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## Infant formula in Iraq: part of the problem and not a simple solution

Mohamad Haidar and colleagues (December, 2017)<sup>1</sup> describe challenges in the management of nutritionally vulnerable infants in Iraq. They highlight the consumption of infant formula and inappropriate alternatives by malnourished infants and note that mothers report breastfeeding difficulties. They suggest that infant formula be distributed more widely as part of the emergency response. We are concerned that it was not emphasised that infant formula distributions must be carefully targeted, that the requirements for supporting infant formula feeding go well beyond just the supply, and that the usefulness of providing support for breastfeeding was not discussed.

International guidance advises that infant formula should be supplied where there is a demonstrated need, accompanied by a commitment to deliver or secure a package of care, including water, sanitation, feeding equipment, and fuel (for safe preparation of infant formula—ie, cleaning, sterilisation, and reconstitution), as well as access to health care and growth monitoring.<sup>2</sup> Only where supply is tightly targeted and supported in this way are distributions of benefit, given that indiscriminate distributions of infant formula increase rates of formula feeding, infectious disease, and malnutrition.<sup>3,4</sup>

Where women lack confidence in their ability to breastfeed or are malnourished, the provision of nutritional, psychosocial, and breastfeeding support benefits their wellbeing and can improve infant nutritional status. It is important that women who believe that their milk is insufficient receive proper assessment and support so that appropriate intervention can be provided. Although specialist infant feeding and mental health experts

are often in short supply in conflict situations, lay health workers have been found to be able to provide effective psychological interventions in conflict-affected settings.<sup>5</sup> Where mixed feeding is common, as in Iraq, sensitive, context-specific feeding counselling is needed to enable a mother to take informed infant feeding decisions.

Providing both breastfeeding and artificial feeding support is challenging and not easily reflected in a simple medical protocol. Regarding the use of infant formula in emergencies, it is crucial to deliver a minimum package of care and supplies for as long as is needed (at least until the infant reaches the age of 6 months); otherwise, at best we do a disservice to those most vulnerable, and at worst, we risk doing much harm as well as good.

We declare no competing interests.

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