

Working with Food Pantries

Part 1: A partnership guide for lactation support providers



One community's story...

On May 25, 2020, George Floyd was murdered in Minneapolis, Minnesota. The anger, destruction, and racial reckoning that followed were a turning point for Minnesotans, including the Minnesota Breastfeeding Coalition leadership and membership. After grocery stores, restaurants, and businesses were destroyed, members of the community stepped up to offer food and resources in affected neighborhoods, with ad hoc food distribution events.

A national leader in breast/chestfeeding justice contacted the Minnesota Breastfeeding Coalition (MBC) about media reports citing infant formula going into boxes of food at some pop-up sites. They asked for a call to action about the general role of food pantries and food distribution systems supplying formula to Black and Brown neighborhoods, calling attention to the history of aggressive formula marketing to these communities. MBC convened a wide range of partners for several conversations.

The initial focus was on the role of food pantries in formula distribution, but it soon shifted to the larger hunger relief system: the reality that there is little nutrition or lactation training, few partnerships with lactation support providers, and little understanding of the impact of free formula distribution.

A search for resources yielded very little for lactation support providers to work closely with food pantries, food banks, or others in the hunger relief system. Funders doubted that food pantry clients breast/chestfeed. National organizations offered few best practices for such a partnership.

MBC accepted the challenge of understanding the hunger relief system and learning how to be a better partner with this key community resource.

The steps that were taken are outlined in this toolkit:

1. **Choose the level of engagement:** explore many types of engagement, including authentic collaboration
2. **Learn about each other:** listen and learn FIRST so that both partners can understand each other
3. **Check assumptions:** working outside of one's bubble requires starting with basic information to check expectations, assumptions, and stories against facts and intentions
4. **Learn about client perspectives:** how clients relate to and what they expect from food pantries
5. **Learn about food pantry systems:** how resources flow through the organization and system
6. **Examine the community landscape:** is the community calm, in crisis, or in transition
7. **Decide how to use data and resources:** action comes after listening and shared planning

This product was developed by Linda Kopecky, MPH, as a NACCHO Blueprint Consultant to accompany Recommendation 2 of the Continuity of Care in Breastfeeding Support: A Blueprint for Communities.

The development of this resource is part of the *Reducing Disparities in Breastfeeding through Continuity of Care* project, which is funded by the Centers for Disease Control and Prevention Division of Nutrition, Physical Activity, and Obesity (DNPAO) through award number: 5 NU38OT000306-03-00.

The views expressed within do not necessarily represent those of the sponsor.

This resource is available online at: <http://www.breastfeedingcontinuityofcare.org/coclibrary>



Why should lactation support providers join the hunger relief system?

Food pantries and their community partners play a critical role in supporting communities, both in times of plenty and times of want or crisis. They may be the only source of free, nutritious food in a neighborhood, and may also offer hot meals, nutrition education, or referrals to services as part of a larger safety net organization.¹



Human milk is a first food. Making access to this first food easy for vulnerable families is critical for infant and toddler food security. Food pantries are not frequent partners with lactation support providers and may have little to no knowledge about lactation. Creating a partnership is necessary for co-creating policies, systems, and environments that are fully supportive of families choosing human milk.

Studies show that families and persons with low socioeconomic status are less likely to breastfeed. Those that do choose human milk tend to breastfeed for shorter periods of time.² The connection between income and breastfeeding is complex, but is rooted in educational attainment, employment status, employer support, access to lactation services, and family or personal food insecurity in general.

Joining forces with the hunger relief system to support breast/chestfeeding families will NOT eliminate hunger or food insecurity. This partnership is downstream work: tailoring programs and services so there are no barriers to the right to breastfeed for any family experiencing food insecurity.

Definitions:³

Food insecurity: a condition of limited access to sufficient food for good health and active lifestyle, at the level of a household, also called “nutrition security;” combatting food insecurity is often called “food justice”

Hunger: a physical or emotional condition at the individual level that may result from general food insecurity

Food pantry/food shelf: a public-facing organization that provides access to food and related resources or services for qualifying community members

Food bank: an organization that acts as a resource for collecting food in large quantities and distributing food to a network of smaller, public-facing, partners

Hunger relief system: the network of organizations and partners that includes food pantries, advocacy organizations, schools, and clinics, all with the aim to increase food security

Breast/chestfeeding: providing human milk to an infant or child, through direct feeding at the breast or chest or through pumping the milk and offering through a bottle, cup, or spoon

Pasteurized Donor Human Milk (PDHM): human milk from approved donors who are screened, take a blood test, and meet accreditation standard; milk is pooled, pasteurized, tested, and processed; the primary use of PDHM is for premature and medically fragile infants

WIC: Special Supplemental Nutrition Program for Women, Infants, and Children

¹ Food Pantries, www.foodpantries.org

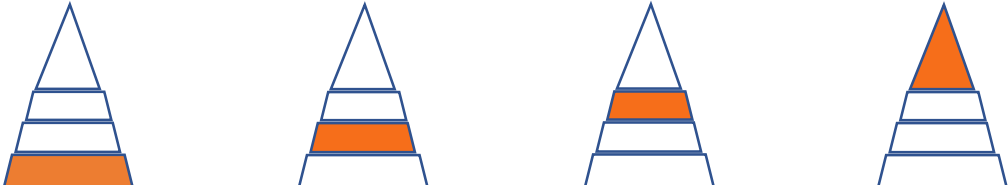
² Boone, K. M., Dynia, J. M., Logan, J., Purtell, K. (2019). Socioeconomic Determinants of Breastfeeding Initiation and Continuation for Families Living in Poverty. *Pediatrics*, 144 (2_MeetingAbstract): 272.

³ Food Pantries, www.foodpantries.org

Step 1

Choose the level of engagement with food pantries

Before connecting with one or more new partners, consider how to engage and what the promises should be. Projects with food pantries are likely to include all levels of engagement. For example, the overall planning and implementation may be at the **Collaborate** level, developing a client survey may use **Consult** or **Involve** methods, and **Inform** may be used to update staff about WIC services



Level	Inform	Consult	Involve	Collaborate
Basics	One-way communication, providing information without feedback or collaboration.	Gather community feedback about planning options.	Two-way communication with the community to help form options and decisions.	Authentic shared planning and decision-making to create new projects or materials.
Goal	Keep the community informed in an accurate and up-to-date manner.	Community feedback helps options and programs be more appropriate for a given audience.	Working directly with the community means hopes and fears are consistently understood.	Co-creation in partnership with the community on every aspect of the project development
Guidance	A diverse and representative planning team will help ensure products are framed in a way that makes the most sense to the community being addressed.	Your organization is still the main decision-maker in this scenario. Consultation with the community might require interviews, surveys, site visits, or focus groups.	Intentional connections with the community might include World Cafés, workshops, or community roundtables, giving them a bigger role in shaping options and making decisions.	The broader community has a significant role in decision-making, requiring more give and take with the backbone organization than at other levels. Methods are highly collaborative.
Promises	Maintain accuracy and timeliness with information.	Keep the community informed of the process, listening deeply, acknowledge concerns.	Community ideas are directly reflected in planning; feedback is regularly provided.	Partners share advice and innovation to co-create options and recommendations.

Adapted from the "Spectrum of Public Participation" from the International Association for Public Participation, iap2.org



Consult: administering client surveys at a food pantry event



Collaborate: project co-creation with food pantry staff and leadership

Step 2

Learn about each other

When new to working with food insecurity experts, time should be spent in getting to know each other's organizations and fields. Conduct key informant interviews,⁴ or guided conversations, with all levels of this sector. This sector includes:

- ① Small food shelves in houses of worship or community centers,
- ① Established food pantries that are stand-alone nonprofits or attached to larger safety net organizations,
- ① Food banks that distribute food and products to community-based partners, and
- ① Hunger-relief advocacy organizations working at a higher systems level on policies and legislation.

Start with basic information about breast/chestfeeding, such as the lifelong protections for babies, how a healthy milk supply is maintained, and why many families do not reach their feeding goals.

Identify shared interests and shared goals about the communities both of your organizations serve. In all aspects of working with food pantries, identifying one or more internal champions will facilitate all assessments, planning, and activities.



Church food pantry, Little Fork, MN

“Dialogue cannot exist without humility.”

Paulo Freire, Pedagogy of the Oppressed

⁴ Public Health Centers for Excellence (April 1, 2015). *Key Informant Interviews: An Introduction* [Video]. YouTube. www.youtube.com/watch?v=Qxhv152OaWw

Step 3

Check assumptions

Experience forming partnerships between lactation support providers and food insecurity professionals suggests that each party has preconceived notions of the other.⁵ Taking time to get to know each other may expose assumptions on both sides of the conversation. A few of the assumptions lactation professionals may have of food pantries and their systems are below; each of these may or may not be true as food pantries differ widely.

- 👤 Food pantry staff and volunteers have some knowledge of nutrition
- 👤 Food pantries actively solicit formula and understand the different types of formula
- 👤 Staff communicate with food pantry clients or know about their nutritional needs
- 👤 Clients let staff know about their nutritional needs or how they feed their infants

Most food pantry staff and volunteers are unlikely to know or be trained in basic information about nutrition, breast/chestfeeding, or formula. Additionally, many questions about nutritional needs, medical needs, or infant feeding methods may be deemed too personal for food pantry staff or volunteers to discuss with clients.



⁵ Thomas, J. (May 7, 2018). 3 Steps to Checking Your Assumptions. Georgetown University. <https://scs.georgetown.edu/news-and-events/article/7234/3-steps-checking-your-assumptions>

One community’s lesson: learn first, teach second

When developing new partnerships, the first goal should be to LEARN, not to TEACH. Teachable moments are likely to present themselves but one should take time to appreciate that systems are complex.

Be curious and ask open-ended questions

Community partners may not have ever thought about breast/chestfeeding as important to their work.

Try not to ask this question

Instead, ask this question

<i>Do you have clients who are breastfeeding?</i>	<i>How do you learn how your clients are feeding their babies?</i>
<i>Why do you distribute formula?</i>	<i>What do you know about the formula that comes into your system?</i>
<i>Do your clients ask for formula or breastfeeding items?</i>	<i>How do you propose finding out if breastfeeding clients need more resources or support?</i>

Take advantage of teachable moments

Being a partner in all aspects of creating projects or changing systems means generous amounts of listening and learning. A teachable moment is a spontaneous opportunity to provide special insights on a topic.

Partner	You might hear	Teachable moment
Hunger advocate	“A lot of parents don’t breastfeed because of their culture.”	Try asking more questions, such as how they have come to believe this. Many people, including food security professionals, do not know about the role traumatic history and unsupportive environments play in low breastfeeding rates. Think about discussing a community’s high breastfeeding initiation rate, a sign of high levels of intention, but low duration rates, which relate to unsupportive environments around them.
Food pantry volunteer	“Giving out formula isn’t going to hurt anyone.”	The general public may have little knowledge about the importance of exclusive breastfeeding or how milk supply is maintained or increased. This could be a time to mention that this statement isn’t always true, and to offer some basic information about how new parents build up their milk supply.

Resources for basic lactation information:

Centers for Disease Control and Prevention: www.cdc.gov/breastfeeding/index.htm

WIC Breastfeeding Basics: <https://wicbreastfeeding.fns.usda.gov/breastfeeding-basics>

La Leche League Breastfeeding Info: www.llli.org/breastfeeding-info/

Office on Women’s Health: www.womenshealth.gov/breastfeeding

Step 4

Learn about client perspectives

Food pantries come in all shapes and sizes, and will often serve very specific communities, both culturally and geographically. Collaborate with your food pantry partners to gather information from clients to better appreciate their experiences and how they interact with the food pantry.

Asking clients about their experiences and perspectives can avoid, confirm, or counteract assumptions.

Providing some type of gratitude⁶ is a way to compensate the client's time and demonstrate the value of their experience and wisdom. Collaborating with the food pantry staff and volunteers will ensure the gratitude makes the most sense for their clients.



Conducting client surveys at NorthPoint's Fresh Food Friday



Always ask for the client's consent to conduct the survey or interview

- General client information**
Gender identity, age of client, cultural identity
- Gather information about the client's household**
Family structure, number and age of children, employment or student status, income bracket
- Ask about the client's experience and relationship with the food pantry**
Frequency of visits, transportation to food pantry, communication with staff
- Enrolled in other nutrition programs**
WIC, SNAP, free lunch programs, etc.
- Ask about the client's personal experience with breast/chestfeeding**
Exposure to and experience with breast/chestfeeding, sources of support
- Client knowledge and attitudes about breast/chestfeeding**
Is breast/chestfeeding recommended, is it healthy for baby and parent, is it easy, human milk donation
- Food pantry/infant feeding connections**
Formula or breast/chestfeeding supplies or resources at the food pantry, mechanisms for requests
- Assess the client's knowledge and attitudes about Pasteurized Donor Human Milk**
General knowledge, the food pantry as a site for PDHM

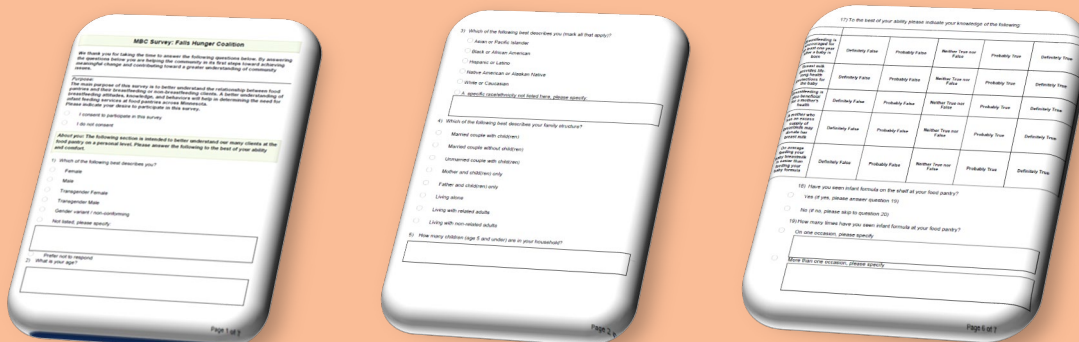
⁶ Mahmutovic, J. (December 12, 2020). *10 Pros and Cons of Using Survey Incentives*. SurveyLegend. www.surveylegend.com/customer-insight/survey-incentives/

One community's experience: client surveys

During the summer of 2021, 57 client surveys were administered across 2 communities and 3 food pantry systems in Minnesota. These were done in-person during produce give-away events. Food pantry staff identified these events as the time with the highest number of clients and the smallest window of time so surveys could be completed efficiently. Engaging colleagues with particular language skills and connections to the community helps to increase clients' comfort levels.

Surveys were co-created with food pantry staff and community partners such as WIC peer counselors. Each survey was administered as a mini-interview and took at least 5 minutes to complete.

Surveys were given to families with children 5 and under and/or pregnant (WIC eligibility guidelines) OR to those picking up food for such families. This represented 10-15% of all clients at these events.



Lessons learned:

1. Each survey is an excellent opportunity for conversation and to listen deeply to each client
2. Many clients will pick up food or items for family members, so asking about their household members and everyone's needs is important
3. Food pantries often serve a particular community, so while there may not be much variety within one food pantry's pool of clients, there is likely to be great variety across different food pantry systems



Need help tapping into the hunger relief system?

Start with the **Feeding America** website:

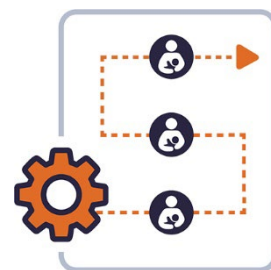
www.feedingamerica.org/find-your-local-foodbank

Step 5

Learn about food pantry systems

A food pantry may be a small operation out of a church storeroom or part of a large safety net organization.⁷ It has an inherent system of practices, policies, flow of resources, and power dynamics. It is part of the larger hunger-relief system of food banks, community partners, and safety net services. Working with the food pantry to see this system – and see where infant feeding is a part of that system – will allow all parties to make realistic and thoughtful recommendations.

Working hand-in-hand with food pantry staff and volunteers can help everyone see the flow of products and services in a new light.

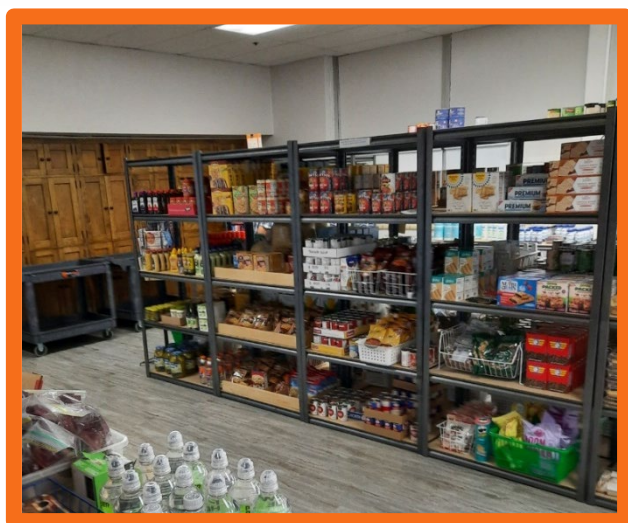


“The process helped us see all of our blind spots”

Ethan Neal, Pillsbury United Communities, Minneapolis

Suggested topics to learn more about the food pantry

- 👤 Training, resources, and guidelines related to health, nutrition, and community resources
- 👤 Internal champions and experts for these and other topics
- 👤 Methods for learning about clients and their needs or situations
- 👤 Role in promoting, supporting, or protecting breastfeeding
- 👤 Food pantry staff and volunteers’ knowledge and attitudes about breast/chestfeeding
- 👤 Food pantry staff and volunteers’ knowledge and attitudes and PDHM
- 👤 How and when referrals are made
- 👤 How formula and breast/chestfeeding support items make their way through the food pantry



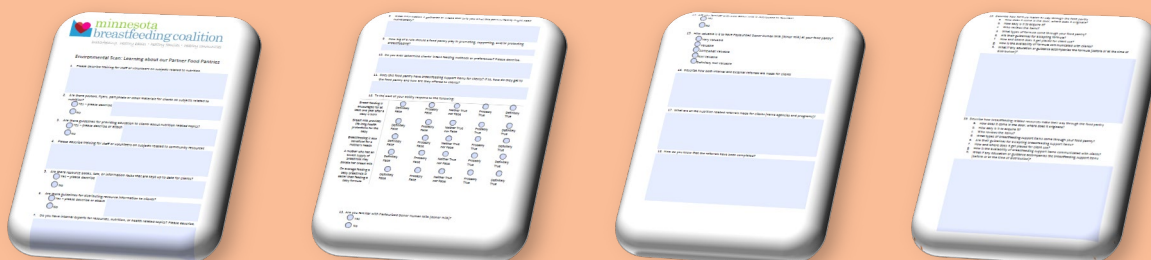
Falls Hunger Coalition food pantry, International Falls, MN

⁷ Food Pantries, www.foodpantries.org

One community's experience: environmental scans

During the fall of 2021, environmental scans were conducted in three food pantry systems in Minnesota. Scans were co-created with food pantry staff and community partners such as WIC breastfeeding peer counselors over a series of virtual meeting and site visits.

Food pantry staff were critical partners in conducting these scans and they were completed through a combination of methods: self-reporting by filling in a worksheet, interviews with individual staff members, site visits, and virtual group conversations. We included staff at a variety of decision-making levels.



Lessons learned:

1. While the tools were developed in partnership, some questions exposed hidden assumptions. An example is the assumption that food pantry staff have some level of training in nutrition.
2. Many food pantry staff and volunteers do not know all the details about how items such as formula arrive at their site. Simply exploring this question sparked their curiosity.
3. Mirroring questions for clients and staff identified some assumptions on the part of the food pantry staff, such as clients' experiences or beliefs related to breastfeeding.



Need help understanding system transformation?

An excellent resource is **The Water of Systems Change** by John Kania
www.fsg.org/resource/water_of_systems_change/

Step 6

Examine the community landscape

Food pantries and the hunger-relief system are highly responsive to crises in their communities, such as social unrest or natural disasters.⁸ Partnerships mean understanding the current environment and the capacity of each partner to adopt or adapt new policies or practices.

“During the COVID-19 outbreak, demand for emergency food assistance hit historic highs. At the height of the pandemic, 1 in 9 Minnesotans faced hunger.”

Second Harvest Heartland, www.2harvest.org

Periods of calm

Periods of regular operations when staffing and funding is adequate, and staff and volunteers can conduct regular intake of clients. Management has time to conduct assessments or consider updates in policies and practices.

Resources such as Colorado’s *Guidelines for the Breastfeeding Friendly Food Pantry* are appropriate at this time.



Periods of crisis

In 2022, this feels familiar. A crisis may be social unrest, such as the destructive riots in Minneapolis, MN, after the murder of George Floyd, or the global pandemic that disrupted all aspects of society for over two years. It is not uncommon for smaller food delivery systems to pop-up or expand for short periods of time in response to changing needs in the community.

During these periods, food pantry staff may have minimal engagement or communication with clients, as services are streamlined for efficiency. Intake may be reduced to a bare minimum, donations (including formula) may increase dramatically, and there may be turnover or an increase of staff and volunteers.

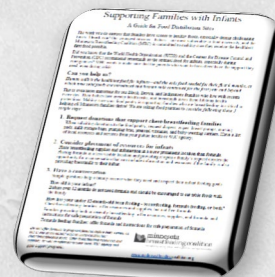
Resources such as the *If You Are Breastfeeding...* rack card can be dropped into food boxes of any client, not requiring extensive communication between client and staff.



Periods of transition

The periods in between calm and crisis have characteristics of any type of transition: policies and practices are reviewed, relationships and decision-making are renegotiated, and lessons learned during the time of crisis are integrated.

Resources appropriate for this period might provide options for resetting practices related to infant feeding, such as the one-page *Supporting Families with Infants*.



⁸ How We Respond to Disaster. Feeding America. www.feedingamerica.org/our-work/disaster-food-assistance

Step 7

Decide how to use these data and resources

The co-creation process⁹ requires that all parties contribute to reviewing all data, creating recommendations, and coming to decisions about activities and timeline. There are many possibilities, including (but not limited to):



- ② **Change in environment:** is there a way to change the layout of the food pantry, or the placement of items that leads to optimal support for breast/chestfeeding families?
- ② **Learning opportunities:** are there ways for staff, volunteers, or clients to learn more about family health, nutrition, and infant feeding? These might be in the form of booklets, videos, presentations, or through case management services.
- ② **Teaching opportunities:** food pantry staff or volunteers, particularly the internal champions or subject matter experts, might find occasions to share information about hunger-relief systems and the way food insecurity affects communities, to strengthen their partnerships in the community.
- ② **Internal champions:** while it is important to identify champions from the beginning of the partnership, new champions are likely to emerge. There may be ways to further develop internal champions or subject matter experts within the food pantry system throughout the project period and beyond.
- ② **Changing systems and practices:** are there systems or practices within the food pantry that need updating? Some activities or systems may limit options for families with infants. Examples: clarifying the process by which formula is received and displayed so it is distributed thoughtfully; or updating a relationship with WIC to increase the likelihood referrals will be completed.
- ② **Adopting systems and practices:** are there new systems or practices that could optimize support for families with infants?

Additional frameworks to consider

Infant and Young Child Feeding in Emergencies (IYCF-E)¹⁰

The Centers for Disease Control and Prevention, the US Breastfeeding Committee, NACCHO, and other leading organizations have information, resources, and tools for communities to support families after natural disasters.

Building a Policy: Ten steps to a breastfeeding-friendly shelter¹¹

Guidelines developed with leadership from the Homeless Health Initiative of the Children’s Hospital of Philadelphia

Supershelf¹²

In 2012, four partners in Minnesota developed a model for transforming the environment of food pantries and placement or display of items to be more client-centered and optimal for healthy behaviors and choices.

⁹ Co.Create.Training (n.d.). *Key Principles for Co-Creation*. [YouTube Channel] www.youtube.com/channel/UC5z6EbdPPLKun0F_QGQZk6Q

¹⁰ *Infant and Young Children Feeding Toolkit*. Centers for Disease Control and Prevention. www.cdc.gov/nutrition/emergencies-infant-feeding/index.html

¹¹ *About the Homeless Health Initiative*. Children’s Hospital of Philadelphia. www.chop.edu/centers-programs/homeless-health-initiative/about

¹² Supershelf. www.supershelfmn.org



Notes

The process and materials for this toolkit are taken in large part from a project Minnesota Breastfeeding Coalition (MBC) developed in collaboration with community partners. Previous work by Boulder County Public Health (Colorado) was foundational for MBC to identify an appropriate starting point. MBC-led activities were funded in part by the Association for State and Territorial Health Officials (ASTHO) and the National Association for County and City Health Officials (NACCHO), with donations of in-kind resources from Hennepin County WIC and the Minnesota Milk Bank for Babies.

Appendix A: Client Survey

Developed in 2021 by the Minnesota Breastfeeding Coalition in collaboration with food pantry partners

MBC Survey: Brian Coyle

We thank you for taking the time to answer the following questions below. By answering the questions below you are helping the community in its first steps toward achieving meaningful change and contributing toward a greater understanding of community issues.

Purpose:

The main purpose of this survey is to better understand the relationship between food pantries and their breastfeeding or non-breastfeeding clients. A better understanding of breastfeeding attitudes, knowledge, and behaviors will help in determining the need for infant feeding services at food pantries across Minnesota. Please indicate your desire to participate in this survey.

- I consent to participate in this survey
- I do not consent

About you: The following section is intended to better understand our many clients at the food pantry on a personal level. Please answer the following to the best of your ability and comfort.

1) Which of the following best describes you?

- Female
- Male
- Transgender Female
- Transgender Male
- Gender variant / non-conforming
- Not listed, please specify:
- Prefer not to respond

2) What is your age?

3) Which of the following best describes you (mark all that apply)?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaskan Native
- White or Caucasian
- A specific race/ethnicity not listed here, please specify:

4) Which of the following best describes your family structure?

- Married couple with child(ren)
- Married couple without child(ren)
- Unmarried couple with child(ren)
- Mother and child(ren) only
- Father and child(ren) only
- Living alone
- Living with related adults
- Living with non-related adults

5) How many children (age 5 and under) are in your household?

6) Please indicate which of the following best describes your status?

- Currently employed
- Currently in school
- Currently employed and in school
- Currently unemployed not in school

7) Currently what is your total household income?

- \$0 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 and over
- Unknown

Your experience with the food pantry: The following section is intended to better understand the relationship and experience of those visiting the food pantry. Please answer the following to the best of your ability and comfort.

8) How often do you visit or come in contact with this food pantry?

Once a week

More than once a week

Once a month

A few times

I cannot recall

9) How do you typically get to the food pantry?

- Drive myself
- Public transport
- Get a ride
- Walk
- Other, please specify

- 10) Consider your first time at the food pantry, did food pantry staff tell you about all the services available to you?
- Yes
 - No
- 11) Please indicate your participation in any of the following programs:
- SNAP (Supplemental Nutritional Assistance Program)
 - WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
 - Other _____
- 12) Food pantries across Minnesota play a key role in distributing food to many individuals, including infants. Have you ever asked for or received breastfeeding/infant feeding resources?
- Yes
 - No

***Breastfeeding attitudes:* The following section aims to understand the availability of breastfeeding support among those visiting the food pantry. Please answer the following to the best of your ability and comfort.**

- 13) Have you ever seen someone breastfeeding?
- Yes (if yes, please answer question 14)
 - No (if no, please skip to question 15)
 - Unsure (if no, please skip to question 15)
- 14) What was your relationship to the person you saw breastfeeding?
- I have breastfed my child
 - I saw a family member breastfeeding
 - I saw a friend breastfeeding
 - I have no relationship to the person I saw breastfeeding
- 15) Are you planning on or currently breastfeeding?
- Yes (if yes, please answer question 16)
 - No (if no, please skip to question 17)
- 16) Who provides you breastfeeding support (mark all that apply)?
- Member of my household
 - Food pantry
 - WIC Program
 - Someone at my workplace
 - Nobody is supporting my decision
 - Other, please specify

17) To the best of your ability please indicate your knowledge of the following:

Breastfeeding is encouraged for at least one year after a baby is born	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True
Breast milk provides life-long health protections for the baby	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True
Breastfeeding is also beneficial for a mother's health	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True
A mother who has an excess supply of breastmilk may donate her breast milk	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True
On average feeding your baby breastmilk is easier than feeding your baby formula	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True

18) Have you seen infant formula on the shelf at your food pantry?

- Yes (if yes, please answer question 19)
- No (if no, please skip to question 20)

19) How many times have you seen infant formula at your food pantry?

- On one occasion, please specify
- More than one occasion, please specify

20) Have you seen breastfeeding support items at your food pantry?

- Yes
- No

21) Have you seen breastfeeding support items at your food pantry?

- Yes
- No

22) Have you ever asked for infant formula and/or breastfeeding support items from food pantry staff?

- Yes, I have asked for or about these services
- No, I haven't asked for or about these services
- No, I assumed my food pantry did not offer these services

23) Are you familiar with Pasteurized Donor Human Milk (donor milk)?

- Yes (if yes, please answer question 23)
- No (if no, please skip to question 24)

24) How valuable is it to have Pasteurized Donor Human Milk (donor milk) at your food pantry?

- Very valuable
- Valuable
- Somewhat valuable
- Not valuable
- Definitely not valuable

Appendix B: Environmental Scan

Developed in 2021 by the Minnesota Breastfeeding Coalition in collaboration with food pantry partners

Environmental Scan: Learning about our Partner Food Pantries

1. Please describe training for staff or volunteers on subjects related to nutrition
2. Are there posters, flyers, pamphlets, or other materials for clients on subjects related to nutrition?
 - Yes – please describe
 - No
3. Are there guidelines for providing education to clients about nutrition related topics?
 - Yes – please describe or attach
 - No
4. Please describe training for staff or volunteers on subjects related to community resources
5. Are there resource books, lists, or information racks that are kept up to date for clients?
 - Yes – please describe
 - No
6. Are there guidelines for distributing resource information to clients?
 - Yes – please describe or attach
 - No
7. Do you have internal experts for resources, nutrition, or health related topics? Please describe.
8. What information is gathered at intake that tells you what this person/family might need nutritionally?
9. How big of a role should a food pantry play in promoting, supporting, and/or protecting breastfeeding?
10. Do you ever determine clients' infant feeding methods or preferences? Please describe.
11. Does this food pantry have breastfeeding support items for clients? If so, how do they get to the food pantry and how are they offered to clients?

12. To the best of your ability respond to the following:

Breast feeding is encouraged for at least one year after a baby is born	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True
Breast milk provides life-long health protections for the baby	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True
Breastfeeding is also beneficial for a mother's health	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True
A mother who has an excess supply of breastmilk may donate her breast milk	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True
On average feeding a baby breastmilk is easier than feeding a baby formula	Definitely False	Probably False	Neither True nor False	Probably True	Definitely True

13. Are you familiar with Pasteurized Donor Human Milk (donor milk)?

- Yes
- No

14. Are you familiar with how donor milk is distributed to families?

- Yes
- No

15. How valuable is it to have Pasteurized Donor Human Milk (donor milk) at your food pantry?

- Very Valuable
- Valuable
- Somewhat Valuable
- Not Valuable
- Definitely Not Valuable

16. Describe how both internal and external referrals are made for clients

17. What are all the nutrition related referrals made for clients (name agencies and programs)?

18. How do you know that the referrals have been completed?

19. Describe how formula makes its way through the food pantry

- a. How does it come in the door, where does it originate?
- b. How easy is it to acquire it?
- c. Who reviews the items?
- d. What types of formula come through your food pantry?
- e. Are their guidelines for accepting formula?
- f. How and where does it get placed for client use?
- g. How is the availability of formula communicated with clients?
- h. What if any education or guidance accompanies the formula (before or at the time of distribution)?

20. Describe how breastfeeding related resources make their way through the food pantry
- a. How does it come in the door, where does it originate?
 - b. How easy is it to acquire it?
 - c. Who reviews the items?
 - d. What types of breastfeeding support items come through your food pantry?
 - e. Are their guidelines for accepting breastfeeding support items?
 - f. How and where does it get placed for client use?
 - g. How is the availability of breastfeeding support items communicated with clients?
 - h. What if any education or guidance accompanies the breastfeeding support items (before or at the time of distribution)?

Appendix C: Rack Card

Developed in 2020 by the Minnesota Breastfeeding Coalition in partnership with Minnesota WIC

IF YOU ARE BREASTFEEDING...

and stressed and worried about feeding your baby

Keep offering breast milk!

It provides your baby lifelong protections against many types of diseases and cancers AND protects your health as well. The longer you provide breast milk the stronger the protections.

IF YOU ARE BREASTFEEDING AND USING FORMULA...

and stressed and worried about feeding your baby

Keep up your milk supply!

Any amount of breast milk gives baby antibodies that protect against illness, is excellent nutrition, and promotes parent and baby attachment.



KEEP UP YOUR MILK SUPPLY

- Breast/chestfeed or express milk around every 3 hours.
- Avoid having full breasts – full breasts signal to your body to stop making milk.
- Talk to a breastfeeding peer counselor or professional to learn the signs that your baby is getting enough milk and for help resolving challenges like engorgement, painful nipples, or a sleepy baby
- Find helpful tips at www.lownmilksupply.org.

CONNECT WITH WIC



- WIC offers nutrition and breastfeeding support.
- You may qualify if you are pregnant, had a baby within the last 6 months, breastfeed, or have a child or foster child under age 5.
- WIC staff can answer breastfeeding questions over the phone
- Find a WIC office 1-800-942-4030 or health.state.mn.us/people/wic/



LEARN ABOUT LATCHING AND POSITIONING

- You may experience tenderness, but pain is a sign that the latch or position may need adjustment. Check with a lactation professional for help!
- Find helpful videos and tips about positioning, latching, and overcoming common challenges at www.firststepskids.com or www.globalhealthmedia.org.

KNOW HOW TO STORE MILK



- Start with clean hands and sterilized containers.
- Never use a microwave to thaw milk – thaw in the fridge overnight or in a bowl of warm water.

Countertop

up to 77° F
fresh milk: up to 4 hours
thawed milk: 1-2 hours

Refrigerator

at or below 40° F
fresh milk: up to 4 days
thawed milk: up to 1 day

Freezer w/ Separate Door

at or below 0° F
fresh milk: up to 6 months
never refreeze thawed milk

Deep Freeze

at or below -4° F
fresh milk: up to 12 months
never refreeze thawed milk

MANAGE STRESS



- Stress can affect how milk flows and can affect your milk supply over time.
- Use your support system to manage stress.
- Learn physical ways to manage stress while breastfeeding, like deep breathing, meditation, physical activity, or using calming music.
- Seek professional help as needed.



breastfeeding: healthy babies • healthy families • healthy communities



MAINTAIN YOUR MILK SUPPLY

- Giving your baby formula can cause your baby to breast feed less.
- Breast/chestfeed 8-12 times in 24 hours.
- Express your breasts using your hands or a pump at regular intervals to maintain or build your supply.
- Learn more at <https://wicbreastfeeding.fns.usda.gov/combination-feeding-and-maintaining-milk-supply>.



LEARN ABOUT RELACTATION

- Many people are able to relactate after a gap of days or weeks.
- Stimulate the breast frequently and put baby to breast often.
- Seek help through WIC or a lactation consultant.



PREPARE FORMULA SAFELY

IF YOU ARE USING FORMULA...

During emergencies, the safest formula to use is ready to feed formula.

If you are using powdered formula, do not water it down. Learn how to prepare formula safely following these steps.



WASH YOUR HANDS

Use soap and water and wash for 20 seconds.



HAVE CLEAN BOTTLES READY

Sterilize bottle and nipple.



BOIL WATER

Boil water and wait 15-30 minutes to mix with the formula powder. Boiling the water makes sure the water is sterile AND that the hot water sterilizes the formula, which may contain bacteria.



MIX WATER AND FORMULA IN BOTTLE

Fill bottle with HALF of the desired amount of hot water (at least 158°F). Add required amount of formula powder, close bottle and shake. Add remaining water and shake again.



COOL BOTTLE AND FORMULA

Place bottle in ice water or under cold running water. Before feeding make sure formula is drinking temperature – it will feel warm but not hot on your wrist (98°F or lower).

For more information about infant feeding in emergencies:

www.cdc.gov/features/disasters/infant-feeding/index.html

Appendix D: Supporting Families with Infants

Supporting Families with Infants

A Guide for Food Distribution Sites

The work you do ensures that families have access to healthy foods, especially during challenging times. **Thank you!** Our youngest citizens—babies—are most vulnerable to food insecurity, and the Minnesota Breastfeeding Coalition (MBC) is committed to making sure they receive the healthiest first food possible.

Did you know that the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) recommend breastmilk as the optimal food for infants, especially during emergencies? MBC wants to make sure that the parents who want to breastfeed have the support they need, even during crisis.

Can you help us?

Human milk is the healthiest food for infants—and the only food needed for their first 6 months, at which time solid foods are introduced and human milk continued for the first year and beyond

This is even more important for our Black, Brown, and Indigenous families who live with racism every day. Their babies face greater health risks, and breastmilk gives them lifelong health protections. Making sure your food pantry is supporting families who are breastfeeding is critical in helping *all* Minnesota families thrive! We are asking food pantries to *consider following these 3 simple steps:*

1. Request donations that support chest/breastfeeding families

When soliciting donations to the food pantry, request diapers, wipes, breast pumps, nursing pads, milk storage bags, pumping bras, prenatal vitamins, and baby-wearing carriers. Have a list of local resources and services from your public health or WIC agency,

2. Consider placement of resources for infants

Place breastfeeding supplies and information in a *more* prominent location than formula. Placing formula in a less visible location and providing it upon a family's request creates the opportunity for a conversation that can include information and resources if the family is also providing breastmilk to their infant.

3. Have a conversation

Simple questions help a family receive what they need and respect their infant feeding goals.

How old is your infant?

Babies over 12 months do not need formula and should be encouraged to eat table foods with the family

How has your under 12-month-old been feeding - breastfeeding, formula feeding, or both?

Chest/breastfeeding families: offer resources and supplies, but not free formula

Families providing both or recently breastfeeding: offer resources, supplies, and formula, and instructions for safe preparation of formula

Formula feeding families: offer formula and instructions for safe preparation of formula

Do not offer formula to pregnant families before baby comes, as this is one of the easiest ways to undercut families' chest/breastfeeding goals. Offer breastfeeding resources and supplies, as well as referrals to your local WIC agency and other support programs.



www.mnbreastfeedingcoalition.org