



**Australian
Breastfeeding
Association**

Supporting pregnant women and families with infants and toddlers in disaster recovery centres





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It was just extremely hot that day. I got really overheated. I literally, I fainted. I was so worried about my kids. I've given them water, supplying them with food and everything that I would just forget to eat myself, to drink. The ambulance people asked me, 'Have you had anything to drink today?' I couldn't even answer the question. I was like, 'I don't even remember if I have or not.'

Pregnant mum of 3 (3 years, 4 years and 6 years) describing her experience of queuing in a recovery centre after the 2019-20 Black Summer bushfires.

Background

Recovery centres (also called resource and recovery centres or welfare and recovery centres) provide support to community members following a disaster. These supports may include financial assistance, organising temporary accommodation, giving material support, and providing information and referrals. Recovery centres are a vital conduit of disaster support to pregnant women and families with infants and young children. This guidance document aims to assist those planning for and working in recovery centres to best assist these populations.

As identified in the Babies and Young Children in the Black Summer (BiBS) Study,¹ accessing support following disasters, including through recovery centres, can be challenging for pregnant women and those caring for babies and toddlers for several reasons:

- **Difficulty with queuing:** The continuing care needs of infants and toddlers make it difficult for their caregivers to queue to access services. Small children cannot understand why they are queuing and cannot wait long for food and drink, nappy changes or sleep without becoming distressed. Pregnant women can find it difficult to stand for long periods for various reasons, including physical discomfort, low blood pressure, because they feel unwell due to morning sickness, or because they need to go to the toilet frequently. They are also vulnerable to dehydration and fainting. Pregnant women are often mothers of young children and may experience compounded difficulties due to caregiving while pregnant.

¹ The BiBS study was undertaken by the Australian Breastfeeding Association (ABA) in partnership with Western Sydney University as part of the ABA's Community Protection for Infants and Young Children in Bushfire Emergencies Project. The project was funded by the Australian Government via a Protecting Australian Communities Local Stream Grant.

- **Increased care needs of children:** Infants and toddlers commonly respond to the disruption of emergencies by:
 - regressing in learnt behaviours such as toileting
 - being more fussy
 - wanting to be held more
 - being dysregulated and hyperactive.

They may make increased demands on their caregivers who may be grieving and/or traumatised and experiencing high stress. Parents can therefore find it more difficult than usual to respond to their children in a calm way and to undertake necessary activities, including filling out forms.

- **Lack of resources for caring for children:** Required resources for baby and toddler care may not be available in disaster recovery settings, including nappy changing facilities and resources, a private space for breastfeeding, facilities for preparing infant formula, and toys or activities to keep children happy.
- **Mothers prioritise their children's needs over their own:** Mothers may prioritise the safety and well-being of their children over their own health. They forego food, hydration, and medical and psychological support and focus just on their children's needs. They may not ask for assistance due to not knowing who to ask or thinking that others need support more than they do.
- **Obtaining support may require recounting traumatic experiences:** Speaking about traumatic events in front of their children can be distressing for both parents and children, especially if this occurs repeatedly.

Ensuring that pregnant women and families with infants and toddlers are supported

The selection of recovery centre venues, along with the resources provided, centre layout, operational methods and staff training can play a crucial role in facilitating recovery support for pregnant women and caregivers of infants and toddlers. The following suggestions provide guidance to meet the specific needs of these groups.

Recovery centre venue

Venues should be **physically safe** for children inside and outside. If possible, they should also be away from busy roads and other hazards (such as bodies of water) and have child safe fencing or other barriers to make it more difficult for small children to leave the venue or access stairs, balconies or other features that may pose a risk.

It is beneficial for recovery centres to have **multiple rooms or large rooms that can be subdivided** to accommodate different needs. This can enable provision of separate child friendly spaces, spaces for women to breastfeed and areas for those who need greater privacy or less noise or stimulation.

Kitchen facilities for the safe preparation of baby food and washing of feeding implements are also desirable.

Recovery centre layout and resources

Provide a **comfortable space** for women who require privacy to breastfeed that is not in a toilet. This is particularly relevant if people are needing to spend a long time in the recovery centre.

Ensure that a **baby change table** is available near handwashing facilities and with nappy wipes and nappies of a variety of sizes.

If possible, establish a **separate area for families with infants and toddlers** within the recovery centre. This may be in a separate room or in a corner of a larger space. Baby fencing may assist in dividing off this area. It is desirable that this area has comfortable seating and playmat or rug to ensure there is a clean and safe place for children to crawl and play on. Easily washable and safe toys for small children should be provided. It is also desirable to have porta-cots available.

Child friendly spaces² can provide a space where children (generally 3 years and older) can play while their parents support and care for their infants and toddlers.

Signs should advise parents to ask for assistance if they need it, that breastfeeding is welcome in the venue, and provide directions to key facilities including the nappy changing, the separate area for families with infants and toddlers, and the private breastfeeding area. They should also indicate where to prepare infant foods and wash feeding items. Additionally, toilets should display signs stating that infant feeding bottles should not be washed there.

Recovery centre operation

Upon arrival, ask those caring for infants and toddlers if they have any **immediate needs** (for example, to change a nappy or to feed an infant). Inform them of resources available in the recovery centre to support them in caring for their children.

Ensure that **psychological first aid** is offered to all pregnant women and the caregivers of infants and toddlers.

Offer water (and if possible, food) to all pregnant women and those caring for babies and toddlers.

Provide **expedited services** to pregnant woman and families with infants and toddlers to avoid prolonged waiting.

Avoid queuing that requires people to stand and instead use a number system or provide seated queuing.

Implement **trauma-informed care practices** that reduce the number of times individuals need to share distressing or traumatic experiences

² Davie, S., Stuart, M., Williams, F., & Erwin, E. (2014). Child friendly spaces: Protecting and supporting children in emergency response and recovery. *Australian Journal of Emergency Management*, 29(1), 25-30.

Ensure that all **pregnant women are asked what health and other support they need** for themselves or their children as a part of the formal support service process.

Ensure that **referral pathways** include services supporting pregnant women and those with infants and toddlers such as maternity services, family support services, domestic violence services, and infant feeding support.

Staff training

Staff should receive training on psychological first aid and training to sensitise them to the needs of pregnant women and the caregivers of infants and toddlers in emergencies. They should also be aware of supports available to pregnant women and the caregivers of infants in the recovery centre, and external referral pathways available for them.

Supporting resources

The ABA Bushfire Project has developed resources that can assist those planning for and operating recovery centres to support pregnant women and those caring for infants and toddlers.

These resources can be found at aba.asn.au/disaster-support and include:

- A quick and free **e-learning module** that covers the practical measures to support caregivers of infants and toddlers in disaster preparedness, response and recovery.
- An **infographic** on the support needs of families with babies and toddlers in evacuation centres (also relevant to the needs of this group in the recovery space).
- An **animation** on providing psychological first aid for babies and toddlers and their caregivers.
- Evacuation and recovery centre **signage pack** for the needs of pregnant women, infants, toddlers and their caregivers.
- Guidance on the **management of infant formula** donations, procurement and distribution in emergencies.
- Information on **supporting safer sleep** for infants in evacuation settings.

Conclusion

Accounting for the needs of pregnant women and those caring for infants and toddlers in recovery centres not only enables the effective delivery of recovery support but reduces suffering while doing so. Many of those working in recovery centres are already doing this, as was described by a child friendly spaces worker in a recovery centre after the 2019–20 Black Summer Bushfires:



We had families in there for eight hours waiting to see all of the services. They were at a high level of stress. They had kids that hadn't eaten all day because they didn't want to lose their place in the line. So, we ended up coming out with a formulation with Resilience New South Wales and Red Cross. We bumped them up the line. We had food there for the children and water. When they got paperwork, we'd just say, 'Come in. Grab a cup of tea, something to eat, either stay in here, fill out your paperwork or sit out in the waiting room.' We were getting them through within two hours from start to finish.

Formalising support for pregnant women, infants and toddlers and their caregivers in the planning and operation of recovery centres, as described in this guidance, will help to ensure assistance is provided for these groups and their stress and suffering is reduced.

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