Slide #1 Introduction

Welcome to “Supporting Breastfeeding in the Child Care Setting.” This 1-hour course will help you better understand the benefits of breastfeeding and how to support mothers who want to continue breastfeeding their children after returning to work or school.

This course was developed and produced by the Texas AgriLife Extension Service of the Texas A&M University System. Funding support was provided by Office of Title V and Family Health, Texas Department of State Health Services using Title V Maternal and Child Block Grant Funds.

Slide #2 Learning Objectives

Before we move into the training, let’s take a few minutes to review the learning objectives for this training. After completing the training, you should be able to:

• List some of the ways breastfeeding is good for the baby and the mother, and
• Describe how you can support women who are breastfeeding in your child care setting.

Slide #3 Learning Objectives (continued)

After you complete this course, you should also be able to:

• State how to properly store and handle breast milk,
• Apply the proper way to bottle feed a breastfed baby, and
• Locate additional resources on the topic.

Slide #4 Advancing to Next Section

Please click on the “Next Section” button at the bottom of this page to continue with this course. You will follow this procedure after each section.

Slide #5 AAP Policy Statement
Research has shown that breastfeeding is an important health and medical decision for both the mother and her baby. Because of breastfeeding’s many benefits, the American Academy of Pediatrics (AAP) has developed a policy statement on breastfeeding and the use of human milk. This statement discusses the various benefits of breastfeeding for the baby and the mother. It also includes the recommended breastfeeding practices.

Breast milk is considered the superior infant food. Breast milk is all an infant needs nutritionally for the first few months of life. Most infants are not physically ready for solid foods before 6 months of age. When a baby under a year old is started on solid foods, the solids should never replace breast milk, but should complement the diet.

The AAP further recommends babies be breastfed for at least 1 year and beyond for as long “as is mutually desired.” The World Health Organization further recommends that a child be breastfed for at least 2 years.

Slide # 6 Texas Breastfeeding Rates

Did you know that over 75% of moms now choose to breastfeed their infants?

2006 data from the Centers for Disease Control and Prevention (CDC) show that, in Texas:

- 78% of infants started breastfeeding
- 45% were receiving some breast milk at 6 months, and
- 25% were still being breastfed at 1 year of age.

The good news is that, in Texas, we are close to reaching our national public health Healthy People 2010 goals for any breastfeeding (75% at birth, 50% at 6 months, and 25% at one year).

We still fall short of the Healthy People 2010 goals for exclusive breastfeeding. The 2006 CDC data shows that only 34% of Texas babies are exclusively breastfed at 3 months, and only 14% are exclusively breastfed at 6 months (The national goals are for 40% and 17% respectively). Exclusive breastfeeding provided infants with the most health benefits and is recommended by all major health organizations for about the first 6 months of life. Exclusive breastfeeding means that the infant only receives breast milk without any additional food or drink, not even water.

Slide # 7 AAP Recommendations

Since the American Academy of Pediatrics (AAP) recommends that breastfeeding continue for at least one year, arrangements should be made to provide expressed breast milk if the mother and child must be separated. The AAP also promotes breastfeeding as a normal part of daily life and encourages family and community support for
breastfeeding. Employers should provide appropriate facilities and adequate time in the workplace for breast-pumping or breastfeeding.

What does all this mean? It means mothers who return to work need support to continue breastfeeding. That support can come from you, the child care provider.

**Slide #8 The Benefits of Breastfeeding to Babies**

Breastfed infants are healthier, according to the research. Breast milk helps jump-start a baby’s immune system and provides illness protection to the baby. Ear infections are one of the most common reasons for emergency care in infants and young children. However, breastfed babies are 60 percent less likely to develop ear infections. Exclusively breastfed infants are also 72 percent less likely to be hospitalized for lower-respiratory tract infections. Breastfed babies are 3 to 4 times less likely to suffer from diarrhea and 4 times less likely to come down with meningitis. Breastfeeding also lowers the risk of asthma.

(Source: Agency for Healthcare Research and Quality - AHRQ)

**Slide #9 More Benefits to Babies**

There is also evidence that breastfeeding plays an important role in reducing the risk of obesity. Breastfed children also have a lower risk of type 1 and type 2 diabetes. Not only does breastfeeding decrease a baby’s risk for diabetes, but it is good for a diabetic mother as well.

Breastfeeding reduces the risk of the two most common inflammatory bowel diseases: Crohn’s disease and ulcerative colitis. Breastfed babies suffer less often from some forms of cancer such as Hodgkin’s disease and childhood leukemias.

Breastfeeding and putting a baby to sleep on his back are two preventive measures against Sudden Infant Death Syndrome.

Breastfeeding is even more important for infants in child care.

**Notice the following facts about infants in child care:**

- They have a 69% increased risk of hospitalization for respiratory infection.
- Being in child care doubles their odds of needing antibiotics by age 1.5 - 5 years.
- Among infants of employed mothers who were never sick during the first year, 86% were breastfed.
- Researchers found that exclusive breastfeeding for at least 4 months had a protective effect for 2.5 years.
Sources: Dubois L & Girard M. (2005). Breast-feeding, day-care attendance and the frequency of antibiotic treatments from 1.5 to 5 years: a population-based longitudinal study in Canada. Social Science & Medicine. 60(9): 2035-2044.


Slide #10 Benefits to the Mother

Not only are there benefits to the baby, but breastfeeding also contributes to the health of the mother. The benefits to the mother include faster recovery from pregnancy, decreased postpartum bleeding, less risk of anemia, decreased risk of breast cancer and ovarian cancer, and decreased risk of type 2 diabetes. Breastfeeding can help mothers return to their pre-pregnancy weight by burning about 600 extra calories a day.

In addition, research demonstrates that women who breastfeed are at reduced risk for cardiovascular disease*, which is the number one cause of death for women.

Most importantly, though, breastfeeding provides a special bond between the mother and her child. For the mother who works and must be separated from her baby during the day, she has the peace of mind that she is continuing to provide her child with the healthiest nutrition available.


Slide #11 Community Benefits

The benefits go beyond mother and child. Breastfeeding adds to the economic well-being of the family, workplace, and community. Breast milk is free so families save the cost of expensive baby formulas. Because breastfed babies are protected against infection and other diseases, parents do not have to miss as much work to take care of an ill child. And when breastfed babies do become ill, they are sick for shorter periods of time. Fewer missed work days result in less loss of wages.

Lower employee absenteeism is also beneficial to the employer. Research shows that if the employer is supportive of breastfeeding mothers, they tend to return from maternity leave earlier and are less likely to quit their jobs. All these benefits lead to cost savings for the business, less re-training of staff, and happier, more productive employees.

Due to healthier babies and mothers, there is the potential for decreased health care costs of a minimum of $3.6 billion per year in the United States. Breastfeeding also results in decreased costs for public health programs such as WIC.
Not only do communities benefit financially, but breastfeeding is also environmentally friendly. Human milk is delivered without extra packaging or processing and so decreases the environmental effects. There is no need for the disposal of formula cans, bottles, and bottle liners (Michels, 1998).

**Slide #12 Protecting Mothers who Breastfeed**

In 1995, Texas passed legislation which protects and supports mothers who breastfeed their babies. A mother is free to breastfeed her child in any location in which she is allowed to be, including public places, without being asked to leave.

The legislation also encourages businesses to support breastfeeding employees by developing policies to support the practice of worksite breast-feeding and pumping of breast milk.

**Slide #13 Supporting the Breastfeeding Child Care Employee**

By supporting employees in combining work and breastfeeding through the establishment of a worksite lactation support policy, any business can earn the designation as a “Texas Mother-Friendly Worksite” by the Texas Department of State Health Services.

Your center can be designated as a Texas Mother-Friendly Worksite. If you are interested, you can get more information on the Texas Department of State Health Services website or by calling for information: (512) 458-7111 (Extension - 6917). You may have employees who work in your child care center who breastfeed. What better way to show your support to parents and their babies’ needs than to recognize and support your own staff’s needs to breastfeed their babies.

**Slide #14 Breastfeeding Benefits to Child Care Centers**

How does breastfeeding impact the child care center?

There are some real positives to feeding human milk to a baby in your care. Breastfed children tend to be easier to care for because they are happier and generally healthier. They are less likely to have colic. Breastfed babies spit-up less, and if they do spit up, it doesn’t smell bad or stain clothes and carpet. They have less diaper rash and, if exclusively breastfed, have bowel movements which don’t have a strong odor. As with any baby, once you feel comfortable with the baby’s routine and mother’s preferences, feeding breast milk to a baby takes no more time and work than a formula fed baby. Finally, because breastfed babies tend to be healthier, there is a decreased risk of them spreading illnesses to other children in the child care setting.
Slide #15 Create a Breastfeeding-Friendly Environment

Support is important for helping mothers to begin and to continue breastfeeding as they return to work or school and make use of child care services.

How does a child care center support mothers who are breastfeeding their babies?

First, you can support each mother by creating a breastfeeding-friendly environment and a positive, welcoming atmosphere. Talk with parents positively about their decision to breastfeed their baby. Display breastfeeding promotional materials and posters. Encourage mothers to continue breastfeeding after returning to work or school. Assist parents in forming support groups so they can share information and ideas.

By going to the website on this slide, you can review a sample of the type of information that could be shared with parents. This gives mothers accurate information to support them in their efforts to continue breastfeeding.

There is no evidence that extended breastfeeding is harmful to the mother or child (AAP, AAFP). The American Academy of Family Physicians notes, “If the child is younger than two years, the child is at increased risk of illness if weaned.” This is in line with many national and international public health authorities who endorse the World Health Organization’s recommendation to breastfeed for a minimum of two years.

Consider offering children breast milk in containers other than bottles such as cups or spoons when parents request it. Be respectful of parents’ wishes, even if you cannot always accommodate them.

Slide #16 Open Communication

As with all parents, communication is key to caring for their children. From the beginning, inform expectant parents, new families and visitors about your center’s breastfeeding friendly atmosphere and policies. Information can also be included in marketing materials, during initial tours of the center, and in your parent handbook.

Clear, supportive communication with the parents is very important. Parents need to feel like they are understood. Encouraging words are always welcomed. Praise builds pride and self worth in a breastfeeding mother.

Talk with the mother and family to find out their wants, needs, ideas, and expectations concerning breastfeeding. Work with family members to develop and regularly update an individual breastfeeding support plan for their baby. Identify who is to do what and when so that the baby can be fed on demand and, if possible, can be breastfed by the mother. Discuss issues such as how mom wants to handle it if her child is hungry before she arrives at the end of the day. Parents and caregivers will feel more comfortable knowing what is expected of them and how to implement the feeding process with the child. Let
parents know if their wishes conflict with what you are required to do as a child care provider.

While direct breast milk feedings from the mother are preferred to artificial sources or substances, there are some things you can do to bottle feed in a breastfeeding supportive style. We will talk about this more in-depth later in the course. If you do feed a baby breast milk in a bottle, communicate with parents about how their infants did during the day. For example, write down how much the baby ate, when he or she ate, when the baby slept, and how many wet and dirty diapers he or she had during the day. By providing this information in writing, it allows the parent to review the necessary information at a later time as needed. (USBC)

The link that you see on your screen will take you to a handout containing tips on bottlefeeding the breastfed baby. It also includes a helpful log:


Slide #17 Knowledge is Powerful.

Knowledge is powerful. Being able to share information with a mother is another way to be supportive. She may not know anyone else who can help her. You are an invaluable resource as long as your information is correct.

Get as much information as you can find to learn more about breastfeeding. The American Academy of Pediatrics, the La Leche League, and United States Breastfeeding Committee are valuable resources. An excellent resource for those living in Texas is WIC, which stands for the Women, Infants, and Children program. The website on your screen will take you to the Texas Department of State Health Services’ WIC Catalog site. This site offers some excellent resources free of charge, including pamphlets, handouts, posters, etc.

http://www.dshs.state.tx.us/wichd/WICCatalog/breastfeeding.shtm

Maintain an updated resource file of community breastfeeding services and resources and keep it in a handy place for families. The handout titled “Resources on Breastfeeding” has a number of resources you can use.

You can also refer mothers to the WIC breastfeeding staff for WIC participants and La Leche League for all women.

Slide #18 Provide a Nursing Nook

Provide a quiet, comfortable, and private place for mothers to breastfeed or pump their milk. Some mothers may want to breastfeed their babies before leaving them in your care or before they leave the child care facility at the end of the day. Ideally, the space
should have an electric outlet, a small table, a comfortable chair with arms, and a pillow. It should never be part of the restroom. The mother should have access to a sink with hot and cold water for washing hands and cleaning out any breast-pump equipment. Let your mothers know they are welcome to breastfeed in your child care center or home. Remember to educate families and staff that a mother may breastfeed her child wherever she has a legal right to be.

A nursing nook can be as simple or as elaborate as you like as space permits. Limited space may only allow for a screen around a rocking chair in the corner of a room, or there may be a small room that can be decorated with some homey touches. Get creative. What changes could you make in your child care facility for a quiet, private place for nursing?

**Slide #19 Policy on Breastfeeding**

Let’s discuss the benefits of developing a written breastfeeding policy for your child care center or family child care home. Having a written policy is beneficial for the following reasons:

- It empowers you to make the best decisions possible regarding a baby’s care.
- It defines how you are going to support breastfeeding.
- It educates current and future staff by making sure that all staff members follow the same policy.
- It shows parents that their infant’s health is important to you and you support their decision to breastfeed.
- It provides an opportunity for you to discuss breastfeeding practices with parents.
- It helps you and other staff members remain up-to-date on the latest and best practices of breastfeeding and feeding breast milk to children.

Your breastfeeding policy should:

- Establish your center as being breastfeeding friendly.
- Designate an area for mothers to breastfeed or express their milk.
- Define the proper storage of breast milk.
- Include the goal to be a *Texas Mother-Friendly Worksite* for your employees.
- Specify the training staff will receive related to breastfeeding.

You can go to the website on your screen to view the “Sample Childcare Center Breastfeeding Policy.”

Staff should be trained properly so they can be supportive of breastfeeding. Work with health centers, community agencies and/or lactation consultants on activities and trainings related to breastfeeding and infant nutrition.

It is important that parents receive a copy of your program’s written breastfeeding policy. The best time to do this is usually when parents enroll their children in your program.
You can take the opportunity to visit with the parents about your policies and, at the same time, learn how you can meet the needs of their baby.

**Slide #20 Handle with Care**

The baby determines the amount of milk the mother produces. The more the baby nurses, the more milk mom makes. The less she nurses or pumps, the less milk she will produce. So it is very important to follow the appropriate procedures for handling human milk. Mothers work hard to express their milk and care should be taken so it is not wasted.

You can go to the website on the screen to download a poster that gives tips on how to prepare and store breast milk. We will be reviewing that information in more detail.

**Slide #21 Storing Breast Milk**

Most people think that breast milk is very fragile, that it requires a lot of special handling. Not true! Human milk actually has anti-bacterial properties that help it stay fresh.

However, there are different sets of guidelines for storing breast milk from various organizations. Child care centers should use the guidelines from the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP).

Parents may follow a different set of guidelines. Therefore, it is important to work with them and communicate the guidelines for milk storage that your center follows to avoid any problems.

**Slide #22 Guidelines for Storing Breast Milk**

These are the milk storage guidelines from CDC and are for breast milk for healthy, full-term infants.

Preferably, human milk should be refrigerated or chilled right after it is expressed. Breast milk can be stored in a refrigerator for up to 5 days from the time it is expressed. The amount of time breast milk can be frozen will depend on the type of freezer being used. Refer to the handout, “Guidelines for Storing Breast Milk,” for your specific type of freezer. You might want to post this handout on any refrigerator and freezer where breast milk is stored as a reminder to all staff and parents. (ABM)

**Slide #23 Storing Breast Milk (continued)**
Be sure that each bottle or container of breast milk is labeled with the baby’s name and the date the milk was expressed. When bottles are clearly labeled, there is less risk of giving the wrong bottle to an infant.

Milk from each day should be stored in separate containers and the oldest milk should be used first. That is why it is so important to have the date on the bottle. Frozen breast milk should also be rotated, using the oldest first. Once breast milk has been thawed, it must be used within 24 hours and cannot be refrozen. Milk left in the feeding container after a feeding should be discarded and not used again. Therefore, to avoid waste, bottles should have just the amount both you and the mother think the baby will take at each feeding, usually 2 to 4 ounces of breast milk for the younger baby. (ABM)

**Slide #24  What Type of Container to Use**

The best container options for storing human milk are glass or hard-sided plastic bottles with well-fitting tops or freezer milk bags that are designed for storing human milk.

Disposable bottle liners or plastic bags are not recommended. With these, the risk of contamination is greater. Bags are less durable and tend to leak, and some types of plastic may destroy nutrients in the milk.

Containers should be washed in hot, soapy, water, rinsed well, and allowed to air-dry before use.

**Slide #25 How to Warm Breast Milk**

Thaw frozen breast milk in the refrigerator overnight or under cool running water. Thawed breast milk can be kept in refrigerator for 24 hours.

Warm refrigerated milk under warm running water for several minutes or in a pan of warm water. Do not heat the milk directly on the stove. Do not bring temperature of milk to boiling point. **Never microwave breast milk!** It may cause the loss of some of the beneficial properties of the milk. In addition, because microwaves do not heat foods consistently, microwaved milk may contain “hot spots” that can severely burn a baby, even if the temperature appears not to be hot.

Human milk may separate into a milk layer and a cream layer when it is stored. This is normal. Swirl it gently to redistribute the cream before giving it to the baby (LLLI and ABM).

**Slide # 26 Additional Guidelines**
• Hands must be washed prior to expressing or pumping milk and before and after feeding.
• Use containers and pumping equipment that have been washed in hot, soapy water and rinsed. If available, cleaning in a dishwasher is acceptable.
• Consider storing smaller amounts of breast milk, usually 1–2 ounces each, for those unexpected times. A small amount of milk can keep a baby happy until mom comes to nurse the baby. These portions can be frozen until needed.

Slide #27 Breast Milk Is NOT Classified as A Body Fluid*

The Centers for Disease Control (CDC) and the US Occupational Safety and Health Administration (OSHA) both consider breast milk to be “food,” not a “body fluid.” Universal precautions are not necessary unless when working with extremely large volumes of milk, such as in a milk bank setting.
• You do not need to store breast milk in a separate refrigerator. It may be safely stored in the same refrigerator or freezer as other foods.
• You do not need to wear gloves to give a bottle of breast milk to a baby.
• Touching expressed milk is not considered hazardous exposure, nor is breast milk a potential contaminant.

Slide #28 Watching Baby’s Feeding Cues

You should be feeding infants expressed breast milk on demand, unless parents provide other written instructions. It is important to know the baby’s hunger cues. Please remember, a crying infant has often reached the point beyond hunger – this is not a good hunger cue! An infant might be crying for other reasons besides hunger.

Not only is it important to be able to read an infant’s hunger cues, it is also important to know when the infant is full. Babies do give cues when they are full. You do not want to over feed a breastfed baby.

Slide #29 Baby’s Hunger Cues

An infant gives signs or cues when hungry and ready to eat. Hunger cues to watch for include turning head from side to side in search of breast, making sucking noises, sucking on fist or fingers, being fussy, and ready to cry.
As a reminder – Babies should be fed before they reach that last stage of crying.

Slide #30 Signs that Baby Is Full
There are also signs that the baby is full. The baby might seal the lips together or decrease the amount of sucking. The baby might spit the nipple out or refuse the nipple, push bottle away, or turn head away from the bottle.

**Slide #31 Feeding Suggestions for Child Care Workers**

Breast milk is digested more easily than formula, so breastfed babies usually get hungry every 1 ½ to 3 hours. Eva Lyford offers some helpful tips for bottle-feeding breastfed infants in her publication, “How to Bottle-Feed the Breastfed Baby… Tips for a Breastfeeding Supportive Style of Bottle Feeding.” In the publication, which can be found at [www.kellymom.com](http://www.kellymom.com), Lyford recommends the following:

Babies should be bottle-fed:

1. **When their cues indicate hunger, rather than on a schedule**
2. **Held in an upright position.** It is important to avoid letting babies drink from a bottle when lying down because it can lead to bottle caries and more frequent ear infections.
3. **With a switch from one side to the other side midway through a feed**
4. **For 10-20 minutes at a time**
5. **Gently.** Allow the baby to draw the nipple into his or her mouth rather than pushing it into the baby’s mouth. This allows for the baby to control when feeding begins. Lyford recommends stroking the “baby’s lips from top to bottom with the nipple to illicit a rooting response of a wide open mouth, and then allow the baby to ‘accept’ the nipple rather than poking it in.”

Try not to feed baby before the mother is due to pick up baby. This would be the time for the 1-ounce “backup” bottle.

As discussed earlier, breastfed babies do not need solids before 4 to 6 months old. Solids should be started by the parents under the direction of their doctor. Babies older than 6 months can also use a cup to drink breast milk. Some mothers do not want their babies to have a bottle. Discuss this with parents so you can determine the best way meet their requests.

**Slide #32 Help Is a Phone Call Away**

Remember to praise and support the mother in her decision to breastfeed. The risks of artificial infant feeding are numerous and can have lifelong implications. If breastfeeding is not going well, the solution is to fix the breastfeeding—NOT to “wean to a bottle.” Most potential problems are easily managed without interrupting breastfeeding. A little breast milk is better than none.
For help, call the Texas Breastfeeding Support Hotline at 1-800-514-6667. They are open Monday through Thursday from 9am to 4pm and Friday from 9 to 12. Calls will be returned within 24 hours.

You can also call the La Leche League Breastfeeding Helpline at 1-877-452-5324.

The National Women’s Health Information Center with the U.S. Department of Health and Human Services’ Office on Women’s Health has a National Breastfeeding Helpline at 1-800-994-9662. It is open Monday through Friday, from 9 a.m. to 6 p.m., EST. After hours, you will be given the option to leave a message, and a Breastfeeding Peer Counselor will return your call on the next business day.

The handout, “Resources on Breastfeeding” discussed earlier includes the helpline information for you to share with parents.

**Slide #33 Breastfeeding is the Natural Way to Feed a Baby**

In conclusion, breastfeeding is the natural and most beneficial way to feed a baby. Your role as a child care provider is to support parents in doing what is best for their baby.

**Slide #34 Conclusion**

This concludes the informational portion of this course. Please click on the “Next Section” button at the bottom of this page to proceed to the post-test. If you would like to review any of the previous sections, click on the desired title in the left menu bar.
References


Penn State Better Kid Care Program, College of Agricultural Science, Cooperative Extension. Support Breastfeeding in your Home Child Care. Available online: http://betterkidcare.psu.edu/BKCKitLunch/Lunches92.pdf

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