



POSITION PAPER ON BREASTFEEDING AND THE USE OF BREAST MILK SUBSTITUTES DURING DISASTERS & EMERGENCIES

POSITION PAPER-6

Protect Breastfeeding • Support Mothers • Protect Infants • Use BMS Responsibly only when Necessary



NEPAL PAEDIATRIC SOCIETY-2026

Position Paper on **POSITION PAPER ON BREASTFEEDING AND THE USE OF
BREAST MILK SUBSTITUTES DURING DISASTERS & EMERGENCIES.**
Endorsed by Nepal Paediatric Society (NEPAS)

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POSITION PAPER ON BREASTFEEDING AND THE USE OF BREAST MILK SUBSTITUTES DURING DISASTERS & EMERGENCIES.

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**Subject: Protecting, Promoting and Supporting Infant and Young Child Feeding During
Disasters and Humanitarian Emergencies in Nepal**

Applicable to: Floods, landslides, earthquakes, displacement and other humanitarian
emergencies

*Protect Breastfeeding • Support Mothers • Protect Infants • Use BMS Responsibly When
Necessary*

1. Executive Summary

The Nepal Paediatric Society (NEPAS) reaffirms that **breastfeeding is the safest, most appropriate and life-saving method of infant feeding during emergencies**. During disasters and emergencies, disruption of water, sanitation, food security and health services places and routine care places infants at increased risk of diarrhoeal disease, respiratory infection, malnutrition and death. Breastfeeding provides safe and nutritionally appropriate nourishment while also offering protection against infection. Although stress and disruption associated with such conditions may create challenges to breastfeeding, a disaster or an emergency, does not generally impair a mother's ability nor is a reason to stop breastfeeding when appropriate practical, emotional and professional support are still available.

NEPAS therefore considers the **protection, promotion, continuation, and restoration of breastfeeding a priority in emergency preparedness and response**. Breastfeeding mothers and caregivers should receive timely, skilled infant and young child feeding counselling, psychosocial support, and practical assistance. Where breastfeeding has been interrupted, appropriate support for **re-lactation** should be provided when feasible. Infant and Young Child Feeding in Emergencies (IYCF-E) services should be integrated into emergency preparedness and response mechanisms, including safe and supportive spaces for mothers and infants and appropriate support for infants who are not breastfed.

Breast Milk Substitutes (BMS), including infant formula, should **not be routinely distributed or promoted during emergencies**. They should be considered only for clearly identified infants who cannot be breastfed or cannot receive sufficient breast milk despite appropriate assessment and skilled support. Any use of BMS must be assessed individually, documented, professionally supervised and accompanied by measures to ensure safe preparation, adequate supply, appropriate feeding and regular follow-up.

2. Rationale

Infants are particularly vulnerable during disasters because interruption of normal health, nutrition, water and sanitation services can rapidly increase the risks associated with inappropriate infant feeding. Artificial feeding may expose infants to contaminated water, unsafe preparation practices, inadequate storage and interruptions in formula supply. These risks may result in serious infection, malnutrition and, in severe circumstances, death. For this reason, emergency infant feeding policies should be designed to protect breastfeeding while ensuring appropriate support for infants who genuinely require an alternative.

Nepal's experience has demonstrated the importance of maintaining appropriate infant-feeding practices during emergencies. The national joint emergency statement issued following the 2015 earthquake called for avoidance of donations and distribution of breast-milk substitutes, infant formula, bottles and teats without proper assessment of need, and emphasized that artificial feeding should occur only under strict control, monitoring and hygienic conditions.

The **Nepal World Breastfeeding Trends Initiative (WBTi) assessment** identified Infant and Young Child Feeding in Emergencies (IYCF-E) as an important component of national policy and emergency preparedness. The assessment documented the availability of emergency feeding policies and guidance, designated coordination mechanisms, measures to support breastfeeding, relactation and wet-nursing, protection of non-breastfed infants, mechanisms to minimize the risks associated with artificial feeding, and monitoring and reporting provisions. At the same time, the assessment highlighted the need to strengthen implementation, inter-sectoral coordination, safe and supportive IYCF counselling spaces, and emergency preparedness and response capacity.

These considerations underscore the need for a coordinated national approach to infant and young child feeding during disasters and emergencies that protects breastfeeding, prevents unnecessary

distribution or use of breast-milk substitutes, and ensures that infants who cannot be breastfed receive **safe, appropriate, and sustainable alternative feeding support**.

3. NEPAS Position on Breastfeeding During Emergencies

NEPAS strongly recommends that **breastfeeding be actively protected, promoted, and supported throughout all phases of emergency preparedness and response**. Mothers should be encouraged and assisted to continue breastfeeding even when they are displaced, living in temporary settlements, or experiencing substantial disruption to their usual living conditions. Emergency response teams should recognize breastfeeding as an essential, life-saving intervention rather than an activity that can be deferred until the emergency has passed.

Mothers affected by fear, grief, psychological distress, displacement, or traumatic experiences may experience temporary difficulties with breastfeeding. Such circumstances should prompt compassionate counselling, psychosocial support, and skilled lactation assistance, rather than automatic introduction of breast milk substitutes. Where breastfeeding has been interrupted, re-lactation should be actively considered and supported whenever appropriate. Emergency response systems should therefore ensure the availability of trained breastfeeding counsellors and mechanisms to identify and support mothers and infants who require additional assistance.

Appropriate **Infant and Young Child Feeding in Emergencies (IYCF-E)** support should be integrated into emergency health, nutrition, and protection services. Safe and supportive spaces for mothers and infants, breastfeeding counselling, assessment and management of feeding difficulties, and referral for specialized care should form part of a coordinated emergency response. The WBTi assessment recognizes skilled counselling, re-lactation, wet-nursing, protection of non-breastfed infants, and measures to minimize the risks associated with artificial feeding as important components of emergency preparedness and response.

NEPAS recommends that **breastfeeding support be initiated early and maintained throughout the emergency response**, with particular attention to mothers and infants who are separated, displaced, experiencing feeding difficulties, or otherwise at increased risk of breastfeeding interruption.

4. Use of Breast Milk Substitutes

NEPAS recognizes that, during disasters and emergencies, there are circumstances in which an infant may require a breast-milk substitute (BMS). However, **BMS should not be considered a routine component of emergency relief and should be provided only when individually indicated following appropriate assessment and support.** The decision to provide BMS should be based on an individual assessment by a qualified health professional and should consider whether the infant's nutritional needs can safely be met through breastfeeding, re-lactation, expressed breast milk, donor human milk where an appropriate and regulated service is available, or wet-nursing.

BMS may be considered when an infant is **orphaned and has no access to breastfeeding, re-lactation, wet-nursing, or appropriate donor human milk**; when the mother is absent, deceased, missing, critically ill, or medically unable to breastfeed for a prolonged period; when an infant was already fully dependent on formula before the emergency and breastfeeding cannot immediately be established or re-established; or when a specific medical condition of the infant or mother requires the use of a breast-milk substitute. BMS may also be considered when a comprehensive assessment and skilled lactation support establishes that breastfeeding, re-lactation, or expressed breast milk is not feasible or is insufficient to meet the infant's nutritional needs. HIV-related infant-feeding decisions should follow current national guidance and specialist advice.

A history of formula feeding before an emergency should **not, by itself, preclude assessment of whether breastfeeding can be initiated or re-established.** Conversely, breastfeeding should not be discontinued solely because a mother is experiencing stress, psychological distress, or displacement. Each mother–infant pair should receive an **individualized assessment, skilled support, and regular review of feeding needs.**

Where BMS is indicated, its provision should be accompanied by appropriate counselling, safe preparation and feeding practices, adequate and sustainable supply, and monitoring to minimize the risks associated with its use during emergencies.

5. Conditions for Safe Provision of BMS

Where BMS is determined to be necessary, a **qualified health professional should conduct and document an individual assessment.** The decision to provide BMS and the identified feeding need should be recorded, and the infant should be registered for appropriate follow-up. Priority

should continue to be given to breastfeeding, re-lactation, expressed breast milk, donor human milk, or wet-nursing where these options are safe, appropriate, and acceptable to the mother and family.

BMS should be provided only when a **reliable and uninterrupted supply can be maintained for as long as the infant requires it**. Caregivers should receive practical counselling on the safe preparation, feeding, and storage of BMS. Before BMS is provided, access to safe water, hygienic preparation facilities, fuel where required, and appropriate feeding utensils should be ensured. Infants receiving BMS should undergo regular follow-up, including monitoring of growth, illness, feeding practices, and continued need for BMS. Distribution should remain **targeted to infants with an assessed need** and should not form part of general emergency relief packages.

The safety of artificial feeding depends not only on the availability of formula but also on the **infrastructure, resources, and support required for its safe and sustained use**. In emergency settings, disruption of water, sanitation, fuel, storage, transportation, or supply systems can substantially increase the risks associated with formula feeding. Consequently, provision of BMS without the capacity to ensure safe preparation and continuity of supply may place infants at greater risk rather than protect them.

Where BMS is required, emergency authorities and implementing agencies should establish **clear responsibility for procurement, distribution, counselling, monitoring, and follow-up**, with appropriate mechanisms for reviewing the continued need for BMS.

6. Practices that should NOT occur during Emergencies

NEPAS opposes the **blanket or indiscriminate distribution of infant formula, powdered milk, feeding bottles or teats to populations affected by disasters. Unsolicited donations of formula or other breast-milk substitute (BMS) products should not be distributed without an established assessment and response mechanism**. BMS should not be provided without prior assessment, documentation and appropriate follow-up, and it should not be promoted or advertised during emergencies. Any intervention that undermines breastfeeding or creates unnecessary dependence on artificial feeding should be avoided.

Emergency relief packages should therefore not contain infant formula or other BMS as a routine commodity. BMS procurement and distribution, when genuinely required, should be coordinated

through authorized health and nutrition mechanisms. Products should not include promotional materials, branding activities or inducements that conflict with Nepal's regulatory framework or the International Code of Marketing of Breast-Milk Substitutes.

7. Legal and Policy Framework

NEPAS supports implementation of this position in accordance with Nepal's **Mother's Milk Substitutes (Control of Sale and Distribution) Act**, the **International Code of Marketing of Breast-Milk Substitutes** and subsequent relevant **World Health Assembly resolutions**, and applicable national policies, guidelines, and protocols on Infant and Young Child Feeding during Emergencies (IYCF-E). Nepal has established a **legal and policy framework governing the marketing, sale, distribution, and promotion of breast-milk substitutes**. The Nepal World Breastfeeding Trends Initiative (WBTi) assessment has also documented mechanisms for monitoring compliance with the Code, as well as provisions related to reporting violations and penalties.

NEPAS emphasizes that **continued implementation, monitoring, and enforcement of these provisions are particularly important during disasters and emergencies**, when disruption of health services and increased vulnerability of affected populations may increase the risk of inappropriate promotion, donation, and distribution of BMS. All government agencies, humanitarian organizations, health facilities, development partners, donors, and other organizations involved in emergency response should ensure that their infant-feeding interventions are **consistent with Nepal's legal and regulatory requirements and do not undermine breastfeeding**.

8. Recommendations for Emergency Preparedness and Response

NEPAS recommends that **Infant and Young Child Feeding in Emergencies (IYCF-E) be systematically incorporated into national, provincial, and local emergency preparedness and response plans**. Emergency operations should establish functional IYCF-E support services and safe and supportive spaces for mothers and infants; ensure access to trained breastfeeding counsellors; provide timely support for re-lactation; and establish mechanisms for the early identification, assessment, and referral of infants with feeding difficulties.

All provisions of BMS should be subject to **individual assessment, documentation, registration, and appropriate follow-up**. Procurement and distribution should be coordinated through

authorized health and nutrition mechanisms and should comply with Nepal's applicable legal and regulatory framework and national IYCF-E guidance. Emergency response structures should also establish mechanisms to **identify, monitor, and report inappropriate donations, distribution, promotion, or marketing of BMS products.**

NEPAS further recommends strengthening the capacity of health workers, nutrition personnel, and emergency responders through appropriate training in **IYCF-E, breastfeeding counselling, relactation, identification and management of feeding difficulties, and the safe support of infants who require BMS.** Training should include practical skills for counselling mothers under stressful and disrupted circumstances and for recognizing situations requiring referral or specialized care.

Emergency preparedness should also include **pre-positioned IYCF-E resources, clear coordination and referral pathways, designated focal persons, monitoring mechanisms, and adequate human and financial resources** to ensure continuity of infant-feeding support during prolonged or rapidly evolving emergencies.

The WBTi assessment has identified emergency feeding preparedness, coordination, training, monitoring, and appropriate human and financial resources as important components of an effective national response. NEPAS therefore recommends that IYCF-E be integrated into routine disaster preparedness exercises and emergency response systems rather than treated as an additional activity initiated only after a disaster occurs.

9. Monitoring and Accountability

Emergency infant-feeding interventions should be **integrated into routine emergency monitoring, surveillance, and reporting systems.** Authorities and response agencies should monitor breastfeeding support, identified and documented BMS needs, BMS procurement and distribution, continuity of supply, availability of conditions required for safe preparation and feeding, infant feeding and health outcomes, and any inappropriate promotion, distribution, or donation of BMS. Monitoring should include **regular review of whether BMS is being provided only to infants with an individually assessed need**, whether caregivers are receiving appropriate counselling and follow-up, and whether the continued need for BMS is being reassessed. Such monitoring is essential to ensure that emergency assistance protects infant health and does not unintentionally undermine breastfeeding.

The Nepal WBTi assessment recognizes the importance of **appropriate indicators, recording systems, and reporting tools** for monitoring emergency infant-feeding responses. NEPAS recommends that these monitoring mechanisms be incorporated into existing emergency health and nutrition information systems wherever feasible, with clear responsibilities for data collection, reporting, review, and corrective action. Accountability should extend to **government authorities, humanitarian organizations, health facilities, donors, implementing partners, and other agencies and individuals involved in emergency nutrition and infant-feeding activities**. All BMS interventions should remain part of a coordinated health and nutrition response rather than an independent relief activity.

Mechanisms should be established for **reporting and addressing inappropriate BMS donations, distribution, promotion, or marketing**, including actions to ensure compliance with Nepal's legal and regulatory framework. Monitoring findings should be periodically reviewed by the relevant coordination mechanisms to identify gaps, address risks, and strengthen the quality and safety of IYCF-E services.

10. NEPAS Statement

The Nepal Paediatric Society (NEPAS) considers **the protection, promotion, and support of breastfeeding to be an essential, life-saving component of emergency response**. Every effort should be made to enable mothers to continue breastfeeding during disasters and emergencies and, when breastfeeding has been interrupted, to provide timely and appropriate support for re-lactation.

Breast Milk Substitutes (BMS) have a **legitimate but limited role** in emergency infant feeding. They should be provided only to **clearly identify infants with an individually assessed need**, after appropriate consideration of breastfeeding, re-lactation, expressed breast milk, donor human milk, or wet-nursing where safe, appropriate, and feasible. When BMS is necessary, it should be provided through coordinated health and nutrition services, with documented assessment, professional supervision, continuity of supply, appropriate facilities and resources for safe preparation and feeding, caregiver counselling, and regular follow-up.

NEPAS calls upon **government agencies, health professionals, humanitarian organizations, nutrition partners, donors, and all other stakeholders involved in emergency responses** to ensure that emergency assistance protects and supports breastfeeding and does not inadvertently undermine it. **Untargeted distribution, unsolicited donations, promotion, or advertising of**

BMS, infant formula, feeding bottles, or teats should not occur during disasters and emergencies.

NEPAS further calls for **IYCF-E to be integrated into national and subnational emergency preparedness and response systems**, with adequate coordination, trained personnel, resources, monitoring, and accountability to ensure that every infant receives safe and appropriate feeding during emergencies.

This position is consistent with Nepal's national policies and emergency infant-feeding guidance, applicable legislation and regulations, the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant World Health Assembly resolutions, and the IYCF-E framework reflected in the Nepal WBTi assessment.

11. Conclusion

During disasters and humanitarian emergencies, protecting breastfeeding is a critical child-survival intervention. The disruption of water, sanitation, health and food systems increases the potential hazards of artificial feeding and makes indiscriminate distribution of BMS particularly unsafe. Nepal's emergency experience and existing policy framework provide a strong basis for a coordinated approach centred on breastfeeding protection, skilled support, re-lactation and appropriate assistance to infants who cannot be breastfed.

The Nepal Paediatric Society therefore urges all stakeholders responding to emergencies in Nepal to adopt a **“Breastfeeding First” approach**: assess every mother–infant pair, provide skilled support, restore breastfeeding whenever possible, and use BMS only when a clearly identified need remains and safe, sustainable and professionally supervised provision can be assured.

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Infographic 1: NEPAS Position on Breastfeeding and the use of BMS during Disasters & Emergencies (English)



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