



World Breastfeeding Trends Initiative (WBTi)

Protecting Infants in Emergency

Best practice and guidance into policy:
Recommendations from WHO and
WBTi

Helen Gray IBCLC



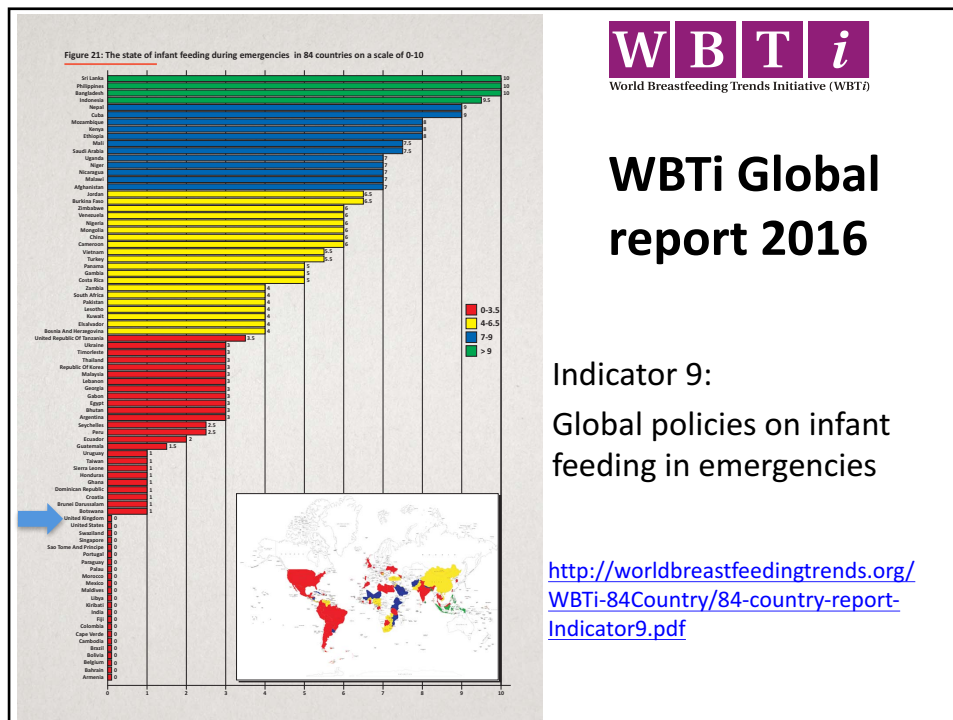
UK WBTi Report 2016

- **Findings: gaps and recommendations**
- **Why infant matters here**
- **What needs to be done**

<https://ukbreastfeeding.org/wbti/uk2016/>

WBTi UK Report Card 2016

Policies and programmes: Indicators 1-10		
Key gaps	Key recommendations	Score
Indicator 1 National policy, programme and coordination Is there a national infant and young child feeding strategy, a national breastfeeding commission and a national coordinator as recommended in the Global Strategy?	UK Governments of the four home nations to support establishing a sustainable UK-wide IF group for policy leads and special advisers in IF to share good practice. E & W Each government to set up a national, sustainable, strategic IF committee, with multi-sectoral representation, coordinated by a high-level funded specialist lead.	1
Indicator 2 Baby Friendly Initiative Do all mothers have access to accredited Baby Friendly maternity care?	E & W Governments to mandate and fully fund one-to-one implementation and also implementation of the BFI nationally in accordance with the National Institute for Health and Care Excellence (NICE) guidance.	7.5
Indicator 3 International Code of Marketing of Breastmilk Substitutes Are the provisions of the International Code and subsequent World Health Assembly Resolutions (the Code) enacted in national legislation and fully enforced?	UK Government to fully implement the Code in legislation, and the responsible authorities to take coordinated action to enforce the Regulations in place.	6
Indicator 4 Maternity protection Do women have adequate paid maternity leave and breastfeeding breaks?	UK Government to legislate for reasonable breastfeeding breaks and suitable facilities for breastfeeding/pumping in workplaces, educational institutions and the judicial system.	6.5
Indicator 5 Health professional training Are all health professionals who work with mothers and babies adequately trained to support breastfeeding?	UK Institutions responsible for relevant pre-registration training standards and curricula to set mandatory minimum standards for core knowledge on breastfeeding and young child feeding for HCPs who work with mothers, infants and young children. These to align with World Health Organization (WHO) BFI standards.	5.5
Indicator 6 Community-based support Do all mothers have access to skilled breastfeeding support from health professionals and others in the community?	E Commissioners to maintain the full range of health-visiting services. E & W Commissioners to ensure there is a range of integrated perinatal services that include voluntary sector breastfeeding support, meet local needs and provide clear access to specialist support.	7
Indicator 7 Information support Is there a comprehensive national information, education and communication strategy with accurate information on infant and young child feeding at every level?	E Government to create a national multi-media communications strategy which includes a public information campaign aimed at wider society (partners, extended family, community, workplaces).	5.5
Indicator 8 Infant feeding and HIV Are national policies and programmes to support HIV+ mothers in their feeding decisions supported by up-to-date evidence?	UK More pre-registration training for healthcare practitioners (HCPs) who work with mothers, infants and young children has many gaps in the high-level standards and curricula, unless it is BFI accredited.	6.5
Indicator 9 Infant and young child feeding during emergencies Are guidelines in place to provide protection to infants and young children in cases of emergency?	UK Each government to develop a national strategy on IYCF in emergencies that is integrated into existing emergency preparedness plans.	0
Indicator 10 Monitoring and evaluation Are monitoring and evaluation data regularly collected and used to improve infant and young child feeding practices?	E The UK 5-yearly Infant Feeding Survey has been discontinued. Current data collection is incomplete and too limited in scope.	5
UK United Kingdom E England W Wales		Scores are out of 10: 6.5 6.5 6.5 6.5 Subtotal 50.5/100



WBTi UK Report: Indicator 9

Gaps

- None of the countries has a national strategy addressing IYCF in emergencies.
- Guidance for agencies tackling emergencies fails to mention the specific needs of mothers and infants.
- England, Northern Ireland and Wales** There are no resources or coordinators responsible for IYCF in emergencies.

Recommendations

- Each government to develop a national strategy on IYCF in emergencies based on WHO/international recommendations, integrated into existing emergency-preparedness plans, and communicate it to all the relevant agencies.
- Key documents to be made available for agencies working during emergencies to include IYCF guidance for emergency workers.
- England, Northern Ireland and Wales** Each government to identify a coordinator to be responsible for IYCF in emergencies, and to develop resources and build capacity.

UK WBTi Report 2016

- *Findings: gaps and recommendations*
- *Why infant matters here*
- *What needs to be done*

WBTi UK Report Card 2016

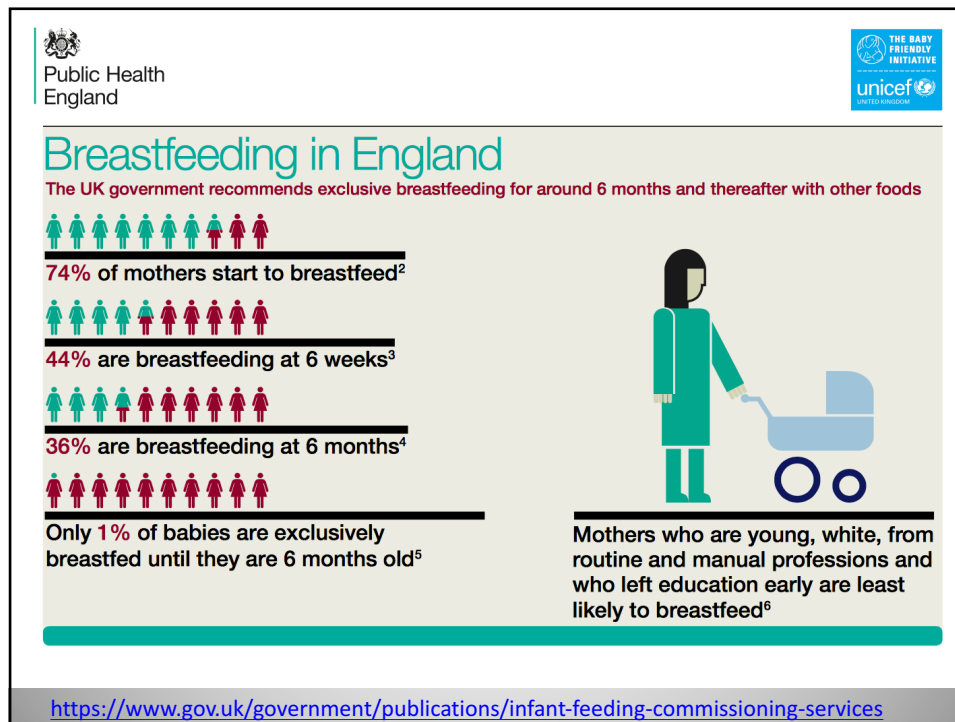
Policies and programmes: Indicators 1–10

Key gaps	Key recommendations	Score
Indicator 1 National policy, programme and coordination Is there a national infant and young child feeding strategy, a national coordinating committee and a national coordinator as recommended in the Global Strategy?	E UK No established UK-wide infant feeding (IF) group for sharing good practice. E & W No national and sustainable leadership as no IF committee or coordinator.	1
Indicator 2 Baby Friendly Initiative Do all mothers have access to accredited Baby Friendly maternity care?	E & W No mandate or dedicated funding to implement the Global UK Baby Friendly Initiative (BFI) nationally and no time-bound expectation.	7.5
Indicator 3 International Code of Marketing of Breastmilk Substitutes Are the provisions of the International Code and subsequent World Health Assembly Resolutions (the Code) enacted in national legislation and fully enforced?	E UK The Code is not fully implemented in the UK and there is no enforcement of the Regulations that are in place.	6
Indicator 4 Maternity protection Do women have adequate paid maternity leave and breastfeeding breaks?	E UK No legally required provision for breastfeeding breaks or suitable facilities in workplaces, educational institutions and the judicial system.	6.5
Indicator 5 Health professional training Are all health professionals who work with mothers and babies adequately trained to support breastfeeding?	E UK Most pre-registration training for healthcare practitioners (HCPs) who work with mothers, infants and young children has more gaps in the high-level standards and curricula, unless it is BPS accredited.	5.5
Indicator 6 Community-based support Do all mothers have access to skilled breastfeeding support from health professionals and others in the community?	E UK Commissioners to maintain the full range of health-visiting services. E & W Commissioners to ensure there is a range of integrated perinatal services that include voluntary sector breastfeeding support, meet local needs and provide clear access to specialist support.	7
Indicator 7 Information support Is there a comprehensive national information, education and communication strategy, with accurate information on infant and young child feeding at every level?	E UK No national multi-media communications strategy for infant and young child feeding (IYCF).	5.5
Indicator 8 Infant feeding and HIV Are national policies and programmes to support HIV+ mothers in their feeding decisions supported by up-to-date evidence?	E UK Most information on HIV and P is widespread, and HCPs/community workers do not receive up-to-date training on HIV and IE.	6.5
Indicator 9 Infant and young child feeding during emergencies Are guidelines in place to provide protection to infants and young children in case of emergency?	E UK No national strategies addressing IYCF in emergencies.	0
Indicator 10 Monitoring and evaluation Are monitoring and evaluation data regularly collected and used to improve infant and young child feeding practices?	E UK The UK 5-yearly Infant Feeding Survey has been discontinued. Current data collection is incomplete and too limited in scope.	5
UK United Kingdom E England W Wales		Subtotal 50.5/100

- Breastfeeding provides
 - Baby's immune system
 - Baby's nutrition
 - Comfort and security for mother and baby
 - Family planning
- Risks of formula feeding
 - Loss of immunity
 - Poor nutrition
 - Pathogens in water
 - Pathogens in milk powder
 - Displace breastfeeding/ impact milk supply




Photo by Angela, Cheltenham Borough Council (CC BY-NC-ND 2.0)



Supporting infant feeding in emergencies

- Keep breastfeeding
- Mixed feeding: help mothers to reduce reliance on formula by increasing breastfeeding
- Relactation where appropriate
- Support safer formula feeding
- Suitable complementary feeding for 6-24 month olds



**GRENELL
TOWER
APPEAL**

If you would like to *make a donation to help the victims of the Grenfell Tower fire*, you can drop your donations of water, blankets, toiletries, baby milk, biscuits and can drinks to:

UCKG HelpCentre
(Hammersmith), Unit
30, Broadway
Shopping Centre,
Hammersmith,
W6 9YD

Please
Share

<https://www.facebook.com/UCKGCommunityOutreach/>



This is no place to mix a bottle of formula.

Give money, not formula.

Learn how to support safe infant feeding practices for migrants and refugees. Visit us at Facebook/safelyfed

INFANT
FEEDING
SUPPORT *for*
REFUGEE
CHILDREN

www.SafelyFed.org

Photo: Christian Payne/Flickr/2144925973/invalbum:7215769652362762

Food parcel for under 2s Chios



Photo ©J Timmermans



©Helen Gray IBCLC

UK WBTi Report 2016

- *Findings: gaps and recommendations*
- *Why infant matters here*
- *What needs to be done*

WBTi UK Report Card 2016

Policies and programmes: Indicators 1–10		
Key gaps	Key recommendations	Score
Indicator 1 National policy, programme and coordination Is there a national infant and young child feeding strategy, a national coordinating committee and a national coordinator as recommended in the Global Strategy?	UK No established UK-wide infant feeding (IF) group for sharing good practice. E & W No national and sustainable leadership to the IF Committee or coordination.	1
Indicator 2 Baby Friendly Initiative Do all mothers have access to accredited Baby Friendly maternity care?	E & W No mandate or dedicated funding to implement the UNICEF UK Baby Friendly Initiative (BFI) nationally and in the national system.	7.5
Indicator 3 International Code of Marketing of Breastmilk Substitutes Are the provisions of the International Code and subsequent World Health Assembly Resolutions (the Code) enacted in national legislation and fully enforced?	UK The Code is not fully implemented in the UK and there is no enforcement of the Regulations that are in place.	6
Indicator 4 Maternity protection Do women have adequate paid maternity leave and breastfeeding breaks?	UK No legally required provision for breastfeeding breaks or suitable facilities in workplaces, educational institutions and the judicial system.	6.5
Indicator 5 Health professional training Are all health professionals who work with mothers and babies adequately trained to support breastfeeding?	UK Most pre-registration training for healthcare practitioners (HCPs) who work with mothers, infants and young children has many gaps in the high-level standards and curricula, unless it is BFI accredited.	5.5
Indicator 6 Community-based support Do all mothers have access to skilled breastfeeding support from health professionals and others in the community?	E The future of health-visiting services in England is uncertain. E & W In some areas there is little or no integration of NHS community services with voluntary sector breastfeeding support, and no clear access to a skilled lactation specialist.	7
Indicator 7 Information support Is there a comprehensive national information, education and communication strategy with accurate information on infant and young child feeding at every level?	E No national, multi-media communications strategy for infant and young child feeding (IYCF).	5.5
Indicator 8 Infant feeding and HIV Are national policies and programmes to support HIV+ mothers in their feeding decisions supported by up-to-date evidence?	UK Most all HCPs/community workers on up-to-date WHO and British HIV Association recommendations on HIV and IF.	6.5
Indicator 9 Infant and young child feeding during emergencies Are guidelines in place to provide protection to infants and young children in cases of emergency?	UK No national strategies addressing IYCF in emergencies.	0
Indicator 10 Monitoring and evaluation Are monitoring and evaluation data regularly collected and used to improve infant and young child feeding practices?	E The UK 5-yearly Infant Feeding Survey has been discontinued. Current data collection is incomplete and too limited in scope.	5
UK United Kingdom E England W Wales		Scores are out of 10: 6.5 6.5 6.5 6.5 5.5 7 6.5 0 5
		Subtotal 50.5/100

Infant Feeding in Emergencies (IFE) Core Group

IFE CORE GROUP

An inter-agency collaboration concerned with the protection and support of safe and appropriate infant and young child feeding in emergencies

Individual members: Karleen Gribble, Marko Kerac

English

Infant and Young Child Feeding in Emergencies

Operational Guidance for Emergency Relief Staff and Programme Managers

Developed by the IFE Core Group

Version 3.0 – October 2017

2010 World Health Assembly Resolution calls for all countries to implement

The International Code and Resolutions

<http://www.who.int/nutrition/netcode/resolutions/en/>

©Helen Gray IBCLC

Infant feeding guidelines – In transit

ONLY FORMULA FEED IF BREASTFEEDING IS NOT POSSIBLE

Formula feeding can be dangerous for a baby and it is difficult to do while travelling. Only formula feed if you have no other choice.

Formula feeding is not clean. Babies who are fed with formula are more likely to become sick with serious illnesses, such as diarrhea and chest infections.

If you are breastfeeding and also giving formula you can return to just breastfeeding. Feed your baby frequently and gradually give baby less formula. Each day one formula feed can be replaced with breastfeeding. It may take a few days to wean off of the formula and increase breastmilk.

If other breastfeeding women are travelling with you, and you are not breastfeeding or are still using some formula they may be willing to breastfeed your baby so you don't have to use formula.

Formula feeding as you travel

If your baby is under 6 months old and cannot be breastfed then they should be fed infant formula.

Powdered formula

Powdered formula should be mixed with clean,

Throw out unused formula; do not save it to feed later. Bacteria grow quickly in formula once it is mixed and can make baby sick.

Ready to feed liquid formula

Ready to feed liquid formula does not need dilution and is easier to use. **Once containers of ready to feed formula are opened they must be drunk immediately and any left over milk must be thrown out.** Once ready to feed formula is opened bacteria can quickly grow and can make your baby sick.

READY TO FEED FORMULA IS SAFER THAN POWDERED

After 6 months, your baby can have animal milk instead of formula. This milk might be easier to obtain and is safer to use than powdered infant formula.

Recommended:

- Full-cream pasteurized animal milk (goat; cow; sheep) including UHT milk.
- Fermented milk or yoghurt

Avoid:

- Juices, teas
- Evaporated or condensed milk

Feeding baby with a bottle

Washing feeding bottles is very difficult while you travel. If you are formula feeding, don't use

Feeding baby with a cup
Cup and spoon feeding are cleaner than using a bottle:

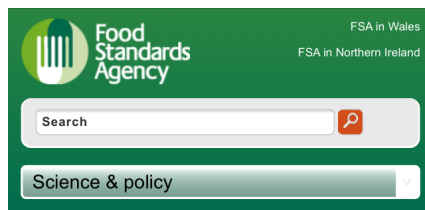
- Use a small cup. Try to clean it after each feed with hot soapy water. If you can't clean it right after feeding your baby, make sure you dry it very well with clean paper towel.
- The baby should be upright or almost upright on your lap.
- Hold the cup of milk to the baby's mouth. Tip the cup so the milk just reaches the baby's lips. Rest the cup lightly on the baby's lower lip. Let the edges touch the baby's upper lip and let the baby lap the milk like a kitten.
- Do not pour milk into the baby's mouth. Let the baby take milk into its mouth from the cup.



www.SafelyFed.org



Existing resources in the UK



Home ► Science & policy ► Food poisoning

► Flooding: food safety advice



Flooding: food safety advice



If you have been affected by flooding, either because your home has been flooded, or your water supply has been cut off, read our tips on how to prepare

Feeding babies

If your drinking water supply is either interrupted or contaminated by the flooding and you need to prepare formula feed for a baby, it is



Guidance for supporting Mother's with Infants during an emergency

Concerns were raised about support for infant feeding during the recent floods. I was asked to draw together guidance for volunteers and staff to use during emergency situations. The following information has been drawn together with advice from several professionals in this field.

1. Check with local Midwives, Health Visitors / Public Health officials
2. Only distribute to those in need and be sure they are identifiable (for further reference)
3. Breastfeeding mothers should be actively supported – it is a sterile, safe, and secure way of feeding babies that avoids the risks of contaminated water and the need to sterilise feeding equipment.
4. Mothers reporting breastfeeding difficulties should be encouraged to feed their baby frequently and where possible/desirable have somewhere private to feed the baby. For additional information on support networks see section at the end of this document.
5. Breastfeeding mothers should have additional supplies of water and where possible fresh food (however in the short term additional food is not essential).

How well does pre-registration health professional training match the WHO Education Checklist for lactation?						
	Factors influencing infant feeding	Antenatal care	Perinatal care	Process of milk production and removal	Benefits of optimal infant feeding	Guidance for successful breastfeeding	Management of common feeding problems	Babies with special needs (e.g. pre-term)	Facilitate successful lactation with maternal medical conditions/treatments	Prescribe/ recommend medications compatible with lactation	Sustain lactation when mother and baby are separated	International Code and health worker responsibilities	Preventing or reducing mother-to-child HIV transmission	IYCF in emergencies
Midwife												e		
Nurse						e								
SCPHN (NMC standards)						f								
SCPHN (BFI-accredited course)									k					
Paediatrician	a						h							
Obstetrician	a	c		a	a	g	i		l	m			p	
GP	a			a			j							
Dietitian (general)	b												q	s
IBCLC										n				
BFC		d								n			r	r

■ included

■ not included

■ underpinned

■ not applicable

a. The topic is not mentioned in the standards or syllabus for the specialist but may be included in the undergraduate syllabus

b. Prescripts covered but explicit mention of infant feeding only in paediatric dietitian training

c. Only breast expression mentioned

d. BFC provides antenatal preparation but not breast expression

e. Nurse supports breastfeeding in line with a registered midwife

f. Only mention of breastfeeding in standards is that a registered SCPHN (includes HV) may set up a health-promotion programme, such as a breastfeeding support scheme

g. Dietitian provides care to and supports midwife colleagues

h. Paediatrician recognises common breastfeeding problems and refers appropriately

i. Observation syllabus includes breast problems but unclear whether this includes breastfeeding

j. Aspects of neonatal problems, such as jaundice and colic

k. Curriculum states support for diabetic mothers; some courses include training to prescribe (nurse prescribing)

l. Syllabus mentions management of mastitis only

m. Safe prescribing in undergraduate curriculum and lactation to be included for obstetricians in curriculum review

n. IBCLC and BFC do not prescribe or recommend medications but understand their effects

o. The Code is not mentioned in midwifery standards but is included in BFI-accredited training

p. Observation curriculum includes HIV risk assessment; HIV and feeding options to be included in the future

q. Dietitian training does not mention HIV but some have specialised in this in relation to infant feeding

r. La Leche League GB is the only national breastfeeding support charity explicitly covering HIV and infant feeding

s. Dietitian training does not mention emergencies, but some have become skilled through working with teenagers

30 | Indicator 5

World Breastfeeding Trends Initiative UK 2016

World Breastfeeding Trends Initiative UK 2016

Indicator 5 | 31

<https://ukbreastfeedingtrends.files.wordpress.com/2017/03/wbti-uk-report-2016-part-1-14-2-17.pdf>

Who's Who in Breastfeeding Support and Lactation in the UK



	International Board Certified Lactation Consultant (IBCLC)	Breastfeeding Counsellor	Peer Supporter	Baby Friendly
Also known as	Only IBCLC certified lactation consultants are listed on IBCLC registry. Role and Impact of the IBCLC	Breastfeeding Counsellor (ABM, NCT), Breastfeeding Supporter (BFI), La Leche League Leader (LLLGB)	Peer Counsellor, Mother Supporter, Breastfeeding Buddy etc.	BFI Baby Friendly accredited hospitals and communities listed here
Accreditation	IBCLC is the only internationally recognised professional breastfeeding qualification. Awarded by IBCLC (exam body)	Awarded by the voluntary organisation. Some have university accreditation	Certificate from accrediting organisation. Some receive college qualification	UNICEF Baby Friendly Initiative
Who	Health professionals (HP) and accredited breastfeeding counsellors. For other routes see IBCLC pathways	Experienced breastfeeding mothers	Usually women who have breastfed	Usually health professionals and allied workers
Prerequisites	HP and breastfeeding counsellors need extensive clinical experience and advanced lactation education to sit IBCLC exam.	Breastfed own baby for at least 6-12 months	Ability and motivation to take on voluntary role. Usually has breastfed own baby	None
Clinical Hours Prerequisite	1000 hours helping breastfeeding families in a supervised setting (after accreditation as breastfeeding counsellor or HP)	None	None	None required
Breastfeeding Education	90 hours minimum after qualifying as a breastfeeding counsellor or HP. Exam blueprint	Average 2 years, part time	16-36hrs	Ideally about 18 hours over several days
Counselling Skills	Covered in depth for all breastfeeding counsellors; HP training may vary	Extensive	Basic communication and listening skills	Short introduction to counselling skills.
Standards of Practice	Professional Standards of Practice, Scope, and Disciplinary Procedures	Each voluntary agency has own policies and procedures	Accrediting charity and the agency who supervises have appropriate procedures	Baby Friendly accreditation audits
Recertification	Recertify every 5 years with an average of 15 hrs/yr of continuing lactation and ethics education. Every 10 yrs must reit exams	Continuing education required	Continuing education should be provided	Annual update (1-6 hours) offered by some employers. Institution regularly audited by BFI
Work	Employed in health service (hospital/ community), infant feeding lead roles, NICUs, training HPs/peer supporters, research, policy or in private practice (fees payable)	Volunteers in mother support groups, antenatal classes, helplines etc. Some roles may be paid but breastfeeding counselling service is free to mothers	Usually volunteers, expenses may be paid. Community, children's centres, breastfeeding drop-ins, hospitals. Service free to mothers	Hospitals and community. NHS service free to mothers
Scope	Any breastfeeding issues including complex situations , high-risk babies, oral assessment , etc.	Support with common breastfeeding problems. Referral to further professional advice as needed. Supervision within accrediting body	Encourage and support basic breastfeeding issues under supervision. Refer complex problems on to specialist	Health service staff work within their existing employment scope

©LCGB 2014

UK WBTi Report 2016

- **Findings: gaps and recommendations**
- **Why infant matters here**
- **What needs to be done**

WBTi UK Report Card 2016

Policies and programmes: Indicators 1–10		
Key gaps	Key recommendations	Score
Indicator 1 National policy, programme and coordination Is there a national infant and young child feeding strategy, a national coordinating committee and a national coordinator as recommended in the Global Strategy?	E UK No established UK-wide infant feeding (IF) group for sharing good practice. E & W No national and sustainable leadership as no IF committee or coordinator.	1
Indicator 2 Baby Friendly Initiative Do all mothers have access to accredited Baby Friendly maternity care?	E & W No mandate or dedicated funding to implement the Global UK Baby Friendly Initiative (BFI) nationally and no time-bound expectation.	7.5
Indicator 3 International Code of Marketing of Breastmilk Substitutes Are the provisions of the International Code and subsequent World Health Assembly Resolutions (the Code) enacted in national legislation and fully enforced?	E UK The Code is not fully implemented in the UK and there is no enforcement of the Regulations that are in place.	6
Indicator 4 Maternity protection Do women have adequate paid maternity leave and breastfeeding breaks?	E UK No legally required provision for breastfeeding breaks or suitable facilities in workplaces, educational institutions and the judicial system.	6.5
Indicator 5 Health professional training Are all health professionals who work with mothers and babies adequately trained to support breastfeeding?	E UK Most pre-registration training for healthcare practitioners (HCPs) who work with mothers, infants and young children has more gaps in the high-level standards and curricula, unless it is BFI accredited.	5.5
Indicator 6 Community-based support Do all mothers have access to skilled breastfeeding support from health professionals and others in the community?	E UK Commissioners to maintain the full range of health-visiting services. E & W Commissioners to ensure there is a range of integrated potential services that include voluntary sector breastfeeding support, meet local needs and provide clear access to specialist support.	7
Indicator 7 Information support Is there a comprehensive national information, education and communication strategy, with accurate information on infant and young child feeding at every level?	E UK No national multi-media communications strategy for infant and young child feeding (IYCF).	5.5
Indicator 8 Infant feeding and HIV Are national policies and programmes to support HIV+ mothers in their feeding decisions supported by up-to-date evidence?	E UK Misinformation on HIV and IF is widespread, and HCPs/community workers do not receive up-to-date training on HIV and IF.	6.5
Indicator 9 Infant and young child feeding during emergencies Are guidelines in place to provide protection to infants and young children in case of emergency?	E UK No national strategies addressing IYCF in emergencies.	0
Indicator 10 Monitoring and evaluation Are monitoring and evaluation data regularly collected and used to improve infant and young child feeding practices?	E UK The UK Tysler Infant Feeding Survey has been discontinued. Current data collection is incomplete and too limited in scope.	5
UK United Kingdom E England W Wales		Scores are out of 10: 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5 1.0 0.5 0.0 Subtotal 50.5/100



World Breastfeeding Trends Initiative (WBTi)

UK Working Group

<http://ukbreastfeeding.org>

[@wbtiuk](https://twitter.com/wbtiuk)

clarelmeynell@gmail.com

helengray123@yahoo.co.uk

www.worldbreastfeedingtrends.org