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Anchored in Writing: Putting Infant Feeding Into Your Policies and Procedures

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The author will be speaking as part of the IAEM 74th Annual Conference on Nov. 9 from 11:00 a.m.-12:00 p.m.

When Hurricane Helene hit western North Carolina in September 2024, a plan at every level of government should have said who was responsible for feeding the children in its path. The county plan. The state plan. The federal framework above them. None of them did. Children from birth to three can neither wait nor substitute, and they were the population nobody had been assigned.

What covered that gap was luck. North Carolina holds an unusual concentration of lactation expertise, including the Carolina Global Breastfeeding Institute at UNC and a state breastfeeding coalition that had already claimed this work. Nine days after landfall, 23 infant feeding specialists deployed. They went on to run more than 5,000 rapid needs assessments and move roughly 250,000 ounces of human milk and more than 7,000 cold sanitation kits.

We want to be precise about what that cost. Volunteers worked seventy hour weeks, many fifty-seven to fifty-nine days without a day off, in a region where Asheville went fifty-three days without potable water. We spent about twelve thousand dollars a week and brought in about ten. A nonprofit partner carried the deficit. The last payroll went out February 26, 2025, and people kept working after it stopped.

None of that is a capability. It was people who happened to be nearby, who knew each other, and who decided that if it was nobody's job it would be theirs. Nothing in your emergency operations plan can requisition it, and nothing obliges it to exist next time.

Here is the gap at ground level. A mother sheltering in a hotel room with three children was handed 32 ounce ready-to-feed bottles for her two week old. They would not fit in the mini fridge, nobody told her an opened bottle has to be refrigerated, and she was giving the baby water for hiccups because her newborn appointments were gone and no one was left to ask. That observation is now in the Government Accountability Office's July 2026 report to Congress. Nobody in it did anything wrong; the failure was not effort or compassion. No document said what gets stocked, in what size, or what to ask and say when handing it over.

What The Plans Actually Say

That is not a North Carolina finding. In July 2026, Pewitt and colleagues published the first peer-reviewed assessment of U.S. state IYCF-E preparedness in the International Journal of Disaster Risk Reduction, scoring all fifty states' emergency operations plans, health department guidance and WIC materials against the Operational Guidance on Infant Feeding in Emergencies.

The mean state score was zero. Of the 46 plans obtained, 12 mentioned infant feeding at all, usually one sentence about acquiring formula, and none carried operational guidance on breastfeeding support, safe preparation, coordination or donation management. Only four contained any variation of the word "breastfeed." Across all fifty states, five explained how a family reaches skilled lactation support during a disaster, and none had a donation management plan. Eleven published advice that is not evidence based, such as recommending formula in emergency kits without specifying clean water or safe cleaning, which the authors warn gives families "a false sense of preparedness." For scale: Florida's plan references "animal" 54 times and Michigan's 179, against nine and eight mentions of infant or baby. Many EOPs carry a dedicated animal sheltering annex; the authors found none for infant feeding.

One state is the exception, and it is worth an afternoon of your time. South Carolina's Department of Public Health emergency plan includes Appendix 14, "Access to Lactation Consultants and Infant Formula/Food," covering both general population and medical needs shelters:

- Structured triage using a lactation screening flowsheet.
- A regional on-call rotation of board certified lactation consultants, with virtual consultation protocols.
- Staff training requirements, breastfeeding friendly shelter space and privacy accommodations.
- Procedures for acquiring formula and baby food through the state resource system, coordination

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with ESF-6 and ESF-11, escalation to ESF-18 and food banks, and mission requests to FEMA for infant and toddler kits.

It earned the only full point awarded on any criterion in the country, and it sits in a public health supplement rather than the state's primary plan. It did not wait for Washington.

Improvised capability is not resilience. Written capability is.

Nobody Is Assigned, Which Is Not The Same As Nobody Being Responsible

Ask who is responsible and the honest answer is everyone. Health and Human Services is congressionally the lead for sheltering, emergency management carries life safety, and feeding a two-month-old is life safety. The study names the mechanism: doctrine splits infant feeding across mass care in ESF-6, public health in ESF-8 and food supply in ESF-11, and without explicit coordination it "may occupy an ambiguous space within governance." What is missing is not responsibility. It is assignment.

Diffuse responsibility does not diffuse consequences. After a disaster the Department of Justice does not ask which agency held the assignment. It asks whether a group of residents was neglected, intentionally or not. A point of distribution stocked with bottled water and MREs has only planned for part of its population: the same fix that serves infants serves people with diabetes, people requiring artificial nutrition, and many elderly residents.

It Is Already Reimbursable

The argument used to be that this is cheap. As of January 6, 2025, it is also reimbursable. FEMA's Public Assistance Program and Policy Guide version 5.0 added breastfeeding and chestfeeding support items to the eligible congregate shelter supplies list under Category B, where the prior version had named only formula, baby food and diapers. It reached the final guide because one emergency manager filed a public comment. That same letter got feeding inserted into the personal assistance services definition, which may make lactation counseling claimable as eligible shelter staff. No jurisdiction has tested it yet.

Where This Actually Goes In Your Documents

Integration is not a briefing or a training. It is edits to five documents you already maintain.

Your emergency operations plan and ESF-6 annex. Name one infant and young child feeding lead by position title, not by person, reporting into Operations, Human Services Branch, where mass care already lives. Then name the outside expertise it calls, by organization: your WIC agency, your hospital lactation department, the lactation consultants in your county. A relationship you have not written down is not a resource, it is a memory.

Your shelter plan and, more importantly, your shelter walk-through checklist. The checklist is what makes everything else happen. A designated lactation space is mostly a sign on a door, sited near the nurse station and the activity area so older siblings are supervised next door. If it is not on the walk-through at setup, it gets remembered on day three. Add safe sleep beside safe feeding, and label the single stall a family restroom rather than a gender neutral restroom. Site a washing area for bottles, teats and pump parts: schools will not open the kitchen, so find a staff break room with a sink.

Your registration and intake instrument. Assess every family with an infant at registration, per infant rather than per household, so distribution rests on documented need. It is the only way this reaches a situation report or a resource request, because right now no system captures it. Record what a family actually uses: switching a breastfed baby to formula is not, as Prasad and Russell put it, a reasonable accommodation that discharges your duty.

Your logistics and resource typing. Size it: Red Cross recovery case work averages about three children under two per hundred people, so a 300 cot shelter should plan for roughly nine. Prioritize ready-to-feed formula, preferably two ounce bottles with disposable teats, when power and water are uncertain. Plan the last mile: pallets reaching the county is not formula reaching a family. Do not require pre-disaster medical authorization before releasing feeding equipment. And FEMA's Commonly Used Sheltering Items catalog, which jurisdictions model purchases against, contains no pumps, milk storage bags or cold sanitation kits.

Your training and exercise plan. Train registration staff, feeding staff and anyone who meets families, not only health staff. As Prasad points out, FEMA's Resource Typing Library already carries a Feeding Services Team Leader position, a mass care role rather than a public health one, and its required training omits IS-366.a, Planning for the Needs of Children in Disasters, a course in which breastfeeding is never mentioned and formula appears twice, once about evacuating a daycare. In the 2024 National Mass Care Exercise, a breast pump request routed to the Sheltering Task Force was still unresolved when the exercise paused. Put an inject in your next

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Tools You Already Have

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be a continuity plan that nobody can find during an activation. Another may be a vulnerable-population list that requires hours of manual sorting before staff can use it.

Choose one. Define the operational outcome. Map the current process. Inventory the tools, relationships and talent are already available. Build the smallest workable improvement, test it with users, document it and keep a manual fallback. Then let the people who built it teach someone else.

The next generation of emergency managers will inherit more data, more technology and higher expectations. Handing them more tools won't be enough. We have to teach them to question a process, see how the pieces of a system fit together, work across disciplines and keep the community at the center of it.

Resilience does not always arrive in a new box. Sometimes it is already in the people, platforms and partnerships we use every day, waiting for someone to connect them with purpose. 🔷

Follow-Up Resources

- FEMA, Whole Community: https://www.fema.gov/about/glossary/whole-community.
- Next Generation Core Competencies: https://www.atu.edu/ceh/pace/emhs/ngcc.php
- Texas Division of Emergency Management, STEAR: https://www.tdem.texas.gov/response/state-of-texas-emergency-assistance-registry

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tabletop and see whether yours resolves faster.

None Of This Is A Hurricane Problem

A January 2026 cold snap put an eight month old in a Wilmington warming shelter. A July 2026 water main break left half a county at low pressure with no declaration at all. A daycare outbreak. A cafeteria that loses cold storage. The need is identical: safe water, a clean place to prepare and wash, a private place to feed, and someone who knows what to do.

Charting through preparedness means deciding these things while the sky is clear. Anchored in resilience means writing them down so they hold when it is not. Open your shelter walkthrough checklist and add a line. It takes a minute, and it pulls the other four behind it. 🔷

