

Model Breastfeeding Promotion and Support Policy for Child Care Programs

Background Information

Breast milk is the ideal food for infants to both nourish them and protect them from illness. Exclusive breastfeeding is ideal nutrition, with the exception of recommended vitamin D supplementation, and sufficient to support optimal growth and development for the first six 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, for as long as mutually desired by mother and child.

Breastfed children have significantly reduced risks for:

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

Breastfeeding is beneficial for mothers because it:

- helps them feel good about themselves
- takes less time than using infant formula
- saves money
- lowers the risk of diseases such as high blood pressure, type 2 diabetes, ovarian and breast cancers
- reduces risk of postpartum depression

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
- 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 of infants under one 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 110-300, Foundational Quality Standards for Early Learning Programs.

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, culturally appropriate educational materials, and referrals for breastfeeding support when necessary.
- Train staff on how to properly store, handle and feed breast 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

The early care program will work with parents to develop a process for familiarizing the infant with bottle feedings prior to starting child care.

The program and care providers will develop a feeding plan with the parents and discuss the infant's usual feeding pattern, as well as the benefits of feeding the infant based on the infant's hunger and satiety cues rather than on a schedule.

Families are asked to bring in the mother's breast milk in clean glass or stainless steel bottles, or plastic bottles labeled with recyclable symbol "1", "2", "4" or "5" on bottle. A plastic bottle must not contain the chemical bisphenol-A (BPA) or phthalates. **Containers or bottles are labeled with the date it was brought to the program, and the child's first and last name.**

Families are advised to send several small bottles or portions of breast milk, enough for one day only, to minimize the amount of breast milk that is discarded.

If a mother wishes to breastfeed her infant or child when she comes to the facility, the program can offer or provide her a:

- Quiet, comfortable, and private place to breastfeed (This helps her milk to let down.)
- Place to wash her and her infant's hands before and after breastfeeding
- Pillow to support her infant on her lap while nursing
- Nursing stool or step stool for her feet so she doesn't have to strain her back while nursing

- Glass of water or other liquid to help her stay hydrated

Handling and Storage of Breast Milk

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

Breast milk will be stored in a designated space within the refrigerator and freezer. This space will be: [Click here to enter text.](#) (i.e. a bin labeled "breast milk", not be in the door, etc.).

Breast milk is stored in refrigerator at 39° F or less.

Frozen breast milk is stored at 0° F or less.

Frozen breast milk will be stored for no more than 30 days.

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

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

Thawed breast milk is never refrozen.

Staff will wash their hands using proper handwashing technique before handling breast milk.

Breast milk will be warmed under running water, in warm water (water under 120° F), or in a bottle warmer before feeding.

Breast milk is never heated in a microwave. Microwaving can destroy protective factors present in breast 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 breast milk to be "food" and not a "body fluid", so universal precautions are not necessary (gloves do not need to be worn when handling breast milk) and breast milk may be safely stored in the same refrigerator as other foods.

Feeding Breast Milk to Baby

Care providers pay attention to early hunger signs and adhere to "cue feeding", as opposed to a schedule.

Breastfed infants are always held during feedings (a bottle is never propped for them), since breastfed babies are used to being held close.

The early care program asks the mother if she wants the infant care providers to time the infant's last feeding of the day so that the infant is hungry and ready to breastfeed when she arrives for pick up; this is an ideal time for the mother to nurse and this will help mother keep a good milk supply.

The early care program asks that if the mother chooses to come to the center to breastfeed, the mother to leave her availability schedule with the care providers and call if she is planning to miss a feeding or is going to be late.

Bottles are initially filled with less milk than providers think will be necessary for the feeding, and additional breast milk is available to add to the bottle if needed. This can minimize the amount of breast milk that is discarded.

Unused, refrigerated, not previously frozen, bottles or containers of breast milk are labeled “do not use” and then returned to the parent at the end of the day. Unused, previously frozen (thawed) breast milk is labeled “do not use” and returned to the family when the child leaves at the end of their day. Families may choose to provide their own insulated cooler bag with ice pack (to be kept in the child’s cubby area) to keep partially consumed breast milk bottles cool until the child is picked up at the end of the day.

Leftover breast milk from a bottle fed to a baby cannot be refrigerated and used later.

Although breast milk is not considered an “other potentially infectious material” (OPIM) by OSHA, in the event that an infant has been fed another child’s bottle of breast milk, this shall be treated as an accidental exposure to an OPIM. 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

Within Reach’s Family Health Hotline

1-800-322-2588 or www.parenthelp123.org/resources/family-health-hotline

Statewide toll-free hotline and web page for health information. Breastfeeding information includes answers to commonly asked questions, breast pump rental information and referrals to local lactation consultants. Services are free, and interpreters are available for non-English speaking callers.

La Leche League

(800) La-Leche (800-525-3243) or <https://www.llli.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)

(800) 322-2588

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

Centers for Disease Control (CDC)

<https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html>

DHHS, Office on Women’s Health

<https://www.womenshealth.gov/breastfeeding/making-decision-breastfeed>

World Health Organization (WHO)

<https://www.who.int/publications/m/item/nurturing-the-health-and-wealth-of-nations-the-investment-case-for-breastfeeding>