

Supporting the Nursing Mother

A Guide for the Child Care Provider



Welcome!

- ▶ Pre-Evaluation
- ▶ Participant ID = Last 4 digits of your telephone number

Welcome!

▶ Icebreaker

Objectives

- ▶ Goal: To provide continuing education to child care providers on how to support breastfeeding families 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 child care provider.
 - Name three benefits of breastfeeding to the infant.
 - Name three benefits of breastfeeding to the mother.
 - Name three ways to support the breastfeeding mother.

American Academy of Pediatrics

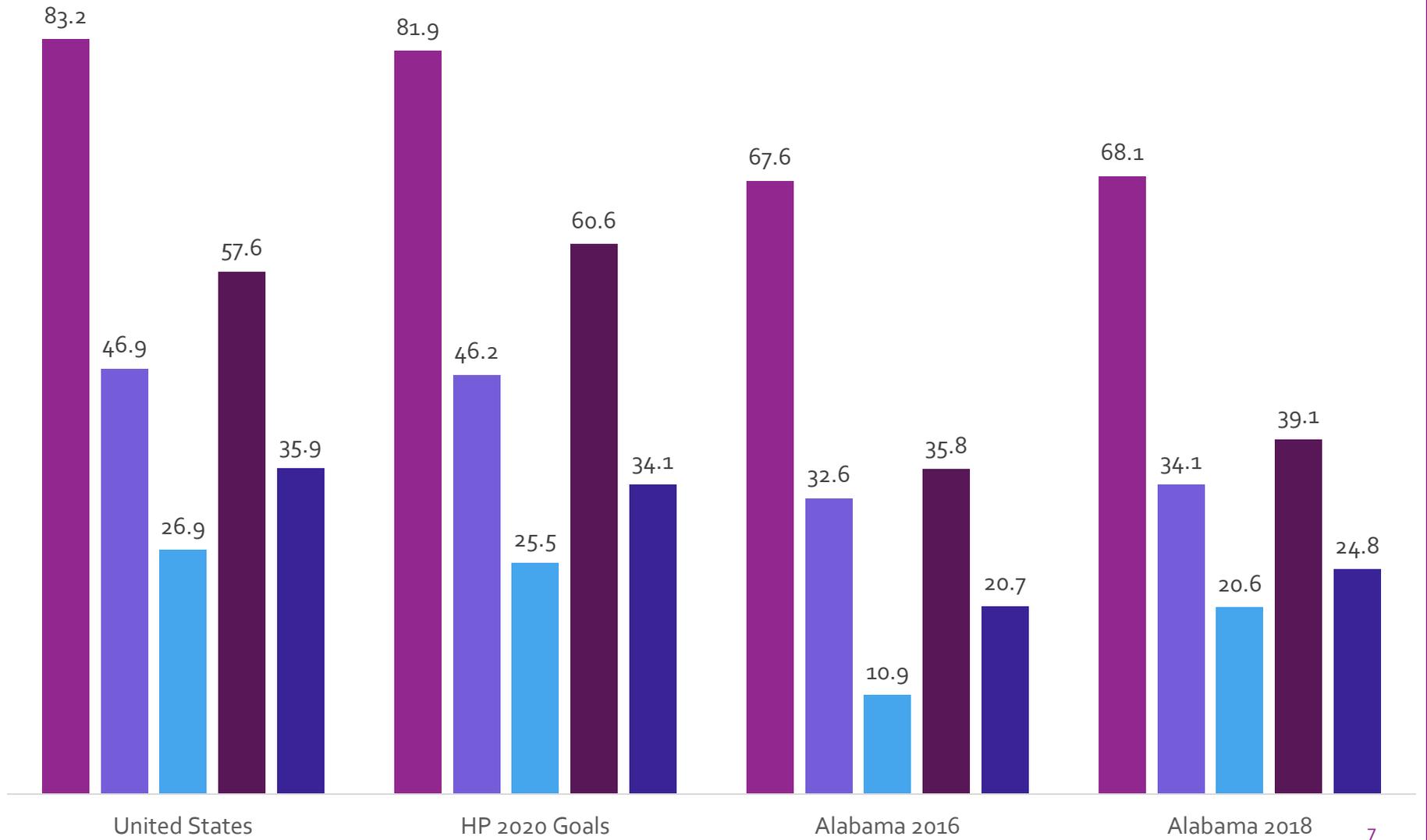
- ▶ Exclusive breastfeeding for first 6 months.
 - Exclusive breastfeeding means an infant is given no other substances for food (e.g. no infant formula, water, or complimentary foods)
- ▶ Continuation of breastfeeding for at least one year.
- ▶ Breastfeed longer as “mutually desired” by mother and infant.

American Academy of Pediatrics

- ▶ Provide breast milk even when mom and child are separated.
- ▶ Encourage family and community support.
- ▶ Media should portray breastfeeding as the norm.
- ▶ Employers to provide space and time to accommodate milk expression.

CDC Breastfeeding Report Card, United States, 2018

■ Ever BF ■ Excl BF at 3 mo ■ Excl BF at 6 mo ■ BF at 6 mo ■ BF at 1 year



BREASTFEEDING BENEFITS



Call to Action

*"One of the most **highly effective preventative measures** a mother can take to protect the health of her infant and herself **is to breastfeed**. The decision to breastfeed is a personal one, and **a mother should not be made to feel guilty if she cannot, or chooses not to breastfeed**. The **success rate among mothers who choose to breastfeed can be greatly improved through active support...**"*

Action: Ensure that all early care and education providers accommodate the needs of breastfeeding mothers and infants.

Gold Standard for Infant Feeding

“Breastfeeding provides unmatched health benefits for babies and mothers. It is the clinical gold standard for infant feeding and nutrition, with breast milk uniquely tailored to meet the health needs of a growing baby. We must do more to create supportive and safe environments for mothers who choose to breastfeed.”

Dr. Ruth Petersen, Director of CDC’s Division of Nutrition,
Physical Activity, and Obesity

Benefits to Moms

- ▶ Decreased risks of:
 - Post partum depression
 - Breast cancer
 - Ovarian cancer
 - High blood pressure
 - Type 2 diabetes
- ▶ Less complications post delivery.
- ▶ Provides a special bond between mom and baby.
- ▶ Convenience
- ▶ Cost savings



Mother's Milk is Best for Babies

- ▶ Mother's milk provides her baby exactly what is needed to grow and thrive
- ▶ Breast milk changes over time to keep up with a baby's changing nutrition and disease protection needs
- ▶ To date, over 30 components to breast milk have been identified, protecting babies from infections and illness.
- ▶ Breastfed babies benefit from "borrowing" their mother's immune system at exactly the time when they are most susceptible to illnesses due to the immaturity of their own immune system

- ▶ To date, over 30 components to breast milk have been identified, protecting babies from infections and illness.

Breastmilk has **MORE** of the Good Things Babies Need
See for Yourself!

Breastmilk

Component	Breastmilk	Formula
Antibodies	Yes	No
Anti-Cancer (HAMLET)	Yes	No
Growth Factors	Yes	No
Enzymes	Yes	No
Disease Fighting Stem Cells	Yes	No
Hormones	Yes	No
Anti-Viruses	Yes	No
Anti-Allergies	Yes	No
Anti-Parasites	Yes	No
Probiotics	Yes	Yes*
Prebiotics	Yes	Yes*
Minerals	Yes	Yes
Vitamins	Yes	Yes
Fat	Yes	Yes
DHA/ARA	Yes	Yes
Carbohydrates	Yes	Yes
Protein	Yes	Yes
Water	Yes	Yes

Formula

*Not all formulas have prebiotics and probiotics.

CALIFORNIA **wic** WOMEN, INFANTS & CHILDREN

This institution is an equal opportunity provider.
California WIC Program,
California Department of Public Health,
1-800-853-6770
Formula vs. Breastmilk - English (06/12) ICJ 920096

CDPH

13

Breastfed Babies are Healthier

Breastfeeding reduces babies' risk of:

- ▶ Ear infections
- ▶ Asthma
- ▶ Respiratory infections
- ▶ Digestion problems (diarrhea/vomiting)
- ▶ Obesity
- ▶ Type 2 Diabetes
- ▶ Childhood leukemia
- ▶ Sudden Infant Death Syndrome (SIDS)

Benefits to Employers

- ▶ Less staff turnover.
- ▶ Less absences/call ins for sick and personal leave.
- ▶ Reduced health care costs.
- ▶ Higher job productivity/satisfaction.
- ▶ Added recruitment incentive for women.
- ▶ Enhanced reputation of company and welfare for their employees.



Benefits to Child Care Providers

If your program participates in the Child and Adult Care Food Program (CACFP), breast milk is a reimbursable component.

- ▶ Providers may receive reimbursement for meals when a breastfeeding mother comes to the daycare center or home and directly breastfeeds her infant or if expressed milk is fed to the infant by the child care provider.
- ▶ For children over 12 months, breast milk may be substituted for cow's milk.

Benefits to Child Care Providers

- ▶ Infants with stronger immunity to illnesses.
 - Less likely to get sick and usually less severe when they do get sick.
- ▶ Less diaper rash.
- ▶ Infants spit up less.
- ▶ Reduces the risk of Sudden Infant Death Syndrome (SIDS).
- ▶ Baby is happier.
- ▶ Contribution to community to provide the best start in life for infants.
- ▶ Marketing benefits to your child care program.

WHY DO WE NEED TO HELP BREASTFEEDING MOTHERS?

We know that breastfeeding is re
benefits. So, why do mom



Women in the Workforce

- ▶ Mothers are the fastest-growing segment of the U.S. labor force.
- ▶ Approximately 60% of employed mothers with children younger than 3 years work full time.
- ▶ 1/3 of these mothers return to work within 3 months after birth; 2/3 within 6 months.
- ▶ More than 70% of all new mothers choose to breastfeed.

Encouragement makes a difference!

MOTHERS NEED SUPPORT THROUGHOUT THEIR BREASTFEEDING JOURNEY



60% of mothers stop breastfeeding sooner than they planned.

Certain factors make the difference in whether and how long babies are breastfed:

- Hospital practices
- Education and encouragement
- Policies or supports in the workplace
- Access to community supports

Child Care Settings

- ▶ The natural and logical place for supporting breastfeeding. Child care settings can show support by:
 - Designing facilities with equipment and furnishings to support breastfeeding.
 - Providing a welcoming atmosphere.
 - Providing accurate breastfeeding information.
 - Referring for skilled breastfeeding support.
 - Designating a space for expression.
 - Properly storing breast milk.

BREASTFEEDING LAWS

Did you know there were laws in place to protect breastfeeding mothers?

Breastfeeding Laws

- ▶ **Fair Labor Standards Act; Section 4207**
 - 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 co-workers and the public, that may be used by an employee to express breast milk.”

Breastfeeding Laws

- ▶ **Alabama Code Section 22-1-13(2006)**
 - A mother may breastfeed her child in any location, public or private, where the mother is otherwise authorized to be present.
- ▶ **Family Medical Leave Act**
 - Job protection can help women take maternity leave to establish breastfeeding.

HANDLING OF HUMAN MILK



Human Milk

- ▶ Is **NOT** Classified as a Body Fluid
- ▶ It is classified as a food by both CDC and OSHA.
- ▶ You do not need to store human milk in a separate refrigerator.
- ▶ You do not need to wear gloves to give a bottle of human milk to an infant.
- ▶ You do not contaminate human milk by touch. Touching human milk is not hazardous exposure nor a potential contaminant.

Human Milk

- ▶ Cream rises and forms a separate layer.
 - Swirl gently to mix.
- ▶ Milk can be tinted green, blue or pink. All of these are normal.
- ▶ Typically, human milk has a slightly sweet odor.
- ▶ Human milk can pick up certain scents (i.e. onions, garlic, mint).
- ▶ Human milk may smell “soapy” but is still good.

Handling Human Milk

- ▶ Bottles should be clearly labeled with:
 - Child's name.
 - Date of collection.
- ▶ Always use the oldest milk first.
- ▶ Feed infants expressed human milk on demand.
- ▶ Wash hands before handling food and feeding infants.

BREAST MILK STORAGE GUIDELINES

	Countertop 77°F or colder	Refrigerator 40°F	Freezer 0°F or colder
Freshly expressed milk	Up to 4 hours	Up to 4 days	Within 6 months is best, 12 months is acceptable
Previously frozen, thawed in refrigerator, but not warmed	1-2 hours	24 hours	Never refreeze human milk after it has been thawed
Left over from a feeding (baby did not finish bottle)	Use within 2 hours after baby has finished feeding		

*Monitor temperatures, with daily log sheets, daily of refrigerators and freezers used to store human milk using an appropriate working thermometer.

Breast Milk Preparation

- ▶ Breast milk does not have to be warmed, it can be served room temperature or cold.
 - Discuss preferences when completing feeding plan with family.
- ▶ Breast milk should only be heated to normal body temperature, approximately 98.6°F.
- ▶ DO NOT warm or thaw breast milk in microwave or directly on the stove.
- ▶ Use the oldest milk first (first in, first out).
- ▶ Store milk in the back of the refrigerator or freezer, never in the door.

Frozen Milk

- ▶ Options for thawing frozen milk:
 - In refrigerator overnight.
 - Sit in a container of warm or lukewarm (not hot) water.
 - Under lukewarm (not hot) running water.
- ▶ Mix gently.
- ▶ Once breast milk is brought to room temperature or warmed after storing in the refrigerator or freezer it should be used within 2 hours.

Refrigerated Milk

- ▶ Warm breast milk by:
 - Placing the container of breast milk into a separate container or pot of warm water for a few minutes or
 - Running warm (not hot) tap water over the container for a few minutes.
- ▶ Swirl the milk to mix the fat, which may have separated.

SUPPORTING THE BREASTFEEDING MOTHER & BABY



Breastfeeding Basics

- ▶ Breastmilk is produced based on “supply and demand”
- ▶ Moms must nurse baby and/or pump 8-12 times per day in order to maintain supply.
 - ▶ If baby takes three bottles while with child care provider, ideally mom will pump three times.
- ▶ Common illnesses are NOT transferred through breastmilk (cold, flu, stomach bugs, etc.)
 - ▶ The antibodies that mom produces are passed through milk helping to protect baby from the illness.

Feeding Recommendations

- ▶ Avoid overfeeding
- ▶ Breastfed babies should not be compared to formula fed babies.
- ▶ Most breastfed babies take smaller feedings more often than babies fed formula.
 - ▶ At an average feeding, a breastfed baby older than 1 month takes 3-4 ounces (90-120mL) of milk.

Feeding Recommendations

- ▶ Feed on hunger cues rather than on a schedule
- ▶ Hungers cues include:
 - ▶ Rooting
 - ▶ Hand-to-mouth activity
 - ▶ Tongue sticking out or “mouthing”
 - ▶ Lip smacking
- ▶ Crying does not always indicate hunger.

Feeding Recommendations

- ▶ Use paced (baby-led) bottle feeding technique.
- ▶ Avoid pacifiers for babies under 2-3 weeks old.
- ▶ Avoid solid foods before six months old.
- ▶ Bottles should contain only breast milk. Avoid placing cereal or other additives in bottle.
 - Exception: If mom is supplementing with formula.
- ▶ Try not to feed baby during the last 2 hours before mom is due to pick baby up – if you do have to feed baby, just give baby a “snack”.

Paced Bottle Feeding

- ▶ Gives baby control over the amount of milk consumed, just like breastfeeding.
- ▶ Supports the breastfeeding relationship, particularly for mothers who are separated from their baby on a regular basis for work or school.
- ▶ Paced bottle feeding helps to make bottle feeding of breast milk as close as possible to feeding from the breast and reduces the risk of a baby being overfed.

Paced Bottle Feeding

- ▶ Expect feedings to last about 15-20 minutes.
- ▶ Hold baby nearly upright or semi-upright.
- ▶ Always hold baby and never prop the bottle.
- ▶ Hold bottle nearly horizontal during feedings to ensure the flow of milk isn't too fast.
- ▶ Allow baby to draw the nipple into his/her mouth – rub the nipple against baby's lips, asking baby to open his/her mouth wide and take the nipple. Try not to place or force the nipple directly into baby's mouth.

Paced Bottle Feeding

- ▶ Let baby control the feeding pace – allow baby to take breaks when needed.
- ▶ Encourage pauses.
- ▶ Watch for fullness cues – if baby is giving cues of being done, even if baby has not finished all the milk in the bottle, do not try and continue to feed.
- ▶ Discuss the bottle nipple with mother. Usually a slow flow nipple with a medium to wide base is best for breastfeeding babies.

Breast Milk or Formula: Putting Baby Down Safely to Rest

- ▶ Babies should be placed on their back to sleep for every sleep.
- ▶ On a firm sleep surface.
- ▶ No soft objects or loose bedding in the baby's sleep area.
- ▶ Avoid the use of commercial devices that are advertised to reduce SIDS or infant sleeping related deaths.
- ▶ Have supervised, awake tummy time.

Supporting the Breastfeeding Mom

- ▶ Praise the mom for providing the very best nutrition to her baby.
- ▶ Encourage and praise dads for supporting their partners.
- ▶ Keep at least one bottle of frozen milk for emergencies.
- ▶ Provide a comfortable space for moms to breastfeed and encourage mom to breastfeed on site.
- ▶ Keep a daily “report card” of human milk consumption, wet/soiled diapers, and activities and provide to mom.

Daily Report

INFANT DAILY REPORT

NAME: _____ DATE: _____ ARRIVAL: _____

Notes from parent:

I last ate at:

General Notes:

TIME	Bottle	Ounces	Time	I ate:	Amount
	<input type="checkbox"/> Breast <input type="checkbox"/> Formula <input type="checkbox"/> Milk				
	<input type="checkbox"/> Breast <input type="checkbox"/> Formula <input type="checkbox"/> Milk				
	<input type="checkbox"/> Breast <input type="checkbox"/> Formula <input type="checkbox"/> Milk				
	<input type="checkbox"/> Breast <input type="checkbox"/> Formula <input type="checkbox"/> Milk				

Time	Diaper	Sleep	
	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement	Start	End
	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement		
	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement		
	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement		
	<input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement		

Today I was: Happy Playful Cuddly Fussy Tired Other _____

Items I Need: Diapers Wipes Cream Clothes Blanket Other _____

NOTES FOR MY PARENTS:

Stools of the Breastfed Baby

- ▶ Stools of a breastfed baby are usually mustard yellow and semi-liquid.
- ▶ May contain lumps.
- ▶ Newborns often stool with each feeding.
- ▶ Older infants may go for several days without a stool and that can be a normal pattern.
- ▶ If baby is receiving both breast milk and formula, stools may be firmer and brownish.

What if an Infant is Mistakenly Fed Another Mom's Expressed Breast Milk?

- ▶ If a child is mistakenly fed another child's bottle of expressed breast milk, sensitivity should be taken with both families to minimize fear and steps should be taken to appropriately manage the situation in a timely manner.
- ▶ Few illnesses are transmitted via breast milk, and in fact, the unique properties of breast milk help protect infants from colds and other typical childhood viruses. Nonetheless, both families need to be notified when there is a milk mix-up, and they should be informed that the risk of transmission of infectious diseases via breast milk is small.

What if an Infant is Mistakenly Fed Another Mom's Expressed Breast Milk?

The child care provider should:

- ▶ Inform the mom who expressed the breast milk of the bottle switch, and ask:
 - When was the breast milk expressed and how was it handled prior to being brought to the child care?
 - Would she be willing to share information about her current medication use, recent infectious disease history, and presence of cracked or bleeding nipples during milk expression with the other family or the child's pediatrician?

What if an Infant is Mistakenly Fed Another Mom's Expressed Breast Milk?

- ▶ Inform the parents that their child was given another child's bottle of expressed breast milk.
- ▶ Inform them that the risk of transmission of infectious disease is very small.
- ▶ Encourage the parents to notify the infant's physician about the incident.
- ▶ Provide the family with information on when the milk was expressed and how the milk was handled.

Alabama Breastfeeding Friendly Child Care Certification

Supporting breastfeeding at your child care:

- ▶ Helps babies get the best start they can in life.
- ▶ Makes your program more marketable and promotes healthy child development.
- ▶ Decreases the likelihood of various infections, SIDS, and obesity.
- ▶ Gives mom extra peace of mind to trust that you will support her breastfeeding goals.

ABOUT THE CERTIFICATION

Alabama Breastfeeding Friendly Child Care Certification

Contact your county Extension office for more information on how to get started or email Christina.Levort@aces.edu.



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www.aces.edu



Alabama Breastfeeding Child Care Certification

▶ Programs that achieve b

Alabama Cooperative Extension System

Breastfeeding Families

Welcome



Our child care program is committed to healthy mothers and children. We show our support for breastfeeding in the following ways:

- Emphasizing and taking pride in breastfeeding.
- Supporting families.
- Receiving training in feeding infants and young children.
- Providing learning and play experiences to normalize breastfeeding for children.
- Teaching how to store and label milk for child care program use.
- Providing a friendly, welcoming environment for breastfeeding mothers.
- Supporting breastfeeding employees.
- Developing infant feeding best practices and a feeding plan with each family.
- Coordinating with local skilled breastfeeding support specialists and actively making referrals.
- Continually updating our information and learning more about breastfeeding support.

Alabama Breastfeeding Friendly Child Care Certification

This certificate recognizes

Enter Name of Child Care Provider

for dedication and commitment in
mothers and families and in
Alabama Breastfeeding Friendly

Enter Date

Enter REA Signature



A collaborative effort of the Alabama Cooperative Extension System Human Sciences, Smart Start–Alabama Partnership for Children, and the Alabama Department of Public Health State Perinatal Program

Healthy People • Strong Families • Elevated Communities

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Alabama Breastfeeding Friendly Child Care Certification Process

Submit Letter of Interest + Initial Self Assessment



Implement 10 Steps to Becoming Breastfeeding Friendly



Submit Completed Application



Site Visit



Certification

Alabama Breastfeeding Friendly Child Care Toolkit

Provides instructions and resources to help you become a Breastfeeding Friendly Provider.

- ▶ Details requirements and process.
- ▶ Details the 10 Steps
- ▶ Sample policies and forms
- ▶ Helpful handouts

Alabama Breastfeeding Friendly Child Care – 10 Steps

Update/change
program policies

Conduct staff
trainings

Communicate
with families

Provide learning
and play
opportunities for
children

Practice proper
storage and
labeling

Provide a
dedicated space
for nursing

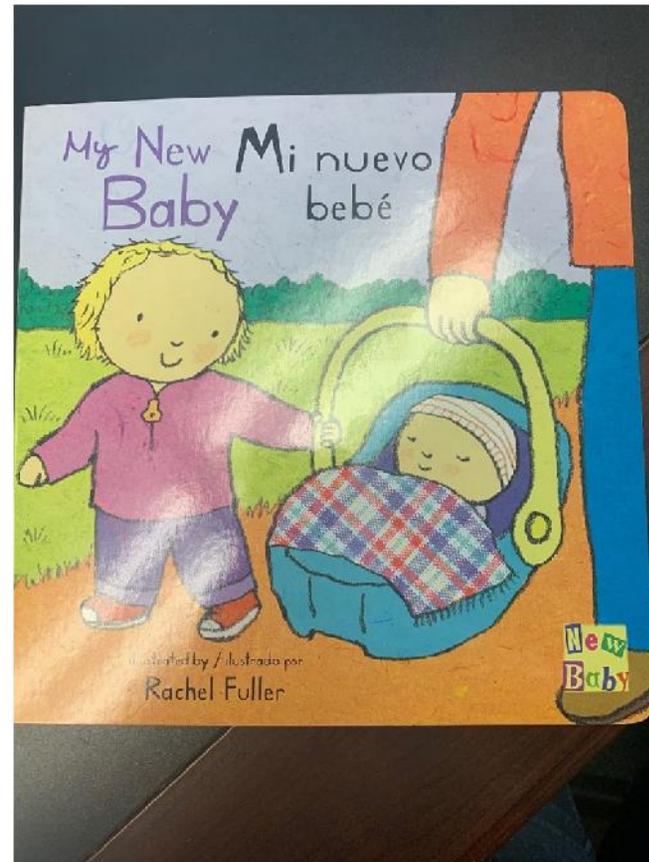
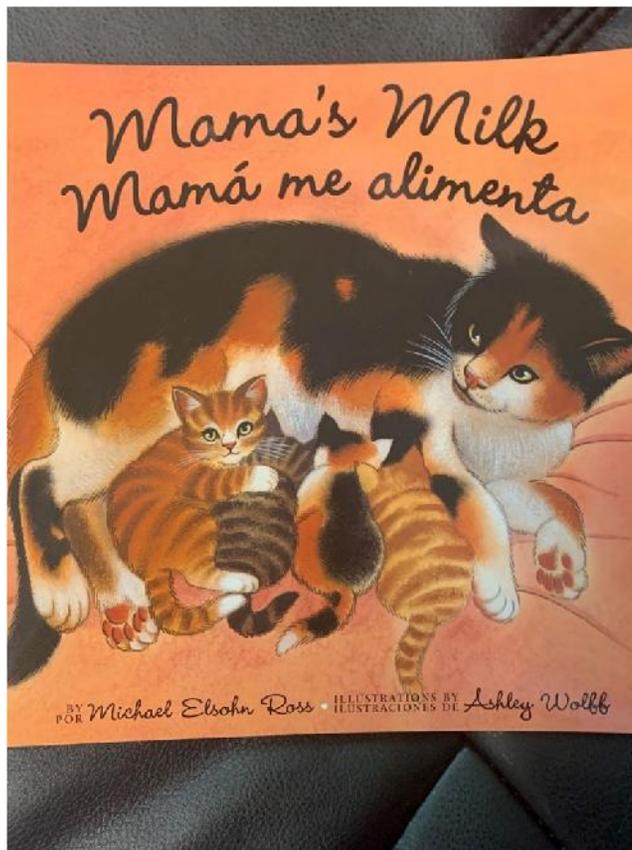
Provide employee
support

Create a feeding
plan

Refer families to
appropriate
community
programs

Continue to learn
and provide
updates to
program staff

Books for the Centers



Support Resources

- ▶ **Alabama Cooperative Extension**
www.aces.edu
- ▶ **Centers for Disease and Control and Prevention (CDC)**
<https://www.cdc.gov/nutrition/InfantandToddlerNutrition/breastfeeding/index.html>
- ▶ **Alabama Breastfeeding Committee**
www.Alabamabreastfeeding.org
- ▶ **Alabama Department of Public Health**
www.Alabamapublichealth.gov
- ▶ **USDA – Breastfeeding Support**
<https://wicbreastfeeding.fns.usda.gov/>
- ▶ **Office of Women’s Health**
<https://www.womenshealth.gov/breastfeeding/breastfeeding-resources>
- ▶ **La Leche League**
www.lllalmsla.org/lll-groups/alabama-groups/

If you are interested in Starting the Certification Process:

- ▶ Complete both the **Letter of Interest** and **Initial Self-Assessment**.
- ▶ Complete and leave today or take them with you and email or mail to:

Christina LeVert
183 S.W. Davidson Drive
Centreville, AL

Christina.Levert@aces.edu

- ▶ Only one copy of each form is required per child care program.



- ▶ **Post evaluation**
 - ▶ **Use same participant ID that was used on pre evaluation**

Thank You!

Christina LeVert MS, RD, LD, CLC

Christina.levert@aces.edu

334-292-1559

183 S.W. Davidson Drive

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