



(c) Unicef UK/Mead 2015

A GUIDE FOR LOCAL AUTHORITIES

INFANT FEEDING DURING THE CORONAVIRUS (COVID-19) CRISIS

01 May 2020



FOREWORD

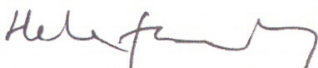
In this unprecedented time during the coronavirus outbreak, the need for continued support for infant feeding has come into sharp focus.

With babies being one of the most vulnerable groups in our populations, we must ensure everything possible is being done to maximise protection and minimise risk in both the short and long term.

A number of weaknesses with regard to how we feed and care for babies have come to light during the outbreak and local authorities are having to respond to these. Therefore, Unicef UK and First Steps Nutrition Trust have partnered together with the National Infant Feeding Network (NIFN), a network of over 700 infant feeding specialists, to produce this child rights-focused guidance for local authorities to ensure babies and families are protected during this crisis.



Sue Ashmore, Director
Baby Friendly Initiative, Unicef UK



Dr. Helen Crawley
First Steps Nutrition Trust

CONTENTS

- 01 Foreword
- 02 Introduction and key points
- 03 Pathway for emergency support
- 04 Protection of breastfeeding
- 05 Formula feeding infants
- 05 Procuring infant formula
- 06 Providing infant formula to families
- 06 Other methods of support
- 06 Baby food
- 07 Appendix



INTRODUCTION

During the coronavirus (Covid-19) outbreak, there has been concern that families who are self-isolating may struggle to obtain infant formula and that the financial situation of some families is deteriorating rapidly, leaving them unable to afford infant formula or food for their baby. There has also been concern that parents cannot always access infant formula in the shops because of low stocks. This guide is intended to support relevant teams to work together to manage these situations. This should involve Public Health teams and existing infant feeding support services commissioned locally and provided by maternity, health visiting and/or third sector organisations.

KEY POINTS

- As far as possible, infant feeding support provision should continue via the midwifery and health visiting services and infant feeding teams where relevant.
- Breastfeeding protects infant and maternal health in the short and long term. Protecting and supporting breastfeeding will provide immune support for the infant and protect against food insecurity should there be infant formula supply chain interruption or financial hardship. To protect breastfeeding and to safeguard infant health, all families requesting infant formula through emergency food aid need to have a meaningful conversation on infant feeding with an appropriate health professional.
- **The Food for Specific Groups** (Food for Special Medical Purposes for Infants, Infant Formula and Follow-on Formula) (Information and Compositional Requirements) (Amendment etc.) (England) (Regulations 2020) and the **World Health Organization (WHO) International Code of Marketing of Breastmilk Substitutes** provide a legal framework and guidance for the appropriate distribution of infant formula.
- It is acceptable for public services to distribute infant formula in an emergency and where there is genuine need, providing that a continued supply can be guaranteed. Normal infant feeding support and safeguarding policies will apply.
- It is against the law for companies that manufacture or distribute infant formula to donate infant formula or infant milks marketed as infant foods for special medical purposes or offer lower cost supplies. Any infant formula or infant food for special medical purposes procured in an emergency must be paid for by those that purchase it.
- In local authorities, there should be a clear pathway for the protection of breastfeeding and infant formula distribution as part of the local authority emergency food provision system.
- Families who are unable to access infant formula (e.g. when self-isolating) but have funds to pay for it should be supported to access infant formula and be asked to pay for it in the normal way. For families who have no financial ability to purchase infant formula, costs should be covered by the local authority.
- At the time of writing, there is no shortage of infant milks in the food supply chain. Some supermarkets may be limiting how much can be bought at one time to ensure there is an equitable supply.
- Powdered infant milks are not sterile. To protect infant health, all infant feeding equipment should be thoroughly washed and sterilised and the feeds made up with water at a temperature of 70°C or above **following national guidance**. Where parents do not have the facilities to make up powdered infant formula milk correctly, it may be necessary to provide ready to feed infant formula.
- First infant formula (whey-based) is the only formula a baby needs in the first year of life.
- Babies are not recommended to have solid foods until six months of age and do not need specialist baby food. Rather, they can be given minimally processed family foods. If it is deemed necessary to supply baby food for vulnerable families, then it is important to ensure these are appropriate and not labelled for babies under six months of age. They must be well within use by date, with intact seals to ensure safety.
- Public Health teams should record/monitor data on families receiving emergency support to feed their infant.

PATHWAY FOR EMERGENCY SUPPORT

FOR FAMILIES REQUIRING INFANT FORMULA OR BABY FOOD



Financially secure and cannot shop due to self-isolation

Families make payments for infant formula and baby foods supplies

Local authorities and volunteer services will make arrangements for foods to be delivered to families.



Financially insecure and cannot shop, including those in crisis

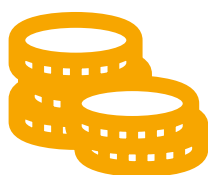
Referral to universal credit/Healthy Start scheme

Where a request is made for infant formula/baby food, ensure that a referral is made to the health visitor/infant feeding team according to the locally agreed pathway

Local authorities and volunteer services will make arrangements for foods to be delivered to families

Ensure supply of infant formula is maintained for as long as required (up to first birthday) and families know how to access 'out-of-hours' stock

Record and report to the family's health visitor for follow up in case of other health and/or safeguarding concerns.



Financially insecure and can shop

Refer to universal credit/Healthy Start scheme

Refer to local authority for emergency financial support to enable them to buy infant formula or to be linked in to the local supply pathway

Funds awarded to enable shopping

Where a request is made for infant formula/baby food, ensure that a referral is made to the health visitor/infant feeding team according to the locally agreed pathway

Record and report to family's health visitor for follow up in case of other health and/or safeguarding concerns.

Public Health teams should record and monitor data on families receiving emergency support to feed their infant.

If there are any safeguarding concerns, local safeguarding guidelines should be applied.

PROTECTION OF BREASTFEEDING

There is a wealth of evidence that breastfeeding reduces the risk of babies developing infectious diseases. There are numerous live constituents in human milk, including immunoglobulins, antiviral factors, cytokines and leucocytes that help to destroy harmful pathogens and boost the baby's immune system.

Considering the protection that **human milk and breastfeeding** offers the baby and the minimal role it plays in the transmission of other respiratory viruses, it is essential that we do all we can to promote, protect and support breastfeeding.

Where breastfeeding is successfully established and is the goal of the mother, this can benefit and protect her mental health. Stopping before readiness to do so because of difficulties or lack of support, however, can increase risk of postnatal depression. This will also impact on infant mental health and the infant's attachment to their caregiver.

Breastfeeding also reduces the risk of common reasons for seeking medical help and hospital visits which risks exposure to the virus. Where possible, mothers and infants should therefore be kept together to aid the establishment of breastfeeding. This should be balanced with the risk of transmission of the virus if the mother is unwell whilst taking into account that mothers routinely pass on antibodies in their milk to pathogens to which they are exposed.

As far as possible, infant feeding support provision should continue via the midwifery and health visiting services and infant feeding teams where relevant. Maintaining the service when there are reductions due to staff sickness/redeployment should be a priority. This will safeguard the establishment of breastfeeding which will provide immune support for the infant and protect against food insecurity should there be infant formula supply chain interruption or financial hardship.

If parents are mixed feeding, they can be supported to **maximise breastfeeding and increase milk production**. If they have stopped breastfeeding, it may be possible to re-lactate with the right support. Signposting to **national** and local breastfeeding support should be highlighted to all families antenatally and postnatally.



ADDITIONAL INFORMATION

For more information on the protection of breastfeeding and supporting babies, mothers and families, visit [Unicef UK Baby Friendly Initiative](#).

FORMULA FEEDING INFANTS

Families who are formula feeding need support on appropriate products, [safe preparation and responsive, paced bottle feeding](#) as this can protect infants from feeding issues such as regurgitation for which they might seek medical support.

Families that request infant formula need to have a meaningful conversation with a health professional to ensure that they can safely prepare infant formula and that there are no underlying issues that require additional support.

PROCURING INFANT FORMULA

Infant formula can be purchased from the NHS Supply Chain. Where possible, a variety of brands should be purchased and when infant formula is given, staff must be clear that they are not recommending a brand of formula. Staff should also be clear that all infant formula have a [similar composition and are nutritionally adequate](#).

Choosing cost-effective brands is helpful for families in the longer term. Alternatively, infant formula can be procured via a pharmacy service or from supermarkets where multiple products can be purchased in agreement with the store.

If formula is to be provided for free to a family in crisis, it is important that a consistent supply can be offered until the family's financial position changes or the infant has their first birthday and can move to whole (full-fat) animal milk as the main milk drink.

Families who may be in extremely vulnerable positions without any access to suitable preparation space or equipment may require ready to feed (RTF) infant formula. This is much more expensive than powdered formula and would need to be provided more regularly, but services might want to consider procuring a supply of this where they believe inappropriate preparation of powdered infant formula might present a hazard to infant health. Local authorities may wish to keep some RTF for emergency out-of-hours situations.



ADDITIONAL INFORMATION

First infant formula (whey-based) is the only formula a baby needs in the first year of life.

Visit [First Steps Nutrition Trust](#) for more information.

PROVIDING INFANT FORMULA TO FAMILIES

Ideally, all families requesting infant formula can be triaged through the local authority central hub for citizen communication (or equivalent) during the crisis, with requests forwarded to the health visiting or infant feeding service.

If a local authority food distribution hub or contact service is notified that a family requires infant formula, the health visiting service should be notified by contacting the duty health visiting/infant feeding service (or locally agreed pathway). The health visiting/infant feeding service should then follow up with the family to ensure that they assess the need for infant formula and to advise on safe preparation and responsive, paced bottle feeding. If required, the mother can be supported with breastfeeding or mixed feeding.

Families who are self-isolating and have funds to purchase food supplies can request purchase of infant formula through the volunteer networks supporting them. They may have Healthy Start vouchers that can be given to volunteers to help purchase infant formula.

Families who are self-isolating and have no funds to purchase infant formula for a baby aged 0-12 months can be provided with an emergency supply of infant formula. This must be first stage infant formula. Children over one year of age who are not breastfed can have whole (full-fat) animal milk as their main milk drink, unless advised otherwise by a health professional. Breastfeeding can be continued and encouraged throughout the second year of life and beyond if the mother wishes.

Families who may be newly eligible for Healthy Start or those who may have previously not applied for this benefit should be encouraged to do so. Health visitors may wish to print out application forms and support families to complete them, however a health professional's signature is no longer needed on the application form. The voucher value of £6.20 for an infant 0-12 months of age will not buy sufficient infant formula for one week for most infants and additional support may be required. Healthy Start vouchers will not be available to families with no recourse to public funds, such as some migrants or refugees.

Public Health teams should record and monitor data on families receiving emergency support to feed their infant in order to inform future planning. This could include the number of families supported, the amount of infant formula supplied, and crisis funds allocated. Any health or safeguarding concerns and the reasons for financial hardship (e.g. loss of employment) should also be recorded.

OTHER METHODS OF SUPPORT

In some local authorities, children's centres may remain open and be able to engage with families in crisis in partnership with the health visiting service. In addition, children's centres may be in contact with vulnerable families and be able to proactively signpost them to support.

Food banks and baby banks are asked not to accept donations of infant formula or give this out to families, but to refer families to the central local authority hub or emergency contact line to ensure they receive other support they may require. The rationale for food banks not accepting infant formula is [explained here](#).

In some areas, families may be able to access direct crisis funding for immediate use to purchase infant formula themselves.

BABY FOOD

Local authorities, children's centres, food banks and baby banks may be asked to supply baby food for infants. Infants are not recommended to have solid foods until six months of age and families should be advised to talk to their health visitor if they feel they want to offer solids before this age.

Babies do not need specialist baby food and can be given minimally processed family foods. Advice on eating well in the first year of life can be [accessed here](#). Food banks and baby banks need to be careful that any baby food they do supply to families is in date and that pouches and jars are sealed and present no risk to infant health. Food marked as suitable for babies from four months of age should not be distributed as this contradicts UK health policy.

Baby snacks are not needed and can undermine the development of good eating habits among infants and young children.



APPENDIX

HOW MUCH FORMULA IS NEEDED?

Most main brand first infant formula now come in cartons of 800g compared to previous 900g weight cartons which lasted most babies one week. Families with infants under six months will require three tubs for a two-week period. Older babies six months+ will require one tub a week.

Based on a main brand First Infant Milk (stage 1)

Age	Approx weight (kg)	No. feeds/24 hours	No. level scoops/feed (1 scoop = 4.6g)	No. level scoops/24 hours	Grammes powder/24 hours	Volume of feed (ml)	Number of days 800g tub will last	Volume of feed/24 hours
Up to 2 weeks	3.5	6	3	18	82.8	90	9.7	540
2-4 weeks	3.9	5	4	20	92	120	8.7	600
4-8 weeks	4.7	5	5	25	115	150	7.0	750
8-12 weeks	5.4	5	6	30	138	180	5.8	900
3-4 months	6.2	5	6	30	138	180	5.8	900
4-5 months	6.9	5	7	35	161	210	5.0	1050
5-6 months	7.6	5	7	35	161	210	5.0	1050
7-12 months*		3	7	21	96.6	210	8.3	630

* Guidance based on babies > 6months eating solid foods and having 3 milk feeds/day