



Australian  
Breastfeeding  
Association

# Managing infant formula donations, procurement and distribution in emergencies: model policies and guidance

## Managing infant formula donations, procurement and distribution in emergencies: Model policies and guidance

### Introduction

The following model policies with guidance are designed to assist organisations to appropriately manage infant formula in emergencies. They have been developed for Australia and are equally applicable in New Zealand as these countries share emergency management structures and organisations, infant formula regulatory systems and health professional associations. With appropriate adjustment they may also be suitable for use in other countries.

Two model policies with guidance are provided for:

1. organisations involved in distributing infant formula
2. organisations not involved in distributing infant formula.

They are designed for use by emergency, community, social service and health organisations as well as food banks to ensure appropriately targeted and properly supported distribution of infant formula during and after emergencies.

### Background

During and after emergencies, ensuring that infants are safely fed is a priority. Emergency-related interruptions of food, water, sanitation and electricity increase the vulnerability of infants, especially those who are formula fed. Caregivers who are formula feeding often need help accessing infant formula and other feeding requirements. This is particularly the case during emergencies or in the immediate aftermath when food supply chains may be disrupted, stores closed, and communities isolated. Breastfeeding can provide infants with food security and protection from infections, but mothers may experience breastfeeding difficulties and so also need assistance.

The most challenging aspect of infant feeding support in emergencies is the management of donations, procurement and distribution of infant formula.

Donations of infant formula are commonly made in emergencies with good intentions. However, experience in Australia, Aotearoa New Zealand and elsewhere show they do more harm than good. Donated infant formula is often well in excess of requirements, of the wrong type, close to or past the expiry date, lacks continuity of supply, and causes significant logistical problems for organisations.

In addition, because it comes without cost, donated infant formula is not distributed as carefully as it should be. It is often given without proper assessment of need, without ensuring that caregivers have all the other resources they require, and is given to breastfeeding women. The outcome of this is unsafe formula feeding practice, reduction of breastfeeding and more sickness in babies, such as diarrhoea and respiratory tract infections. The discontinuity of donations means that they actually decrease food security for infants and their families. It is therefore recognised that any infant formula to be distributed through emergency aid should be purchased by organisations rather than accepted as donations.

Distribution of infant formula must be carefully managed in emergencies. This includes undertaking needs assessments and making sure that caregivers have the necessary resources to keep babies safe and know

how to adjust their feeding practice to the emergency conditions. Continuity of infant formula supply and other resources must be guaranteed for as long as the infant requires them (until the infant is at least 6 months old). Organisations that cannot provide all required support (detailed later in this document), or who do not have formal relationships with other organisations to ensure required support, should not be involved in infant formula distribution.

The guidance provided here aims to assist organisations to protect the health and wellbeing of formula fed and breastfed infants. This guidance is based on, and in alignment with, the:

- IFE Core Group Operational Guidance on Infant and Young Child Feeding in Emergencies (OG-IFE) version 3.0 (2017)<sup>a</sup>
- Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response (2018)<sup>b</sup>
- World Health Organization International Code of Marketing of Breast-milk Substitutes (1981) and subsequent resolutions<sup>c</sup>
- UNICEF Guidance on the Procurement and use of Breastmilk Substitutes in Humanitarian Settings version 2.0 (2021)<sup>d</sup>
- Baby Feeding Law Group UK Information for Food Banks: Supporting Pregnant Women and Families with Infants (2015)<sup>e</sup>
- Australian National Health and Medical Research Council Infant Feeding Guidelines: Information for Health Workers (2012, updated 2015)<sup>f</sup>

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<sup>a</sup> <https://www.enonline.net/resources/operationalguidancev32017>

<sup>b</sup> <https://spherestandards.org/handbook-2018/>

<sup>c</sup> <https://www.who.int/teams/nutrition-and-food-safety/food-and-nutrition-actions-in-health-systems/code-and-subsequent-resolutions>

<sup>d</sup> <https://www.unicef.org/documents/procurement-and-use-breastmilk-substitutes-humanitarian-settings>

<sup>e</sup> [http://archive.babymilkaction.org/pdfs/FoodBanksToolkit\\_1115.pdf](http://archive.babymilkaction.org/pdfs/FoodBanksToolkit_1115.pdf)

<sup>f</sup> <https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelines-information-health-workers>

## Endorsing organisations

This resource has been endorsed by the following organisations:





## MODEL POLICY AND GUIDANCE 1:

### For organisations involved in distributing infant formula

#### Infant formula procurement and distribution

##### Procurement of infant formula

1. Infant formula should be purchased rather than donated. Experience of emergencies over decades has shown that donations of infant formula are often in excess of requirements, in the wrong place, of the wrong type, close to or past the expiry date and lack continuity of supply. Infant formula donations also take considerable time and effort to manage. Importantly, donations of infant formula should be refused as experience has shown donated infant formula will not be distributed as carefully or as well as formula that is purchased.
2. Only stage 1 infant formula should be purchased. Stage 1 infant formula is the only product suitable for infants under six months and can be fed to infants from 0–12 months of age. Cows' milk-based infant formula should be purchased unless a medical condition indicates a different type of product is needed for a specific infant. The cheapest infant formula products can be chosen, as all infant formula for sale in Australia and Aotearoa New Zealand must meet the same quality standards. Care should be taken not to purchase excessive amounts of infant formula and consideration given to purchasing only as needed for specific infants. Infant formula should have at least six months until expiry at time of purchase.
3. Members of the public and businesses should be advised not to donate infant formula. They should be informed that donations of infant formula cause significant logistical challenges and other problems for organisations and families. Rather, they should be advised that donations of money to support babies' needs are welcome. Individuals and businesses may also be encouraged to consider donating shopping vouchers. The policy of not accepting donations of infant formula should be clearly communicated with infant formula included in lists of items not accepted as donations. A sign for display at donation points advising that donations of infant formula are not accepted can be found on page 6 of this document.
4. Any donated infant formula that arrives despite a policy against acceptance (for example, if included with donations of other products) or purchased infant formula that has expired should be disposed of and not distributed.
5. Toddler milks for children 12 months to 3 years should not be purchased or distributed. Toddler milks are not recommended by Australian, Aotearoa New Zealand or international health bodies as they are high in sugar and may replace solid foods in the child's diet. Children over 12 months can drink fresh pasteurised or UHT animal milks.

## Distribution of infant formula

6. Proper targeting of infant formula provision is vital. Indications for providing infant formula are where:
  - a. a breastfed infant is separated from their mother and expressed milk is not available
  - b. an infant is fully formula fed
  - c. an infant is mixed fed (breastfed and formula fed) and until the mother is able to fully breastfeed
  - d. medical circumstances require formula feeding.
7. Infant formula should only be provided after an individual assessment of need. This assessment should be conducted by a suitably qualified health professional such as a doctor, family and child health nurse, midwife, or lactation consultant.<sup>9</sup>
8. Where providing infant formula is indicated, caregivers' access to other necessary feeding resources should be determined. These resources include:
  - feeding implements - bottles and teats or cups
  - clean water for formula reconstitution and washing of feeding implements
  - gas or electricity
  - a gas or electric stove to heat water
  - a kettle and pot for heating water and sterilising feeding implements
  - a sink or tub in which to wash feeding implements
  - detergent and a washing up cloth or brush

If caregivers do not have these resources, they should be provided or provision facilitated (e.g. via other organisations). If caregivers do not have hot tap water for washing, they should be encouraged to consider feeding their baby using disposable cups. (See [aba.asn.au/emergency](http://aba.asn.au/emergency) for information on preparing infant formula using cups and cup feeding.) It should be ensured that all caregivers to whom infant formula is provided have access to ongoing health support for their baby and know how to adjust their feeding practices to the emergency conditions.

9. Infant formula and other feeding supports **should be provided for as long as the infant requires them**. This is until at least 6 month of age and up to 12 months of age, or until the family is able to purchase infant formula and access other needed resources independently.
10. Infant formula and formula feeding supplies should be stored out of public sight and distributed discreetly.
11. Records of distribution of infant formula and support provided to caregivers should be kept.
12. Where supermarkets are operational, caregivers can be provided with cash or vouchers to purchase infant formula and other feeding supplies rather than direct provision. In such circumstances, needs assessments and health support should still be provided.
13. Mothers who are fully formula feeding should be offered the opportunity and skilled support to restart breastfeeding (relactate), if they wish to do so. Mothers who are mixed feeding (breastfeeding and

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<sup>9</sup> International Board Certified Lactation Consultants can be found via Lactation Consultants of Australia and New Zealand ([www.lcanz.org/find-a-lactation-consultant](http://www.lcanz.org/find-a-lactation-consultant)) and the New Zealand Lactation Consultants Association (0800 452282). A cost may be involved for lactation consultant services.

formula feeding) should be provided with assistance to increase their breastmilk supply so that infant formula is no longer needed. This assistance may be provided by appropriately qualified staff within your organisation (if available) or through an existing organisational referral pathway. In the absence of an existing referral pathway for infant feeding support, mothers can be referred to a suitably qualified health professional and/or a breastfeeding peer support service.<sup>h</sup>

14. Women who are fully breastfeeding and who request infant formula should similarly be referred for breastfeeding assistance. Staff should be aware that requests for infant formula by breastfeeding women in emergencies are most commonly related to problems with breastfeeding that can be overcome with support.
15. Consideration should be given to providing cash, supermarket vouchers or other material aid to breastfeeding mothers so as not to discourage breastfeeding, for fairness and to support women's nutritional needs.

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<sup>h</sup> Breastfeeding peer support services include the Australian Breastfeeding Association's 24/7 National Breastfeeding Helpline (1800 686 268) and LiveChat service ([breastfeeding.asn.au](https://breastfeeding.asn.au)) in Australia, and PlunketLine (0800 933 922) and La Leche League ([lalecheleague.org.nz](https://lalecheleague.org.nz)) in Aotearoa New Zealand.



# We do not accept donations of infant formula



If you wish to help families with  
formula fed babies, please  
donate money so we can buy  
and supply infant formula and  
other resources.

## MODEL POLICY AND GUIDANCE 2:

### For organisations not involved in distributing infant formula

#### Infant formula donation and distribution

1. Staff and volunteers must be aware that donations of infant formula are not accepted. Any donated infant formula that arrives despite a policy against acceptance (for example, if included with donations of other products) should be disposed of and not distributed.
2. Members of the public and businesses should be advised not to donate infant formula. They should be informed that donations of infant formula cause significant logistical and other problems for organisations and families but that donations of money to support babies' needs are welcome. Individuals and businesses may also be encouraged to consider donating shopping vouchers. The policy of not accepting donations of infant formula should be clearly communicated, with infant formula included in lists of items not accepted as donations. A sign for display at donation points advising that donations of infant formula are not accepted can be found on page 8 of this document.
3. Staff and volunteers must understand that infant formula is not to be distributed and why this is so. Distribution of infant formula must be carefully managed in emergencies. Infant formula should only be provided after an individual assessment of need by a suitably qualified health professional. It also requires providing or ensuring that caregivers have the package of resources required to keep babies safe. These resources include: clean water for formula reconstitution and washing of feeding implements, gas or electricity, a gas or electric stove to heat water, a kettle and pot for heating water and sterilising feeding implements, a sink or tub in which to wash feeding implements, feeding bottles or cups, detergent and a washing up cloth or brush. Continuity of infant formula supply and other resources must be guaranteed. Since we do not have capacity to provide all of this required support, or formal partnerships with other organisations to ensure this support, infant formula should not be distributed by staff or volunteers under any circumstances.
4. Mothers and caregivers requesting infant formula should be referred to health services or other organisations providing formula feeding support. Breastfeeding women requesting infant formula can also be referred for support to overcome breastfeeding problems. This assistance may be provided by appropriately qualified staff within your organisation (if available) or through an existing organisational referral pathway. In the absence of an existing referral pathway for infant feeding support, mothers can be referred to a suitably qualified health professional (such as a doctor, family and child health nurse, midwife, or lactation consultant<sup>i</sup>) and/or a breastfeeding peer support organisation.<sup>j</sup>

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donations of infant  
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**We gratefully accept  
donations of money and  
shopping vouchers to assist  
families in need.**