



Kentucky Public Health

Prevent. Promote. Protect.

Creating a Supportive Environment for Breastfeeding in Child Care

Module Handout

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Questions: Child Care Health Consultation Helpline 1-877-281-5277 or website

www.kentuckycchc.org

References and Resources: www.fitky.org

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Creating a Supportive Environment for Breastfeeding in Child Care

This module explores best practices for creating supportive environments for breastfeeding in early care and education (ECE) settings and simple strategies to support families and infants.

Objectives:

- Understand the benefits of breastfeeding for mothers and babies
- Explain and describe paced bottle feeding
- Identify two or more strategies that support breastfeeding in the early care setting

Resources:

Child Care Health Consultation (CCHC)

provides consultation and technical assistance on health, safety and nutrition for children ages 0-5 to child care providers. For more information, visit the website <http://www.kentuckycchc.org/> or call the helpline at 1-877-281-5277.

Child and Adult Care Food Program (CACFP)

partners with childcare centers, head starts and family daycare homes to provide healthy meals and snacks. The CACFP contributes to the wellness, healthy growth, and development of children by providing institutions monetary reimbursement for serving healthy meals. For more information on becoming a part of CACFP, call (502) 564-5625 or visit the website <http://education.ky.gov/federal/SCN/Pages/CACFPHomepage.aspx>.



Reflective Activity – What do you know about breastfeeding?

Circle the answer (true or false) that you believe is correct.

- | | | |
|---|---|---|
| T | F | Breast milk contains protective antibodies that prevent infection and sickness. |
| T | F | Infant formula does not contain many of the components that are in breast milk. |
| T | F | Breastfeeding lowers the mother's risk of breast cancer and type 2 diabetes. |
| T | F | Breastfed babies are less likely to be overweight or obese later in life. |
| T | F | The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life. |
| T | F | Breastfeeding supports optimal brain development. |

Part A: Why Breast Milk?

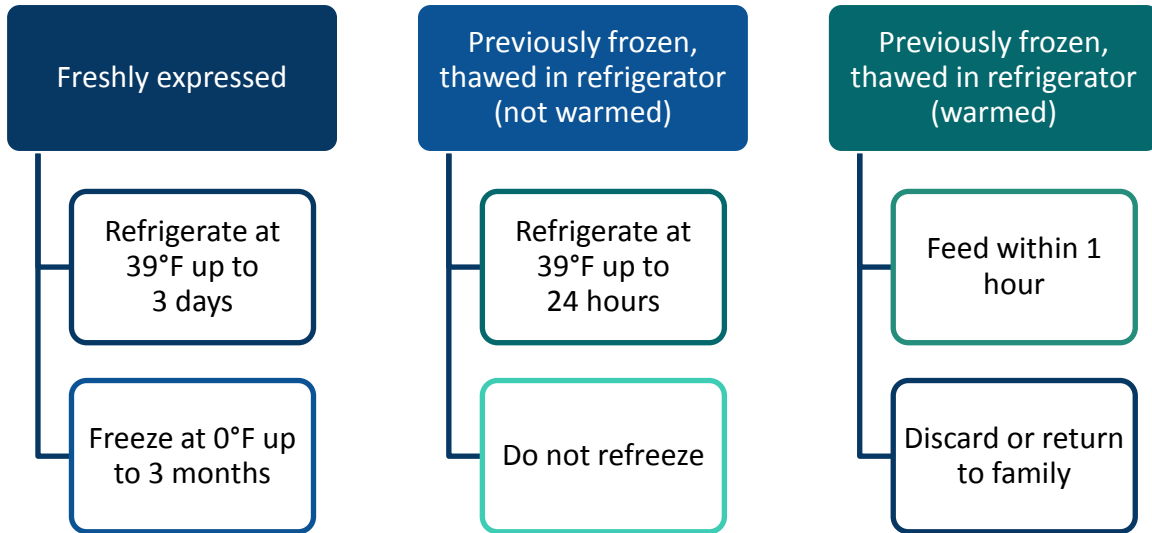
The American Academy of Pediatrics recommends that babies be exclusively breastfed for about the first six months of life. This means your baby needs no additional foods (except Vitamin D) or fluids unless medically indicated. Babies should continue to breastfeed for a year and for as long as is mutually desired by the mother and baby.

Benefits of Breastfeeding

<i>Complete the chart by listing the remaining benefits of breastfeeding.</i>		
For Baby	For Mother	For ECE Programs
1. Contains antibodies	1. Burns calories	1. Reimbursable in CACFP
2. Is easily digested	2.	2. Healthier infants
3.	3.	3.
4.	4.	4.
		5.

Part B: Storage, Handling and Feeding

Storing Breast Milk



Preparing Breast Milk

Fill in the blanks to complete the sentences about how to prepare breast milk.

- _____ microwave human milk.
- Warm the milk under _____ water or by placing it in a container of water. Bottle warmers are fine but crockpots are dangerous.
- Temperature should not exceed _____ degrees Fahrenheit.
- Gently _____ milk and never shake. Shaking destroys the antibodies in the milk.

Feeding Cues

<i>Complete the chart by listing the remaining hunger and fullness feeding cues.</i>	
Hunger Cues	Fullness Cues
1. Hands moving toward face	1. Turning away from the bottle nipple
2. Opening and closing mouth	2. Keeping mouth closed
3. Turning head from side to side	3. Falling asleep
4.	4.
5.	5.
6.	

Paced Bottle Feeding

Reflective Activity – Paced Bottle Feeding

Draw lines between the two columns to complete the information.

- | | |
|---------------------------------------|---|
| • Hold the baby | • Almost upright |
| • Hold the bottle | • Horizontal just filling the nipple with milk |
| • Pause frequently during the feeding | • To burp and talk to the baby |
| • Halfway through the feeding | • Switch sides to mimic breastfeeding |
| • Stop feeding | • When the baby is ready – do not force baby to take remaining milk |
| • Start feeding | • When hunger cues are demonstrated by the baby |
| • Paced bottle feeding | • Typically takes 15-20 minutes and requires closely watching the baby's cues |

Answers are straight across.

Part C: Supportive Child Care Environments

Strategies

Circle at least two strategies your program could strengthen or add to be a stronger breastfeeding friendly program.

- Practice proper storage and labeling of breast milk
- Provide staff training on breastfeeding
- Create individual feeding plans with families
- Have a current breastfeeding/infant feeding policy
- Communicate with families on breastfeeding
- Provide a dedicated space for nursing
- Provide employee support for breastfeeding staff
- Display signage to show your support for breastfeeding
- Provide parents with current breastfeeding information including local support and informational resources

Reflective Activity – Creating an Environment that Supports Breastfeeding

How can your program better support breastfeeding families?

What challenges do you have to implementing these strategies?

Resources to Provide Families



Your Guide to Breastfeeding

This 55-page booklet is free to download and print. This easy-to-read publication has how-to information and support to help women breastfeed successfully. It contains a wealth of useful information including breastfeeding challenges and finding support.

https://www.womenshealth.gov/publications/our-publications/breastfeeding-guide/Your-Guide-to-Breastfeeding-508_final.pdf



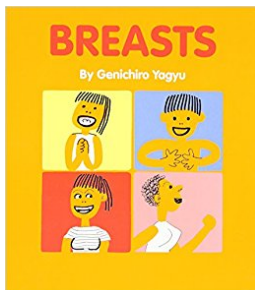
Posters

Free posters to download and print from the California Department for Public Health have beautiful multi-cultural images including some images of fathers supporting breastfeeding.

- <https://www.cdph.ca.gov/programs/wicworks/Pages/WICBFPosters.aspx>
- <https://www.cdph.ca.gov/programs/wicworks/PublishingImages/WIC-BF-PA-Poster-chinese-dadpropertyofdohThumb.jpg>

Posters are available for purchase from many sites:

<http://www.cafepress.com/+breastfeeding+posters>



Books for Children

A best practice is to provide appropriate exposure and learning opportunities for young children about breastfeeding. This can include having books that depict breastfeeding including those on the list below:

- We Have a Baby by Cathryn Falwell
- We Like to Nurse by Chia Martin
- My Mama Needs Me by Mildred Pitts Walter
- Will There Be a Lap for Me? by Dorothy Corey
- Breasts by Genichiro Yagyu
- Michele, the Nursing Toddler by Jane Pinczuk
- The World is Full of Babies by Mick Manning and Greta Granstrom
- Supermom by Mick Manning
- Mama's Milk by Michael Elsohn Ross and Ashley Wolff
- What Baby Needs by William Sears

Breastfeeding Spaces

Each program is different in the space available to create an area for mothers to breastfeed or pump. Creating a space supports mothers in continuing to breastfeed when they return to work or school. Some mothers are comfortable breastfeeding in the classroom but other mothers prefer a quiet, private space. Mothers and staff can use a breastfeeding space as a pumping area if an outlet and table are available. This breastfeeding space can be a great marketing tool for programs as you are doing tours. Breastfeeding staff should also be encouraged to use this space to support their needs.

Reflective Activity – Creating a Comfortable Breastfeeding Space

Identify a space in your program that could be used for a breastfeeding or pumping mother. If your program already has a breastfeeding space think about how you can improve the area.

Briefly describe the space in your program. How is the area currently being used?

What modifications would you like to see?

What support do you need to create a breastfeeding space?

From the list below, circle items you would like to have in a breastfeeding space.

Space allowing for privacy	Electrical Outlet	Nursing Pillow
Breastfeeding resources and information	Electric Pump (mothers provide own attachment kits)	Sink with water cups, soap and paper towels
Screen or curtain	Small table	Small refrigerator
Comfortable armchair or rocker	Soft Lighting	Waste basket
Foot stool	Breastfeeding posters or art	Clock

Policy

Sample breastfeeding policies are available on the Kentucky Child Care Health Consultation's website: <http://www.kentuckycchc.org>.

Reflective Activity – Policy

Policies support caregivers as they define how specific aspects of care will be handled. They also outline the family's roles and responsibilities in care. When implemented, policies support consistent care of children.

Review the sample policy template on breastfeeding from the Kentucky Child Care Health Consultation program found on the following pages. List two procedures or aspects of the policy template that you would like to see incorporated in to your program's policy. How will these support breastfeeding in your program?

1.

2.

Summary

As a child care professional you can create a community that supports breastfeeding mothers and families. Your role can have a powerful impact.

Not all programs have space or resources to invest in creating ideal spaces but your attitude, knowledge and encouragement of breastfeeding mothers can make all the difference!

Breastfeeding and Feeding Human Milk



Intent Statement

Human milk is the most developmentally appropriate food for infants and improves health outcomes, including the reduced risk for, allergies, some respiratory infections, asthma, obesity, and Sudden Unexpected Infant Death (SUID). Breastfeeding also sets the stage for infants to establish healthy attachment. All caregiver/teachers will be trained to encourage, support, and advocate for breastfeeding and feeding of human milk.

The American Academy of Pediatrics recommends that infants be exclusively breastfed for about 6 months of age, and continue to breastfeed until at least the first year of age and as long thereafter as mutually desired by mother and baby. Therefore, this policy applies not only to infants but also to toddlers whose parents are breastfeeding and/or providing breastmilk for feedings.

Staff works with the parents to develop a feeding plan based on feeding pattern of the individual child and staff feeds child according to plan.

Procedure and Practice

The facility encourages, provides arrangements for, and supports the mother breastfeeding (including staff that is breastfeeding) in the child care facility by providing:

- Quiet, comfortable, and private place to breastfeed or express/pump milk (not in a bathroom)
- Place to wash her hands

Per Kentucky law, a mother is permitted to breastfeed her child wherever she is otherwise authorized to be. Therefore, while a private place for breastfeeding is offered, mothers are not required to breastfeed in that location.

Guidance for the breastfeeding mother:

- Staff encourages breastfeeding mother, prior to entry to child care, to develop a process for familiarizing the infant with bottle feedings.
- Encourage her to bring an extra feeding daily.
- Expressed human milk (in ready to feed amounts) will be placed in a clean and sanitary bottle or closed cup.
- The bottle or cup will be properly labeled with the infant's full name and the date and time the milk was expressed.† Label should not come off or become illegible in water.
- Milk Storage best practice**:
 - Fresh milk no more than 3 days
 - Frozen milk no more than 3 months
 - Frozen milk no more than 24 hours since being thawed
 - Do not re-freeze thawed milk
- Keep breastmilk cool while transporting and refrigerate immediately upon arrival.
- Expressed breast milk that is in an unsanitary bottle, is curdled, smells rotten, and/or has not been properly stored will be shown to the parent and then discarded.

- Once breastmilk has been removed from the refrigerator, heated, or offered to the infant, it cannot be saved for future feedings and must be discarded. †

Guidance for Staff

Milk Storage Best Practice:**

- Fresh milk no more than 3 days
- Frozen milk no more than 3 months
- Frozen milk no more than 24 hours since being thawed
- Do not re-freeze thawed milk
- Refrigerate breastmilk immediately upon arrival.
- Expressed breast milk that is in an unsanitary bottle, is curdled, smells rotten, and/or has not been properly stored will be shown to the parent and then discarded.
- Once breastmilk has been removed from the refrigerator, heated, or offered to the infant, it cannot be saved for future feedings and must be discarded. †

Preparing Breastmilk for Feeding:

- Wash hands
- Check that bottle has the name of the child you will feed
- If needed, quickly defrost breastmilk by placing in a container of cool water.
- If child prefers milk warm, heat briefly in bottle warmer or under warm running water. If a crockpot is used to warm milk, it should be out of reach of children, contain water that does not exceed 120°F, be emptied, cleaned, sanitized and refilled with fresh water daily. **DO NOT USE A MICROWAVE.** †
- After warming bottle, test temperature of the milk before feeding (not to exceed 98.6°F)
- Mix gently (do not shake) so that breastmilk isn't damaged. Excessive heat or force can destroy disease-fighting and health-promoting parts of breastmilk.

Techniques for Bottle Feeding:

- Whenever possible, the same caregiver/teacher should feed a specific infant for most of that infant's feedings.
- Wash hands
- Check that bottle has the name of child you will feed
- Initiate feeding when infant provides cues (rooting, sucking, etc.)
- Hold the infant during feedings, † make eye contact, and talk to the baby.
- Alternate sides of caregiver's/teacher's lap (technique should mimic approach to breastfeeding)
- Allow breaks during the feeding for burping
- Allow infant to stop the feeding; do not overfeed or force the infant to finish a portion.
- Infants must not be permitted to have bottles in the crib
- Bottles shall not be propped †
- Infants must not be permitted to carry a bottle while standing, walking, or running around †

Additional Considerations:

- Although human milk is a body fluid, according to OSHA it is not necessary to wear gloves when feeding or handling human milk.
- Once removed from the refrigerator and/or heated, a bottle must be consumed within one hour or the contents thrown away. It may not be returned to the refrigerator for future use. †

- When developmentally ready (6-12 months), small amounts of breast milk can be offered from a cup. Breastmilk is considered “whole milk” for meal planning purposes for toddlers 12-23 months. It does not require a medical order.
- Document feeding amounts, wet diapers and bowel movements
- Return refrigerated, unheated breast milk containers to the mother at the end of the day.
- When participating in the Child and Adult Care Food Program (CACFP), follow their rules for breastmilk meals.

Guidelines for Breastmilk Fed to the Wrong Child

Staff follows appropriate procedures to reduce the possibility for bottle mix-ups, as noted above in ‘Techniques for bottle feeding’, regardless of whether the bottle contains breastmilk or formula. If a child should receive the wrong bottle, the mix up should be documented. If the bottles contain formula, the parents should be informed of the mix-up.

If one or more of the bottles contained breastmilk, the following guidance from *Caring for our Children, 3rd Edition**, is best practice and will be followed.

Standard 4.3.1.4: Feeding Human Milk to Another Mother’s Child

If a child has been mistakenly fed another child’s bottle of expressed human milk, the possible exposure to hepatitis B, hepatitis C, or HIV should be treated as if an exposure to other body fluids had occurred. For possible exposure to hepatitis B, hepatitis C, or HIV, the caregiver/teacher should:

- a. Inform the mother who expressed the human milk about the mistake and when the bottle switch occurred, and ask:
 1. When the human milk was expressed and how it was handled prior to being delivered to the caregiver/teacher or facility;
 2. Whether she has ever had a hepatitis B, hepatitis C, or HIV blood test and, if so, the date of the test and would she be willing to share the results with the parents/guardians of the child who was fed the incorrect milk;
 3. If she does not know whether she has ever been tested for hepatitis B, hepatitis C, or HIV, would she be willing to contact her primary care provider and find out if she has been tested;
 4. If she has never been tested for hepatitis B, hepatitis C, or HIV, would she be willing to be tested and share the results with the parents/guardians of the other child;
- b. Discuss the mistake of giving the wrong milk with the parents/guardians of the child who was fed the wrong bottle:
 1. Inform them that their child was given another child’s bottle of expressed human milk and the date it was given;
 2. Inform them that the risk of transmission of hepatitis B, hepatitis C, or HIV and other infectious diseases is low;
 3. Encourage the parents/guardians to notify the child’s primary care provider of the exposure;
 4. Provide the family with information including the time at which the milk was expressed and how the milk was handled prior to its being delivered to the caregiver/teacher so that the parents/guardians may inform the child’s primary care provider;

5. Inform the parents/guardians that, depending upon the results from the mother whose milk was given mistakenly (1), their child may soon need to undergo a baseline blood test for hepatitis B (also see below), hepatitis C, or HIV;
 - c. Assess why the wrong milk was given and develop a prevention plan to be shared with the parents/guardians as well as the staff in the facility.

If the human milk given mistakenly to a child is from a woman who does not know her hepatitis B status, the caregiver/teacher should determine if the child has received the complete hepatitis B vaccine series. If the child has not been vaccinated or is incompletely vaccinated, then the parent/guardian of the child who received the milk should seek vaccination of the child. The child should complete the recommended childhood hepatitis B vaccine series as soon as possible. If human milk from a hepatitis B-positive woman is given mistakenly to an unimmunized child, the child may receive HBIG (Hepatitis B Immune Globulin) as soon as possible within seven days, but it is not necessary because of the low risk of transmission (3). The hepatitis B vaccine series should be initiated and completed as soon as possible.

Provisions for Staff

The Fair Labor Standards Act (“FLSA”) requires employers to provide reasonable break time for an employee to express breast milk for her nursing child for one year after the child’s birth each time such employee has need to express the milk. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk. Such facilities could also be utilized by breastfeeding parents.

Education for Parents

An updated resource file will be maintained of community resources to support breastfeeding including support groups and lactation specialists.

La Leche League, 1-800-La-Leche or www.la lecheleague.org. Kentucky/Tennessee:
<http://www.llofkytn.org/home>

WIC (Women, Infants and Children Supplemental Nutrition Program), 1-800-322-2588.
<http://chfs.ky.gov/dph/mch/ns/wic.htm>

WIC Nutrition Education Materials:
<http://chfs.ky.gov/dph/mch/ns/Nutrition+Education+Materials.htm>

KY Breastfeeding Resource Guide: <http://kybreastfeeding.com/>

American Academy of Pediatrics Healthy Children website on breastfeeding
<http://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/default.aspx>

Applicable

This policy applies to all staff, substitute, parents and volunteers in the child care setting.

Communication

This policy will be reviewed with parents upon application and a copy will be included in the staff and parent handbooks. The policy will be reviewed with staff at orientation and annual staff training.

References

*American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd Edition, Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>

† See 922 KAR 2:120. Child care center health and safety requirements: <http://www.lrc.ky.gov/kar/922/002/120.htm>

** Academy of Breastfeeding Medicine, Clinical Protocol #8: Human Milk Storage Information for Home Use for Full-Term Infants, (Original Protocol March 2004; Revision #1 March 2010), <http://www.bfmed.org/Media/Files/Protocols/Protocol%208%20-%20English%20revised%202010.pdf>.

Infant Feeding: A Guide for Use in the Child Nutrition Programs (USDA): http://www.fns.usda.gov/sites/default/files/feeding_infants.pdf

American Academy of Pediatrics Policy Statement, Breastfeeding and the Use of Human Milk. *Pediatrics* 2012; 129:3 e827-e841; SECTION ON BREASTFEEDING <http://pediatrics.aappublications.org/content/129/3/e827.full.html>

CDC's "Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding families" at http://www.cdc.gov/obesity/downloads/BF_and_ECE_FINAL.pdf

Occupational Safety and Health Administration (OSHA) reply to regulation 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens," per breast milk: https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=20952

US Department of labor Wage and Hour Division, FLSA guidance: <http://www.dol.gov/whd/nursingmothers/>

Kentucky Child Care Health Consultation Program <http://www.kentuckycchc.org>

Reviewed by:

Director/Owner

Board Member

CCHC/Health Professional

Staff Member/Teacher

Parent/Guardian

Effective Date/Review Date: _____

This policy is effective immediately. It will be reviewed annually by the Center Director.