





PHOTO MONTAGE BY LAURA JOYCE-HUBBARD (BREASTFEEDING) AND SARAH KREBS (KATRINA DAMAGE)

911 *breastfeeding*

Lessons from Katrina: In an emergency, mothers' milk can save children's lives.

BY PAMELA K. WIGGINS

“SOMETIMES BREASTFEEDING isn't about the warm fuzzies, the cuddling up and looking into each other's eyes. Sometimes breastfeeding is about survival, about whether or not your baby is going to live to see that first birthday. That statement may seem overly dramatic to some, but to those of us who survived Hurricane Katrina, it is fact.”

So states Jennifer Noll, writing in *La Leche League's New Beginnings* (May–June 2006). On hearing that Katrina's arrival was imminent, Jennifer and her family evacuated to a relative's home 100 miles inland because their own house was in a low-lying area. When they returned the next day, in 95°F heat, they found their home almost totally destroyed.

According to Jennifer, “[Breastfeeding] helped us survive. My exclusively breastfed baby stayed hydrated in the sweltering heat. I did not have to worry about mixing formula at a time when we could not shower or flush a toilet. Also, as we slept in a pop-up camper in the yard, my daughter's rhythmic sucking soothed me throughout the night. My three-year-old decided to nurse again for that brief time, and we were able to share that comfort. Later, my friends from La Leche League told me their stories, just as dramatic as my own. One woman even nursed two babies who were not her own, as their mothers were unable to find formula in those first days after the storm. How much better can breastfeeding get than that?”

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Jennifer's story reminded me of a more recent one. The Kim family of San Francisco was on a combined vacation/work trip that turned into a horrible nightmare when they made a wrong turn and became snowbound near Grant's Pass, Oregon. The family had no provisions other than a few snacks and minimal water. Kati Kim was able to keep her infant and four-year-old daughter alive by nursing them both during their nine-day ordeal. When they were found, there was no food or water left in the car. Kati's husband, James, perished after leaving the vehicle and going for help.

The *San Jose Mercury News* pointed out that the Kims' case was similar to one in 1993, in which breastfeeding played a key role in the survival of the child of another stranded family. Caught in an unexpected storm, a Paso Robles family became snowbound in northwestern Nevada. After James Stolpa left his family in a natural cave, the mother breastfed her son for three days until her husband returned with help.

Emergencies—both personal and widespread—happen. It can happen as quickly as it

did for the Kim family—a simple wrong turn. In the case of weather, there may be some warning. But hurricanes, earthquakes, blizzards, tornadoes, volcanoes, and tsunamis often occur suddenly. And then there are potential disasters that are not natural occurrences, such as terrorist attacks, whether biological or explosive. Or a major industrial accident, a widespread power blackout, a contaminated water supply, a pandemic.

Any major disaster, natural or otherwise, can cause widespread destruction and chaos in our communities. Families may be forced to evacuate to shelters or mandated to remain in their homes. It's not a pleasant thought, but it could happen.

We've learned from Hurricane Katrina just how bad it can be. From the mass of humanity holed up in the Louisiana Superdome to the people in Mississippi whose homes were literally blown away, we've learned that devastation and misery come in all forms.

What does this have to do with good mothering? A lot. Babies have to be fed. And during an emergency, if an infant isn't breastfeeding, he is greatly disadvantaged. What if the family has to evacuate to a shelter? What if there is no formula there? What if it takes days to get formula brought in, as it did in the Superdome? What if a family is trapped in their home and can't get formula from the store? What if the stores themselves are out of formula? Even something as nondisastrous as a trucking strike could make that happen. What's a mother to do?

The only real answer is breastfeeding. If a baby is breastfeeding, all she needs is her mother. Her food supply is always fresh, warm, and available. It will help keep her healthy, happy, and secure, despite chaotic circumstances.

In an emergency, breastfeeding is crucial. Breastmilk contains all the nutrients a baby needs, and can completely sustain a baby's life for at least six months. Breastmilk has valuable antibodies that keep babies from getting sick. They don't get as many colds, flus, ear infections, or diarrhea. This is essential in an emergency—water may be contaminated and make people sick, and during a disaster, disease spreads quickly.

FOUR MYTHS ABOUT BREASTFEEDING DURING A DISASTER

Myth 1: Stress will make the mother's milk dry up.

Untrue. Her milk supply may temporarily decrease, but if she continues to nurse, she will make milk.

Myth 2: Malnourished mothers can't breastfeed.

Untrue. The mother must be fed nutritious foods and liquid, if possible, but even starving mothers can sustain their breastfed babies for a while.

Myth 3: Babies with diarrhea or vomiting should not breastfeed.

Untrue. Breastmilk is exactly what they need.

Myth 4: Once a baby is weaned, the mother can't get her milk back.

Untrue. If a baby is six months old or younger, he will likely go back to the breast and stimulate it enough to make milk. (The baby will need supplemental food until the mother's milk supply builds back up.)

—PAMELA K. WIGGINS

Breastmilk is sterile; unlike with bottle-feeding, there is no reason to worry about germs and contamination. It would be almost impossible to sterilize bottles in a shelter—or even at home, if you're forced to stay there without electricity or clean water. And breastfeeding is especially important if your family has a history of allergies. After a disaster, the air could be full of allergens.

Breastmilk is always available and always at the right temperature. How you feed your baby is one less thing to worry about. The cover of *Newsweek* (September 1, 2005) featured a photo of a young mother at the Louisiana Superdome. She was clutching an infant and an empty baby bottle in one arm, and a young toddler was clinging to her side. Her face told the whole story: She was in utter despair. There was no food or formula available for her children. She was also holding a full bottle of Nestlé brand water.

Breastfeeding has a calming effect on both mother and baby. When a baby breastfeeds, the powerful hormone prolactin is released in the mother's body. This can help the mother remain calm during and after a disaster. And breastfed babies are easy to comfort. Hungry, screaming babies in an emergency shelter make for more confusion and distress for the mother as well as for other occupants. Nursing almost always calms a crying baby.

If you're already breastfeeding

Even if you're already breastfeeding, continuing to do so may prove difficult in a shelter, or if you're trapped in your home. The following are some helpful tips to remember if you're caught in an emergency situation.

- **Continue to breastfeed as usual.** Nurse whenever the baby needs to nurse. If the baby is less than a month old, this will probably be at least every two hours. As time goes by, the baby will go longer between feedings. Keep in mind that the more your baby nurses, the better his immune system will function.
- **Even if you don't have food or drink for yourself, your body will make milk for your baby.** If well-meaning people try

to give you formula for your baby, drink it yourself for the added nutrition. Formula provides nutrition and calories, but that's all—it doesn't contain the antibodies that help to prevent illness. You probably won't need to give your baby any formula; continuing to breastfeed your baby on demand will ensure that you continue to produce milk.

- **Don't worry about a decrease in your milk.** Your milk supply may decrease temporarily, due to extreme stress. This is normal. Continue to breastfeed, and your milk supply will quickly increase.
- **Do not let anyone separate you from your baby.** If you must be airlifted or evacuated by boat, insist that the rescuers strap the baby to you and rescue you both at the same time. This is another very important lesson that Katrina taught us: In a major disaster, children can all too easily be separated from their parents.
- **Have a sling or a baby carrier on hand for emergencies.** With a sling, you can hold your baby close, and your hands will be free to carry supplies or to hold on to other children. An emergency sling can be made simply by tying a large knot in a length of fabric about three yards long.

If you're in a shelter, ideally it should provide a safe, stress-free place for you to breastfeed in privacy. Shelters should also provide lactation consultants or other health care workers who can advise you and support your efforts to breastfeed and/or to resume breastfeeding (called relactation). Breast pumps and nursing supplementers should be available for your use while your baby is learning to breastfeed and you are building up your milk supply.

In reality, none of the above may be available. In that case, try to find other mothers who are breastfeeding and form your own informal support group. Ask for help. If you have access to a phone, call La Leche League. If there's any way they can help, they will. Have confidence in yourself that you can continue to breastfeed.



If a baby is breastfeeding, all she needs is her mother. Her food supply is always fresh, warm, and available.

To hand-express your milk: Place your thumb on top and your forefinger about 1½ inches behind the base of your nipple and gently squeeze toward the nipple. Rotate all the way around the nipple. At first you may get only a drop or two, but as your milk lets down, it will begin to spray.

If you are now formula-feeding

- **Do not try to “wait it out” at home.**

You may not be able to leave later. When ordered to evacuate, gather whatever you can into a backpack—diapers, powdered formula, clean bottles, extra clothing, snacks, bottled water, etc.—and get your children and yourself to an emergency shelter as soon as possible.

- **If you have powdered formula, take it with you.**

Don't pre-mix any powdered formula to carry with you—your water may already be contaminated. You can mix it with clean water at the shelter.

- **Consider relactating.** Follow these instructions:

Babies a week old or less: If your baby is a week old or less, you can quickly get a full milk supply simply by putting your baby to breast. Your breasts are still geared up to make milk, and most babies this age still have the instinct to latch on, even if they've been on a bottle. Put the baby to breast at least every two to three hours and let her nurse for 15 to 20 minutes on each breast. Milk will be made as the baby suckles. The more milk baby takes from you, the more milk you will make.

Don't give your baby any bottles or use a pacifier. Let her use *you* as a pacifier. She will be calmer and you will make more milk. If she needs supplemental formula, or if you have to feed her expressed breastmilk, give it to her via a nursing supplementer, medicine dropper, or spoon. Newborns can even lap milk from a paper cup if they're held upright and offered tiny sips. Every drop of milk your baby gets will help her.

Babies older than a week: If your baby is more than a week old but younger than six months, you can still bring in milk, although you may have to supplement with formula until you're producing enough. If you have access to a breast pump, use it between feedings to build up your milk supply. If you don't have a pump, you can hand-express your milk: Place your thumb on top and your

forefinger about 1½ inches behind the base of your nipple and gently squeeze toward the nipple. Rotate all the way around the nipple. At first you may get only a drop or two, but as your milk lets down, it will begin to spray. Feed the collected milk to your baby.

Relactation takes time and commitment. Some babies who have already become accustomed to a bottle nipple get confused at the breast, but with enough time and effort, most can be taught to breastfeed. Don't get discouraged—you can do it. Even if you don't get a full milk supply, your baby will still be receiving important immunities that he desperately needs after a disaster.

If you're confined to a shelter, ask for help. Keep asking around until you find someone who realizes the value of breastfeeding and let her (or him) know how important relactation is to you. If that person can't help you, perhaps she or he can find someone who can. Many shelter workers are not informed about breastfeeding and may even give you wrong advice, or try to convince you to “just feed the baby formula.”

Formula companies are some of the first to respond to disasters, showing up with truckloads of formula. A week after Katrina hit, one large formula company proudly announced that it “had shipped 27 trucks and three chartered planes carrying nearly three million bottles or cans of infant and children's nutritional products to the impacted areas.”¹

Whatever such companies' intentions, such gestures can go astray. Sometimes, the supplies are delivered to the wrong place. In New Orleans, due to the flooding, they could not get trucks to the Superdome and Convention Center as quickly as survivors needed the supplies.

Barbara Whitehead, a lactation consultant in eastern North Carolina, reported that once, after a hurricane, she was working in a remote shelter where there were only two infants, both of them breastfeeding. A tractor-trailer showed up loaded with baby formula, most of it specialty formula, which is designed for babies who can't digest regular formula.²

TIPS FOR RELACTATION

Often a mother can rebuild a milk supply very successfully, with patience and determination (and a cooperative baby). La Leche League's *Breastfeeding Answer Book* (p. 52) recommends the following strategies for relactation and induced lactation, to stimulate milk production:

- Put baby to breast to suck at each feeding and, as often as possible, for comfort between feedings.
- Use hand expression or a breast pump.
- Use a nursing supplementer (if available and if conditions are sanitary enough to make its use safe) to provide expressed milk while baby sucks at the breast.
- Take herbs/medications that increase milk supply.
- If you do use herbs or medications to increase your supply, be sure to frequently put baby to the breast, to remove as much milk as possible. This will help avoid breast infections or plugged ducts.

Source: www.llli.org/FAQ/relactation.html



An alternative to formula: In a disaster, things are different. Sometimes extreme circumstances call for extreme measures. You will be stressed. Your baby will be hungry and will need to be fed. You may not have access to formula or even clean water. But you may have a relative or friend who is breastfeeding. Maybe she can express her breastmilk for your baby. Maybe she'll even breastfeed your baby herself. Wet-nurses (those who provide milk for other women's children) have been around a long time, and can save babies' lives in difficult circumstances. **Warning:** If you allow someone to wet-nurse your baby, be certain she isn't at risk for HIV or AIDS.

Our babies are helpless. Let's make sure there's food for them in an emergency. Let's do what is right. Let's plan to breastfeed, and do it for a long time. In a disaster, it's not a matter of choice. It's critical.

NOTES

1. Mead Johnson & Company, "Hurricane Katrina Relief Efforts by Mead Johnson Nutritionals" (9 September 2005): www.meadjohnson.com/app/iwp/MJN/Content2.

[do?dm=mj&id=/MJN_Home/News/Hurricane_Katrina](#).

2. Personal communication (May 2007).

FOR MORE INFORMATION

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"Infant Feeding in Emergencies," 2004. www.enonline.net/pool/files/ife/module2-overheads.pdf.

"Media Release: When an Emergency Strikes, Breastfeeding Can Save Lives," La Leche League International, 2006. www.llli.org/Release/emergency.html.

"Position on Infant Feeding in Emergencies," International Lactation Consultant Association, 2006. www.ilca.org/pubs/InfantFeeding-EmergPP.pdf.

"Support for Breastfeeding Is Crucial for Infant Health in the Aftermath of Natural Disasters," Academy of Breastfeeding Medicine, September 2005. www.bfmed.org/documents/WEB-ABM-Disasters-2005-PR.doc.

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Breastmilk contains all the nutrients a baby needs, and can completely sustain a baby's life for at least six months.