



Breastfeeding USA

#MILKMEMOS



### In This Issue:

---

Preparing for IYCFE 01

Social Media Accounts to follow 02

Breastfeeding in the Path of a Hurricane 03

Parent Spotlight: Bethany Clark, IBCLC 04

#MilkMemos

Summer 2021 Issue

## Welcome to the Summer 2021 Issue of #MilkMemos!

In this issue, we focus on infant and young child feeding in emergencies. This topic has been an area of interest for those of us who give and receive breastfeeding support as we continue to forge our new normal amidst the smoldering COVID-19 pandemic. Each news cycle presents us with a new decision and we scramble to make the correct choice. These decisions are difficult because they occur at the nexus of individual choice and community responsibility. The choices we make as individuals affect us, certainly, but we are also responsible for the impact of those choices on our communities. Specifically, we are obliged to consider how our choices affect the most vulnerable among us.

Pandemics, like all emergencies, help us to identify our most vulnerable community members. Infants and young children are vulnerable and adults are responsible for their health, safety, and nutrition. Communities of color are vulnerable - the elevated risk of illness and death from COVID-19 in communities of color throws this into sharp relief. As we live through this emergency, we should ask ourselves: how do the choices we make as individuals help or harm those around us?

Depending on our identifiable characteristics, we may be statistically more or less vulnerable to fall victim to severe harm in emergency situations. Those of us who are able should consider it a responsibility to educate ourselves about emergency preparedness relating to infant feeding in our communities. If we are already knowledgeable about infant feeding, we should consider contributing our time and expertise. We all share a civic responsibility to call for emergency infant feeding preparedness at every level of government. We can do this by contacting our elected officials to voice our opinions on this issue.

If the pandemic has taught us anything, it is that we do not exist solely as individuals; rather, we exist in community with one another. As we move out of this pandemic together, I challenge us all to reflect on the ways we exist in community with others, and how the choices we make impact those communities. I believe that when we hold the thriving of all community members- as a goal, we all benefit.

With the best wishes for your health,

Alaina Moon

Co-editor-in-chief, #MilkMemos

## **An Overview of Infant and Young Child Feeding in Emergencies**

**By Dana Saccomano and Erika Costanzo** (Breastfeeding Counselors)

An emergency is defined as a serious, unexpected, and often dangerous situation requiring immediate action. The unpredictable nature of emergencies makes us vulnerable to the situation happening around us, and we become heavily influenced by our circumstances. Emergencies can include natural disasters such as tornadoes, hurricanes and floods, personal and family crises, pandemics affecting public health such as influenza and COVID-19, and matters of local and national security such as terrorist attacks and riots. Infants and children under the age of five are most susceptible to poor outcomes during emergencies.

Infants and young children are dependent on adults for food, water and protection. When those basic life necessities are jeopardized in an emergency, breast/chestfeeding is one way parents can ensure safe nutrition, hydration and comfort. About 95% of all infant and child-related deaths during emergencies are due to diarrhea brought on by the consumption of contaminated water and food in unsanitary environments. One of the best ways parents can prepare for safe child feeding in emergencies is to breast/chestfeed. Human milk delivered "straight from the tap" is always clean and free from contamination. One of the primary benefits of human milk is its ability to positively influence health. Mass housing conditions like shelters can quickly become crowded and unsanitary during emergencies. Human milk contains infection-fighting

antibodies that help protect against the respiratory and gastrointestinal illnesses that can run rampant under such conditions. It requires no electricity, fuel, or water for preparation. It contains all the water and nutrients an infant needs. The physical closeness required to breast/chestfeed can also help regulate a baby's body temperature and prevent hypothermia. Furthermore, it can calm and soothe both the lactating parent and baby through the release of the hormone oxytocin.

There is no denying the amount of stress people are under in the event of an emergency, especially a parent. It is comforting to know that there is no research evidence to support the idea that stress drastically reduces milk production. In extreme situations, even malnourished parents can provide human milk to meet the nutritional needs of their babies. If a parent falls ill, they can also take solace in knowing that if they are experiencing an illness, it does not require the interruption of breast/chestfeeding- in fact, the antibodies provided through human milk can help protect their baby's health. It is a guiding principle of lactation that the human body will produce the necessary amounts of milk if appropriate demand is provided by the suckling baby. This principle rings true regardless of stress or parental illness.

Emergency situations elevate the risks associated formula use. It is with good intentions that formula is donated during times of disaster, but if it is freely distributed without assessment of individual parent-child pairs, the results can be disastrous. Because powdered formula is not sterile, it can become contaminated and cause illness. Families may lack access to clean water for formula preparation and bottle cleaning. Age-inappropriate formulas may be distributed, posing nutrition risks to babies. In some countries or populations, language barriers may cause confusion when interpreting instructions on formula containers. Finally, the use of breast milk substitutes can disrupt the breastfeeding process and diminish milk production, increasing vulnerability to disease and malnutrition, and increasing food insecurity as families become increasingly dependent on commercial products they may not be able to afford.

The United States Breastfeeding Committee provides a statement on preparation for breastfeeding in emergencies, stating that, "[i]t is the position of the United States Breastfeeding Committee that emergency preparedness should include provision for the protection, promotion and support of breastfeeding and safe infant/young child feeding.<sup>1</sup>" This statement asserts that in the event of an emergency, breast/chestfeeding should be the first line of defense for safe infant feeding. Prior to emergencies, all relief personnel should be educated on the support and management of breast/chestfeeding. During emergencies, staff should be prepared with protocols to support and protect breast/chestfeeding. As often as possible, emergency staff should include professional lactation personnel. Other components of an emergency plan include protecting and encouraging breast/chestfeeding for parents giving birth during an emergency, preventing the separation of lactating parents and their children, and prioritizing their reunification when separation does occur. Lactating parents should be given priority when allocating food and water. They should be provided peer support by other lactating parents when possible, and they should be taught how to hand express milk from professional lactation personnel. Formula should not be distributed to families who do not need it, as this can cause an unnecessary interruption of breastfeeding and its associated health benefits.

Emergency preparedness experts also discuss the possibility of relactation for safe child feeding in emergencies. Relactation is possible for those who have been pregnant and given birth before, regardless of prior experience with breast/chestfeeding. It may take some time but it is always a noble

pursuit and safe option for infant feeding. Trained lactation professionals and peer support can improve success.

Supporting breast/chestfeeding during emergencies can be the difference between life and death for some infants and young children. The work of improving infant and young child feeding practices in emergencies falls on breastfeeding supporters everywhere, including Breastfeeding Counselors with Breastfeeding USA. State and community level emergency efforts could benefit from people knowledgeable about lactation. Those interested in getting involved in emergency preparedness efforts in your community should reach out to local Women, Infants, and Children (WIC) offices, hospitals, and state breastfeeding coalitions for more information. The list of organizations working to improve the practices surrounding infant and young child feeding in emergencies provided at the end of this article is also a good place to learn about opportunities to give help above the local level. Finally, The USBC encourages individuals to contact policy makers to voice support for policies integrating infant and young child feeding into emergency response efforts through [this](#) form.

**Source:**

<http://www.usbreastfeeding.org/emergencies>

**Further reading:**

[5 Things You Need to Know About Breastfeeding in Emergencies](#) - 1,000 days

[Statement on Infant Feeding During Disasters](#) - National Association of Professional and Peer Lactation Supporters of Color

[Infant Feeding in Emergencies \(Multilingual\)](#) - La Leche League International

[Safety Messages for Pregnant, Postpartum, and Breastfeeding Women](#)

[During Natural Disasters or Severe Weather](#) - Centers for Disease Control and Prevention

## **Parent Spotlight: Bethany Clark, IBCLC**



**By Dana Saccomano** (Breastfeeding Counselor)

In October of 2018, Hurricane Michael, a category five hurricane, hit the Florida Panhandle, as well as areas in the Eastern United States, Central America, and Cuba. Tragically, over seventy people were killed. The damage totaled twenty-five billion dollars. At the time of the hurricane, Bethany Clark was living in Mexico Beach, Florida, with her husband and sons, eight-year-old Jackson, and five-month-old Colton, whom she was breastfeeding. The hurricane was much more devastating than expected, and their home was completely destroyed. Bethany, her mother, and her children were able to evacuate to Georgia to stay with her sister prior to the storm. They ended up staying in Georgia for one month. Her husband stayed behind with the family dog in an effort to save as much as he could from the house. When the extent of the devastation became clear, he was able to get to safety, and joined his family in Georgia as soon as he was able.

Bethany described their separation as a difficult experience. At the onset of the hurricane, she was unable to talk to her husband for 48 hours. Because of the loss of electricity, she lost all of her stored frozen breastmilk and colostrum. By a stroke of luck, she was able to save frozen breastmilk she had stored at her mother's house, and travel with it to Georgia. She recognizes how fortunate she was to still be breastfeeding her baby, as many people could not find clean water to prepare baby formula in the aftermath of the hurricane.

Bethany, an International Board Certified Lactation Consultant (IBCLC), was working for a Women, Infants, and Children (WIC) office at the time of Hurricane Michael. She remembers the breastfeeding hotline receiving many calls asking about saving frozen milk in the midst of power outages. Her office offered thawing guideline information to these families. Since that time, her office has provided a variety of emergency preparedness pamphlets and meetings to families during hurricane season. Information they choose to emphasize includes the importance of human milk feeding during disasters and teaching hand expression to provide a tool for milk



removal when electricity is unavailable. The office also suggests families own a manual pump in the event of an emergency. The ease, safety, and availability of breast/chestfeeding is a major talking point during these meetings, and they enjoy putting up a physical display comparing all the materials needed for safe formula preparation versus breast/chestfeeding (see photo).

Bethany describes breastfeeding as being “always a lifesaver,” because it is clean and safe. The closeness and comfort breastfeeding provided to both her baby and herself during such a difficult time was invaluable. She is grateful that breastfeeding allowed her to have peace of mind about what and how her baby was going to eat.

## **Breastfeeding in the Path of a Hurricane:**

### **An Interview with Lauren Farmer**

**by Erika Costanzo** (Breastfeeding Counselor)

**Growing up in Florida, Lauren Farmer was used to the routine of preparing for a hurricane. In October 2018, Hurricane Michael was a fast-forming and rapidly-moving hurricane that made landfall in the Florida Panhandle. Here, Lauren shares her story of going through the storm as a breastfeeding mom with a newborn and the specific challenges she faced.**

*\*Content Note: Breastfeeding USA recommends evacuating in the event of a hurricane when possible.*

**Breastfeeding USA:** Thank you for being here for this interview today. Can you give us an overview of your experience with the hurricane?

**Lauren:** We began preparing by stocking up on food, generators, gasoline, and even filling the bathtubs with water. We chose to stay in our home, rather than leave the area. I had given birth one month before the hurricane. I was still healing and had my newborn in my arms most of the time. We watched the news reports and kept in touch with people through social media, texts, and calls. The hurricane began making landfall early on a Wednesday morning. The wind was picking up and we continued to watch the news, but the electricity went out and trees began falling in our yard around 11 o'clock that morning. We took shelter for most of the day in our hallway. I had three other children that were with me, as well as the baby. We huddled together and tried to stay calm as we waited for things to settle down. The baby stayed in my arms, attached to me at all times. Hurricane Michael came through the entire day and by afternoon the eye of the storm was overhead. It was gone by the evening, about one or two hours before dark. When we walked outside, everything was different - trees had fallen on our house and we could not get in or out of the driveway. Portions of our roof had caved in and water was pouring in. The back porch had detached, the garage was damaged, and our sheds were gone. At night, it was the darkest I've ever seen. There were no lights anywhere. That night we slept on a single mattress and the couches, all gathered in one corner of our house.

**Breastfeeding USA:** During the storm, was anyone else sheltering with you besides your children and your husband?

**Lauren:** In the beginning, my mother-in-law and her brother were with my family, so there were eight of us. Though it may sound strange, there was a calm when the eye of the storm was passing over. We were able to walk outside briefly and assess the damage, before the storm returned to a chaotic level. At that time, some of our neighbors joined us at our home because their house had become unsafe. One of those neighbors was pregnant and was actually scheduled for a C-section a day or two later. It was possible that she could have gone into labor at any moment. She successfully stayed calm. Once the storm passed, they returned to their home, and we all went into recovery mode.

**Breastfeeding USA:** I would think that a lot of your time during the hurricane was spent comforting your children, as they may have been afraid of what was happening, and your baby was only one month old. Can you talk about that part of your experience?

**Lauren:** I have always stayed for hurricanes. My family always stayed when I was younger. As for my children, they had experienced smaller hurricanes, but this was the most severe one for all of us. We kept reminding them that things can be replaced and that everything would be okay. They were able to learn to let go, and see that this was a shared experience by the entire community. When things started to return to normal, we were all able to share stories. My kids were able to understand that others may have had it worse than they did. After the hurricane, we lived in a 30-foot camper in our front yard for eighteen months. Our house had to be completely stripped because mold began growing right away.

**Breastfeeding USA:** How long after the storm was it before you were able to move into the camper?

**Lauren:** The first few weeks after the storm were spent camping in the living room, closing off openings in the house, and fixing what we could. Within days, people from local churches and organizations came around to donate items like tarps. We had friends offer us a house to stay in a couple of weeks after the hurricane and we stayed there for almost four weeks before moving back onto our property, and into the camper.

**Breastfeeding USA:** Did you have access to bathroom facilities in the days and weeks after the hurricane, and if you needed running water, was that available?

**Lauren:** We were able to use our bathroom by using pool water to flush the toilet. People without access to any water were not able to use their toilets. We were thankful to have our pool for that reason. We lived without running water, but my husband had fresh water and a camping shower that we used to get flowing water. We would run the generator for short periods, as needed.

**Breastfeeding USA:** Were any stores open if you needed to purchase supplies, such as food or ice?

**Lauren:** The stores around us were so badly damaged that they were closed as well. There was one very small store open several miles away, but the supplies there were very limited. We survived on the supplies we had stocked up on before the hurricane. People would have to drive up to an hour away and make a large supply purchase at times. Local churches and community outreach organizations brought supplies in and we knew where we could get things if we needed them, within a few days. Some people had no access to any supplies for almost a week. As a community, we all came together and felt very supported and valued by one another. The school system supplied all children with free breakfasts and lunches, and even some dinners.

**Breastfeeding USA:** Were you or your husband working at that time, and did you experience any issues with your jobs, such as income loss due to the hurricane?

**Lauren:** I was on maternity leave, so thankfully I was employed. My husband is an electrician, and he was able to return to work within a couple of weeks. We were fortunate enough to have our jobs be there for us when everything started to return to normal. A lot of businesses were not able to recover and many people lost their jobs.

**Breastfeeding USA:** Can you talk a bit about your breastfeeding experience in the aftermath of the hurricane?

**Lauren:** I work as a breastfeeding peer counselor for the local health department. I am a big advocate in the breastfeeding community. As we spoke about earlier, water sources are very limited after a storm like this. We had cases and cases of bottled water, but that was because we were prepared, and it was used up quickly. Many people were not as well prepared as we were. During the storm I breastfed on demand, as the baby was with me, in my arms the entire time. I was able to partially shelter her from the noise of the storm and hope she just heard my heartbeat and my voice as I held her close. In the days that followed, I spent time in my car in order to be able to listen to the news on the radio. I would breastfeed in the car where there was air conditioning. I would hear moms calling in on the radio, requesting fresh water to be able to feed their babies formula, and that was their only request, their most important need. It made me so glad to be breastfeeding in a situation like that. I was able to wear my baby basically the entire time, even while cleaning up after the storm, and I fed her while I wore her. She had my milk readily available whenever she needed it. I think that was a way for me to stay calm too because I knew that because I was exclusively breastfeeding, everything she needed, I had.

**Breastfeeding USA:** You brought up a very important point- moms needing access to clean water to prepare formula. You had prior experience breastfeeding, are a breastfeeding counselor, and had established breastfeeding with your newborn when Hurricane Michael hit. Was there any breastfeeding support that you needed after the storm and did you have access to support?

**Lauren:** I did not need support, but I knew that if I did I could reach out to the local health department. I'm aware of resources like WIC and the local hospitals.

**Breastfeeding USA:** Sometimes in the wake of an emergency, formula will be donated in very large quantities, were you aware of that happening in your area?

**Lauren:** Yes, there was donated formula readily available. Breastfeeding moms who needed to pump or had stashes of frozen milk stored somewhere were worried. Thankfully, the stash I had begun storing was small and fit in the freezer we powered with our generator. After the storm I did not need to pump because my baby was attached to me and we fed on demand. But I think of these moms who may have needed to pump and needed electricity or batteries and my heart goes out to them.

**Breastfeeding USA:** It sounds like the car may have been the only source of electricity for many, and then they would have needed an adapter to use an electric pump. Did you know anyone that needed breastfeeding support and was not able to access it, or did you notice any gaps in available support?



**Lauren:** It was hard in our area because we lost one of our two birthing hospitals due to the hurricane. One was badly damaged and never recovered their labor and delivery services. People were asked not to call for support unless it was an emergency, so breastfeeding moms did not reach out when they otherwise may have. The amount of help available to everyone, in general, was limited. Women that needed to give birth sometimes had to go to another county, or even across state lines, to deliver their babies. As a community, though, if someone really needed help we found a way to help them, it just took longer sometimes. The local radio station that everyone listens to was invaluable as a way for people to communicate and request help.

**Breastfeeding USA:** Do you feel that the storm had any impact on the length of time that you breastfed, or did you wean earlier than you expected to because of it?

**Lauren:** Not for me because I knew that I was going to breastfeed for a very long time. She's two and a half and we just probably started weaning this past month. But I do know that there were several people who said to me that they had to stop breastfeeding because of their supply, or they were stressed, or they just weren't able to continue for whatever reason.

**Breastfeeding USA:** As someone that works in local breastfeeding support, would you say that anything has changed in the way that breastfeeding is supported in your community as a result of the hurricane, including available resources?

**Lauren:** I would definitely say that when I'm teaching classes and I bring up breastfeeding, we talk about how breast milk is readily available in emergencies. I try to make sure to reference a situation such as a hurricane where you may have no other way to feed your baby, and emphasize that your breasts are there to feed baby naturally and that baby needs nothing else but mommy. We have increased our focus on providing information on resources as well.

**Breastfeeding USA:** Thank you so much for talking with me today, Lauren. This has been really enlightening.

**Lauren:** You're welcome.

**My interview with Lauren highlighted many of the challenges that arise around infant feeding in an emergency, including access to basic services, supplies, water, and hygiene facilities. Breastfeeding in an emergency should be supported and provides a safe way to feed babies.**

## **Additional Resources**

**The articles linked here provide further reading on infant and young child feeding in emergencies**

[This](#) article is written about Dr. Aunchalee Palmquist, assistant professor of maternal and child health at the University of North Carolina Gillings School of Public Health. It describes the ways in which she is lending her expertise to provide guidance on best practices for infant and young child feeding during the COVID-19 pandemic. The article provides links to other information of interest to infant feeding in emergencies, with an emphasis on identifying and mitigating disproportionately negative effects of the pandemic on communities of color.

[This](#) fact sheet from the COVID-19 and Infant Feeding working group summarizes best practices for infant feeding during the COVID-19 pandemic. It also provides recommendations for avoiding misinformation regarding COVID-19 and breastfeeding.

[This](#) fact sheet from the American Academy of Pediatrics is a quick guide for "Breastfeeding and Other Options" during disasters and emergencies.

[This](#) advocacy brief from the Global Breastfeeding Collective. The brief states: "In emergencies, breastfeeding remains the safest, most nutritious and reliable food source for infants under the age of six months."

## Recommended Social Media Accounts

**By Dana Saccomano** (Breastfeeding Counselor)

**For those interested in engaging further with infant and young child feeding, consider following these social media accounts.**

Infant Feeding Support for Refugee Children:

- Facebook Page: [Infant Feeding Support for Refugee Children, a non-profit organization](#)
- Facebook Group: [Infant Feeding Support for Refugee Children](#)

This group is made up of volunteers who support infants and young children in refugee situations around the world. They support the World Health Organization's recommendation that babies receive human milk from birth until they are at least two years of age and that human milk should be the only food given for the first six months of life. Their goal is to provide lactating people with access to food, water, and a safe, clean space to feed their children. They also provide relactation support, and help families obtain donor milk if needed.

United Nations World Food Programme:

- Instagram: [World Food Programme](#)
- Web site: [www.wfpusa.org](http://www.wfpusa.org)

The United Nations World Food Programme delivers vital nutrition and assistance to people in emergencies, disasters, and pandemics. As an organization, they help with efforts to recover and rebuild after these events. They also deliver lifesaving essentials like monetary aid, dried foodstuffs and ready-to-eat meals, in addition to teaching skills needed for communities to become self-sufficient. The programs they offer aim to have long-term impacts for generations.

Alive and Thrive (A&T)

Nourish, Nurture, Grow:

Twitter handle: [@aliveandthrive](#)

Web site: [www.aliveandthrive.org](http://www.aliveandthrive.org)

Alive and Thrive is an initiative designed to improve nutrition, prevent illness, and ensure the healthiest outcomes for infants and young children through the promotion of breastfeeding from birth through at least two years of age as well as complementary feeding practices after about six months. Their approach is evidence-based and their connections to a network of partners supports a healthier future for families and children. They offer a tool on their web-site that can be used to help determine the future economic losses of low and middle-income countries due to not breastfeeding. They also offer a free e-learning online course on infant and young child feeding which is open to all. They advertise the course as being accessible, practical, and relevant to health and nutrition professionals working in health care and community settings.

### **Organizations Working to Improve the Practices Surrounding Infant and Young Child Feeding in Emergencies:**

---

[World Health Organization \(WHO\)](#)

[United Nations International Children's Emergency Fund \(UNICEF\)](#)

[Alive & Thrive](#)

[World Food Programme](#)

[United States Agency for International Development \(USAID\)](#)

[Emergency Nutrition Network \(ENN\); IFE CORE Group](#)

[International Baby Food Action Network \(IBFAN\)](#)

[International Rescue Committee](#)

[Save the Children](#)

[Safely Fed Canada](#)

[Helen Keller International](#)

[Carolina Global Breastfeeding Institute \(CGBI\)](#)

[United States Breastfeeding Committee \(USBC\)](#)

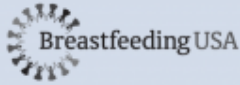
[1,000 Days](#)

[Centers for Disease Control and Prevention \(CDC\)](#)

[International Lactation Consultant Association \(ILCA\)](#)

[Global Nutrition Cluster](#)

[Center for Health Equity, Education, and Research \(CHEER\)](#)



#MilkMemos

# Happy National Breastfeeding Month

Celebrating YOU this month!



Are you interested in becoming a lactation support provider? There are many ways to gain the knowledge and experience you need to offer high quality breastfeeding support to families--and Breastfeeding USA is one of them! Want to join us in providing evidence-based information and mother-to-mother support?

**Become a BC!**

## Next Time in #MilkMemos Newsletter: All About Milk Expression!

Co-Editors in Chief: Alaina Moon and Dana Saccomano

Editors: Lauren Franzen, Alaina Moon, Dana Saccomano

Writers: Erika Costanzo, Alaina Moon, Dana Saccomano

Design and Logistics: Sara Strum

Breastfeeding USA, Inc.

P.O. Box 2240

Davidson, NC 28036

