



Joint Statement Infant and Young Child Feeding in Emergencies (IYCF-E) in the U.S.

May 2022 | Context of Infant Formula Shortage & Ongoing Pandemic

The below signatories of the **U.S. Breastfeeding Committee - Affiliated COVID-19 Infant & Young Child Feeding in Emergencies Constellation** call for **ALL** involved in disaster relief and emergency response to equitably protect, promote, and support infant and young child food safety and security.

The active support and coordination between federal, state and local governments, the commercial milk formula industry, lactation support providers, and all other relevant actors involved in response to emergencies are critical to ensure optimal infant and young child feeding practices, which are necessary to healthy child growth and development and preventing malnutrition, illness, and death.

We are issuing this joint statement to secure immediate, coordinated, multi-sectoral action on infant and young child feeding (IYCF) in line with adopted IYCF guidance in the United States.

Children from birth up to two years are particularly vulnerable to malnutrition, illness, and death. Globally recommended IYCF practices protect the health and wellbeing of children and are especially relevant in emergencies. **Recommended practices**¹ include:

- 1) **Early initiation of breastfeeding** (within 1 hour of birth);
- 2) **Exclusive breastfeeding** for the first 6 months (no food or liquid other than human milk, not even water unless medically indicated);
- 3) Introduction of age-appropriate, safe and nutritionally adequate **complementary feeding** from 6 months of age; and
- 4) **Continued breastfeeding** for 2 years and beyond.

Particular concerns regarding **the negative impact of disasters and emergencies on infant and young child feeding during the COVID-19 pandemic and beyond** include:

- **Deepening of structural inequities** among historically oppressed and marginalized groups, including Black, Indigenous, Latine, Asian, Native Hawaiian and Pacific Islander, and many immigrant and refugee populations, who are all disproportionately affected by systemic racism, obstetric violence, and maternal and infant morbidity and mortality. Pregnant and lactating populations, infants, and young children within these groups are more negatively affected by disasters and emergencies;
- **Implementation of healthcare policies and practices that disrupt lactation**, including but not limited to, physically separating infants from their birthing parent immediately postpartum and failing to provide adequate lactation support in hospitals and post-discharge;
- **Chronic underfunding of public health systems**, including a lack of investment in the perinatal public health workforce, home visiting programs, and local, state, and federal public health infrastructure;
- **Decreased access to critical healthcare and IYCF support** services and the designation of lactation services as non-essential healthcare which creates barriers to the integration of lactation and infant feeding care during emergency situations;
- **Concerns about the supply chain of commercial infant formula**, including increased demand for infant formula, public panic regarding scarcity of formula resulting in needs of formula dependent infants not being met, poorly coordinated formula procurement and distribution to families in need, and unethical marketing of infant formula that disproportionately targets low-income families and families of color;

- **Loss of social support** during pregnancy, birth, and lactation due to the disruption of public health, medical, and nutrition services or displacement that accompany disasters and emergencies;
- **Poor integration of perinatal mental health and psychosocial support** with perinatal and postpartum healthcare or IYCF services;
- **Disruption in the availability, accessibility, and acceptability of pasteurized donor human milk** in postpartum and neonatal units, which disproportionately affects historically marginalized communities with the highest rates of preterm birth and associated morbidity and mortality;
- **Decreased healthcare and IYCF support services for populations with accessibility needs** (e.g., families with limited English fluency; persons with disabilities; households lacking technologies required to use virtual/telehealth services);
- **Disruption in access to emergency perinatal healthcare and IYCF support** services for structurally marginalized populations (e.g., homeless; incarcerated; persons living with HIV/AIDS; LGBTQ+; persons with substance use disorders);
- **The inability to implement** recommended COVID-19 infection prevention and control measures during IYCF due to lack of personal protective equipment (PPE);
- **Poor knowledge application or awareness by healthcare providers, health care professional organizations, and IYCF support persons** that, based on the best evidence and current science, SARS-CoV-2 is not passed through human milk²;
- **Misconceptions among health care providers, public health practitioners, and parents that stress and trauma negatively impacts the quality of milk or the physiology of milk production.** This misconception contributes to early weaning, unnecessary formula supplementation, and disrupted lactation;
- **Compromised access to markets and fresh produce** which can lead to over-reliance on highly processed foods, which may be calorie-dense but nutrient-poor, are inappropriate for the healthy growth and development of infants and young children, and do not meet nutritional needs during pregnancy and lactation.
- **Lack of integration of early childhood education (ECE) programs into disaster relief and emergency response** creating significant gaps in the continuity of IYCF support in the community.

Calls for Action

In line with the Infant and Young Child Feeding in the Context of COVID-19 Brief³ and with consideration of the above, **the joint signatories of this statement call on ALL agencies involved in disaster relief and emergency response to ensure support to policies, programs, and initiatives aimed at protecting, promoting and supporting recommended IYCF practices:**

1. **Prioritize and identify the needs of pregnant and lactating individuals early in the response and provide adequate protection and support in line with recommended feeding practices for IYCF in disasters, emergencies, and formula shortages.** Ensure that infants are provided with access to a full spectrum of postpartum lactation healthcare services to minimally include skin-to-skin contact and the opportunity to feed at breast/chest while applying the necessary hygiene precautions. Avoid practices and non-evidence-based interventions that separate infants and parents or otherwise disrupt lactation.⁴ Support equitable access to pasteurized donor human milk, when available, to maintain exclusive human milk feeding of newborns.⁵ Ensure that a system is in place to provide continuity of quality, appropriate, and accessible follow-up

² <https://www.who.int/publications/i/item/10665332639>

³ UNICEF, GTAM, GNC. March 30th, 2020. Infant and Young Child Feeding in the Context of COVID-19. Brief No. 2 (v1) https://mcusercontent.com/fb1d9aab6c823bef179830e9/files/ffa9cdc1-17de-4829-9712-16abe85c2808/IYCF_Programming_in_the_context_of_COVID_19_30_March_2020.pdf

⁴ Tomori, C., et al. (2020). When separation is not the answer: Breastfeeding mothers and infants affected by COVID-19. *Maternal & Child Nutrition*, 16(4), e13033.

⁵ American Academy of Pediatrics. (2020). *Infant Feeding in Disasters and Emergencies*. Retrieved from <https://downloads.aap.org/AAP/PDF/DisasterFactSheet6-2020.pdf>

postpartum care and skilled lactation support before hospital discharge, especially for families with limited resources. Advocate that skilled lactation support in healthcare facilities and community settings are considered essential. Support integration of lactation service providers into comprehensive postpartum and pediatric response.

- 2. Protect and meet the needs of infants and young children who are formula-fed while minimizing the risks associated with formula feeding in emergencies.** Infants who rely on infant formula should be urgently identified, assessed, and prioritized to receive a package of essential support. Establish a network of coordinated IYCF response to meet the needs of formula-dependent infants. Ensure that best practices for assessment of need, procurement, and distribution of formula and other infant feeding supplies get integrated into IYCF response policies, programs, and activities.⁶ Ensure that IYCF coordinating agencies and the organizations they support are provided with the necessary funding, training, and programming support to ensure timely, ethical, and quality support for safer formula feeding during emergency response. This response may include, but is not limited to: responsible purchase and distribution of formula, infant feeding supplies (i.e., bottles, nipples, pumps), and hygiene-related materials (e.g., dishwashing detergent, bleach, and bottle brushes) based on an assessment of need; a sustained infant feeding package for the duration of the emergency response; parent/caregiver education about recommended formula preparation and feeding hygiene practices; promoting continuity of pediatric care (e.g., well-visits and vaccinations) and social services (e.g., mental health and psychosocial support; early care education); promoting continuity of postpartum follow-up care. If possible and parents are willing, provide counseling and skilled support for the re-establishment of lactation (“relactation”) and gradual reduction of supplementation with formula.
- 3. Advocate that organizations supporting IYCF in disaster relief and emergency response align policies, programs, and practices with the International Marketing of Breastmilk Substitutes (WHO Code)** to minimize unethical marketing of formula to vulnerable families during emergencies.
- 4. Provide Emergency Perinatal Training for all state and local staff responsible for emergency preparedness and response.** Ensure emergency shelters have supportive policies and enabling environments for breast/chestfeeding including the provision of lactation accommodations and keeping lactating parent-baby together at all times and establish a team of infant feeding responders to report to sheltering sites and provide lactation support.⁷
- 5. Provide emergency funding to assist care providers across the perinatal-postpartum-newborn care continuum, including community lactation support providers, in acquiring PPE** for situations that require hands-on assessment and care.
- 6. Ensure that pregnant and lactating individuals have access to food, clean water, protection, psychosocial support, and other interventions to meet essential needs.** Consider innovative approaches for remote support in the context of perinatal/postpartum isolation, social distancing, displacement, and sheltering. Share innovative approaches for remote support to assist providers to help parents access essential needs.
- 7. Ensure the accessibility and availability and continuity of nutritious, fresh food, and essential staples** at affordable prices for children and their families. Where there are identified shortfalls in local access to and availability of nutrient-dense foods, facilitate access to age-appropriate and safe, complementary foods for infants and young children (e.g., state or national coordination of WIC services). Families should receive support on what, when, and how to feed young children to empower caregivers to implement and manage a healthy diet that includes intake of safe and palatable drinking water for their young children.

⁶ Operational Guidance on Infant Feeding in Emergencies (OG-IFE) version 3.0. www.enonline.net/operationalguidance-v3-2017

⁷ Ernst et al. (2020). Building a policy: Ten steps to a breastfeeding-friendly shelter. *Journal of Human Lactation*, 36(4), 795–802

8. **Ensure that human milk donations, community milk sharing, and the ethical and equitable distribution of pasteurized donor human milk** are part of integrated newborn care and postpartum lactation support disaster relief and emergency response.⁸
9. **Ensure that organizations positioned to provide culturally appropriate, accessible, and quality trauma-informed IYCF services** to racially, culturally, and geographically diverse communities and that families in high-risk and low-service areas are integrated into care continuity systems so that they can provide timely and responsive care at the community level.
10. **Partner with and develop MOUs/MOAs with organizations that are led by and service racially, culturally, and geographically diverse communities to facilitate the provision of IYCF services to families with infants and young children at high risk for lactation challenges;** these risks may include, but are not limited to: preterm and low birth weight infants; infants under 6 months of age; children with disabilities or special feeding needs; HIV exposed infants; substance-exposed infants; orphaned infants; infants of an incarcerated mother/birthing parent; infants of parents who are traumatized; infants of mother/birthing parent who are impacted by maternal mortality and morbidity; all instances where children are separated from their parents/caregivers in the maternity care setting; military families. Ensure that these organizations are integrated into a comprehensive referral network of medical, health, and social services and that they are equitably compensated for the services they provide.
11. **Provide opportunities for continuing education and training of lactation support providers** that are grounded in the global guidance and current evidence-based practices for recommended IYCF in emergencies, and that they have equitable access to technical assistance and emergent guidance to adapt best practices to context.
12. **Integrate recommended policies and practices for IYCF Early Care and Education (ECE) programs,** national standards (*Caring for our Children*), and professional education tracks for ECE. Establish IYCF as a mandatory topic for health and safety training requirements through the Child Care Development Block Grant (CCDBG) Act of 2014 in all states. Ensure ECE professionals have educational and training opportunities to build skills that support recommended IYCF. Establish national health and safety guidelines for on-site breastfeeding in child care settings for families and child care program staff.
13. **Ensure equitable emergency access and accessibility to remote, virtual, and telehealth services for all families with members who have recently given birth and who are caring for infants and young children.** This entails expanding the coverage of remote health services and supporting the provision of technologies and devices required to access such services to families in need.
14. **Advocate for universal health care to all people affected by disasters and emergencies regardless of the ability to pay, insurance type, or immigration status to achieve the aforementioned actions.** Universal health care is needed to ensure that the aforementioned actions are equitably achieved and that the human rights, health, and well-being of all pregnant people, birthing parents, infants, and their caregivers is protected.

COVID-19 Infant and Young Child Feeding Constellation Signatory Organizations:

1,000 Days	Appalachian Breastfeeding Network
Academy of Nutrition and Dietetics	Association of State Public Health Nutritionists
Alabama Breastfeeding Committee	Baby-Friendly USA, Inc.
Alaska Breastfeeding Coalition	Birthmark Doula Collective
Alimentación Segura Infantil	Black Mothers Breastfeeding Association
American Academy of Family Physicians	Breastfeeding USA
American Academy of Nursing	BreastfeedLA
American Breastfeeding Institute	California Breastfeeding Coalition
American Public Health Association	Carolina Global Breastfeeding Institute

⁸ Why donor human milk is an essential need during COVID-19. Available at: <https://www.hmbana.org/news/why-donor-human-milk-is-an-essential-need-during-covid-19.html>

Centers for Disease Control and Prevention
Center for Health Equity, Education, and Research
Centro Pediátrico de lactancia y crianza
Coalition of Oklahoma Breastfeeding Advocates
Connecticut Breastfeeding Coalition
Cuenta Conmigo Lactancia
HealthConnect One
Healthy Children Project, Inc.
Human Milk Banking Association of North America
Indigenous Breastfeeding Counselor
International Board of Lactation Consultant
Examiners
Jefferson County Public Health
Kentuckiana Lactation Improvement Coalition
Lactation Education Resources
La Leche League Alliance
La Leche League USA

Maryland Breastfeeding Coalition
Mom2Mom Global
MomsRising
Montana State Breastfeeding Coalition
National Association of City and County Health
Officials
National Association of Professional and Peer
Lactation Supporters of Color
Ohio Breastfeeding Alliance
Reaching Our Sisters Everywhere
Southeast Michigan IBCLCs of Color
Tarrant County Breastfeeding Coalition
United States Lactation Consultant Association
Wisconsin Breastfeeding Coalition
Women-Inspired Systems' Enrichment
U.S. Breastfeeding Committee