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## Breastfeeding Following a Natural Disaster

The information below will help you determine whether certain exposures that a mother might come in contact with following a natural disaster are safe for her breastfed infant. This information should not take the place of medical care and advice from your health care provider.

### ***Why is breastfeeding good for my baby?***

There are many benefits to breastfeeding. Breast milk is the best source of nutrients for your growing baby. It can also help protect babies from infection. Breastfeeding costs much less than bottle-feeding. It is more convenient because there are no bottles to wash or formula to buy, mix, and refrigerate. If you are breastfeeding during a natural disaster, there is no need to worry about finding safe, clean water to mix formula or to wash bottles. Breastfeeding also can be soothing and reduce stress for both a mother and her baby.

### ***How can I keep my breast milk as safe as possible?***

Because many substances enter breast milk in very small amounts, they are not likely to harm a breastfed baby. In many instances, the benefits of breastfeeding far outweigh any risk from an exposure. However, it is important to know what you are exposed to and consider whether it might affect your breastfed baby.

If you notice anything unusual, tell your health care provider right away. This is especially important after a natural disaster, when you or your baby could be exposed to things you wouldn't usually be exposed to.

### ***What could I be exposed to in a natural disaster that might pass to my baby in breast milk?***

#### Vaccinations

Vaccinations are given to protect people from serious diseases. Vaccinations are important for both a mother and a baby for their individual health. All inactivated vaccines and most live vaccines are safe to receive while breastfeeding.

Typical vaccinations you might receive following a natural disaster include hepatitis A, hepatitis B, and tetanus. In most cases, these vaccinations are okay to have while breastfeeding. Other vaccinations might be needed after some disasters. Check with your health care provider and local health officials about which vaccines are recommended if a natural disaster has occurred in your area.

#### Infections

Some infections are common after a natural disaster. A local infection on a mother's skin usually is not dangerous to a breastfeeding baby. More serious infections such as those caused by West Nile virus, hepatitis A virus, hepatitis B virus and others can be more complicated. If you think you have an infection, talk to your health care provider right away.

In general, mothers who have an infection can continue to breastfeed. If medicines are used to treat infections, it is possible for some medicines to enter breast milk and affect a breastfeeding baby (see the next section). Be sure to drink plenty of liquids when you have an infection or other illness so you don't become dehydrated. If you become severely dehydrated, it might reduce the amount of breast milk you make.

#### Medicines

It may be necessary to take medicine after a natural disaster if you have an infection or other illness. Many medicines are safe to take while breastfeeding. Other medicines that enter breast milk may affect a breastfeeding baby; for example, some babies are allergic to certain antibiotics that are used to treat infections. Other antibiotics may cause an upset stomach or mild diarrhea in a breastfed infant.

If you need to take medicine for any reason, be sure to tell your health care provider that you are breastfeeding so you get the medicine that is right for you and your baby. Watch the baby for side effects while you are taking any medicine. If your baby develops a rash, hives, or if you notice anything else unusual, tell your health care provider right away.

You can decrease the amount of medicine in breast milk by timing when you take your medicine and when you breastfeed. Typically it is best to nurse the baby, then take your medicine and then wait a few hours before you nurse again. Call OTIS to get details about your medication.

#### Insect Repellent

Using insect repellent is an important way to help protect you from infections spread by mosquitoes. A bite from an infected mosquito could give you a serious illness such as West Nile virus.

The most common active ingredient in insect repellent is DEET. It is not known whether the DEET you put on your skin passes into breast milk. However, only about 6-8% of the DEET put on your skin gets into your body. This probably means that very little DEET would get into your breast milk. It is still best to limit the amount of DEET that you are exposed to while breastfeeding. Breastfeeding women should follow the same recommendations that are given for the use of DEET in children. These include applying the insect repellent with DEET to your clothing and then only putting it on exposed skin such as your hands and face. Never apply insect repellent to the breast area. Wash your hands after applying insect repellent and before handling your baby or breastfeeding so that the baby is not exposed to DEET.

Other ways to lower your chance of being bitten by a mosquito include staying indoors during peak times of mosquito activity (overnight from dusk through dawn) and wearing long pants, long-sleeved shirts, a hat, and shoes with socks while outdoors.

#### Cleaning Agents

Typical household use of cleaning agents is not expected to produce levels in breast milk that could hurt a baby. To help protect yourself, you can wear gloves when using cleaning agents and air out your work area so you do not breathe in the fumes.

#### Pollutants

Exposure to low levels of environmental chemicals usually is not a reason to stop breastfeeding. If you think that you may have been exposed to high amounts of a harmful chemical, contact your health care provider as soon as possible.

If you have been exposed to lead, a blood test can tell whether the level is high. The level of lead in breast milk is similar to that in the mother's blood. However, a mother should not stop breastfeeding unless the level of lead in her blood is very high.

#### ***What if I need to give my baby formula?***

In most instances, it is fine to continue breastfeeding when a natural disaster occurs. If, however, you must give your baby formula, it is best to use single serving containers of ready-to-feed formula whenever possible. This is especially important if the water supply is not clean or safe to drink or if the electricity is off. Ready-to-feed formula does not need added water and it does not need to be kept in a refrigerator. Local authorities will tell you if your water supply is safe to drink or to use for cooking or bathing.

If ready-to-feed formula is not available, use bottled water to mix powdered or concentrated formula. If bottled water is not available, use boiled water. Bringing water to a rolling boil for 1 minute will kill most disease-causing organisms, but it will

not remove chemicals. If you make formula with boiled water, be sure to let it cool before giving it to your baby.

Do not use water that has been treated with iodine or chlorine tablets to prepare formula unless you do not have bottled water and cannot boil your water. Be sure to clean bottles and nipples thoroughly with bottled, boiled, or treated water before every use. Always wash your hands before preparing formula and before feeding your baby. If you do not have clean water for washing hands, use alcohol-based hand sanitizers.

#### ***Where can I find more information on specific exposures to infants through breast milk?***

OTIS has fact sheets about many exposures which include information about breastfeeding. La Leche League International provides information about breastfeeding to women affected by natural disasters ([www.llli.org](http://www.llli.org); phone: 800-525-3243). The International Lactation Consultant Association maintains a directory of individual lactation consultants who can help with breastfeeding concerns such as reduced milk supply ([www.ilca.org](http://www.ilca.org)).

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*If you have questions about the information on this fact sheet or other exposures during pregnancy, call OTIS at 1-866-626-6847.*