

Model Breastfeeding Promotion and Support Policy

in Early Care and Education Settings

Background Information

Human milk is the ideal food for infants to both nourish them and protect them from illness. Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for the first 6 months of life. Gradual introduction of solid foods in the second half of the first year should complement the human milk diet. Continued breastfeeding is recommended throughout the first year.

Breastfed children have reduced risks for:

- ear infections.
- upper and lower respiratory infections.
- diarrhea.
- sudden infant death syndrome (SIDS).
- obesity.
- Type I diabetes.
- allergies, asthma and eczema.
- some types of childhood cancer.
- Crohn's disease and ulcerative colitis.

Breastfeeding is good for mothers because it:

- helps them get their bodies back in shape after pregnancy.
- helps them feel good about themselves.
- takes less time than using infant formula .
- saves money.

Breastfeeding is good for child care professionals because they have:

- babies with less colic and spitting up.
- babies who are sick less often.
- human milk that does not stain clothes.
- mothers who feel good about child care because they can continue to breastfeed their babies.

Breastfeeding helps everyone because it:

- leads to healthier people.
- lowers food costs for families because they don't need to buy infant formula.
- makes less trash and pollution because there are fewer cans to throw away.

Today, whether by choice or necessity, the majority of mothers with infants under 1 year of age are either employed or in school. Therefore millions of infants spend a part of their day in a child care setting. Therefore, child care providers play a vital role in supporting a mother's continuation of breastfeeding.

Intent of Policy

This policy is designed to assist child care providers in supporting breastfeeding mothers and infants and in protecting the health of breastfed infants.

Intent of Child Care Program

We support and encourage the breastfeeding mother's decision to continue to breastfeed her child. In keeping with this philosophy, our program will:

- Provide a welcoming atmosphere that encourages mothers to initiate and continue breastfeeding after returning to work or school.
- Train staff on the benefits of breastfeeding and on the practices that support a breastfeeding mother.
- Train staff to provide accurate basic breastfeeding information and referrals for breastfeeding support when necessary.
- Train staff on how to store, handle and feed human milk.
- Provide a designated space for mothers to breastfeed their children on site (such as a rocking chair).
- Feed infants on demand and always hold them during feedings.

Assisting the Breastfeeding Mother/Infant in the Transition from Home into the Child Care Setting

Work with parents to develop a process for familiarizing the infant with bottle feedings prior to starting child care.

Develop a feeding plan with the parents.

If the infant does not feed well from a bottle consider the use of a cup or spoon for feeding during the transition period.

Ask the mother to bring in her expressed milk in an unbreakable container. Bottles made of plastics containing BPA or phthalates should be avoided (labeled with #3, #6, or #7). Bottles labeled BPA-free or with #1, #2, #4, or #5 are acceptable.

Handling and Storage of Human milk

All human milk will be labeled with the infant's full name (first and last name) and the date it was brought to the program.

Human milk will be stored in a designated space within the refrigerator and freezer. This space will be: _____.

Frozen human milk will be stored for no more than 2 weeks.

Rotate storage containers so human milk with the earliest date is used first.

Frozen human milk will be thawed in the refrigerator, under running water or in bottle warmers.

Frozen human milk will be stored at 10° F or less.

Thawed milk will not be refrozen.

Staff will wash their hands using proper hand washing techniques before handling human milk.

Human milk will be warmed under running water or placed in a container of water that is not warmer than 120° F. The temperature of the human milk will not exceed 98.6° F.

The microwave will not be used to warm human milk. Microwaving can destroy protective factors present in human milk and can create hotspots in the milk that can burn the baby's mouth.

The Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) both consider human milk to be "food" and not a "body fluid", so universal precautions are not necessary (gloves do not need to be worn when handling human milk) and human milk may be safely stored in the same refrigerator as other foods.

Feeding Human Milk to a Baby

Pay attention to hunger signs and adhere to "cue feeding", since crying is a late sign of hunger.

Always hold a breastfed infant during feeding (never prop a bottle).

Avoid feeding a breastfed infant right before the mother arrives to pick the child up, since this is an ideal time for the mother to nurse and this will help mother keep a good milk supply. Discuss this issue with mother to learn her preference.

To limit the amount of human milk that must be thrown away, initially fill bottles with less milk than you think will be necessary for the feeding. Have additional milk available to add to the bottle if needed.

Throw away the contents of any bottle not fully consumed in one hour. Leftover human milk from a bottle fed to a baby cannot be refrigerated and used later.

Return any unused refrigerated milk to the family at the end of the day (unfrozen human milk can only be kept at the child care program for 12 hours).

In the event that an infant has been fed another child's bottle of human milk, this shall be treated as an accidental exposure to a body fluid. The child care provider will inform the parents of the

child who was given the wrong bottle and suggest that they notify the child's health care provider of the exposure. The child care provider should also inform the mother whose milk was accidentally fed to the wrong infant and ask if she would be willing to share any information about her health status with the family of the exposed infant. The Child Care Licensor should also be informed of the occurrence and an incident report should be completed.

Breastfeeding Resources

Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. 3rd edition. <http://nrckids.org/>

MilkWorks is a non-profit breastfeeding center designed to help mothers have a positive breastfeeding experience. 5930 South 58th Street / Lincoln, NE / (402) 423-6402
<http://www.milkworks.org/>

La Leche League, 1-800-La-Leche or www.la lecheleague.org

An international, nonprofit, nonsectarian organization dedicated to providing education, information, support and encouragement to women who want to breastfeed.

WIC (Women, Infants and Children Supplemental Nutrition Program), 1-800-322-2588

The WIC program offers eligible families nutrition education, supplemental foods, breastfeeding counseling and encourages referrals to community health resources.

This policy was developed from the Caring for our Children: National Health and Safety Performance Standards and the King County Child Care Health Program breastfeeding information.



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