

BLACK MAMAS MATTER ALLIANCE



BLACK MAMAS MATTER ALLIANCE COLLECTIVE STATEMENT ON THE INFANT FORMULA SHORTAGE

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For Immediate Release

June 14, 2022 - Atlanta, GA - As a national network of Black women-led organizations and multidisciplinary professionals, we, the Black Mamas Matter Alliance, condemn the ongoing infant formula shortage in the United States (US). Our Alliance is composed of lactation support providers, birth workers, advocates, scholars, and professionals who work directly with those seeking breastfeeding, chestfeeding, and infant feeding support. We are beyond dismayed by the impact that the recall of Abbott Nutrition infant formula has had, particularly on the Black Mamas and families we serve every day. We are also painfully aware that the recall is just the tip of an iceberg of systemic failures that have perpetuated long standing inequities in human milk feeding and infant formula access.

Prior to this infant formula shortage, families were already struggling to access the time, space, information, economic resources, and community support needed to feed their newborns and toddlers safely and sustainably. In some cases, families have tried to stretch their formula supply by adding water or making their own formula. At the beginning of the COVID-19 pandemic, families scrambled to secure infant formula in the midst of panic-buying and hoarding. For years, families that have participated in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) have had particular difficulty finding specialty formula due to the contract restrictions on formula brands. When families are able to access infant formula, they may not know how to prepare it safely, due to a lack of accessible infant feeding education. For families who do know how to prepare formula safely, the quality of infant formula in the United States is still relatively low, due to insufficient FDA oversight in formula production. These long standing issues are only being exacerbated by the current infant formula shortage.

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A series of systemic failures have also made breastfeeding and chestfeeding inaccessible to families, despite overwhelming evidence of its positive benefits. The vast majority of US births take place in hospitals, where breastfeeding and chestfeeding initiation is frequently disrupted and unsupported. A 2016 study noted that, Black women were nine times more likely to be offered formula than white mothers. Further, hospital-based practices that are supportive of human milk feeding such as those included in the Baby-Friendly Hospital Initiative are less likely to be available in Black communities. Even in Baby-Friendly environments, Black families are not exempt from the structural racism and implicit bias that negatively impact the overall goal of promoting, protecting, and supporting human milk feeding.

Additionally, most parents returning to work lack access to paid family leave, adequate lactation space, and other workplace accommodations to meet their human milk feeding goals. Approximately, one in four women have to return back to work within 10-14 days after giving birth. The lack of paid leave significantly impacts the ability to bond with one's infant, heal from the birthing experience, and provide human milk. Moreover, Black women often face inadequate or very limited lactation accommodations when they return to the workplace. Broadly, the interlocking racial, gender, economic, and other oppressions that Black women and birthing people face has compromised our ability to practice self-determination and food sovereignty while feeding our children.

Lastly, infant formula companies continue to engage in unethical and predatory marketing practices that target economically disadvantaged families and communities of color. Tactics such as providing free infant formula samples to pregnant and postpartum people, gifts for parents and healthcare providers, generous discounts, and deceptive messaging create an environment that makes it challenging for families to make unbiased, informed infant feeding decisions. Further, very few infant formula companies adhere to the World Health Organization/UNICEF International Code of Marketing of Breast-milk Substitutes (WHO Code). The WHO Code was created in 1981 to promote breastfeeding and protect consumers against aggressive and improper infant formula marketing practices and distribution. Sadly, the WHO Code is not enforced in the US.

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In light of these systemic failures, we need comprehensive paid family leave policies, lactation accommodations for pregnant and postpartum workers, and a commitment to center pregnant and postpartum workers in the resurgent labor movement. We need to hold hospitals and providers accountable for maternal health outcomes, including human milk feeding initiation and support. We need a culture shift that destigmatizes human milk feeding, as well as mutual aid efforts like community and pasteurized donor human milk exchanges. We need higher quality infant formula, stronger oversight of infant formula ingredients and production, and robust public education and community outreach on preparing formula safely. We need reimbursement for skilled lactation services and mandated insurance coverage for donor milk to ensure families are able to provide human milk for their infants. We need to provide greater economic and social support to families that utilize WIC services, so they can feed their children safely and sustainably. While we applaud efforts to increase access and production of infant formula by use of the Defense Production Act and Operation Fly Formula, we call for greater transparency related to the distribution of the formula being imported from overseas. Given the current infant feeding inequities and lack of access to lactation support, limited transportation options, or financial resources, it is imperative that historically marginalized and rural communities are prioritized.

We reject the white supremacist, heteropatriarchal, and capitalist tendency to demand individual solutions to systemic failures. At the same time, we know that families need to feed their children now. Knowing this, we continue to connect pregnant and parenting people with economic, social, and other resources that can support their efforts to feed their children. We organize mutual aid efforts, including community milk depots and pasteurized donor human milk banks and exchanges, as well as forums for community education and connection. As always, Black-led community-based organizations are doing life-saving work, while receiving insufficient funding and support. The infant formula shortage is yet another reminder of the critical importance of investing in the Black-led community-based organizations that provide holistic, respectful maternity care, including lactation support and wraparound services, in our communities.

We assert that the infant formula shortage is not simply the result of a product recall or supply chain issues; instead, it is a systemic failure that disproportionately harms Black women and birthing people, our families, and communities. In the midst of historic reproductive injustices and daily instances of violence across the country, we call on policymakers, stakeholders, and leaders to make the systemic changes we demand and deserve.

Black Mamas Matter Alliance, Inc. (BMMA)

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If you are struggling to find formula for your baby or would like to learn more, please access the following resources:

- US Department of Health and Human Services: <https://hhs.gov/formula>
- US Department of Agriculture: <https://www.fns.usda.gov/ofs/infant-formula-safety>
- CDC Infant Formula Feeding Resource:
- <https://www.cdc.gov/nutrition/InfantandToddlerNutrition/formula-feeding/>
- Academy of Breastfeeding Medicine: <https://www.bfmed.org/statement-on-shortage-of-breastmilk-substitutes>
- Human Milk Banking Association of North America: <https://www.hmbana.org/>
- National Food Banks: <https://www.feedingamerica.org/find-your-local-foodbank>
- National Diaper Banks: <https://nationaldiaperbanknetwork.org/>

BMMA Partners Providing Families with Human Milk Feeding and Infant Formula Support

- [Black Mothers Breastfeeding Association](#)
- [Chocolate Milk Cafe](#)
- [CinnaMoms](#)
- [The Bloom Collective](#)
- [Black Girls Breastfeeding Club](#)
- [Center for Black Women's Wellness](#)
- [Atlanta Doula Collective](#)
- [Perinatal Health Equity Initiative](#)

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