Infant and Young Child Feeding in Emergencies: Community Preparedness Systems to Keep Babies Safe

November 1, 2023
Acknowledgement & Disclosures

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Agenda

Collective Impact and Infant and Young Child Feeding in Emergencies Constellation
Camille Abbe
U.S. Breastfeeding Committee

What does emergency preparedness look like for families with babies in the United States?
Jennifer Russell, MSN, RN, IBCLC, NHDP-BC, CHEP

CDC’s Infant and Young Child Feeding In Emergencies (IYCF-E) Toolkit
Lauren O’Connor, MPH, CLC

Collaborating to Integrate MCH Considerations into Emergency Preparedness Planning
Harpur Schwartz, MSPH, CHES, CLC
National Association of County and City Health Officials

Story from the Field: Jefferson County’s IYCF-E evolution: from local to a statewide initiative
Allison Wilson, MPH, CLC
Jefferson County Public Health
Learning Objectives

1- Demonstrate one tool for incorporating IYCF-E trainings in preparedness
2- List at least two considerations when including maternal child populations in municipal preparedness plans
3- Identify at least two key partnerships in starting or expanding IYCF-E in their community
Continuing Education information

• By watching this live session or the recording*, you are eligible to receive:

  1.5 CPEUs
  1.5 CERPs

Link to post-test will be shared at the end of this webinar

* This webinar is being recorded. Recording link will be shared by next week with all registrants
IYCF-E in the U.S.

A look at USBC’s collective impact work and the IYCF-E Constellation background.
- Engage stakeholders in a Collective Impact model with a DEI commitment
- Provide resources and capacity-building assistance to the First Food field
- Convene topic-specific work groups called Constellations for policy & system change
- Be the national collective voice for policies that protect, promote, and support breastfeeding / human milk feeding
Environmental Conditions at the U.S. Federal Level

- U.S. has **not signed onto** the Code or WHA Resolutions
- U.S. **does not regulate** the commercial milk formula industry
- U.S. has **not deeply invested** in a Public Health Infrastructure supportive of families with young children or IYCF-E
A Brief History of the COVID-19 IYCF-E Constellation

- Early 2020 in the face of the Covid-19 global pandemic, the USBC:
  - Released two iterations of *Voices from the Field* Story Collectors
  - Published Breastfeeding in Emergencies Resources webpage
  - Identified areas of concern by the Lactation Support Professionals Constellation
  - Identified the assets, needs, goals, and engagement levels of membership organizations
- Stewards: Amelia Psmythe Seger and Dr. Aunchalee Palmquist convened the first C-19 IYCF-E Constellation meeting
...and then came 2022

- Joint Statement on IYCFE in the Context of the Infant Formula Crisis and Ongoing Covid-19 Pandemic released
- Organizational sign on letter supporting the DEMAND Act
- USBC published a Comprehensive Policy Solutions to Address the Infant Formula Shortage Fact Sheet and Formula Recall and Shortage Resource webpage
- 4 Pillars of Infant Nutrition Security blog published
Throughout 2020-2021

- CDC IYCF-E Toolkit development support
- Continued to educate ourselves
- CDC representatives came to constellation meetings to learn and connect with us
A Call to Action: Policy Solutions For Infant Nutrition Security

- Access to Donor Milk
- Formal Plan for IYCF-E that includes lactation support & supplies
- National Paid Family & Medical Leave
- Funding Investments
- Code and World Health Assembly Resolutions
- Maternity Care Practices that support breastfeeding
WHAT DOES EMERGENCY PREPAREDNESS LOOK LIKE FOR FAMILIES WITH BABIES?

THE STATE OF IYCF-E PREPAREDNESS IN THE UNITED STATES.

JENNIFER RUSSELL, MSN, RN, IBCLC, NHDP-BC, CHEP
In the U.S., 42 recorded environmental disasters resulted in losses exceeding $1 billion in 2020 and 2021 (NCEI, 2022).

Estimated cost of damages from weather and climate disasters in the U.S. from 1980 to 2021 was approximately $2.155 trillion. Over 1/3 of these events occurred over the last five years, totaling $742.1 billion. (The National Oceanic and Atmospheric Administration (2021))

Natural disasters present a significant and growing threat to the well-being of children. Every year, 175 million children globally are expected to be affected by natural disasters, including floods, cyclones, droughts, heatwaves, severe storms, and earthquakes.

Poorly organized disaster response has significant negative impacts on breastfeeding. Mothers are more likely to wean early from breastfeeding during disasters. Exclusive breastfeeding dropped from 64% to 36% during the Fort McMurray wildfires.
BREASTFEEDING IS THE SAFEST FEEDING METHOD DURING DISASTERS

• Nearly 95% of infant and child deaths in emergencies result from diarrhea due to contaminated water and an unsanitary environment.

• Infant formula has been linked to an increase in infant disease and death: it can also be contaminated and requires clean water and fuel to sterilize formula, bottles, and nipples. Lack of electricity also can make it difficult to preserve formula.

• Human milk contains antibodies that fight infection, including diarrhea and respiratory infections common among infants in emergency situations.

• Mothers can keep their babies warm with skin-to-skin contact to prevent hypothermia.

• Breastfeeding support facilitates breastfeeding.

Breastfeeding In Emergencies (usbreastfeeding.org)

Images from: https://www.cdc.gov/reproductivehealth/emergency/safety-messages.htm
RESPONSE REQUESTS FOR ASSISTANCE

Disaster Event

First Responders arrive

Local Agencies Respond to Assist

Activate Emergency Operations Center (EOC)

Activate Emergency Support Functions (ESF)

County Requests State Assistance

FEMA Reviews and recommends President to sign Federal Disaster Declaration

Debris removal, emergency protective measures, roads and bridges repair, water control, buildings and equipment, utilities, parks, recreational, and other facilities

Individual Assistance (IA) Available for citizens

Individuals and Household Programs, Crisis Counseling Program, Disaster Case Management, Unemployment Assistance, Legal Services, and Supplemental Nutrition Assistance Programs

Critical Needs Assistance including financial (reimbursement) assistance for people with access and functional needs. Includes breastfeeding supplies and support Must have a providers order

State Appeals to Federal Government (Federal Emergency Management Agency (FEMA) and Department of Health and Human Services (HHS)) when State threshold is met

State Emergency Management Agency implements Emergency Management Assistance Compact (EMAC) or similar on behalf of the governor

State Resources Authorized to conduct initial damage assessments

Public Assistance (PA) Available for local governments

https://www.emacweb.org/
Breastfeeding Supplies and Support reimbursement is obtained through the critical needs assistance under the other needs assistance with the Individuals and Households Program.
THE PROBLEM FOR FAMILIES WITH BABIES DURING EMERGENCIES

- Often overlooked not listed as a priority in emergency plans
- Families may require temporary housing in an evacuation shelter. Emergency personnel are often unaware of resources needed to support babies.
- Families may not have a preparedness plan until a disaster strikes
- FEMA does not include breastfeeding supplies in the Commonly Used Sheltering Items (CUSI) Catalog (2022) and Critical Needs Assistance plans. However, this was recently included on their website (FEMA, 2023).

https://www.fema.gov/assistance/individual/housing
Common challenges to successful feeding infant and young children during natural disasters:

Violations of the International Code of Breast Milk Substitutes (The Code):

- Uncoordinated and unsolicited distribution of breastmilk substitutes
  - Poor coordination and allocation of resources
  - Donated items quickly gone
- Inappropriate mixing of formula
- Sudden change in formula
- Contaminated water
- Use of powdered formula
- Increased maternal and infant stress

Poor communication

- Responders’ knowledge or willingness to follow guidelines
PRESENTATIONS


POSTER PRESENTATIONS


RESEARCH AND PRACTICE HIGHLIGHTS

PUBLICATIONS
<table>
<thead>
<tr>
<th>Audience feedback from presentations to IYCF-E stakeholders</th>
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<tbody>
<tr>
<td>It’s an ESF-6 (Mass Care – Sheltering and Feeding) problem</td>
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<tr>
<td>It’s an ESF-8 (Health and Medical) problem</td>
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<tr>
<td>My patients may experience a disaster?</td>
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<tr>
<td>My clients might be breastfeeding?</td>
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<tr>
<td>Volunteers can distribute disaster kits</td>
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<tr>
<td>Volunteers can distribute formula</td>
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<tr>
<td>Emergency management should make plans</td>
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<td>Lactation providers should make plans</td>
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<tr>
<td>Parents just do their own thing to get ready for disasters.</td>
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<tr>
<td>Parents just do their own thing to breastfeed their babies.</td>
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<tr>
<td>We provide disaster support, but it may not be immediate.</td>
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<tr>
<td>We provide breastfeeding support, but it may not be immediate.</td>
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<tr>
<td>We can get disaster supplies from the local store.</td>
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<tr>
<td>We can get breastfeeding supplies from the local store.</td>
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<tr>
<td>Call a disaster organization for help</td>
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<tr>
<td>Call a doctor for help.</td>
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Challenges With Pediatric Mass Care Feeding

Developed after a presentation to emergency managers
Co-authored with Mike Prasad, Chair of the Children in Disasters Caucus of the International Association of Emergency Managers
Addresses available resources and disconnect between emergency management and public health with regards to IYCF-E.
WHAT IS INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES (IYCF-E)?

- Promotion and prioritization of safe and appropriate feeding for infants and young children (0-2 years of age) during a natural disaster or other emergency.

- Effective IYCF-E planning and guidance considers the specific needs of infants and young children with the goal of protecting and maximizing the nutrition, health, and development of the child.
COMMON CHALLENGES

Displacement

Lack of family friendly spaces

Food and water insecurity / lack of adequate nutrition

Risks associated with feeding infant formula

Worsening of disparities
WHY IS BREASTFEEDING RECOMMENDED DURING AN EMERGENCY?

Breastfeeding is the safest way to feed an infant during a disaster or emergency

• Breast milk protects babies from diarrhea and respiratory infections
• Breastfeeding can be done anytime and anywhere
• Breast milk does not need to be mixed with potentially unsafe water
• May not need bottles, nipples and other supplies that need to be cleaned
• Breastfeeding can be comforting for both mom and baby
IYCF-E PRIORITIES REQUIRE CLEAR COMMUNICATION

01 Protect and support breastfeeding
02 Ensure safe feeding for infants who cannot be breastfed
03 Ensure safe, age-appropriate complementary feeding
04 Train emergency preparedness & response personnel and lactation support providers in IYCF-E
05 Prevent inappropriate donation and distribution of infant formula and supplies
CDC’S INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES (IYCF-E) TOOLKIT

**Audiences:**

- emergency preparedness and response personnel
- states, jurisdictions, and community programs
- families/public
  - some resources are also available in Spanish

CDC.GOV/IYCFE
or
https://www.cdc.gov/nutrition/emergencies-infant-feeding/index.html
HEALTH EQUITY CONSIDERATIONS

• Strategies for providing equitable and nondiscriminatory care to families throughout emergency preparedness, response, and recovery efforts:
  • General preparedness and relief efforts
  • How to use non-stigmatizing, bias-free language
  • Health equity resources
EMERGENCY PREPAREDNESS, RESPONSE, AND RECOVERY PLANNING

• Preparedness
  • Training and Education
  • Making Connections
  • Creating a Plan

• Response
  • Identify Resource Needs
  • Create a Safe Space for Families
  • It’s All About Access
  • Cleanliness is Key
  • Education is Essential
  • Key Things to Consider

• Recovery
  • Continuity of Care
  • Reunification
  • Post-disaster Assessment and Surveillance
Family-friendly spaces need to be safe for families to:

- sleep and rest
- feed babies
- express breast milk
- prepare breast milk, infant formula and food
- store breast milk, infant formula and food
- clean infant feeding items
- change diapers
- play
CREATING SAFE FAMILY-FRIENDLY SPACES IN EMERGENCY SHELTERS

- Separate area to change diapers and bathe infants
- Handwashing stations
- Safe drinking water available
- Small refrigerator for storing expressed breast milk
- Disinfecting wipes and hand sanitizer
- Toys for young children
- Comfortable place to sit
- Dedicated space for feeding
- Place to clean infant feeding items
- Place to prepare infant formula and solid foods
- Electrical outlets for breast pumps
- Private and accessible to all families
FEEDING SOLID FOODS DURING AN EMERGENCY

Feeding Solid Foods During a Natural Disaster or Emergency

For infants who are about 6 months old and developmentally ready, they can transition to solid foods and drink other foods. This helps your child meet their nutritional needs. Feeding solid foods to children is important for growth and development.

Webpage: [Feeding Solid Foods During a Natural Disaster or Emergency](https://www.cdc.gov/disasters/emergency-food/natural-disasters-solid-foods.html)

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How to feed young children:

1. **Make sure your child is ready**: Your child needs to be able to sit up well and can hold a cup or spoon independently. Give your child solid foods that are soft, smooth, and pureed. They should avoid foods that are hard to swallow or chew. Avoid giving your child nuts, seeds, or hard fruits until they are older.

2. **Check for allergies**: Before giving your child new foods, check for any allergies they may have. If your child has an allergy to a specific food, avoid giving them that food.

3. **Gradually introduce new foods**: Start with one type of food at a time and introduce new foods every few days. This will help you determine if your child has an allergy or intolerance to a specific food.

4. **Pay attention to your child’s hunger and satiety**: Make sure your child is hungry before you feed them. If your child is full, wait until they are hungry again before offering them more food.

5. **Eat together with your child**: Eating together can help your child learn new skills and can also be a fun way to bond with your child.

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After feeding young children, make sure to:

- Wash your hands before and after feeding your child.
- Wash your child’s hands after they have finished feeding.
- **Wash your hands before and after feeding your child**. This is especially important if your child has had a cold or stomach bug.
- **Wash your child’s hands after they have finished feeding**. This can help prevent the spread of germs and reduce the risk of illness.
- **Clean and disinfect all surfaces** that were used to prepare food for your child. This includes countertops, utensils, and dishes.

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Feeding young children, make sure your child:

- Avoid eating food that cannot be eaten safely.
- Avoid any food that poses a choking hazard.
- **Wash your hands before feeding your child**. This is especially important if your child has had a cold or stomach bug.
- **Wash your child’s hands after they have finished feeding**. This can help prevent the spread of germs and reduce the risk of illness.
- **Clean and disinfect all surfaces** that were used to prepare food for your child. This includes countertops, utensils, and dishes.

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Natural-dense foods from each food group can be offered. Some examples include:

- Foods from the grain group: rice, bread, pasta, potatoes, and cereal.
- Foods from the dairy group: milk, cheese, yogurt, and butter.
- Foods from the meat and beans group: chicken, beef, pork, and beans.
- Foods from the fruit group: apples, bananas, and oranges.
- Foods from the vegetable group: carrots, broccoli, and spinach.

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Feeding young children is important for their growth and development. Make sure to feed your child a variety of foods and to introduce new foods gradually. This will help ensure that your child gets all the nutrients they need.
RAPID NEEDS ASSESSMENT

Fillable form for relief workers to use to assess feeding support and resource needs for each child.
SUPPORTING IYCF-E IN SHELTER SETTINGS

Infant Feeding Signage for Shelters

Shelter signage:

- Breastfeeding welcome here
- Breastfeeding & pumping area
- Parent & baby feeding area
- Wash and clean infant feeding supplies here
- Diaper changing station
- Infant feeding preparation and cleaning station
- Handwashing station
- Waste and diaper disposal
- Breast milk storage
POLL TIME!
CONCERNS REGARDING DONATIONS OF INFANT FORMULA AND INFANT FEEDING ITEMS

- Indiscriminate distribution
  - Lack of education on safe preparation
    - Safety risks: dilution and challenges keeping feeding items clean
  - Sends message to breastfeeding families that their milk is not enough
- Breastfeeding families may start using infant formula unnecessarily
  - Leads to less breastfeeding decreased milk supply
  - Leads to dependence on infant formula financial burden
FACTS AND COMMON QUESTIONS ABOUT INFANT FEEDING DURING EMERGENCIES

Facts About Infant Feeding During Emergencies

During a natural disaster, the safest way to feed an infant is breastfeeding. Emergency responders can learn more about common questions and concerns related to infant feeding during emergencies.

1. Even under stress, mothers can still breastfeed during and after a natural disaster.

Mothers can continue to produce breast milk during times of physical and emotional stress. However, the release of breast milk can be affected by various factors. Encouraging women who are under stress may need support to encourage the production of milk. Breastfeeding women include women with late-stage preterm birth and women who have undergone caesarean section. Practical and emotional support can enhance women's ability to breastfeed during challenging situations. Because the release of human milk is essential for breastfeeding, it is important to provide support for the mother and baby during challenging situations.

2. Extra precautions are needed for families who are planning to breastfeed infant formula for their child.

Hospitals must identify families who are using infant formula during emergencies. Hospitals can also provide families with information on infant formula during emergencies. It is important to ensure that infants receive appropriate nutrition during natural disasters. Infants must receive nutrition during natural disasters. Infants should receive appropriate nutrition during natural disasters. Infants should receive appropriate nutrition during natural disasters.

3. This emergency has been stressful, will the stress make my milk supply dry up?

You can continue to breastfeed and improve infant milk supply if you are feeling physical and emotional stress. However, if you are experiencing stress, your milk supply may decline. If your milk supply declines, you may need to supplement your infant with formula. However, your body will eventually produce enough milk to meet your infant's needs.
Hand Expression

Expressing breast milk by hand is an important skill for lactating women to learn, especially in case of an emergency. Hand expression can be helpful in emergency situations where you may not have access to a breast pump, electricity for a breast pump, or if you are away from your baby unexpectedly.

Expressing milk by hand:

- May be more comfortable for some parents who experience pain when using a breast pump.
- Does not require equipment, water, or electricity.
- Can relieve engorgement by releasing milk to latch on more easily.
- Encourages milk production early in the nursing time.
- Is a safe and effective way to express milk at any time.

A lactation support provider can help you learn the correct technique for expressing breast milk. Expression gets easier with practice and with support from a lactation consultant.

Before you get started:

- Wash your hands well with soap and water.
- Use a clean, disposable container to collect the milk.
- Find a comfortable position and lean back if necessary.
- Massage your breast to help stimulate milk production.

Steps for expressing milk by hand:

1. Rest your nondominant arm on a table or other surface. Hold your fingers below the nipple. In one hand, palm the breast and thumb and index fingers make the letter "C" shape.

2. Press your fingers toward your neck and thumb back toward your chest.

3. Gently compress your fingers and thumb together.

4. Release and recompress in rhythmic, patting motion. Compress, release, and continue until the milk stops until milk is no longer expressed.

5. After feeding, be sure to thoroughly clean the bottle and nipple with soap and warm water. Wash your hands and wash your hands after feeding.

Cup Feeding Infants During Emergencies

Cup feeding infants during an emergency involves using a bottle and nipple to feed formula or breast milk during an emergency to prevent dehydration. Cup feeding is an alternative way to feed infants when they are unable to feed directly at the breast and when infant feeding items cannot be cleaned properly. Cup feeding can be used with babies of all ages and is also safe for premature and high-risk babies.

Instructions and tips for cup feeding:

- A small disposable plastic or paper cup such as a medicine cup or a bathroom cup can be used.
- A cloth or disposable bib to catch any milk that spills.
- Always wash your hands before cup feeding your child. If safe water is not available, use alcohol-based hand sanitizer containing at least 60% alcohol.
- Make sure your baby is awake and ready to feed.
- Fill the cup up to 2/3 full of expressed breast milk.
- If needed, wrap your baby’s hands around the cup and offer the cup to your baby.

How to Prepare and Store Powdered Infant Formula During an Emergency

For families who need infant formula during an emergency, ready-to-feed (RTF) infant formula is the safest option. During a water-related emergency, such as a natural disaster or drinking water outage, tap water may not be safe to use with powdered infant formula. RTF infant formula is a sterile liquid infant formula that is ready to feed without adding water. There may be times when powdered infant formula is the only option during an emergency. If a family must use powdered infant formula when tap water is unsafe to drink, follow these steps to prepare and store it safely and correctly.

Step 1: Clean your preparation surface. Wash your hands with soap and water or use a hand sanitizer and waterless hand sanitizer. Use a clean bottle or other food-grade nonmetallic container and a lid or cap to prepare the infant formula. Make sure the formula is not expired.

Step 2: Use boiled water to prepare powdered formula until local authorities say the tap water is safe to drink. If boiled water is not available, use hot water that is not boiling or steaming.

Step 3: Use the exact amount of water and formula on the formula container instructions. If you do not have a measuring cup to measure the water, use a disposable water bottle or other food-grade safe container that has the total volume as you can estimate. Measure the water first and add the infant formula powder with the scoop provided.

Step 4: While the lid is on, express infant formula in the bottle or other food-grade safe container by me. Do not mix. You do not want to warm infant formula before feeding.

Step 5: After feeding, be sure to thoroughly clean the bottle and nipple with soap and warm water. Wash your hands and wash your hands after feeding.

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HOW TO CLEAN INFANT FEEDING ITEMS

Follow These Steps to Protect Your Baby

1. Wash your hands with soap and water or an alcohol-based hand rub before touching your baby.
2. Discard unfinished liquids or foods from bottles, caps, and containers.
3. Scrub and soak items. Take apart all items and put them into a clear bowl with warm soapy water. Leave to soak for at least 30 minutes.
4. Rinse with soapy water.
5. Dry thoroughly with a clean towel. Items should be dry before storing.
6. Clean the wash basin, sink, and drying rack with soap and clear water. Rinse and air dry.

Always Clean with Safe Water
- Store water in a covered container or a refrigerator.
- Change water in baby bottles at least once a day.
- Change water in bottles at least once a week.

Never Heat Water
- Do not boil water to clean bottles or any other feeding equipment.
- Do not use a steam sterilizer or microwave oven to sterilize bottles or any other feeding equipment.

Use a Processor or Sterilizer
- Use a steam sterilizer or microwave oven to sterilize bottles or any other feeding equipment.

Avoid Using Disinfectants
- Do not use disinfectants on feeding equipment.

Follow these steps to protect your baby from harmful bacteria.

WARNING: Disinfecting is not the same as sterilizing. Disinfecting is only used to reduce the number of harmful bacteria on items. Sterilizing is used to kill all harmful bacteria and is a hospital procedure that requires the use of special machines.
Breastfeeding During a Disaster and Other Emergencies

In emergencies, breastfeeding is the safest way to feed your baby. Continue to breastfeed to help your baby stay healthy.

Breast milk is the best nutrition for most babies. Breastfeeding helps protect your baby against some illnesses. During emergencies, babies may be more likely to get sick than adults.

Breastfeeding During an Emergency:

- Comforts your baby during emergency travel.
- Keeps your baby hydrated. If your baby is less than 6 months old, they do not need to drink water or any other liquids, even in hot weather.
- Helps protect your baby from germs that can cause colds, ear infections, diarrhea, and vomiting.
- Provides a reliable and consistent source of nutrition.

If your baby is breastfeeding well, you do not need to also give infant formula. Here are reasons why:

- Formula can make babies feel full and stop breastfeeding.
- Powdered formula can increase your baby’s exposure to harmful germs.
- Water might not be safe to mix with powdered formula and clean bottles and nipples.
- Your breast milk supply can go down if you feed your baby formula and breastfeed less often.

If you think you have less breast milk than normal, breastfeed more often to increase your breast milk supply.

If you are worried that your baby is not getting enough breast milk or is not breastfeeding well, talk to a health care provider right away.

Learn More

To learn more about the basics of breastfeeding, visit https://www.cdc.gov/nutrition/Infants/InfantsTo24MonthBreastfeeding/index.html
SOCIAL MEDIA TOOLKIT

Emergency Preparation Checklist for Feeding Infants and Children in an Emergency

Platform: Instagram and Facebook

Audience: Parents and caregivers

Post text: Is your family prepared for an emergency? An emergency feeding kit is a collection of items you may need in an emergency. Learn what to include so you have everything you need to feed your baby. https://bit.ly/3mHYbh1.

Media Option 1:

https://www.cdc.gov/nutrition/emergencies-infant-feeding/social-media-toolkit.html
HOW CAN YOU HELP YOUR COMMUNITY BE PREPARED?

- Share and encourage use of CDC’s IYCF-E Toolkit in your community
- Ensure representation of diverse community perspectives in local emergency preparedness and response planning activities
- Connect with your community’s emergency planners to make sure they have considered how to best support IYCF-E in different emergency situations
- Educate families on how to be prepared to feed their infants in emergencies
FOR FURTHER QUESTIONS OR COMMUNICATIONS:

LAUREN O’CONNOR:
PCQ9@CDC.GOV

CDC.GOV/IYCFE
The National Association of County and City Health Officials (NACCHO) comprises nearly 3,000 local health departments (LHDs) across the United States. Our mission is to improve the health of communities.

NACCHO also helps Building and Sustaining Resilient Communities by preparing LHDs and their communities for disasters, responding when emergencies occur, and lending support through the recovery process.

www.naccho.org
NACCHO’s Public Health Preparedness

❖ Robust portfolio aligned with federal partner initiatives:
  ❖ CDC’s Public Health Emergency Preparedness (PHEP) Capabilities,
  ❖ ASPR’s* Hospital Preparedness Program (HPP)
  ❖ National Health Security Strategy (NHSS)

*Administration for Strategic Preparedness and Response’s (ASPR)

Projects Highlights:
  ▪ Building and Sustaining Resilient Communities
  ▪ Enhancing Public Health, Healthcare, and Emergency Management Systems
  ▪ Building Resilient, Healthy, and Prepared Communities through the Medical Reserve Corps (MRC)
NACCHO’s Health and Disability

• Promotes the inclusion and engagement of people with disabilities in LHD activities

Project highlight:
Addressing Needs of People with Disabilities in COVID-19 Local Preparedness Planning, Mitigation and Recovery Efforts

*Jefferson County Public Health is one of the 9 awardees

https://www.naccho.org/programs/community-health/disability
Rec 1: Integrate breastfeeding promotion, protection, and support goals into existing community health improvement strategies and as a component of health promotion programs— including in emergency preparedness efforts.
Collaborating Across Sectors to Integrate Maternal and Child Health (MCH) Considerations into Emergency Preparedness and Response (EPR) Planning

Harpur Schwartz – Senior Program Analyst, NACCHO
Local health departments play critical roles in responding to public health emergencies

- Respond to public health threats across the country including COVID-19, other infectious disease outbreaks, and natural disasters

Large number of public health threats impact pregnant people and infants

- Rarely efforts to increase collaboration among maternal-child health (MCH) and emergency preparedness and response (EPR) departments within local health departments

Recent events have highlighted gaps in EPR

- Demonstrated the need for dedicated resources for prioritizing MCH populations in EPR at the local level
63% of LHDs reported addressing pregnant people in preparedness planning efforts
Emergency Preparedness and Response in Local Health Departments

Local health departments play a key role in achieving national health security by preparing their communities for disasters, responding when emergencies occur, and lending support through the recovery process.

Who are your partners?

**Example EPR Partners**

National network of medical, public health and other volunteers organized locally to improve the health, safety and resilience of their communities

[Image]


**Example MCH Partners**

[Image]

HHS Maternal-Child Health Emergency Planning Toolkit Figure 6
Building Community Resilience Through MCH and EPR Collaboration

MCH-Prep Collaboration is the new normal
➢ Bring MCH and EPR divisions together to ensure MCH has a seat at the table during emergency planning conversations

Trained 32 LHD staff from MCH and EPR disciplines
➢ Ensure successful collaboration and establish partnerships in advance of an emergency situation

Provided 12 interactive training opportunities
➢ Identify priorities for collaboration and take concrete steps to increase the prioritization of MCH populations within EPR programs
Virtual Learning Collaborative (VLC) for the Inclusion of MCH Populations in Preparedness Exercises and Responses

- Utilizes the HHS Maternal-Child Health Emergency Planning Toolkit
- 8 LHDs comprised of MCH and EPR staff
- Cross-train MCH and EPR staff at LHDs on integrating MCH considerations into emergency preparedness, response, recovery, and mitigation efforts
- Complete a pre/post assessment to identify areas for growth and opportunities for integration
- Participate in 3 trainings, case study discussions, and a Tabletop Exercise during Preparedness Summit
Tabletop Exercise for the Inclusion of MCH Populations in Emergency Preparedness and Response

Day 1 1100 (11:00am) Thursday

**Infant Baby Formula Recall**

- A high volume of calls are coming to the health department’s WIC program to assist with formula needs.
- The Epidemiology Department of the Health Department is experiencing a high level of worried well calls and is receiving similar complaints from local pediatricians’ offices.
- WIC, Healthy Start and Epidemiology Departments are experiencing a high workload due to the recall.

Introduced the emergency scenario, followed by a “Discuss and Decide” prompt

Unique to this TTX, NACCHO staff sent out resource injects that were directly relevant to each of the scenario updates
Action Planning Demonstration Sites

Project Goals:

✓ Develop or improve relationships among MCH and EPR staff
✓ Identify shared goals, including priorities and considerations for women of reproductive age (WRA) in EPR plans
✓ Develop and implement joint action plans to effectively integrate WRA into preparedness plans and exercises
Project Highlights

**Louisiana Office of Public Health – Bureau of Family Health, New Orleans, Louisiana**

- Trained emergency responders on the needs of perinatal women, breastfeeding support, and distribution of infant formula during emergencies
- Strong partnership with *Birthmark Doulas*, a birth justice organization

**Jefferson County Public Health, Colorado**

- Replicated a safe infant feeding plan found to be effective at the local level and state level
Thank you!

Engage with us:

MCAH Newsletter
Subscribe: mcah@naccho.org

MCAH Website

Request for Applications

Questions?

Harpur Schwartz
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Our story: Infant & Young Child Feeding in Emergencies (IYCF-E) evolution from local to statewide

Allison Wilson, MPH, CLC
Maternal Child Health & Access and Functional Needs Strategic Coordinator
Listen to your community’s solutions, they are the ones your families will listen to in an emergency!
COLORADO

Jefferson County is on the land of the Cheyenne, Arapaho, Sioux, and Ute tribes.
In 2018 we asked ourselves, “Are we ready to support safe feeding in emergencies?”

Answer:
- No written plan and our formal county plans didn’t reference specific needs for infant population
- No supplies in place for safe feeding at shelters
- No way to include volunteers or community in safe infant feeding response
How did we organize our work early on: Inter-agency partners

- Maternal Child Health Team (Title V)
- Lactation-friendly state funded project
- Emergency Preparedness Team
- RN students’ practicum
Cross-sector partners

- Community experts, leaders, skilled feeding workers that provided input during two IYCF-E trainings
- Webinar with our Mass Care Committee (committee from Homeland Security Grant funds)
- Raising IYCF-E awareness with First Responders & Shelter Managers
What did we create in 2019 - 2020?

• **A Plan** as a written annex to our Emergency Support Function 8 Plan

• **30 Kits** ready to be sent to shelters in an emergency

• **Trained** 25 skilled feeding volunteers for deployment

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### Planning for Safe Infant Feeding in an Emergency

#### Why this is important
- Babies' health declines quickly without proper food
- Risk of dying after an emergency is much greater for infants than for anyone else

#### What we know
- Breastfeeding is the safest feeding method for infants in an emergency. Why?
  - Not dependent on clean drinking water and ability to sterilize equipment
  - No concerns about contamination or incorrect preparation
- Breastfeeding benefits mother and baby during an emergency. How?
  - Provides complete nutrition and hydration
  - Protects baby against infection and hypothermia
  - Reduces mothers’ and baby’s stress
  - It supports routines that bring comfort to both parent and baby

#### General recommendations for mass-care situations

**How we can respond:**
- Keep family (mother, parent and baby) together
- Create safe, private space for mothers to breastfeed
- Encourage breastfeeding or donor human milk if at all possible
- If formula must be used, baby must have access to human milk; provide ready-to-feed formula
- If ready-to-feed formula is not available, ensure safe preparation of powdered formula
- If a woman gives birth, help her begin breastfeeding within 1 hour
- Provide extra food and water for women who are pregnant or breastfeeding
- Have trained infant feeding experts on site
- Encourage mother-to-mother breastfeeding support

**Evidence:** Among the 8,356 infant feeding patients seen, 60% of mothers who received peer counseling continued exclusive breastfeeding where this counseling was not available, up to 40% of mothers switched from breastfeeding to formula.

#### Triage during mass care:
- Ask if patient was breastfeeding before emergency
  - Yes: encourage continued breastfeeding; distribute formula if necessary
  - No: provide donor human milk; provide ready-to-feed formula
- Provide individualized information sheet (in patient’s language)
  - For breastfeeding families:
    - Importance of continuing breastfeeding and not using formula
    - How to increase milk supply by feeding more frequently
    - Where to get help with breastfeeding
  - For formula-feeding families:
    - Importance of infant formula
    - Importance of providing ready-to-feed formula
    - How to get help with infant formula
And yet…no requests for deployment!
What we had initially (in 2020)

- IYCF-E Volunteers
- IYCF-E Plan
- IYCF-E Supplies
What was missing that we were able to add (2021 to present) [especially with the MCH-EP NACCHO Award]

- IYCF-E Volunteers
- Pre-emergency awareness to families, taught by trusted community leaders
- An organization to manage volunteers – Medical Reserve Corps
- IYCF-E Plan
- IYCF-E Supplies
Leveraging NACCHO funds

NACCHO's project awards:
- Implementing the Continuity of Care in Breastfeeding Support Blueprint
- Addressing Needs of People with Disabilities in Local Preparedness Planning, Mitigation and Recovery Project
- Building Community Resilience Through MCH and EPR Collaboration
- Other funds: EPR grants, state lactation grant, MCH Title V, general county funds

Comprehensive IYCF-E Project
NACCHO MCH-EP 20k Award
Goal: IYCF-E project has a plan to expand statewide

Award period: Aug 2021-May 2022

- Zoom mtgs with volunteers
- Core team: JCPH, MRC Director, and Latina Community Leader
- Latina consultant adapted training format

- Zoom tabletop exercise
- Volunteers want things to do in “normal” times
- Volunteers want to practice deployment

- Focus on pre-emergency preparedness for families
- Combine IYCF-E with Community Preparedness MRC Class
- Purchased 625 (!) more Infant Ready Kits

Spanish IYCF-E training, 2022
More partners added

- Childcare providers
- Community volunteers
- Pre-emergency
More options

**VOLUNTEER OPTIONS**

1. **EDUCATE FAMILIES**
   - Talk to families you already work with about feeding preparedness.

2. **DISTRIBUTE KITS**
   - Give out up to 5 kits to families and report back zip codes.

3. **TRAIN OTHERS**
   - Give the foundation class in your area of the state.

4. **JOIN THE MRC**
   - Provide 1-on-1 and group lactation consults during emergencies as part of MRC team. Lactation training & background check required.
More Infant Ready Emergency Feeding Kits

Infant Ready Emergency Feeding Kit

Emergency response systems should be equipped with the following items to enable safe infant feeding:

- Hand sanitizer
- Alcohol prep wipes
- Disposable medicine cups
- Breastmilk storage bags
- Cooler bag and disposable ice packs
- Permanent marker
- Nursing cover
- LED light
- Bottled water
- Educational booklet
- Face mask
Now volunteers for deployment are supported through Rocky Mountain Medical Reserve Corps (RMMRC)

- Recruiting
- Training
- Onboarding
- Engagement
- Annual Exercise to practice skills!

Also: Mission Ready Package format for IYCF-E volunteer team

https://www.rockymountainmrc.org/
Budget allocations example (annual, from 2021-2022)

Approximately $22,000/year for:

- 5-10% of **MCH Coordinator** time
- **Community Leader** (Subject Matter Expert contract)
- **Medical Reserve Corps** contract
- Simultaneous **interpretation** for monthly 2-hr meetings

- **Supplies:**
  - $35 per **Infant Ready Kit**
  - $250 per **pop-up shelter station**

- **Leveraged grant funds:** **NACCHO Awards**, **EPR grants**, **state lactation grant funds**, **MCH Title V funds**, **general county funds**
Process Sheet

Use to look at your community’s solutions and where you may want to begin or grow IYCF-E planning.

Do partners know WHY, WHAT you have, HOW to request it?

Process Tool for Planning for Safe Infant and Young Child Feeding in Emergencies

Build Capacity

* Determine the Emergency Preparedness and Response structure in your city or region and how it integrates with Public Health and Volunteer Organizations.
* What groups or programs do you already have common goals with around safe infant feeding?
* Form a project team if you can. Showing the 3 min. “why” video on IYCF-E at existing meetings is also a great way to start.

Create Plan

* What external partners lead emergency response/who is in charge of mass care in your community? OR What partners lead maternal child health and lactation that could bring expertise to creating a plan?
* Go to their meetings to dialogue, gain input and support for safe infant feeding in emergencies.
* Who are your trusted community experts and leaders?
* Listen to and learn from their ideas and solutions [and fund them].
* Write plan and determine on-the-ground process for deploying volunteers and supplies during response.
* Engage Emergency Preparedness Incident Command structure, shelter managers, volunteer coordinators.

Trainings & Kits

* Determine available (internal and external) funds for supplies and kits.
* Tailor trainings and kits to your community needs. There are several existing online and in-person trainings. Partnering with local, community lactation and infant feeding experts is powerful.
* Finalize formal process for deploying trained volunteers and kits during an emergency, as well as process/needs to distribute supplies in advance of a disaster for shelter-in-place.
* Your plan and process is unique to your community and always adapting!

Practice!

* Practice all parts of your plan, including notifying volunteers and deploying resources.
* Prepare community messaging to be shared across partner networks during an emergency that includes the importance of protecting safe infant feeding and where to access resources.
What’s one thing you can do now?

“Shrink the change. Even if we can’t solve the whole problem surely there is something we can do...”

-Samantha Power, *Education of an Idealist*
Thank you!

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There will be a link shared to our google folder of materials.
Key Takeaways Infrastructure
Recommendations for IYCF-E

- IYCF-E practices should be implemented equitably
- Prioritize and identify the needs of pregnant and lactating individuals early in the response
- Provide emergency funding to assist community lactation support providers
- Protect and meet the needs of infants and young children who are formula-fed
- Advocate that organizations supporting IYCF-E align with the Code
- Ensure that pregnant and lactating individuals have access to food, clean water, protection, psychosocial support, etc. to meet essential needs.
- Ensure human milk donations are available
Questions and Answers (Q&A) session

*Use the Q&A chat to submit questions for any of the speakers*
Continuing Education (CE)

CE credit available for dietitians-nutritionists and lactation support providers

Complete a short evaluation and post-test to receive 1.5 L-CERPS and/or 1.5 CPEUs:

LINK XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Thank You!