



Introduction to Supporting the Breastfeeding Family

A Simple Guide for Kansas Child Care Providers



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This training is the result of a partnership between the Kansas Breastfeeding Coalition and Kansas Child Care Training Opportunities



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The blue and white symbol is the International Breastfeeding symbol. You will see this symbol throughout Kansas, the United States and other countries all over the world. It is important for people to be familiar with this symbol.

Anyone can download the International Breastfeeding Symbol for free at this website:

<http://www.breastfeedingsymbol.org/>



Objectives

Basic Understanding of:

- Breastmilk characteristics, storage & handling
- Behaviors typical of a breastfed baby
- How to make bottle feeding easier for breastfed babies
- The importance of your knowledge & encouragement
- Economic & community impact of breastfeeding
- Simple steps to help families reach their goals

Agenda

1. Go over properties of breast milk and what health experts recommend
2. Storage, handling, and heating of human milk
3. Tips on ways to communicate with families
4. Understanding why breastfed babies sometimes have smaller bottles
5. Hunger Cues
6. Paced bottle feeding that provides pauses for the baby
7. Growth spurts, reverse nursing, diapers
8. How the Child Care provider plays an important role in providing acceptance and encouragement
9. How you can help families
10. Laws that support breastfeeding in public and pumping at work
11. How breastfeeding benefits Child Care providers. The importance of supporting Child Care providers who want to breastfeed
12. Using your knowledge of breastfeeding as a way to market to families when they visit/tour
13. What to do to welcome breastfeeding families. Creating a breastfeeding friendly environment



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- This training educates caregivers on best practices so they can support families who choose to breastfeed. Of course, we respect all families regardless of their infant feeding decision.
- According to the Centers for Disease Control and Prevention (CDC), **60% of women who WANT to breastfeed do NOT meet their personal breastfeeding goals.** Our communities would greatly benefit if all women who want to breastfeed were able to get the support necessary so they can breastfeed as long as they want.

Breastfeeding is a public health issue that is important to the Surgeon General.

- The U.S. Surgeon General understands that many women don't breastfeed as long as they want and that active support of families can improve our nation's health.

The Surgeon General issued a Call to Action to Support Breastfeeding on January 20, 2011. The Call to Action has 20 action items.

- ***** Action Item #16 specifically states, "*Ensure that all child care providers accommodate the needs of breastfeeding mothers and infants.*"*****

Click the link to read more about the Surgeon General's Call to Action to Support Breastfeeding:

[Call To Action to Support Breastfeeding](#)



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How Can You Help?

- Encourage mothers to get help when concerns arise – Most breastfeeding issues can be managed quickly
- Support & advocate for breastfeeding
- Invite mothers to nurse onsite. Contact your CACFP Sponsor or Consultant for information about reimbursement for meals when a mother directly nurses her baby while in your care
- Offer a private space with a chair and an outlet (not a bathroom) for women to pump; offer a glass of glass.
- Be the mother's cheerleader & enthusiastic supporter

Please click on the link below to watch a short video:

[How to Support Breastfeeding Mothers & Families: A Simple Guide for Child Care](#)

Created by: Breastfeeding Coalition of Oregon and Indiana Perinatal Network
Movie by: Paul W. Rizzo





Breastfeeding Duration

American Academy of Pediatrics recommends:

- Breastfeeding exclusively for 6 months (no formula or other food or drink)
- Continue to breastfeed for at least the first year of life & *for as long as mom & baby desire*
- Provide breast milk when mother & baby are separated
- All caregivers should be trained to encourage, support & advocate for breastfeeding to help moms achieve maximum duration
- World Health Organization (WHO) & Canadian Pediatric Society recommend breastfeeding for at least 2 years

Please click on link below to watch a video of an infant breastfeeding

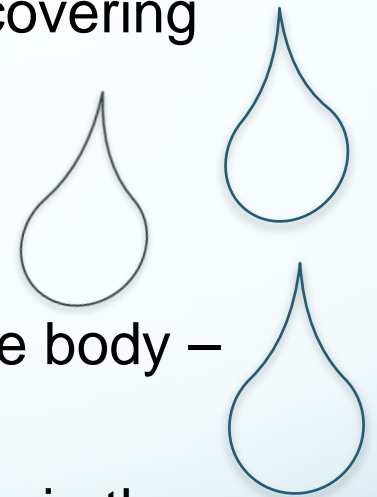
<http://vid795.photobucket.com/albums/yy240/nbci/reallygooddrinking-1.mp4>

Please view this video if you have not observed a mother breastfeeding her infant.



The Wonder of Breastmilk

- Every drop has thousands of working, living cells
- Protective antibodies prevent infections & sickness
- Over 800 known components - Scientists still discovering new properties
- Moms do not need to maintain a special diet in order to provide quality milk
- Easily digested & almost completely utilized by the body – Babies eat every 1- 3 hrs.
- Human milk contains **specific** antibodies to germs in the mother's and baby's environment. The milk adapts to the baby's needs.



What Breastmilk is like...

- Appears more watery than cow's milk formula
- Sometimes has a bluish tint or a slight color
- Not homogenized - It separates into layers - Fat rises to top
- Varies in color, taste & smell depending on mom's diet
- Easily handled & stored due to protective antibacterial properties
- Breast milk varies in taste just like amniotic fluid varies in taste.



Photo credit: Indiana Mothers' Milk Bank

The appearance of human milk varies. Color and texture vary from mother to mother. They will also vary from one bottle to another. Human milk can take on varying flavors. Depending on mother's diet, medications, or other factors, milk can be tinted many colors including blue, yellow, pink, orange, black, or green!

(Mohrbacher, 2010)

Breastmilk is NOT Classified as a Body Fluid*



- *According to OSHA's & CDC's definitions, **breast milk is classified as "food" & does not require universal precautions for handling body fluids.**
- The Federal Occupational Safety & Health Administration's (OSHA) interpretation of regulation 29 CFR 1910.1030 states that handling breast milk is not an "occupational exposure"
- **Using gloves is NOT Necessary** when handling human milk
- Breastmilk is considered food and can be stored in the refrigerator and freezer with other food.
- You do not become "contaminated" by touching human milk

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=20952

Labeling of Breastmilk

Label all milk
Make sure label will
not come off in water

Example:
Full Name: Jamie Doe
Date pumped: 1-1-11

Mothers must label **ALL** containers of breastmilk with infant's ***full name and date collected.***

Have a system in place so that each baby gets the right bottle. This is important as:

- some babies are allergic to soy, some babies are allergic to cow's milk and some families are exclusively breastfeeding.
- **It is important that those babies don't get another mother's milk or formula.**

Some Child Care providers use color coded labels so that each child has a certain colored label on all of his/her food and drink.



* "time pumped" not required per child care licensing regulations: KAR 28-4-116 for licensed and group day care homes and KAR 284-440 for child care centers.

General Guidelines for the Safe Storage of Breastmilk

Best for mothers to store frozen milk in small portions to cut down on waste (1, 2, 3 and 4 ounces)

The Academy of Breastfeeding Medicine's (ABM) protocol #8 discusses human milk storage. ABMs guidelines are in alignment with:

- Centers for Disease Control: www.cdc.gov
- American Academy of Pediatrics: www.aap.org

When you go to this link, scroll down to #8:

<http://www.bfmed.org/Resources/Protocols.aspx>



Mothers bring their milk in non-feeding containers in the morning. Care givers can transfer small amounts of milk to a bottle for each feeding.

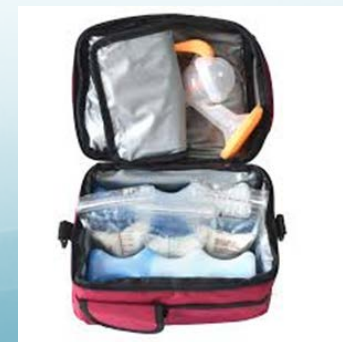
Breastmilk Storage in the CHILD CARE SETTING

- Fresh breastmilk must be stored in the refrigerator
- (*Room temperature storage is not permitted in the child care setting*)
- **Unused** fresh breastmilk may be returned to the family at the end of each day
- Frozen breastmilk may be stored following the CDC and ABM guidelines
 - Freezer compartment inside a refrigerator . . . 2 Weeks
 - Freezer (0°F) 3 - 6 Months
 - Deep Freezer (-4°F) 6 – 12 MonthsStore milk toward the back of the freezer, where temperature is most constant



Reminders to Families: Transporting Milk

- Transport ALL breastmilk (fresh or frozen) in an insulated cooler bag with “blue ice”
- Be prepared at the end of the day to transport unused milk home in an insulated cooler bag
- Transport fresh milk in plastic bags in case containers leak



Back Up Milk Supply

Encourage moms to bring a back up supply of *frozen* breastmilk if possible.

Having even just a little bit extra *frozen* milk for days when the baby is having a growth spurt helps.

This may be challenging for some moms so it is important to address this topic with compassion.

Some moms have extra frozen milk they can bring in and others may not.

- When families tour/visit make sure you tell them you store frozen milk so moms know that this is an option.
- If moms know that you keep back up milk in your freezer, they might plan accordingly and do a little extra pumping before Child Care begins.

- Share the daily intake sheet with moms so they know how much the baby ate, was discarded or returned.
- Click the link below to view an example infant feeding plan:

[infantfeedingplan\(1\).pdf](#)



Preparing Breastmilk

Thawing Breastmilk

- Defrost **frozen** milk in refrigerator overnight or under cool running water or in a bowl of cool water. *
- Use fresh milk first, then oldest frozen milk, using the “first in first out” method when determining which frozen milk to use first
- **Swirl** breastmilk to combine layers. Shaking milk damages components that are valuable to the infant



Photo credit: Indiana Mothers' Milk Bank

Warming Breastmilk

- Warm bottles of fresh, refrigerated milk under warm running water, placing them in a container of warm water (not for more than 5 minutes) or in bottle warmers.
- **Crock pots are dangerous!** (There are safety risks such as burn risks, hot spots, milk breakdown, bottle mix up)
- Temperature should not exceed 98.6°
- Excessive heat destroys infection fighting properties of milk
- **Never microwave milk** – it creates hot spots which may burn infant
- Some babies will drink milk that hasn't been warmed

* Per KSDE Infant Feeding Handbook page 7.



A Higher % of Breastmilk is Used by the Baby

- *A mother's milk adjusts for the needs of the baby, and the milk gets more calorically dense as the baby gets older so they do not have to increase volume of milk like you have to do with formula.*
- *Volume of breast milk a baby drinks at 1 month is about the same as at 6 months (3-5 oz.)*
- *It is **rare** for a breastfed baby to drink an 6+ ounce bottle*
- *Breastmilk is almost completely absorbed by the baby.*
- *Breast milk intake begins to slowly decrease after 6 months as solids are introduced*
- *It is okay for a baby to drink the mom's milk if the mom pumped it when the baby was younger.*

Cue Based Feeding

Hunger Cues

- ✓ Hands moving toward face
- ✓ Open mouth
- ✓ Sucking hand
- ✓ Turning head side to side
- ✓ Feed on cue not to schedule
- ✓ **Crying is a late cue**



Full Cues

- ✓ Turning away from the bottle nipple
- ✓ Increased attention to surroundings
- ✓ Keeping mouth closed
- ✓ Saying no



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Feed **all** babies based on cue regardless of what is in the bottle

Upright Bottle Feeding...

Make sure the bottle is more horizontal (not vertical).

- Holding a baby in an upright position with the bottle parallel to the floor helps reduce the risk of the baby eating too much or too fast.

Make sure baby is in an upright position. Pillows can help caregivers put the baby in a more upright position.

At the beginning of a feeding, touch bottle to baby's lips, and let baby draw it in himself.

It is important to give babies breaks and pauses as they eat.

This is called ***Paced Bottle Feeding***.

- The flow of a nipple can be overwhelming to babies.
- A slow flow/newborn/size 1 nipple is recommended.

Kellymom.com has excellent handouts you can print for free



<http://www.kellymom.com/bf/pumping/bottle-feeding.html>
<http://www.kellymom.com/bf/pumping/alternative-feeding.html>

Babies Need Pauses

****If a baby is fed too much or too fast, then there is a greater likelihood that the provider will run out of breast milk that day. Moms often make the amount of milk the baby needs, and if a baby is overfed then it will be hard for the mom to pump enough milk.****



- A more upright position helps babies adapt to flow
- Pace the feeding by gently removing bottle nipple for a second – Baby will either welcome the break or want bottle back
- Eyes bulging, milk leaking from mouth & sneezing are signals baby needs a break
- Milk flows like a faucet out of a bottle vs like waves with nursing
- Some infants prefer sippy cups to bottle nipples

Please click on link below to watch video

It is a little over 5 minutes long

Paced Bottle Feeding



The Unfinished Bottle

Kansas Dept. of Health & Environment regulations state: ***If a child does not finish a bottle, the contents of the bottle shall be discarded.***

The child can finish a feeding *even if that spans an hour*. Staff should know the child's feeding pattern and if they typically nap during a feeding and will finish eating when they wake.

- Do NOT return the bottle to the refrigerator during the feeding while baby is napping where it can be easily confused with fresh bottles
- Do NOT reuse the leftover for another, future feeding

Solution: Fill the bottle with smaller amounts so there is less waste.

- **DO NOT USE MILK IF: Smells Rotten, Curdled, in Unsanitary Container or Not Stored Safely**

Return unsafe milk to the parents. Explain the reason it was not used.



Effect of Growth Spurts on Breastfeeding

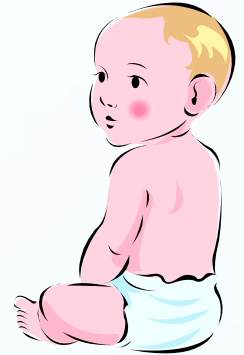
- All babies have growth spurts around 10 days, 3 weeks, 6 weeks, 3 months & 6 months, lasting 2-3 days. It is important to remember that growth spurts only last a few days.
- *The baby will show more frequent feeding cues. Give moms extra encouragement that they are temporary.*
- Babies may be more fussy and unsettled.
- *This may be a critical & stressful time for mom to keep up with increased demand for milk. Growth spurts are a good time to use some of the extra frozen milk that the mom has brought in that you are storing in the freezer.*
- If mother & baby were not separated, baby would adapt by nursing more frequently.
- *It is most helpful for mother to pump & nurse more often.*

Formula should not be used for a breastfed infant without the family's written permission.



Breastfed Infant Bowel Movements . . .

- Tend to be soft, runny, loose, smooth, seedy & a golden tan or Dijon mustard color. Exclusively breastfed babies have bowel movements with little odor. If baby has any formula or solid food, the bowel movements are not the same as they are if the baby is exclusively breastfed.
- *Are sometimes confused with diarrhea - Diarrhea is more watery & less smooth*
- *Human milk has smaller curds and cow's milk has larger curds which is why the diapers are different.*
- It is normal for an exclusively breastfed baby older than 6 weeks to have one bowel movement a week, for example. Breast milk is almost fully used by the body and so the bowel movements can be less frequent and less solid.
- Can be as infrequent as 1 every few days for a baby over 6 weeks of age - Sometimes confused for constipation
- *Color, odor & texture change when solid food or formula is added to diet*





Breast Milk Can Save Your Program \$\$\$

Breastmilk is part of the meal pattern if you participate in the Child & Adult Care Food Program (CACFP):

- Breastmilk can be a reimbursable component of the infant meal pattern even when the mother feeds her baby onsite
- Breastmilk is free - Nothing for you to buy, more \$ in your pocket
- Breastmilk does **not** need to be served in a 4 oz. serving if the baby usually takes less for it to count as a meal
- For children over 12 months, breastmilk may be a substitute for cow's milk in the meal pattern
 - A Doctor's statement is NOT required per CACFP *Infant Feeding Handbook*, KSDE, page 7

Just so you know...



A Doctor's prescription is NOT required for babies over a year of age drinking breastmilk. USDA classifies breast milk as fluid milk.

The Federal Register states “Unlike breast milk, infant formula is not an alternative type of milk which can be substituted to meet the fluid milk requirement for the meal pattern or the food-based menu planning alternative for children over the age of one year. “ (source: FNS Instruction 783-7, Revision 1, “Milk Requirement-Child Nutrition Programs”)

Some child care providers prefer to ask the parent for a note on file that they want their child to have breast milk in place of cow's milk and that is fine and sufficient.





Know Laws that Support Breastfeeding

- National law - Section 4207 of the Patient Protection & Affordable Care Act states that employers shall provide breastfeeding employees with “reasonable break time” & a private, non-bathroom place to express breast milk during the workday, up until the child’s first birthday
- Most states, including Kansas, have a law protecting a woman’s right to breastfeed in public **“A mother may breastfeed in any place she has the right to be.”** (KSA 65-1,248) This is another reason to invite moms to nurse onsite – it is protected by law and it shows that you are welcoming and accepting.
- Some states, including Kansas, have a state law exempting a mother from jury duty for as long as she is breastfeeding. (KSA 65-1,248)

Welcoming & Supporting Breastfeeding Families



- Have care policies & care plans in place that support breastfeeding.
- Click link for example policy: [Policy sample IPN\(1\).pdf](#)
- Highlight staff expertise
- Invite mothers to breastfeed or pump at your location
- Proudly display the “We Care for Breastfed Babies” decal &/or certificate which will be sent to you when you complete the KCCTO [How to Support the Breastfeeding Mothers and Families](#) online 2 hour course.

When Parents Visit/Tour

- Share your commitment to the importance of breastfeeding, especially exclusive breastfeeding.
- Show where moms can nurse & pump onsite.
- Do not advertise or promote “free formula” for infants in your program. Families might think you are encouraging formula feeding when you advertise that formula is included in the price of care.
- If providing formula for free, consider offering a coupon for services to a local baby store instead.
- Provide a list of local & online resources
 - Lactation Consultants – **IBCLC** stands for *International Board Certified Lactation Consultant* – to find local IBCLC’s go to www.ilca.org
 - Pumping classes, Places to meet other nursing moms, La Leche League, Peer Counselors, Drop-in support centers
 - You will find a list of online breastfeeding resources at: <http://ksbreastfeeding.org/local-resources/>
 - Click here for a resource list for child care providers: [Resource List for Providers and Families - Kansas\(1\).pdf](#)

Summary



- Breastmilk provides babies optimal human nutrition
- Following safe handling & storage guidelines makes your job simpler
- Breastfed babies typically show hunger cues every 1-3 hours & eat slowly with frequent pauses
- 85% of U.S. moms start out breastfeeding but most struggle to continue & often look to their Child Care Provider for encouragement & resources
- Breastfed babies aren't sick as often which keeps the Child Care environment healthier
- Breastfeeding saves families, Child Care providers, Communities & Taxpayers \$\$\$
- Breastfeeding is the foundation of a healthier community - Make sure your care plans/policies support breastfeeding

Thank You!

You make a difference in each family's breastfeeding success story!



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