Is emergency planning for infants and young children adequate?

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Emergency plans should account for the special needs of vulnerable groups to mitigate the risks they face and to provide appropriate assistance. Australian research has examined the vulnerability of children, particularly infants.

Infant vulnerability relates primarily to feeding needs. Infants have specific food and fluid requirements, immature immune systems, are susceptible to dehydration and are dependent on others for their needs. While breastfed and formula-fed infants are vulnerable, formula-fed infants are more so because their wellbeing relies on access to resources that may be compromised, like clean water, electricity or gas for heating water, hygienic food preparation and washing environments as well as infant formula.

In past emergency situations, Australia has experienced high rates of infant sickness requiring medical treatment. Difficulties with feeding infants have included mothers avoiding or delaying evacuation because of feeding concerns, extended delays in supply of infant formula to evacuation centres, infants being wet-nursed in evacuation centres because of a lack of infant formula, parents using toilet facilities or pooled rainwater to wash baby milk bottles and confusion about what to pack in emergency kits for babies.

World Health Assembly Resolutions and the Australian National Breastfeeding Strategy¹ require that feeding infants and young children in emergencies (known as IYCF-E) planning be implemented by Australian governments. However, a Western Sydney University and the World Breastfeeding Trends Initiative found planning for infants during emergencies is inadequate.

The study considered emergency plans and guidance from all levels of Australian government. The content of these plans was examined for references dealing with the needs of infants and young children. As a comparison, the collected plans and guidance were searched for content dealing with the needs of animals. Documents were analysed for content and meaning.

Findings summary

The collected plans and guidance contained numerous pointers to the desirability of having plans that address IYCF-E. However, the research revealed a dearth of planning for the needs of infants and young children and

for IYCF-E specifically. Where plans contained content related to infant feeding, they lacked detail, lacked important elements or evidence showed that they were not followed. The study found that guidance related to heat waves contained information that could prove dangerous, even fatal, to infants, such as 'Give children plenty of water before they become thirsty'. The study also found that no government or emergency services agency had designated responsibility for IYCF-E or children in general. In addition, only Queensland plans had detailed information on what to include in an emergency kit for babies.

In comparison, content related to animals was evident and comprehensive at all levels of government with clear lines of responsibility and detailed emergency preparedness guidance for the public.

This is not a new problem. An audit conducted in 2013 by Save the Children Australia concluded that children suffer from 'benign neglect' in emergency planning and their needs are not routinely nor systematically considered.

The study recommends that the Australian Department of Health convene and appropriately fund a national advisory committee for IYCF-E to incorporate the needs of mothers, caregivers, infants and young children into emergency planning at all levels of government. Also recommended was that health departments at state and territory levels should be responsible for IYCF-E, that guidance on IYCF-E be developed and that existing training on IYCF-E be made available to relevant health and emergency workers.

This research is available at https://bmcpublichealth. biomedcentral.com/track/pdf/10.1186/s12889-019-

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¹ Australian National Breastfeeding Strategy, at: https://apo.org.au/sites/default/files/resource-files/2019/08/apo-nid253556-1379891.pdf.