



## **Breastfeeding During Emergencies**

**La Leche League International**

<http://www.llli.org/FAQ/FAQSubject.html?m=0,0,3>

### **Q. How does breastfeeding save lives and prevent illnesses during an emergency?**

**A.** Breastfeeding protects babies from the risks of a contaminated water supply. It provides protection against respiratory illnesses and diarrhoea—diseases that can be fatal in populations displaced by disaster. This is especially important during disruption of power, water and other services.

Lawrence M. Gartner, M.D., chair of the Section on Breastfeeding of the American Academy of Pediatrics and Health Advisory Council Member of La Leche League International (LLLI) states: “Human milk is a valuable resource that can not only protect the vulnerable infant from disease, but can also promote psychological health and comfort during stressful times. Human milk reduces pain and promotes more rapid healing after injuries and infections.”

As natural disasters in recent years have demonstrated, the ability to transport and store water, food and other necessities is greatly diminished during and following catastrophic destruction. Human milk is readily available and provides all the necessary nutrition needed by an infant. In fact, according to the American Academy of Pediatrics and other health organisations around the world, exclusive breastfeeding, i.e., breastfeeding without the introduction of any other foods or water is the ideal infant feeding method for all babies during the first six months.

In special situations such as when complementary foods are not available, many infants have been exclusively fed on human milk for more than six months.

### **Q. How does a mother breastfeed a baby during or after an emergency?**

**A.** The basics of breastfeeding during an emergency are much the same as they are in more stable times. Continuing to breastfeed whenever the baby seems hungry maintains a mother’s milk supply and provides familiar comfort. Measures that keep a mother safe, well-nourished, and free from illness will help protect her baby and her milk supply.

Babies breastfeed for more than just food. If a baby has just nursed and wants more nursing that is fine and is to be encouraged. The release of hormones while a mother is breastfeeding relieves stress and anxiety and is calming to both mother and baby. Babies' lives are saved every day by mothers who breastfeed them in spite of natural disasters.

### **Q. How does a mother begin breastfeeding if she has just given birth?**

**A.** If it is within even five days of birth a mother can have a full milk supply quickly by putting the baby to the breast immediately and breastfeeding the baby every two to three hours or more frequently. Your baby needs to breastfeed 10-12 times in 24 hours. Frequent breastfeeding stimulates milk production. The mother should drink enough water to satisfy her own thirst.

**Q. What if the infant is older and has not been breastfed?**

**A.** If a mother has not just recently given birth, but it is up to six months after birth she can relactate (produce milk again even if she never breastfed her baby before) by putting the baby to the breast, or expressing the breast, every two hours. Initially she may be producing only drops per day. In general, the more milk that is removed from a mother's breasts one day, the more she will make the next day. Individual women have different experiences with how long the process takes. With younger babies, the milk supply increases more quickly. However, there have been reports of older babies and toddlers who have also returned to breastfeeding. The only way to find out how much milk you will make is to try it.

**Q. How can I tell if my baby is getting enough milk?**

**A.** By one week of age, 5 disposable or 6-8 cloth wet diapers in 24 hours and 3-5 bowel movements that are golden in colour per day are signs that the baby is getting enough milk. If you feel unsure, check with a lactation specialist such as a La Leche League (LLL) Leader, a certified Peer Counsellor, a Board Certified Lactation Consultant, or a doctor or nurse who is knowledgeable about breastfeeding management. Find a local La Leche League Leader on <http://www.lalecheleague.org.nz/local-groups> .

**Q. How do I get the baby started breastfeeding?**

**A.**

- Sit back comfortably (don't lean over the baby).
- Support your breast with your thumb on top and fingers underneath. Keep your fingers behind the areola (the darker skin around the nipple). You may need to support your breast during the whole feeding, especially in the early days or if your breasts are large.
- Hold your baby's head in crook of the other elbow or along your forearm so that his nose lines up with your nipple. Pull his feet in close to your side. Hold your baby at the level of your breast.
- Your baby's face and body should be turned toward you.
- Tickle your baby's lower lip and wait for his mouth to open wide.
- Make sure that a large part of your areola is drawn into your baby's mouth.
- Hold your baby closer to you when you are ready to latch on to begin nursing.

**Q. What is a typical breastfeeding session like?**

**A.** Many mothers breastfeed on the first side until the baby slows down. They then take the baby off the breast by gently inserting a finger into the corner of the baby's mouth. Next they burp the baby and change the diaper. After this the baby is put on the second breast until the baby is finished and drops off naturally. Sometimes babies cluster feed, which means switching back and forth between breasts several times. This is normal and to be encouraged. The more the baby breastfeeds the more milk you will make.

**Q. Is breastfeeding painful?**

**A.** Breastfeeding should not be painful, although your nipples may be sensitive the first few days. Holding your baby correctly and checking to see that your baby is latched on in the right way prevents most soreness. Your baby's lips should be on the areola (the dark area surrounding the nipple) and well behind the nipple.

*Breastfeeding when done properly does not hurt. If it hurts, take your baby off of your breast and try again.* Your baby may not be latched on right. Break your baby's suction by gently placing your finger in the corner of his/her mouth.

If sore nipples develop, offer the least sore breast first. Avoid plastic against your nipples. Always use only plain water for washing your breasts. For additional suggestions, check with a lactation specialist.

**Q. How will breastfeeding benefit my baby after the emergency is over?**

**A.** Breast milk is designed for human babies. Human milk has living cells that help protect the baby now and will continue to benefit the infant for a lifetime. Breastfeeding protects against chronic diseases including diabetes and some cancers, saves money for families, and saves lives by preventing illness or decreasing symptoms; and may even have a protective effect against Sudden Infant Death Syndrome. Breastfed babies develop better language skills and have higher IQs as they grow. Breastfed babies are less likely to become obese or develop asthma when they get older.

Mothers benefit from breastfeeding also. After birth, breastfeeding contracts the uterus and helps to prevent post-partum haemorrhage. In addition breastfeeding mothers return to their pre-pregnancy weight sooner. Lifetime benefits include a reduced risk of breast and ovarian cancer and osteoporosis. During emergencies, mothers are relieved that they always have a milk supply for their babies and that their milk has special properties that protect their babies from many diseases.