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

1. Introduction

Undernutrition and malnutrition among infants and young children represent a public health threat in the aftermath of disasters and conflicts as well as during complex humanitarian crises. Humanitarian emergencies are often characterized by reduced access to nutrient-rich foods and safe water and sanitation facilities, as well as an increase in poor living conditions. These conditions can contribute to a rapid deterioration in the nutritional status of infants and young children, negatively affect pregnant and lactating women and contribute to a reduction of adequate breastfeeding practices, which can lead to micronutrient deficiencies, wasting and/or stunting. The highest risks for malnutrition and negative lifelong consequences occur during the first 1,000 days of life, or approximately from birth until 24 months or two years of age.

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.

2. Objective of this Guidance Note

This guidance note was prepared by the IOM Migration Health Division (MHD). It aims to guide the work of IOM emergency coordinators, heads of programmes, MHD programme managers, multisectoral colleagues from the clusters in the Migration Crisis Operational Framework (e.g. Protection, Camp Coordination and Camp Management (CCCM), Shelter/Non-Food Items (NFI) and so forth) as well as mission-level decision makers when evaluating the need and/or appropriateness of distributing and/or using BMS in humanitarian response to emergencies.

The sections below present an overview of considerations and activities to guide supporting mothers and caregivers with the nutritional needs of infants and young children in humanitarian crisis settings. Practical guidance on how to evaluate and manage the need for BMS is offered inclusive of considerations around clinical assessments, procurement, coordination and safe use of BMS, along with suggestions on the creation of enabling environments within the context of humanitarian crises to support and promote breastfeeding and/or safe BMS feeding practices.

3. Overview of Infant and Young Child Feeding (IYCF) Considerations in Crisis Settings

Breastmilk is the best choice for infants in an emergency or crisis setting as it guarantees food and fluid security and helps boost an infant's immune system to fight off infections. World Health Organization (WHO) guidance[1] for infants born into populations affected by emergencies or crises is to support exclusive breastfeeding within the first hour of birth and until six months of age. Following

[1] Guidance on promoting effective breastfeeding is available in the references section of this document.

the first six months of exclusive breastfeeding,[2] it should be continued up to two years of age alongside complementary foods to provide a variety of micronutrients and naturally begin the weaning process (WHO, 2004). To this end, the protection, promotion and support of breastfeeding and appropriate complementary feeding, in accordance with international guidance, are essential components of emergency response (UNICEF, 2022).

Nevertheless, emergency and crisis settings can negatively affect breastfeeding practices, thereby jeopardizing child nutrition, health and survival. A woman's ability to release or "let down" breast milk can be impacted by stress or trauma induced by the crisis; additionally, the basic requirements for breastfeeding can be undermined by the realities of life in shelters, camps and camp-like settings. Women might be required to travel long distances, queue for food, water and services, and also provide daily care for older children. Furthermore, crisis settings can heighten women's risk of experiencing post-traumatic stress, depression and other mental health concerns, in addition to ill health and sexual violence – all of which can detract from the willingness or ability to participate in breastfeeding.

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). Depending on the realities of the crisis setting, it may become necessary to prescribe or offer BMS to support mothers and caregivers in ensuring that the nutritional needs of the infants and young children are met to avert malnutrition.

Determining the best fit nutritional intervention, including the potential need for BMS, requires an in-depth individualized analysis of the nutritional status and current feeding practices of infants and young children within the responsibility of the humanitarian response. When deemed necessary to provide BMS, the quantity, distribution and use of BMS at emergency sites requires strict control and oversight to ensure proper administration and use.

4. Managing the Need for BMS in Humanitarian Response

The following steps are based on technical guidance drawn from WHO, UNICEF, WFP, Sphere and other multilateral humanitarian and emergency response actors (all of which are listed in the reference section below) regarding determining the need for BMS in crisis settings as well as best practices for quality control around its procurement and distribution.

Step 1: Clinical assessment of infants and children under age two

Nutritional and IYCF assessments should be conducted as part of health assessment activities conducted by health professionals. Nutritional and IYCF assessments should identify and address context-related risks to inform the design of BMS interventions. In addition to health-related risks such as infections, chronic illnesses and poor development outcomes, programme teams should assess other socioeconomic factors such as myths and cultural beliefs that hinder the establishment of breastfeeding, negative coping strategies to economic crisis such as secondary marketing and distribution of received BMS, risks of sexual exploitation and abuse as it relates to humanitarian distributions and the prevalent practices, needs, concerns and consent of mothers and caregivers.

[2] Exclusive breastfeeding means that an infant receives only breast milk from his/her mother or a wet nurse, or expressed breast milk, and no other food or liquids are provided, including water. (Exceptions include oral rehydration solution, medicines and so forth.)

The activities listed in this document largely assume the presence of IOM health professionals to undertake or oversee the clinical assessment aspects. However, for settings without health capacity, 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.

The table below presents some activities to undertake to determine the clinical necessity and/or eligibility to receive BMS, and corresponding IOM sectors that could play a supporting role to ensure the specific feeding needs of mothers and young children are adequately met.

Activities	**Multisectoral coordination (internal)**
Conduct in-depth individual IYCF assessment on infants and young children under the age of two years old.	Lead: Health Supporting: CCCM, Protection, GBV
Identify infants under 6 months of age who cannot be breastfed, who have been partially breastfed (mixed-feeding) or who were not breastfed prior to the humanitarian situation.	Lead: Health Supporting: Protection, CCCM
Identify infants and young children who were orphaned, or whose mothers have been absent for a long period of time either before the humanitarian situation or during the humanitarian situation.	Lead: Protection, CCCM Supporting: Health
Identify if the mother and/or infant has a medical condition for which breastfeeding is not possible.	Lead: Health Supporting: MHPSS, Protection
Identify infants and young children under the age of two who are at risk nutritionally or already suffering from malnutrition.	Lead: Health Supporting: Protection
Determine the feasibility and acceptability of wet-nursing, re-lactation or receiving donor human milk for infants and mothers identified through the above assessments.	Lead: Health Supporting: Protection, GBV
Using the above activities, identify infants and young children under the age of two years old confirmed to be unable to be breastfed or medically in need of supplemental feeding as eligible for BMS, or infants over 6 months of age whose caregivers would like to use BMS as a supplement in combination with complementary feeding and/or breastmilk.	Lead: Health Supporting: Protection, CCCM
For families identified to require BMS, 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.	Lead: Health Supporting: WASH, CCCM

Step 2: 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.

As a general guiding principle, the IOM position is to not solicit or accept donated supplies of breastmilk, BMS, other milk products or feeding equipment (including bottles, teats) for use in emergency settings. There may be exceptions to this position conditional on a needs assessment conducted by WHO or UNICEF, a direct request by the host government or a request coordinated through the national humanitarian coordination structure. In all of these cases, it would be best to coordinate decision making on the response to such requests through the MHD regional thematic specialist or Headquarters colleagues.

The quality of BMS can vary greatly, so any BMS supplies should be purchased based on assessed need and with appropriate quality control measures in place. In settings where direct procurement of BMS is necessary, this includes ensuring that the procurement process includes a technical expert with health and medical procurement capacities and skills. If such a person is not available at the project site, an external expert should be brought in temporarily to oversee the process. Project budgeting for the procurement of BMS should also include costs for associated supplies, such as feeding and cooking equipment, and hygiene measures. Finally, BMS must be distributed individually to eligible mothers and caregivers. The following table of guidance has been compiled from global technical documents from WHO and UNICEF on acceptable procurement practices, suggested calculations when determining the amount to procure as well as international guidelines relating to oversight of the BMS provision cycle.

Considerations when procuring and distributing BMS
Purchase necessary BMS supplies using the following considerations to decide between local and international procurement: • Compliance of available BMS product with Codex Alimentarius and with the WHO International Code of Marketing Breast-Milk Substitutes • Stocks available in-country • Cost • Importation legislation • Appropriate language of labels and instruction • Safeguarding against creating new markets for products For additional details please refer to UNICEF's guide on "Procurement and use of BMS in humanitarian settings".
Ready-to-use infant formula (RUIF) that meets the above criteria could be preferable to powdered formula in settings with challenges relating to clean water and accessible facilities for adequately cleaning the feeding cup.
When calculating the amount of BMS to procure, UNICEF has a suggested forecast amount of 750 ml of RUIF per infant per day. Procurement calculations need to be adjusted according to the size of the available BMS packages, the number of infants requiring BMS each day and the number of days the BMS is required for. When determining the amount to procure, it is also necessary to remember that all unused infant formula should be discarded two hours after preparation.

When medically indicated and available for personal purchase, BMS may be supported through multipurpose cash or restricted voucher schemes. However, where BMS is provided indirectly, it is important to determine if the available products are compliant[3] with the WHO International code of Marketing Breast-Milk Substitutes.
Distribution of BMS should be directly to the caregiver of the infant and in accordance with quantity and specifications determined by a medical professional.[4] Under no circumstances should general or blanket distributions be used as a platform to supply BMS.
Ensure accessible information is available in the language of the caregivers regarding proper preparation, use and storage of BMS.

Please note, both the supplier and the implementer of BMS are responsible for ensuring the provisions of technical guidance as detailed in the resource section (e.g. Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE) and WHO International Code of Marketing Breast-Milk Substitutes) are met and continue to be met for the duration of any intervention involving BMS.

Step 3: Promotion of safe feeding practices when BMS is indicated

In settings where BMS is provided to mothers and caregivers, the following table provides guidance on support measures to ensure the risks of BMS are minimized.

Additional guidance to reduce the risks of BMS use in crisis settings
BMS should be administered safely using an open cup. Feeding bottles and teats should not be distributed during emergencies,[5] and their use should be actively discouraged through education and training.
Provide appropriate BMS, feeding equipment and associated sanitation support to mothers and caregivers whose infants require BMS, e.g. support the use of cups (without spouts). Cups with lids and disposable cups may be necessary in transit situations.
Develop and conduct context appropriate information, education and communication activities and/or pictorials. Include critical information on the dangers of contaminated water and potential for bacterial transmission through feeding bottles and teats.[6]
Dried milk products can be pre-mixed with a milled staple food for distribution to use as a complementary food in children over six months of age and to begin weaning from BMS.

[3] 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.

[4] 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.

[5] 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.

[6] 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).

Breastfeeding mothers of severely malnourished infants under six months should receive a supplementary food ration regardless of their nutritional status. If those mothers meet the anthropometric criteria for severe acute malnutrition, admit or refer them for treatment.
Mothers of infant inpatients need skilled breastfeeding support as part of nutritional rehabilitation and recovery. This is particularly important for children below six months old and for mothers with disabilities.
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.

5. 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. The focus of interventions should be on supporting caregivers through counselling and tailored information, BMS if medically indicated and support in channeling scarce resources to meet the nutritional needs of the infants and young children in their charge. Support could also include providing mothers with access to a lactation consultant as well as mental health and psychosocial support (MHPSS) to ensure that mothers of infants born during or directly following a humanitarian crisis receive the care that best guarantees adequate nutrition for their infants and young children (UNICEF, 2021).

Risk communication could include conveying the potential risks of feeding infants under 6 months with solid foods or non-breastmilk or formula liquids, as well as the dangers of improper administration of infant formula. Integrated WASH/health support could be employed in situations where BMS is indicated through promoting optimal hygiene and sanitation practices and ensuring availability of clean water. Promoting optimal feeding for infants and young children in emergencies requires a flexible approach based on continual careful monitoring.

At 6 months of age, infants begin the complementary feeding period (6-23 months) which is characterized as the most nutritionally critical period in an individual's life. In this time frame, infants and toddlers should be introduced to a wide range of nutrient dense foods to prevent malnutrition including stunting, wasting, micronutrient deficiencies, overweight, obesity, and diet related diseases (UNICEF, 2020). While breastfeeding is recommended up until two years of age and beyond, the use of BMS alongside adequate complementary feeding can be substituted with other types of milk (cow, goat, soya, etc.) at 12 months of age unless medically/nutritionally required (UNICEF, 2016). At 6 months of age, caregivers can begin to slowly transition to feeding their infant solid foods and naturally wean off BMS and/or breastmilk. In emergency settings, the need for integrated WASH/health support is still critical even as an infant weans from BMS as optimal hygiene and sanitation practices are still required for complementary feeding.

Activities	**Suggested multisectoral coordination**
Ensure IYCF counselling as 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 breastfeeding, BMS feeding and complementary feeding.	Lead: Health Supporting: Protection, CCCM, MHPSS

Consider including funding for a lactation consultant to be available to support newborns and/or re-lactation processes.	Lead: Health
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.)*.	Lead: Health Supporting: MHPSS, CCCM, Protection
Support caregivers' coping capacities during and following emergencies as an essential part of fostering good feeding practices for infants and young children.	Lead: MHPSS, Protection, Health
Provide designated female- and children-friendly private spaces for breastfeeding in camp and camp-like settings to target skilled breastfeeding support and enable peer support.	Lead: CCCM, Protection Supporting: Health, MHPSS
Identify local ingredients and other donated commodities for preparing suitable complementary foods to bolster BMS and breast milk in infants over the age of 6 months.	Lead: Health Supporting: Protection, CCCM
Identify and support mothers and caregivers 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.	Lead: Health Supporting: Protection, CCCM
Identify and support mothers to transition to exclusive breastfeeding for infants under 6 months of age who are mixed-fed (breast-milk feeding with BMS).	Lead: Health Supporting: Protection
Identify and support mothers who have completely stopped breastfeeding but may be able to start again with proper support.	Lead: Health Supporting: CCCM, Protection, MHPSS, Education
In situations where transitioning to cup feeding for bottle-fed infants may not be feasible or acceptable to mothers/caretakers, to minimize risks, advise on bottle sterilization at household level or provide on-site sterilization services, accompanied by hygiene messaging.	Lead: WASH, Supporting: Health
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.	Lead: Health Supporting: CCCM, Protection

This guidance has sought to provide examples of how to support IYCF in crisis settings. Given the sensitivity of this topic, we encourage colleagues to determine the best fit nutritional intervention in their specific settings through coordination with MHD colleagues at the Mission, Regional Office and/or Headquarters level as needed to respond to the specific needs of mothers and young children in their care.

6. Technical Guidance Documents and Resources (links active as of June 2023)

Technical guidance	Relevant section or page number
Guidance on determining assessment priorities and sources of data	
IFE Core Group: Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE) (2017)	Pre-crisis data and early needs assessment to create situation profile (pg. 10) In-depth assessment guidance (pg. 11) Monitoring guidance (pg. 12)
WHO: Guiding Principles for Feeding Infants and Young Children during Emergencies (2004)	Annex 10: Framework for implementing selective feeding programmes Annex 11: Determining initial assessment priorities at an emergency site
Sphere: Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (2018)	Section 4 of Food Security and Nutrition section (pg. 185): 4.1 Policy guidance and coordination (includes key actions and indicators)
IYCF toolkits with links for assessment tools	
Save the Children: Infant and Young Child Feeding in Emergencies (IYCF-E) Toolkit - STC (2022)	Chapter 2: Assessing the need
United States Centers for Disease Control and Prevention (CDC): Infant and Young Child Feeding in Emergencies (IYCF-E) Toolkit (2022)	Rapid needs assessment checklist
Global Nutrition Cluster: Repository of Nutrition Programmatic and Technical Guidance	Includes links to guidance for project managers, frontline workers, assessment tools and communication leaflets for the population
ACF International: International Manual for the Integration of Child Care Practices and Mental Health Into Nutrition Programs (2013)	Manual on the integration of childcare practices and mental health into nutrition programmes; includes breastfeeding (p. 23)
Indicators for assessing IYCF through surveys	
UNICEF: Indicators for Assessing Infant and Young Child Feeding Practices (2021)	Set of downloadable indicators for use in household surveys
ASEAN and UNICEF collaboration: Guidelines and Minimum Standards for the Protection, Promotion and Support of Breastfeeding and Complementary Feeding (2022)	Section 8.4: Key IYCF indicators for collection (pg. 70)
WHO: Guiding Principles for Feeding Infants and Young Children during Emergencies (2004)	Annex 12: Core indicators for assessing infant feeding practices
Procurement standards and guidelines	

FAO & WHO: STANDARD FOR INFANT FORMULA AND FORMULAS FOR SPECIAL MEDICAL PURPOSES INTENDED FOR INFANTS CXS 72-1981 (2020)	Codex Alimentarius (international food standards) for BMS. Additional information available in nutrition and labelling
WHO: The International Code of Marketing of Breast-milk Substitutes – Frequently Asked Questions (2017)	Donations from companies are considered a conflict of interest (pg. 6)
UNICEF: Procurement and Use of Breastmilk Substitutes in Humanitarian Settings (2021)	BMS procurement flowchart (pg. 7) Section 5: General guidance on selection of BMS (pg. 20) Forecasting amounts (ready to use and powdered BMS) (pg. 22) Section 7: Acquisition of BMS (pg. 27)
Practical steps for supporting appropriate infant and young child feeding in emergencies	
WHO: Guiding Principles for Feeding Infants and Young Children during Emergencies (2004)	Annex 2: Practical steps to ensure appropriate infant and young child feeding in emergencies
Sphere: Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (2018)	Section 4 of Food Security and Nutrition section (pg. 185): 4.2 Multisectoral support to IYCF-E
Additional resources	
UNICEF: Breastfeeding: A Mother's Gift for Every Child (2018)	Steps for successful breastfeeding (pg. 5)
WHO: Ten Steps to Successful Breastfeeding (2019)	Poster with tips for successful breastfeeding
WHO: The International Code of Marketing of Breast-milk Substitutes – Frequently Asked Questions (2017)	Reasons to breastfeed (pg. 3)
UNICEF: Advocacy Brief Breastfeeding in Emergency Situations (2018)	Reasons to breastfeed in emergency settings
WHO and UNICEF: Commentary: Breastfeeding in Emergencies: A Question of Survival (2016)	Reasons to breastfeed in emergency settings
UNFPA and Ministry of Health of Indonesia: The Operational Guideline on the Implementation of the Minimum Initial Service Package (MISP) for Reproductive Health in Health Crisis (2017)	Includes information on cluster coordination, needs of breastfeeding women, etc.
Field Exchange: Infant Feeding Practices: Observations from Macedonia and Kosovo, Field Exchange 8 (1999)	Field perspectives on IYCF in emergency settings
Johns Hopkins Center for Humanitarian Health: Infant and Young Child Feeding in	Collection of journal articles on IYCF-E

Emergencies (IYCF-E) – Literature Repository (2022)	
Emergency Nutrition Update: EN World Vision Mental Health and Psychosocial Support in Emergency Nutrition Programmes. Emergency Nutrition Update, Issue 14 (2012)	Mental health and psychosocial support in emergency nutrition programmes
ACF-International: Baby Friendly Spaces (2014)	Holistic approach for pregnant, lactating women and their very young children in emergencies
UNICEF: Guidelines on Providing Information to Parents on Formula Feeding (2014)	Best practices on informing parents about formula / bottle feeding without undermining breastfeeding or violating the Code
UNICEF: Improving Young Children's Diets During the Complementary Feeding Period (2020)	Best practices on introducing complementary foods to infants and toddlers from 6-23 months.
UNICEF: Health professionals guide: A guide to infant formula for parents who are bottle feeding (2016)	Best practices on infant formula and bottle feeding.