



Australian
Breastfeeding
Association

Supporting infant and young child feeding in emergencies

Your support can help caregivers to safely feed their baby or toddler during disasters such as bushfires, floods, heatwaves or cyclones.

Babies and toddlers are vulnerable during disasters due to their specific nutritional requirements, susceptibility to dehydration, immature immune systems, and total dependence on others for their care.¹ During and after emergencies families may:

- need to evacuate and lack privacy or kitchen facilities
- experience disruptions at home and elsewhere in water, electricity, sanitation or health services
- not be able to access shops or adequate supplies
- experience high levels of stress
- be extremely busy
- experience financial difficulties.

These experiences can make it difficult for parents to safely feed their children, placing the health and wellbeing of babies and toddlers at risk.

This fact sheet includes basic information on how to support the parents of babies and toddlers who are breastfed, expressed breastmilk fed, formula fed and/or fed complementary foods to safely feed their children during and after an emergency.

How to support safer infant and young child feeding in emergencies

Everyone can play a role in supporting parents to safely feed their children in emergencies, including healthcare workers, emergency responders, early childhood education and care workers, and community service staff and volunteers. Depending on your role, this support may involve reassurance and encouragement, sharing accurate information, referral to other services, or the provision of physical resources.



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Resources for families

Information and resources to help families care for their baby or toddler during an emergency can be found at aba.asn.au/emergency

- **Fact sheets:**
 - *Breastfeeding in emergencies*
 - *Expressed breastmilk feeding in emergencies*
 - *Hand expressing in emergencies*
 - *Formula feeding in emergencies*
 - *Cup feeding in an emergency*
 - *Power blackouts and frozen expressed breastmilk.*
- **Evacuation kit lists** for various ages and feeding methods.
- **Planning for emergencies: A quick guide for parents of babies and toddlers.**

Parents impacted by a disaster or emergency may require additional support with feeding their baby or toddler. While ABA breastfeeding counsellors and educators do not provide medical advice, parents can call the [National Breastfeeding Helpline](http://aba.asn.au/national-breastfeeding-helpline) (1800 686 268) or access ABA's LiveChat service for reassurance, support and practical tips.

Breastfeeding in emergencies

Breastfeeding provides babies and toddlers with safe food, hydration, protection from infections and comfort in emergencies. However, mothers who are breastfeeding may have concerns about their milk supply or their baby's behaviour. Mothers may interpret infant fussiness, night waking or frequent feeding as signs of inadequate milk. In heavy smoke, babies may find it difficult to breathe while feeding and may come on and off the breast.

Breastmilk production is not affected by stress,² but mothers and those around them may believe it is. Some women need privacy to breastfeed, which may be difficult to find. Reduced feeding frequency (because of lack of privacy or busyness) and maternal dehydration can result in reduced milk supply. Women may also experience breastfeeding difficulties unrelated to the emergency.

How you can help a breastfeeding mother

- **Reassure her that stress cannot reduce her milk supply and that it is normal for babies to be unsettled in emergencies.** Keeping her baby close, breastfeeding often and staying hydrated will help to ensure her baby gets enough milk. When she breastfeeds, encourage her to look at her baby, think about how much she loves them and take slow, deep breaths. This is a simple and reliable way to encourage the release of the hormone oxytocin, which causes the milk to flow more easily.
- **Offer her water and food often.**
- **Provide a comfortable and private space** (not in a toilet) for her to breastfeed, if she needs it.
- **Connect her with skilled breastfeeding support.** Local healthcare workers can offer information and assistance. Mothers can also speak to a volunteer trained in breastfeeding support on the Australian Breastfeeding Association's [National Breastfeeding Helpline](http://aba.asn.au/national-breastfeeding-helpline) (1800 686 268) or LiveChat service (aba.asn.au/livechat) if phone or internet services are available.



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Learn more

- Enrol in ABA's interactive eLearning module on [Disaster support for babies, toddlers and caregivers](#).
- Read the [BiBS Study Report](#) for more details on the experiences of mothers during the Black Summer Bushfires.
- Visit aba.asn.au/disaster-support for information and tools to help you improve emergency preparedness and support for babies, toddlers and their caregivers in emergencies.

Expressing breastmilk in emergencies

Some mothers express their breastmilk with an electric or manual breast pump and feed it to their baby using a bottle. Women who do this for all their baby's feeds often do so because they and their baby experienced difficulties with feeding at the breast.

Power outages and lack of access to hot water, detergent or kitchen facilities can make it difficult to wash expressing and feeding equipment. Women who are expressing will often need privacy. They may have similar concerns about their milk supply to women who feed their baby at the breast. They also need to avoid dehydration and to express their milk regularly.

How you can help a mother who expresses her breastmilk

- **Reassure her that stress cannot reduce her milk supply.** Expressing often and staying hydrated will help to ensure there is enough milk available for her baby. When she expresses her milk, encourage her to look at her baby, think about how much she loves them and take slow, deep breaths. This is a simple and reliable way to encourage the release of the hormone oxytocin, which causes the milk to flow more easily.
- **Offer her water and food often.**
- **Provide a comfortable and private space** (not in a toilet) for her to express.
- **If possible, ensure access to refrigeration, hot water and detergent.** Provide a space for washing that is not a toilet sink. Freshly expressed breastmilk can be stored at room temperature (26°C or lower) for 6–8 hours, if refrigeration is not available.³
- If access to hot water and detergent is not available, **encourage her to hand express and use disposable cups** to feed her breastmilk to her baby. Babies can be cup fed from birth.
- **Connect her to breastfeeding support to reduce the need for expressing.** Local healthcare workers can offer information and assistance. Mothers can also speak to a volunteer trained in breastfeeding support on the Australian Breastfeeding Association's [National Breastfeeding Helpline](#) (1800 686 268) or LiveChat service (aba.asn.au/livechat) if phone or internet services are available.



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Formula feeding in emergencies

The resources that parents rely on to formula feed their babies may be lacking or difficult to obtain in emergencies. Formula feeding requires access to infant formula, feeding bottles or cups, clean water for reconstitution, hot water and detergent for washing, and a clean area to prepare feeds. During disasters, supplies of infant formula (or their usual infant formula) may be disrupted. Tap water may be unsafe and 'boil water' alerts in place. Power outages may prevent the heating of water. In floods, surfaces may be contaminated with sewage.

How you can help parents who are formula feeding

- **Ensure access to all needed resources.** In evacuation and recovery centres, direct parents to a clean space or kitchen facility where they can prepare formula feeds and wash feeding bottles or cups. Place signage in toilets to prevent washing of these items in toilet sinks. If families lack electricity or clean water at home, refer them to services that can supply resources like bottled water, a gas stove and gas, detergent and a pot for heating water. Where parents are having difficulty obtaining infant formula (for example, due to lack of money or low supplies in stores), refer them to services that can assist.
- If their usual infant formula is not available, **reassure parents that all infant formula for sale in Australia has to meet the same standards.** Stage 1 infant formula can be fed to babies from 0-12 months and formula is not needed after 12 months.³
- If hot water for washing is not available, **encourage parents to use disposable cups for preparing and feeding formula.** Babies can be cup fed from birth.
- **Cows' milk can be considered as a short-term replacement for formula for non-breastfed babies over 6 months.**⁴ This may be a safer option if clean water and a way to heat it are not available for preparing formula feeds. When offering cows' milk, parents should be advised to feed iron-rich foods to reduce the risk of iron-deficiency. Iron-rich foods should be provided by those providing food aid in emergencies. (See below for more information on complementary feeding.)
- **If mothers are also breastfeeding, encourage them to breastfeed their baby more frequently to increase their milk supply, and connect them with skilled support.** Mothers who wish to restart breastfeeding (relactate) should also be referred for support. Local healthcare workers can offer information and assistance. Mothers can also speak to a trained volunteer on the Australian Breastfeeding Association's **National Breastfeeding Helpline** (1800 686 268) or LiveChat service (aba.asn.au/livechat) if phone or internet services are available.



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References

1. Gribble, K., Hamrosi, M., & Tawia, S. (2023). *Want to help the children? Help the parents: Challenges and solutions from the Babies and Young Children in the Black Summer (BiBS) Study*. Australian Breastfeeding Association.
2. Bartick, M., Zimmerman, D. R., Sulaiman, Z., Taweel, A. E., AlHreasy, F., Barska, L., Fadjeieva, A., Massry, S., Dahlquist, N., Mansovsky, M., & Gribble, K. (2024). *Academy of Breastfeeding Medicine position statement: Breastfeeding in emergencies*. *Breastfeeding Medicine*, 19(9), 666–682. <https://doi.org/10.1089/bfm.2024.84219.bess>
3. National Health and Medical Research Council. (2012). *Infant Feeding Guidelines: Information for health workers*.
4. World Health Organization. (2023). *WHO guideline for complementary feeding of infants and young children 6–23 months of age*.

Complementary feeding in emergencies

During the complementary feeding period (6 to 23 months) children need adequate amounts of solid foods that are age appropriate, nutritious, safe and fed in a responsive manner. After 6 months, infants are vulnerable to iron deficiency if they do not receive adequate iron-rich complementary foods.

In disasters, food supply chain, electricity and water supply disruptions impact the ability of parents to obtain, cook and refrigerate food, as well as to wash cooking and feeding items. Emergency catering services may not provide food that is appropriate for babies and toddlers. Food provided in aid is often highly processed and of low nutritional quality. Commercial foods marketed for this age group are often of poor nutritional value, high in sugar and salt, and of limited texture.

How you can help parents with complementary feeding

- **Provide food suitable for infants and toddlers in evacuation centres**, including between normal meal times.
- **Ensure access to other needed supplies**. Disposable bowls and spoons should be used for feeding unless hot water and detergent are readily available for washing.
- **Ensure food aid includes items suitable as complementary foods**. These should be nutrient dense and appropriate for children from 6 to 23 months. Iron-rich foods should be included. Shelf-stable foods that require little or no preparation are good options in an emergency (for example, dried fruit, tinned peas and corn, baked beans and crackers). Nutrient dense foods that are easily cooked with minimal resources (for example, eggs) are also valuable in aid.
- **Provide snacks suitable as complementary foods in places where families may spend time**, such as recovery centres and mother-baby areas.
- **Let breastfeeding mothers know they can offer their baby or toddler extra breastfeeds** to temporarily help meet their nutritional needs if they do not have access to adequate, safe and appropriate complementary foods.

Take care of caregivers so they can take care of their babies and toddlers. Help caregivers to identify and respond to their child's needs, and support them to meet their own basic needs for food, water and hygiene.