Tech RRT Capacity Strengthening Webinar Series: Programming for the Non-breastfed Infant

Protecting, promoting and supporting infant feeding in emergencies for all Children

Thursday 26th September 2019

Webinar 1: Relactation
Today’s webinar

• Introduction
• Introduction to Tech RRT
• Overview of webinar series
• Main presentation: Relactation (Michelle Branco)
  – Philippines case study (Innes Fernandez)
  – Puerto Rico case study (Lourdes Santaballa)
• Questions and discussion (facilitated by Aunchalee Palmquist)
• Webinar evaluation survey

Please type questions in chat box during presentations
What is the Tech RRT?

Technical rapid response mechanism that deploys advisers to support improved nutrition programming

Consortium

Funding

In close collaboration with

Within the new
Overall aim

• To increase knowledge and understanding of the safer options for the management of the non-breastfed infant in order for programming to become systematic within emergencies for these vulnerable children.

Objectives

• Present the current guidance, evidence and recommendations around wet nursing, relactation and safe BMS programming
• Highlight successes for specific country and organizational practices
• Identify challenges and opportunities that should be considered in our IYCF-E programming
• Provide a platform to identify additional issues, concerns and gaps that will need to be addressed through research, implementation, policies, etc.
Protecting, promoting and supporting infant feeding in emergencies for all children

The Tech RRT invite you to a webinar series on infant feeding in emergencies for non-breastfed children. The series will allow specialists and practitioners to share real life programming experience, technical expertise, and lessons learnt from Puerto Rico, Philippines, Bangladesh, Jordan and Haiti.

**JOIN US!**

**THURSDAY 26TH SEPTEMBER 2019**
- RELACTATION

**THURSDAY 3RD OCTOBER 2019**
- SHARED/WET NURSING

**THURSDAY 10TH OCTOBER 2019**
- SAFER BREAST MILK SUBSTITUTE PROGRAMMING

**ALL WEBINARS AT 2PM GMT +2 (GENEVA TIME)**

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In collaboration with: [Logos of the organizations involved]

Tech RRT partners and donors: [Logos of the organizations involved]
Today’s presenters

Michelle Branco
- Co-founder of Safely Fed Canada
- NGO dedicated solely to the advancement of (IYCF- E) policy and practice

Lourdes Santabella
- International Board Certified Lactation Consultant
- Executive Director at Alimentación Segura Infantil, largest community based NGO lead infant feeding program in Puerto Rico

Innes Fernandes
- Executive Director of Arugaan
- Co-founded the breastfeeding movement in the Philippines in 1981
- Lead breastfeeding efforts for a number of typhoon responses in Philippines
The management of the non-breastfed child: Re-lactation in humanitarian and fragile settings

IFE Core Group / Tech RRT
Thursday September 26, 2019

Michelle Pensa Branco MPH IBCLC
Objectives

1. Present the current guidance, evidence and recommendations around relactation
2. Appreciate country/organizational practices where relactation has been successful
3. Identify potential challenges and opportunities that should be considered in our IYCF-E programming
4. Provide a platform for identifying additional issues, concerns, gaps that will need to be addressed through research, implementation and policies
## Definitions

### Increasing milk supply

Child is breastfeeding and may be:

1. Supplemented with infant formula, other milks or age-inappropriate foods
2. Growing poorly
3. Perceived by parents to have insufficient intake, even after counselling

### Relactation

Resumption of lactation in a woman who has stopped lactating, recently or in the past, in order to breastfeed her own or another infant.

- May involve expressing milk only or returning to the breast

### Induced lactation

No lactation initiated

- May or may not have ever birthed and breastfed another child in the past
- May involve expressing milk only or bringing to the breast
Increasing milk supply

Samara and baby Selah (4 months)

Samara breastfed baby Selah exclusively until they were displaced from their home by flooding. Since arriving in the displaced persons camp, Selah has been increasingly fussy, feeding very often and Samara has the impression that her breasts are soft and never full. An assessment shows that Samara has good breastfeeding technique, but few swallows are noted.

Angela and baby Joseph (22 days)

Baby Joseph is Angela’s first baby. After a difficult birth, Angela was quite unwell and the baby was mostly cared for by her family with limited time at the breast. Joseph has not yet regained his birthweight at 22 days and, while Angela offers him the breast a few times per day, she also gives him some infant formula several times per day.
Relactation

Bushra and baby Asif (7 months)

Bushra breastfed baby Asif until he was about 5 months old and then started feeding him porridge and cow’s milk. By the time he was six months, he was not breastfeeding at all. At the last check, Asif’s weight gain was poor and he has been suffering from diarrhea and chest infections. Bushra would like to re-start breastfeeding, but doesn’t know how.

Ana and baby Adrian (2 months)

Ana breastfed for a few days baby Adrian when he was born and then fed him infant formula by bottle from the first few days. Her family was displaced after an earthquake and is now living in a temporary shelter. The supply of infant formula is limited and preparing it takes a great deal of time. She would like to breastfeed Adrian again.
Induced lactation

Alisha and nephew Bibek (3 months)

Alisha evacuated her village with her two children and her nephew after an earthquake. She does not know where her sister is or when they will be reunited. She has struggled to find infant formula for her nephew and worries that the lack of sanitation will make it hard to prepare safely. A breastfeeding woman from their village has been feeding baby Bibek when she can, but Alisha feels it is not enough.
Wide variation of initiation and progression to full lactation

Lactation initiated
Partial lactation
Full lactation

2-7 days
3-28 days
7-42 days

Key points

- Begin with a thorough assessment
- Plan must include:
  - Family’s goals and capacity
  - Social and physical context
  - Follow-up
- Support maternal confidence:
  - Use good counselling skills
  - Brief, relevant information
Assessment

- Baby’s age and health status
- Mother or caregiver’s health status and breastfeeding history

Current feeding practices:
- Observe a full feeding
- Consider what has changed from “normal”
On milk supply

- Perceived vs. actual milk supply:
  - Belief that milk supply is insufficient is common globally and is a top reason why breastfeeding is interrupted
  - Families who believe supply is inadequate may need several “data points” and counselling sessions to shift perception

- Perception will become reality:
  - If baby is fed away from the breast and less milk is removed from the breast, milk production will eventually slow and then stop
  - As milk supply lowers, babies will become fussier and may refuse the breast
How milk is made

- Increased stimulation alone may be enough to return to full lactation
- 8-12 times per day
Barriers: illness

- Illness in either mother or baby may lead to less breastfeeding or worries about quality or suitability of breastmilk
- Infant illness may also be strong motivator

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Barriers: pain

- Pain from breastfeeding will lead to offering the breast less often and for shorter periods.

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Barriers: distress

- Distress may lead to greater negative perceptions and avoidance of attachment-building behaviours such as breastfeeding

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Key messages for parents and their supporters

- Maximize time together in skin-to-skin
- Offer the breast often on early cues
- Achieve a deep, comfortable attachment ("latch")
- Look for long swallows followed by short rests
- Switch sides when rests are becoming long and swallows short
If there isn’t much milk...

- Some babies will continue to suckle at the breast even if there is no milk at all, while others will refuse as soon as the flow begins to slow.
- Offering the breast when the baby is mainly full may encourage latching.
- A small tube at the breast, used as a straw, may also encourage latching and supports baby to maximize suckling while ensuring adequate intake.
Encouraging suckling

Drip mother’s own milk or supplement near baby mouth while latching

Thin, flexible tube

Cup of supplement
If baby isn’t at the breast...

- The usual goal is to return baby to suckling at the breast for all feeds (beyond what complementary foods provide)
- Where baby is not at the breast when counselling begins, expressing milk is necessary
- Hand expression, using gentle massage and a variety of techniques, stimulates the breast and provides milk for the baby to drink
- Use an open cup to feed wherever possible
Encouraging milk supply

- Gentle massage techniques can help get milk moving, whether for baby or prior to hand expression on pumping
- Using compressions while baby is latched or during pumping will maximize milk removal
Other tools

- Manual or electric pumps:
  - Consider procurement, training on use and hygiene
  - Always use with massage and hand expression
Foods and medicines

- Culturally appropriate foods and herbs
- Medications:
  - Avoid medications known to suppress lactation (i.e., decongestants, estrogen)
  - With trained medical oversight, consider pharmaceutical support such as domperidone
Feeding the baby while we work the plan

- A well-fed baby is the goal:
  - Underfed babies suffer and usually not do as well at the breast

- What can we use?
  - Mother’s own milk (even if only partly)
  - Milk of another healthy mother (shared nursing at breast or expressed)
  - Banked donor milk (if feasible)
  - Breastmilk substitute: whole cow’s milk (over 6 months) or infant formula (under 6 months)
  - Semi-solid and solid foods can also be used over 6 months
Basic Plan

● Aim for 8-12 times at the breast or expression per day:
  ○ The more milk we draw, the more milk is made

● Follow-up frequently:
  ○ Mothers need reassurance and confidence-building
  ○ Babies need to be well-fed during the process

● Maximize support:
  ○ Short-term household supports for other tasks
  ○ Emotional support from other mothers and family members
What do organizations need?

**Protocols**
- Rapid Infant Feeding Triage
- Breastfeeding Counselling
- Relactation / Increasing human milk intake
- Handling of expressed human milk
- Use of breastmilk substitutes

**Cross-functional**
- W.A.S.H. (water, sanitation, hygiene)
- Health
- Food distribution
- Shelter
- Referral pathways, include support groups
What do organizations need?

Staffing

- Training in breastfeeding counselling and infant feeding assessment
- Specific skills in return-to-breast techniques, hand expression and monitoring of feeding plans
- Safe handling of expressed human milk and safer use of breastmilk substitutes
What do organizations need?

Supplies

- Cups, spoons and tubes with sanitization equipment
- Educational handouts and feeding plan and logs suitable to local needs
- Breast-milk substitutes, if needed for local conditions
IYCF-E Specific Challenges

- Urgency
- Cultural & personal beliefs and practices
- Triage and follow-up:
  - Frequent follow-ups may not be feasible
  - Highly mobile populations may be lost to follow-up at key points
  - Access and security
IYCF-E Specific Challenges

- **Staff capacity:**
  - Supplement reduction plans require on-going assessments and judgement that may not be available consistently in all settings

- **Supplies:**
  - Obtaining supplies and maintaining hygiene may be difficult
Resources

Guidelines to help women during emergencies to resume or increase breastfeeding to protect and nourish their infant. Save the Children. February 2019.


https://www.ennonline.net/operationalguidance-v3-2017 [Also in French, Spanish, Italian, Japanese, Bahasa Indonesia and Bangla]
References


Case Studies
Ma. Ines Av. Fernandez
Arugaan Philippines
September 26, 2019
• Philippines/Leyte and Samar Islands
• November, 2013
• Type of emergency: Turbulent Typhoon
• 4.1 Million affected
IYCF practices during the onset of the or during emergency response (1 slide)
Describe the IYCF-E interventions that you implemented (1 of 2 slides)

ARUGAAN BREASTFEEDING EMERGENCY RESPONSE
Relactation management from bottle to breast

Grandma can breastfeed, too!

Breastfeeding cluster counseling for Community Health Volunteers
Challenges in implementing the activities for the non breastfed infants (formula dependent) (1 slide)

Interventions:
• Breastfeeding counselling with cluster of moms
• Hands on demonstration with cross nursing with other moms
• Special lactation massage to stimulate production and flow of breastmilk
• Cluster trainings for Moms on Peer Counseling
• Formation of Mother Support Group for Sustainable Action
• Facilitator have strong Community Development and Organizing Skills
• Coordination with Local Leaders

Difficulties:
• Conflicting messages of both local leaders and donor and relief agencies staff specially on breastfeeding technicalities vis a vis risk of formula feeding.
• Less expertise/experts available for relactation management during emergencies
• Traditional/Indigenous food misunderstood

Results: Majority of Non-Breastfeed Moms and Babies were brought back to breastfeeding practices.
Describe the IYCF-E interventions that you implemented (2 of 2 slides)
Lessons Learnt:
• use indigenous foods appropriate to culture, country and climate
• involve mother support groups
• explain the risks of formula milk feeding to donor and relief agencies for standard messages instead of confusion
• traditional food literacy and practices

Scaled up:
• share training skills and expertise especially on lactation massage for relactation management with relief agencies’ staff and local government units.
• video documentary on the spot of the best practice intervention for scale up sustainability
• tap indigenous food resources within such as inter towns or islands nearby not affected by typhoon

Emergency Resources:
Funds: $125.00 USD per mom from Bottle Feeding back to Breastfeeding.
For Relactation Management Services:
Breastfeeding Counseling & Training for Neighbors, Galactogogue Meals, Lactation Massage and follow up Visits.

Money, Materials and Humanitarian Work: Pooled from NGO, Community Sector, Local Government and Donor Agencies
Lourdes M. Santaballa Mora, IBCLC, IYCF, IYCF-S
Alimentación Segura Infantil (ASI)
26 September, 2019
Puerto Rico (Island colony of the United States) in the Atlantic Ocean, Caribbean region

- September 2017: Hurricanes Irma and Maria
- Estimated 2,975 total deaths, with no data on children
- 3.2 millions residents, declining due to leaving island and lower birth rate
- 175,000 children <4 years, with 24,388 born in 2017
- 85% <5 years eligible for the Women, Infant and Children (WIC) supplementary nutrition program
September 2017: Hurricanes Irma and Maria

- 2,975 total deaths (approximate), with no data on children
"Puerto Rico residents rely on each other and wait for aid." Time Magazine, Hurricane Maria, 2017, Puerto Rico
### Pre-emergency infant feeding data (2016)

<table>
<thead>
<tr>
<th>Age</th>
<th>Exclusive</th>
<th>Mixed</th>
<th>Not breastfed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>85.9%</td>
<td>--</td>
<td>14.1%</td>
</tr>
<tr>
<td>3 months</td>
<td>48.4%</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>6 months</td>
<td>26.5%</td>
<td>20.5%</td>
<td>53%</td>
</tr>
<tr>
<td>12 months</td>
<td>29.8%</td>
<td>--</td>
<td>70.2%</td>
</tr>
</tbody>
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Steps

- Assessment
- Organize resources within and outside of the community
- Start training and providing services
- Seek Funds
- Be inclusive and focus on equity
- Build a network
Community Workshops

- No cost to participants
- Provided training on breastfeeding counselling, including relactation
- Required participants to do community outreach & keep statistics on participation
Support Groups

- 17 Local Support Groups
- Easy access to a local IBCLC and personalized consultations
- Visible social media presence when internet
CASICA & Yuiza

- Community Lactation Leader program called CASICAs and Yuiza is designed for peer counselors
- Creates community based expertise and marketable job skills
What we were up against
The equipment we used
Female age 32 years
Infant 2 weeks
Combination formula and expressed breastmilk due to failure to thrive and low birth weight
4 home visits and 2 support groups
Hand expression, silicone milk collector and safer formula milk handling
Frenotomy
Relactation kit
At 2 months achieved exclusive breastfeeding until 6 months and is still breastfeeding
Challenges in implementing the activities for the non breastfed infants (formula dependent)

- Widespread power outage
- Inaccessible communities
- Lack of resources (Island effect)
- High dependence on technology
- Pre-existing economic crisis and lack of materials and personnel. Government absence.
Challenges in implementing the activities for the non breastfed infants (formula dependent)

- Lack of clean water and becoming a bottled water culture
- Formula widely distributed with no education
- Ignorance about safer formula milk handling
- Resistance to cup feeding
- Lack of lactation knowledge at shelters
- Spread of pathogens
What did you learn from that experience: the way forward

**Replicable services**
- Communities and beneficiaries as the service providers
- Training in exchange for volunteer services
- Do not have to be allied health professionals
Lessons learned

- Your IYCF-E is only as strong as your IYCF
- Prepare before the event
- Be prepared for challenges, resistance, and lack of money
Questions and discussion

• Questions to be selected from chatbox by Aunchalee

• Please type in chatbox any additional comments/input if you have during discussion

• Aunchalee may ask you to say your questions verbally or elaborate on any comments – so be ready!
• Thank you for your participation!
• Please fill out webinar evaluation (https://www.surveymonkey.com/r/TechrrtWebinarSeries)
• Will share recording and slides on Tech RRT website when series is over
• See you next week (Thursday 3rd October) for Shared/Wet Nursing

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