

Guide for DHB Emergency Management Staff: Infant feeding in an emergency for babies aged 0–12 months

This guide is to help emergency planning and response staff of district health boards (DHBs) plan for and respond to infant feeding needs in an emergency.

Read this guide in conjunction with the:

- Ministry of Health's:
 - *Position Statement: Infant feeding in an emergency (for babies aged 0–12 months)*¹
 - *Roles and Responsibilities: Infant feeding in an emergency (for babies aged 0–12 months)*¹
 - *Feeding Your Baby in an Emergency (for babies aged 0–12 months)*¹ (consumer resource)
 - *National Health Emergency Plan*²
- Ministry of Civil Defence and Emergency Management's:
 - *Welfare in an Emergency: Director's Guideline for Civil Defence Emergency Management Groups and agencies with responsibilities for welfare services in an emergency [DGL11/15]*³
 - *Donated Goods Management Planning: Civil Defence Emergency Management best practice guide [BPG2/06]*⁴.

Planning for infant feeding needs in an emergency

Infants (aged 0–12 months) are 'vulnerable people' for the purposes of the National Health Emergency Plan. DHB emergency planning and response staff are responsible for addressing infant feeding needs in their DHB emergency response and business continuity plans. Also, DHB staff have an important role in ensuring their local Civil Defence and Emergency Management (CDEM) Group's planning addresses infant feeding needs. CDEM Groups (or the National Controller) are responsible for sourcing and supplying infant formula, feeding equipment and other essential feeding supplies in an emergency where parents and caregivers do not have their own supplies and cannot be supported to buy these items in the usual way.

It is essential that all your planning for infant feeding in an emergency include consultation with, and advice from, relevant DHB nutrition, dietetic, lactation and/or paediatrics staff.

You may also include contracted service providers, such as Lead Maternity Carers, Well Child / Tamariki Ora providers and other appropriate community-based health service providers, in planning, response and recovery activities to support infant feeding in an emergency. These service providers will have business continuity plans for an emergency and may be in a position to provide these services during the response phase of an emergency. Seek out their specialist expertise and experience in infant feeding wherever the situation allows.

1 www.health.govt.nz/your-health/healthy-living/emergency-management/feeding-your-baby-during-emergency

2 www.health.govt.nz/publication/national-health-emergency-plan-framework-health-and-disability-sector

3 www.civildefence.govt.nz/assets/Uploads/publications/dgl-11-10-welfare-in-an-emergency.pdf

4 www.civildefence.govt.nz/assets/Uploads/publications/bpg-02-06-donated-goods-management-planning.pdf

Responding to infant feeding needs in an emergency

Breastfeeding in an emergency

In an emergency, breastfeeding women should be encouraged to continue to breastfeed as normal. Breastfeeding provides the best nutrition for the baby and eliminates infection risks that can be associated with emergencies. Women who are breastfeeding and using complementary foods (for infants aged around six months and over) can breastfeed more often if complementary foods are temporarily unavailable. Breastfeeding remains safe in an emergency and a mother can provide enough breast milk even in stressful situations.

See the Ministry of Health's consumer resource, *Feeding Your Baby in an Emergency (for babies aged 0–12 months)*, for more information on breastfeeding in an emergency.

Infant formula feeding in an emergency

Infant formula products and feeding equipment should only be supplied to families that need them. These products should not be:

- given to breastfeeding women
- included in the general distribution of household goods.

Assessing needs in an emergency

It is essential that DHB emergency response staff seek advice from relevant DHB staff at the 'needs assessment' stage of an emergency response (once the emergency has begun). At this point, you may be involved in decisions on whether CDEM Groups source and supply powdered infant formula or ready-to-feed infant formula.

Sourcing and supplying infant formula in an emergency

Powdered infant formula and feeding equipment

Only supply powdered infant formula if safe drinking-water and electricity (or an alternative energy source) are available. If the supply of safe drinking-water or electricity is uncertain, supply ready-to-feed formula.

The advantage of sourcing and supplying powdered infant formula and its associated feeding equipment and supplies is that they are likely to be readily available at supermarkets and pharmacies. Also, many parents and caregivers are likely to have at least some of these products on hand.

Only supply Stage 1 powdered infant formula (infant formula) rather than any other type of powdered infant formula. Stage 1 powdered infant formula is marketed for infants aged 0–6 months but is safe and nutritious for infants aged up to 12 months. 'Follow-on formula' for infants aged 6–12 months and 'toddler milk' for infants aged over 12 months are not recommended foods and are unsafe for infants aged 0–6 months. Infants aged over 12 months can drink whole (eg, dark blue or silver cap/label) cows' milk.

Use sterile drinking-water to make up powdered infant formula for infants aged 0–3 months. Boiling drinking-water and cooling it to room temperature is the recommended sterilisation method. Sealed commercial bottled water is safe but is not sterile.

Use sterile drinking-water to make up powdered infant formula for infants of all ages (and older children) when the drinking-water source is:

- stored or delivered (eg, by tanker)
- bore water⁵ or tank water
- supplied subject to temporary or emergency recommendations (eg, a boil water notice).

Sterilise feeding equipment before every use for all infants. This advice differs from Ministry of Health general guidance on formula feeding, which recommends sterilising feeding equipment for infants aged 0–3 months. Boiling equipment in water (hot water sterilisation) is the preferred method of sterilisation but treating the water (cold water sterilisation) is another option.

⁵ Boiling bore water ensures it is low in nitrates: Ministry of Health. 2008. *Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0–2): A background paper – partially revised December 2012.*

Supplying at least 4 litres of drinking-water, per infant, per day, is recommended because water is needed to both make up powdered infant formula and sterilise the feeding equipment. This amount of water is more than the recommended amount per day for an adult.

Supply the following essential feeding and sterilisation equipment along with powdered infant formula :

- two or more feeding bottles with compatible teats per infant
- safe drinking-water
- a pot with a lid
- kitchen tongs
- stove or alternative means of boiling water
- soap/hand sanitiser
- dishwashing liquid
- paper towels
- water sterilisation tablets (cold water sterilisation of feeding equipment only).

See *Feeding Your Baby in an Emergency (for babies aged 0–12 months)*, for more information on supplies and how to safely prepare powdered infant formula.

‘Ready-to-feed’ infant formula (RTF)

If the supply of safe drinking-water and/or electricity is uncertain, the Ministry of Health recommends ready-to-feed infant formula. It is sterile until the packaging is first opened. This product is in liquid form and eliminates many of the infection risks and the need for additional supplies, in contrast to powdered infant formula.

The best option is to use ready-to-feed infant formula products that come in a single-portion feeding bottle with a teat attached. If the RTF products do not come in a feeding bottle or with a teat attached, sterile, single-serve feeding bottle and compatible teat along with the ready-to-feed infant formula need to be supplied.

Only full-term ‘from birth’ ready-to-feed infant formula should be supplied in an emergency. This product is both safe and nutritious for infants aged 0–12 months.

DHB hospital dietitians and paediatrics staff will have supplier details for ready-to-feed infant formula products and sterile feeding equipment. However, hospital staff cannot make orders or supply products for a Civil Defence response.

Ready-to-feed infant formula is not readily available through retail outlets in New Zealand and supply of these limited ‘shelf-life’ products is matched to existing hospital demand. The supply of ready-to-feed infant formula in the New Zealand supply chain is likely to be limited. In the short term, Civil Defence use is likely to be in competition with hospital reorders. However, suppliers have indicated that larger quantities required for Civil Defence use may be managed from the international supply chain.

Donations of infant formula in an emergency

The Ministry of Health’s position on donations is that agencies, health practitioners and emergency responders involved in the emergency response will decline, and not seek, donations of infant formula, including donations of follow-on formula and toddler milks. Instead, only infant formula that has been sourced and distributed on behalf of the relevant Civil Defence Controller and according to the Controller’s assessment of the specific emergency will be used. See the Ministry of Health’s *Position Statement: Infant feeding in an emergency (for babies aged 0–12 months)* for further information on donations of infant formula.

It is designed to prevent donations from arriving during the emergency. It is aligned with the Ministry of Civil Defence and Emergency Management’s position on managing donated goods.⁶

⁶ www.civildefence.govt.nz/assets/Uploads/publications/bpg-02-06-donated-goods-management-planning.pdf

If unsolicited donations do arrive, it is recommended that they are returned. If it is not practical to return donations, they should be removed, disposed of or stored so that they are not distributed inadvertently and unsafely.

Agencies involved in the emergency response will refer donations to the DHB emergency planning and response point-of-contact to manage. These donations should be removed or disposed of at the earliest time that priorities permit.

Also if priorities permit, the Ministry recommends that relevant DHB nutrition, dietetic, lactation and/or paediatrics staff record details of donations before they are removed or disposed of. These records should be stored in an information management system (eg, Health EMIS) noting:

- brand name, labelled product description, quantity of products (eg, 200 x 900 g cans of [*brand name*] [*labelled product description*]) and the use-by date on the product
- what action has been taken (eg, returned, location of storage, means of disposal)
- any other information that the relevant DHB nutrition, dietetic, lactation and/or paediatrics staff recommend is recorded
- if readily available only, contact details of the donor.

It is recommended that DHB emergency planning and response staff incorporate planning for removal or disposal with their CDEM Group's plans for dealing with all other types of unsolicited donations (see Ministry of Civil Defence and Emergency Management's *Donated Goods Management Planning: Civil Defence Emergency Management best practice guide [BPG2/06]*). Where a CDEM Group cannot include removal or disposal of donations of infant formula in its plans, the DHB is expected to develop and implement such plans in its own emergency response planning.