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BfN The Breastfeeding Network

Policy Statement on Asylum Seekers and Refugees and their babies / children

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The Breastfeeding Network

Breastfeeding Network Policy Statement on Asylum Seekers and Refugees and their babies / young children

This policy statement is a response to our concern about the separation of asylum seeking mothers from their children while they are breastfeeding.

The Breastfeeding Network is a voluntary organisation which aims to be an independent source of support and information for breastfeeding women, and those involved in their care.

Separation of children from their mothers

We believe that the key principle which should underpin the policy on the care of asylum seekers and their babies (young children) is that mothers should be able to choose to have their baby (young child) with them at all times, unless there is danger to the baby's (young child's) physical or mental health. This policy should apply both during detention and deportation. We believe that the relationship between mother and baby is fundamental to the well-being of both, and that the disruption of this relationship may do irreparable damage to both. We support the World Health Organisation's Global Strategy for Infant and Young Child Feeding which asserts that women and their young children form an 'inseparable biological unit': this should be a cornerstone of their treatment (WHO, 2003, P.3).

A child who still has little ability to communicate verbally will find a separation from his / her usual caretaker distressing. Children of asylum seekers represent a particularly vulnerable group as they may also be experiencing both language and cultural barriers. If a child is breastfeeding, and used to the closeness and comfort which this brings, s/he is likely to be extremely upset by a sudden end to the breastfeeding relationship. Even a temporary separation may have long-term psychological impact, and life-long health consequences, as well as leading to a rapid decline in the mother's milk supply.

The United Nations Convention on the Rights of the Child and The Universal Declaration of Human Rights (1948) should be the guiding principles, where separation is concerned.
Article 9, point 1 states "Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child."

Breastfed babies and children

We are very pleased to see the importance of breastfeeding being highlighted in the Government's new Green Paper; Every Child Matters, (DfES, 2003) and the Children's National Service Framework (DOH, 2003). Breastfeeding has many health benefits for babies and their mothers. It not only protects babies against respiratory and gastro-intestinal infections, ear infections, meningitis and other acute illnesses, but also gives long-term protection against atopic allergies (including eczema and asthma), early onset diabetes, some

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childhood cancers and cardio-vascular disease in later life. There is also evidence that it protects against Sudden Infant Death Syndrome. For the mother, it reduces the risk of breast cancer, ovarian cancer, anaemia and osteoporosis. Even breastfeeding for a short time benefits the baby. The Department of Health has announced that exclusive breastfeeding for the first six months of life represents the optimum infant feeding pattern, and the WHO guidance on which this recommendation is based recommends that breastfeeding should continue, with appropriate complementary foods, until two years or beyond (WHO, 2003, p7&8).

It is wrong to deny babies of women in detention this best start in life, which will protect their health both in the long and short term. Breastfeeding may be of greater importance to children who are subsequently deported. Changes to legislation ('section 9') (Home Office, 2004) which allow children of individuals whose asylum applications have been given a final refusal to be removed and taken into care may be enforced in cases where babies are breastfeeding. The consequences of disrupting breastfeeding should receive careful consideration.

Cultural practices regarding breastfeeding should also be respected and facilitated. For example, although breastfeeding toddlers and older children is uncommon in the UK, it is the norm in some cultures. Women who are not breastfeeding may be at risk of stigma in their own communities. Privacy for breastfeeding, if required, should be available in detention centres and in any hostel accommodation.

Women may require support and information on breastfeeding at any stage, not just shortly after the birth. This should be available.

Babies receiving breast milk substitutes (formula milk) and complementary food
It is important that mothers giving their babies formula milk and solid foods should have sufficient resources to buy ingredients, and access to adequate facilities to prepare food and drinks. Babies are hungry more frequently than adults and this should be taken into account when arranging access to preparation facilities. Mothers choosing to feed their children these foods may need information and support on how best to do this and on the safest methods of preparation and storage of feeds.

HIV
Women who are HIV positive may transmit HIV to their babies via breastfeeding. International research has indicated that babies who are either exclusively replacement-fed (never breastfed) or exclusively breastfed (without the use of any other liquids or solids) for the first months, are at lower risk of transmission than babies who are mixed fed (Coutsoudis, 1999). The WHO and partner agencies emphasise that 'where replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of breastfeeding by HIV positive women is recommended. Otherwise exclusive breastfeeding is recommended'. The decision as to method of feeding should be made on an *individual basis* by each mother,

taking into account her situation. UK policy is that individual mother's choices should be respected and supported.

Women who are HIV positive and are seeking asylum in the UK, may have made the choice to breastfeed in response to their situation, as exclusive breastfeeding was more feasible than exclusive formula feeding. Where the mother has already begun breastfeeding, sensitivity should be displayed. Her choice should be respected and support should be given for her to breastfeed exclusively.

If women are encouraged to formula feed *sustained* practical, financial and emotional support must be provided "ensuring that whenever breastmilk substitutes are required for social or medical reasons, for example for orphans or in the case of HIV-positive mothers, they are provided for as long as the infants concerned need them." (WHO, 2003, p19)

- Formula feeding mothers should have 24-hour access to the facilities to make up formula feeds. Babies and children have different feeding needs from those of adults and must not be expected to fit in around the restrictions placed on adults. In cases where access to formula feeds is scheduled women may feel they have no option but to mix breast and formula feeding and thereby increase the risk of passing HIV on to the child.
- There is as yet no research evidence regarding best practice for weaning the breastfed baby of a woman who is HIV positive onto complementary (solid) foods. Rapid versus gradual cessation and the timing of cessation are currently the subject of study. In the absence of such evidence, we believe sensitivity to the mother's wishes and to the effects of interventions on the child are important.

Previous legislation - Section 55

Under previous legislation women who were pregnant or with young children were exempt from having their support withdrawn under 'Section 55'. We urge the Government to reinstate this clause to protect this very vulnerable group.

General Points

- The Breastfeeding Network is a member of the Maternity Alliance and supports the recommendations of the Maternity Alliance report "A crying shame: Pregnant asylum seekers and their babies in detention".
- Staff in detention / accommodation centres should be aware of the UK law (Statutory Instrument No: 77, 1995) and of the WHO/UNICEF International Code of Marketing of Breast Milk Substitutes (1981) and subsequent World Health Assembly Resolutions, which ensure that any information provided to mothers should not promote breast milk substitutes such as infant formula. The World Health Organisation point out that "uncon-

trolled distribution of breast-milk substitutes, for example in refugee settings, can lead to early and unnecessary cessation of breastfeeding." (WHO, 2003, p11)

- Throughout the asylum process the need for childcare for women seeking asylum has been called for (Asylum Aid, 2003). In arranging childcare, women need to be asked if they are breastfeeding and arrangements made to ensure that the breastfeeding needs of the baby or child are met.

Appendix 1

United Nations Convention on the Rights of the Child 1989; Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
http://www.unicef.org/crc/fulltext.htm

Appendix 2

Universal Declaration of Human Rights 1948

Article 16. (3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

Article 25. (1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.
http://www.un.org/Overview/rights.html

References

Asylum Aid, (2003), ***Women asylum seekers in the UK: A gender perspective some facts and figures, Refugee Women's Resource Project,*** Asylum Aid, February 2003

http://www.asylumaid.org.uk/New%20RWRP/RWRP%20Publications/RWRP%20Women%20asylum%20seekers%20Feb%2003.doc

Coutsoudis A, Pillay K, Spooner E, Kuhn L, Coovadia HM, (1999), ***Influence of infant-feeding patterns on early mother-to-child transmission of HIV-1 in Durban, South Africa: a prospective cohort study***. *Lancet*; 354: 471-47

Department for Education and Skills (DfES), ***Green Paper; Every Child Matters***, The Stationary Office, September 2003
http://www.rcu.gov.uk/articles/news/everychildmatters.pdf

Department of Health (DOH, 2003) ***Getting the right start: The National Service Framework for Children, Young People and Maternity Services.***
http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/ChildrenServicesInformationArticle/fs/en?CONTENT_ID=4089111&chk=U8Ecln

Home Office, (2004) ***Failed Asylum Seekers: Withdrawal of Support – Paragraph 7A of schedule 3 to the Nationality, Immigration and Asylum Act 2002 (as inserted by Section 9 Asylum and Immigration (Treatment of Claimants, Etc.) Act 2004***
http://www.ind.homeoffice.gov.uk/ind/en/home/applying/asylum_applications.Maincontent.0002.file.tmp/Instruction to caseworkers final 15 Nov 04.pdf

Statutory Instrument 1995 No. 77, ***The Infant Formula and Follow-on Formula Regulations 1995*****,** Crown Copyright
http://www.opsi.gov.uk/si/si1995/Uksi_19950077_en_1.htm

World Health Organisation / UNICEF, (2003) ***Global strategy for infant and young child feeding***, http://www.who.int/child-adolescent-health/publications/NUTRITION/IYCF_GS.htm

World Health Organisation / UNICEF, (1981) ***International Code of marketing of breastmilk substitutes***, Geneva: World Health Organization
http://www.who.int/nut/documents/code_english.PDF