Goal: To provide continuing education to childcare center employees and owners on supporting breastfeeding mothers whose babies are in their care.

Participants will:
• List the lengths of time breast milk can be kept at differing temperatures.
• Name three benefits of breastfeeding for the daycare center.
• Name three benefits of breastfeeding to the infant.
• Name three benefits of breastfeeding to the mother.
• List two reasons giving solids to infants before 4 months of age is not recommended.
You have a copy of the AAP policy statement in your handouts.

It contains a list of the many benefits of breastfeeding for both mother and infant. It also lists the recommended breastfeeding practices … when to start, how often, no supplements, follow-up schedule, etc.

Breast milk is all the infant needs for the first few months of life. Most infants are not physically ready for other foods before 6 months of age. Foods other than Human milk in the early months can cause allergies (Kojosaari & Saarinen, 1983; Saarinen et al., 1979) and digestive problems (Glaser, 1973).

Infants will take in less Human milk when solids are introduced earlier than 4 months of age (Auerbach, Riordan, Breastfeeding and Human Lactation 2nd edition). Solids should complement the diet of a baby under a year of age, not replace human milk. Human milk is the superior food and by starting solids too soon, you are replacing a superior food with an inferior one.

Even a former Surgeon General of the United States (Dr. Antonio Novello) stated that it “was the lucky baby who breastfed well into the second year of life”.

The policy recommendations include:

• Exclusive breastfeeding for approximately the first six months and support for breastfeeding for the first year and beyond as long as mutually desired by mother and child.
• Mother and infant should sleep in proximity to each other to facilitate breastfeeding;
•Self-examination of mother's breasts for lumps is recommended throughout lactation, not just after weaning;
•Support efforts of parents and the courts to ensure continuation of breastfeeding in cases of separation, custody and visitation;
•Pediatricians should counsel adoptive mothers on the benefits of induced lactation through hormonal therapy or mechanical stimulation.
•Recognize and work with cultural diversity in breastfeeding practices
•A pediatrician or other knowledgeable and experienced health care professional should evaluate a newborn breastfed infant at 3 to 5 days of age and again at 2 to 3 weeks of age to be sure the infant is feeding and growing well.
• That breastfeeding continue for at least 12 months, and thereafter as mutually desired.
• That arrangements be made to provide expressed breast milk if mother and child must be separated during the first year.
• That breastfeeding be promoted as a normal part of daily life, and that the AAP encourages family and community support for breastfeeding.
• That the media be encouraged to portray breastfeeding as a positive norm.
• That employers be encouraged to provide appropriate facilities and adequate time in the workplace for breast-pumping.
Healthy People 2020 Objectives for the Nation contain everything from increasing the use of child restraint seats to numerous objectives on nutrition.

The Breastfeeding Report Card 2012, United States: Outcome Indicators, http://www.cdc.gov/breastfeeding/data/reportcard2.htm, shows Texas as above the national average in all categories except Exclusive at six months:

In Hospital, initiation: 80.3  
At six months, any breastfeeding: 50.7  
At one year, any breastfeeding: 25.6  
At three months, exclusive: 36.1  
At six months, exclusive: 13.7
Breastfeeding Report Card
2012, United States

http://www.cdc.gov/breastfeeding/data/reportcard2.htm
Mothers are the fastest-growing segment of the U.S. labor force. Approximately 70% of employed mothers with children younger than 3 years work full time. One-third of these mothers return to work within 3 months after birth and two-thirds return within 6 months. Working outside the home is related to a shorter duration of breastfeeding. Intentions to work full time are associated with lower rates of breastfeeding initiation and shorter duration. Low-income women, among whom African American and Hispanic women are overrepresented, are more likely than their higher-income counterparts to return to work earlier and to be engaged in jobs that make it challenging for them to continue breastfeeding. Given the substantial presence of mothers in the work force, there is a strong need to establish lactation support in the workplace.
Women in the Work Force

http://www.bls.gov/cps/wlftable5.htm
With so many young children enrolled in child care, child care providers can play a vital role in supporting a mother’s continuation of breastfeeding. When child care settings become strong partners and advocates in encouraging mothers to continue to breastfeed, the benefits to families are enormous. And child care settings themselves benefit from the improved health status of the children in their care.
• The US Surgeon General issued a “Call to Action to Support Breastfeeding” in 2010, stating, “Everyone can help make breastfeeding easier!” Four of the 20 action steps are directed at how employers play a critical role in supporting a mother’s decision to breastfeed. Many employers want to support employed mothers in their choice to breastfeed, but are often unsure of what is required.

http://www.cdc.gov/breastfeeding/promotion/calltoaction.htm
Child care settings are the natural and logical place for supporting breastfeeding mothers by:

- integrating breastfeeding into plans for the design of a child care facility, its equipment and furnishings, and the training and scheduling of its staff
- providing a welcoming atmosphere that encourages mothers to initiate and continue breastfeeding after returning to work or school
- training staff to provide accurate basic breastfeeding information and referrals for skilled breastfeeding support when necessary
- designating a space for the safe expression and storage of human milk
- offering children breast milk in containers other than bottles (e.g., cups or spoons) when parents request it
- providing space for mothers to breastfeed their children on-site
- creating an environment that fosters the formation of parent support groups and the ability to share information
- empowering families to advocate at their workplaces for policies that support breastfeeding

Childcare Settings: The natural and logical place for supporting breastfeeding

- Feed infant/toddler human milk in alternative devices (e.g., cups or spoons) when parents request it
- Provide space for mothers to breastfeed their children on-site
- Create an environment that fosters the formation of parent support groups and the ability to share information
- Empower families to advocate at their workplaces for policies that support breastfeeding

Comparing Breastmilk to Formula

**Learning Objective:**
Use building blocks to show the benefits of breastmilk over formula.

**Talking Points:**
1. Everything in breastmilk comes from the mother’s body and is custom made for her baby’s needs.
2. Everything in formula comes from cows, soy plants, or some other non-human source. The substitute ingredients in formula aren’t as good as the real thing.

**Instructions:**
**STEP ONE**—Stack the first seven breastmilk blocks and all formula blocks according to this picture.
**IMAGE:** SHOW SEVEN BREASTMILK AND ALL FORMULA ACCORDING TO OUR NEW COLORS AND FINAL BLOCKS.

**STEP TWO**—Use the talking points below to explain the differences between formula and breastmilk.

Talking points:

While the formula and breastfeeding blocks look the same, you will find that they are not even close. The ingredients found in formula are from non-human sources and act very differently in a baby’s body.

**Protein** found in breastmilk is easier to digest than formula and cuts down on stomach problems like vomiting and diarrhea.

**Carbohydrates** found in breastmilk promote brain development and intestinal health.

**Fats** found in breastmilk help a baby’s brain, eyes and body grow. Also, cholesterol found only in breastmilk may make a child less likely to develop heart disease as an adult.

**DHA and ARA** are fatty acids found in breastmilk that help a baby’s brain and eyes develop—children who were breastfed even do better in school. In formula, DHA and ARA are made from algae and fungus, and they may not act the same way in the baby’s body.

**Vitamins & Minerals** found in breastmilk are easy to digest and are produced in the right amounts for each baby. In formula, the vitamins and minerals are sometimes added in very large amounts and aren’t absorbed very well by the baby’s body.

**STEP THREE**—Add the rest of the breastmilk blocks and talk about the additional ingredients only found in breastmilk.

There are at least 100 ingredients in breastmilk that are not found in formula, and more are being discovered all of the time. Most of the ingredients belong to one of these types:

**Enzymes** in breastmilk help break down fat, protein and carbohydrates so a baby’s body can use them. They also kill bad bacteria. Formulas contain no enzymes.

**Growth Factors** help a baby’s skin, nerves, intestines and blood vessels grow. Formulas contain none of these special growth factors.

**Anti-Parasites** found in breastmilk keep parasites from hurting your baby. Formulas do not protect against parasites.

**Anti-Allergies** in breastmilk reduce a child’s chances of developing food allergies throughout the rest of their life. When a baby has formula before they are 6 months old, they have a higher risk of getting allergies and childhood illnesses.

**Anti-Viruses** found in breastmilk block incoming viruses or attach to a virus, making it harmless. Formulas do not offer babies protection from viruses.

**Hormones** found in breastmilk can do things like calm a baby and reduce their chances of becoming obese. Formulas contain none of these beneficial hormones.
Antibodies (immune boosters) found in breastmilk protect against germs and infections in a way that formula can’t.


Sears, M, Sears, W, The Breastfeeding Book: Everything You Need to Know about Nursing Your Child from Birth through Weaning, 2000, pages 19-20, Little
Human milk and Breastfeeding are the gold standards in infant feeding. All forms of infant nutrition attempt to mimic Human milk. It cannot be done.

Human milk changes to meet the needs of the infant, throughout a feeding, throughout the day, and throughout the baby’s first year and contains antibodies to protect the infant from germs the infant and the mother are exposed to.
Ear infections are one of the most common reasons for emergency care in infants and young children.

Human milk is the best food for premature babies because it fights infection. Because breastfeeding offers so many health benefits to babies, this results in reduced health care costs and reduced employee absenteeism. Breastfeeding is universally endorsed by the world’s health and scientific organizations as the best way of feeding infants. Breastfed children:

• score higher on cognitive and IQ tests and also on tests of visual acuity
• have a lower incidence of sudden infant death syndrome (SIDS)
• are less likely to suffer from infectious illnesses and their symptoms (e.g., diarrhea, ear infections, respiratory tract infections, meningitis)
• have a lower risk of the two most common inflammatory bowel diseases (Crohn’s disease, ulcerative colitis)
• suffer less often from some forms of cancer (e.g., Hodgkin’s disease, childhood leukemia)
• have a lower risk of juvenile onset diabetes, when there is a family history of the disease and the children are breastfed exclusively for at least 4 months
• are significantly protected against asthma and eczema, when at risk for allergic disorders and breastfed exclusively for at least 4 months
• may have a lower risk of obesity in childhood and in adolescence
• have fewer cavities and are less likely to require braces

Not only does breastfeeding reduce a baby’s risk for diabetes, but breastfeeding is good for a diabetic mother as well. Some women have a lower insulin requirement while they are lactating.
Ulcerative colitis is an ulceration of mucosa of the colon. Crohn’s disease is a very painful condition which develops later in life. It is a serious chronic disease of the gastrointestinal tract and causes inflammation of the mucous membrane of the small intestine and colon. It can cause irreversible damage.

Breastfeeding and putting a baby to sleep on his back are two preventive measures against SIDS.

Lucas: Human milk and subsequent intelligence quotient in children born preterm. Lancet 339:261-4, 1992. Lucas controlled for maternal interaction by studying preterm infants who received their mothers’ milk via tube feedings and compared them with children who got formula or children whose mothers intended to provide them with Human milk but did not. Because all the infants were fed only by tube, the effects of Human milk per se were separate from the normally intertwined effect of intimate maternal contact. The IQ scores of the children fed human milk were 8.5 points higher than those of the groups not fed human milk.

Breastfeeding is strongly recommended for babies with cleft lip, cleft palate or facial anomalies, because breastfeeding will strengthen the jaw and facial structure, help prevent respiratory and ear infections, and strengthen the baby’s immune system. Breastfeeding helps reduce speech problems.
Breastfeeding helps improve vision. Because breastfed babies are switched from one side to another during a feeding, this strengthens eye coordination. When you are bottle feeding, you might try switching the baby from one side to another once during the feeding.
Millions of dollars are saved when mothers breastfeed their infants. The cost of not breastfeeding has been calculated in several studies. One study from Best Start found that:

Breastfed children are half as likely to have illnesses within the first year as formula-fed children and are 10 times less likely to be hospitalized for bacterial infection. In the U.S., total treatment costs range from $4 million to 10.3 million per year.

Breastfed children have a 60% decrease in risk for ear infections compared to formula-fed infants. In the U.S., ear infections cost more than $1 billion annually in visits to physicians.


A minimum of $3.6 billion would be saved if breastfeeding were increased from current levels (64 percent in-hospital, 29 percent at 6 months) to those recommended by the U.S. Surgeon General (75 and 50 percent). This figure is likely an underestimation of the total savings because it represents cost savings from the treatment of only three childhood illnesses: otitis media, gastroenteritis, and necrotizing enterocolitis. This report reviews breastfeeding trends and previous studies that assessed the economic benefits of breastfeeding.

The Economic Benefits of Breastfeeding: A Review and Analysis. By Jon Weimer. Food and
BACKGROUND AND OBJECTIVE: A 2001 study revealed that $3.6 billion could be saved if breastfeeding rates were increased to levels of the Healthy People objectives. It studied 3 diseases and totaled direct and indirect costs and cost of premature death. The 2001 study can be updated by using current breastfeeding rates and adding additional diseases analyzed in the 2007 breastfeeding report from the Agency for Healthcare Research and Quality. Pediatrics 2010;125:e1048–e1056

Economic Advantages

If 90% of US families could comply with medical recommendations to breastfeed exclusively for 6 months, the United States would save $13 billion per year and prevent an excess 911 deaths, nearly all of which would be in infants.
Benefits to Society

- Breastfed children are healthier, which makes for a more productive workplace in the future
- Decreased tax dollars spent to subsidize dairy farming, free formula, and health care programs
- Potential for reduced health insurance premiums
- Decreased social costs of morbidity and mortality
- Reduced waste of natural resources and water, and decreased garbage and pollution

http://www.breastfeedingworks.org/econ.htm
What is in it for Mom?

For the mother who works and must be separated from her baby for several hours per day, she has the added reassurance that she is continuing to provide her child with the healthiest nutrition available. When she is with her child, breast-feeding provides a special closeness with her baby.
How can it benefit employers?
An absence of just one day costs the Los Angeles Department of Water and Power average $360 (for a $15 per hour employee). And it takes one and one-half days to have someone else do that employee’s work.

"It works to everyone’s advantage to show people that we really care about them and their babies," says Tory Arriaga, a nurse at PanEnergy Corp, Houston. "The Company wins because we’ve got an employee who is very happy and who is probably gong to have less sick time and a healthier baby at home."

"This newfound corporate interest arises from studies showing breast-fed babies have fewer minor illnesses. Sick babies pile up medical bills and frequently keep their mothers and fathers out of work. Providing new mothers with a private room, breast pumps, refrigerators and an extra break or two a day becomes a money-saving proposition."

The following information is an excerpt from http://healthproject.stanford.edu/koop/CIGNA/documentation.html
Working Well Moms
CIGNA’s corporate lactation program was the subject of a study conducted by the UCLA Center for Healthier Children, Families and Communities. Results of the study revealed that the program is exceeding its defined goals.

• Breast feeding initiation and duration rates exceed the Healthy People 2010 Objectives
• Breast feeding duration rates for participants are 72 percent at 6 months and 36 percent at 12 months, significantly higher than control groups and US data
• Decreased pharmacy costs: 62 percent fewer prescriptions for breast fed children
• Decreased medical cost: program saves company $240K in healthcare expenses
• Reduced absenteeism: program participants have 74 fewer absences/100 mothers, a savings of $60K in lost time annually
• Removed socioeconomic disparities in participants so that job grade and education were not predictors of breastfeeding at 6 and 12 months
How does it impact the day care center?

• Breastfed babies and children may be easier to care for. Breastfed babies:
  • are less likely to have colic.
  • have less spitting-up, and if they do spit up, it doesn’t smell bad or stain clothes and carpet.
  • are generally healthier
  • have less diaper rash
  • have softer bowel movements which don’t smell foul (if baby is exclusively breastfed)
  • eat a variety of solids and table foods more readily, once solids are begun (around 4-6 months)
  • are generally more sociable, and reach developmental milestones sooner.
Gillman 2001, found that infants who were fed “mostly breastmilk” had a 22 percent decrease in the risk of becoming overweight as adolescents. The study also found that each three-month increment of breastfeeding decreased the risk of obesity by 8 percent.

Infants BF > 26 weeks with no formula the obesity was reduced by ½ Gillman et al JAMA 2001

Infants who had exclusive breastfeeding for 4 months or longer had lower incidence of asthma.

Harder et al found that for each month of breastfeeding up to age 9 months, the odds of overweight decreased by 4 %

One possibility for the reduction pertains to insulin concentrations in the blood. Formula-fed infants have higher plasma insulin concentrations and a more prolonged insulin response. Higher insulin concentrations stimulate more deposition of fat tissue, with in turn increase weight gain, obesity, and risk of type 2 diabetes. Also the high protein intake of formula-fed infants may stimulate the secretion of insulin.

Another possibility is the higher leptin concentrations relative to fat mass found in BF infants.
Support of the Breastfeeding Childcare Employee

www.texasmotherfriendly.org

If your childcare center is interested in becoming a Texas Mother-Friendly Worksite, contact:
Julie Stagg, MSN, RN, IBCLC, RLC
State Breastfeeding Coordinator
Julie.stagg@dshs.state.tx.us

1/25/2013
Sec. 165.003. BUSINESS DESIGNATION AS "MOTHER-FRIENDLY". (a) A business may use the designation "mother-friendly" in its promotional materials if the business develops a policy supporting the practice of worksite breast-feeding that addresses the following:

(1) work schedule flexibility, including scheduling breaks and work patterns to provide time for expression of milk;

(2) the provision of accessible locations allowing privacy;

(3) access nearby to a clean, safe water source and a sink for washing hands and rinsing out any needed breast-pumping equipment; and

(4) access to hygienic storage alternatives in the workplace for the mother's breast milk.

(b) The business shall submit its breast-feeding policy to the department. The department shall maintain a list of "mother-friendly" businesses covered under this section and shall make the list available for public inspection.

Added by Acts 1995, 74th Leg., ch. 600, Sec. 1, eff. Aug. 28, 1995.
An employer may be designated as a Texas Mother-Friendly Worksite if they have a written employee worksite lactation support policy that offers:

- A flexible work schedule
- Access to a private location that is not a bathroom, for the purpose of milk expression
- Access to hygienic storage options for mothers to safely store breastmilk

Company provides policies that reflect these components.
Breastfed infants are healthier. They are 60% less likely to develop ear infections and lower-respiratory infections. They are less likely to suffer from diarrhea, meningitis, allergies and diabetes. And moms who breastfeed have a lower risk of breast and ovarian cancer and postpartum obesity.

Breastfeeding mothers are half as likely to miss a day of work for a sick child compared to mothers of formula-fed infants. (Cohen, Mrtek & Mrtek, 1995)

Supporting breastfeeding employees allows women to return to work and still provide the best nutrition for their babies. This reduces turnover and retraining costs.

Women workers are more loyal to companies that help them be good mothers. This helps them be more satisfied with their jobs.

The Mother-Friendly Worksite window decal shows the community that the business is concerned for the health of its employees and their children.

The Mother-Friendly Worksite window decal shows breastfeeding moms that they are valued customers. Breastfeeding moms are more likely to become repeat customers if they know a business supports breastfeeding.
Legal Basis

**Fair Labor Standards Act**
Section 7 of the Fair Labor Standards Act was amended effective March 2010:

- Employers are required to provide “reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child’s birth each time such employee has need to express the milk.”

- Employers are also required to provide “a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, that may be used by an employee to express breast milk.”
Other Relevant Legal Standards

- **Family Medical Leave Act**: Job protection can help women take maternity leave to establish breastfeeding.

- **Texas Health &Safety Code 165**:
  - Affirms a woman’s entitlement to breastfeed in any location in which she “is authorized to be.”
  - Provides the basis for Texas Department of State Health Services (DSHS) Mother-Friendly Worksite Designation.
Texas Law on Breastfeeding - When it comes to your right to breastfeed, the law is supportive and clear.

The actual law has a couple of parts:

The first part recognizes that breastfeeding is good for mother and baby. The second part says you have the right to breastfeed your baby wherever you have a right to be. That means at the park, in the mall, at the grocery store, at a restaurant, in a movie theater – any public place. No one would deny a baby a bottle when he is hungry, and they can’t deny him a breast, either. Breastmilk is your baby’s food, and your baby has a right to eat wherever you are. If you’re concerned, you can print out the handy card below and put it in your wallet or diaper bag. Then, if anyone ever asks you about breastfeeding in public, you’ll have the official law easily available to show them.

The legislature finds that breast-feeding a baby is an important and basic act of nurture that must be encouraged in the interests of maternal and child health and family values. In compliance with the breast-feeding promotion program established under the federal Child Nutrition Act of 1966 (42 U.S.C. Section 1771 et seq.), the legislature recognizes breast-feeding as the best method of infant nutrition.
A mother is entitled to breast-feed her baby in any location in which the mother is authorized to be.
Childcare Licensing Rules, effective December 2010

- Minimum Requirement: Provide a comfortable place with a seat in your center or within a classroom that enables a mother to breastfeed her child. In addition, your policies must inform parents that they have the right to breastfeed or provide breast milk for their child while in care;

- Recommended: a pillow to support her infant in her lap, a stepstool for her to prop her feet and prevent back strain, water or other liquid to help her stay hydrated

- [http://www.dfps.state.tx.us/documents/Child_Care/Child_Care_Standards_and_Regulations/746_Centers.pdf](http://www.dfps.state.tx.us/documents/Child_Care/Child_Care_Standards_and_Regulations/746_Centers.pdf)
Show the following video:
“To Baby with Love” and “A Comfortable Latch”
“I never considered weaning because I was returning to work. It’s so easy to pump at work and it’s good to know that I’m taking care of my baby even while I’m away from her.” Kirsy Traweek
For information on Working and Breastfeeding:

www.breastmilkcounts.com/working-moms.php
Handling of Human Milk

Storage and Feeding
Breast milk is classified as “food” and does not require universal precautions for handling body fluids. (CDC/OSHA)
According to US Centers of Disease Control (CDC) and US Occupation Safety and Health Administration (OSHA), expressed milk can be stored in a common refrigerator at the workplace or in a day care center. CDC and OSHA guidelines state that human milk is not one of the body fluids that require either special handling or a separate area for storage.

However and although rare, virus’ can be transmitted orally…(next slide)
What To Do If An Infant Or Child Is Mistakenly Fed Another Woman’s Expressed Breast Milk
What To Do If An Infant Or Child Is Mistakenly Fed Another Woman’s Expressed Breast Milk

If a child has been mistakenly fed another child’s bottle of expressed breast milk, the possible exposure to HIV or other infectious diseases should be treated just as if an accidental exposure to other body fluids had occurred.

The provider should
Inform the mother who expressed the breast milk of the bottle switch, and ask
  - When the breast milk was expressed and how it was handled.
  - Whether she has ever had an HIV test.
  - If she does not know whether she has ever been tested for HIV, would she be willing to contact her physician and find out if she has been tested.
  - If she has never been tested for HIV, would she be willing to have one and share the results with the parents of the other child.

The risk of HIV transmission from expressed breast milk consumed by another child is believed to be low because

In the United States, women who are HIV positive and aware of that fact are advised NOT to breastfeed their infants

Chemicals present in breast milk act, together with time and cold temperatures, to destroy the HIV present in expressed breast milk

Transmission of HIV from single breast milk exposure has never been documented

Page Located on the Web at
http://www.cdc.gov/breastfeeding/recommendations/other_mothers_milk.htm
Discuss the Situation with the Parents

- Inform them that their child was given another child’s bottle of expressed breast milk.
- Inform them that the risk of transmission of HIV is very small.
- Encourage the parents to notify the child’s physician of the exposure.
- Provide the family with information on when the milk was expressed and how the milk was handled.
- Inform the parents that their child should soon undergo a baseline test for HIV.
Most people think of breast milk as being very fragile … that it requires a lot of special handling …. Not true!

There are properties in breast milk that actually destroy bacteria.
## Storage Guidelines for Term Healthy Infant

<table>
<thead>
<tr>
<th></th>
<th>Best used within</th>
<th>Still safe to use within</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulated cooler bag</td>
<td>24 hours</td>
<td>24 hours</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>3 days</td>
<td>5 days</td>
</tr>
<tr>
<td>Freezer section inside a refrigerator</td>
<td>2 weeks</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Freezer with a separate door or deep freezer</td>
<td>6 months</td>
<td>12 months</td>
</tr>
</tbody>
</table>
Storage Amounts

- 2 to 4 ounces for 6 week old
- 4 to 6 ounces for 3 month old
- 5 to 8 ounces for 6 month old
When you clearly label each infant’s bottle, there is less risk of giving the wrong bottle to an infant.

If an infant (no matter what is in the bottle) receives another infant’s bottle, always notify the parents.

Clearly label each child’s bottle with child’s name and the date the milk was expressed.
Use the oldest milk first
Feed infants expressed breast milk on demand, unless parent provides other written instructions.
Staff should wash their hands before and after feeding.
• The Centers for Disease Control and OSHA both consider breast milk to be “food,” not a “body fluid,” so universal precautions are not necessary. Breastmilk may be safely stored in the same fridge as other foods.
• Do Not Microwave! This destroys nutritional properties in the milk and heats unevenly—could burn baby’s mouth.
• Don’t cook on the stove. Cooking destroys essential protective properties in breast milk.
• If the breast milk has been previously frozen, you may thaw it by placing the bottle of thawed breast milk in a container of warm water. It may be kept in refrigerator for 24 hrs. after thawing.
• Gently “rock” the bottle back and forth to mix—don’t shake hard as this can destroy some of the components of breast milk.
• Do not refreeze.
• Partial bottles or “leftovers” are good for 24 hours if re-capped and re-refrigerated.
• By following the simple guidelines above, the babies in your care will be less likely to get sick!

Thawing milk

• Place in warm water.
  ▪ Babies can drink cold breast milk.
• Place in refrigerator.
• Do not boil.
• Do not microwave.
  ▪ Hot spots can develop, which could burn the baby.
• After human milk is thawed discard unused portion after 24 hours.
Refrigerated Human Milk

- Place in bowl of warm water.
- Shake gently to mix.
Breast milk will separate. The cream rises to the top and there is a bluish watery layer at the bottom. THIS IS NORMAL!

• “Expressing, Storing and Handling Human Milk” Mary Rose Tully, MPH, IBCLC, Frances Jones, MN, RN, IBCLC
Odor and Taste

• Typically human milk has a slightly sweet odor and taste.
  o May be altered by:
    • Mother’s diet (may also change color)
    • Storage containers
    • Storage conditions
    • Milk can get freezer burn

“Expressing, Storing and Handling Human Milk” Mary Rose Tully, MPH, IBCLC, Frances Jones, MN, RN, IBCLC
Feeding Suggestions for Childcare Worker

• Use paced (baby-led) bottle feeding technique.
• Burp well.
• Avoid pacifiers for babies under 2 - 3 weeks old.
• Avoid solids before six months.
• Try not to feed baby during the last 2 hrs before mom is due to pick up baby—or if you do, just give baby a “snack.”

• Tickle the baby’s lips with the bottle nipple. The hole should be on the top. When the mouth opens WIDE, place bottle nipple in the infant’s mouth FULLY. Baby’s lips should be flanged around the largest part of the nipple.

• Pacifiers can cause nipple preference or nipple confusion. Avoid the use of pacifiers until breastfeeding is well established. Encourage the baby to find her hand to suck.

• Starting solids too early increases chances of allergies, and replaces a superior food with an inferior food.

• Mom may want to sit and quietly nurse her baby before she leaves the day care. By postponing a feeding until she gets there, the baby will be interested and hungry when she arrives. If the baby is fussy, try giving him a small amount or “snack” until mom arrives.

• Breastfed babies are used to being held close. NEVER prop the bottle! It may take time for the baby to get used to bottle-feeding. Don’t put the baby down for a nap with a bottle. Also, be sure that you place the baby on his back to sleep.
Paced Bottle-feeding is a technique that imitates how a baby feeds at the breast. It is used to slow bottle-feeding down. This is especially important for premature babies who have uncoordinated suck, swallow and breathe patterns. Paced bottle-feeding is recommended for all infants because it helps prevent overfeeding in both breastfed and formula-fed infants.

Paced bottle-feeding gives babies control over the amount of milk consumed, just like breastfeeding does. It supports the breastfeeding relationship, particularly for mothers who are separated from their babies on a regular basis.

Paced bottle-feeding allows babies to drink the amount they want rather than being overfed. Avoidance of overfeeding encourages babies to breastfeed when mothers and babies are together (UNICEF 2011).
The steps to paced bottle-feeding are:

1. Feed when the baby shows hunger cues (See Part 4).
2. Hold the baby in an upright position to feed, supporting the head and neck with the hand.
3. Use a slow-flow nipple and keep the nipple full of milk. Gently brush the nipple on the baby’s lips and allow the baby to draw the nipple in.
4. Pause frequently to imitate natural pauses at the breast. Take breaks to burp the baby.
5. Switch holds from one side to the other side midway through a feed to imitate breastfeeding. This improves eye stimulation and development and keeps the baby from developing a side preference which can make breastfeeding harder.
6. Stop when baby releases the nipple or shows other fullness cues. Don’t encourage baby to finish the bottle.
Hunger Cues
How do I know when the baby is hungry?
Hunger Cues

• Early hunger cues
  o Rooting
  o Fidgeting
  o Head moves toward voice
  o Lips smack and tongue reaches
  o Hands move randomly
  o Fist finds mouth
Incorrect Bottle Feeding

If baby is laid back too much:
- Baby cannot control the flow.
- Prevents the baby from learning to self-regulate his food.
Correct Bottle Feeding Position

- Baby is upright
- Bottle is parallel to your lap
- Use a round nipple
- Deep latch to bottle nipple
• Praise builds pride and self worth. Encouraging words are welcomed.
• A nursing nook can be as simple or as elaborate as you like. What changes could you make in your daycare for providing a quiet, private place for nursing?
• It helps to have a little extra breast milk on hand in times of growth spurts, accidents, and when the infant just seems to need a little more today.
• Counting wet and soiled diapers for mom, provides her with necessary information on how well breastfeeding is going. Runny, loose stools are normal in a fully-breastfed baby.
• In the first couple of days or weeks, the previously exclusively breastfed infant may seem to consume a lot of milk. This should settle down pretty soon. Remember they have been able to suck for food and comfort at the breast. Bottle-feeding may not give them the amount of comfort sucking they are used to.
Praise and support the mother in her decisions.

If you have a concern or question about breastfeeding, call the Texas Breastfeeding and Support Hotline or the La Leche League Hotline.
Praise and support the mother in her decisions.

If you have a concern or question about breastfeeding, call the Texas Breastfeeding and Support Hotline or the La Leche League Hotline.