

Türkiye

IYCF-E Key Messages

Feb 2023

Early and accurate communication on Infant and Young Child Feeding in Emergencies (IYCF-E) can save lives by supporting, promoting and protecting the nutrition of infants and young children in an emergency situation. During emergencies, breastfeeding is the strongest protection for your baby’s health and nutrition.

Below are sample key messages to aid responders in effectively communicating to various audiences about IYCF-E in the Türkiye earthquake response.

The first column outlines the main subject of the messages, while the second column are messages targeted to health care workers and helpers and the third are messages designed for parents and caregivers.

Additional resources can be found on the IYCFE HUB at: <https://iycfhub.org/>

Peer support group for infant feeding supervised by pediatricians can be found at : Sosyal Pediatri Afet Anne Destek (Telegram, destek grubu) <https://t.me/+zzv3jgNt3uQ2MGU>

One to One support for infant feeding can be found at: <https://www.temasdernegi.com/tr/annedestek>

Additional infant and young child nutrition support and resources can be found at La Leche League Turkey www.llturkiye.org

If you are an organisation providing nutrition services and require additional support please visit the Global Nutrition Cluster Technical Alliance <https://ta.nutritioncluster.net/request-support>

	Health Care Workers/Helpers	For parents and caregivers
Start breastfeeding	Colostrum is critical to child survival. No infant formula, other food or liquid should be used in the first 6 months. Offer support to mothers to establish breastfeeding.	Your first milk is very important for your baby and can help keep your baby healthy. Do not give anything but your milk in the early days. You can talk to health care workers, helpers or other mothers of young children if you have any problems or concerns
	Skin-to-skin provides stability of blood glucose, temperature and stimulates the release of oxytocin and prolactin which initiate the copious onset of milk. Place newborns in skin-to-skin contact with the mother to support breastfeeding.	Keep your baby against your skin all the time in the first few days, for warmth, comfort and easy access to your breast.
	Frequent and effective breastfeeding is the most important predictor of milk supply. Remove barriers and educate parents.	Offer the breast often through the day and night to make the most milk for your baby.
Keep breastfeeding	Infants should receive only human milk for the first six months. Counsel against the use of teas, water and all other foods and drinks and do not provide these products.	Your milk is all your baby needs until about 6 months. Especially in emergencies, where there is limited access to clean water and electricity, any other foods and drinks can make your young baby sick and are not needed. It is possible to breastfeed even in situations of distress. Be confident and continue breastfeeding.
	Complementary foods should be introduced at 6 months, with an emphasis on local foods that are nutritionally-dense and palatable to young children.	Around 6 months, begin offering your baby other semi-solid and solid foods that are available alongside breastfeeding.
	Breastfeeding should continue until TWO years and beyond. During transit or food shortages, brief returns to exclusive breastfeeding after SIX months may be necessary and life-saving.	Your milk is nutritious and protective for your baby for as long as you keep giving it. Don't stop breastfeeding during the emergency even if your baby is already SIX months old or more.
	If a mother is feeding the infant both alternative milk, such as infant formula, and breastmilk encourage her to increase her breastmilk supply and reduce supplemental feeding by keeping the baby at the breast, breastfeeding before each alternative feed, and hand expressing to increase supply after each	If you are feeding your infant another milk, such as infant formula, in addition to breastfeeding it is possible to increase your milk supply to return to exclusively breastfeeding. When mixed feeding, each bottle feed means less time for your baby at the breast, which may cause you to make less milk. Instead, you can

	feed	increase your breastmilk by keeping the baby at your breast as much as possible, breastfeeding before any alternate feeding, and hand expressing into a cup after each feed and then feeding that expressed milk to the infant.
	Relactation is feasible with support. Begin with frequent stimulation and contact.	You can start breastfeeding again, even if you stopped or if you didn't start right away. Start by offering the breast to your baby or massage if your baby is not interested yet.
	Infection with COVID-19 or other common respiratory or gastrointestinal illnesses are not a reason to stop breastfeeding. Do not separate. Provide guidance on hygiene & importance of continued breastfeeding.	Keep breastfeeding if you or your baby become ill, including with COVID-19. Your milk will protect your baby now and frequent suckling while you rest will ensure there is plenty of milk later too.
	<p>In the event of illness from cholera, mothers should be encouraged to breastfeed. The mother should be encouraged to wash her hands with soap and water before putting the neonate to breast. It is NOT recommended to wash the breast with soap and water before offering the breast UNLESS the breast has been in direct contact with stool or vomit.</p> <p>If there is a reason to believe that the mother's breast has been in contact with stool or vomit, consider asking the mother to clean her breast with soap and water and expressing some small amount of breast milk on her nipple and areola before putting the neonate to feed. Do not use chlorine or other antiseptic solutions. There is insufficient available evidence to make a strong recommendation, however breastfeeding should always be encouraged.</p>	Continue breastfeeding in the event of illness from cholera unless otherwise directed by a health professional. Breastfeeding does not make cholera worse. Breastmilk contains properties that protect breastfeeding infants/children from getting cholera.
Non-breastfed infants	All non-breastfed infants	If mother's own milk is not available or insufficient for the infant's needs, another healthy mother may provide breast milk, through direct breastfeeding or expressed for cup feeding.
		If your baby is separated from you or your baby needs more milk than you are making now, another mother can feed your baby directly or express breastmilk into a cup.
		Infants who are dependent on breastmilk substitutes (BMS) are at very elevated risk of illness and mortality. The younger the infant, the greater the risk.
		If your baby is formula fed, he is more likely to get sick. The younger your baby, the greater the risk.
		Avoid introducing BMS during the emergency and support mothers to increase their milk supply and/or share breastfeeding with other women.
	Don't start to use formula now - breastfeed more and/or obtain human milk from another mother if required.	
	Ensure parents and caregivers receive education and access to facilities and supplies to prepare BMS appropriately.	If you are using formula, ensure careful preparation and hygiene . Ensure the feeding preparation utensils and cup and other utensils are clean. For support you can contact your local health center, Mother Baby Space, or Blue Dot facility.
	Any extra infant formula must be discarded to avoid making the baby ill.	If the baby does not drink all of the infant formula during a feeding, discard what is or use it to cook a meal. You can also mix it in family food or give it to an older, non-breastfed child or elderly family member. Giving a baby leftover milk can make your baby ill.

	Under 6 months	Infant formula is recommended as a last option for infants under 6 months. First explore increasing breastmilk supply, relactation, or the use of milk from another mother.	Infant formula should only be given to your infant when advised by a nutrition or health worker. If infant formula is advised, it will provide all the food a baby under 6 months needs until about six months of age. There is no need to add other foods unless this is advised by a health worker.
	Over 6 months	If the baby is over 6 months, along with infant formula, age-appropriate complementary food rich in vitamins and minerals, such as fresh fruits, meats, vegetables, dairy and grains, should be introduced.	If your child is over 6 months, along with infant formula, age-appropriate complementary food rich in vitamins and minerals, such as fresh fruits, meats, vegetables, dairy and grains, should be introduced
		Babies over 6 months can also receive full-cream animal milk (cow, goat, buffalo, sheep, camel), Ultra High Temperature (UHT) milk, reconstituted evaporated (but not condensed) milk, fermented milk or yogurt, and expressed breast milk. Any animal milk given to infants less than 12 months should be boiled and left to cool.	When your baby is over 6 months, you can also provide full cream milk from animal sources such as cow, sheep goat or High Temperature milk, fermented yoghurt. Any animal milk given to infants less than 12 months should be boiled and left to cool.
	Do not use bottles, teats or other closed/lidded cups for breastmilk substitutes or other beverages. These cannot be used hygienically in an emergency and may decrease breast stimulation as suckling is replaced. Use a spoon, a disposable cup or durable, easily cleaned cup.		Baby bottles and other special cups are impossible to keep clean during an emergency and can cause severe illness. If your child is unable to drink directly from the breast use a spoon or small cups to feed instead.