



## Model Breastfeeding Promotion and Support Policy For Child Care Programs

### Background Information

Breastmilk 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 breast milk diet. Continued breastfeeding is recommended throughout the first year and thereafter as long as is mutually desired.

Breastfed children have reduced risks for:

- ear infections
- upper and lower respiratory infections
- diarrhea
- sudden infant death syndrome (SIDS)
- obesity
- juvenile 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 providers because they have:

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

Breastfeeding helps everyone because:

- 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 mother's of infants under 1 year of age are either employed or in school. Therefore millions of infants spend part of most of each day in a variety of child care settings. With so many infants in child care, child care providers can 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. The information in the policy meets the requirements of WAC 388-295, Minimum Licensing Requirements for Child Care Centers and for WAC 388-296, Minimum Licensing Requirements for Family Child Care Homes.

## **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 breastmilk

Provide a designated space for mothers to breastfeed their children on site (such as a rocking chair)

Feed infants on demand and are 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 breastmilk in an unbreakable container.

## **Handling and Storage of Breastmilk**

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

Breastmilk will be stored in a designated space within the refrigerator and freezer. This space will be: \_\_\_\_\_.

Frozen breastmilk will be stored for no more than 2 weeks.

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

Frozen breastmilk will be thawed in the refrigerator, under running water or in a pan of warm water.

Frozen breastmilk will be stored at 10 degrees Fahrenheit or less.

Do not refreeze breastmilk.

Staff will wash their hands using proper handwashing technique before handling breastmilk

Breastmilk will be warmed under running water or placed in a container of water that is not warmer than 120 degrees Fahrenheit. . Do not microwave breastmilk. Microwaving can destroy protective factors present in breastmilk 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 breastmilk to be "food" and not a "body fluid", so universal precautions are not necessary (gloves do not need to be worn when handling breastmilk) and breastmilk may be safely stored in the same refrigerator as other foods.

### **Feeding Breastmilk to 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), since breastfed babies are used to being held close.

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

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

Return any unused refrigerated breastmilk to the family at the end of the day (unfrozen breastmilk 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 breastmilk, 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**

WithinReach, 1-800-322-2588 or [www.hmhbwa.org](http://www.hmhbwa.org)

A nonprofit organization with a statewide toll-free hotline for health information. Breastfeeding information includes answers to commonly asked questions, breastpump rental information and referrals to local lactation consultants. Services are free and interpreters are available for non-English speaking callers.

La Leche League, 1-800-La-Leche or [www.lalecheleague.org](http://www.lalecheleague.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.