

Infant Feeding and Lactation Care Priorities During Crisis Situations

In pandemics and natural disasters, lactation care and breastfeeding support must be prioritized.

-Breastmilk (at all stages of lactation) contains many immune factors that support the infant immune system, even if the breastfeeding parent becomes ill.

-Formula is often in short supply during crisis situations.

-*Formula contains NO immune factors* that protect against viral infections or bacterial infections common during natural disasters.

-During a health care crisis, when access to health care and normal immunization schedules are limited in availability, *breastmilk is a clean and renewable source of immune support* and nutrition for infant and young child immune systems.

What can healthcare providers do to Protect, Promote, and Support breastfeeding during a crisis?

1. Encourage patients to initiate breastfeeding at birth and to exclusively breastfeed if they are able. For further reading on the importance of prenatal promotion of breastfeeding, see Academy of Breastfeeding Medicine Protocol #19 available at bfmed.org.

2. Encourage parents of babies who struggle with latch to seek support from a credentialed lactation support person early and often. Reinforce that they must pump milk and feed the pumped milk to ensure healthy immunity, nutrition, as well as to protect the milk supply. Formula supplementation does NOT support milk supply.

3. Avoid suggesting formula usage to families UNLESS there is a medical reason to do so. If you do suggest formula usage, *recognize that these families may need your support to find a safe and reliable source for formula for the duration of the crisis situation.* **Please refer to the Academy of Breastfeeding Medicine Protocol #3 for guidance on when formula supplementation is medically indicated.** Available at bfmed.org.

4. Encourage breastfeeding families to continue breastfeeding until the crisis is over.

5. Where appropriate, you can encourage re-lactation and refer to an IBCLC who can support the family with this process. Re-lactation is when a parent who has previously weaned to formula begins to pump or offer the breast to the child again in effort to “restart” the milk supply. Success rates with this vary widely and depend upon maternal health, methods, and appropriate support.

6. For families depending on formula for part or all of their child’s diet, encourage them to plan ahead to purchase this before they run out. Some families may need your support to do this. If local sources of formula are out of stock, the family may need to order directly from a manufacturer and wait for shipping times which are likely to be delayed in a crisis. Most formula packages have 800#s for ordering on them.

7. Speak to all families about SAFE infant feeding options during a crisis.

Infant Feeding During a Crisis	
<u>Safe options</u>	<u>Unsafe options</u>
Breastfeeding	“Home made” formula
Pumped milk from parent	Caro syrup and Carnation instant milk
Manufactured formula *prepared according to directions	Cow’s milk or other mammal milks
Screened and pasteurized donor milk **possibly from informal milk sharing, read below	Fruit or vegetable juices or combinations of juices
	Unscreened donor milk or purchased breastmilk

The Unsafe options listed above and *improperly prepared manufactured formula are all dangerous in one of two ways: 1)these options may be deficient in essential nutrients causing malnutrition and possible developmental delays from prolonged use, or 2)these options may have a solute load that is beyond the capacity for infant kidneys and livers to filter causing organ damage.

Informal human milk sharing is happening in all of our communities with increasing frequency and when practiced safely is an appropriate option for infant feeding for some families. I encourage you to read *Biomedical Ethics and Peer-to-Peer Milk Sharing by Karleen D. Gribble, Ph.D. available in Clinical Lactation, 2012, Vol. 3-3, 109-112.*** Many families and providers feel more comfortable with this option when families practice home pasteurization methods that require the same level of skill as proper formula preparation. eatsonfeetsresources.org is one of several resources on how to use the Flash Heating Method to pasteurize milk at home. Flash heating has been shown to eliminate HIV as well as pathogenic bacteria from donor milk samples in studies including but not limited to: *Bacterial Safety of Flash-heated and Unheated Expressed Breastmilk During Storage by Israel-Ballard, et al. (2006). Journal of Tropical Pediatrics Vol 52, No. 6.*

kellymom.com is a reliable and safe resource for breastfeeding information for families who struggle with breastfeeding. It includes an article on Relactation under the “Ages and Stages” tab in the drop down menu. This is a good place for families facing challenges sourcing formula that their child can tolerate because of food allergies, sensitivities, or other health conditions.

Specific Considerations and Challenges during the Covid-19 Outbreak

This is a viral pandemic for which we have no vaccine. There are now documented cases of newborns having contracted Covid-19 and while youth seems to be protective, newborns are well known to have fragile immune systems. *Breastmilk feeding is one of the only humane ways that we can protect newborns from Covid-19 infection.* Separation from parents is well documented to cause trauma in neonates as well as their parents. Breastfeeding newborns are safer from Covid-19, influenza, and SIDS when kept with their lactating parent, even if the lactating parent is actively shedding virus. Breastfeeding prevents the need to quarantine a newborn separately from their parents.

Social Distancing requirements to slow the spread of Covid-19 have caused a reduction in available health care services, including breastfeeding support groups, breastfeeding support from county health departments, and the services of some Lactation Care practices and clinics.

TeleHealth options for Breastfeeding support and limited in person care are available to your breastfeeding patients from the following sources:

- Some WIC clinics are continuing to offer limited services but these are changing daily, please call before sending a family in need of breastfeeding support or formula to your local WIC office.
- UR Medicine Breastfeeding (Dr. Casey Rosen-Carole, MD, IBCLC, Michele Burtner, CNM, IBCLC) in Rochester is offering TeleHealth Visits and limited in person care for emergent cases 585 276 6455
- Breast For All, LLC (Catherine Wightman, MS, IBCLC) in Dansville is offering TeleHealth Visits and limited in person care for emergent cases 585 204 0260
- Diane Cassidy Consulting (Diane Cassidy, IBCLC) in Rochester is offering Telehealth Visits and will soon be offering a Virtual Support group 585 261 4834
- Beautiful Birth Choices (Alison Spath, IBCLC) in Rochester is offering Telehealth Visits and Virtual Support groups.
- La Leche League and Breastfeeding USA continue to offer phone support.

-Do NOT underestimate the importance of YOUR kind encouragement to new parents to persist with breastfeeding efforts even when things are difficult. Your invitation to breastfeed, your encouraging words, your congratulatory statements about even the tiniest successes... these are hugely impactful to new parents at all times and especially during a crisis when new parent anxieties are compounded.

If you need further information on any of the above, please contact me at catherine@breastforall.com

Catherine Wightman, MS, IBCLC

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