



# Infant & Young Child Feeding in Emergencies (IYCF-E) County Policy Adoption Toolkit



PRESENTED BY THE NC SAFE TEAM

---

A PROJECT OF  
BREASTFEEDING FAMILY  
FRIENDLY COMMUNITIES



# When Disaster Strikes, Babies Still Need to Eat

## The Story Behind This Toolkit

In the days after Hurricane Helene flooded communities across western North Carolina, shelters filled quickly with families who had lost homes, power, and safe drinking water. Among them were parents carrying newborns and infants—babies who still needed to eat every few hours, even as the systems around them collapsed.

Emergency responders and volunteers worked tirelessly to provide food, shelter, and medical care. But a quiet and complicated problem quickly emerged: how to safely feed infants during a disaster.

Many families arrived exhausted and frightened, unsure whether their baby's feeding routine could continue safely. Some mothers were breastfeeding but had been separated from pumps or support systems. Others relied on formula but suddenly had no access to safe water, clean bottles, or refrigeration. In shelters where hundreds of people were sharing limited facilities, even basic sanitation for infant feeding supplies became difficult.

Well-meaning donations began arriving—boxes of powdered formula, bottles, and infant supplies. Yet without safe water, proper preparation guidance, or sanitation supplies, these donations could unintentionally increase health risks for babies. Volunteers and shelter staff quickly realized that infant feeding requires specialized knowledge and coordination, especially during emergencies.

Infants are among the most vulnerable members of any community during disasters. Even short disruptions in feeding routines can lead to dehydration, infection, or malnutrition. Yet most emergency response systems are not designed with infant feeding in mind, and many responders have never been trained to assess or support safe feeding practices in disaster settings.

In response to these urgent needs, a coalition of lactation professionals, healthcare providers, and public health advocates stepped forward to support families and emergency responders. This collaboration became known as the SAFE Infant Feeding Team (Support and Advocacy for Feeding Emergencies).

During the Hurricane Helene response, volunteers worked alongside shelters, health departments, and community organizations to help families safely continue feeding their infants—whether through breastfeeding, formula feeding, or a combination of both. They also identified a critical gap: many counties lacked clear policies or protocols for protecting infant feeding during emergencies.

This toolkit was developed to help close that gap.

# What Babies and Families Need in Emergencies

During disasters, infants remain completely dependent on caregivers for nutrition, hydration, and safety. Unlike older children or adults, babies cannot skip meals, tolerate unsafe water, or quickly adjust to new feeding methods. Even small disruptions in feeding routines can quickly become serious health risks.

Families feeding infants during emergencies generally fall into three groups: those who are breastfeeding, those who are formula feeding, and those using a combination of both. Each situation requires slightly different support, but all families share one essential need: safe, stable conditions to continue feeding their babies the way they were feeding them before the disaster.

## Stability in Infant Feeding

Sudden changes in feeding practices can increase the risk of illness for infants. During disasters, the safest approach is usually to continue the feeding method the baby was already receiving whenever possible.

Families may need support to maintain their feeding routines when they have lost housing, transportation, electricity, or access to supplies.

## Safe Water and Sanitation

Safe infant feeding depends on access to clean water and the ability to properly clean feeding supplies.

### Families need:

- Safe water for formula preparation
- Clean containers or bottles
- Supplies to sanitize feeding equipment
- Clear guidance on safe preparation and storage

**Without sanitation and safe water, even well-intentioned formula distribution can increase the risk of infection for infants.**



# Supporting Safe Feeding Practices Prevents Illness

## Protection and Support for Breastfeeding

Breastfeeding is often the safest way to feed infants during disasters because it does not rely on external supplies. However, breastfeeding families may still need support to continue successfully.

Breastfeeding parents benefit from:

- Private or semi-private spaces to feed their babies
- Protection from separation from their infants
- Access to trained lactation support when challenges arise
- Accurate information about milk supply during stressful situations



## Young Children Starting Solid Foods (6–24 Months)

Young children who are beginning to eat solid foods face unique challenges during disasters. At this stage of development, children learn to eat by touching, picking up, and exploring food with their hands. This natural learning process means that clean hands, clean surfaces, and safe water are essential for safe feeding.

In disaster settings where water systems are compromised, sanitation is limited, and sewage contamination may be present, maintaining safe feeding practices for toddlers becomes extremely difficult. Families may be living in shelters, hotels, or temporary housing with limited access to sinks, cleaning supplies, or refrigeration.

Young children also require foods that are appropriate for their developmental stage. Many emergency food distributions rely heavily on packaged or shelf-stable foods that are high in salt or not suitable for toddlers. Without appropriate options, families may struggle to find foods that young children can safely eat.

**To safely feed young children during emergencies, families need:**

- Access to clean water and sinks for washing hands and feeding supplies
- Supplies to clean and sanitize cups, toddler spoons, plates, and feeding equipment
- Safe places to wash children’s hands before meals
- Access to simple, developmentally appropriate foods, such as soft fruits, vegetables, and finger foods
- Foods that are low in salt and appropriate for young children

Young children depend on caregivers to maintain safe feeding environments. Ensuring access to sanitation, safe foods, and basic cleaning supplies helps prevent illness and supports healthy development during times of crisis.



# Infants and Young Child Feeding in Emergencies

## Rapid Needs Assessment

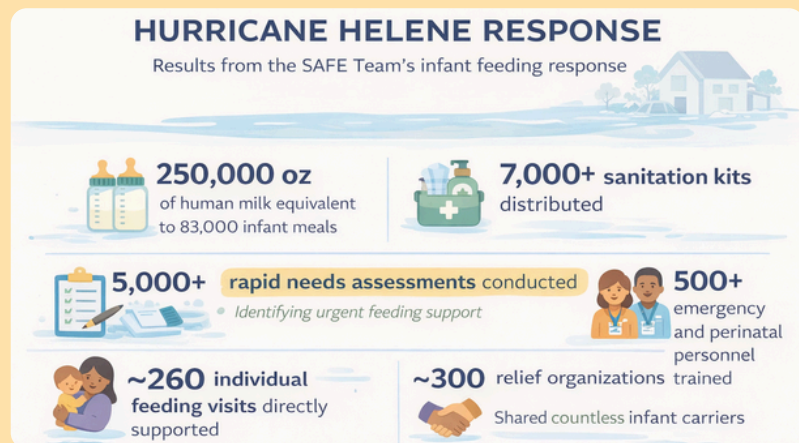
Because every family's situation is different, the most effective way to support infant feeding in emergencies is through individual assessment.

**A rapid infant feeding needs assessment helps responders determine:**

- How the baby is currently being fed
- Whether safe water and sanitation are available
- Whether the family needs supplies or lactation support
- What feeding method is safest to continue in the current conditions

Using standardized assessment tools helps emergency responders provide the right support to the right families at the right time, reducing risk and protecting infant health.

**In emergencies, the goal is to help families safely continue feeding their babies in the way that already works for them.**



Supporting infants and young children during emergencies requires coordination between public health agencies, emergency management systems, and community partners. While families are responsible for feeding their children, local systems must ensure the conditions that allow safe feeding to continue during disasters.

Disasters often expose gaps in coordination. Emergency planners may focus on food distribution and shelter operations without considering the specialized needs of infants and young children. Public health staff may understand infant nutrition but may not be integrated into emergency response planning. As a result, families with babies can fall through the cracks.

## Prepared Communities Protect Babies

Infants and young children are among the most vulnerable members of any community during disasters. Preparing systems to support safe feeding before emergencies occur helps protect children's health and reduces preventable illness during crisis situations. The following pages provide a policy template that health departments can use to incorporate infant and young child feeding into local emergency preparedness plans.

# What Health Departments and Emergency Systems Need to Do

Health departments play a critical leadership role in ensuring that infant and young child feeding is incorporated into emergency preparedness and response. They can:

- Develop and adopt Infant and Young Child Feeding in Emergencies (IYCF-E) policies
- Train public health nurses and staff on infant feeding assessment and support
- Establish relationships with lactation professionals and community breastfeeding support organizations
- Coordinate with emergency management to ensure infant feeding needs are addressed in disaster planning
- Provide guidance to shelters and community partners on safe infant feeding practices

**Effective emergency response requires clear roles across multiple systems.**

## Emergency Management and First Responders

Emergency responders are often the first point of contact for families after a disaster. While not expected to provide infant feeding counseling, they should understand how to recognize potential feeding risks and connect families to appropriate support. They can:

- Include infant feeding considerations in emergency preparedness plans
- Ensure responders know when and how to refer families for infant feeding support
- Coordinate with health departments during shelter activation and disaster response
- Distribute infant feeding supplies should under public health guidance

## Shelters and Temporary Housing

Shelters often become the primary living environment for families during disasters. Shelter conditions directly affect whether infants and young children can be fed safely. They can:

- Provide access to safe water and sanitation
- Ensure families have spaces where infant feeding can occur safely
- Allow parents to remain with their infants whenever possible
- Coordinate with public health staff when families require feeding support
- Support safe cleaning of bottles, cups, and feeding supplies



Bring in public health



Ask responders



Identify feeding needs



Make referrals



# Communities Need Both

## Emergency responders know disasters.

## Lactation professionals know babies.

Feeding babies during emergencies requires specialized knowledge. Communities should ensure that emergency systems are connected to trained lactation and infant feeding specialists who can provide guidance during disasters.

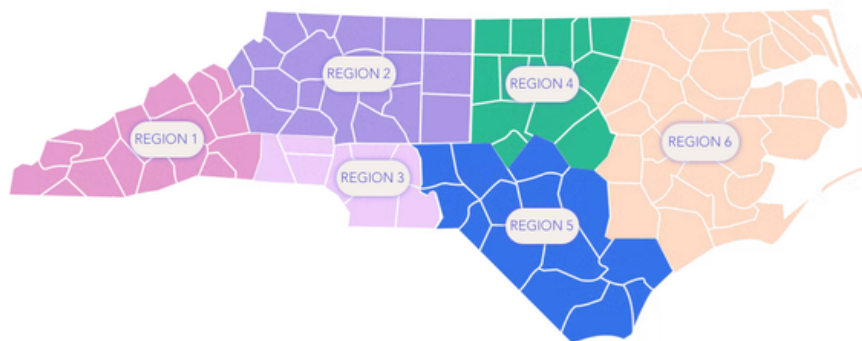
## Community and Lactation Support Networks

Community-based organizations, lactation professionals, and breastfeeding support groups provide specialized expertise that is rarely available within emergency systems.

- Identify trained infant feeding specialists who can assist during disasters
- Build relationships between public health, emergency management, and lactation support providers
- Develop plans for rapid infant feeding assessments when shelters open
- Coordinate volunteer support and resource distribution



Find information about lactation consultants and perinatal support by region <https://www.ncbfc.org/regional-resources>.



While many communities recognize the importance of supporting infants and young children during disasters, few have clear policies that guide this work. Establishing a written policy helps ensure that public health staff, emergency responders, and shelters understand their roles before an emergency occurs. The following page provides a **sample policy template** that health departments can adapt for their own emergency preparedness plans.

# Sample County Policy Template



## Infant and Young Child Feeding in Emergencies (IYCF-E)

[County Health Department]  
Policy on Infant and Young Child Feeding in Emergencies (IYCF-E)  
Policy Number: [Insert]  
Effective Date: [Insert]  
Approved By: [Health Director Name]  
Review Cycle: Biennial or Post-Activation

### I. PURPOSE

The purpose of this policy is to ensure that the nutritional and safety needs of infants and young children (0–24 months of age) are systematically addressed within all phases of emergency preparedness, response, recovery, and mitigation activities conducted or coordinated by the [County Health Department].

Infants and young children are among the most physiologically vulnerable populations during emergencies. Disruptions in water, sanitation, electricity, healthcare access, and caregiver support can significantly increase risks associated with feeding practices. This policy establishes standards to protect breastfeeding, ensure safe formula feeding when required, and coordinate equitable infant feeding support across county emergency systems.

### II. POLICY STATEMENT

The [County Health Department] shall integrate Infant and Young Child Feeding in Emergencies (IYCF-E) principles into its Emergency Operations Plan (EOP), sheltering protocols, public health response systems, and community partnerships.

The Department shall:

- Protect, promote, and support breastfeeding and human milk feeding during emergencies.
- Ensure safe preparation and use of infant formula when breastfeeding is not practiced or not possible.
- Prioritize ready-to-feed infant formula when water safety or sanitation is compromised.
- Prevent inappropriate or uncoordinated distribution of donated infant feeding supplies.
- Ensure that families with infants and young children are identified early in emergency response and provided appropriate assessment and support.
- Promote equitable access to safe infant feeding support for all affected families.

### III. SCOPE

This policy applies to all [County Health Department] staff, contractors, volunteers, and partner agencies engaged in emergency preparedness and response activities under the authority of the Department. It further applies to county-operated shelters and to any sheltering or distribution sites receiving county public health oversight or coordination.

### IV. DEFINITIONS

For purposes of this policy:

- Infant means a child under twelve (12) months of age.
- Young Child means a child aged twelve (12) to twenty-four (24) months.
- IYCF-E refers to Infant and Young Child Feeding in Emergencies, consistent with CDC and nationally recognized operational guidance.
- Ready-to-Feed Formula refers to commercially sterile liquid infant formula requiring no dilution with water.

### V. PREPAREDNESS REQUIREMENTS

The [County Health Department] shall incorporate IYCF-E considerations into emergency planning documents and preparedness activities. This shall include designation of an IYCF-E lead or subject matter advisor during emergency activations.

The Department shall ensure that emergency operations plans address:

- Identification of households with infants and young children.
- Procedures for rapid infant feeding needs assessment.
- Shelter standards supporting safe infant feeding.
- Procurement and distribution protocols for infant feeding supplies.
- Coordination with WIC, healthcare systems, lactation support providers, and community organizations.

# Sample County Policy Template

## Infant and Young Child Feeding in Emergencies (IYCF-E)

The Department shall provide periodic training to relevant public health, emergency management, and shelter personnel on infant feeding considerations during disasters, including water safety, sanitation, formula handling, and breastfeeding protection.

### VI. RESPONSE PROTOCOLS

- During emergency activation, the [County Health Department] shall implement procedures to identify and assess families with infants and young children as early as feasible within shelter or community intake processes.
- Families with infants shall receive a documented assessment of feeding method, water access, sanitation conditions, refrigeration access, and availability of feeding supplies. Where gaps are identified, the Department shall coordinate appropriate support.
- Breastfeeding shall be protected and supported. Shelter environments shall not discourage breastfeeding and shall provide safe, non-bathroom spaces where caregivers may feed infants. Staff shall avoid unnecessary distribution of formula to breastfeeding families.
- When infant formula is required, ready-to-feed formula shall be prioritized when access to safe water or sanitation is uncertain. Powdered formula shall not be distributed in settings where safe preparation cannot be assured. Caregivers receiving formula shall be provided guidance on safe preparation, storage, and cleaning of feeding equipment.
- Unsolicited donations of infant formula or feeding equipment shall be managed through established county emergency supply channels. Opened, expired, or otherwise unsafe products shall not be distributed.
- Where feasible, expressed human milk storage shall be supported through access to refrigeration and safe storage guidance.

### VII. COMMUNICATION AND PUBLIC INFORMATION

The [County Health Department] shall incorporate infant feeding guidance into public emergency communications when relevant. Educational materials shall address safe breastfeeding continuation, formula preparation in disrupted water environments, and preparation of emergency supply kits for families with infants.

Public messaging shall be culturally responsive and accessible in languages reflective of the county population.

### VIII. EQUITY CONSIDERATIONS

The Department recognizes that emergencies may disproportionately affect historically marginalized communities. Implementation of this policy shall prioritize equitable identification of needs and distribution of infant feeding resources. Services shall be delivered in a manner that respects caregiver feeding choices and reflects family-centered language in direct interactions, while maintaining public health terminology in official documentation.

### IX. MONITORING AND AFTER-ACTION REVIEW

Following emergency activation, the [County Health Department] shall evaluate the effectiveness of infant feeding response efforts, including assessment procedures, supply management, interagency coordination, and identified gaps. Findings shall inform future updates to emergency preparedness planning.

### X. REVIEW

This policy shall be reviewed at minimum every two (2) years or following any emergency activation involving shelter operations or mass displacement.

#### Public Health



- ✓ Integrate infant feeding into emergency planning
- ✓ Train emergency staff on infant feeding basics
- ✓ Help coordinate infant feeding support

#### Emergency Responders



- ✓ Keep families together
- ✓ Connect families with the trained lactation support team
- ✓ Provide safe water, sanitation, and feeding supplies

#### Shelters



- ✓ Set up safe, private spaces for feeding infants
- ✓ Provide families with supplies to wash hands and feeding items
- ✓ Ensure access to appropriate infant and toddler foods

# Upon Shelter Activation

Utilize a CDC or approved IYCF-E Rapid Needs Assessment  
Assess each infant under two individually when feasible.

## Assessments should include

- Feeding method
- Water source and safety
- Access to electricity and refrigeration
- Cleaning supplies and sanitation capacity
- Need for lactation support



**Distribution decisions should be based on documented need, not assumption. Direct engagement with families is essential.**

## Lessons from the Hurricane Helene Response

During the response in WNC, it was observed that:

- Shelters lacked safe bottle-washing stations
- Well-meaning formula donations created safety concerns
- Emergency responders had no infant feeding referral pathway
- Public health nurses requested clear guidance

## Needed Infrastructure and Support

- Private or semi-private feeding space identified
- Potable water access confirmed
- Safe cleaning area designated
- Contact list of qualified responders maintained
- Referral pathway defined and tested

# Rapid Needs Assessment Intake for Infant and Young Child Feeding in Emergencies



## FOR EMERGENCY RESPONDERS AND SHELTER PERSONNEL:

Use this rapid needs assessment for all families with children up to two years of age to assess feeding support and resources needed. Use a separate assessment for each child within a family.

This assessment can help relief workers to identify:

- how families are feeding their child(ren)
- the foods and infant feeding supplies needed
- families that need lactation support
- families that require private spaces to feed their children
- families that require disposable feeding items or supplies to clean infant feeding items

### 1. Family information:

What is your name?

What is the child's name? (use a separate rapid needs assessment for each child)

Are you the child's parent, caregiver, or guardian?

Yes  No

Is the child separated from parent(s)?

Yes  No

How old is the child in weeks or months?

### 2. Was the child born prematurely, with a low birth weight, or with any illnesses?

Yes  No

If yes, please explain.

### 3. What is the child being fed? (check all that apply)

- breast milk
- infant formula
- cow's milk
- milk alternative (e.g., soy milk)
- solid foods (also called complementary foods)
- other

### 4. How is the child being fed? (check all that apply)

- at the breast
- with a bottle
- with a cup
- with utensils
- with a syringe or supplemental nursing system
- other

### 5. For families feeding breast milk:

Is the child separated from the breastfeeding mother?

Yes  No

Does the child feed at the breast?

Yes  No

Do you use a breast pump?

- Yes  No

If yes:

Do you exclusively pump your milk?

- Yes  No

What kind of a pump do you use?

- Manual  Electric

Did you bring your pump with you?

- Yes  No

Do you know how to express your milk by hand?

- Yes  No

Do you need help with breastfeeding or expressing milk?

- Yes  No

**6. For families feeding infant formula:**

How much infant formula is the child eating each day (24 hours)

Does the child need, or has the child's doctor prescribed a special kind of infant formula?

- Yes  No

If yes, what kind and why?

**7. For families feeding solid foods, the child eats foodsthat aremostly:**

- Pureed  
 Mashed  
 Chopped  
 Other

Does the child have any food allergies or restrictions?

- Yes  No

If yes, please list:

**8. Does the child have any feeding problems or special needs related to feeding? (e.g., chokes on certain textures, aspirates, uses special equipment)**

- Yes  No

If yes, please explain.

**9. Is there anything else you want to tell us about how you feed the child or other concerns you may have (e.g., privacy, safety, feeding supplies)?**

**10. For Emergency Responders Only (Do not ask family)**

**Observe appearance: Does the child look dehydrated, thin, or ill?**

- Yes  No  Not Sure

**Observations:**

**Remind families to ask staff for any supplies, support, or information that they need.**

**IMMEDIATE NEEDS FOR THIS CHILD/FAMILY  
(To Be Completed By The Emergency Responder)**

- Lactation support  
 Donor human milk (if available)  
 Ready-to-Feed (RTF) infant formula  
 Infant feeding supplies (e.g., bottles or cups)  
 Solid foods  
 Education (note what information is needed, such as hand expression, cup feeding, formula preparation, etc.)

- Other

This Rapid Needs Assessment Was Adapted From Save The Children

## Responses to the questions in this Rapid Needs Assessment should inform these next steps:

- y Reassure breastfeeding women that breastfeeding is the safest way to feed their child during the emergency. Tell these families that they can and should continue to breastfeed and can offer the breast as much as their infant wants.
- y Provide families with age-appropriate information about how to continue to safely feed their children during the emergency. Education should be tailored to how they are currently feeding their children and should include guidance for safe cleaning of feeding equipment for all families, including those providing complementary foods. Refer to the guidelines for [Feeding Solid Foods During a Natural Disaster or Emergency](#) in CDC's IYCF-E toolkit for more information.
- y If pasteurized donor human milk is available (e.g., from a human milk bank), ensure that breastfed infants who are separated from their breastfeeding mother and/or do not have access to breast milk are able to receive pasteurized donor human milk.
- y If families are using a breast pump to express milk to feed their child, encourage them to breastfeed at the breast more and/or hand express their milk for feedings. Refer to CDC's handout on [hand expression](#).
- y If families rely on an electric breast pump, make sure they have access to electricity and/or batteries to operate the pump, and a refrigerator to store their milk. These families also need access to safe water and cleaning supplies to [properly clean the pump part kits](#) after every use. If proper cleaning of breast pumps (manual or electric) is not possible, they should not be used. Contact a lactation support provider to help support the family and teach [hand expression](#).
- y If families are using bottles and nipples, or other reusable cups to feed their children breast milk or infant formula, AND safe water and cleaning supplies ARE NOT available, provide disposable cups and [instructions on cup feeding](#).
- y If proper cleaning of infant feeding items such as bottles and nipples is not possible, they should not be used. Refer to CDC's handout on [how to cup feed](#).

- y If families are using bottles and nipples, or other reusable cups to feed their children breast milk or infant formula, AND safe water and cleaning supplies ARE available to clean these items, provide education on [proper cleaning practices](#). Note: Disposable feeding items are preferred in congregate shelter settings to minimize risk of contamination that can make babies sick.
- y Tell families how they can get help with infant feeding if they have any concerns or problems.

## Concerns requiring further assessment with a trained health professional and/or lactation support provider: (check all that apply)

- Child appears unwell, thin, or dehydrated (get medical help immediately).
- Child is normally fed breast milk but is separated from breastfeeding mother.
- Child not breastfeeding well (latch, suck, transfer).
- Breastfeeding problems (e.g., plugged ducts, breast infection, thrush, engorgement, slow or difficult let-down, oversupply, use of special equipment like a supplemental nursing system or G-tube).
- Parent/caregiver think child is not eating enough.
- Mother thinks she is not producing enough breast milk for child.
- Breastfeeding family requests infant formula.
- Child is over 6 months of age and family has concerns with feeding the child complementary foods.
- Mother needs to learn how to hand express milk.
- Mother wants to relactate. [Relactation](#) is when you start breastfeeding again after having stopped for some time (weeks or months).
- Child has food allergies or dietary restrictions.



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention



# PROTECT YOUR BABY

*Cronobacter* is a type of bacteria that can cause rare but serious infections in infants. These bacteria are germs that can live in the environment or in dry foods, such as powdered infant formula. In most cases, it is safe to mix powdered infant formula following the manufacturer's instructions on the container.

**If your baby is younger than 2 months old, was born prematurely, or has a weakened immune system, you may want to take extra precautions to protect them from getting sick with *Cronobacter*:**



Clean, sanitize, and store feeding items safely, such as baby bottles and breast pump parts. This helps prevent contamination with germs and keeps the milk you feed your baby safe.



Clean and sanitize infant feeding items (such as nipples, caps, rings, and valves) and breast pump parts in a dishwasher or a clean wash basin that you use only for washing these supplies. Do not place these items directly in the sink because germs in sinks or drains could contaminate them. Allow items to air-dry thoroughly and store them in a clean, protected area.

**If your baby is fed with formula:**



Use liquid infant formula if possible because it is sterile (without germs) and is less likely to spread *Cronobacter* infection when handled carefully. Powdered formula is not sterile and may contain some germs.



If you use powdered infant formula, prepare and store it safely. Make sure your formula is not expired and the container is in good condition (no dents, puffy ends, or rust spots). Keep lids and scoops clean, and close containers of formula as soon as possible after using.



Keep powdered formula in the container dry to prevent germs from growing. Avoid getting the formula scoop wet. There is no need to wash the scoop unless it becomes wet or dirty (such as falling on the floor). If the scoop needs to be washed, clean it as carefully as you would your baby's bottles. The formula scoop must be completely dry before putting it back into the container.

If your baby may be at higher risk, consider taking these extra steps to prepare your powdered formula with hot water (at least 158°F/70°C):



### STEP 1

Clean work surfaces such as countertops and sinks with soap and water or use a disinfectant wipe or paper towel sprayed with cleaning product.



### STEP 2

Wash hands with soap and water before preparing infant formula.



### STEP 3

Boil water and let it cool for about 5 minutes.



### STEP 4

Pour into a clean bottle or feeding cup.



### STEP 5

Add the exact amount of formula listed on the container.



### STEP 6

Put a cap on the bottle and shake to mix. Do not stir.



### STEP 7

Cool the formula to body temperature so it will not burn your baby's mouth. Hold the capped bottle under cool water or place it in an ice bath. Do not let the cooling water get into the bottle or on the nipple.



### STEP 8

Before feeding your baby, test the formula's temperature by putting a few drops on your wrist. It should feel warm, not hot.

## Using and Storing Prepared Formula



Use prepared infant formula within 1 hour from the start of feeding and within 2 hours of preparing it.



If your baby does not finish the entire bottle of formula, throw away leftover formula.



If you do not plan to start feeding your baby with the prepared formula right away, put it in the refrigerator immediately. Use formula in the refrigerator within 24 hours.



Throw out formula if you can't remember how long you have kept it in the refrigerator. Do not feed it to your baby.

For more information visit CDC's [Cronobacter](#) and [Infants](#) page.

331008-A



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# CONTACT

## SAFE Team (Support and Advocacy for Feeding Emergencies)

The County Policy Adoption Toolkit was developed by Breastfeeding Family Friendly Communities as part of the SAFE Infant Feeding Project, in partnership with the North Carolina Breastfeeding Coalition.

[SafeInfantFeeding.org](http://SafeInfantFeeding.org)

[BreastfeedingCommunities.org](http://BreastfeedingCommunities.org)

[NCBFC.org](http://NCBFC.org)

(828) 809-3301

[safe@ncbfc.org](mailto:safe@ncbfc.org) / [info@safeinfantfeeding.org](mailto:info@safeinfantfeeding.org)



**The SAFE Infant Feeding Team is committed to protecting and supporting the feeding practices of all families. Our programs and materials are guided by and in full compliance with the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly (WHA) resolutions.**