

THREE WAYS YOU CAN HELP

➔ DONATE CASH

Support for lactation, relactation and shared nursing as well as education and supplies for the safer preparation of breastmilk substitutes where required is resource intensive. Local procurement minimizes risks and costs.

Learn more: [Article](#) (Gribble & Palmquist)
[Donations Infographic](#) (ENN)

➔ NOT “EVERY BIT” HELPS

Inappropriate donations divert important resources from organizations that have evidence-informed, culturally sensitive help to offer. They also consume specialist resources to sort and store product and supplies to prevent harm.

Learn more: [The second disaster](#) (NPR),
[FAQ on Donations](#)

➔ EDUCATE OTHERS

Human milk is a critical, life-saving gift that prevents some of the worst outcomes for infants and young children. With support, communities can maintain this important shield.

Learn more: [Infographic Series](#) (ENN)
[Operational Guidance v. 3](#) (IFE Core Group)
[IYCFE Resource Page](#)

- **Civil, religious and health authorities should encourage shared nursing as a critical survival tool for infants who cannot be breastfed by their own parent, with particular attention to infants under 6 months**
- **Humanitarian aid must include wrap-around supports for pregnant and lactating people, including breastfeeding counselling and education on shared nursing, relactation and maintaining lactation**
- **Products and equipment that cannot be safely distributed and used in a disaster should not be requested, accepted or shipped**

HUMAN MILK DONATIONS IN EMERGENCIES

As the public begins to better understand the risk of donating infant formula and related products in emergencies, the instinct to provide assistance to the most vulnerable remains strong. This has led to more frequent calls for donated human milk, often at great distance from the crisis point.

Human milk provided by other mothers is life-saving in emergencies of all kinds, whether directly at the breast or expressed and fed by cup.

Shared nursing (aka wet-nursing or alloparental nursing) and banked donor human milk both have important roles to play in protecting infants from the most urgent dangers in a disaster. For children injured in a crisis or who are born early as a result, human milk banks are life-saving critical services and can also contribute more widely when supply channels and infrastructure return to more normal operations.

While expressed human milk remains nutritionally complete and retains many of the protective qualities that are critical for infants in disrupted circumstances, the collection, transportation and distribution of expressed human milk at scale creates formidable obstacles.

The disrupted circumstances in a disaster further complicate the use of frozen human milk. Shelf-stable human milk products may be a limited option, but likely unfamiliar to families and require education on proper use, storage and reconstitution in case of freeze-dried formats. Parents and caregivers will require on-going support to prepare and feed these products.

In the tragedy of a community facing the loss of breastfeeding mothers, there is also hope. Other healthy mothers in the community are likely also breastfeeding their own babies. Re-starting breastfeeding (“relactation”) is also an option.

With support and encouragement, breastfeeding mothers within the community can feed the infants in need and prevent further suffering and sorrow. Skills including hand expression, cup feeding, at-breast supplementation and increasing milk supply require minimal teaching and equipment.

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Last update: 15/10/2023