



Public Health

**Jefferson County's Safe Infant and Young Child Feeding in  
Emergencies**  
*Denver metro and beyond.*

Angelica Pereda, RN - Natalie Gates, IBCLC - Paulina Erices, MS, IBCLC, IMH-E II

# DISCLOSURES

We have no disclosures.

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# Learning Objectives

- Identify at least one stakeholder to engage in developing new or strengthening existing partnerships
- Identify 3 essential clinical skills for IYCF-E first responders.
- Describe components for the design of an effective training for volunteer first responders and emergency response operational managers.

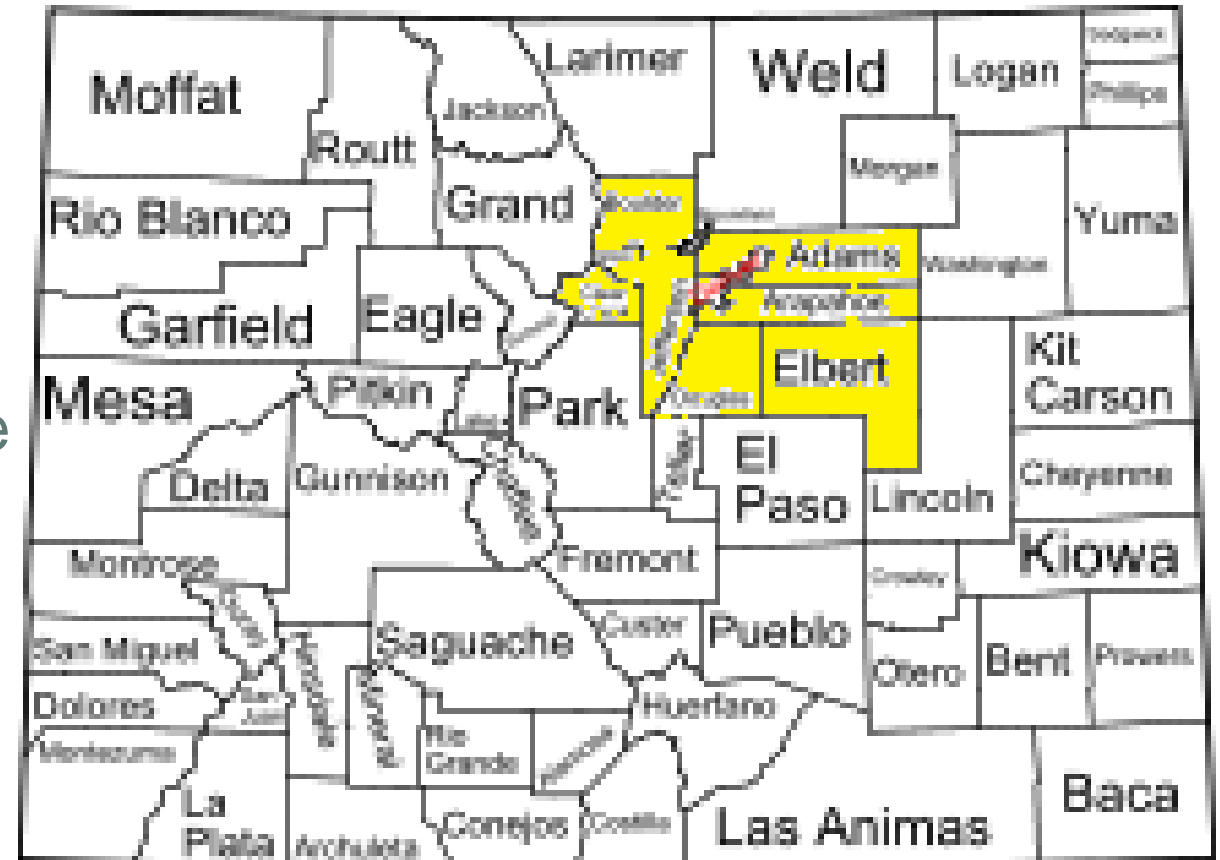


Determination, energy and courage appear spontaneously when we care deeply about something. We take risks that are unimaginable in any other context.

—Margaret Wheatly

# Our region

- 91.2% ever breast/chestfed
- Disparities in lactation rates
- IYCF-E plan supports 10 counties, resources can be shared statewide

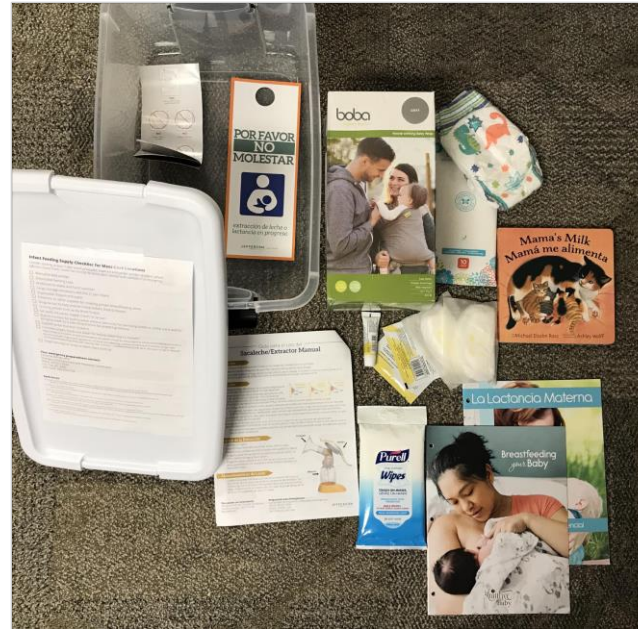


The background of the slide features a series of thin, curved lines in shades of gray, creating a sense of motion and depth. These lines are more prominent on the left side and fade towards the right.

“Are we ready to  
support safe  
feeding?”

- Pediatric disaster planning is a national gap
- No formal county-wide plan
- No supplies in place for safe feeding at shelters
- No way to include volunteers or community in safe infant feeding response

Now we  
have...





## Planning for Safe Infant Feeding in an Emergency

JEFFERSON  
COUNTY COLORADO | Public Health

**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 mother's 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 has no 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:** After the 2004 Indonesian tsunami, 65% of mothers who received peer counseling continued exclusive breastfeeding; where this counseling was not available, up to 80% of mothers switched from breastfeeding to formula.

**Triage during mass care:**

- Ask if parent was breastfeeding before emergency
  - If yes, encourage continued breastfeeding (do not distribute formula)

- **A Plan** that can be replicated by other counties in our region/state
- **Kits** ready to be distributed to shelters in an emergency
- An **Approved List** of 30 IYCF-E Responders that can be deployed in an emergency to a 10-county region
- [jeffco.us/2271/Emergency-Preparedness](http://jeffco.us/2271/Emergency-Preparedness)



Plans are made with 2% of what we know, the other 98% is unknown

# Jefferson County Emergency Preparedness





JCPH Incident Commander

JCPH Operations Branch Director

JCPH Infant Feeding Team Lead

IYCF-E Volunteer



*Photo by Tabea/Thebadassbreastfeeder.com/885/*

# Practical Considerations of IYCF-E



# Why focus on infants and children under 3 years old?

- Infants and young children are most at risk
- Continuation of breast/chestfeeding is the safest infant feeding method in an emergency\*
- Formula-fed infants are at highest risk in a shelter due to potential limitations to clean water, supplies, and correct preparation

*\*The UN Refugee Agency*



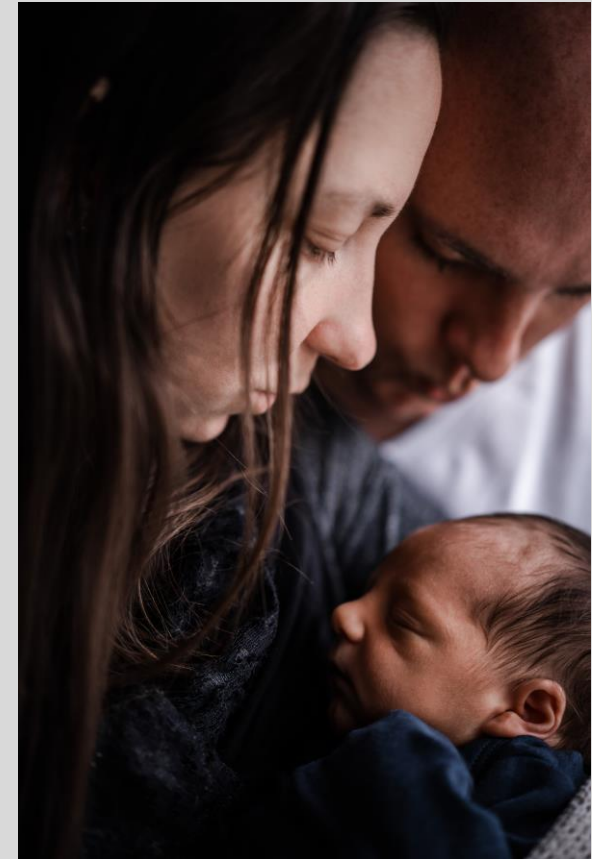
# Who is most impacted by disasters?

- Black, Indigenous, and POC have a reasonable distrust of the system.
- Limited information in their language, limited cultural relevancy of materials and resources.
- Unmet needs for physical or emotional safety.
- Look for alternatives for service delivery.



# What skills do volunteers need to be effective?

1. Know your community
2. Psychological support
3. Continuation of breast/chestfeeding
4. Milk expression/increasing milk supply
5. Safe formula preparation
6. Myth busting





## Planning for Safe In 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 any other age group

### What we know

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  - No concerns about contamination or incorrect preparation
- Breastfeeding benefits mother and baby during an emergency. How?
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### General recommendations for mass-care situations

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- If a woman gives birth, help her begin breastfeeding within 1 hour
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- Have trained infant-feeding experts on site
- Encourage mother-to-mother breastfeeding support

**Evidence:** After the 2004 Indonesian tsunami, 65% of mothers who received counseling continued exclusive breastfeeding; where counseling was not available, up to 80% of mothers switched from breastfeeding to formula.

#### Triage during mass care:

- Ask if parent was breastfeeding before emergency
  - If yes, encourage continued breastfeeding (do not distribute formula)
    - Help with relaxation or increasing breastmilk supply if necessary
  - If no, provide donor human milk
    - If no available donor milk, provide ready-to-feed formula
- Provide individualized information sheet (in parent'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
    - How to hand express breastmilk if necessary
  - For formula-feeding families:
    - Safe preparation and feeding technique
    - Importance of not giving water to infants younger than 6 months
    - Where to get help/supplies

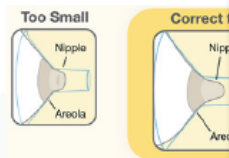
## How to Guide for Manual Breast Pumps

### Setting Up

- Read the instruction manual included with your pump and familiarize yourself with your pump
- Wash your hands and make sure all parts of the breast pump are clean.
- Find a private place if possible where you feel relaxed. If your baby isn't with you, think of your baby or look at a picture of them; this can help produce the hormones that help release milk.

### Pumping

- Place the assembled breast shield on your breast. Make sure the shield is centered over the nipple.
- Begin pumping. It may take a couple of minutes for the milk to start flowing. During the first two minutes it is useful to press and release the pump handle quickly to stimulate milk flow, like a baby's initial rapid sucking.
- Once your milk starts flowing adjust your rate of pumping the handle to be like a baby's sucking pattern.
  - For example, pump more quickly for the first few minutes and then slower to stimulate milk flow back and forth between quick and slow speeds every 5 minutes or so to help with milk flow.
- Pumping should not hurt. If there is redness, nipple rubs the sides of the shield or turns, try a different breast shield size.
- Switch breasts about every five minutes. Make sure that each breast gets about 15 minutes of stimulation. Don't worry if one breast produces more milk than the other; this is common.
- If you have concerns about your milk supply or differences in what you can pump from each breast, ask a lactation consultant for advice.



### After Pumping

- Celebrate – you did it!
- When you've finished pumping, remove the breast shield.
- Carefully unscrew the bottle from the pump and place a lid on it.
- If any parts of the manual breast pump have touched the breast or milk, wash them in warm, soapy water.
- Set the pieces out to air-dry. Once pieces are dry store them in a clean container, bag, or cover with a clean towel.

### Storage of Milk

- The breastmilk is safe at room temperature for four to six hours. Many people prefer to refrigerate it right away; the Centers for Disease Control says it is safe to refrigerate breast milk for up to five days. When stored in a chest or upright deep freezer, the milk keeps for six to 12 months.

#### For lactation support:

Jefferson County WIC Clinics  
Main number: 303.271.5780  
bit.ly/JeffcoWIC

#### Emergency preparedness:

Emergency Preparedness and Response Coordinator  
Office: 303.271.8394  
Cell: 720.261.2445  
24/7 ESF8: 303.239.7156

## After the Power Has Been Out: Food Safety Concerns

### Identify and throw away food that may not be safe to eat.

- Throw away food that has an unusual odor, color, or texture. When in doubt, throw it out.
- Wash fruits and vegetables with water from a safe source before eating.

### How to determine if food from the refrigerator and freezer is safe to eat:

- Refrigerated food should be safe as long as the power was out for no more than 4 hours and the refrigerator door was kept shut. Discard any perishable food (such as meat, poultry, seafood, dairy products, or leftovers) that has been above 40°F for 2 hours or more.
- If an appliance thermometer was kept in the freezer, check the temperature when the power comes back on. If the freezer thermometer reads 40°F or below, the food is safe and may be refrozen.
- If a thermometer has not been kept in the freezer, check each package of food to determine its safety. You can't rely on appearance or odor. A full freezer will hold the temperature for approximately 48 hours (24 hours if it is half full) if the door remains closed. If the food still contains ice crystals or is 40°F or below, it is safe to refreeze or cook.
- Keep in mind that perishable food such as meat, poultry, seafood, milk, and eggs that are not kept adequately refrigerated or frozen may cause illness if consumed, even when they are thoroughly cooked.

### Infant food safety considerations:

- You can store freshly expressed or pumped breast milk at room temperature (up to 77°F) for up to 4 hours. Containers should be covered and kept as cool as possible. Covering the container with a clean, cool towel may keep milk cooler. Throw out any leftover milk within 2 hours after your baby is finished with a feeding.
- After mixing powdered formula, feed it to your baby immediately. Do not leave prepared formula at room temperature. If your baby starts a bottle of formula but does not finish it within 1 hour, throw it away. Do not save it for later. Bacteria from saliva can contaminate the formula in the bottle, and once this occurs, reheating will not kill the bacteria.
- After opening a jar or pouch of baby food, feed it to your baby immediately and discard any leftovers.

### For more information, please visit:

Centers for Disease Control and Prevention: <https://www.cdc.gov/disasters/foodwater/facts.html>

Food & Drug Administration: <http://www.fda.gov/Food/ResourcesForYou/Consumers/ucm076881.htm>

# How does deployment work?

1. Activation of shelter
2. Intake Form – positive response
3. Kit sent to shelter
4. IYCF-E Volunteers deployed





Are any children in your family 0-3 years old? YES/NO.

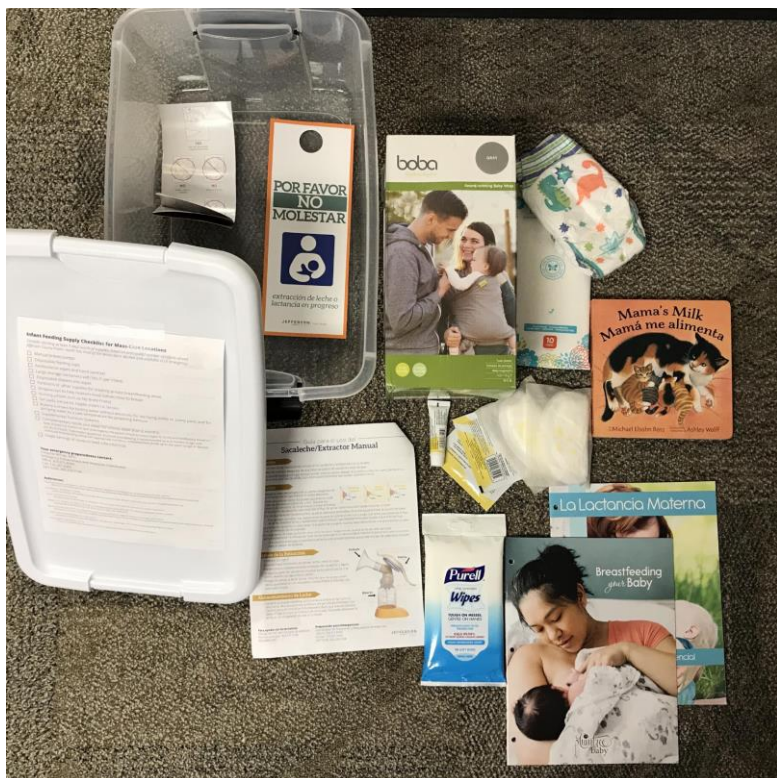
If the answer is YES please fill out the supplemental Safe Feeding Form below:

	Please list child's name and their age in months	Are you currently breastfeeding or providing formula to your child(ren)?	Please <b>mark all</b> of the ways your child is being fed  <i>Definitions</i> Breastfeeding = breastmilk either from the breast or bottle Formula = breastmilk substitute Solids = any types of food, water or other liquids	Additional comments/needs for safe feeding
Child #1	Name _____  Age _____	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<input type="checkbox"/> breastfeeding  <input type="checkbox"/> formula  <input type="checkbox"/> solids	

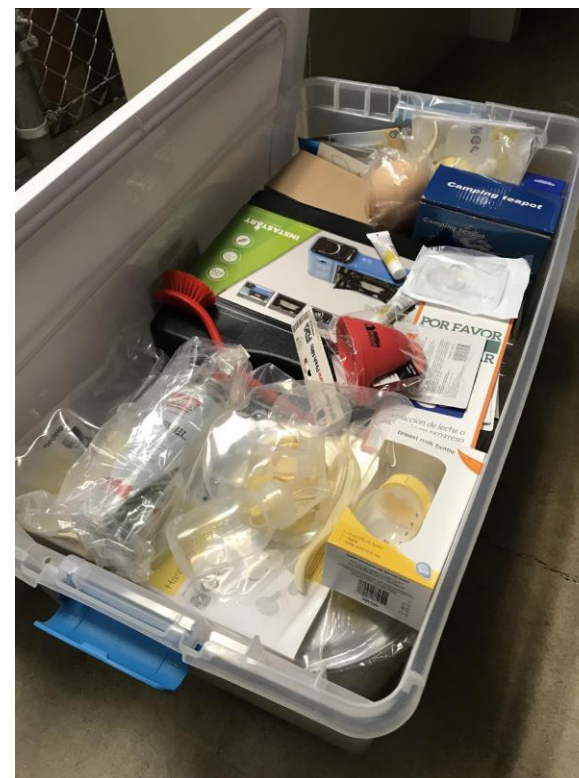
# Supplemental Question to Shelter Intake Form

# What supplies are ready?

Family kit – one per parent/child



Shelter bin – one at each shelter



# Community Inclusion



# Webinar with EPR partners

- Zoom Webinar with Mass Care Committee
- Goal: awareness and buy-in of safe infant feeding and mental health support





# Safe Infant Feeding 4-hour training with skilled volunteers

- Simultaneous interpretation
- Infant and Young Child Feeding in Emergencies (IYCF-E) Responders
- Lactation professionals and peer support including LLL, Breastfeeding Counselors, WIC Peer Counselors, Consejeras de Lactancia, Midwives, RDs, IBCLCs



Photo Jeffco Public Health



# Items covered in IYCF-E volunteer trainings

- Overview of EPR, why protect infant feeding
- Role of shelters
- Messaging
- Effects of stress
- Basic aid for lactation
- Skills to support families in safe feeding
- Safe formula preparation
- Case studies



*Photo Jeffco Public Health*

# Value of Safe Infant Feeding (IYCF-E) volunteer trainings

- Our plans and kits are inclusive of:
  - child development
  - mental health
  - parent-child relationshipsand co-created with community members for cultural and linguistic competency.



Photo Jeffco Public Health



# Influence in Community Inclusion

Who?

- Community leaders and community partners

What?

- Determine if there is already a community built or led network in place.

When?

- At the start of the process and throughout

Where?

- Social media, school parent groups, lactation groups

How?

- Make space at the table (Not optional)
- Find out what they need and they value culturally



# WHY?

- True community inclusion must be based upon personal connections, common interests, and shared values.
- Leadership role outcomes
- It is a means to develop essential community support
- Value=Sustainability
- Community-led programs have been more successful





## Jefferson County Infant Feeding Resource Guide during COVID-19



### Free (virtual) breastfeeding and infant/family support

#### Mother's Milk Bank

- Mothers' Milk Bank Baby Café Group is meeting virtually on Google Meet- to join fill out a short form here [rmchildren.org/mothers-milk-bank/baby-cafe/](https://rmchildren.org/mothers-milk-bank/baby-cafe/)

#### Jefferson County WIC

- WIC is still open and offers food assistance, nutrition education and breastfeeding support
- Phone/text appointments with lactation consultants are available as well as a variety of pumps for qualifying families, pumps can be mailed
- WIC serves low-income families who are pregnant, postpartum, and caring for children up to the age of 5.
- Call 303-271-5780 if you live in Jeffco or visit [coloradowic.gov](https://coloradowic.gov) to find out if you qualify

#### La Leche League of Lakewood

- Virtual meetings by Zoom the first Friday and third Saturday of the month. Visit [www.lloflakewood.org](https://www.lloflakewood.org)

#### Lutheran Medical Center

- Call their Lactation Consultants at 303-425-2286 with questions or to find out about virtual support groups

#### Children's Hospital Breastfeeding Management Clinic

- Offering appointments with limited hours. Call 720-777-3605 for more info

#### Jeffco Family Navigator

For information on virtual in-home parenting support and community resources, call 303-239-7054



### Apoyo gratuito en español/ Free support in Spanish

#### Apoyo gratuito a la lactancia en español/Free lactation support in Spanish

- Adelante Consejeras de Lactancia para preguntas y recursos de alimentación infantil y crianza
- Adelante Lactation Counselor Warmline for questions on infant feeding and growth
- Línea tibia/Warmline 720-507-7265. En español o inglés/In Spanish and English

#### La hora del bebé/Baby Time:

- Para padres latinos con niños pequeños y personas embarazadas. Comparta y conéctese para conversar acerca de temas específicos de criar niños pequeños. Inglés y español mezclado
- For Latinx parents who are expecting and with young children. To share and connect around the specific questions and needs of raising little kids. English & Spanish
- Ir a/go to [www.adelantejeffco.org](https://www.adelantejeffco.org)

#### Serie de Educación para el Parto, Cuidado del Bebé y Alimentación Infantil/Childbirth Education, Baby Care, and Infant Feeding Series:

- Dos veces a la semana por sólo 40 minutos
- Twice a week for just 40 minutes
- Regístrese en/Register at [www.adelantejeffco.org](https://www.adelantejeffco.org)

el Navegador de Recursos de Jeffco llame al 303-239-7054

## FORMULA PREPARATION

4/20/2020

Note: most standard formulas are 1 scoop to 2 ounces water, but please check the measurement instructions on the formula container to know how many scoops per ounces you need.



Wash your hands for 20 seconds with soap and water.



Make sure you have a sterile, clean bottle ready.



Boil some water and wait about 15-30 min to mix the formula. This step is not about purifying the water but instead to ensure the hot water will sterilize the formula, per World Health Organization guidelines.



Carefully fill bottle with half the amount of desired water. The water should still be hot -- no cooler than 158°F/70°C.



Add required amount of formula powder to hot water.



Close bottle and shake. Add remaining water and shake again. Cool bottle in ice water or under cold running water, or wait until cool.



Before feeding bottle to baby check drinking temperature (98°F or below). 98°F feels like warm water on your wrist. **DO NOT FEED HOT FORMULA TO BABY**



If you, or baby's caregiver, is feeling sick, please wash hands and wear a mask while feeding baby. **REMEMBER, NO CHILD UNDER AGE 2 SHOULD WEAR A MASK**

#### TIPS:

- Mixed formula lasts up to 24 hours if stored in fridge, and only 2 hours if stored at room temperature.
- You can rewarm a premixed, new bottle from the fridge under running hot water.
- Use exact measurements. Most measuring cups have ml on the reverse side.
- If you don't have a bottle you can use a small, clean cup.
- Do not water down formula or make homemade formula.
- Your baby should not re-feed later from the same bottle with leftover formula; always clean/sterilize bottle afterward. This will ensure your baby does not get sick from leftover bacteria.

For more information or support call Jeffco WIC office at 303-271-5780

[www.jeffco.us/coronavirus](https://www.jeffco.us/coronavirus)

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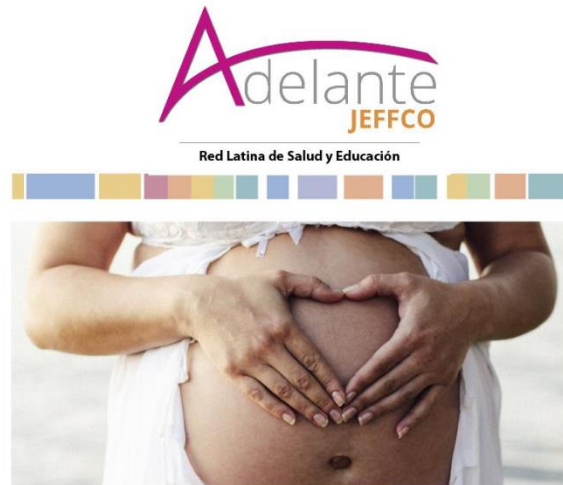


Learn more:

Visit: <https://bit.ly/2G5HhBQ>

Also offering IN SPANISH:

- Beginning Rhythms and Keys to Caregiving in partnership with Special Kids, Special Care with the financial support from the Mother's Milk Bank.
- COMING SOON:  
Community Lactation Access Project Curriculum a 45 hours clinical lactation.



**CONSEJERAS DE LACTANCIA (720)507-7265**

# Conclusion

1. Determine EPR structure for your city, county, or region.
2. Internally - do you collaborate or have common goals between Maternal Child Health, WIC, Community Lactation groups? Do you partner with Emergency Preparedness?
3. Externally - what partners lead emergency response?
4. Hold discussions to create buy-in around the common goal to protect safe infant feeding during emergencies
5. Determine available funds for supplies and kits
6. Training options – partnering with community lactation and feeding experts here can be powerful
7. What would the formal process/plan be for your community to deploy volunteers and kits



Photo Jeffco Public Health



Thank you!

Please visit our website [jeffco.us/2271/Emergency-Preparedness](http://jeffco.us/2271/Emergency-Preparedness)  
to view our plan and materials on our [Google Folder](#)

Questions? Contact Allison Wilson [awilson@jeffco.us](mailto:awilson@jeffco.us)