



Group 1

Issues in the immediate response phase

A cornerstone of the emergency planning framework in the UK is personal resilience. Families are encouraged to have a family plan, and grab bags with important items in ready and waiting.

What information do parents need in order to protect their infants and young children in an emergency?

What should parents bring with them if they are evacuated from home?

Some emergencies will require people to evacuate their homes without time to collect any of their belongings, and spend time in a rest centre. These might be in schools or sports centres.

How can you determine what each family's needs are? What sort of questions need to be included in immediate needs assessment?

What needs to be provided in a rest centre to best support parents, infants and young children?

- **trained support for infant feeding?**
- **facilities for safer formula/bottle preparation?**
- **Separate mother/baby spaces?**

Scenario:

Parliamentary Security have just informed us that Parliament is on lockdown, and we may be here overnight. We have three babies here at the moment. One is fully breastfed, one is fully formula fed, and the third is mix fed. The mother of the formula fed baby has enough milk prepared for 1 feed. The mother of the mix fed baby has some powdered formula milk with her.

What do we need to do to ensure that the babies in this room are safely fed for the next 24 hours?



Group 2

Supporting formula feeding families

The majority of infants in the UK are fully or partially formula fed. If a baby of more than one week arrives at a rest centre, it is more likely than not that they are fed at least partially on formula milk. It is essential that rest centres are properly set up to support formula feeding families.

What needs to be provided in a rest centre to best support formula feeding families?

Think about:

- Needs Assessment

- **Procuring suitable supplies of formula milk**
- **Storage**
- **Preparation of formula and appropriate cleaning of bottles and teats**
- **Distribution**
- **Equipment for formula feeding**
- **Anything else?**

Scenario:

There has been widespread flooding in your area and you are responsible for the local rest centre. Many families with babies and young children are arriving. Local community groups are also dropping off donations, including tins of formula.

How do you set up the rest centre/ what facilities do you need to support these families?

What guidelines do you need in place to handle donations?

What are the options for families who mix feed their infant?

Which option is most protective of the infant?

Who should discuss these options with the family?

What support might be necessary?

Resource: Breastfeeding rates from 2010 Infant Feeding Survey



Group 3

Ordinary business in extraordinary circumstances: Identifying local infant feeding services

Scenario:

Flooding has caused the evacuation of your local town. Water supplies have been contaminated and electricity has been cut off. Many families with infants and young children have moved to a local rest centre. What resources and trained personnel are available in your own area?

How can you map out existing local provision of trained infant feeding support, both statutory and from the voluntary sector?

How can the voluntary sector be integrated into planning and preparation?

What services can currently be provided?

What are the trained lactation support networks and infant feeding networks in the local areas? How are they best identified?

Are there any gaps in local infant feeding services?

Which agency has the obligation to provide infant feeding support?

What guidance is necessary for the third sector in relation to support that may be used by the Local Authorities?

Resources: Who's Who in Breastfeeding in the UK?

Indicator 6: Community-based support



Group 4

Communications

Recent experience of emergencies in the UK demonstrates the importance of communication. Websites and social media are important avenues for official communications with the public. Twitter may be the first place that people look for information about an unfolding emergency situation.

The media is also a crucial means of communicating key messages but sometimes media stories can undermine a safer infant feeding response. Close communication with the media is vital.

Spontaneous volunteers can use the power of social media to organise community assistance programmes. These community assistance programmes might undermine plans for safely feeding infants and young children in emergencies.

**What are the communications issues related to infant feeding in emergencies?
Who should be responsible for coordinating communications with the media around infant feeding and for developing appropriate communications with the wider public?
How can basic information about infant feeding in emergencies reach different audiences? Local responders/ health workers/ affected families/ donors/ the public?
How can information about formula milk (eg. donations/use/safety) be communicated sensitively with relevant audiences?**

How should emergency responders communicate with the public about infant feeding issues?

How should emergency responders communicate with the third sector about infant feeding issues?

How should authorities respond to spontaneous community assistance programmes? How can authorities respond?

Resources: Protecting infants in emergencies: Information for the media – ENN flyer
Grenfell poster
Safely Fed social media memes



Group 5

The Operational Guidance on Infant and Young Child Feeding in Emergencies in the UK context

The Operational Guidance provides expert international guidelines. The latest edition was published in 2017. The World Health Assembly, including a UK delegation, adopted Resolution 63/2010 which recommended that states implement the Operational Guidance in their own emergency planning.

**How do we get the Operational Guidance into the UK emergency planning framework?
What do we want to get into the UK emergency planning framework?
To what extent does the Operational Guidance fit into the UK context? To what extent does it need to be adapted to fit into the UK context?
How do we take this forward and push for change?**

There is a wider policy question about improving general resilience for infants in the UK in the context of emergencies. The best way to do this is to embed breastfeeding more widely. To a certain extent, this means implementing the WBTi recommendations.

**How do we push for this wider change?
Can/should we use the emergencies hook to push the wider reform agenda? How?**

Resources: WHA Resolution 63/2010
Breastfeeding Rates
WBTi Report



Group 6

Issues in the recovery phase

Emergency responses fall into two phases – response and recovery. There is a formal handover between the two. Response is focused on dealing with the immediate implications of the emergency.

Recovery is focused on much longer term rebuilding of the community. This is a multi-agency and multi-disciplinary effort, and ranges from support relating to housing provision, to psychosocial support for children. In the context of infant feeding, there are potential issues that the recovery team will have to deal with arising from damage to infant feeding relationships during the response phase. For example, a breastfeeding relationship could be seriously undermined within days. This would very likely be unwanted by the mother, and may contribute to psychological distress after the emergency situation.

How can ordinary services best support mothers, infants and young children in the recovery phase?

To what extent does infant feeding need to be built into recovery plans?

How well integrated into the wider services are infant feeding issues?

What non-statutory services in the voluntary sector can provide support for families around infant feeding?

How can local breastfeeding support groups support mothers' self efficacy and how does breastfeeding support mothers' resilience to stress and trauma?

To what extent do the wider services need to be aware of infant feeding issues? What issues are important?

Breastfeeding is itself important to the recovery phase. There are significant emotional and physical benefits to both mother and baby of breastfeeding, and the infant is less likely to become unwell during the emergency. The ongoing breastfeeding relationship will assist in the recovery of both.

What do wider services need to do to protect breastfeeding in this context?

Which agency is/should be responsible for co-ordinating this support?

What guidance should be given to local services to help them develop the necessary capabilities to provide necessary support?

Resources: Part 10, London Humanitarian Assistance Plan: Roles and Responsibilities.