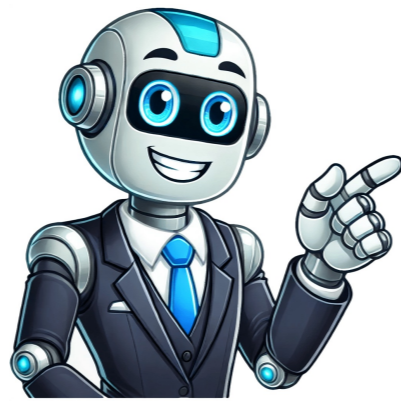


I'm not a robot



Iycf guidelines 2024 ethiopia

Looking for ways to support communities affected by emergencies, it's crucial to implement interventions that protect the health and nutrition wellbeing of vulnerable groups. One such intervention is supporting infant and young child feeding during emergencies, which can save lives, promote children's nutrition and development, and benefit mothers and the community as a whole. By the end of this session, you will be able to define infant and young child feeding in emergency situations, understand the difference between regular infant and young child feeding (IYCF) and the specific emergency-focused approach known as IYCF-E. You will also learn why focusing on IYCF-E is essential for reducing morbidity and mortality in vulnerable populations. IYCF-E focuses on protecting and promoting optimal infant and young child feeding practices, particularly during emergencies. This approach aims to safeguard against harm and prioritize immediate life-saving interventions while also taking a public health-oriented approach to reach as many people as possible quickly. Emphasizing IYCF-E is critical for vulnerable individuals who are susceptible to severe illness, malnutrition, and death from long-term consequences such as chronic diseases and lower productivity. Adequate nutrition during infancy and early childhood is essential for ensuring children's growth, health, and development. Optimal infant and young child feeding practices include early initiation of breastfeeding, exclusive breastfeeding, continued breastfeeding up to 2 years, safe and appropriate infant and young child feeding in emergencies, and complementary feeding from 6 months onwards. Breastfeeding and Complementary Feeding: Key Concepts in Reproductive Health Services Exclusive Breastfeeding (EBF) is the practice of providing an infant with only breast milk from birth to six months, without any additional liquids or solids. This approach has been promoted by health organizations worldwide as a crucial strategy for improving infant health. The World Health Organization recommends EBF until 6 months of age, and its benefits are well-documented. According to the SOWC (2019) data, some countries have achieved high EBF rates, with ESAAR having the highest rate at 85%. The trend shows a significant increase in EBF rates over the years. Breast milk is rich in essential nutrients, including fat, carbohydrates, proteins, vitamins, minerals, and water. It also contains bioactive factors that support an infant's immune system development. Breast milk provides about 3.5g of fat per 100ml, with long-chain polyunsaturated fatty acids (DHA and ARA) important for neurological development. Complementary feeding begins when breast milk is no longer sufficient to meet the nutritional requirements of infants. It involves introducing safe and appropriate complementary foods, frequent feeding, adequate amounts of food, suitable texture, variety, active feeding, and hygienically prepared meals. The composition of breast milk provides all the necessary nutrients for infants up to 6 months. The effectiveness of breastfeeding in preventing child deaths has been widely recognized. A study published in the Lancet (2003) found that exclusive breastfeeding until one year can prevent 13% of under-five deaths. Complementary feeding is also crucial, but its benefits are closely linked to continued breastfeeding and appropriate complementary foods. Breast milk is rich in lactose, a disaccharide providing energy, and oligosaccharides which aid infection protection. Its protein content differs from animal milks, with a balance of amino acids making it more suitable for infants. The protein concentration in breast milk is lower than in animal milks, preventing overloading of an infant's immature kidneys. Breast milk contains sufficient vitamins unless the mother is deficient. However, vitamin D is an exception as infants require sunlight or supplements to generate endogenous vitamin D. Colostrum, the first 2-3 days' worth of milk after delivery, is rich in white cells and antibodies, offering crucial immune protection to newborns. In emergencies, artificial feeding with breast milk substitutes (BMS) may be necessary if breastfeeding is not possible. However, BMS poses risks such as bacterial contamination, contaminated water, overcrowding, and limited resources. It's recommended to minimize these risks by avoiding donations of BMS or other milk products in emergency situations. Breast Milk Substitute refers to any food marketed as a partial or total replacement for breast milk, emphasizing the importance of choosing suitable substitutes. Other milk products, such as follow-on milks and baby teas & juices, can be used when necessary, but breastfeeding is always recommended. However, artificial feeding may be required in certain situations. When considering artificial feeding, it's essential to avoid or minimize risks by making an informed decision based on a skilled assessment. Breastmilk substitutes are acceptable for as long as needed, provided that the necessary expertise and capacity are available. Some common misconceptions about breastfeeding include the idea that stress can cause milk production to cease or make the milk dry up. This is not true; while acute stress may temporarily affect 'let down', reassuring support can help decrease a mother's stress and increase her confidence. Malnutrition in mothers does not significantly impact breastmilk production, but it may affect the micronutrient content. In cases of severe malnutrition, therapeutic care for the mother and skilled breastfeeding support are necessary to ensure both the mother's and baby's well-being.

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