Mother-baby area guide for Australia

Taking care of mothers in disaster recovery so they can take care of their babies and toddlers

Australian Breastfeeding Association

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Acknowledgements

We would like to thank the many people who assisted in the development of the *Mother-baby area guide for Australia*:

Guillaume Pégon (Head of Mental Health Psychosocial Support Unit, Action contre la Faim, France), Vicky Sibson (Director, First Steps Nutrition Trust, UK), Sally Etheridge (Leicester Mamas Baby Project, UK), Carol Bartle (Midwife and WBTi member, Christchurch, New Zealand), Professor Jeanine Young (School of Health, University of the Sunshine Coast), Dr Catharine Fleming (School of Science and Health, Western Sydney University), Dr Rochelle Hine (Monash Rural Health, Monash University), Dr Eleanor Mitchell (Monash Rural Health, Monash University), Dr Adelle McArdle (Monash Rural Health, Monash University), Adrienne O'Dell (Program Manager, UNICEF Australia), Ruby Awran (Child Mental Health Advisor, Emerging Minds), Ben Rogers (Digital Health Manager, Emerging Minds), Kellie Noordam (ChildSPACE, Australian Childhood Foundation), Pam Halnon (Volunteer, Australian Red Cross), Arianwen Harris (Mother, Queenbeyan, NSW), Bronwyn Sparkes (Mother and Bushfire Survivor).

We would especially like to recognise the maternal, child and family support professionals from Eurobodalla Shire, NSW who provided invaluable feedback on the practicalities of implementing of mother-baby areas in communities:

Dr Michael Holland (Obstetrician and Member for Bega in the NSW Parliament), Nerida Lawrentin (Manager, Service and Systems Integration, COORDINARE - South Eastern NSW Primary Health Network), Julie-Ann Irwin (Perinatal and Infant Mental Health, Southern NSW Health Local Health District), Rebecca Johannessen (Child and Family Health Nurse, Southern NSW Local Health District), Hayley Soldatos (Child Health Nurse and IBCLC, Southern NSW Local Health District), Kylie Murgatroyd (Nurse Unit Manager, Tresillian Moruya), Anita MacCartney (Team Leader, Family Connections, Targeted Earlier Intervention/ Young Mothers Pathways Project, Campbell Page, Moruya), Marie Sutton (Director, Moruya Preschool), Brodie Hibel (Early Childhood Educator, Moruya Preschool), Lynelle Hamer (EACH Inclusion Support), Jenny Hogg (Child Development Officer, Eurobodalla Shire Council), Louise Hatton (Coordinator Children's Services, Eurobodalla Shire Council).

We are grateful to Fatmata Sesay from UNICEF Headquarters, New York for writing a foreword for this guide.

This publication was prepared by Karleen Gribble, Alexandra Shanks, Michelle Hamrosi, Kate Turtiainen and Susan Tawia as part of the Australian Breastfeeding Association's *Community Protection for Infants and Young Children in Bushfire Emergencies Project.* The development of this guide was supported by an Australian Government Protecting Australian Communities-Local Stream Grant.

Suggested citation:

Gribble, K., Shanks, A., Hamrosi, M., Turtiainen, K., Tawia, S. (2025). *Mother-baby area guide for Australia.* Australian Breastfeeding Association.

Foreword

What happens during early childhood, especially in the early years of pregnancy to age 3, lays the foundation for a lifetime. UNICEF is dedicated to safeguarding and supporting environments that enable children to thrive as they grow and develop. This includes during emergencies, as infants and young children are especially vulnerable during the community and family disruption that disasters bring. In emergency situations, mother-baby areas (MBAs) are an effective platform for supporting mothers and other caregivers to provide the nurturing care that enables infants and young children to flourish. Nurturing care involves ensuring good health and nutrition, safety and security, responsive caregiving and opportunities for early learning.

MBAs provide a safe and supportive environment for caregiving and support for women's mental wellbeing. They provide a space for women to breastfeed comfortably and privately, enhancing dignity, relaxation, milk flow, and bonding. Supporting breastfeeding during emergencies in this way enables mothers to provide a safe, secure, nutritious, and accessible food source for their babies and young children and to protect them from common childhood illnesses. MBAs also ensure that caregivers of non-breastfed infants receive necessary support to keep their children safe, and facilitate access to other health supports like vaccination. MBAs have been shown to reduce stress and suffering for mothers, help them feed and care for their babies, and improve outcomes for both mothers and children.

For 25 years, UNICEF and its partners have been implementing MBA programs to support mothers and caregivers across the globe. This *Mother-baby area guide for Australia* is designed to help organisations plan, establish, and operate MBAs and offers advice and tools for preparedness and response. While it is tailored for organisations or programmers considering implementing an MBA in Australia, it is also relevant and applicable in similar settings.

UNICEF remains dedicated to supporting the nutrition, growth, and development of infants and young children in every country. Together, we can provide every child with the healthiest start in life.

Fatmata Fatima Sesay
Nutrition Specialist, Infant Feeding
Nutrition and Child Development, Programme Group
UNICEF | 3 United Nations Plaza, New York

Mothers and their babies in a UNICEF-supported MBA in the Philippines.
UNICEF Philippines/2017/Bobby Lagsa

Summary

Mother-baby areas (MBAs) are a disaster recovery intervention that supports the wellbeing of babies and toddlers, and their mothers, following emergencies. MBAs provide a safe, comfortable, and welcoming space for pregnant women and mothers to relax and connect with other women. In MBAs, women receive support for their mental and physical health, assistance in caring for their children, support to adapt to the post-emergency context and referral to other services.

MBAs provide:

- **Basic social support:** mothers come together in a safe and welcoming environment to support one another and are also supported by MBA staff.
- **Tailored activities:** culturally respectful and adapted to the needs of those attending, supporting quality caregiving and connection between mothers and children, fostering social connections and building resilience.
- **Psychosocial support:** guided by psychological first aid and trauma-informed care principles, offering active listening, empathy and compassionate assistance.
- **Nutritional support:** addressing concerns, providing expert assistance or referral for breastfeeding, formula-feeding and complementary feeding needs.
- **Referral:** for support relevant to women's needs or those of their children, partner or the family unit, including related to finances, material aid, housing, case management, health, domestic violence, early childhood education, disability and mental health.

MBAs increase maternal social connectedness, reduce maternal stress and suffering, improve the quality of interactions between mothers and children, and increase uptake of positive health behaviours like breastfeeding and vaccination.[1] MBAs are a proactive intervention to support mothers and their partners and family and minimise the need for later interventions to address child health problems, developmental delays and emotional issues in early childhood education settings and at school.

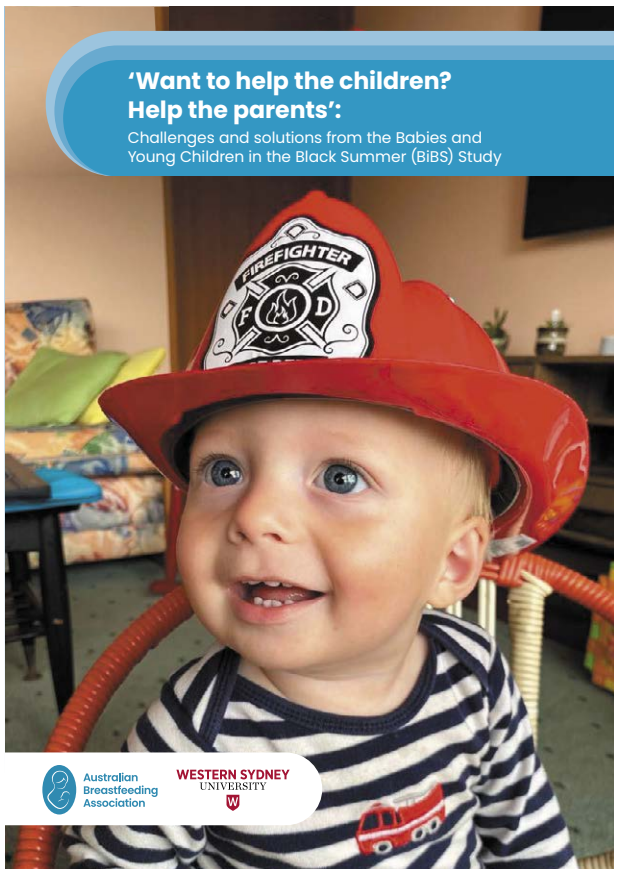
MBAs can be easily and quickly implemented at a variety of levels, dependent on resourcing. This *Mother-baby area guide for Australia* aims to assist organisations to plan, set up and run MBAs.

Introduction

Mother-baby areas (MBAs) have supported the wellbeing of pregnant women and new mothers, and helped them care for their babies and toddlers during and after emergencies, since the late 1990s.

This guide for setting up and running an MBA is based on existing resources, in particular Action contre la Faim's *Baby Friendly Spaces Manual,*[2] and the World Health Organization's (WHO) *Nurturing Care for Children Living in Humanitarian Settings Thematic Brief*.[3] It has been developed as part of the Australian Breastfeeding Association's *Community Protection for Infants and Young Children in Bushfire Emergencies Project* (ABA Bushfire Project) and is informed by the *Babies and Young Children in the Black Summer (BiBS) Study*.[4]

This *Mother-baby area guide* has been written for Australia but will also have relevance in other high-income countries.



Babies and Young Children in the Black Summer (BiBS) Study report.

Why are MBAs needed?

Children's experiences in their first months and years of life powerfully shape their development and long-term physical and mental health. For this reason, Australian governments have prioritised support for children's first 2000 days: the time from pregnancy, through infancy, toddlerhood and up to five years of age.[5] However, emergencies can disrupt families and communities in a way that can jeopardise children's wellbeing. The continuing needs of the very youngest children for food, fluid, play, sleep, nappy changes, supervision, attention, comfort and other care makes them especially vulnerable during and after disasters. They are physically dependent on others, unable to regulate their mental state and emotions on their own, and require consistent, sensitive and responsive care for normal development.

> *This Mother-baby area guide has been written for Australia but will also have relevance in other high-income countries.*

Pregnant women and the mothers of very young children are also vulnerable during and after disasters. Women at all stages of pregnancy, newly post-birth or breastfeeding have requirements related to their health and medical needs, hydration, physical capacity and need for privacy. Pregnant women consistently worry about the impact of emergencies on their babies. Anxiety and depression during pregnancy is common and predisposes women to experiencing the same after their baby is born. Pregnant women with young children experience added stress and difficulty.

During and after emergencies, mothers can find it more difficult to care for their babies and toddlers. There may be increased demands on their time and less family and social support. Accessing supports and services becomes more challenging when caring for very young children. Community infrastructure that supports mothers and children, such as mothers' groups, playgroups and early childhood education and care services, may be non-operational.

These challenges often lead to a decline in mental health and increased stress levels, which make it more difficult for mothers to perceive, interpret and respond sensitively to their children's cues for care. This in turn has a negative impact on children's mental health and development.

Photo by Miranda Mayle Photography

In emergencies, breastfeeding provides babies with safe food, fluid, protection from infection and comfort. Breastfeeding also decreases women's physiological and psychological response to stress and so supports sensitive caregiving. However, breastfeeding difficulties during emergencies are not uncommon and frequently lead to unplanned early weaning. This is often in the context of disruption of power, water, sanitation, food supplies and health care services. As will be described later, this makes it a particularly bad time to start formula-feeding.

> *Breastfeeding also decreases women's physiological and psychological response to stress and so supports sensitive caregiving.*

The developmental stage of babies and toddlers means that support cannot be provided directly to them in disaster recovery; it must be provided via supporting their parents and caregivers. MBAs support the health and wellbeing of mothers in a trauma-informed way. This then enables them to support the mental health and development of their babies and toddlers.

MBAs aim to enable children to receive 'nurturing care.' The WHO *Nurturing Care Thematic Brief* describes nurturing care as comprising 'five interrelated and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning.'[3] The importance of nurturing care during and after emergencies is emphasised because 'nurturing care protects children from the worst effects of adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.'[3]

The nurturing care framework.

Emergency recovery interventions to support children younger than school age have been lacking in Australia. However, the BiBS Study[4] demonstrated that support for the youngest children and their mothers is badly needed. Early childhood educators described children who had been babies at the time of the Black Summer Bushfires showing distress in their behaviour that was, 'beyond our capacity to deal with … we've never had to deal with this before.'

Mothers, too, described the difficulties of looking after their children following the bushfires. One mother of two young children, aged 4 months and 3 years said, 'It was really hard to care for a baby when I was really struggling myself'.

Another study participant, a mother of two children aged 4 months and 2 years, described wanting a place where she could go to be with other mothers and be supported:

> *It would've been nice to have somewhere that we could go in the day … just somewhere you could go sit when those days were long … with other mums … to sit in something other than the four walls of your house … to distract you from what you'd dealt with.*

MBAs provide just such a place. This *Mother-baby area guide for Australia* aims to assist organisations to plan, set up and run MBAs.

- **Part 1** describes the basics of MBAs to help organisations understand what is involved.
- **Part 2** provides practical information to assist in running an MBA.

Throughout the guide, resources to assist in planning, setting up and running an MBA are referred to.

These documents are listed in Appendix A, can be downloaded from aba.asn.au/disaster-support and may be added to over time.

Part 1:
MBA basics

What are MBAs?

MBAs are a safe, comfortable, and welcoming space for pregnant women and mothers of babies and toddlers. They allow women to rest and connect with other mothers, access support for their mental and physical health, and receive assistance in caring for their babies and toddlers. Where needed, MBAs refer women to other services that can assist them and their families.

MBAs are a well-established intervention, first used to support mothers and children impacted by war during the Balkans Crisis of the late 1990s. Since then, MBAs have been deployed in a wide range of emergencies including conflict, cyclones, earthquakes, floods, droughts, and in refugee camps. MBAs have been shown to reduce women's suffering, to increase their feelings of social connectedness, and to enable them to overcome breastfeeding difficulties[1]. Critically, MBAs have been found to improve the quality of interactions and the relationship between mothers and their babies and toddlers.

The ABA Bushfire Project has adapted this well-established intervention to create a 'Theory of change' for MBAs in Australia. The Theory of change summarises the goals of MBAs, the activities that occur in MBAs and the anticipated outcomes (see Appendix B).

> *MBAs have been found to improve the quality of interactions and the relationship between mothers and their babies and toddlers.*

There is already evidence that MBAs are effective in Australia. After the 2019-20 Bushfires, the Australian Childhood Foundation (ACF) co-developed an intervention with the community of Corryong, Victoria called ChildSPACE that was effectively an MBA. ACF leased a vacant building with several rooms and a kitchen, equipped it with comfortable furnishings and established a toy library. Central to ChildSPACE was that it was a place of physical and emotional safety where mothers and other caregivers of young children could feel welcome, relax, meet with others and be supported in their parenting.

ChildSPACE staff provided information about child development, and professionals such as the local family and child health nurse used the meeting rooms. Workshops and classes on parenting were also run in the ChildSPACE venue.

ChildSPACE was highly valued by mothers and other caregivers and those working to support families in Corryong.

The comfortably furnished Australian Childhood Foundation ChildSPACE venue in Corryong, Victoria.

Why do MBAs focus on mothers?

MBAs focus on mothers in recognition of their specific and demonstrated need for support. It is known that women are disproportionately affected by disasters[6] and that being a parent caring for children makes disasters more challenging.[7]

Through their intersectional status as both women and parents, mothers are therefore met with compounded disadvantage in emergencies. This disadvantage is magnified for mothers of babies and toddlers due to their intense care needs and because mothers are overwhelmingly their primary caregivers. Mother's primary care for the very youngest children arises through women being those who become pregnant, and birth and breastfeed children rather than due to societal expectations.[8]

The focus on mothers and children that MBAs provide is aligned with Article 25 of the *Universal Declaration of Human Rights* which states that, 'Motherhood and childhood are entitled to special care and assistance'. It also reflects the reality of emergency experience as was demonstrated in the BiBS Study.[4] As will be outlined, fathers and other family members have important caregiving roles and may be included in MBA activities, but the emphasis on supporting mothers in this guide is deliberate and evidence based.

When should an MBA be set up?

Opening an MBA should be considered in response to any emergency causing significant community disruption that impacts pregnant women and mothers and their babies and toddlers. MBA implementation should be considered if there is concern that the functioning of community members has been affected, particularly if health and other services supporting mothers and children have been disrupted. The sooner an MBA is set up the better. Ideally an MBA will have opened by the time evacuation centres have closed. It is not necessary to have all features of an MBA in place when it is first set up and MBAs may be implemented at a 'basic' through to a 'comprehensive' level.

Due to the age and stage of development of babies and toddlers, supporting their mothers in disasters is at least as urgent as supporting older children and adults. For example, if a mother of a 6-month-old baby is unable to provide them with responsive care for 2 months, this represents one third of their life at a critical time for emotional and cognitive development.

The baby has no capacity to understand why their mother is regularly unable to identify and meet their needs. This experience may have a serious and long-term negative impact on their development and mental health, especially if the baby is unable to access support from others. This is not to say that older children cannot suffer following emergencies, or have their development negatively impacted, because of course they can and do, but to highlight the particular vulnerabilities of the very youngest children.

> *The baby has no capacity to understand why their mother is regularly unable to identify and meet their needs.*

In practice, MBAs can fill the gap created by disruption of health and family services caused by a disaster and can then refer families to services as they are re-established. In this way it provides a bridge of support for mothers from disaster through disaster recovery.

What is needed to set up and run an MBA?

An MBA requires: a venue, physical resources, policies and procedures, staff, support from organisations and individuals, referral pathways and financial resources.

1. Venue

An MBA can be part of a larger room, a room within a building or a stand-alone structure. MBAs have been set up in tents, caravans, portable buildings, shipping containers, schoolrooms, hospitals and other health facilities, and in community and religious buildings.

An MBA venue should be clean and safe for adults and children and, ideally, have kitchen and toilet amenities within the space, or if not, nearby. It should be accessible for prams, wheelchairs and walkers and be easy to get to.

(from top) MBA in a caravan operated by La Leche League in Athens, Greece during the 2015-16 European refugee crisis; MBA in a tent operated by Action Against Hunger and supported by UNICEF after the 2016 Ecuador earthquake.

Closeness to public transport and availability of parking (including disability parking) is an advantage.

A quiet location and proximity to other facilities are beneficial, for example shops or a disaster recovery centre. MBAs should be large enough for the number of people expected.

Safety issues to consider include nearby busy roads and the presence of gates and fencing to contain young children. The hazard and risks assessment checklist which can be found in the *MBA supporting documents bundle* available at aba.asn.au/disaster-support may assist in considering the suitability of a possible MBA venue and identifying any actions that may be needed to make a venue safe.

An MBA may be set up in a temporary venue until a more long-term or more suitable location can be identified or prepared.

MBA in a disused factory where refugees were also being housed, run by the Serbian government and supported by UNICEF during the 2015-16 European refugee crisis.
UNICEF Serbia/2018/Pancic

2. Physical resources

MBAs should have comfortable seating, physical resources for baby and toddler care, healthy snacks and water for mothers and children, and toys suitable for babies, toddlers and older siblings who may need to come with their mother.

Seating: lounges, chairs, cushions, mats or rugs.

Physical resources for baby and toddler care: change table or mat, bin for soiled items, play mat, nappies in a range of sizes, wipes, a baby bath, towels, hand sanitiser and soap.

Food: healthy, nutritionally dense, and religiously and culturally appropriate options that do not present choking hazards; water, tea and coffee. Consider any allergies and dietary requirements.

Items for preparing and serving food: a cutting board, bowls, plates, cups and mugs, cutlery, detergent.

Toys: a range, developmentally suitable for babies and toddlers, unbroken, without choking or safety hazards. This may include shaking and stacking toys, balls, playdough, blocks, cars, dolls or a sand box. Toys that may be mouthed by babies and toddlers should be easily washable. Toys and activities for older accompanying siblings (e.g. colouring books and pencils) should also be provided.

A collection of the type of toys that might be suitable for an MBA.

Some examples of suitable foods for an MBA.

Speakers for background music and simple decorations can help make the MBA welcoming. The goal is to create a pleasant environment within the MBA where mothers can feel comfortable and relax with their children. A first aid kit should be kept on hand.

The resources required by an MBA also depend on any activities planned for the MBA, for example, child musical instruments for music classes or oil for baby massage.

3. Policies and procedures

Policies and procedures may describe when an MBA should be set up; the hours of operation; eligibility criteria for attendees; roles, responsibilities and training requirements of staff, occupational health and safety considerations; management of infant formula; and record keeping.

Hours of operation may depend on the resources available, the severity of impact of the emergency and the time since the event. In general, hours of opening will be more frequent and longer initially and will reduce over time, but this depends on the context.

Eligibility criteria should include the age of children. Generally, MBAs are for pregnant women and the mothers of children from birth to 24 or 36 months. Babies and toddlers attend with their mothers. Older accompanying siblings should be welcomed, if this is needed for women to participate in the MBA.

Staff roles and responsibilities may include preparing the venue, equipment and supplies, welcoming mothers, providing psychological first aid, liaising with external services or running activities. Staff should have clear position descriptions that define role boundaries and when to refer mothers to other services. They should be trained to identify and respond appropriately to child protection or domestic violence concerns.

Working with children screening is essential using the relevant state or territory program (e.g. the Working with Children Check in NSW and Victoria or the Blue Card in Queensland).

Records of attendance including adults and children should be kept via a paper or electronic attendance sheet. An attendance record template can be found in the *MBA supporting documents bundle* available at aba.asn.au/disaster-support.

Generally, mothers should be considered responsible for the care of their children while attending an MBA.

4. Staff

Staff may be paid or act in a volunteer capacity. Experience working with mothers and children is beneficial. A background in health (including nursing, midwifery, medicine, occupational therapy or breastfeeding counselling), social work or early childhood education may be particularly valuable. However, the most important staff characteristics are that they are non-judgemental, kind, empathic, have good listening and communication skills and are motivated to support mothers and their children.

Basic training in infant and young child care practices (including infant feeding), as well as child protection and organisational policies and procedures, should be provided to staff according to their role and experience. The ABA Bushfire Project has produced a free online eLearning module on the needs of babies and toddlers in emergencies as a starting point. This interactive module was developed to sensitise individuals on the emergency experiences and needs of caregivers of very young children. It takes about 15 minutes to complete and can be found at aba.asn.au/emodule-prepare.

Training and learning resources for those supporting the psychological wellbeing of parents in disasters can be found in Appendix C.

5. Support from organisations and individuals

The support of community organisations and individuals who can refer mothers to the MBA is important. They may also provide direct expert assistance by facilitating activities (e.g. a 'mum and bub' music class, an art or art therapy class, or a mindfulness meditation practice) or assist with running MBA programs (e.g. a parenting class).

A dedicated private room or rooms within the venue may enable services and practitioners to offer individual support, for example related to domestic violence, midwifery, breastfeeding, well-child checks or psychological support. The *Theory of change for mother-baby areas* (Appendix B) can be used as a tool to explain to people what an MBA does and why they are important.

Supporting organisations and individuals may include: local health services and practitioners (particularly those dealing with women's and children's health), women's support organisations, parenting support services, emergency services (especially those related to the operation of evacuation and recovery centres and child-friendly spaces), religious institutions, library services, local Australian Breastfeeding Association volunteers, local media organisations, and local government agencies.

A template for recording details of supporting organisations and individuals can be downloaded from the *MBA supporting documents bundle* available at aba.asn.au/disaster-support.

It is also important for MBAs to have support in the wider community, including from the families who may engage with it. Community engagement should therefore be a part of planning for MBAs.

6. Referral pathways

Referral pathways are required to assist women and their families to access needed support not provided in the MBA. Such services may include midwifery, women's health, family and child health nursing, general health services, lactation consultancy and breastfeeding support, psychological services and counselling, financial counselling, parenting support, housing support, domestic and family violence support, drug and alcohol services, material support, food banks or government financial support.

Wherever possible, MBA staff should have all necessary information about the people and organisations they refer women to including: the services provided, eligibility criteria, hours of operation, location, telephone and email contacts and any costs. A template for recording referral pathway information can be downloaded from the *MBA supporting documents bundle* available at aba.asn.au/disaster-support.

7. Financial resources

The cost of setting up and running an MBA will vary widely depending on the level of implementation, whether the organisation running it owns or rents the venue, the extent to which it is supported pro-bono by other organisations (e.g. to run activities) and whether it is run by paid staff or volunteers or a combination of both. Where rent is not required and the MBA is run by volunteers, financial requirements can be minimal and consist primarily of that required to purchase physical resources.

A diagrammatic summary (Logic model) showing target groups and the inputs, outputs and desired short-term, medium-term and long-term outcomes of MBAs is shown in Appendix D.

This summary and the Theory of change (Appendix B) may help in explaining MBAs to potential supporters and funders. A short animation explaining what an MBA is, and information to assist in writing grant applications to obtain funding for an MBA can be found in the *MBA supporting documents bundle* available at aba.asn.au/disaster-support.

Levels of MBA implementation

MBAs can be implemented at three levels of resourcing:

- **Level 1**

  At their most basic, MBAs simply provide an opportunity for mothers to gather. Level 1 implementation requires only a safe and comfortable space, food/snacks and water. Staff facilitate mothers coming together and provide psychological first aid and referral pathways. While there are no formal activities, Level 1 MBAs are still a significant intervention and meet the core goal of MBAs – to provide a space for mothers to come together for safety, support and social connection.

- **Level 2**

  Level 2 implementation adds planned group activities that may be run by a combination of MBA staff and external experts. MBA staff are present when external experts are facilitating group activities in order to provide continuity for attendees. Women in need of individualised support are referred to other organisations or experts.

- **Level 3**

  The highest level of implementation, Level 3, integrates specialist services into the MBA, with activities predominantly or exclusively facilitated by MBA staff. Individual health, parenting or psychological support may also be provided by MBA staff.

MBAs may start at Level 1 and then move to Level 2 or 3 as resourcing permits.

Photo by Miranda Mayle Photography

Hours of operation of MBAs

Factors such as the level of need and the availability of resources, including the venue and staff, will influence the MBA's opening. Generally, they should be open for a minimum of once a week for two or more hours. However, if resourcing allows and there is a demand, MBAs can be open every day. MBAs may open more frequently and for longer hours in the weeks and months after the emergency and reduce with time.

Times and days of opening should be based on local circumstances. For example, in rural communities, MBAs may open on the days of the week when farming women may come into town for other reasons (such as livestock sale days or days when the child health clinic normally operates), making it easier for mothers to attend. Women with school-aged children may find it easier to come to an MBA that is open during school hours. Consider scheduling activities involving fathers/partners outside working hours, in the evenings or on weekends.

Who can set up and run an MBA?

MBAs should generally be run by organisations rather than individuals, as this provides underpinning supports such as insurance and policy frameworks.

Community organisations, especially those with a focus on women and children, churches and other religious institutions and their agencies, schools and out-of-school-hours care, health agencies, emergency organisations and local government bodies and services are examples of the types of organisations that could set up and run an MBA.

MBAs can be run by two or more organisations in partnership, each providing different resources. For example, a health service and a church could collaborate in setting up an MBA with the church providing a venue, physical resources and volunteers and the health service facilitating activities and on-site health support.

A planning tool for the setting up and running of an MBA can be downloaded from the *MBA supporting documents bundle* available at aba.asn.au/disaster-support.

Photo by Miranda Mayle Photography

Part 2:

Running an MBA

MBA programming

Activities offered in an MBA will depend on the local context and culture, as well as the skills and abilities of the staff or expert facilitators. Decisions concerning MBA activities should be guided by what mothers in the community want, keeping in mind the purpose of supporting the wellbeing of women and children.

Activities that have been provided in MBAs include play sessions, art and craft, art therapy, baby massage, baby and child first aid, safe sleep and baby sling classes, story time, mindfulness practice, music classes and nutrition or parenting classes. MBA activities may run over more than one session.

If resources are available, MBA activities can be targeted at particular groups. For example, there may be different play sessions for children 0 to 12 months, 12 to 24 months and 24 to 36 months in recognition of the different developmental needs of children in these age groups. A baby massage or child development session targeted to fathers, grandparents or other family members (alone or with the mother) or to community members is another option. These sessions create opportunities to explain the important relationship between babies and young children and their caregivers, and how to support mothers and fathers in their caregiving. Sessions just for pregnant women can bring in those who don't yet have a child but may still benefit from support. These women may then continue to participate in the MBA after their baby is born. The regularity of an MBA program is itself an intervention that offers structure during the chaos that disasters bring.

It must be emphasised that the two essential elements of MBAs are:

- ***a safe place for mothers and their very young children to be together***
- ***the welcoming warmth and empathy of staff.***

The support received from informal conversations and connection between mothers and with staff is at least as important as organised activities.

Scheduling 'drop-in' times, when no activities are planned, can also be valuable. Women can be encouraged to use the comfortable MBA environment at these times to meet up with friends and women they have met when attending the MBA. An MBA activity planning tool can be downloaded from the *MBA supporting documents bundle* available at aba.asn.au/disaster-support.

It is important to listen to what mothers and other MBA users want in terms of timing and type of activities. Being responsive to the needs and expressed wishes of the mothers attending does not conflict with getting started quickly.

Keep in mind that MBA operations can be adapted over time. When planning MBA activities, preferably allow time for advertising so that women can become aware of what is happening in the MBA.

Start MBA group sessions by asking attendees to introduce themselves and their family. A short game or activity which encourages them to share something simple about themselves (a favourite movie, what they like about being a mother, their favourite food) can help make getting to know one another fun. Starting sessions with a brief mindfulness or relaxation exercise can help mothers to relax and let go of some of their tension or anxiety.

Links to websites with games, activities and exercises that may be suitable for use in MBAs can be found in Appendix A.

Confidentiality and mutual respect between attendees and staff are essential. In all activities, attendees should be reminded that personal information should not be shared outside the group. Participants should feel that this is place where they can safely share their ideas and experiences and where any diversity of opion will be treated respectfully.

It is important that activities are sensitive to the fact that, while women have experienced a disaster and sometimes serious disruption in their lives, they are also mothers.

Allowing MBAs to be dominated by emergency-specific programming is not helpful. A study

participant in the BiBS Study[4] described feeling alienated when her local health service mothers' group became over-focused on the disaster:

> *Post-fires Mothers' group became a revolving door of people from out of the community checking on our mental health. It was over the top and destroyed the sanctity of Mothers' group. Most of us stopped going. We lost the ability to have new babies. I wanted my normal Mothers' group back where we could learn about CPR, breastfeeding, introducing solids etc.*

Allowing MBAs to be dominated by emergency-specific programming is not helpful.

Figures 1 and 2 are example MBA timetables, one implemented at Level 2 and low intensity and another at Level 3 and high intensity. The latter is an example of a real program from an MBA set up after a storm in the Philippines.

Depending on the venue and when community organisations and activities start functioning again, it may be helpful to have other groups use the MBA venue for their meetings. This might include facilitated playgroups, a music appreciation group for children or the local Australian Breastfeeding Association group.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9am					
10am		Weekly activity session*	Coffee and chat drop-in		
11am					
12pm					
1pm					
2pm					
3pm					
4pm					

* Facilitated by outside experts

Figure 1. Example MBA weekly timetable for an MBA implemented at Level 2 (intermediate) with low intensity programming.

<table>
<tr><th>Time</th><th>Monday</th><th>Tuesday</th><th colspan="2">Wednesday</th><th>Thursday</th><th>Friday</th></tr>
<tr><td>8 to 8.30 am</td><td colspan="6">WELCOME / information time</td></tr>
<tr><td>9 am</td><td>RELAXATION for lactating women</td><td>RELAXATION for pregnant/ lactating</td><td colspan="2">RELAXATION for pregnant women</td><td rowspan="2">RELAXATION for lactating mother</td><td>RELAXATION for pregnant/ lactating</td></tr>
<tr><td>9.30 am</td><td>BABY BATH or MASSAGE</td><td>BABY BATH or MASSAGE</td><td colspan="2">BABY BATH / MASSAGE</td><td>BABY MASSAGE with fathers</td></tr>
<tr><td>10 am</td><td>FDG / nutrition</td><td>STORY TELLING</td><td colspan="2">ART THERAPY</td><td>PLAY SESSION for 0 to 11 months</td><td>STORY TELLING</td></tr>
<tr><td>11 am</td><td>ART THERAPY</td><td>PLAY SESSION for 0 to 11 months</td><td colspan="2">PLAY SESSION 1 to 2 yrs</td><td>FGD BF/ Hygiene</td><td>PLAY session 0 to 11 months</td></tr>
<tr><td>12 am</td><td colspan="6">lunch time</td></tr>
<tr><td>13 pm</td><td>PLAY SESSION for children 1 to 2 yrs</td><td rowspan="2">PLAY SESSION for children 1 to 2 yrs</td><td rowspan="4">Psychologist (counselling, assess-ment…)</td><td rowspan="2">PLAY SESSION for children 1 to 2 yrs</td><td>RELAXATION for pregnant</td><td rowspan="4">CLOSE</td></tr>
<tr><td rowspan="2">14 pm</td><td>PLAY SESSION for children 0 to 11 months</td><td>PLAY SESSION for 1 to 2 yrs</td></tr>
<tr><td>RELAXATION for pregnant</td><td>FDG hygiene</td><td rowspan="2">Psychodrama</td><td rowspan="2">BABY MASSAGE with Fathers</td></tr>
<tr><td>15 pm</td><td>FDG pregnancy</td><td>FDG Breast feeding</td></tr>
<tr><td>16 pm</td><td>BABY BATH or MASSAGE</td><td>Preparation of women's day</td><td>FDG child develop-ment</td><td>Preparation of women's day</td></tr>
<tr><td>17 pm</td><td colspan="6">Administrative time/ cleaning</td></tr>
</table>

Figure 2. Timetable for a particular week for an MBA implemented at Level 3 (comprehensive) with high intensity programming after Tropical Storm Washi in 2011 in the Philippines. In the table, FDG stands for 'family discussion group.'

Image used with permission from 'Brabandere, A., David, A., Dozio, E. & Bizouerne, C. 2014. *Baby Friendly Spaces: Holistic Approach for Pregnant, Lactating Women and their Very Young Children in Emergency,* Paris, Action contre la Faim, p73.

Play sessions

Play sessions are a common component of MBA programs. They provide an opportunity for mothers to relax and enjoy playing with their child. This play helps to strengthen the mother-child relationship through pleasurable interaction and can also help to increase women's understanding of child development.

Play sessions can be arranged around a theme, for example, sound or music-related play, relational (e.g. peek-a-boo), toy-based (e.g. block building and knocking down), story-based or sensory play (e.g. sand or water-based) or a combination of these. If possible, use cushions for seating and a play mat (except for messy play such as with water or sand). Tailor play activities and session length to the age of the children attending, with shorter sessions for younger children. Play sessions give staff an opportunity to praise and encourage mothers in their interactions and relationship with their child and, if they have the expertise, to give information about child development.

Bubble blowing is an activity suitable for children of a variety of ages.

> *Tailor play activities and session length to the age of the children attending, with shorter sessions for younger children.*

Helping mothers to feel like they belong in the MBA

Welcoming mothers as they arrive at the MBA is extremely important. A smile, a warm greeting and some one-to-one time with each woman as she arrives (even if just for a moment) helps attendees to feel welcome. Staff should introduce themselves and learn the names of mothers and their children so that they can be addressed as individuals. Introducing new attendees to other mothers can help newcomers to feel more comfortable and to build relationships. Staff can look out for mothers who seem to be not connecting with others and respond by chatting with them and drawing other mothers into the conversation.

Providing opportunities for women to contribute to the MBA program can help to create a sense of ownership and belonging. This can include asking for feedback about what they would like to do more of or what could be done differently. Mothers can also be asked to share their cultural practices related to childcare, child development, food and play. Incorporating women's suggestions into the program and encouraging them to contribute their knowledge shows them that MBA staff respect them and their experiences, and that the MBA is for them.

It is valuable for staff to check in with mothers individually about concerns that have been shared. For example, if a woman has said she was hesitant about her older child restarting school, next time ask how that is going. When difficulties are shared, an empathic response will help the woman to feel heard and respected. If women stop coming, contacting them to check that they are OK, and to say they have been missed and are welcome back at any time lets them know that they are valued.

At the end of the session say a warm goodbye and let women know that you were glad to have them. Telling them about future activities and inviting them to come along will also help them to feel welcome.

Ensuring cultural and religious considerations and any special needs that mothers and children may have (such as related to disability) are taken into account is vital to ensuring that the women attending feel comfortable and accepted.

Psychological first aid and trauma-informed care

MBA staff should provide psychological first aid, as needed, to those attending MBAs. Trauma-informed care principles should underpin the operation of MBAs and interactions with mothers and others in attendance.

Psychological first aid is a humane response to someone who is suffering and who may need support.[9] Psychological first aid is about providing compassionate care and addressing emotional and practical needs to promote coping, natural adjustment and recovery. Providing psychological first aid does not require specialised skills. With basic training, all staff in an MBA should be able to provide this support.

Psychological first aid is based on three basic sets of actions.

1. LOOK
2. LISTEN
3. LINK

Looking consists of observing and considering who needs help. In MBAs, looking involves:

- identifying mothers, babies and young children with basic practical needs
- identifying mothers, babies and young children experiencing distress.

Basic needs may relate to emotional distress, health, housing, family violence, access to resources (e.g. food or money) and the needs of other family members.

Distress reactions in mothers may appear as: verbalised distress, emotional responses (e.g. crying or anger), appearing very sad or jittery, being impatient, dismissive or angry or being disconnected from or non-responsive to their child.

Distress reactions in babies and toddlers observed or reported by mothers include: issues with feeding (wanting more feeds, unsettled during feeds), sleep (waking more, having difficulty going to sleep), behaviour (more clingy, whinging, wanting more attention or to be held more, easily distressed or withdrawn, hyperactive), regressions in learnt behaviours (sitting, crawling, walking, self-feeding or toilet training) or separation anxiety. Psychological first aid for babies and toddlers involves supporting their mothers and other caregivers rather than intervening with them directly.

Psychological first aid for babies and toddlers involves supporting their mothers and other caregivers rather than intervening with them directly.

The Australian Red Cross lists the goals of psychological first aid as including efforts to:

- calm people
- reduce distress
- make people feel safe and secure
- identify and assist with current needs
- establish human connection
- facilitate people's social support
- help people understand the disaster and its context
- help people identify their own strengths and abilities to cope
- foster belief in people's ability to cope
- give hope
- assist with early screening for people needing further or specialised help
- promote adaptive functioning
- get people through the first period of high intensity and uncertainty
- set people up to be able to recover naturally from an event
- reduce the risk factors of mental illnes such as post-traumatic stress disorder as as a result of the event.[9]

The **listening** aspect of psychological first aid describes how to communicate with people in distress. It involves approaching caregivers who may need support, introducing yourself, asking about their needs and concerns, actively listening to them, and helping them to find solutions to their immediate needs and to feel calmer.

When providing psychological first aid to mothers it can be beneficial to use open questions. Open questions often begin with words like 'what', 'why' or 'how' or a phrase like, 'can you tell me about'. Open questions hand control of the conversation to women, giving them the opportunity to think and reflect. This makes them more likely to answer with opinions and feelings that help you understand their experience.

Actively listening involves 'being with' mothers and showing empathy by acknowledging and responding to their feelings. In practice, showing empathy means that when a mother says something that expresses how she feels, the listener responds in a way that shows she has been heard and that her feelings are understood. Reflecting back an understanding of what they said, as well as acknowledging the feeling, is a good way to demonstrate this to mothers. For example, if a pregnant woman says, 'I am so anxious about what the smoke has done to my baby and I haven't been able to see a doctor,' an empathic response might be: 'You're concerned about your baby's health and haven't been able to see a doctor. I can understand how terribly worrying that must be.'

This type of response helps women to see that you have heard and understood them. An empathic response like this often has a powerful calming effect.

It is important to note that empathy differs from sympathy, as sympathy focuses on the hearer rather than the speaker. A sympathetic response to the previous situation might be: 'You have health concerns for your baby because of the smoke and haven't been able to see a doctor. I understand what that's like. I had a risky pregnancy myself.' A sympathetic response does not have the same calming impact as an empathic one and should be avoided.

Non-verbal communication also helps show you are listening. This might involve being at the same level as the mother (if she is sitting, sit with her rather than stand), nodding or making 'mmm' sounds as she speaks and, as appropriate, touch (such as a hand on her knee). Communications with mothers should demonstrate compassion and be non-judgemental.

Role playing is a good way for MBA staff to practice listening and providing empathy during training in psychological first aid.

Role playing providing empathy as a part of training on supporting mothers in emergencies.

Linking helps mothers to find solutions to the challenges facing them by giving them information and helping them to address their basic needs and access services. The referral pathways essential to MBA operation are critically important in this aspect of psychological first aid. However, it might not be enough to tell someone about a service that may help them, they may need assistance to access it.

> *Linking helps mothers to find solutions to the challenges facing them by giving them information and helping them to address their basic needs and access services.*

Providing reassurance to mothers is an important part of psychological first aid. It is normal for the behaviour of babies and young children to change during and after a disaster. These behaviour changes can be very worrying to parents. For example, a woman whose baby has been sleeping through the night, but now wakes frequently, might think that she has done something wrong to make this happen. Or a mother whose toddler was happy to go to everyone might wonder why her child will now not leave her side. Reassuring women that changes like these are very common in the disruption of an emergency can bring enormous relief. They often resolve in their own time if caregivers are able to meet the child's needs. Even in non-emergency situations, mothers often need reassurance; a 2019 audit of the ABA National Breastfeeding Helpline found that the second most common reason for mothers to call was for reassurance.[10]

Often women feel that things are OK or sense that something is not right but want to hear from someone else that their gut instinct is correct. If staff are unsure whether something that a mother is concerned about is normal or if there really is a problem, they should refer mothers to those with suitable expertise. In these circumstances, they can still provide reassurance by saying something like, 'I'm not sure if this is something to be concerned about or not, but I know where you can get help. I'm sure that everything will be OK.'

Do not underestimate the importance of telling mothers that they are doing a good job. Even if a woman is struggling and needs support, there will almost always be something that she is doing well and can be complimented on.

> *Reassuring women that changes like these are very common in the disruption of an emergency can bring enormous relief.*

A short animation explaining psychological first aid to support caregivers of babies and toddlers can be found at aba.asn.au/disaster-support.

Appendix C contains links to webpages with information on the responses of babies and toddlers to disasters and ways to support them and their caregivers. It also contains links to the websites of organisations and programs providing support to families with young children after disasters.

MBA policies, processes and practices should recognise that many attendees will have experienced trauma before and/or because of the emergency. The principles of trauma-informed care should therefore be kept in mind. Trauma-informed care involves promoting physical and psychological safety, building a sense of control, working with people from a strengths-based perspective, fostering connection between individuals and within communities and supporting a sense of hope.[11]

Trauma-informed care principles are central to the design of MBAs. MBAs provide mothers with:

- **a place of physical and psychological safety where women are listened to and respected**
- **connection with other mothers**
- **recognition of mothers' expertise and love and care for their children**
- **recognition of the value of women's support for one another**
- **support tailored to the needs of mothers regarding caring for themselves, their children and their families more generally**
- **connection of mothers with other resources and support as required.**

In the day-to-day operation of MBAs, trauma-informed care underlies practices like: paying attention to the customs and cultural needs of attendees, being reliable and delivering on promises, keeping confidences, inviting input into how the MBA is run and taking this on board, and recognising the expertise of attendees (including any special skills and ability to facilitate activities).

It also extends to how an MBA is eventually closed, preferably gradually, letting people know early that this will be happening and ensuring that they are still supported. Ideally some of the work of the MBA should be transferred to other organisations, including health services. This need to ensure that mothers have adequate support means that MBAs should not close before health and family services have recovered sufficiently from the disaster to be able to fill the gap.

Supporting breastfeeding mothers

MBAs can play an important role in supporting breastfeeding women. Breastfeeding is particularly valuable in emergencies as it helps protect babies against infectious disease and provides safe food, fluid and food security, regardless of emergency conditions. Hormones released during breastfeeding reduce women's stress levels, while the close physical contact of breastfeeding helps mothers to be emotionally responsive to their babies during the stress of emergencies. Research has shown that breastfeeding is particularly valuable in protecting women's caregiving capacity when they have vulnerabilities, including being young or having depression.[12]

In emergencies, mothers may interpret common changes in their child's behaviour, such as increased clinginess, more frequent feeding or waking more overnight, as signs of a problem with their breastmilk supply. They may also believe that stress can reduce milk production or that a poor diet will affect their milk, but neither of these are true. They may experience breastfeeding difficulties not directly related to the emergency, such as mastitis or painful or damaged nipples. Finally, emergency circumstances, such as the busyness of recovery, can reduce breastfeeding frequency or women's fluid intake which can result in a genuine reduction in milk supply.

Photo by Miranda Mayle Photography

Women experiencing breastfeeding difficulties or concerns about their milk supply need assistance. Where staff have breastfeeding expertise, they can receive this support within the MBA, preferably in a private space or immediately after an MBA activity session. Lactation consultants, midwives, family and child health nurses or ABA breastfeeding counsellors within the community are alternative referral pathways.

> *Research has shown that breastfeeding is particularly valuable in protecting women's caregiving capacity when they have vulnerabilities.*

The ABA's National Breastfeeding Helpline (1800 686 268) has trained volunteer breastfeeding counsellors who provide free, individualised assistance 24-hours a day, 7-days a week. The ABA Bushfire Project also has information resources to help women to breastfeed their babies in emergencies which can be given to women in MBAs. These are listed in Appendix A and can be found at aba.asn.au/disaster-support. Of course, where there concerns about a woman's access to appropriate food, she should be referred for assistance.

Mothers who need privacy for breastfeeding may attend the MBA at drop-in times just to feed their baby. If possible, provide a screened-off space or separate room for breastfeeding for women who feel uncomfortable breastfeeding in front of others.

While the need to be physically close for breastfeeding supports the relationship between mothers and their babies during and after emergencies, it can also make things harder for women. Emergencies create a whole lot of work, including cleaning up property, attending recovery centres to access resources or completing paperwork.

Photo by Miranda Mayle Photography

In particular, farming women and those who have lost property or had property damaged, can have an enormous workload after an emergency. Other people, including partners, family members and those administering recovery activities, may not understand how much harder it can be to manage this while also caring for a baby or toddler. Offers of assistance in the form of babysitting may also separate mother and child which may be distressing for children and undermine the ability of women to continue breastfeeding.

Family support and health workers undertaking ABA's 10961NAT course in Community Breastfeeding Mentoring in Eurobodalla, NSW.

MBAs can educate family and community members about the valuable work women do in caring for and breastfeeding their babies and toddlers and its importance to children's short-term and long-term health and development. They can also suggest ways to support women in this work. These could include allowing priority access to resources (so they do not need to queue for long times), verbally acknowledging the value of breastfeeding and caregiving work, and avoiding pressuring women to do more. MBA sessions on the benefits and use of baby carriers and slings can help address the practicalities of mothering young children in an emergency. Using a baby sling can make caring for a baby while undertaking other tasks easier. It also makes it easier to breastfeed and helps women to breastfeed for longer. Links to information on the safe use of baby slings can be found in Appendix A.

As a registered training organisation (RTO 21659), ABA delivers a short (2-day) course for community workers to assist them to support breastfeeding women which may be beneficial for MBA staff to undertake. More information about the nationally recognised 10961NAT course in Community Breastfeeding Mentoring can be found at aba.asn.au/cbm.

Supporting formula-feeding mothers

Emergencies can make formula-feeding a baby particularly challenging. In Australia, families with the least financial resources and the greatest social vulnerabilities are most likely to use formula. They are also most likely to be worst affected by emergencies. Ensuring that formula-feeding mothers have the resources and support they need is very important.

MBA staff should always ask mothers who are formula-feeding whether they have all the resources needed to formula-feed safely. These resources include infant formula, clean water for making it up and for washing, a way to heat water (electricity or gas and a large pot or kettle), a sink or tub for washing in, detergent, feeding implements (bottles or cups), sterilisation supplies and a bottle brush (if using bottles for feeding). Where they lack resources, mothers should be referred to services that can assist them to obtain these. In some circumstances, MBAs may provide such supplies, but as will be discussed later, there can be issues with this, and care and caution must be applied.

Resources required to formula-feed an infant for one week without access to electricity or clean tap water.

Using cups for infant formula reconstitution and feeding can be beneficial in emergencies if hot water for washing is not available. Babies can be fed using a cup from birth onwards.

If parents have only a limited supply of hot water, this makes it extremely difficult to wash bottles adequately. In these circumstances, using cups to prepare and feed infant formula can be beneficial. Babies can be fed using a cup from birth onwards. The ABA fact sheets on formula-feeding and cup-feeding in emergencies may assist caregivers with this and can be found at aba.asn.au/emergency.

For non-breastfed babies over 6 months, feeding pasteurised fresh or long-life cows' milk, instead of infant formula, can be considered and may be safer if clean water for formula reconstitution is not available.[13,14] Particular care needs to be taken to ensure that infants who are being fed cows' milk instead of infant formula are being fed iron-rich complementary foods.

> *MBA staff should always ask mothers who are formula-feeding whether they have all the resources needed to formula-feed safely.*

The ease with which formula-feeding allows mothers and babies to be separated can have a negative impact on the mother-child relationship, especially in the stressful context of emergency recovery. Friends and relatives, with good intentions, may inadvertently contribute to this by offering to care for the baby while mothers attend to tasks such as property clean-up or securing

supplies. Where mothers appear disconnected from their baby (e.g. rarely holding their baby and propping a bottle for feeding), MBA staff can tactfully encourage them to cuddle their baby and interact with them during feeding. The use of baby slings to maintain closeness and enable more frequent positive interactions should be encouraged. Research has repeatedly shown that using a baby sling has a positive impact on the relationship between mothers and their children in circumstances of vulnerability.[12]

Links to information on safe use of baby slings can be found in Appendix A.

Complementary feeding support

From 6 months of age, children should begin eating solid foods in addition to breastfeeding or drinking infant formula. The transition from milk feeds only to family foods between 6 months and 2 years of age is called the complementary feeding period. Complementary foods need to be nutrient dense, diverse, of a texture and amount suitable to the child's age and developmental stage, prepared hygienically and fed responsively at appropriate times. The foundation of children's eating behaviours and dietary patterns is laid down during infancy and so how they are fed during this time can have long-term health consequences. This extends to the development of feeding skills. For example, a baby exclusively fed pureed food through a squeeze pouch may be slow to learn essential skills such as chewing, swallowing and using a spoon for feeding.

A 7-month-old baby feeds herself vegetables and chews on a strip of chicken (meat is a rich source of iron).

It is not recommended that children be fed formula products (including infant formula or toddler milks) after 12 months of age as these products can replace solid foods in the child's diet. It is particularly important for babies to receive iron-rich first foods.
The BiBS Study[4] found that the food aid available after the 2019-20 Bushfires was frequently unhealthy and inappropriate for very young children, often consisting of processed packaged products. As a result, some children developed pickier eating habits following the bushfires. Mothers who do not have access to a kitchen, clean water or electricity (for cooking and refrigeration), or are reliant on food being provided in aid may have particular challenges in feeding their baby or toddler. As one mother of a 2-year-old described, 'Our diet was severely limited for those weeks without power. Once we could actually access the fresh, healthy food, we were unable to store it safely.'

> *Our diet was severely limited for those weeks without power. Once we could actually access the fresh, healthy food, we were unable to store it safely.*

MBAs can assist mothers and children by having healthy food suitable for babies and toddlers available as meals and snacks. Consider avoiding commercial complementary foods as they are often of poor nutritional value and are commonly also high in sugar and salt and of limited texture.

Examples of nutritious snacks suitable as complementary foods include porridge oats, dried fruit, snap frozen fruit or vegetables, tinned fish, eggs and cheese. Details of complementary food options that may be suitable to provide in an MBA can be found in Appendix E.

In addition, a link to the Australian Government funded Grow and Go Toolbox containing multilanguage resources on complementary feeding as well as breastfeeding and formula-feeding and Save the Children's Infant and Young Child Feeding in Emergencies (IYCF-E) Hub can be found in Appendix A.

On first attendance, MBA staff should ask mothers if they or their children have allergies that need to be taken into consideration. This may be recorded on the attendance form. At an appropriate time, staff should also ask women if they have concerns about feeding solid food to their children. If necessary, they should refer mothers to services that can help them provide good quality, nutrient-dense and safe food to their children and/or resources for preparing and storing food (e.g. a gas stove and insulated cooler box).

Examples of some snacks and meal options for babies and toddlers of a variety of ages that could be provided for children and mothers in MBAs.

Working with family and community members

MBA engagement with other organisations and family and community members can increase support for women in their childcare work. The process of identifying organisations to refer women to, or who may refer mothers to the MBA, can help to raise their awareness of the issues faced by mothers in emergencies. MBA sessions which include partners and family members can alert to the importance of a woman's caregiving work and the need to lighten the load of mothers as much as they can and to avoid putting pressure on her.

MBA sessions for fathers can also provide them with social and other supports that benefit them directly and promote their physical and emotional wellbeing, and connection to and care of their children.

Older accompanying children in MBAs

MBAs are designed to support mothers in the care of their children 0 to 24 or 0 to 36 months. However, for women to be able to participate, arrangements may be needed for other children they have in their care.

If 'child-friendly spaces' are present, older children may attend them (in Australia these are usually operated by Save the Children/54 Reasons).[15] However, child-friendly spaces are generally present for a relatively short period after emergencies in Australia, and some children will be unwilling to be separated from their mother. It is beneficial then for MBAs to allow older children to attend with their mothers.

MBAs can have toys suitable for older children and, if possible, a separate space for them within the main MBA area (i.e. in the same room). If there is capacity, a staff member can help keep older children occupied.

Distribution of resources via MBAs

It is generally desirable that MBAs are not a distribution point for supplies as this can easily shift the focus of both mothers and staff. Rather, it is preferable to refer mothers and caregivers requesting material support to other organisations. However, if it is decided that material support will be provided to those in need via an MBA, it is preferable to limit this to specific days and times to minimise the impact on core MBA activities.

There are special considerations regarding the distribution of infant formula during and after disasters. This is because unnecessary or improper use can harm the health of babies and make families more vulnerable to food insecurity. For this reason, there are accepted international guidelines on the management of infant formula in emergencies.[16]

MBAs should not distribute infant formula unless there is a suitably qualified health worker able to undertake an individual needs assessment. If it is decided that the MBA will be a point of distribution for infant formula, it should be purchased, as required, by the organisation operating the MBA. Donations of infant formula cause significant problems in emergencies and should not be sought or accepted but actively discouraged. Purchasing infant formula has been found to facilitate good practice in distribution whereas, despite best intentions, distributing donations of infant formula is fraught with problems.

Once a decision is made to supply infant formula to a baby, there is a responsibility to ensure that distribution continues for as long as the child

This infant formula donated by a manufacturer after the Christchurch earthquake in New Zealand had just 4 weeks until expiry when donated and remained in circulation well after expiry. Similar donations were made during the 2019-20 Australian bushfires.

requires it. There is also a responsibility to ensure that parents have all the resources needed to formula-feed with an adequate safety level (as outlined on p. 26). Where these conditions cannot be met, infant formula should not be distributed. Instead, women should be referred to services who can provide the needed assistance.

The ABA Bushfire Project has developed a model policy and guidance document for the management of infant formula in emergencies in Australia and New Zealand. Based on international guidance, this resource can assist organisations to manage this challenging area whether they are involved in the distribution of infant formula or not. It can be downloaded from the *MBA supporting documents bundle* at aba.asn.au/disaster-support.

Referring mothers

Assisting mothers with any difficulties they are experiencing is an important part of the work of staff in MBAs. However, the BiBS Study[4] found that women often did not ask for help or seek support (e.g. for psychological distress). This was often because they didn't know who to ask or because they thought that others needed support more than them. Therefore, it is important to be proactive in this regard and ask mothers sensitively about their needs and those of their family, rather than waiting for them to request help.

Where the MBA cannot provide direct assistance, women should be referred to other services. Relevant services may include, but are not limited to, assistance with financial resources, provision of food and other material supplies, support with housing, case management, access to health services, domestic violence services, early childhood education, disability support and mental health support.

Women should be provided with detailed information about what the service offers, how to access the service, contact details of the service, hours of operation and any costs involved. If needed, they should be offered assistance to access services.

As referred to throughout this guide, information templates and guidance to assist in the planning and running of MBAs have been developed and are listed in Appendix A. These resources may be added to over time, so please check aba.asn.au/disaster-support for updated information and tools.

> *It is important to be proactive … and ask mothers sensitively about their needs and those of their family.*

Photo by Miranda Mayle Photography

Appendices

Appendix A

Online resources to support the planning, set up and running of an MBA

From the Australian Breastfeeding Association:

Mother-baby area resource bundle

aba.asn.au/disaster-support

- Theory of change for mother-baby areas in Australia
- Logic model for mother-baby areas in Australia
- Information to assist in writing grant applications for an MBA
- MBA planning tool
- Templates to record the details of:
  - *supporting organisations and individuals*
  - *referral pathways*
  - *venue hazard and risk assessments*
  - *attendance*
- Managing infant formula donations, procurement and distribution in emergencies model policies and guidance

These resources may be added to over time, so please check the website for updated information and tools.

Emergency resources for parents

aba.asn.au/emergency

- *Planning for emergencies: A quick guide for families with babies and toddlers*
- Evacuation kit lists describing what to pack for a:
  - *breastfed baby*
  - *baby fed expressed breastmilk*
  - *formula-fed baby*
  - *toddler*
- Fact sheets on infant feeding in emergencies:
  - *Breastfeeding*
  - *Expressed breastmilk feeding*
  - *Formula feeding*
  - *Hand expressing*
  - *Cup feeding*
  - *Blackouts (power outages) and frozen breastmilk*
- Short animations on *Emergency planning and Breastfeeding through an emergency*

Emergency resources for emergency responders and those supporting families

aba.asn.au/disaster-support

- Free eLearning module on *Disaster support for babies, toddlers and caregivers*
- Infographic on supporting families with babies and toddlers in evacuation centres
- Scenarios featuring infants and toddlers for use during evacuation centre training exercises
- Communication kit to provide emergency support to families with babies and toddlers
- Supporting infant and young child feeding in emergencies fact sheet
- Guide to supporting safer sleep for babies in evacuation centres
- Signage pack for evacuation and recovery centres for pregnant women, breastfeeding mothers, babies and toddlers
- Evacuation centre venue evaluation checklist add-in for the safety of babies and young children
- Guide to supporting pregnant women and families with babies and toddlers in disaster recovery centres
- Babies and Young Children in the Black Summer (BiBS) Study research report
- Short animations on *Psychological first aid for babies and toddlers and What are mother-baby areas and how can they protect babies and toddlers after disasters?*

From other organisations:

Safe use of baby slings

- **Raising Children**
  raisingchildren.net.au/newborns/safety/equipment-furniture/baby-carrier-sling-safety
- **UK baby sling consortium**
  babyslingsafety.co.uk/ticks.pdf

Infant and young child feeding

- **Grow & Go Toolbox**
  growandgotoolbox.com

  Multi-language resources on:
  – Complementary feeding (including recipes)
  – Breastfeeding
  – Formula-feeding

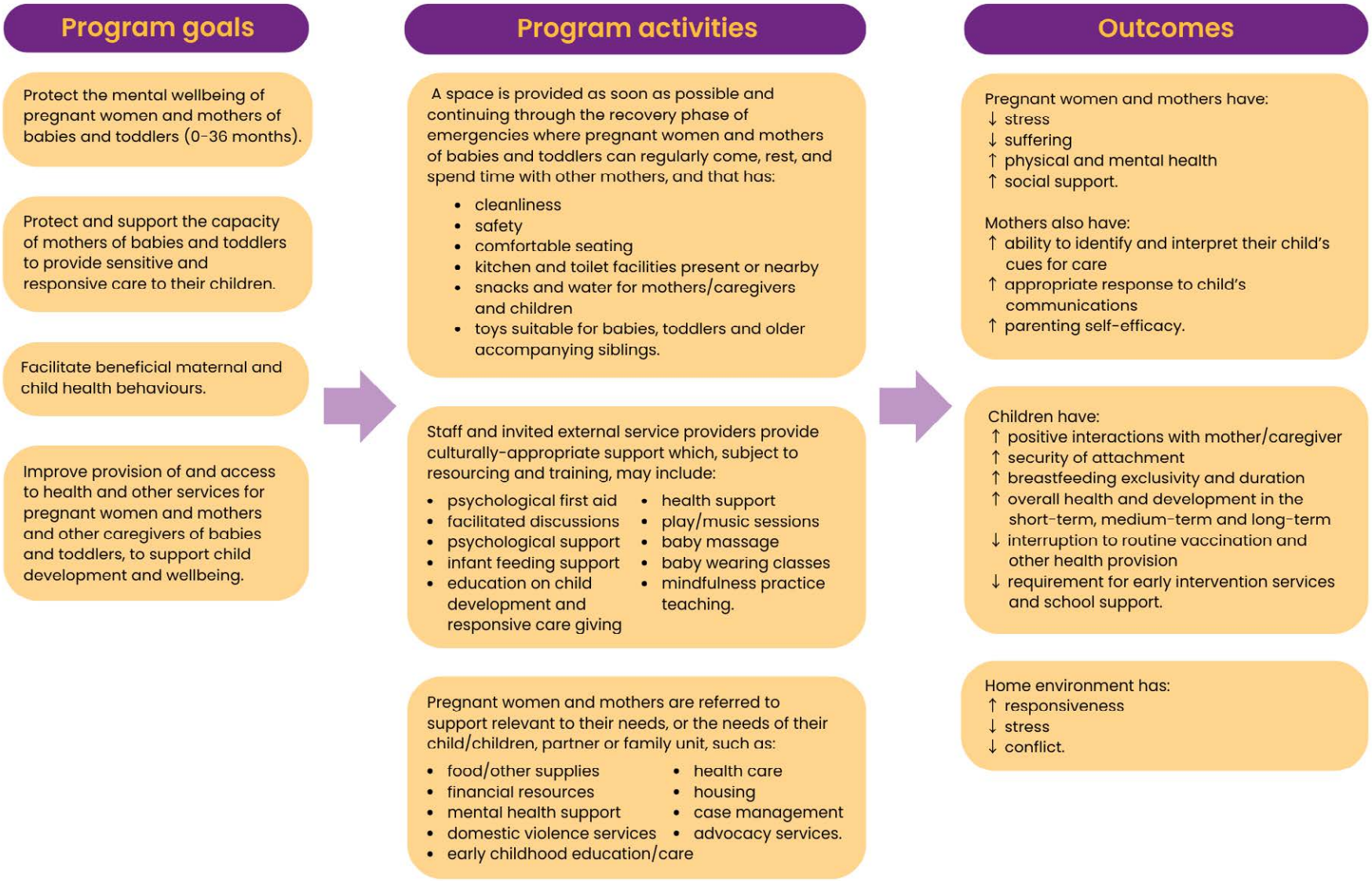
- **Save the Children's Infant and Young Child Feeding in Emergencies (IYCF-E) Hub**
  iycfehub.org

  A searchable collection of global resources to support infant and young child feeding in emergencies in humanitarian contexts. Some of these resources will be suitable for use or adaptation for high-income settings like Australia.

Games, activities and exercises suitable for use in MBAs:

- 14 icebreaker games for small groups
  betterup.com/blog/ice-breaker-games-for-small-groups
- 101 M.O.M. Group icebreakers
  themominitiative.com/wp-content/uploads/2011/10/75-M.O.M.-Group-ICEBREAKERS.pdf
- 55 fun icebreaker games and activities
  employmenthero.com/blog/ice-breaker-games-teams
- How to make team building better for introverts
  teambonding.com.au/i-hate-team-building-icebreaker-games-for-introverts-and-sceptics
- Quick relaxation techniques
  blackdoginstitute.org.au/wp-content/uploads/2022/06/Relaxation-techniquesfact-sheet.pdf
- Mini-relaxation exercises
  health.harvard.edu/healthbeat/mini-relaxation-exercises-a-quick-fix-in-stressful-moments
- 21 quick mindfulness exercises
  mindfulnessbox.com/one-minute-mindfulness-exercises

Theory of change for mother-baby areas



Taking care of mothers in disaster recovery so they can take care of their babies and toddlers

Appendix B

Appendix C

Psychological support for families in emergencies

Training:

- **Phoenix Australia**
  phoenixaustralia.org

  Supporting families and children in the aftermath of a disaster.
  – Disaster Mental Health Hub (phoenixaustralia.org/disaster-hub)
  – Training on psychological first aid, trauma informed care and vicarious trauma (cost involved)

- **Emerging Minds Learning**
  learning.emergingminds.com.au

  Free online learning to support professionals to support children's mental health including the *Supporting infants and children in disasters practice guide.*

General information for parents on babies, toddlers and trauma:

- **Children and crisis fact sheet**
  Queensland Government (2015)
  publications.qld.gov.au/dataset/coping-in-crisis-factsheet

- **Recovering together after a disaster booklet**
  Queensland Centre for Perinatal and Infant Mental Health (2023)
  childrens.health.qld.gov.au/__data/assets/pdf_file/0030/167952/QCPIMH-recovering-together-after-disaster-booklet-babies.pdf

- **Parent tips for helping infants and toddlers after disasters**
  National Child Traumatic Stress Network (2012)
  nctsn.org/resources/pfa-parent-tips-helping-infants-and-toddlers-after-disasters

- **Trauma and children - newborn to two years**
  Better Health Victoria (2022)
  betterhealth.vic.gov.au/health/healthyliving/trauma-and-children-newborns-to-two-years#how-trauma-affects-babies-and-toddlers

- **Babies and toddlers might not know there's a fire but disasters still take their toll**
  Gribble, K., & Chad, N. (2020)
  theconversation.com/babies-and-toddlers-might-not-know-theres-a-fire-but-disasters-still-take-their-toll-129699

Organisations and programs providing support to families:

- **Royal Far West (NSW and Qld) Community Recovery Services**
  royalfarwest.org.au/bushfire-recovery-program

  Supporting children, families and schools in communities affected by natural disasters

- **Birdie's Tree**
  childrens.health.qld.gov.au/our-work/birdies-tree-natural-disaster-recovery

  Information and resources to help young children and families grow through natural disasters and disruptive events.

- **Mackillop Seasons Stormbirds**
  mackillop.org.au/landing-pages/supporting-bushfire-affected-communities

  Delivering tailored support to children affected by bushfires.

Logic model for mother-baby areas

Focus/target (Population characteristics/ problem to be addressed)	Input (Resources needed to address the population's needs)	Output (Programs and activities provided)	Outcomes		
			Short term (Direct results at 6-12 months)	Medium term (Changes in population at 2 years)	Long term (Changes in population at 5 years)
Pregnant women and mothers and other caregivers of children 0-36 months of age. Impacted by a disaster including bushfire, flood, storm, cyclone, earthquake, drought or other emergency. In need of psychosocial or other support to enable their mental and physical wellbeing and/or responsive caregiving to their children.	Commitment from funders, stakeholders and partners. Pre-emergency plan. Appropriate funding. Suitable venue. Physical resources (e.g. seating) and supplies (e.g. food, nappies). Staff (volunteer or paid). Staff training. Policies and procedures. Links with emergency and health services. Community support and engagement.	A safe, comfortable, welcoming and culturally-appropriate space for pregnant women and mothers to regularly come and rest, connect and receive support. Pregnant women, mothers and family members receive support from staff and outside services. Manual for planning and implementation. Resources for pregnant women and mothers. Referral pathways identified, with resources to communicate. Trained staff.	Program is well utilised by pregnant women and mothers. Staff build supportive relationships with pregnant women and mothers. Women build supportive relationships with one another. Women experience reduced stress, greater psychological wellbeing, increased parenting self-efficacy and greater pleasure in their relationship with their children. Mothers provide appropriate physical and psychosocial care and protection to their children. Children receive responsive, sensitive and developmentally appropriate care from their mothers and have better quality attachment. Partners and other family members better understand the support needs of mothers and children. Mothers are supported by their partner and others in caregiving. Children have timely health checks and access to routine preventative health care (such as vaccination).	Mothers receive physical and psychosocial health and family services. Adverse physical and psychosocial events are reduced. Mothers have greater social connectedness. Mothers experience greater parenting self-efficacy. Children continue to receive greater responsive and sensitive care from their mothers. Reduced adverse impact of the disaster on children's physical health, mental health, and language and literacy development.	Children have reduced challenges related to physical health, mental health, and language and literacy development. Children demonstrate better capacity for self-regulation. Children experience reduced difficulties with transition to formal schooling. Children continue to receive greater responsive and sensitive care from their mothers. Mothers have supportive community links and formal and informal supports for themselves and their children.

Appendix D

Appendix E

Complementary food options for an MBA

Complementary food options suitable in an MBA include those that can be stored and cooked safely with limited resources. This list includes both long-life and fresh options that may be stored out of a refrigerator or cooked using a jug of boiling water or microwave if full kitchen facilities are not available.

When providing complementary foods, it is important to serve foods with an appropriate texture for the age of the child to avoid choking.

Infants 6-12 months

Snacks and foods requiring minimal preparation

- Boiled eggs (mashed or sliced)
- Tinned tuna, salmon or chicken (for children aged 6-7 months use a fork to finely mash, for children aged 8-12 months break into larger chunks or keep as whole from the tin)
- Yoghurt
- Cheese (thin slices or grated)
- Steamed fresh or frozen vegetables such as broccoli, sweet potato, corn, peas (for children aged 6-7 months use a fork to finely mash)
- Fresh or frozen berries (squash blueberries and cut strawberries to avoid choking)
- Dehydrated fruits such as dried apple rings, apricots, sultanas, figs (ensure appropriate size to avoid chocking e.g. leave apple rings whole so a younger child can suck on them, or chop sultanas into small pieces)
- Sliced fresh apples, oranges or stone fruit
- Preserved or tinned fruits (mash for children aged 6-7 months)
- Tinned chickpeas, lentils, baked beans (mash for children aged 6-7 months, squash chickpeas for 8-11 months)
- Avocado (mashed), banana (sliced or mashed), peanut butter or cheese on toast fingers, bread fingers or corn thins
- Fruit bread toast fingers
- Weetbix or porridge (mixed with mother's own breastmilk, cows' milk or infant formula)
- Ground seeds sprinkled onto yoghurt, porridge or cereal

Meals rich in iron if cooking and refrigeration is possible

- Spaghetti bolognese with ground beef and/or lentils
- Egg fried rice with tofu and broccoli
- Mixed bean chilli with beef mince and rice
- Tuna mornay with vegetables
- Beef, vegetable or lentil stew with pasta or rice
- Vegetable tray bake with chickpeas
- Cooked chicken strips

Meals can be mashed for a child aged 6-8 months.

Children 12+ months

Children over 12 months can consume the above foods for babies 6-12 months (without mashing), as well as:

Snacks and foods requiring minimal preparation

- Egg, peanut butter or avocado and banana sandwiches
- Tuna and vegetable wrap
- Baked beans on toast
- Sliced vegetables and hummus

Meals rich in iron if cooking and refrigeration is possible

- Tofu or chicken strips with a pesto dip
- Egg and toast soldiers with some fruit slices
- Spinach fritters with dip & veg sticks
- Jacket potato with beans or beef mince
- Spinach pesto pasta
- Beef/chicken mince or bean enchiladas or quesadillas

Complementary food suggestions courtesy of Dr Catharine Fleming, BA(Hons), PhD in paediatric nutrition and dietetics, School of Science and Health, Western Sydney University.

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