



**World Health  
Organization**

Statement by the Director-General  
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## **Breastfeeding: A Vital Emergency Response. Are you ready?**

### **WORLD BREASTFEEDING WEEK 2009**

WHO is pleased to join the World Alliance for Breastfeeding Action in celebrating World Breastfeeding Week from 1 to 7 August 2009. This year's theme stresses the importance of breastfeeding as a life-saving intervention, especially during emergencies.

Emergencies – whether caused by conflict or natural disasters – are extraordinary events that can jeopardize the health and survival of large populations. Children are among the most vulnerable groups during emergencies, and small children are the most vulnerable of all, as they face a triple risk of death from diarrhoeal disease, pneumonia and undernutrition.

#### **Breastfeeding during emergencies saves lives**

The life-saving role of breastfeeding during emergencies is firmly supported by evidence and guidance. The Global Strategy for Infant and Young Child Feeding outlines actions to improve infant and young child feeding in emergencies. In all situations, the best way of preventing malnutrition and mortality among infants and young children is to ensure that they start breastfeeding within one hour of birth, breastfeed exclusively (with no food or liquid other than breast milk, not even water) until six months of age and continue breastfeeding with appropriate complementary foods up to two years or beyond. Even in emergency situations, the aim should be to create and sustain an environment that encourages frequent breastfeeding for children up to at least two years of age.

#### **Protect and support breastfeeding**

Unfortunately, a widespread misconception assumes that stress or inadequate nutrition, commonly seen during emergencies, can compromise a mother's ability to breastfeed successfully. News stories from devastated areas often include reports of mothers who have given birth and are "not producing enough breast milk". During emergencies, unsolicited or uncontrolled donations of breast-milk substitutes may undermine breastfeeding and should be avoided. Instead, the focus should be on active protection and support of breastfeeding by, for example, establishing safe "corners" for mothers and infants, one-to-one counselling and mother-to-mother support.

As part of emergency preparedness, hospitals and other health care services should have trained health workers who can help mothers establish breastfeeding and overcome difficulties. The Baby-friendly Hospital Initiative and the WHO/UNICEF *Breastfeeding Counselling: A training course* may be included in emergency preparedness plans. The Infant Feeding in Emergencies Core Group, which involves a range of partners including WHO, has developed *Operational Guidance for Emergency Relief Staff and Programme Managers*, which provides concise and practical guidance on how to ensure appropriate infant and young child feeding in emergency preparedness and response. The *Operational Guidance* reflects the WHO Guiding Principles for feeding infants and young children during emergencies, and has integrated the *International Code of Marketing of Breast-milk Substitutes* to highlight the problem of donations of breast milk substitutes, bottles and teats in emergencies.

The theme of World Health Day 2009 was *Save lives: make hospitals safe in emergencies*. I am pleased that this year's breastfeeding week builds upon this theme and extends it with actions in the community. Emergencies amplify the risk of infant and young child mortality. With appropriate action, we can protect these precious lives through one of the most "natural" of all life-saving interventions.

Dr Margaret Chan  
Director-General