



A WORLDWIDE NETWORK OF LACTATION PROFESSIONALS

FOR IMMEDIATE RELEASE

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BREASTFEEDING SUPPORT HELPS FAMILIES COPE WITH GUSTAV

As Hurricane Gustav approaches landfall and families along the Gulf Coast evacuate and seek shelter, the International Lactation Consultant Association (ILCA) reminds communities that breastfeeding is one of the most important ways to keep infants nourished and safe in an emergency.

In an emergency situation, food supplies are unreliable and clean water to properly mix powdered or concentrated infant formula may not be available, often for days or longer. Electrical power needed to boil or sterilize bottles and nipples also may be unavailable for days or weeks. This heightens the possibility of disease and infections spread through contaminated water during an emergency.

According to the World Health Organization (WHO), disease and death in an emergency is highest among children under age five, often as a result of diarrhea from unsanitary water and spread of disease. WHO and the American Academy of Pediatrics recommend that infants receive NO food other than human milk during the first six months of life. WHO further advises against the generalized distribution of infant formula in an emergency, and to provide it only under strict conditions.

According to Angela Smith, ILCA President, “Breastfeeding gives infants two critical survival tools in an emergency: a reliable and consistently available food source that is always safe and sanitary, and anti-infective properties to protect children from malnutrition, diarrhea, and other

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diseases common during an emergency. Breastfeeding also lowers stress cortisol levels in both infants and mothers, helping both to cope better with the uncertainties of their situation. Breastfeeding women should be supported by shelter staff and relief organizations, and infant formula allocations should be carefully controlled and not given out routinely.”

If a mother is not breastfeeding, she can consider “relactation” if desired. “Even women who have not previously breastfed may be able to bring in at least a partial milk supply for their baby,” says Smith. An International Board Certified Lactation Consultant (IBCLC) can help a mother relactate. IBCLCs are credentialed health care professionals with specialized skills in promoting and supporting breastfeeding. An IBCLC can be found at the local hospital or by checking the “Find a Lactation Consultant Directory” at the ILCA website at www.ilca.org.

In addition to seeking the assistance of an IBCLC, ILCA recommends the following key actions for healthcare providers, emergency relief workers, and others involved in caring for families in an emergency:

For Pregnant Women:

1. Healthcare providers and relief workers should strongly encourage women to breastfeed. Even after the worst of the emergency has passed, breastfeeding continues to provide infants with optimal nutrition and protection from disease.
2. If a woman delivers her baby during the emergency, provide help and assistance to get breastfeeding started immediately. Seek help from an International Board Certified Lactation Consultant (IBCLC) who can assist with concerns that may arise.

For Breastfeeding Mothers:

1. Encourage them to continue breastfeeding! It is the best way to keep vulnerable infants nourished and safe from disease. Avoid inappropriate distribution of infant formula that can discourage women from continuing to breastfeed.

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2. Feed the *mother*. Make sure she receives adequate rations of food and water so she will have the energy needed to care for her infant. Reassure her that most likely she will be able to make plenty of milk even if her diet is sub-optimal or temporarily inadequate.
3. Provide a safe space or “haven” for breastfeeding women so they may receive privacy and a sense of security and support. This can include a smaller room or curtained off area in a large shelter, or providing blankets to help her have some privacy. Mother-baby “slings” made from lengths of cloth tied into a loop can keep baby close to the mother for calming reassurance and privacy breastfeeding.
4. Help her access an IBCLC in the community who can help her if she has questions about breastfeeding or milk production. An IBCLC may also be able to help her access a breast pump if needed.
5. If her baby needs more milk than she can produce or is separated from her, donated human milk can be safely used when it is properly heat treated: bring two cups (450 ml) of water to boil in a small pot and then turn off the heat; place two to five ounces (60-150 ml) of human milk in a pint-sized (450 ml), covered glass jar that is clean but not necessarily sterilized into the boiled water for twenty minutes; when the milk is cool, it can be fed to baby. Treated milk should be stored in the same sealed container in which it was heat treated to avoid bacterial contamination. It can be kept safely at room temperature for up to eight hours and refrigerated for up to twelve.

For Babies Who are Formula Feeding

1. Ask mothers if they would like to relactate to bring in human milk for their infants. An IBCLC can assist.
2. Formula should be given in only the strictest conditions and not routinely distributed. Because infants in a compromised situation with increase risk of water contamination, they should only be offered “ready to feed” formula.
3. The community is encouraged *not* to send donations of infant formula.

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Resources available include ILCA’s position paper, “Position on Infant Feeding in Emergency Situations,” at www.ilca.org, and technical guidance on infant feeding in emergencies from the Emergency Nutrition Network at www.enonline.net/ife/index.html.

To help a mother access an IBCLC in her community, or to learn more about breastfeeding in emergency situations, visit the ILCA website at www.ilca.org, or contact the ILCA office at info@ilca.org, or (919) 787-5181, ext. 209.

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