



Infant Feeding in Child Care

Families with a new baby face important and sometimes confusing choices about feeding their infant. When an infant is enrolled in child care, the situation is even more challenging. Questions to consider include: Should the infant breastfeed exclusively? When and how often should the baby also drink from a bottle? Should the family ever give formula? Should we feed on demand or on a schedule? When is it time to wean, or to introduce cereals, fruits and other solids?

Whatever a family's choice, it is sure to impact not only the baby, but the mother, the family and the program staff too. Here's a review of infant feeding choices with a summary of the considerations for each type and best practice recommendations for infant caregivers.

Breastfeeding

Breastfeeding offers many benefits to infants and mothers. Both the American Academy of Pediatrics (AAP) and American Academy of Family Physicians (AAFP) recommend that all babies be exclusively breastfed for the first six months of life, with rare exceptions. After six months, breastfeeding should continue until at least age 1 year, with the gradual addition of complementary foods. Breastfeeding is still beneficial to mother and child after the first year, and should continue as long as mutually desired.

Benefits of breastfeeding. Breastfeeding is the natural way to feed a baby and offers many health advantages. The nutrients in breastmilk are easily digested and absorbed by most infants. Additionally, breastfed babies have lower rates of respiratory and intestinal infections during infancy, and also enjoy long-term positive effects such as decreased risk of diabetes, allergies and asthma later in childhood. Breastfeeding also offers health advantages to mothers. Some studies show that women who breastfeed have lower

risk for ovarian, endometrial and breast cancer compared with the general population.

Considerations when breastfeeding. According to the AAP, breastfed infants need dietary supplementation of Vitamin D, and may need supplementation of iron, both of which are present in very low amounts in breastmilk. The need for supplementation and the dosage should be determined by the infant's medical provider.

Who shouldn't breastfeed? A woman should not breastfeed her infant under the following circumstances:

- She is infected with human immunodeficiency virus;
- She is being treated with radiation or chemotherapy for cancer;
- She is an abuser of alcohol or recreational drugs, which are passed to a baby in breastmilk.

Breastfeeding and child care. An infant who attends a child care program can still enjoy the benefits of breastmilk. With careful planning and support from her employer, family and child care staff, a mother can pump and store her milk for use during child care hours. For more information, including recommendations for storing and handling breastmilk in child care, refer to the CCHP document *Health & Safety Note: Supporting Breastfeeding Families*.

Infant formula

There are many types of infant formula available. Formula made from cow's milk is the most common type. Soy formula is also popular and accounts for about 25 percent of all formula sales. In addition, formulas are available for infants with special dietary needs.

Why some families choose formula. Formulas meet the recommended nutrient intakes for infants. In

addition, formulas are fortified with iron and Vitamin D. Formula-fed infants usually don't need dietary supplementation of vitamins or minerals. Additionally, some families choose formula because they feel that bottle-feeding gives a mother more opportunities for her time, and allows other family members to share in feeding the baby. Some mothers returning to work choose formula feeding in anticipation of enrolling their infant in child care.

Considerations for formula feeding. Compared to breastmilk, formula is less easily digested. The incidence of constipation or diarrhea is greater in formula-fed infants than breastfed infants. Formula offers no protective components, such as antibodies and antibacterial properties, which help infants fight infection. Formula feeding is also more costly to families than breastfeeding. Families need to purchase the formula as well as supplies, including bottles and nipples. They also need to replace supplies which become worn or are lost.

Introducing complementary foods

When an infant is ready, soft foods other than breastmilk or formula should be added to the diet. The AAP and World Health Organization recommend that complementary foods rich in iron should be added starting at around 6 months of age.

What are the cues of readiness for complementary foods? There are many physical signs that an infant is ready. Before starting solids, infants should be able to control their head movement. They should be able to accept a small infant-sized spoon into their mouth without reflexively pushing it out with the tongue. Behavioral cues include hunger shortly after breastmilk or formula feedings, indicating that the baby needs more calories than he or she is getting from milk alone. Infants at this stage may act interested in the foods being eaten by others, reaching out for or staring at the food on parents' or siblings' plates. When these signs appear, parents should discuss introducing solids with the baby's medical provider, and if there is an agreement, it's time to start!

Practical tips for baby's first solids. Iron-fortified infant cereal made from rice or barley is the most common first solid food. Cereal provides energy, protein and, if fortified, vitamins and minerals too.

Cereal should be prepared using formula or breastmilk, according to package directions. Mix cereal to a thin consistency and use an infant-sized spoon.

A variety of cereals should be introduced gradually, one at a time. Most infants start with rice cereal, followed by oats and barley, with wheat-based cereals added last (since children may develop an allergic reaction to wheat if it is introduced too early). Each time a new food is added, parents and caregivers should wait a few days before adding another. Monitor the baby for reactions such as gas, diarrhea or diaper rash after each addition. After cereals, a baby may be given pureed vegetables and fruits, including carrots, yams, potatoes, mashed bananas and applesauce. These are also added gradually, with a few days' wait between new additions.

Solids for older infants. Once an infant begins teething, chewable finger foods can be started. A baby who is ready for these foods is able to grasp and hold small items. To prevent possible choking, parents and caregivers must carefully prepare foods and must also keep watch when the baby is eating. Among the common early finger foods for infants ages 8 to 12 months are bite-sized pieces of toast, bits of banana, pea-sized chunks of chicken or meat, and scrambled egg yolk. Never offer a baby any round, hard foods, which are choking hazards. These include: grapes, hot dogs, popcorn, chunks of peanut butter or carrots.

Infancy is a time of joy and discovery in all aspects of living, including food! Child care professionals have the opportunity to help all children establish healthy, happy food habits, with a lifetime of positive results.

References and Resources

American Academy of Pediatrics. www.aap.org.

American Academy of Family Physicians. www.aafp.org.

California Childcare Health Program (2005). *Health & Safety Note: Supporting Breastfeeding Families*. www.ucsfchildcarehealth.org.

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