

**Appropriate Infant and Young Child Feeding and
Caution About Unnecessary Use of Breast Milk Substitutes and
Other Milk Products for children under 2 years old
after Cyclone Mocha struck on May 2023**

Joint Statement by the Scaling Up Nutrition (SUN) UN Network in Myanmar

The Scaling Up Nutrition (SUN) United Nations Network (UNN) in Myanmar, which brings together UNICEF, FAO, UNFPA, UNOPS, UN Women, WFP and WHO, produced this joint statement for the response to Cyclone Mocha to protect, promote, and support the feeding and care of infants and young children, their caregivers, especially pregnant, postpartum, and breastfeeding women in Myanmar.

Category 5 Cyclone Mocha made landfall in Rakhine on 14th May at 12:30 pm bringing heavy rainfall, gusty winds, and a strong storm surge. There was severe damage to property and people affected due to flooding and high wind speed. The level of damage is quite extensive, and this worsened the existing humanitarian needs. The rough weather conditions disproportionately affected Rakhine and moved to Northwest crossing to Magway, Chin and Sagaing regions with a low depression recorded on 15th May 2023 at the Chin-China border.

During such emergencies, the importance of protecting, promoting, and supporting the feeding and care of infants and young children through optimal breastfeeding, their caregivers, especially pregnant, postpartum cannot be neglected. Failure can result in the increase in morbidity and mortality due to poor access to safe water, poor hygiene practices and access to diverse food.

Exclusive Breastfeeding from birth to 6 months of age:

As per UNICEF and WHO recommendations, mothers should start breastfeeding their infants within one hour of birth and continue breastfeeding exclusively (with no food or liquid other than breast milk, not even water) until six months of age (180 days). Even in normal circumstances, infants who are not breastfed are five times more likely to die from pneumonia and 14 times more likely to die from diarrhoea, than infants who are exclusively breastfed for the first six months. They are also more prone to diarrhoea, pneumonia and malnutrition.

Caution on BMS use and donations:

We note that use of infant formula and other powdered milk products without proper assessment of needs, an excessive and inappropriate quantity of milk products for feeding infants and young children can endanger children lives. As per the international Code of Marketing of breastmilk substitute (BMS), the subsequent related World Health Assembly (WHA) resolutions to breastfeeding infants and the Myanmar Order on Marketing of Formulated Food for Infant and Young Children, as well as humanitarian agencies' policies and guidelines, **there should be no donations or general distribution of**

- **The BMS, such as infant formula,**
- **Other milk products such as milk powder**
- **Bottle-fed complementary foods or use in children up to 2 years of age,**
- **Juices, teas represented for use in infants under six months,**
- **Bottles and teats.**

Any unsolicited donations should be directed to the designated coordinating body. Provision of multiple-micronutrient supplements is a much more appropriate form of assistance than distribution

of milk products or unhealthy snacks, foods and drinks that are high in sugar, fat, and salt. Food rations under general food distribution should include protein sources (pulses, meat, fish, eggs) and fresh fruits and vegetables as much as possible and **avoid powdered milk products or packaged, processed foods.**

Management of non-breastfed children:

Breastfeeding is the safest way to feed an infant, especially during an emergency. However, a small proportion of emergency-affected infants will not be breastfed. In this situation, management of non-breastfed children is very important. The best available feeding options for these children are re-lactation or wet nursing or donor human milk from human milk bank. If these safer options are not available, as a last resort, infant formula accompanied by an essential package of support will be provided as lifesaving. The targeted and eligible children will be decided by the assessment done by qualified health/nutrition staff trained on IYCF-E as a case-by-case basis and the intervention must be managed by these staff.

Complementary feeding 6 months of age and beyond:

Children from the age of six months require nutrient-rich complementary foods in addition to breastfeeding up to two years of age or beyond. It should be locally available, culturally acceptable, nutritionally adequate family foods. At least provide four variety of food groups (grains, protein like pulses meat and fruits and vegetables) a day. In general, whom should be fed about 2-4 times a day, about 2 tablespoons to 250 ml cup per meal, based on the age. Caregivers feeding children should ensure proper hygiene measures before and after feeding. If the caregiver is sick, another family should feed the child.

For the Sick Children

If the sick child is under 6 months of age, breastfeeding should be done more frequently during illness to help the baby fight sickness, reduce weight loss and recover more quickly. If the baby is too weak to suckle, express breast milk to give the baby. After each illness, increase the frequency of breastfeeding to help your baby regain health and weight.

If the sick child is more than 6 months of age, breastfeed more frequently and feed more food and liquids. If child's appetite is decreased, encourage to eat small frequent meals with simple foods like porridge and other appropriate foods for children as per advice from health professionals. After recovering, encourage eating one additional meal of solid food each day during the following two weeks.

We strongly urge authorities, partners, and community leaders to avoid unnecessary illness and possibly death, following uncontrolled distribution of BMS and to prioritize protection of exclusive breastfeeding and safe, appropriate complementary feeding as part of emergency preparedness and response. We call on authorities and partners to commit the necessary financial and human resources for proper and timely implementation of safe IYCF during this critical time.