***Responding to Parent Questions Regarding the Current Formula Shortage***

This frequently asked questions (FAQ) document has been developed from the Georgia Chapter of the American Academy of Pediatrics Breastfeeding Committee & Committee on Nutrition as guidance for pediatricians to navigate the current formula shortage.

**Where can I point parents to general advice from the AAP?** The AAP’s parent-facing website, [HealthyChildren.org](http://www.healthychildren.org), is being updated frequently to provide guidance for families in the article [“With the baby formula shortage, what should I do if I can't find any](https://www.healthychildren.org/English/tips-tools/ask-the-pediatrician/Pages/Are-there-shortages-of-infant-formula-due-to-COVID-19.aspx)?”

**What if baby formula is out of stock?**

* Check smaller stores and drug stores, which may not be out of supply when the bigger stores are.
* Do not dilute formula. Adding extra water to formula can dilute the levels of protein and minerals, and lead to low sodium levels in the blood and other electrolyte disorders that may require hospitalization.
* Store brands and generic brands are acceptable. Purchase from well-recognized distributors, grocers, and pharmacies rather than individually sold or auction sites. These formulas are high-quality, made in the U.S., and regulated by the FDA. The major difference between brand name formulas and store brands are that store brands don’t market as much as commercial brands do, and they don’t usually make the specialty formulas needed for certain infants’ medical conditions.
* If you can afford it, buy formula online until store shortages ease. Purchase from well-recognized distributors, grocers, and pharmacies rather than individually sold or auction sites.
* Check social media groups. There are groups dedicated to infant feeding and formula, and members may have ideas for where to find formula. Make sure to check any advice with your pediatrician.
* If you find it in stock, it can be tempting to buy as much formula as possible right now, but the American Academy of Pediatrics (AAP) advises buying no more than a 10-day to 2-week supply of formula to ease shortages.
* Call your pediatrician if you cannot find formula you need for your baby. They may have samples in stock, connections to other local organizations or ideas of other places to call, such as your local WIC clinic.

**Is it safe to make homemade formula? I've seen a recipe online using evaporated milk that people say was used safely in the 1940s.**

Homemade baby formula is not recommended. Although homemade formula was used in the past, it also came with many risks to infants. Online recipes for homemade baby formula have significant safety concerns regarding contamination and nutrient concentration. Using homemade baby formula can harm your infant. Some babies have been hospitalized from reported use of homemade formulas.

**How is WIC addressing the shortage?** As of today, we are aware of the following USDA waivers that Georgia has had approved:

* Vendor Exchanges- Allows stores to exchange recalled formula purchased with WIC benefits.
* Maximum Monthly Allowance: Allows participants to receive alternate container sizes -- including those that are bigger than usual and different forms, like ready to feed.

Georgia WIC is taking steps to support families with identifying availability of formula, including requesting flexibility from the USDA on current medical documentation requirements for special formulas. Leaders from Georgia WIC and the Georgia WIC Medical Advisory Committee met to discuss a request waiver to USDA to provide flexibility on current medical documentation requirements for special formulas. Currently, USDA requires medical documentation to request specific names of formula for medically indicated conditions.  Our Medical Advisory Committee has requested multiple similar formulas to be permitted on the documentation form in the event the first choice of formula is not available. It is our hope that this this will minimize the number of visits to the pediatrician’s office, the WIC office, and multiple stores. Additionally, we requested the addition of store brand formulas to add more choices. This request is currently pending, and an update will be provided when available.  The North American Society For Pediatric Gastroenterology, Hepatology & Nutrition, has created a resource to help identify [alternative special formulas](https://wp04-media.cdn.ihealthspot.com/wp-content/uploads/sites/29/2022/03/NASPGHAN-Substitute-Chart-revised-March-3-2022.pdf) for your patients.

**How can the WIC Program support families during the shortage?** WIC-[eligible](https://dph.georgia.gov/wic-eligibility-assessment) families are encouraged to contact and continue to work with their [local WIC office](https://sendss.state.ga.us/sendss/!wicclinic.SCREEN) for [breastfeeding education and support,](https://dph.georgia.gov/WIC/breastfeeding) and [access to breast pumps](https://dph.georgia.gov/document/document/bf-126006-pump-issuance-revised-oct-2018/download) as breastfeeding remains as a safest choice for feeding. WIC will continue to work with families to provide appropriate formula options. Click here for answers to “[frequently asked questions](https://dph.georgia.gov/document/document/abbott-formula-recall-update-31022/download)” to help families that have redeemed vouchers for formula included in the recall.

**What do I say to a parent who says they are getting human milk from other parents, or online**? Whether parents are mentioning it or not, many are considering peer-to-peer milk sharing, either as a donor or as a recipient. While there are inherent risks to any feeding choice, the [risks of peer-to-peer milk sharing can be mitigated](https://www.eatsonfeets.org/safeMilkSharing) by advising potential donors or recipients to make an informed choice, screen donors, understand safe milk collection and handling, and consider home pasteurization. The Academy of Breastfeeding Medicine has guidance in their 2017 position statement [*Informal Breast Milk Sharing for the Term Healthy Infant*](https://abm.memberclicks.net/assets/DOCUMENTS/ABM's%202017%20Position%20Statement%20on%20Informal%20Breast%20Milk%20Sharing%20for%20the%20Term%20Healthy%20Infant.pdf).

**How can we support continued breastfeeding**? Chapter members and their staff are invited to access the EPIC Breastfeeding Program’s free on-demand library of recorded webinars here (link) The pandemic affected access to traditional avenues of breastfeeding education and support, which in turn has contributed to higher rates of supplementation with formula or early weaning. Connect your patients to local breastfeeding support by using [www.zipmilk.org](http://www.zipmilk.org) and/or hire or establish a relationship with a [local lactation consultant](https://uslca.org/resources/find-an-ibclc/). Mothers seeking to increase milk production or relactate may need guidance from an IBCLC or breastfeeding medicine physician. Families should be encouraged to work closely with their pediatrician when reducing amounts of formula offered while working to increase milk production or relactating to ensure their baby is being adequately fed and growing well.

**How should I advise parents asking about relactation?** This process can vary widely and is not a quick fix, but parents deserve to have this question taken seriously. Success will often be related to how recently the parent was pregnant or lactating and how much time, energy and other resources can be dedicated to the process of relactation. Refer parents to a skilled IBCLC or Breastfeeding Medicine physician using www.zipmilk.org.

**What can I tell families that are relying on specialized formulas, such as extensively hydrolyzed or elemental formulas, and they are not able to find any in stores?**

Many infants require specialized formulas for milk protein intolerance. Please remember that frequently infants will outgrow these diagnoses before age one. If an infant is around 6 months of age or older, they may have already outgrown the problem and may tolerate a regular infant formula that is typically easier to find in stores. It’s reasonable for families to try a small amount of regular formula or trial other forms of dairy to check for tolerance.

If you feel the infant still requires a specialized formula, try other brands with a similar products for extensively hydrolyzed or elemental formulas. Additionally, families should be encouraged to check in smaller stores in addition to larger and look to reputable online retailers to find formula.

Formula should not be attempted to be made at home and it should not be diluted.

Still have questions, or want to know more about what to tell your patients?

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