

FEEDING THROUGH THE STORM: EMERGENCY PREPAREDNESS STRATEGIES TO SUPPORT THE BREASTFEEDING DYAD

JENNIFER RUSSELL, MSN, RN, CCRN-K, IBCLC, CHP

JRUSSELL@UTHSC.EDU TWITTER: @JENNYHOPE

OBJECTIVES

- Describe the vital role of breastfeeding in a disaster or public health emergency.
- Describe actions that can be taken to enhance preparedness and resilience for lactation professionals and the breastfeeding dyad for disasters and public health emergencies
- Describe issues relevant to the health- related management of individuals of all ages, populations, and communities affected by a disaster or public health emergency and the impact on the breastfeeding dyad.
- Describe the clinical assessment and management of breastfeeding related to a disaster or public health emergency.
- Identify considerations and solutions to ensure continuity of and access to lactation support for the breastfeeding dyad in relation to a disaster or public health emergency.



THE PROBLEM

- During a disaster, mothers and babies are often displaced with minimal resources which can compromise breastfeeding.
- Information often not readily available to support optimal infant nutrition.
- Rescue workers had not been trained in breastfeeding support and management.
- Lactation professionals are not routinely used in disaster preparedness and response plans.

STRESSORS OF DISASTERS

Decreased or lack of access to:

- Healthcare and lactation support
- Well-child and acute care
- Infant care supplies
- Potable water
- Support systems
- Privacy

Additional Problems:

- Effects on infant feeding
- Exposure to contaminants
- Increase in psychological stress
- Displaced from home
- Separation from family

WHERE DO WE WANT TO GO?

- The first step to preparing for infant feeding in disasters or public health emergencies is breastfeeding.
- Breastfeeding and lactation support for the dyad is well established prior to the disaster.
- A breastfeeding dyad, lactation and healthcare professionals, and community with plans that support breastfeeding completed prior to the disaster.
- Training plan established, with robust knowledge and access to quality lactation support.

BREASTFEEDING IS DISASTER PREPAREDNESS

Breastmilk is the perfect food

- Readily available
- Provides all necessary nutrition 1st 6 months
- Difficult to transport and store water, formula.

PROBLEMS

- Can you find clean drinking water?
- Can you prepare food or milk safely?
- Can you clean and sterilize feeding supplies?
- Can you find supplies?

BREASTFEEDING PROMOTES RESILIENCE

For the breastfeeding dyad

- Reduces pain and stress
 - release of hormones (calming to mother and baby)
- Improves ability to prevent and recover from illness and injury
 - Provides antibodies
 - Protects against respiratory illnesses and diarrhea

BREASTFEEDING PROMOTES RESILIENCE

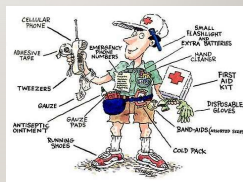
For the community and world

- Decreased rate of infection
- Decreased communicable diseases
- Decreased psychological trauma

PREPAREDNESS STRATEGIES

Lactation professionals should equip themselves, their patients and their community on disaster preparedness and response for the breastfeeding dyad.

- Family plan – for patients
- Family plan– for the professional
- Professional plan
- Workplace plan
- Community plan
 - Avoid routine distribution of formula



STRATEGIES TO SUPPORT THE BREASTFEEDING FAMILY

- Family plan – for patients
 - Identify hazards
 - Have a plan, and practice
 - Make a disaster kit. Include infant items.
- Training
- Breastfeeding can continue or resume
- Ensure reconnection with family (separation common)
 - Identify location for reunification
 - Reunification resources
 - Social Media, Red Cross Safe and Well

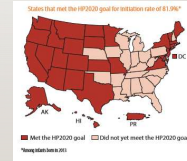


CERT



IN A DISASTER, YOU NEED

- Food
- Water
- Shelter
- Clothing
- Medicine

PRAMS PREPAREDNESS QUESTIONS
PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

- **KK1. Do you currently have an emergency plan for your family in case of disaster?** For example, you and your family have talked about how to be safe if a disaster happened.
 - No Yes
- **KK2. During your most recent pregnancy, did you have an emergency plan for your family in case of disaster?** For example, you and your family talked about how to be safe if a disaster happened.
 - No Yes
- **KK3. How often do you worry about the possibility of a disaster happening to you or your family?** Check ONE answer
 - Always Sometimes Never

PRAMS PREPAREDNESS QUESTIONS
PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

- **KK4. (NEW) Below is a list of things that some people do to prepare for a disaster.**

For each item, check **No** if it is not something you have done to prepare for a disaster or **Yes** if it is.

- Y N** a. I have an emergency meeting place for family members (other than my home)
- Y N** b. My family and I have practiced what to do in case of a disaster
- Y N** c. I have a plan for how my family and I would keep in touch if we were separated
- Y N** d. I have an evacuation plan if I need to leave my home and community
- Y N** e. I have an evacuation plan for my child or children in case of a disaster (permission for day care or school to release my child to another adult)
- Y N** f. I have copies of important documents like birth certificates and insurance policies in a safe place outside my home
- Y N** g. I have emergency supplies in my home for my family such as enough extra water, food, and medicine to last for at least three days
- Y N** h. I have emergency supplies that I keep in my car, at work, or at home to take with me if I have to leave quickly





FAMILY PREPAREDNESS PLAN – FOR THE PROFESSIONAL

- Know your risks by learning what disasters can occur where you live.
- Create a disaster kit for home, work, and auto capable of sustaining you, your family and pets for at least seven days
- Make a plan for every possible hazard and threat and practice your plans with your family and co-workers
- Stay informed with a NOAA all-hazards radio or ALERT FM.

Shelby County Office of Preparedness (2012)

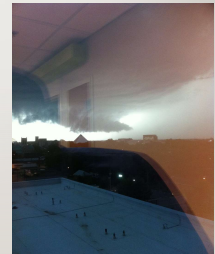
PROFESSIONAL / WORKPLACE PREPAREDNESS PLAN

- Facility plans/policies
- Emergency Supplies
- Manual Pumps
- Hand Expression
- Relactation
- Storage containers
- Skin – to – skin

HOSPITAL PREPAREDNESS



Mercy Hospital
Joplin, MO May 22, 2011



Le Bonheur Children's Hospital
Memphis, TN May 25, 2011

COMMUNITY SUPPORT THROUGH BABY FRIENDLY STEPS

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in the skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give infants no food or drink other than breast-milk, unless medically indicated.
7. Practice rooming in - allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center.

THE HEALTH- RELATED MANAGEMENT OF INDIVIDUALS AND THE IMPACT ON THE BREASTFEEDING DYAD.

- Potential issues and barriers during the disaster
- Health
 - Injuries, illness, mental health conditions
- Dislocation
 - Shelters
 - Family reunification
- Moral, ethical, legal, and regulatory issues



ASTRODOME SHELTER - KATRINA



ASTRODOME SHELTER - KATRINA



ASTRODOME SHELTER - KATRINA



Pediatric Nurse at LSU Hurricane Katrina Disaster Relief

Infant Feeding DURING DISASTERS

BREASTFEEDING matters because...

- It is the most natural and healthiest way to feed your baby.
- It can help protect your baby from illness and infection.
- It can help your baby gain weight and grow.

Barriers to BREASTFEEDING during a DISASTER

- Lack of breast pumps and supplies.
- Lack of clean water for washing hands and bottles.
- Lack of clean surfaces for preparing formula.
- Lack of clean bottles and nipples.
- Lack of clean storage containers for formula.

BREASTFEEDING benefits

- Healthier & more resilient:** Breastfed babies are less likely to get sick and recover faster from illness.
- Emotional bonding:** Breastfeeding helps you and your baby bond.
- Convenient:** You don't need to measure or mix formula.

How RESPONDERS can help

- Provide clean water for washing hands and bottles.
- Provide clean surfaces for preparing formula.
- Provide clean bottles and nipples.
- Provide clean storage containers for formula.

CHILDREN & FAMILIES

For more information visit <http://www.acf.hhs.gov/ohsepr>



August 31, 2005: Earl Dunbar of the Louisiana State Capitol Police carries a five-day-old baby, an evacuee brought to the Superdome for treatment. The mother said she had been trapped in her home after Hurricane Katrina hit

SHELBY COUNTY'S RESPONSE

Strategies in Shelby County to support breastfeeding in evacuation shelters

- Ensure access to healthcare providers with lactation experience
 - Volunteer Lactation Consultants, Coordinate with WIC
 - Shelter intake form includes breastfeeding on questionnaire
- Create safe locations for pregnant and breastfeeding women
 - ESF-6 plans specify location for breastfeeding and pumping moms
 - Breastfeeding included in Shelter manager training



MEMPHIS – 2011 MISSISSIPPI RIVER FLOODS



PC: Thegreenj

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PC: Thegreenj

SHELBY COUNTY'S PREPARATIONS

- Assure mothers that breastfeeding can provide sufficient nutrition for babies when other foods not available
- Keep families together
 - Use of patient tracking shelter management system
- As a last resort, ready to use infant formula in a disposable cup should be the alternative
 - Supplies procured and prepared for deployment.
 - Manual breast pumps available.
- Provide water and food for breastfeeding mothers

CLINICAL ASSESSMENT AND MANAGEMENT OF BREASTFEEDING

- Lactation clinical assessment and management of the breastfeeding dyad
- Clinical assessment
 - Exposure to contaminants?
 - Supply and transfer adequate?
 - Anticipated issues
- Management and support of breastfeeding in new circumstance
 - Encouragement
 - Privacy – sling wrap, separate space
 - Feed the mother – mom can make milk but may feel weak
 - Connect to resources

[illegible]

CONSIDERATIONS AND SOLUTIONS TO ENSURE CONTINUITY OF AND ACCESS TO LACTATION SUPPORT

- A critical resource is access to quality lactation support.
- Considerations on protocols and policies
- Inclusion of lactation support in disaster planning
- Educate lactation professionals
- Register as volunteers in a Volunteer Health Registry, such as Medical Reserve Corps, Red Cross, etc.
 - www.medicalreservecorps.gov
 - www.redcross.org



American Red Cross



medical reserve corps

Community Partners


The collage features the following logos:

- OEM (City of Memphis)
- I'm Ready Memphis
- State of Tennessee
- United Way
- UMCOR (United Methodist Church of the Republic)
- CERT (Community Emergency Response Team)
- The Salvation Army
- Mid-South VOA
- United Way
- Habitat for Humanity of Greater Memphis
- citizen*corps
- Volunteer Mid-South HandsOn Network
- MIFA (Memphis Inter-Faith Association)
- Latino Memphis
- Public Health (Prevent. Promote. Protect.)
- Medical Reserve Corps
- American Red Cross
- 911 app icon

CASE STUDY

Officials proclaimed a “state of emergency” for LA, MS and AL Gulf Coast. A hurricane has evolved from a tropical storm to a category II hurricane in a matter of days. As it approached landfall, heading towards New Orleans, LA, now mandatory and voluntary evacuation orders are broadcasted over media. Highways are over-crowded and hotels have “no vacancy” signs along the route inland

- Do you know what to do if you had to evacuate at a moment's notice?
- Would you be ready? What will you bring for you and an infant?
- How and where would you safely evacuate with an infant?
 - 2 out of town contacts (can not use your own phone)
- What is the safest route away from the disaster?



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CASE STUDY



You are a lactation consultant volunteering in an American Red Cross shelter away from the disaster area. The shelter manager calls you to help with a mom who says that her milk supply is "low". The baby is 8 months old, and fussy. Mom is crying, states, "we don't know if our house is still there or not, we just left". There is no baby food available in the shelter.

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- What accommodations would you recommend for this mother baby dyad?
- What is your plan of care?

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THANK YOU!!!

For Your Willingness to Volunteer and
Service to the Community!

**NEVER
UNDERESTIMATE
YOUR ABILITY
TO MAKE SOMEONE
ELSE'S LIFE
BETTER
- EVEN IF YOU
NEVER KNOW IT.**
GREG LOUGANIS

REFERENCES

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