important to seek the voluntary participation of mothers in activities that are supportive of good feeding practices for both breastfed, BMS-fed, and combination-fed infants and young children.
- Provide designated female- and children-friendly private spaces for breastfeeding in camp and camp-like settings to ensure safe spaces for skilled breastfeeding support and enable peer support among mothers.
- Support caregivers' coping capacities during and following emergencies as an essential part of fostering good feeding practices for infants and young children through activities such as:
  - Develop and conduct context appropriate information, education and communication activities and/or pictorials. Include the benefits of breastfeeding (for both mother and child) as well as critical information on the dangers of contaminated water and potential for bacterial transmission through feeding bottles and teats.<sup>6</sup>

---

<sup>2</sup> BMS labels must comply with the Code. Labels should be in the language understood by the end users and service providers and include: (a) the words "Important Notice" or their equivalent; (b) a statement on the superiority of breastfeeding; (c) a statement that the product should only be used on the advice of a health worker (this includes community workers and volunteers) as to the need for its use and the proper method of use; and (d) instructions for appropriate and safe preparation and storage, and a warning on the health hazards of inappropriate preparation and storage.

<sup>3</sup> In contexts where there is no ready access to an IOM medical professional to guide the intervention, the specifications of BMS use can be based on guidance from a trained allied health professional or community health workers.

<sup>4</sup> When medically indicated and available for personal purchase, BMS may be supported through multipurpose cash or restricted voucher schemes

<sup>5</sup> In emergency settings, feeding bottles and teats are difficult to keep clean. Therefore, their use significantly increases the risk of diarrhoea, dehydration and malnutrition. This risk is difficult to mitigate even under supervised feeding in institutional settings.

<sup>6</sup> The use of BMS in crisis settings comes with many risks that must be identified and properly handled. Incorrect preparation of BMS, using contaminated water and non-hygienic conditions, can introduce bacterial infections to infants, increasing the risk of death as well as the risk of contracting diarrhoea and other diseases (Global Breastfeeding Collective, 2018).

- Provide parenting group sessions with topics relating to promoting breastfeeding (*health benefits for babies and mothers, how to breastfeed, indications that a baby is getting enough food, etc.*).
- Support mothers of infant inpatients with skilled breastfeeding support as part of nutritional rehabilitation and recovery.
- Support mothers who have difficulties with milk supply, or who are currently combining breastmilk feeding with BMS, to re-lactate and transition to exclusive breastfeeding especially for infants under 6 months of age.
- Support mothers with infants over the age of 6 months to begin complementary feeding alongside breastfeeding and/or BMS under the supervision of a healthcare provider to ensure best nutritional practices.
- Monitor the impact of humanitarian actions and inaction on IYCF practices, child nutrition and health by regular consultation with caregivers and others in the affected population. This feedback can be used in planning and implementation, and to document experiences to inform preparedness and future response.

#### **Additional technical guidance resources:**

- **IOM:** [Guidance on use of BMS in humanitarian settings](#) (2023)
- **WHO:** [Guiding Principles for Feeding Infants and Young Children during Emergencies](#) (2004)
- **UNICEF:** [Procurement and Use of Breastmilk Substitutes in Humanitarian Settings](#) (2021)
- **Sphere:** [Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response](#) (2018)
- **Global Nutrition Cluster:** [Repository of Nutrition Programmatic and Technical Guidance](#)
- **IFE Core Group:** [Operational Guidance on Infant and Young Child Feeding in Emergencies \(OG-IFE\)](#) (2017)