



Joint Statement on Infant and Young Child Feeding in the Context of COVID-19 Pandemic in the United States

August 2020

The below signatories of the **U.S. Breastfeeding Committee-Affiliated COVID-19 Infant & Young Child Feeding Constellation** call for **ALL** involved in the response to COVID-19 pandemic to equitably protect, promote, and support the feeding and care of infants and young children and their caregivers. Your support is critical to ensure optimal growth and development and to prevent malnutrition, illness, and death among infants and young children.

We are issuing this joint statement to help secure immediate, coordinated, multi-sectoral action on infant and young child feeding (IYCF) in line with adopted IYCF guidance in the context of the COVID-19 pandemic response in the United States.

Children from birth up to two years are particularly vulnerable to malnutrition, illness, and death. Globally recommended IYCF practices protect the health and wellbeing of children and are especially relevant in emergencies. **Recommended practices**¹ include:

- 1) **Early initiation of breastfeeding** (putting baby to the breast within 1 hour of birth);
- 2) **Exclusive breastfeeding** for the first 6 months (no food or liquid other than breastmilk, not even water unless medically indicated);
- 3) Introduction of age-appropriate, safe and nutritionally adequate **complementary feeding** from 6 months of age; and
- 4) **Continued breastfeeding** for 2 years and beyond.

In the context of the COVID-19 pandemic, the **recommended IYCF practices should be equitably protected, promoted, and supported** while encouraging infant caregivers and health care providers to apply appropriate respiratory hygiene during feeding, care, and contact with the infant and the young child.²

Particular concerns regarding the **COVID-19 pandemic and the impact of potentially harmful infant feeding practices** include:

- **Deepening of structural inequities** related to IYCF support services and access to quality perinatal healthcare among Black, Indigenous, and People of Color (BIPOC) communities, who are disproportionately affected by systemic racism, obstetric violence, and maternal and infant morbidity and mortality;
- **Implementation of healthcare policies and practices that disrupt lactation**, including but not limited to physically separating infants from their birthing parent immediately postpartum when COVID-19 is suspected or confirmed and failing to provide adequate lactation support in hospitals and post-discharge;
- **Decreased access to critical healthcare and IYCF support** services due to mobility restrictions and the designation of lactation services as non-essential healthcare;
- **Loss of social support** during pregnancy, birth, and lactation due to social distancing;
- **Poor integration of perinatal mental health and psychosocial support** with perinatal and postpartum healthcare or IYCF services;

¹ <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>

² https://mcusercontent.com/fb1d9aabd6c823bef179830e9/files/ffa9cdc1-17de-4829-971216abe85c2808/IYCF_Programming_in_the_context_of_COVID_19_30_March_2020.pdf

- **Disruption in the availability, accessibility, and acceptability of pasteurized donor human milk** in postpartum and neonatal units, which disproportionately affects BIPOC at highest risk of preterm birth and associated morbidity and mortality;
- **Decreased healthcare and IYCF support services for populations with accessibility needs** (e.g., families with limited English fluency; persons with disabilities; households lacking technologies required to use virtual/telehealth services);
- **Disruption in access to emergency perinatal healthcare and IYCF support** services for structurally marginalized populations (e.g., homeless; incarcerated; persons living with HIV/AIDS; LGBTQ+; persons with substance use disorders);
- **The inability to implement** recommended COVID-19 infection prevention and control measures during IYCF due to lack of personal protective equipment (PPE);
- **Poor knowledge application or awareness by healthcare providers, health care professional organizations, and IYCF support persons** that, based on the best evidence and current science, SARS-CoV-2 is not passed through human milk³;
- **Concerns about the supply chain of commercial infant formula**, including increased demand for infant formula, public panic regarding the scarcity of formula resulting in needs of formula dependent infants not being met, poorly coordinated formula procurement and distribution to families in need, and the unethical marketing of infant formula that disproportionately targets low-income and BIPOC families;
- **Lack of understanding among health care providers and parents that stress and trauma do not negatively impact the quality of milk or the physiology of milk production** that contribute to early weaning, unnecessary formula supplementation, and disrupted lactation;
- **Compromised access to markets and fresh produce** which can lead to over-reliance on highly processed foods, which may be calorie-dense but nutrient-poor, are inappropriate for the healthy growth and development of infants and young children, and do not meet nutritional needs during pregnancy and lactation.
- **Lack of integration of early childhood education (ECE) programs into COVID-19 IYCF response** creating a significant gaps in the continuity of IYCF support in the community.

Calls for Action

In line with the Infant and Young Child Feeding in the Context of COVID-19 Brief⁴ and with consideration of the above, **the joint signatories of this statement call on ALL agencies involved in response to the COVID-19 pandemic** to ensure support to policies, programs, and initiatives aimed at protecting, promoting and supporting recommended IYCF practices:

1. **Prioritize and identify the needs of pregnant and lactating individuals early in the response and provide adequate protection and support in line with recommended feeding practices for IYCF in the context of the COVID-19 pandemic.** Ensure that infants born to a person with suspected or confirmed COVID-19 are provided with access to a full spectrum of postpartum lactation healthcare services to minimally include skin-to-skin contact and the opportunity to feed at breast/chest while applying the necessary hygiene precautions. Avoid practices and non-evidence-based interventions that separate infants and parents or otherwise disrupt lactation. Support equitable access to pasteurized donor human milk, when available, to maintain exclusive human milk feeding of newborns. Ensure that a system is in place to provide continuity of quality, appropriate, and accessible follow-up postpartum care and skilled lactation support before hospital discharge, especially for families with limited resources. Advocate that skilled lactation support in healthcare facilities and

³ <https://www.who.int/publications/i/item/10665332639>

⁴ UNICEF, GTAM, GNC. March 30th, 2020. Infant and Young Child Feeding in the Context of COVID-19. Brief No. 2 (v1) https://musercontent.com/fb1d9aabd6c823bef179830e9/files/ffa9cdc1-17de-4829-9712-16abe85c2808/IYCF_Programming_in_the_context_of_COVID_19_30_March_2020.pdf

community settings are considered essential. Support integration of lactation service providers into comprehensive postpartum and pediatric COVID-19 response.

2. **Provide emergency funding to assist community lactation support providers in acquiring PPE** for situations that require hands-on assessment and care.
3. **Protect and meet the needs of infants and young children who are formula-fed while minimizing the risks associated with formula feeding in emergencies.** Infants who are dependent on infant formula should be urgently identified, assessed, and prioritized to receive a package of essential support. Establish a network of coordinated IYCF response to meet the needs of formula-dependent infants. Ensure that best practices for assessment of need, procurement, and distribution of formula and other infant feeding supplies get integrated into IYCF response policies, programs, and activities.⁵ Ensure that IYCF coordinating agencies and the organizations they support are provided with the necessary funding, training, and programming support to ensure timely, ethical, and quality support for safer formula feeding during emergency response. This response may include, but is not limited to: responsible purchase and distribution of formula, infant feeding supplies (i.e., bottles, nipples, pumps), and hygiene-related materials (e.g., dishwashing detergent and bottle brushes) based on an assessment of need; a sustained infant feeding package for the duration of the emergency response; parent/caregiver education about recommended formula preparation and feeding hygiene practices; promoting continuity of pediatric care (e.g., well-visits and vaccinations) and social services (e.g., mental health and psychosocial support; early care education); promoting continuity of postpartum follow-up care. If possible and parents are willing, provide counseling and skilled support for the re-establishment of lactation (“relactation”) and gradual reduction of supplementation with formula.
4. **Advocate that organizations supporting IYCF align policies, programs, and practices with the International Marketing of Breastmilk Substitutes (WHO Code)** to minimize unethical marketing of formula to vulnerable families during emergencies.
5. **Ensure that pregnant and lactating individuals have access to food, clean water, protection, psychosocial support, and other interventions to meet essential needs.** Consider innovative approaches for remote support in the context of perinatal/postpartum isolation and social distancing. Share innovative approaches for remote support to assist providers across the U.S. to help parents access essential needs.
6. **Ensure the accessibility and availability and continuity of nutritious, fresh food, and essential staples** at affordable prices for children and their families. Where there are identified shortfalls in local access to and availability of nutrient-dense foods, facilitate access to age-appropriate and safe, complementary foods for infants and young children (e.g., state or national coordination of WIC services). Families should receive support on what, when, and how to feed young children to empower caregivers to implement and manage a healthy diet that includes intake of safe and palatable drinking water for their young children.
7. **Ensure that human milk donations and the ethical and equitable distribution of pasteurized donor human milk** are part of integrated newborn care and postpartum lactation support during COVID-19 response.⁶
8. **Ensure that organizations positioned to provide culturally appropriate, accessible, and quality trauma-informed IYCF services** to BIPOC or otherwise marginalized families are integrated into care continuity systems so that they can provide timely and responsive care at the community level.
9. **Partner with and develop MOUs/MOAs with BIPOC-led organizations to facilitate the provision of IYCF services to families with infants and young children at high risk for lactation challenges;** these risks may include, but are not limited to: preterm and low birth weight infants; infants under 6 months of age; children with disabilities or special feeding needs; HIV exposed infants; substance-exposed infants; orphaned infants; infants of an incarcerated mother/birthing parent; infants of parents who are traumatized; all instances where children are separated from their parents/caregivers in the maternity care setting; military families. Ensure

⁵Operational Guidance on Infant Feeding in Emergencies (OG-IFE) version 3.0. www.enonline.net/operationalguidance-v3-2017

⁶ Why donor human milk is an essential need during COVID-19. Available at: <https://www.hmbana.org/news/why-donor-human-milk-is-an-essential-need-during-covid-19.html>

that these organizations are integrated into a comprehensive referral network of medical, health, and social services.

- 10. Provide opportunities for continuing education and training of lactation support providers** that are grounded in the global guidance and current evidence-based practices for recommended IYCF and COVID-19.
- 11. Integrate recommended policies and practices for IYCF and COVID-19 into ECE programs**, national standards (*Caring for our Children*), and professional education tracks for ECE. Establish IYCF as a mandatory topic for health and safety training requirements through the Child Care Development Block Grant (CCDBG) Act of 2014 in all states. Ensure ECE professionals have educational and training opportunities to build skills that support recommended IYCF. Establish national health and safety guidelines for on-site breastfeeding in child care settings for families and child care program staff.
- 12. Ensure equitable emergency access and accessibility to remote, virtual, and telehealth services for all families with members who have recently given birth and who are caring for infants and young children.** This entails expanding the coverage of remote health services and supporting the provision of technologies and devices required to access such services to families in need.
- 13. Advocate for universal health care during the COVID-19 pandemic to all people regardless of the ability to pay, insurance type, or immigration status to achieve the aforementioned actions.** Universal health care is needed to ensure that the aforementioned actions are equitably achieved and that the human rights, health, and well-being of all pregnant people, birthing parents, infants, and their caregivers is protected.

COVID-19 Infant and Young Child Feeding Constellation Participants:

1,000 Days	Connecticut Breastfeeding Coalition
Academy of Nutrition and Dietetics	HealthConnect One
Adelante Network	Healthy Children Project, Inc.
Alabama Breastfeeding Committee	Human Milk Banking Association of North America
Alaska Breastfeeding Coalition	Indigenous Breastfeeding Counselor
Alimentación Segura Infantil	Kentuckiana Lactation Improvement Coalition
American Academy of Family Physicians	Lactation Education Resources
American Academy of Nursing	La Leche League Alliance
American Academy of Pediatrics	La Leche League USA
American Breastfeeding Institute	Maryland Breastfeeding Coalition
American College of Obstetricians and Gynecologists	Mom2Mom Global
Appalachian Breastfeeding Network	MomsRising
Association of State Public Health Nutritionists	Montana State Breastfeeding Coalition
Baby-Friendly USA, Inc.	National Association of Professional and Peer Lactation Supporters of Color
Black Mothers Breastfeeding Association	Ohio Breastfeeding Alliance
Breastfeeding USA	Reaching Our Sisters Everywhere
BreastfeedLA	Southeast Michigan IBCLCs of Color
California Breastfeeding Coalition	Tarrant County Breastfeeding Coalition
Carolina Global Breastfeeding Institute	United States Lactation Consultant Association
Centers for Disease Control and Prevention	Wisconsin Breastfeeding Coalition
Centro Pediátrico de lactancia y crianza	Women-Inspired Systems' Enrichment
Coalition of Oklahoma Breastfeeding Advocates	

If you have **particular questions about IYCF in the context of COVID-19**, please post your questions to office@usbreastfeeding.org