

Infant feeding in the Refugee Crisis



Lindsey Middlemiss

Lindsey is an ABM trainee breastfeeding counsellor; a Doula UK registered birth and postnatal doula; founder of West Berks Action for Refugees; and member of the international Infant Feeding Support for Refugee Children team.

IYCF-E: Infant & Young Child Feeding in Emergencies

In any emergency, babies and children under the age of two are amongst the most vulnerable. How babies and children are fed in emergencies and in crisis situations, such as refugee camps,

can be a matter of life and death.

Non-breastfed babies are at far higher risk of infection, needing medical care or hospitalisation and death¹. Issues for those parents and carers trying to formula feed in these circumstances include: a lack of clean hot water; poor washing and sterilising facilities; unreliable supply of appropriate milks; and greater complications from the increased health risks that come with not breastfeeding. When you do not have a warm home or ready access to good medical care, even a chest infection can be serious.

Interventions in emergencies can cause more harm than good. Formula

Picture above: A refugee mother, on the phone to her own mother in Iraq, outside the small tent where she, her husband and their 3 children lived

Lindsey (on the right) with a team from West Berks Action for Refugees and Hope & Aid Direct, in the warehouse at Calais with donated aid

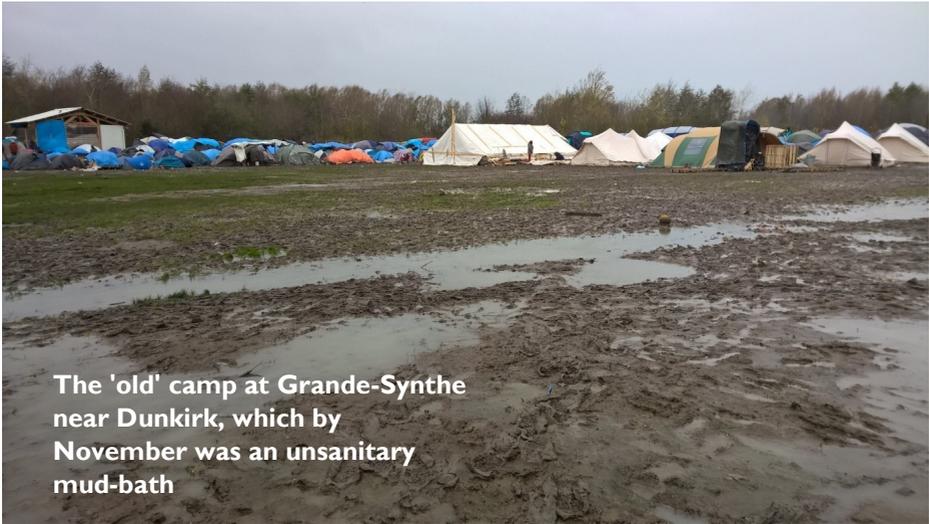


donations are especially harmful but so are volunteers, aid workers and healthcare professionals reinforcing detrimental myths such as 'stress dries up milk supply', 'giving formula is helpful' and 'parents know best'. Breastfeeding rates can fall dramatically if there is uncontrolled distribution of formula, putting babies at risk. Even breastfeeding mothers will accept donations of formula, for a range of reasons ² that include thinking it to be a good thing to give their baby and it being a high-value commodity (in war zones, a tin of formula powder may be sold for as much as \$200-400). Many volunteers, and even aid workers, without training specific to Infant & Young Child Feeding in Emergencies (IYCF-E) make assumptions that giving formula is helpful and that parents know

best what to feed their children. However, most parents make choices based on what they did at home and the information (or mis-information) given, and this can be dangerous in the circumstances they find themselves. You don't get training to be a refugee!

The Current Crisis in Europe

With wars continuing to rage in Syria, Iraq, Afghanistan, Yemen and elsewhere, and as many middle Eastern countries struggle to cope with millions of refugees, people continue to risk the dangerous sea crossing to get to Europe. In 2016, over 200K people arrived this way (as of 1 June 2016), of which 35% were children. Over one million people made the crossing in 2015 ³. That's a lot of babies on the move from a warzone.



The 'old' camp at Grande-Synthe near Dunkirk, which by November was an unsanitary mud-bath

Particular challenges with this group of families include the prevalence of the 'stress dries up milk supply' and 'lack of food dries up milk supply' myths as well as the high rates of mix-feeding because of common modern middle-Eastern cultural beliefs that formula is necessary for health in babies, toddlers and pre-schoolers. On the other hand, there are usually high rates of breastfeeding too: at least when they land in Europe - these fall quickly.

#SafelyFed Campaign

Over the last year, an international team of breastfeeding counsellors, IBCLCs and mothers has come together to help provide better infant feeding support for refugee children.

A social media campaign has been used to raise awareness, with the hashtag #SafelyFed.

Resources have been developed for families and lay volunteers, based on the guidance ⁴ and Interim

Considerations ⁵ from the international Infant Feeding in Emergencies (IFE) Core Group. See safelyfed.org

My experiences

Following the well-publicised death of little Ayan Al-Kurdi on a Turkish beach in September 2015, I felt compelled to do something to help with the refugee crisis. This rapidly led to the formation of a local group – West Berks Action for Refugees – and the start of a campaign to pressure our local council to pledge to support the resettlement of Syrian refugees. We started collecting aid donations and were blown away by the speed and scale of the response from our local community.

I contacted the small UK charity, Hope and Aid Direct - which has over 20 years' experience of getting aid to the Balkans and crisis hit regions - and plans for a convoy to the Greek islands were formed. In its first nine months, West Berks Action for Refugees has sent out

tonnes of aid to France, Germany, Northern Greece, the Greek islands, Lebanon, Jordan and Syria. In December 2015, our local council pledged to support resettlement of Syrian refugees and the first family has since arrived.

In November, I heard through the various refugee volunteering Facebook groups I'm in, that conditions in an informal camp near Dunkirk were dire and that there was a desperate need for infant feeding support. I decided to go and see whether I could help, and went with a doula friend, along with a car full of blankets, tents, roll mats, slings and antenatal vitamins.

The camp at Grande-Synthe near Dunkirk in November was hellish. Two thousand people, including many children and unaccompanied minors, were existing on what had formerly been a community recreation ground and was now an unsanitary mudbath. There were few toilets (often not working) and up to 30 minutes hike through ankle deep mud from some shelters. No working showers. Tents getting flooded overnight. Babies suffering from hypothermia, diarrhoea and vomiting. Many of the people there were Iraqi Kurds. Teenage boys joked about fleeing from Daesh/ISIS after seeing friends get shot...

We did what we could in the short time we had there, working alongside volunteer British medics. We gave out vitamins to pregnant and breastfeeding women; distributed slings; took washing up equipment, toothbrushes, sanitary towels and new knickers to as many

“One transit point aimed to give a can of powdered formula to every family with a baby, without assessment and without provision for safe formula feeding”

women with young children as we could. We took sterilising equipment to some families using bottles and highlighted cases of nappy thrush to the medics. Time was spent with a few families who were using bottles to feed powdered formula to babies (and whose babies had health issues as a result) trying to explain that they needed to use ready-to-feed formula in a cup (or even UHT milk for older babies) and that this would be safer. One mother explained, through gestures and her husband's basic English, that she had been ill on the journey and had been told to stop breastfeeding. She was living in a one-room tent with her husband and their three children. Her baby had needed medical attention for diarrhoea and vomiting.

The conditions the refugees were in was appalling but we came away most hit by how incredibly lovely the vast majority of the refugees were. We were always greeted with 'Hello! Good Morning. How are you?' and were invited for chai (tea) and to share what food they had.

Following my experiences in Dunkirk, I

was determined to help provide safer infant feeding support there. I joined the Infant Feeding Support for Refugee Children team and we started the #SafelyFed campaign.

I had identified in Dunkirk the need for information targeted at parents and lay volunteers. The official guidance ⁴ is aimed at NGOs and professional aid workers and even the Interim Considerations ⁵ that the IFE Core Group produced are written for NGOs, aid workers and groups with some understanding of IYCF-E issues. I was proud to be part of the team that developed the 'Feeding Your Baby As You Travel' flyer ⁶ (also called the 'transit' flyer), which has now been translated into eight other languages and has been adopted by UNICEF and used by many other NGOs across Europe. I wrote the 'Simple Points' poster aimed at areas where volunteers might be dealing with infant feeding and formula provision ⁷.

In January, I travelled to Lesbos, Greece to meet a convoy organised by UK charity Hope and Aid Direct that included a lorry-load of aid from my local group. I spent eight days on Lesbos, distributing aid. I travelled to as many camps and transit points as possible, interviewing staff and volunteers about their practices around infant feeding for a report for the Infant Feeding Support for Refugee Children team. I found that an estimated 75% of babies were breastfed to some extent when they landed on Lesbos. This tallies with studies from the Middle East that found high rates of breastfeeding but also relatively high rates of mix-feeding

(giving formula or other milks or teas, usually in bottles, as well as breastfeeding) ⁸. However, some transit points run by NGOs not signed up to the IFE Core Group, were distributing formula indiscriminately. One transit point aimed to give a can of powdered formula to every family with a baby, without assessment and without provision for safe formula feeding. Little surprise then that some groups estimated that only around 25% of babies were breastfed when they left the island.

I was fortunate enough to do training in IYCF-E with Dr Karleen Gribble, one of only two individual members of the IFE Core Group and a key member of the Infant Feeding Support for Refugee Children team. I have been surprised at how much I have had to learn over the last year. For example, I had assumed that safely making up powdered formula or a lack of clean water would be the biggest risks when formula feeding. However, it is actually *bottles* that are the biggest risk: getting parents in refugee camps or transit to try to transition to cup feeding has to be a priority. Providing washing-up and sterilising facilities can help but only if parents are staying in one place and have near continuous access to those facilities. Otherwise they reuse a dirty bottle, at most rinsing it out. Karleen shared a photo taken by a lactation consultant in a camp in Lebanon who had done a cup-for-bottle exchange: by the next morning, one bottle had maggots in the teat.

Since January I have gone to Calais and Dunkirk many times. The camp near



A children's play area at the Lighthouse Relief beachside transit camp on Lesbos

Dunkirk has been relocated to a purpose built camp – the Liniere camp - organised by the local mayor and MSF. It is the first official refugee camp in France since the closure of Sangatte.

I reached out to Save the Children (who can only operate as consultants in France, not provide a full response) to ask that they provide volunteer training on IYCF-E in Northern France and I'm now working alongside them to roll out a pragmatic joint statement on IYCF-E and make sure long-term volunteers have basic training in IYCF-E, as well as distributing resources and working alongside the teams in the camps. Changes have already started happening – the main warehouse now stores formula with medical supplies, not food; and the volunteer managers in the Liniere camp no longer distribute powdered or follow-on formulas and prioritise UHT milk supplies for under-2s.

I'm working with a LLL Leader from Kent, Katy Lockey, to put together an

Infant Feeding Team for Calais and Dunkirk, to support the long-term teams out there; to ensure all pregnant women have access to antenatal education on infant feeding; and that all mothers have the support they need to safely feed their children, whether this is introducing cups to replace bottles in older babies and children or re-establishing breastfeeding for younger babies.

Get involved

As an independent project to the SafelyFed campaign, we're looking for breastfeeding counsellors (BFCs) to join a team for northern France. We aim to send two BFCs to Calais/Dunkirk every 6-8 weeks to lead antenatal infant feeding workshops, breastfeeding and safe infant/young child feeding support sessions and other workshops, e.g. on introducing solids. You must be willing to do online training (<1 day) and reading related to infant feeding in emergencies and be able to travel to France for two days every 3-6 months

The new Liniere camp at Grande-Synthe near Dunkirk. Each hut is shelter for a family.



on average. Some expenses will be covered. Please contact me directly on linseymiddlemiss@hotmail.co.uk if you are interested in volunteering.

Volunteer breastfeeding counsellors are needed in Greece to work with Nurture Project International. See nurtureprojectinternational.org for more details.

There are home volunteering opportunities with social media, graphics and admin with both the team for northern France and the SafelyFed team.

Further reading

See SafelyFed.org for resources, information and outside resources for IYCF-E training.

‘A Fading Art: Understanding Breast-Feeding in the Middle East’ by Dr. Modia Batterjee

‘Why breastfeeding mothers request

and use donated infant formula.’ An article on the Anthrolactology blog by Dr Karlee Gribble. <https://anthrolactology.com/2016/01/16/why-breastfeeding-mothers-request-and-use-donated-infant-formula/>

References

1. Gribble KD, McGrath M, MacLaine A and Lhotska L. 2011. Supporting breastfeeding in emergencies: protecting women's reproductive rights and maternal and infant health. *Disasters*. 35: 720-738.
2. Gribble KD. 2016. Why breastfeeding mothers request and use donated infant formula. *Anthrolactology*. <https://anthrolactology.com/2016/01/16/why-breastfeeding-mothers-request-and-use-donated-infant-formula/> [Accessed 19 June 2016]
3. UNHCR. 2016. Refugees/Migrants Emergency Response - Mediterranean. data.unhcr.org/mediterranean/regional.php [Accessed 17 June 2016]
4. IFE Core Group. 2007. Operational Guidance on Infant

5. and Young Child Feeding in Emergencies. enonline.net/operationalguidanceicycfv2.1
6. UNICEF, UNHCR, Save the Children, ENN & reviewers. 2015. Interim Operational Considerations for the feeding support of Infants & Young Children under 2 years of age in refugee and migrant transit settings in Europe.
7. Infant Feeding Support for Refugee Children. 2016. Feeding Your Baby As You Travel. <http://safelyfed.org/resources/flyer-on-feeding-support-in-transit/> [Accessed 19 June 2016]
9. Infant Feeding Support for Refugee Children. 2016. Simple Points on Feeding Babies and Young Children. <http://safelyfed.org/resources/simplepoints/> [Accessed 19 June 2016]
10. Hacettepe University Institute of Population Studies. 2013. Turkey Demographic and Health Survey. http://www.hips.hacettepe.edu.tr/eng/TDHS_2013_main.report.pdf [Accessed 19 June 2016]