**CARE International**

**Emergencies: Calculating the number of pregnant and breastfeeding women**

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In emergencies, pregnant and breastfeeding women can be at particular risk of food shortages, lack of access to health care or shelter, or exposure to unhygienic practices. Calculating the number of pregnant and breastfeeding women and issuing a press release about the risk to them is a simple way of moving the news story forward; highlighting an often neglected population sector at risk and what CARE is doing about it; and profiling CARE’s work as having a focus on women and girls in emergencies.

There are two ways to determine the number of pregnant women, breastfeeding women, and newborns for the crisis- affected population. These have been approved as appropriate by the CARE USA SMRH in Emergencies Advisor and the CEG Gender in Emergencies Advisor.

1. **If specific data exists:** Contact UNFPA or WHO to see if there is an accurate or estimated number of pregnant women and breastfeeding women for the crisis- affected population. If yes, use this data.
2. **If specific data does not exist:** If specific, verified data **does not exist** (and it probably won’t if it’s a rapid onset emergency), use the following steps to calculate the number of pregnant women and breastfeeding mothers.
   1. Determine the crude birth rate per 1,000 for the affected country from the [World Bank](http://databank.worldbank.org/data/home.aspx) or [UNFPA](http://unfpa.org/webdav/site/global/shared/documents/publications/2010/countryprofiles_2010_en.pdf). If you are unable to find the specific crude birth rate for that country, UNHCR recommends to use a crude birth rate of 45 to estimate the number of expected new pregnancies per year out of the total population.
   2. Using the table[[1]](#footnote-1) below, match the crude birth rate to the appropriate column. If your crude birth rate is between columns, round to the nearest column (i.e. if your crude birth rate is 39, use the 35 column. If it is 43, use the 45 column. If it is 40, use the 45 column.). The table will tell you the numbers for a population of 100,000.

**EXAMPLE: SOMALIA – crude birth rate is 44 per 1,000 population. We will therefore use the column that shows a birth rate of 45. If total population is 100,000, there will be:**

* + - * Births per month (b): 375
      * Number of pregnant women in a given month (e): 3,600
      * Number of currently breastfeeding women (number of births per month(b) \*6 months[[2]](#footnote-2))= 2250

**Therefore, if you have a population of 500,000 people suffering from a food crisis, you would times the above by five, and you would estimate that:**

* Births per month: (375\*5) = 1,875
* Number of pregnant women in a given month: (3600\*5) = 18,000
* Estimated number of currently breastfeeding women: (2250\*5) = 11,250
  1. Prepare your numbers and submit to the CEG Gender in Emergencies Advisor (or designate) for review and approval. This is critical to ensure you have calculated the figures properly.
  2. Prepare your press release.

**EXAMPLE:**

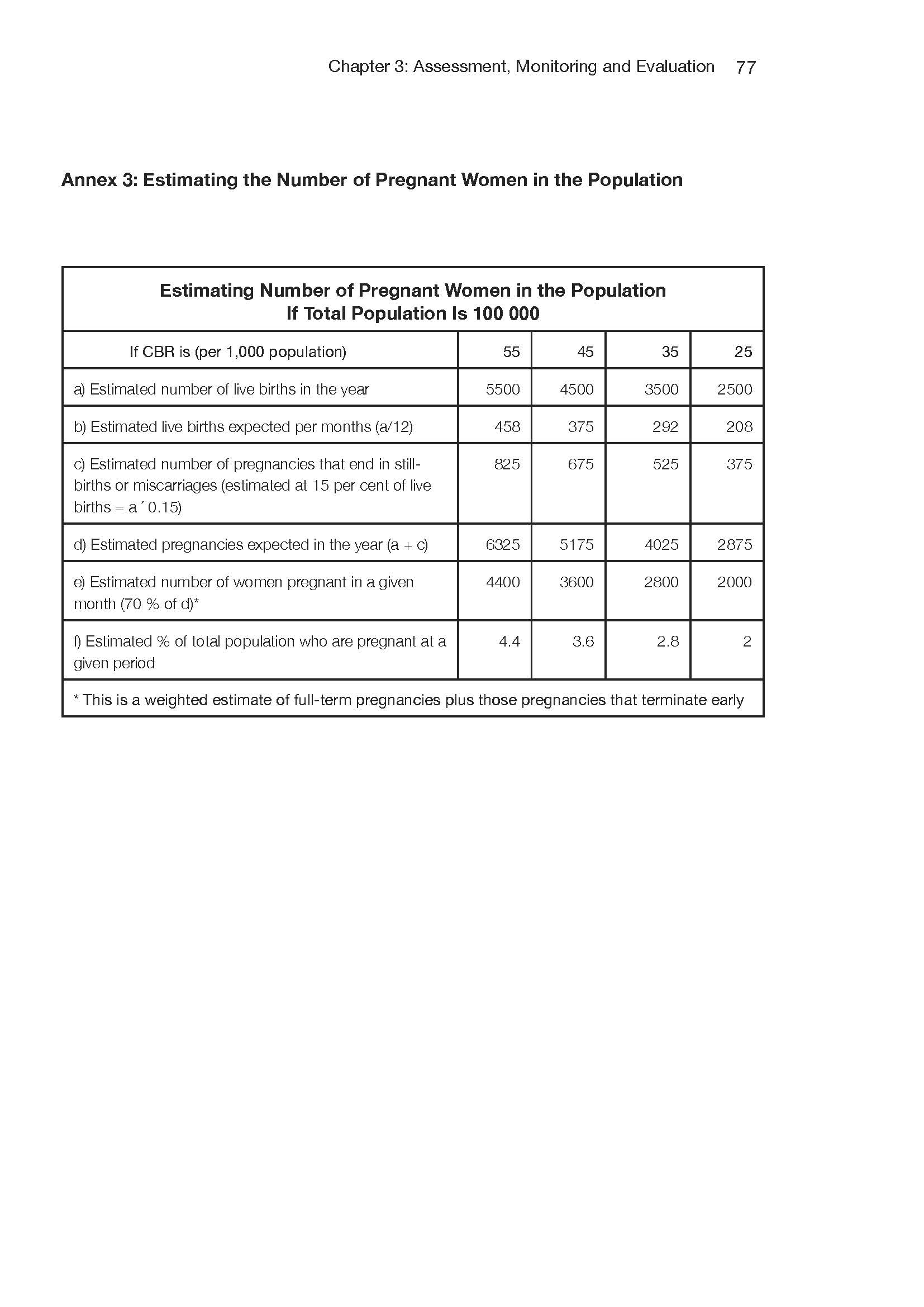
**CARE warns 30,000 pregnant and breastfeeding mothers at risk in Somalia**

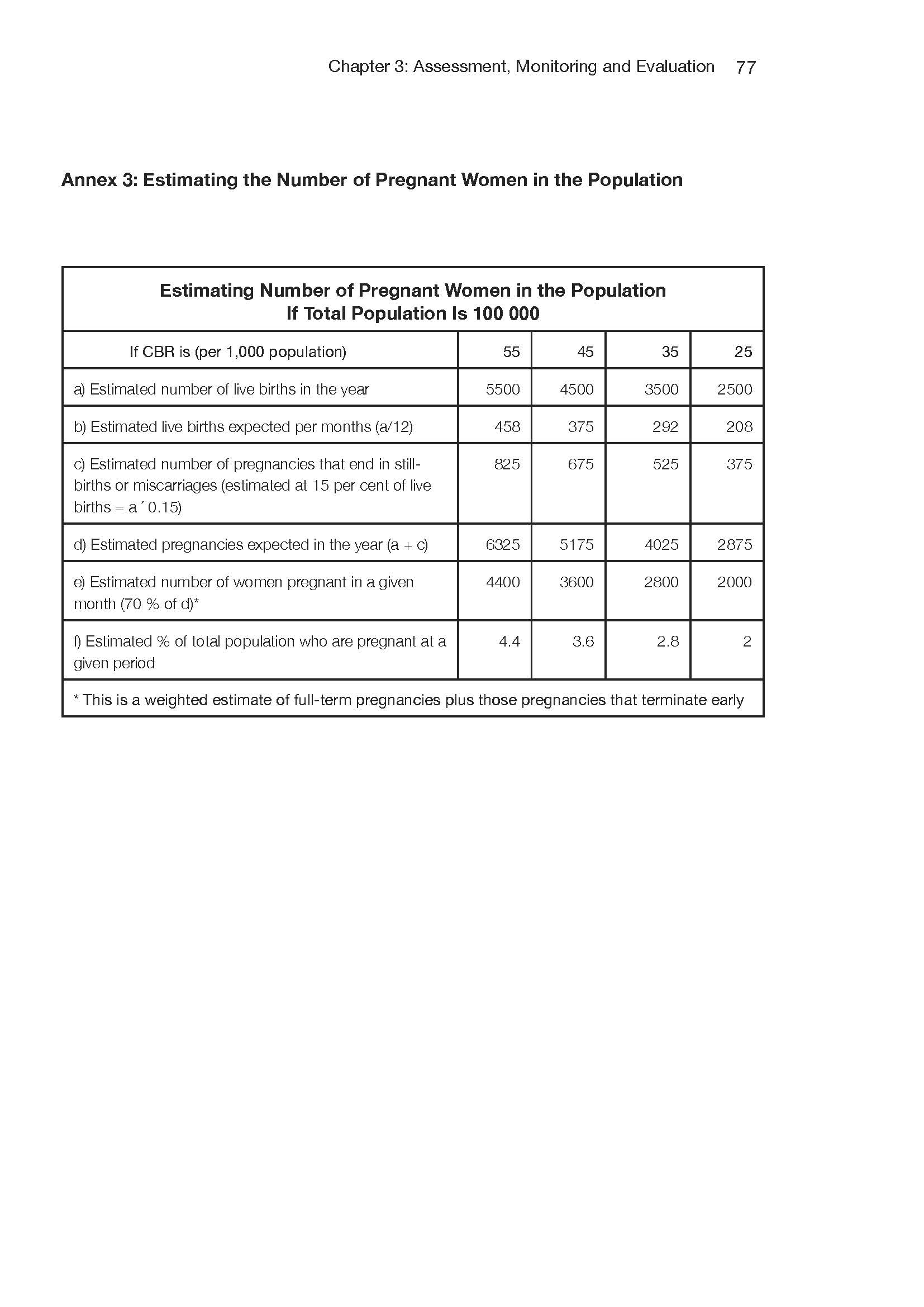
(DATE, Location) – As the food crisis in Somalia worsens, CARE warns that approximately 30,000 pregnant and breastfeeding women in Somalia are at risk of malnutrition and complications during pregnancy due to the devastating food shortages. It’s expected that 1,875 women will give birth this month alone…

* 1. When you share your press release with CI, include the following explanation:

*The estimates in this press release were calculated using statistics from the* [*Inter-agency Field Manual on Reproductive Health in Humanitarian Settings: 2010*](http://www.iawg.net/resources/field_manual.html#download)*, and the crude birth rate data from <Source, i.e. UNFPA or World Bank or UNHCR>. While these are not precise figures, in the absence of updated data for the affected population, they are considered accurate indications of the number of pregnant and breastfeeding women in the current emergency.*

**TABLE: Estimating the Number of Pregnant Women in the Population**



*SOURCE:* [*Inter-agency Field Manual on Reproductive Health in Humanitarian Settings: 2010*](http://www.iawg.net/resources/field_manual.html#download)

**ANNEX 1: Example of a press release using affected pregnant women and breastfeeding mothers as a news hook**

**Horn of Africa: CARE urges for more assistance to pregnant women and breastfeeding mothers**

*Malnutrition early in a child’s life can have a lasting impact on health and development*

**(Nairobi, August 18, 2011)** CARE International, a leading humanitarian organization, urges donors to increase assistance for pregnant women and lactating mothers in the drought-stricken Horn of Africa. Of the more than 12 million people currently needing humanitarian assistance in Ethiopia, Kenya, Somalia and Djibouti, an estimated 360,000 women are pregnant. One in five women of reproductive age in Somalia is acutely malnourished, compromising a mother’s own health during pregnancy and contributing to the high prevalence of low birth weight of children.

Malnutrition during pregnancy and the first two years of a child’s life can have very negative lasting impact on the child’s future health and development. “Children deprived of good nutrition during the first 1000 days of life often have stunted growth, poor cognitive development and low immunity to disease”, says Barbara Jackson, CARE’s Humanitarian Director. “The first two years of a child’s life are incredibly important for their mental and physical development. We must ensure that we act during this window of opportunity so that all children have access to food and care that will prevent permanent mental and physical damage to their bodies and future growth potential and development.”

In many areas of the Horn of Africa, malnutrition is a chronic condition and levels of severe and moderate malnourishment are exacerbated by the current drought. Estimates from before the current crisis show that about 35% of children under five in Kenya and 47% in Ethiopia are stunted, as a result of chronic malnutrition. “This is a case where we have two or more generations malnourished, trapped in a cycle of hunger. The current drought severely worsens the situation, and without strong interventions by the international community, thousands of children will miss out on what should be normal, every day opportunities for their entire existence because they did not receive adequate nutrition at the right time in their young lives ” says Jackson. More than a third of deaths of children under age five can be attributed to maternal and child undernutrition.

In Ethiopia, CARE distributes therapeutic food in government-run health centers to stabilize the conditions of severely malnourished children. Pregnant women and lactating mothers also receive additional food during CARE’s food distributions. However, long-term solutions to break the cycle of chronic hunger and prevent children and mothers from malnourishment are needed as much as emergency relief. “Preventing malnutrition is much cheaper than scaling up emergency response”, says Barbara Jackson. “During the food crisis in Niger in 2005, it would have cost 1 US Dollar a day to prevent malnutrition among children if the world had responded immediately. By July 2005, it was costing 80 US Dollar to save a malnourished child’s life.”

The best way to ensure that children receive adequate nutrition early in life is through exclusive breastfeeding from birth to six months, with the introduction of appropriate complementary feeding at six months. An estimated 86,000 lactating women in the Horn of Africa are anticipated to be acutely malnourished due to the current drought. They must be provided with food to protect and rebuild their own body stores of nutrients. In addition, mothers may require emotional support to build confidence in their abilities to nourish their infants, designated private space for breastfeeding, for example in refugee camps, as well as practical, skilled help to address any breastfeeding difficulties they may experience. By breastfeeding mothers provide their infants and young children with food that is both safer and of higher nutritional value than other relief commodities. Additionally, breastmilk provides the child with important agents that protect against disease, an essential need in an emergency setting. “Focused efforts to restore the nutritional status of pregnant and lactating women and support women to successfully breastfeed their children are life-saving interventions we must not neglect during emergencies”, Jackson urges.

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1. Source: IAWG field manual, chapter 3 [↑](#footnote-ref-1)
2. The WHO recommends exclusive breastfeeding for the first six months of a child’s life. The number of breastfeeding women is therefore calculated based on the assumption that children under the age of six months are being breastfed. [↑](#footnote-ref-2)