

Child Care Health Program

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Public Health
Seattle & King County



Model Lactation Support Policy for Childcare Programs

Background Information

This document contains language that is inclusive of all parents. “Chest feeding is a term used by many transmasculine and non-binary parents to describe how they feed and nurture their children from their bodies. Some prefer the term nursing instead, while others prefer breastfeeding. We use all these words, and warmly accept whatever term a family chooses for their own experiences. The science behind the use of the term chest feeding is not focused on human anatomy; it is the science of health communication, which requires using terms that are familiar and accepted by those being helped. Language is always evolving, in the breastfeeding and lactation world as elsewhere.”¹

Human milk has all the nutrients, calories, and fluids a baby needs, and as the baby grows, the parent’s milk will change to meet the baby’s nutritional needs. The American Academy of Pediatrics (AAP) recommends exclusive feeding of human milk and no other foods or liquids, including water or formula, for the baby’s first six months. AAP supports continued feeding of human milk, along with the gradual introduction of solid foods introduced at about 6 months, as long as the parent and child want for 2 years or beyond.²

Human milk is the ideal food for infants to both nourish them and protect them from illness. The longer an infant is fed human milk, the greater the protection from certain illnesses and long-term diseases. The more months or years a lactating parent feeds their child (combined for all their children), the greater the benefits to their own health, as well.

The lactating parent benefits from feeding their child because it:

- Releases the hormone oxytocin, the “feel-good” hormone that promotes feelings of love, bonding, and wellbeing.
- Takes less time than using infant formula.
- Saves money.
- Increases the quality of the lactating parent’s sleep.
- Lowers their risk of Type 2 diabetes and high blood pressure.
- Reduces the risk of ovarian and breast cancers.
- Reduces risk of postpartum depression.

Today, whether by choice or necessity, most lactating parents of infants (babies younger than 12 months) are either employed or in school. Therefore, millions of infants spend part of most of each day in a variety of childcare settings. With so many infants in

childcare, providers can play a vital role in supporting a lactating parent's continuation of feeding their child human milk.

Intent of Policy

This policy is designed to assist childcare programs in supporting lactating parents and employees and protecting the health of their children. The information in the policy meets the requirements of WAC 110-300, Foundational Quality Standards for Early Learning Programs.

Intent of the Child Care Program

_____ (enter Child Care Program name) is committed to supporting families and employees who offer human milk to their children. In keeping with this philosophy, our program will:

- Discuss our commitment to support lactation, including sharing our Lactation Support Policy and resources, with all visiting and new families and staff.
- Support families by:
 - Assisting lactating parents and their infant in the transition from home to the childcare setting.
 - Providing a comfortable and private space for parents and employees to feed their child or to pump when they come to the childcare program.
- Train staff on:
 - The benefits of lactation.
 - The practices that support a lactating parent.
 - Accurate basic lactation information, culturally appropriate educational materials, and referrals for lactation support when necessary.
 - How to properly store, handle and feed human milk.
 - How to feed infants on demand according to their hunger cues.
 - Always holding infants during feedings.
- Support lactating employees by providing them with reasonable break times to express milk or feed their child (if enrolled/in care at the program). For time needed beyond usual break/lunch time, employees may work with supervisors to negotiate break times or other means of making up the time.

Assisting the Lactating Parent and Infant in the Transition from Home to the Childcare Setting

The childcare program will work with lactating parents to:

- Familiarize and transition the infant to bottle or cup feedings prior to starting childcare.

- Develop a feeding plan that includes:
 - The infant's usual feeding pattern.
 - The lactating parent's availability/schedule and a plan to call if they are planning to miss a feeding or are going to be late.
 - The benefits of feeding the infant based on their hunger and satiety cues rather than on a schedule.
- Bring human milk to the program in clean glass or stainless-steel bottles, or plastic bottles labeled with recyclable symbol "1", "2", "4" or "5". 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.**
- Send several small bottles or portions of human milk, enough for one day only, to the program to minimize the amount of human milk that is discarded.

If a lactating parent or employee wishes to feed their child or pump at the facility, the program can offer or provide a:

- Quiet, comfortable, and private place to feed or pump.
- Place to wash parent's hands before and after feeding.
- Small table near an electrical outlet (for pumping).
- Pillow to support parent or employee's back and/or child on parent's lap during the feeding.
- Step stool to support the parent's feet.
- Glass of water to drink to help parent stay hydrated.

Guidelines for Storage, Handling, and Preparation of Human Milk

- Staff will wash their hands using proper handwashing technique before handling human milk. (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.)
- All human milk bottles, frozen pouches, or storage containers will be labeled with the child'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: _____.
(i.e., a bin labeled “human milk”, not in the door, etc.).
- **Refrigerators and freezers** have thermometers placed in the warmest section (usually the door). Temperature is logged daily.
 - Human milk is stored in refrigerator at 39°F (3.9°C) or less.
 - Frozen human milk is stored at 0°F (-17.8°C) or less.
- Frozen human milk will be stored for no more than 30 days.
- Rotate storage containers so human milk with the oldest date is used first.
- Frozen human milk will be thawed in the refrigerator, under running water or in a pan of warm water.
- Thawed human milk is never refrozen.
- Refrigerated human milk will be warmed under running water, in warm water (water under 120°F or 48.9°C), or in a bottle warmer before feeding.
- Human milk is never heated or thawed in a microwave. Microwaving can destroy protective factors present in human milk and can create hotspots in the milk that can burn the baby’s mouth.
- Any human milk left over after a bottle feeding will only be fed to the baby if it is within 2 hours when the bottle was first served.³

Feeding Human Milk to an Infant or Toddler

- Care providers pay attention to early hunger signs and adhere to “cue feeding,” as opposed to a schedule.
- Infants who are fed human milk are always held during feedings (a bottle is never propped for them), since they are used to being held close when being fed by their parent.
- To support families in minimizing the wasting or discarding of wanted human milk:
 - Bottles are initially filled with less milk than providers think will be necessary for the feeding, and additional human milk is available to add to the bottle if needed.

- 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 human milk bottles cool until the child is picked up at the end of the day. (Bottles that have been served, including partially consumed bottles, cannot go back in the refrigerator.)
 - Unused, refrigerated, not previously frozen, bottles or containers of human milk will be returned to the family when the child leaves at the end of their day.
 - Previously frozen human milk that has been thawed but not served will be labeled “do not use,” kept in the refrigerator, and returned to the family when the child leaves at the end of their day.
 - Unused frozen human milk will be returned to the family after 30 days (WAC 110-300-0281).
- Human milk may be served in place of cow's milk for children over 12 months if it is the parent’s preference (no note is required).

Although human milk is not considered an “other potentially infectious material” (OPIM) by OSHA, if a child is accidentally fed another child’s human milk, this shall be treated as an accidental exposure to an OPIM. If this happens, the childcare 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.
- Inform the lactating parent whose milk was accidentally fed to the wrong child and ask if they would be willing to share any information about their health status with the family of the exposed child.
- Inform the childcare DCYF Licensor.
- Complete an incident report.

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. Information includes answers to commonly asked questions, breast/chest 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://lila.org>

An international, nonprofit, nonsectarian organization dedicated to providing education, information, support, and encouragement to people who want to feed their baby human milk.

WIC (Women, Infants and Children Supplemental Nutrition Program)

(800) 322-2588 or <https://kingcounty.gov/WIC>

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

Centers for Disease Control (CDC)

<https://www.cdc.gov/breastfeeding/php/about/index.html>

DHHS, Office on Women's Health

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

World Health Organization (WHO)

<https://www.who.int/news-room/questions-and-answers/item/breastfeeding>

References

1. La Leche League Canada & La Leche League USA. Joint Statement on Use of Term Chestfeeding. <http://lllc.ca/joint-statement-use-term-chestfeeding>. Published July 6, 2018. Accessed March 2, 2021.
2. Meek JY, Noble L; Section on Breastfeeding. Policy Statement: Breastfeeding and the Use of Human Milk. *Pediatrics*. 2022;150(1): <https://doi.org/10.1542/peds.2022-057988>
3. Centers for Disease Control (CDC) Human Milk Storage Guidelines https://www.cdc.gov/breastfeeding/breast-milk-preparation-and-storage/handling-breastmilk.html?CDC_AAref_Val=https://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm
4. American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education. CFOC Standards Online Database. Aurora, CO; National Resource Center for Health and Safety in Child Care and Early Education; 2020. <https://nrckids.org/CFOC/Database/4.3.1.3>. Accessed July 2024

This policy is shared with all employees, expectant parents, families, and visitors and should be reviewed annually and updated to incorporate new evidence-based research and practices.