



## Health & Safety Notes

# Supporting Breastfeeding Families



Human breastmilk is the best food for infants and contains ingredients that formula could never duplicate. Scientists and nutritionists describe it as a “living biological fluid” with over 80 identified ingredients that include antiviral, antiparasitic, antibacterial, and many other protective factors, most of which cannot be replicated by formula companies. The American Academy of Pediatrics (AAP) strongly recommends that breastfeeding be the preferred feeding for all infants, including premature newborns. The World Health Organization recommends human milk as the exclusive nutrient source for feeding full term infants during the first six months after birth. And, regardless of when complementary foods are introduced, breastfeeding should be continued at least through the first 12 months.

However, many new mothers return to work before their baby is 6 months old. Returning to work means making choices regarding child care for their infant. For mothers who breastfeed there is an additional concern that returning to work or school means weaning before mother and baby are ready. Many women continue to successfully breastfeed, and provide breastmilk for bottle-feeding in child care. The success of this choice depends on the mother and child care provider communicating well and supporting one another. Together, parents and child care providers can make breastfeeding a healthy priority.

## What are the benefits of breastmilk?

**For Infants.** Breastfeeding facilitates optimal infant growth and development and offers lifelong health advantages. Breastfed infants have less colic and fewer illnesses the first year of life. They have a reduced risk for allergies and lower incidence of gastrointestinal and respiratory diseases and ear infections. They have a lower incidence of obesity by

age 4 years. Breastfed infants have been shown to have higher IQ in later life, and lower rates of diabetes, obesity and other serious health problems.

**For mothers.** According to the La Leche League, breastfeeding is as healthy for mothers as it is for infants. There is a decreased incidence of breast cancer among women who nurse. Breastfeeding causes an increase in the maternal hormones prolactin and oxytocin, which act to enhance the let-down of milk and to inhibit post-partum bleeding. Mothers who breastfeed report less depression following childbirth. Breastfeeding burns calories, helping a mother get back to her pre-pregnancy weight more quickly. It also delays the return of a menstrual period (although breastfeeding alone is not a reliable method to prevent additional pregnancies). Breastfeeding appears to help build bone strength, protecting against fractures in older age. And importantly, breastfeeding helps mother and baby to bond.

**For child care providers.** Child care providers benefit, too. Breastfed infants are sick less often which means they are contagious less often. They have less colic, less spitting up, and their diapers don't smell as strong. Parents will feel good about their choice of child care when they feel supported in their choice to breastfeed.

## Support for breastfeeding mothers

The child care provider plays an essential role in supporting and facilitating the breastfeeding relationship by understanding the parent's plan for infant feeding. This may include allowing space for mothers to feed their babies, if necessary, at drop off and pick up, timing infant feedings, when possible, to a mother's schedule for pick up, and providing safe storage and handling of breastmilk.

The feeding care plan for an infant should respect

the parent's wishes. Some infants will have breastmilk only, while others may receive supplemental formula. When infants are fed according to parents' instructions, parents will feel supported and confident in the care their child receives.

## Support for child care providers

Parents can support their child care provider by making sure their breastfed baby is ready to feed from a bottle. Parents should introduce their baby to the bottle well before the first day of child care. Getting an infant used to a bottle may take several tries and some persistence on the part of the parents.

## Develop feeding policies

Develop your policies around breastfeeding in consultation with your Child Care Health Consultant. Support each family's choice in a non-judgmental manner.

- Allow flexibility in programs and schedules so that infants' needs are met.
- Provide opportunities for communication and education of parents and staff.
- Offer staff professional development opportunities on breastfeeding and nutrition.
- Promote your setting as breastfeeding friendly.

## Handling and storing human milk

Mothers should pump and store milk in unbreakable bottles in the freezer. The bottle should be labeled with a label that won't rub off and include the baby's name, date milk collected, and date of use for child care. The amount of milk in each bottle should equal the amount the baby usually takes at one feeding. Leftover milk should be disposed of if left out for more than one hour at room temperature. A few bottles can be frozen with one to two ounces for times when the baby may want extra nourishment.

Important points for handling and storing:

- Always wash your hands before preparing any bottle for feeding.
- Double check that each bottle is clearly labeled with child's name, date, time of collection, and that the milk is in an unbreakable, ready to feed bottle.
- Bottles of breastmilk should be refrigerated im-

mediately on arrival to program (at 40 degrees or below).

- Use breastmilk on the day it is brought into the program.
- Thaw a bottle of frozen breastmilk under cool water and swirl to mix. *Never microwave or shake breastmilk.*
- Do not refreeze breastmilk that was previously frozen.
- Use breastmilk only for the infant for whom it was intended. In cases where an infant is given another infant's breastmilk refer to *Caring for Our Children* or call the California Child Care Healthline at (800) 333-3212.

## References and Resources

American Academy of Pediatrics. [www.aap.org](http://www.aap.org).

World Health Organization. [www.who.int/child-adolescent-health/NUTRITION/infant.htm](http://www.who.int/child-adolescent-health/NUTRITION/infant.htm).

La Leche League. [www.lalecheleague.org](http://www.lalecheleague.org).

*Caring For Our Children: National Health and Safety Standards*. <http://nrc.uchsc.edu/CFOC/index.html>.

*Feeding Infants: A Guide for Use in the Child Nutrition Programs*, United States Department of Agriculture Food and Nutrition Service. [www.nal.usda.gov/fnic/pubs/bibs/edu/98-child.htm](http://www.nal.usda.gov/fnic/pubs/bibs/edu/98-child.htm)

California State Department of Health WIC program. [www.wicworks.ca.gov](http://www.wicworks.ca.gov).

*Health & Safety Note: Infant Feeding in Child Care*. (2005). California Childcare Health Program. [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

*Fact Sheet for Families: Childhood Obesity*. (2004). California Childcare Health Program. [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

*Fact Sheet for Families: Overweight and Obesity*. (2005). California Childcare Health Program. [www.ucsfchildcarehealth.org](http://www.ucsfchildcarehealth.org).

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