

WHY MOTHERS USE DONATED INFANT FORMULA AND DON'T BREASTFEED

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Frontline workers / journalists are often asked for infant formula and/or milk products, why?

- If infant really not breastfed then provide BMS...

AFTER

comprehensive assessment by qualified health/nutrition worker

AND

after explored 'breastmilk option' first

Mother needs to be referred....don't just give BMS

- **But what if mother is breastfeeding?**

MAJORITY (exclusive or mixed)

BF mother actual need for BMS? (Temporary / Permanent)

- Mother very ill / injured
- Psychological trauma / sexual assault / infant rejected
- Mother won't breastfeed in public / with male
- Stress – stop flow of breastmilk (only EXTREME MINORITY) – wait how long?
- Relactation – until milk supply re-established

Perceived need...

- **Breastfeeding mother lost her confidence**
 - Perhaps due to breastfeeding myths/misconceptions:
Normal breastfeeding myths + extra emergency myths
MYTH: Stress dries up breastmilk
MYTH: Malnourished mothers can't breastfeed
MYTH: Tension/stress/grief is passed on through to the baby by the breastmilk
 - Baby distressed / refusing the breast = mother thinks due to lack of breastmilk and baby 'starving'

Perceived need...

- Believes that mixed feeding is 'best' for her infant
- Is unaware of optimal IYCF and dangers of BMS *especially in emergency*
- Is unaware possible to increase breastmilk supplies and how.
- Want BMS stock in case of future difficulties

Un-enabling environment...

- **Mother 'needs' BMS as unable to breastfeed optimally (increase breastfeeding?) due to environment:**
 - **Time/workload pressures**
(registration, childcare in unsafe environment, sick relatives, obtaining resources / money / work)
 - Take infant or leave at home?
 - **Lack of family support for breastfeeding mother – other/additional priorities**
 - **Lack of family / community support for 'new' BF practices**
 - **Lack of technical breastfeeding advice / support**

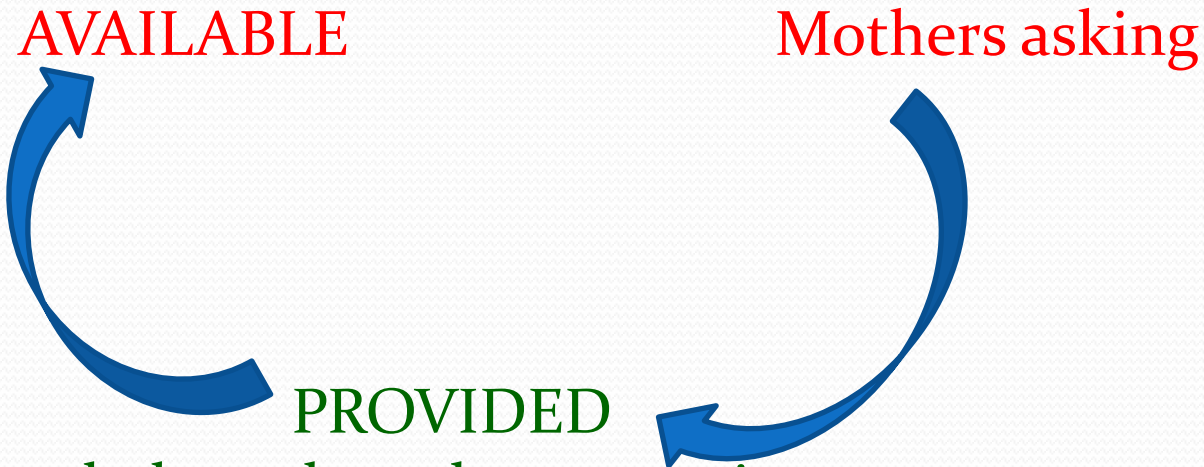
Desire...

- **BF Mother may believe that infant formula is 'best' for her child due to:**
 - Inappropriate marketing pre-emergency/ No or weak Code
 - Informed by 'expert'
 - Belief BMS is Western / modern / scientific
 - Belief BMS is 'good' as provided by aid agency, international staff, medical personnel
 - Don't know of the risks of BMS especially in an emergency
 - **Emergency is an opportunity to get the 'best' for her child**
- **BMS has monetary value and is free:**

'(this disaster took) infant formula off the shelves where it was too expensive to buy and put it into the clinics and food distribution centres where it is free'

Availability

- **Because BMS (& supporting resources) is available** (agencies, military, public, BMS companies)



- Want to help and mothers want it
- Believe it is a mother's choice
- (Companies – open markets)

Problem: They don't know risks (e.g. morbidity, mortality), or international guidelines.

Don't see formula as problem – extrapolate from their own country

Not giving mothers 'informed choice' (AFASS + 'breastmilk options')

What do BF mothers need?

Conclusion: Most of the time BMS isn't needed!

BF mothers need:

- **Basic interventions / 'enabling environment'**
(See Ops Guidance on IFE, Module 1)
- **Technical breastfeeding support as needed.**

How should frontline workers/media respond?

(If don't know if she is breastfeeding send for assessment)

- Need to respond sensitively to breastfeeding mothers who are asking for BMS.

Firstly find out why she is requesting it...

Depending on answer:

- **Refer** for technical breastfeeding support
- **Practical support to help mothers** – family tracing, priority in queues, household shelter, sourcing family foods, ‘child-care’ for work programmes?
- Ensure breastfeeding is supported in the media reports
- **Provide breastfeeding mother with confidence and support her central role in feeding the infant**

To do this EVERYONE needs to know:

- ***Breastmilk is the most secure, safe, nutritious and protective food/drink for infants***
- ***Hidden costs to using BMS***
great risk infant get malnutrition, illness and death
+ cause her breastmilk supply to fail

KEY MESSAGES

- There are many reasons why mothers (including breastfeeding mothers) may request BMS from frontline workers & media – few are related to actual need
- They should NOT just provide it / put out requests for it
- Need to find out sensitively why they are requesting it
- Are things that frontline workers / media can do to support breastfeeding mothers – but they need to know this.
- Orientations/trainings needed – Pre-emergency

THANKS!



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Photo: Ali Maclaine