

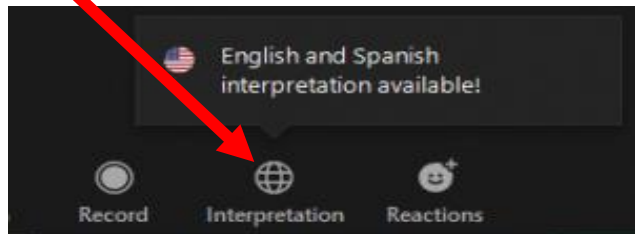
Supporting Wet Nursing in Emergency Contexts

WEBINAR

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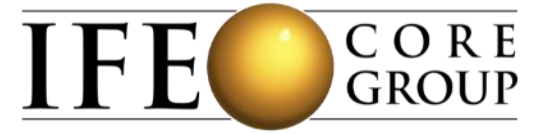


يمكن الاستفادة من الترجمة الفورية عن طريق النقر فوق
رمز الكرة الأرضية أسفل الشاشة.

Supporting Wet Nursing in Emergency Contexts

Date: 24 April 2024

Time: 14:00-15:30 GMT+1



IFE Core Group Webinar Working Group



Independent members: Bindi Borg, Deborah Joy Wilson, Peggy Koniz-Booher

Supporting Donors



Note: This webinar is made possible by the generous support of all of our donors, however, the contents are the responsibility of the GNC and the individual presenters and do not necessarily reflect the views of these donors.

IFE CORE GROUP



Scan for more resources and info on the IFE Core Group



Individual members: Alison Donnelly, Angela Giusti, Bindi Borg, Caroline Abla, Deborah Wilson, Hiroko Hongo, Isabelle Modigell, Karleen Gribble, Magdalena Whoolery, Mija Tesse-Ververs, Shela Hirani, Yara Sfeir

Webinar Objectives

- What do practitioners (breastfeeding counselors), emergency responders, health and nutrition managers, programmers, and policymakers need to support wet nursing? What are the barriers and facilitators based on their experience?
- What else needs to be done so we can support wet nursing? How will the upcoming wet nursing guidance help in our work setting?

Webinar Agenda

- Introduction
- Technical and Operational Guidance: Supporting Wet Nursing in Emergencies (UNICEF)
- Arugaan experience in supporting wet nursing in emergencies
- Interactive session in plenary
- Question & Answers
- Closing & Evaluation

Today's Facilitators and Presenters



Alessandro Iellamo
Senior Emergency Nutrition Adviser
FHI360, Crisis Response



Fatmata Fatima Sesay
Nutrition Specialist, Infant Feeding
UNICEF



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Co-Founder, Communications Lead
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Independent



Dima Ousta
Infant Feeding in Emergencies Core
Group Coordinator
Emergency Nutrition Network (ENN)

Brooke Bauer
Senior Humanitarian Advisor, IYCF-E
Save the Children International

Technical and Operational GUIDANCE: Supporting Wet Nursing in Emergencies

Presenters:

- Fatmata Fatima Sesay, Nutrition Specialist , UNICEF HQ
- Isabelle Modigell, Independent Consultant, IYCF-E





Presentation Objectives

1. Explain why and how the guidance was developed
2. Highlight global significance of supporting wet nursing in emergencies
3. Reveal the guidance's key content
4. Discuss next steps for advancing wet nursing support

Why was this guidance developed?

- **Impact:** the lifesaving potential of supporting wet nursing in emergencies
- **Global Guidelines and Standards:** need to operationalise
- **Need flagged during recent emergencies**



The Importance of Wet Nursing

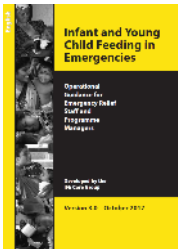
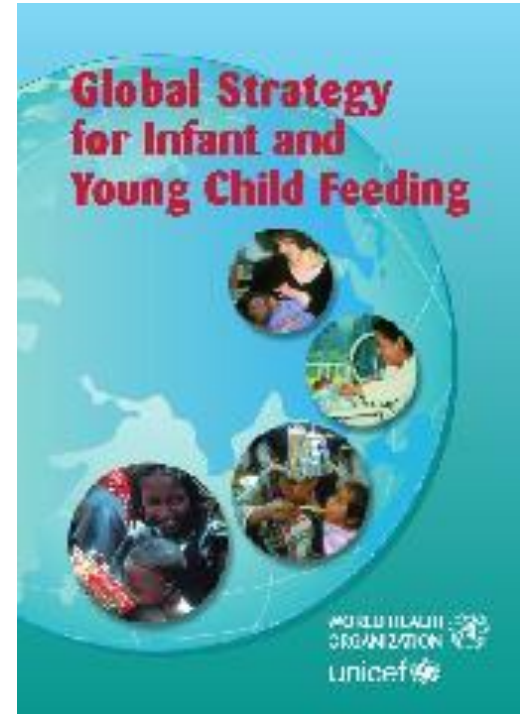
- **Importance of breastfeeding in emergencies**
- **Feasibility compared to other methods**
 - Expressed breast milk
 - Relactation
 - DHM
 - BMS
- **Wider benefits of supporting wet nursing at scale**
 - Strengthen Breastfeeding Advocacy
 - Build Community Resilience
 - Enhance Mental Health and Psychosocial Well-being
 - Empower women



Global Guidelines and Standards

"Feeding breast milk from someone other than an infant's own mother, such as a wet nurse, when mother's own milk (MOM) is unavailable or insufficient, is part of a policy and practice which can accelerate progress towards global goals and targets by ensuring more infants can be breastfed as recommended."

(Guidance Quote)



- 5.11** Where an infant is not breastfed by his/her mother, quickly explore, in priority order, the viability of relactation, wet nursing and donor human milk, informed by cultural context, current acceptability to mothers and service availability. If these options are not acceptable to mothers/caregivers or feasible to deliver, enable access to an assured supply of an appropriate BMS, accompanied by an essential package of support (see 6).
- 5.13** Investigate the cultural acceptability of **wet nursing** and availability of wet nurses in **preparedness** and as part of early needs assessment. Wet nursing and relactation can work together where the wet nurse provides supplemental milk until the mother has sufficient milk. Prioritise wet nurses for the youngest infants (see 5.33-5.39 for HIV considerations).

Urgent Need for Guidance

Emergencies often lead to a heightened need for alternative infant feeding solutions, such as wet nursing, for infants who cannot be breastfed by their mothers:

- Rise in the number of non-breastfed infants
- Rise in the number of absent/deceased mothers: planning for alternatives to MOM is necessary

Lessons Learned from Initiating Infant and Young Child Feeding in Emergencies Programming for the Ukraine Response in 2022

October 2023

The absence of specific guidance on wet nursing currently impedes its support, particularly in emergencies.

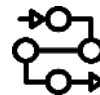
A need for guidance to support practitioners to implement international recommendations on wet nursing was identified

Challenges in protecting non-breastfed infants in the Rohingya response in Bangladesh

By Alice Burrell

First do no harm overlooked: Analysis of COVID-19 clinical guidance for maternal and newborn care from 101 countries shows breastfeeding widely undermined

Karleen Gribble¹, Jennifer Cashin^{2*}, Kathleen Marinelli³, Duong Hoang Vu ⁴ and Roger Mathisen⁴



Guidance Development: Process

2022 - 2023				
>80 publications Desk Review	3 Case Studies	23 Key Informant Interviews	Rapid Evidence Review	Terminology Desk Review & Consultation
«« Technical Advisory Group (13 IFE Core Group Members) »»				



Screening Tool (Save the Children)

Guidance Development: Our Experience



- Very limited documentation of supporting wet nursing, especially during emergencies
- Lack of nonemergency guidance on supporting wet nursing
- Predominance of Western perspectives and histories in identified literature
- Complexities of supporting and safeguarding the many parties involved
- More prevalent and better accepted than often assumed by emergency responders

Breastfeeding support through wet nursing during nutritional emergency: A cross-sectional study from Rohingya refugee camp in Bangladesh
Faria Azad¹, M. A. Rifat^{2*}, Mohammad Zahidul Mannan³, Nushba⁴, ...⁵

Field Exchange
Wet nursing for refugee orphans in Bangladesh

The Consequences of Not Breastfeeding in the Refugee Camp in Croatia

Field report based on personal experience: an interview with Martina Tomić Latince

'It is me who eats, to nourish him': a mixed-method study of breastfeeding in post-earthquake Haiti

Jenny Dörnemann^{*1} and Ann H. Kelly^{†1}

Findings: History and Current Practices



Wet nursing is a long-standing and well-established practice

- Its mixed history influences perceptions around the world

There is a lot of diversity within and between cultures. It is:

- Occurs in most (93%) cultures.¹
- The usual way of feeding infants in few cultures.
- Prohibited or discouraged in few cultures.

Mostly practiced as a compassionate response to personal crises

- As well as for convenience, cultural and religious reasons etc.

More commonly accepted and practiced during emergencies

1. Hewlett and Winn, 2014

LIFESTYLE



Flight attendant breastfeeds stranger's baby on flight

By [Alexandra Klausner](#)

Published Nov. 8, 2018 | Updated Nov. 9, 2018, 10:15 a.m. ET

From a wet nurse, breastfeeding and love

When her only sister died nine months after giving birth, a conflict-affected woman in Maiduguri, north-east Nigeria chose to continue breastfeeding her niece, with help from a UNICEF-supported mothers' group.

Police officer who breastfed baby on duty in Argentina promoted

Celeste Ayala comforted child recently taken away from his mother near Buenos Aires

Salma Hayek On Why She Breastfed Another Woman's Baby

ABC's report on actress breastfeeding another woman's baby sparks reaction.

[WHO Africa](#) / [Countries](#) / [South Sudan](#) / [News](#) /

In South Sudan, grandmothers breastfeed malnourished grandchildren

[Nation & World](#)

China welcomes wet-nurse revival amid milk scandal

Nigerian grandmother in her 50s kept her starving grandchild alive by **BREASTFEEDING** while on the run from deadly insurgents

Current Practices in Emergencies: Example



Ukraine – 2022/23

- **Pre-crisis interest was *low***
- **Excluded from early IYCF-E guidance**, including Joint Statement, due to concerns about:
 - cultural acceptability
 - high HIV prevalence
- **Cases reported in situations of necessity**
 - Online platforms created to facilitate Human Milk Exchange
 - Besieged Mariupol: breastfeeding women viewed as critical source of nutrition and food security by the community
- **Safety concerns prevented lifesaving practice at times**
- **Experience highlights:**
 - Possible shift in attitudes and practices during emergencies
 - Importance of guidance and training for emergency responders.



©UNICEF



Findings: Rapid Evidence Review



- ALL forms of breast milk feeding are safer than breastmilk substitutes (BMS)
- In most situations, wet nursing is safer and more beneficial than BMS, *especially in emergency contexts.*

Introduction to the Guidance



Purpose and Scope

- Technical and practical advice on **why, when, where** and **how** to support wet nursing within health and nutrition programs in emergencies.
- Intended for emergency response
- Also applicable in non-emergency settings.

Intended Audience

- **Those involved in providing care and support for infants, young children and their families** including: IYCF counsellors and other frontline workers, policy and decision-makers, program planners and managers involved in emergency preparedness and response.

Introduction to the Guidance



How do I integrate wet nursing into national policies and guidelines?

Should programming be considered in Islamic cultures practicing milk kinship?

In which situations may it *not* be appropriate to support wet nursing at scale?

Who can be a wet nurse?

What should screening involve?

How to maximise success and minimise risk?

How to assess feasibility?



Key Components of the Guidance



CH 1: INTRODUCTION

CH 2: WET NURSE IDENTIFICATION AND SCREENING

CH 3: COUNSELLING AND SKILLED SUPPORT TO ESTABLISH AND MAINTAIN WET NURSING

CH 4: PROGRAMMING

CH 5: POLICY AND DECISION MAKING

A closer look : identification of a wet nurse

- ✓ Assess the need for wet nursing
- ✓ Counsel and evaluate acceptability
- ✓ Confirm feasibility
- ✓ Identify a potential wet nurse
- ✓ Screen the prospective wet nurse
- ✓ Confirm readiness and willingness to wet nurse
- ✓ Mitigate potential risks
- ✓ Reach agreement on the practical aspects
- ✓ Provide initial skilled breastfeeding support
- ✓ Continue providing support (follow up) and reevaluate the continued need for wet nursing
- ✓ Support the cessation of wet nursing when it is no longer needed

THROUGHOUT: *Counselling – Skilled Support - Supporting Informed Decision Making – Maximising Success – Minimising Risk*

Screening Tool



Developed by Save the Children (SC) in coordination with UNICEF, the IFE Core Group, and SC country offices.

Aim: to support frontline professionals in the screening of a prospective wet nurse. Not intended to replace or disrupt informal arrangements between families. Instead, it can be used to support individuals to make their own arrangements or be used within more formal and organised wet nursing programmes to support the ethical recruitment and selection of wet nurses.

Target audience: designed for use by frontline health and nutrition workers who provide IYCF-E services to individuals and communities in humanitarian and fragile environments.

Wet nursing Screening Tool

Guidance: Cultivate open communication and trust with prospective wet nurses, inviting them to share any medical or sociocultural concerns they may have. Assure them of confidentiality and a screen using a non-judgmental approach, creating a safe and supportive space that encourages open and honest discussion. Caregivers and prospective wet nurses may also opt to have an open conversation between themselves without the guidance of a facilitator or the use of this tool. Additionally, this tool can be contextualized to be used as a conversation tool between the prospective wet nurse and mother or primary caregiver of the infant in need of breast milk without a facilitator.

Screening details		
Date:	Location of assessment:	
Interviewer information		
Name of interviewer:	Position:	Organization:
Contact details:		

Infant details (this section refers to the infant in need of breast milk)			
Date of birth (approx. if required):	Name of baby:	Male/female:	IYCF registration number (if available):
Place of shelter/ home location:			
Child MUAC:	Bilateral pitting oedema:	Notes:	
	<input type="checkbox"/> 0 <input type="checkbox"/> + <input type="checkbox"/> ++ <input type="checkbox"/> +++		
Caregiver details (this section refers to the mother or primary caregiver of the infant in need of breast milk)			
Name of Caregiver:	Relationship to the child:	Contact:	
Place of shelter/ home location:			

Alternate caregiver name:	Alternate caregiver details (phone/place of shelter):
How many other children in caregiver care:	Ages of other children:

Potential Wet nurse details								
Name of potential Wet Nurse	Relationship, if any, to the child requiring breast milk	MUAC: STOP: If MUAC is <230 refer to nearest health facility. It is not recommended to act as a wet nurse at this time.						
Place of shelter:	Contact details:							
Number of additional household members within the immediate place of shelter:	Alternate household members details (secondary caregivers, relationship):							
How many other children in caregiver care:	Names, ages and MUAC of other children UNDER 5 YEARS OF AGE in the prospective wet nurse care:							
	<table border="1"> <tr> <td>Name:</td> <td>Age:</td> <td>MUAC:</td> <td>Name:</td> <td>Age:</td> <td>MUAC:</td> </tr> </table>		Name:	Age:	MUAC:	Name:	Age:	MUAC:
Name:	Age:	MUAC:	Name:	Age:	MUAC:			



Next Steps

- Finalise and disseminate the **Global Guidance**
- Finalise and disseminate the **Screening Tool**
- Conduct an in depth, robust evidence review
- Fill identified knowledge gaps with further research
- Systematically collect operational experiences of supporting wet nursing in emergencies, A **Case Study Template is available**

Q: What tools or resources would you find helpful for disseminating and implementing this guidance?

Acknowledgements

Our sincere thanks to

- IFE Core Group
- TAG
- Guidance contributors & technical experts

IFE CG Technical Advisory Group (TAG): Alessandro Iellamo¹, Alice Burrell, Aunchalee Palmquist, Bindi Borg¹, Brigitte Tonon, Brooke Bauer², Jodine Chase, Karleen Gribble, Ines Alvarez Fernandez, Magdalena Whoolery, Kirrily de Polnay, Nina Chad, Yara Sfeir

1. Led the rapid evidence review
2. Drafted *Wet Nursing & Milk Kinship in Islam*

UNICEF express their gratitude to the practitioners and experts who agreed to be interviewed and shared case studies to inform this guidance: Amina Hanifia, Angela Kithua, Caroline Mwangi, Di Anne Mendoza, Dorothy Wuyep, Jeanne Pauline Velasco, Ian Wanyonyi, Lorena Orejola Rivera, Melissa Hozjan, Nadrah Arifin, Nia Umar, Nieves Amat Camacho, Syeda Sumaiya Nasrin and the MSF-OCB team at Nilefa Keji hospital in Maiduguri, Nigeria

For their technical contributions, UNICEF sincerely thank Ann Willhoite, Gemini Adams, Inka Weissbecker, Khadija Abdelrahman, Laetitia Clouin, Linda Shaker, Lourdes Santaballa and Mija Ververs.

Q&A and Closing Remarks

- Thank you!



Supporting Wetnursing in Emergency Contexts.



by Ma. Ines Av. Fernandez
Arugaan, Philippines
IBFAN Global 5

Apr 24, 2024 8:00 PM Manila Time

Arugaan E-mail: arugaan.breastfeeding@gmail.com



Disastrous TYPHOON YOLANDA / HAIYAN, November 2013





Turbulent Mud Floods TYPHOON ONDOY / KETSANA , SEPTEMBER 2009





Warm Food
Service part
of MIYCF





ARUGAAN BREASTFEEDING EMERGENCY RESPONSE

Indigenous Food : Spaghetti & Yummy soup from
Sweet potato, squash, corn and banana (saba)



ARUGAAN BESTeam

4 C's:

Cooking

Counselling

Child and Mom Care

Cleaning



Breastfeeding Counselling



ARUGAAN BREASTFEEDING EMERGENCY RESPONSE



Wetnursing



Donor's breastmilk thru spoon drip drop



ARUGAAN BREASTFEEDING EMERGENCY RESPONSE

Relactation management from bottle to breast,
Hands-on Learning for All



Grandma can breastfeed, too!

Breastfeeding cluster counselling for Community Health Workers/Grandmas



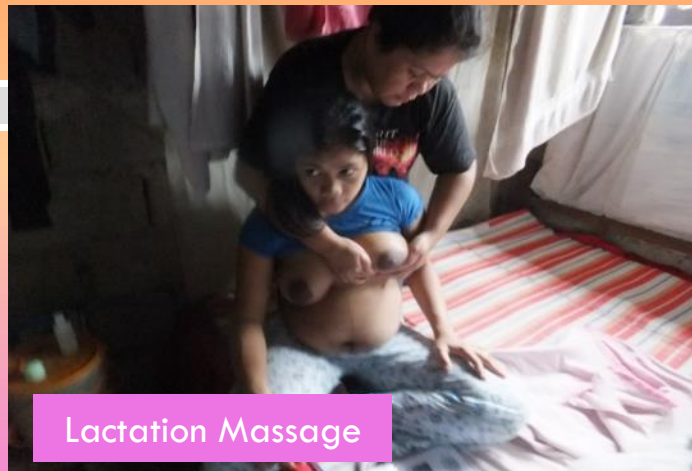
ARUGAAN BREASTFEEDING EMERGENCY RESPONSE

Home Visit: Breastfeeding counselling and relactation massage intervention

Home Visit : Cross nursing Intervention



Breastfeeding Counselling



Lactation Massage



Donor's breastmilk thru spoon drip drop for Breastfeeding Initiation



Wetnursing by Arugaan Breastfeeding Counselor (BC)



Mom was away to get rice ration, baby left to a neighbor crying on bottle with water when Arugaan BC came and wetnursed. Then, Mom surprised and breastfeed her baby.

Adoptive breastfeeding



Eden's adopted niece



ARUGAAN Wetnurse Monica and orphan baby breastfeeding for the first time



The wonders of lactation massage intervention and breastfeeding counselling for induced lactation



ARUGAAN Wetnurse Catherine breastfed the malnourished baby from Talim Island, Rizal



ARUGAAN Breastfeeding
Guru Diana collected
Expressed Breastmilk for
his transition supply thru cup feeding
during Mom's Relactation process



Learning proper acupoints to enhance lactation and handling sensitive breasts thru Arugaan Lactation Massage

ARUGAAN BREASTFEEDING EMERGENCY RESPONSE



Wetnursing during Breastfeeding Cluster Counselling Hands-on Learning

Lactation Massage Intervention



Fathers involved in Breastfeeding Empowerment

ARUGAAN BREASTFEEDING EMERGENCY RESPONSE



Dad's Hands-on Learning
Step by Step How to's
Practicum with Arugaan Guru



Ask Permission e-mail: arugaan.breastfeeding@gmail.com

Hands-on demo has an impact in teaching how to's in breastfeeding learning with cup feeding donor's breastmilk

ARUGAAN BREASTFEEDING EMERGENCY RESPONSE



Hand Expression

Cup Feeding



“Cross Nursing” Mother to Mother Support

The “Bayanihan” spirit- community collectiveness: five moms helping a determined bottle feeding mom to be transformed as breastfeeding mom/ factory worker. Intervention: donor’s breastmilk and wetnursing / cross nursing.



**Relactation Management
From
Bottle to Breastfeeding
with Wetnursing/Cross Nursing**



Ask Permission e-mail: arugan.breastfeeding@gmail.com

The Challenge: Grandma relactated to breastfeed abandoned twins by her teenage daughter

The Intervention:

ARUGAAN
BREASTFEEDING
COUNSELLING
MANAGEMENT



ARUGAAN Lactation
Massage Specialist



ARUGAAN
Breastfeeding Guru



GrandMa Wetnursing
her grandchildren twins

Repairing Lives through the use of Indigenous Foods and Breastfeeding thru Wetnursing at Bantay Bata



**Child Watch Center
– Philippines
Sanctuary for abused
babies and children**



**Surrogate Mothers as
Wetnurses**





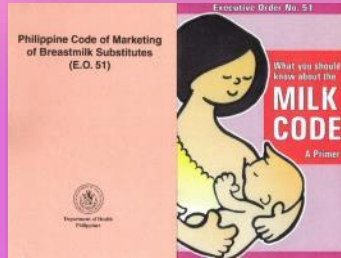
Women Supporting Women - Arugaan Mother Support Group
Arugaan Creche Daycare Provides Wetnursing Service.
Caregiver Wetnurses Staff.



“Who is Responsible for this Child?” and “Why Blame the Mom?”



Wetnursing is inscribed in the Law



**Kalusugan at Nutrition ng Mag-Nanay
2018**

**Expanded Breastfeeding
Promotion Act 2009**

**Philippine Code of Marketing of Breastmilk
Substitutes, Breastmilk Supplements and
Related Products
1986**

**The Rooming-in and Breastfeeding Act
(RA 7600) and its Implementing Rules
and Regulation
1992**

Co-founded the Breastfeeding Movement
in the Philippines since 1981

Lolas/ Grandmas unite for Breastfeeding Support!

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@62 Ines Fernandez
Wetnursing a
1 year old baby
for 2 months
@64 Wetnursing a
1 month old baby
for a week



Interactive Session

We want to hear your experience and ideas!
(30 minutes)

- ❖ **Using menti polls and short responses**
- You can respond in English, Arabic, French, or Spanish

Conclusions

Questions & Answers

Next steps & closing!

Looking for support in Nutrition in Emergencies?

	Type of supported needed	Provider
1	I want remote or in-country technical support	GNC
2	I want to hire a consultant directly	GNC Consultant Rosters
3	I want quick technical advice	GNC HelpDesk
4	I want peer support	www.en-net.org

Visit: <https://nutritioncluster.net/> and click "Request Support"

How to Access Support

Request support on coordination, information management, integration for nutrition outcomes or technical nutrition in emergencies assistance.



GNC CT

Global

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Please fill out the brief webinar evaluation
it will take less than 5 minutes
(it will pop up when you close the webinar)