Breastfeeding

IN CHILD CARE

TOOL KIT

FOR CHILD CARE CENTER PROFESSIONALS

Tips and Resources to Support North Dakota Communities

Public Health
Prevent. Promote. Protect.
Fargo Cass Public Health

Adapted from
COLORADO
Department of Public Health & Environment

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number B04MC29321, Maternal and Child Health Services, total award amount for the period of October 1, 2016 through September 30, 2017 is $1,725,639. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

You Matter!

You make a difference to the children in your care! As a child care professional, you provide children with support and guidance to help them grow and learn. You also play a critical role by supporting moms to achieve their breastfeeding goals, including moms you employ.

This toolkit provides information on how you can support moms and breastfeeding in your community, including:

Breastfeeding in North Dakota 2
Benefits of Breastfeeding 3
Breastfeeding and Breast Milk
- Milk Supply, Appearance, Soapy Smelling Milk 5

Infant Feedings
- Timing 6
- Feeding Cues. 7
- Bottle Feeding 8
- Amount 9
- Growth Spurts, Bowel Movements, Nursing Strikes 10

The Older Baby
- Solid Foods, Cup Feeding, Beyond 12 Months. 11

Breast Milk Handling and Storage 12
Breast Milk Preparation 14
Breastfeeding-Friendly Child Care 15
Becoming an Infant-Friendly Designated Business 18
Appendix
- Talking with Families 19
- Feeding Plan 20
- Sample Feeding Plan 21
- Sample Breastfeeding-Friendly Child Care Policy 23
- North Dakota Breastfeeding Laws 24

BREASTFEEDING-FRIENDLY CHILD CARE PROFESSIONALS CAN INCREASE THE LENGTH OF TIME BABIES ARE BREASTFED, LEADING TO BETTER HEALTH FOR MOMS AND BABIES!

BREASTFEEDING IN NORTH DAKOTA

North Dakota moms want to breastfeed. To breastfeed exclusively and for longer, moms need support. Returning to work after having a baby is often a difficult time for any mom. If a mom does not believe she will be supported by her employer or child care professional, she may decide not to breastfeed, or may stop breastfeeding early. By sharing your knowledge and support of breastfeeding with families, you can help improve the health and wellbeing of the children in your care.

Source: CDC National Immunization Survey (NIS), 2016 Breastfeeding Report Card, 2013 births.

~82%

Started breastfeeding

~24%

Breastfed exclusively for 6 months

~28%

Breastfed at least 1 year

AS A CHILD CARE PROFESSIONAL, YOUR SUPPORT MAKES A DIFFERENCE FOR A BREASTFEEDING MOM!

BENEFITS OF BREASTFEEDING

Breast milk is the normal first food and promotes good health for children. All major medical organizations promote breastfeeding for optimal child health and development and recommend breastfeeding for as long as both mom and child want to continue.

The American Academy of Pediatrics (AAP) **recommends all babies receive only breast milk for about the first six months.** Also called "exclusive breastfeeding," this means babies receive no formula, solid foods or water. Always check with a baby's parent/guardian before offering any food or drink other than breast milk.

BREASTFEEDING
improves the health of mom and child
BY REDUCING THE RISKS OF:

for mom

- Breast Cancers
- Ovarian Cancers
- Heart Disease
- Diabetes
- Rheumatoid Arthritis
- Weak Bones and Breaks

Source: Pediatrics, March 2012, 129 (3).

for child

- SIDS
- Childhood Obesity
- Repiratory Tract and Ear Infections
- Diarrhea and Other Stomach Problems
- Leukemia and Childhood Cancers
- Asthma, Allergies and Eczema

THE LONGER BREASTFEEDING OCCURS, THE MORE HEALTH BENEFITS MOM AND BABY RECEIVE.

Benefits of Breastfeeding

Breastfeeding and its support...

TO BABY

- Normal food for babies.
- Breastfed babies are healthier.[1]
- Breast milk is easily digested by babies, so babies may be less fussy.
- Enhanced bonding with mom.
- Safe and fresh milk is always available.
- Promotes correct growth of jaws, teeth, and speech patterns.
- Promotes a higher learning ability.
- Breast milk contains nutrients, vitamins, growth factors, antibodies, hormones and much more that are not available in formula.

TO MOM

- Lowers the risk of blood loss after delivery.
- Uterus returns to pre-pregnancy shape quicker.
- May help mom lose weight and return to her pre-pregnancy weight faster.
- May delay the return of her menstrual cycle (not to be used as birth control).
- Improves mom and baby bonding.
- Saves money – no need to buy formula, saving $800-$1,200 per year.[2]
- Saves time – less time spent making formula and feeding can occur anywhere at any time with no preparation necessary.
- Peace of mind – breast milk is always available (even in emergencies, snow storms, etc.). No worrying about proper mixing, correct temperature, expiration or recalls of formula.
- Can build mom's confidence.

TO CHILD CARE PROFESSIONALS

- Breastfed babies are sick less often.[3]
- Breastfed babies spit up less.
- Breastfed babies have less smelly diapers compared to formula-fed babies' diapers.
- Reimbursable – child care professionals participating in the Child and Adult Care Food Program (CACFP) can claim meals for children fed breast milk from the bottle or cup, or when mom directly breastfeeds her child on site.

TO COMMUNITY AND ENVIRONMENT

- Lowers health care costs because babies are sick less often.[3]
- Parents/guardians miss work less because breastfed babies are often sick less, which is good for businesses.
- Breastfeeding saves lives – research shows if 90% of U.S. babies breastfed exclusively for 6 months, nearly 1,000 deaths each year could be prevented.[4]
- Fewer cans and bottles in landfills.
- Breast milk is sustainable – breastfeeding requires no packaging and its production does not harm the environment.

1 Pediatrics, March 2012, 129 (3).
2 Surgeon General's Call to Action to Support Breastfeeding, January 2011.
3 Pediatrics, April 1999, 103 (Supp 1).
4 Pediatrics, May 2010, 125 (5).

BREASTFEEDING AND BREAST MILK

MILK SUPPLY

Breasts make milk in response to baby suckling.

The amount of milk a mom will make depends on:

- **How often** the breasts are emptied. The more often the breasts are emptied, the more milk the breasts will make.
- **How much** milk is removed from the breasts. Empty breasts mean better milk production. If both breasts are not completely emptied after each feeding or pumping session, the breasts will make less milk over time.

To maintain or increase a milk supply, a mom should:

- Empty the breasts more frequently by nursing and/or pumping more often.
- Always try to remove milk completely from both breasts at each feeding and/or pumping session.
- Feed baby directly at the breast when with baby, which provides additional benefits. When away from baby, a mom should pump or express breast milk as often as baby usually eats to maintain supply.

A mom should regularly drink water to stay hydrated. No special diet is necessary to breastfeed.

APPEARANCE

Breast milk does not look like formula or cow's milk.

- It can be different in color. It is normal for breast milk to be yellowish, bluish, greenish or even brownish.
- It naturally separates into layers of milk and cream or fat during storage. Separation is normal and does not mean the milk is spoiled.
- If the milk separates, swirl gently to mix. **Do not shake.** Shaking breast milk may damage some of the nutrients and can add air to the milk which may lead to gassiness.

SOAPY SMELLING MILK

Soapy smelling milk is okay to feed to babies and is not harmful. Breast milk naturally contains an enzyme called lipase, which helps to breakdown fats and helps with digestion.

During storage (including in the freezer), lipase can continue to breakdown fats and may cause the breast milk to have a soapy smell and taste. Most babies do not mind this mild change in taste.

INFANT FEEDINGS

Every baby is different. Talk with parents/guardians regularly to understand each baby. Create a feeding plan and review regularly with parents/guardians. See Sample Feeding Plan on page 21.

TIMING

Breastfed babies may not be on the same feeding schedule as formula-fed babies. Breast milk is digested quickly, and baby may need to eat more often, usually every 1.5 to 3 hours.

Feed all babies in response to feeding cues, not on a schedule.

If requested, avoid giving a breastfed baby a bottle within 1 to 1.5 hours of the scheduled pick up time. This allows mom to feed her child when she arrives for comfort, closeness and to stimulate her milk supply.

While some babies may develop a schedule, it is best to feed each baby in response to his/her changing appetite. Babies may be more or less hungry at different times on different days - just like you!

Encourage mom to breastfeed her child on site before she leaves at drop off and when she arrives to pick up her child. Provide a comfortable space for her to feed. If baby is acting hungry before mom arrives, try to soothe and distract rather than feed.

HEALTHCARE PROVIDERS RECOMMEND THAT ALL BABIES, BREASTFED AND FORMULA-FED, BE FED IN RESPONSE TO FEEDING CUES, NOT ON A SCHEDULE.

FEEDING CUES

Babies are born with the ability to communicate. They use their bodies and make noises to let you know when they need to eat, learn, play or rest. These are called cues. Babies usually give several feeding cues at one time.

CRYING IS **NOT** THE FIRST SIGN OF HUNGER

Watching and responding to hunger cues can prevent some crying

Hunger CUES

- **Bringing hands to the mouth**
- **Sucking on hands or wrists**
- **Making sucking noises**
- **Moving mouth or tongue**
- **Turning head or searching for the nipple (rooting)**
- **Moving around more, wiggling**
- **Bending arms and kicking legs**
- **Rousing from sleep**
- **Becoming upset or crying is a late sign**

Fullness CUES

- **Slower suck or stop sucking**
- **Relaxing hands and arms**
- **Turning away from nipple**
- **Pushing away**
- **Falling asleep**

Feeding based on hunger cues is better because babies are calm for feedings, rather than crying, so they eat better. Babies also learn to stop eating when they are full, which may help prevent obesity later in childhood.

Not all crying is from hunger. Watch videos on how to calm a crying baby and baby behavior at **fmbreastfeeding.com**.

BOTTLE FEEDING

Paced bottle feeding is a technique that is designed to mimic breastfeeding. This technique allows baby to control the feeding and eat at baby's own pace. Practice paced bottle feeding with all babies to help prevent over feeding.

PACED BOTTLE FEEDING

How to

1. **Watch baby for hunger cues. Do not feed on a schedule.** See Hunger Cues, page 7.
2. **Keep baby in an upright and more seated position so that the bottle is horizontal with the floor. Tip the bottle just enough to fill the slow flow nipple with milk.**
3. **Always hold baby during a feeding. Never prop a bottle.**
4. **Allow baby to draw the nipple into his/her mouth. Rub the nipple against baby's lips and wait for baby to open wide and take the nipple into his/her mouth. Try not to place or force the nipple directly into baby's mouth.**
5. **Let baby control the feeding pace – allow baby to take breaks when needed. Babies often take 10-20 minutes (or even longer) to breastfeed and take natural pauses.**
6. **Encourage pauses often – listen to baby and if baby does not take breaks, lower the bottle after a few sucks and wait for baby to begin sucking again before tilting the bottle back up.**
7. **Switch from one side to the other midway through feeding as you would with breastfeeding.**
8. **If baby starts to show signs of stress (milk running out of the mouth, trying to turn their head, or pushing bottle away), stop the feeding.**
9. **Watch for fullness cues. Even if baby has not finished all the milk in the bottle, never force baby to finish the bottle if baby is giving cues of being done.** See Fullness Cues, page 7.

Benefits

- **Allows baby's body time to recognize fullness before the stomach gets overfilled.**
- **Allows baby to eat from a bottle similarly to how they would at the breast. This supports the breastfeeding relationship between mom and baby, which will lead to longer breastfeeding and more health benefits.**
- **Promotes social and emotional development by allowing baby time to interact with the caregiver.**
- **Prevents overfeeding and other problems, such as gassiness, spitting up and obesity.**
- **Supports mom by helping to match the amount of milk her baby eats with the amount of milk pumped or expressed each day.**

AMOUNT

Babies digest and use breast milk completely, so **less breast milk is needed at a feeding compared to formula.** There is no way to predict exactly how much a baby will eat at each feeding. After feeding a baby a few times you will soon learn how much milk the baby usually eats. Talk with parents/guardians regularly and keep an updated feeding plan for each baby in your care. See Feeding Plan, page 20.

Until you get a feel for how much a baby eats at a feeding and learn a baby's cues, offer small amounts of breast milk at a time. This way if baby is not very hungry, you will not waste large amounts of milk. Encourage mom to store breast milk in 1, 2 or 3 ounce amounts. **Every drop counts to a breastfeeding mom!**

Recommend parents/guardians provide bottles with slow flow (newborn or size 0) nipples, no matter the age of the baby, to help paced bottle feeding. Never poke or cut the nipple and inform the parents/guardians if a nipple is damaged.

A good way to know if a breastfed baby is eating enough breast milk during the day is to check their diapers.

BREASTFED BABIES SHOULD:

- **Have at least 6 wet diapers of colorless urine a day. Babies often wet their diapers after every feeding.**
- **Have normal bowel movements. Bowel movements may happen during or after every feeding and are less often as babies grow older.**

If you have concerns that a baby does not have enough wet or soiled diapers in a day, has colored urine, hard or strange colored stools, inform the parents/guardians and encourage them to discuss this with their healthcare provider.

BABIES EAT DIFFERENT AMOUNTS

On average, exclusively breastfed babies between 1 and 6 months old eat around 25 ounces in 24 hours.

Until you know a baby well, work with mom to estimate the average amount of milk a baby may need at a feeding by:

- Estimating the number of times baby nurses in 24 hours.
- Divide 25 ounces by the number of nursings.

  Example: If baby usually nurses about 8 times a day, you can guess that baby may need around 3 ounces each feeding (25 ÷ 8 = 3.1 ounces)

EVERY BABY IS DIFFERENT, BUT TYPICAL GROWTH SPURTS OFTEN OCCUR AT:

two to three weeks

four to six weeks

three months

four months

six months

nine months

GROWTH SPURTS

Most babies' appetites get bigger around the same time they grow.

During growth spurts, babies' schedules may change and they may eat and sleep more than usual. Parents/guardians may not be aware of or expect growth spurts and may be concerned their baby wants to eat more or that they are not making enough milk. Babies simply need more food as they grow. Talk with mom and encourage her to feed and pump more often during these spurts and her milk supply will likely get larger within three to four days.

If mom knows you understand and support her efforts, you will be helping mom in a very positive way!

BOWEL MOVEMENTS

Breastfed babies' bowel movements are looser and may be more frequent than formula-fed babies. This is not diarrhea. It is also normal for older breastfed babies to go several days without having a bowel movement. In an exclusively breastfed baby, this is not constipation. Constipation is when stools are hard, dry and painful to pass. Exclusively breastfed babies' stools are usually mustard yellow and seedy, but they may be greenish or brownish, and are milder smelling than formula-fed babies' stools.

NURSING STRIKES

A nursing strike is when a breastfed baby suddenly refuses the breast. This is normal for some babies. Providing support to moms during a strike is very important as a nursing strike can be difficult emotionally for mom and can cause her milk supply to decrease. Remind mom to continue offering her breasts to baby often and to empty her breasts regularly with a pump to maintain her milk supply through a strike. Consider recommending mom contact a lactation consultant for support.

Visit fmbreastfeeding.com for a list of resources in our area.

THE OLDER BABY

SOLID FOODS

Medical experts agree it is best to wait until babies are around 6 months old before offering any food other than breast milk. This includes **not adding cereal to bottles** or feeding babies cereal, juice or any other foods. Offering cereal or formula does not help a baby sleep through the night. Research shows introducing solid foods (also called "complementary foods") early can cause allergies to develop, lower mom's milk production and may lead to early stopping of breastfeeding, or weaning.

Cow's milk should not be given to babies under 1 year of age because it is difficult to digest and is hard on a baby's organs.

Sometime after 6 months, as baby begins eating more solid foods, breast milk intake may decrease for some babies. However, breast milk is still the main source of nutrition for babies under 12 months. For tips on introducing solid foods, visit **fmbreastfeeding.com**.

CUP FEEDING

After about 6 months of age, babies begin to sit up, crawl and explore their world. This is a great time to introduce a cup. Provide breast milk in a cup for a snack or one feeding during the day. Start with small amounts until the baby is used to and likes drinking from a cup to avoid wasting breast milk. It is best to encourage most babies to no longer use a bottle after 12 months of age.

When using a cup, breast milk needs to be served in a controlled manner to prevent an exposure incident, or breast milk mistakenly given to the wrong child. Breast milk should be served in a sippy cup and placed out of reach of the children. The cup should be directly handed to the child and immediately returned to the place out of reach when finished drinking.

If an exposure incident occurs:

- Notify the child's parents right away; encourage them to notify child's health care provider of the exposure right away
- Notify the mother who expressed the breast milk, ask when breastmilk was expressed and how it was handled, and if she has been tested for Hep B, Hep C, HIV and if she is willing to share her results
- Fill out an incident report and contact licensure
- Assess why the wrong milk was given and develop a policy/procedure to prevent the mistake from occurring again
- Share policy/procedure with parents and staff

* For more information contact Child Care Aware.

BREAST MILK CAN BE REIMBURSED AS A PART OF A CACFP CREDITABLE MEAL FOR BABIES (FROM A CUP OR BOTTLE AND WHEN MOM DIRECTLY BREASTFEEDS HER CHILD ON SITE) AND FOR CHILDREN OVER 12 MONTHS OF AGE.

BEYOND 12 MONTHS

Many women choose to breastfeed their children beyond 12 months. Health experts encourage longer breastfeeding for more health benefits.

- The American Academy of Pediatrics (AAP) recommends babies breastfeed for at least a year and continue for as long as both mom and baby wish.
- The World Health Organization (WHO) states breast milk is an important source of nutrition for children and suggests breastfeeding up to 2 years or beyond.

Feeding breast milk from a cup at a child care is allowed and encouraged by licensing and health departments.

BREAST MILK HANDLING AND STORAGE

To a pumping mom, it can be hard work expressing breast milk during the day. The following tips will help you keep the milk safe and make the most out of the milk you are provided.

HANDLING

The Centers for Disease Control and Prevention (CDC) "does not list human breast milk as a bodily fluid for which healthcare personnel should use special handling precautions."[1]

The Occupational Safety and Health Administration (OSHA) does not include breast milk in the "standard's definition of 'other potentially infectious materials'. Therefore, contact with breast milk does not constitute occupational exposure as defined by the standard."[2]

Breast milk is a food. Gloves are NOT required when handling breast milk.

If providers have open wounds on their hands, they should be protected by waterproof bandages or disposable gloves.

1. Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/breastfeeding/faq/
2. OSHA. https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=20952

Breast milk storage guidelines may differ in temperature and length of storage time according to the regulatory agency. In North Dakota, child care professionals must follow health and sanitation regulations; however, parents/guardians may store breast milk differently at their home.

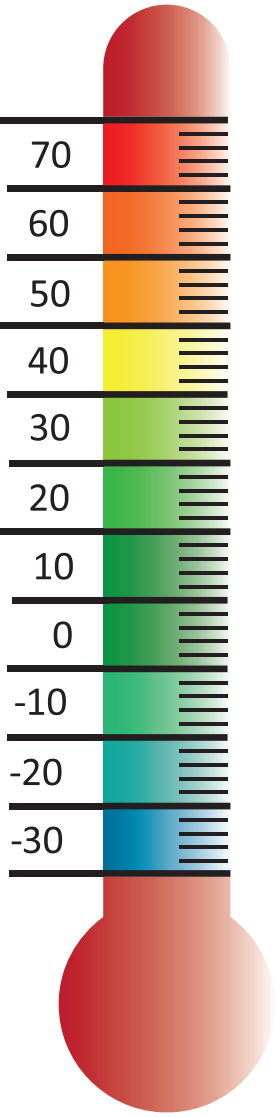
STORAGE

- All bottles and storage containers of breast milk should be clearly labeled with the child's name, when it was collected, and when it was thawed (if initially frozen).
- Breast milk can be stored in clean glass or BPA-free plastic bottles, containers with tight fitting lids or storage bags approved for breast milk. Do not use ordinary plastic storage bags. Containers should always be covered or sealed.
- Tell parents/guardians to keep breast milk cool or frozen during travel to you. Once frozen breast milk has begun to thaw, it should not be refrozen and must be thawed and used within 24 hours.
- Refrigerate or freeze breast milk as soon as it arrives. Check the temperatures of your refrigerator and freezer according to your policy.
- Store milk toward the back of the refrigerator or freezer where the temperature is more constant. Avoid storing in the door.
- Milk stored for longer times in the temperature ranges listed in the following table is safe, but some of the fats in the milk can break down causing lower quality nutrition.
- To create a breastfeeding-friendly environment, store all formula out of public view. This prevents advertising and marketing of formula companies and products.

CHILD CARE BREAST MILK STORAGE GUIDELINES

(for Healthy Full Term Babies)*

Location	Temperature	Time
Countertop, table, warmed or room temperature	Room Temperature Up to 77 ° F (25 ° C)	1 hour
Refrigerator, fresh milk	At or below 41° F (5° C)	3 days
Freezer compartment inside refrigerator	5° F (-15 ° C)	2 weeks
Freezer compartment attached to refrigerator (separate doors)	At or below 0° F (-18 ° C)	Up to 6 months
Deep freezer	At or below -4 ° F (-20 ° C)	Up to 12 months



*Storage times and temperatures may vary for premature or sick babies. Check with your healthcare provider.

Storage Table References
1. Caring for Our Children: National Health and Safety Performance Standards, third edition. 4.3.1.9.
2. Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/breastfeeding/recommendations/handling_ breastmilk.htm.
3. USDA. Human Milk Storage Guidelines for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). 2016.

BREAST MILK PREPARATION

- Always wash your hands before handling any food, including breast milk.
- If your sink is used for handwashing after diapering, it is important to disinfect the sink/faucet/handles before handling/preparing any bottles or food.
- Prepare a clean work space to make a bottle.
- Use only clean nipples, bottles and cups.
- Check the name and date on the bottle or storage container. If a child mistakenly drinks breast milk intended for another child, call both children's parents/guardians and follow your policy.
- Prepare just enough breast milk for a single feeding or snack. Suggest mom provide breast milk in 1- to 4-ounce amounts to avoid waste.
- Swirl the container of breast milk to gently mix. **Never shake.**
- Test the milk temperature on your forearm before serving. Liquid should feel undetectable or slightly cool.
- Throw away breast milk left at room temperature for over 1 hour. This includes any milk not finished by the child. Harmful bacteria can grow making the milk unsafe.
- Wash, rinse and sanitize bottles, nipples and warming containers daily. If bottles are not cleaned onsite, return to the parents/guardians at the end of each day.

THAWING AND WARMING

Refrigerated milk

- Place the container of milk under warm (not hot) running water or in an individual container of warm (not hot) water for a few minutes before feeding.
- Keep warm water out of reach of children. Be sure the water is not warmer than 120°F.
- Set a timer to ensure bottles are not left in warm water more than 5 minutes, as this can allow bacteria to grow.
- Try to not reheat milk; instead help baby become used to room temperature milk.

Frozen milk

- Use the oldest milk first - practice FIFO (First In, First Out).
- To thaw: place the container of milk in the refrigerator for about 12 hours, or under cold running water or in an individual warming device.
- Never thaw frozen breast milk at room temperature.
- Do not add fresh milk to already frozen milk within a storage container.
- Use thawed milk within **24 hours.**

Never refreeze thawed breast milk, even if it had been refrigerated.

Never microwave breast milk or formula. The microwave can destroy some important nutrients and can cause dangerous "hot spots" that can burn a child's mouth.

Crockpots are not allowed to use to heat breast milk. Breast milk must be heated separately from other bottles and other containers of breast milk.

BREASTFEEDING-FRIENDLY CHILD CARE

As a child care professional, it is important to have knowledge about breastfeeding and to support moms who decide to breastfeed. A Breastfeeding-Friendly Child Care program ensures your child care is providing the best support for breastfeeding families and following recommended practices in each of the following areas:

- Commitment to Breastfeeding
- Education and Training
- Breastfeeding-Friendly Environment
- Communication
- Resources

Your commitment to becoming breastfeeding-friendly is critical in helping moms succeed in meeting their breastfeeding goals and improving the health of your community!

COMMITMENT TO BREASTFEEDING

- A clear written policy supporting breastfeeding for both families and staff is easily available and regularly communicated to staff, families (including potential families) and visitors
- Breastfeeding staff are given appropriate breaks to pump breast milk and/or nurse their child, as needed
- Exclusively breastfed babies are fed only breast milk during the first 6 months, meaning no formula, water, or solid foods are fed without prior permission from the family

EDUCATION AND TRAINING

- Staff receive training at least once a year on breastfeeding, including the health benefits, importance of exclusive breastfeeding and supportive practices
- Staff receive training at least once a year on safe handling and storage of breast milk
- Staff receive training at least once a year on age-appropriate feeding practices, including recognizing baby hunger cues and feeding in response to cues
- New staff receive training within 3 months of hire on breastfeeding safe handling and storage of breast milk, and age appropriate feeding practices
- Reference materials for staff on breastfeeding and breast milk feeding are comprehensive, up-to-date and easily accessible
- Staff evaluations, specifically for infant room staff, include a review of parent breastfeeding support activities

BREASTFEEDING-FRIENDLY ENVIRONMENT

- A clean, designated area (other than a bathroom) for staff, families and visitors to nurse and/or express breast milk is always available, has appropriate seating, is private (shielded from view, free from intrusion) and has access to an electrical outlet
- Breastfeeding families are always encouraged to come and nurse or feed their children onsite; a written invitation is provided by the program
- Adequate refrigerator and freezer space for the storage of breast milk is always available onsite
- Posters that contain information about breastfeeding and photos of breastfeeding children and animals are displayed throughout the center
- Formula and formula marketing materials are hidden from view
- Toys and books that show breastfeeding children and nursing animals are available to the children in our program

COMMUNICATION

- A feeding plan for each child under 15 months is written, accessible, communicated with families, and updated at least every 3 months

  Take it a step further: Update feeding plan every month
- Feeding in response to a child's feeding cues is practiced in our program and discussed with all families

  Take it a step further: Written materials are provided to all families
- Breastfed children are not fed in the last 1 – 1 ½ hours before scheduled pick up time with regular communication and coordination of family schedules

  Take it a step further: Families are encouraged to feed children onsite
- Instructions on how to properly label, handle and store breast milk for use in the child care program are provided to staff and families regularly (informally or in writing), all breast milk is properly labeled

  Take it a step further: Instructions are provided to staff and families as written guidelines, all breast milk is properly labeled and additional storage and pumping information is regularly provided
- Handouts and other educational materials that promote exclusive and any breastfeeding are regularly available and displayed

  Take it a step further: Materials are regularly available and displayed in more than one area and actively distributed or discussed with families
- Breastfeeding supportive practices on program marketing or advertising materials for the public are available in print and on the programs' website and/or social media

RESOURCES

- A list of community breastfeeding resources and referrals is comprehensive, up-to-date, easily accessible and actively distributed to staff and families
- Actively refer to community breastfeeding resources, as needed
- A comprehensive breastfeeding resource list is available at **fmbreastfeeding.com**

CREATE A BREASTFEEDING-FRIENDLY SPACE

Provide a specific area that is private and clean (other than a bathroom) for moms and your employees to breastfeed or pump breast milk. Breastfeeding-friendly spaces should include:

- A private area with a door or privacy barrier (curtain, room divider, etc.)
- A comfortable chair
- Access to an electrical outlet (for electric pumps)
- Access to a clean sink
- Access to refrigeration

Tip – if you do not have much space, consider making an unused corner or closet into a breastfeeding/pumping area. For ideas, visit the Office on Women's Health, womenshealth.gov/breastfeeding/employer-solutions/

ADVERTISE YOUR PROGRAM AS BEING BREASTFEEDING-FRIENDLY!

Having the knowledge and supportive practices can be a selling point for your child care and draw more families to your care. Include breastfeeding supportive practices in your advertising and marketing, including printed materials, website, social media postings and actively discuss your practices with potential new families.

BECOMING AN INFANT-FRIENDLY DESIGNATED BUSINESS

As a child care provider, you are encouraged to support both your breastfeeding families and your breastfeeding employees. By implementing a breastfeeding support policy, your child care can be recognized by the state of North Dakota as an Infant-Friendly designated business.

Employers who support their breastfeeding employees experience business benefits, including:

Reduced employee absenteeism
Breastfed babies tend to be healthier babies and therefore parents are able to be at work instead of at home with a sick child

Lower healthcare costs
Breastfed babies visit the doctor less often and require less prescriptions

Lower turnover rates
Employees are more likely to return to work after the birth of their baby if they have a supportive work environment

Higher productivity and loyalty
Supported employees feel respected by their employer

Positive public relations and enhanced recruitment incentive in the community
Supporting breastfeeding employees improves a company's image and ability to hire and retain the highest quality employees

WHY APPLY FOR THE INFANT-FRIENDLY DESIGNATION?

- Experience the benefits listed above
- The application is free and online
- Being designated reflects a business's commitment to supporting breastfeeding employees and their families
- The designation creates a positive public relations image within the community
- Designated businesses can use "Infant-Friendly" on any promotional or recruitment materials
- Assures effective implementation of breastfeeding policies
- Free business recognition by Fargo Cass Public Health and the state of North Dakota

For more information, sample policies, and to apply for the designation, visit **fmbreastfeeding.com**.

TALKING WITH FAMILIES

As a child care professional, your encouragement and support of breastfeeding are important to families. Breastfeeding is a powerful action and often comes with strong feelings. Talking with parents/guardians is the best way to create strong relationships. Below are a few tips that can be useful for all families, regardless of how they choose to feed their child.

Find a time when you can privately talk with a family, giving them your full attention.

- Be a good listener. Show genuine interest and remember each family is unique.
- Be positive. Do not communicate only when there is a problem or concern. Your encouraging, positive words go a long way toward easing families' worries.
- Use "I" statements: "I know we are both concerned with Sophia's naps when she is here. I would like to know what you do at home that works."
- Be creative in your communication. Families are busy and so are you! It is best to send the same message multiple ways. Ask each family member about the best way for communicating (e.g., email, text message, written or verbal).
- Do not assume families know you want to hear their perspective and want to communicate. Some parents need to be invited to communicate with you.

Acknowledging and accepting a family's desire to continue breastfeeding will help to establish trust.

- Welcome breastfeeding at your child care – tell parents that you have the knowledge and skills to support breastfeeding.
- Be positive about baby receiving breast milk in your care.
- Empathize with moms and acknowledge the hard work of maintaining a milk supply while they are away from baby. For some moms, breastfeeding and pumping milk is easy and for others it can take a lot of effort.
- Ask about breastfeeding goals and be understanding and supportive. "How long do you plan to breastfeed Jacob?"
- Provide written breastfeeding materials to families, including your program's policies, the benefits of breastfeeding and information to help mom return to work. Resources available at **fmbreastfeeding.com**.
- Refer and connect families to lactation consultants, and other breastfeeding families and support in your community.
- Encourage families to feed on site. Providing a warm, welcome and comfortable place to sit will send the message, "I support you."

Sharing your thoughts and concerns respectfully with families shows that you really care about their child.

FEEDING PLAN

DEVELOP A PLAN TOGETHER WITH FAMILIES

Working together with families to develop a feeding plan for their child shows how much you support their decision to continue breastfeeding.

- Create a plan with families about what to do when baby is hungry, a parent/guardian is late or if you run out of baby's milk supply for the day.
- Share with families that breast milk is the only food a baby needs for the first 6 months of life and that you will not provide formula, water or solid foods unless requested.
- Work with families to complete a Feeding Plan (see page 21) for each child in your care and frequently update the plan as the child grows and changes.
- Families like to know how their babies are doing. Talk to parents daily or provide a daily written record about baby's schedule, feeding habits, mood, activities and diapers.
- Ask for the family's perspective and understand the family's feelings, beliefs and plans. "What do you do at home?" "What do you find works?" "What doesn't work?"

Breastfeeding can be difficult at times. Talk regularly, listen and provide support.

- If you have concerns about baby getting enough milk or mom's supply, talk to the family and understand their feelings and schedules.
- As a child care professional, you are not expected to be a breastfeeding expert. Refer families to lactation and healthcare professionals in your community.
- Breastfeeding does not have to be all or nothing. Any amount of breast milk is beneficial. A mom who can talk through a difficult situation with someone who cares will usually come up with a solution that works for everyone.
- If a family feels you respect and admire their efforts to provide baby with breast milk, they may be more willing to listen to you and share suggestions about baby's care.
- Understand and be aware of your own feelings. When you are not aware of your feelings, they can often interfere in building strong, positive relationships.
- A relationship grows and changes over time. It is important to check in and talk with families regularly and make adjustments as needed.

Communication is the key to making any partnership work!

INFANT FEEDING PLAN

Tell us about your baby's feedings at our center. As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us do our very best to help your baby grow and thrive. **This form must be completed for all children under 15 months of age.**

Child's Name: _____ **Birthday:** _____
mm/dd/yyyy

Parent/Guardian's Name(s): _____

Did you receive a copy of our Breastfeeding Policy? ☐ **Yes** ☐ **No**

If you are breastfeeding, did you receive a *Back to Work Mom* Packet? ☐ **Yes** ☐ **No**

To Be Completed by Parent

At home, my baby drinks (check all that apply):

- ○ Mother's milk from (check)
  - ☐ mother ☐ bottle ☐ cup ☐ other
- ○ Formula from (check)
  - ☐ bottle ☐ cup ☐ other
- ○ Cow's milk from (check)
  - ☐ bottle ☐ cup ☐ other
- ○ Other: _____ from (check)
  - ☐ bottle ☐ cup ☐ other

How does your child show you that s/he is hungry?

How often does your child usually feed?

How much milk/formula does your child usually drink in one feeding?

Has your child started eating solid foods?

☐ Yes ☐ No

If Yes, what foods is s/he eating:

How often does s/he eat solid food, and how much?

To Be Completed by Caregiver

Clarifications/Additional Details:

At home, is baby fed in response to the baby's cues that s/he is hungry, rather than on a schedule?

☐ Yes ☐ No

If NO,

- ○ I have shared the recommendation that babies be fed in response to their hunger cues, not on a strict schedule.
- ○ I have shared the advantages of cue-feeding, including that babies tend to be more calm and feed better, babies learn to eat when they are hungry and moms have an eaiser time making enough milk for their babies.

Is baby receiving solid food? ☐ Yes ☐ No

Is baby under 6 months of age? ☐ Yes ☐ No

If YES to both,

I have asked: Did the child's health care provider recommend starting solids before six months?

☐ Yes ☐ No

If NO,

I have shared the recommendation that solids are started at about six months. ☐ Yes ☐ No

Handouts shared with parents:

**Adapted from Boulder County*

Child's Name: _____ **Birthday:** _____
mm/dd/yyyy

Tell us about your baby's feedings at our center:

I want my child to be fed the following foods while in your care:

Type of Food	Frequency of feedings	Approximate amount per feeding	Details about feeding
Mother's Milk			
Formula			
Cow's Milk			
Cereal			
Baby Food			
Table Food			
Other (describe):			

I plan to come to the center to nurse my baby at the following time(s): _____

My usual pick-up time will be: _____

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):

- ☐ Hold my baby
- ☐ Use the teething toy I provided
- ☐ Use the pacifier I provided
- ☐ Rock my baby
- ☐ Give a bottle of my expressed milk
- ☐ Other (Specify) _____

At the end of the day, please do the following (choose one):

- ☐ Return all thawed milk to me
- ☐ Discard all thawed milk

We have discussed the above plan, and made any needed changes or clarifications.

Today's date: _____

Parent Signature: _____ Teacher Signature: _____

Any changes must be noted below and initialed by both the teacher and the parent.

Date	Change to Infant Feeding Plan (must be recorded as feeding habits change)	Parent Initials	Teacher Initials

SAMPLE BREASTFEEDING-FRIENDLY CHILD CARE POLICY

The [name of child care program] is committed to providing ongoing support to breastfeeding families.

SUPPORTIVE ENVIRONMENT

1. We provide an atmosphere that welcomes breastfeeding families. We support moms who continue to breastfeed their babies/children as they return and continue to work.
2. We have a private, designated space (other than the bathroom) for moms to breastfeed their children or express milk. If a space is not available, a portable divider/partition will be made available. We welcome moms to breastfeed in the classroom, as well.
3. In accordance with North Dakota Law, we provide employees with reasonable break time to express milk; a private, designated space; access to a clean sink for washing hands and breast pump equipment; and access to a refrigerator for temporary storage of breast milk.
4. We maintain a breastfeeding supportive environment through posting and providing culturally appropriate breastfeeding support materials (pictures, posters, etc.) not including those produced or supplied by commercial entities and/or manufactures of infant formula.
5. We "check in" with families for feedback and ways to continue providing support.
6. Staff communicates a baby's schedule (i.e., feeding, napping, etc.) so the mom can adjust her schedule for pumping and/or visiting to feed her baby.

INITIAL CONTACT

1. We discuss breastfeeding support with all potential new families and share this policy and breastfeeding resources. The policy is included in our parent/guardian handbook.
2. We work with families prior to their first day to transition their babies to bottle or cup feedings.

FEEDING AND HANDLING MILK

1. Staff follows storage and handling of breast milk, as defined by Child Care Aware of North Dakota.
2. We discuss with all families how expressed milk is handled at our program.
3. Refrigerator and freezer space is available for breast milk storage.
4. Staff informs families on written procedures about the proper way to label and handle breast milk. Families should provide their own containers, labeled with the child's name and date.
5. Staff talks with parents/guardians about the quantity of milk remaining to avoid waste.
6. We develop a sustainable feeding plan with each family, including feeding babies on demand as we observe hunger cues and coordinating the last feeding of the day to meet the mom's feeding needs (either to feed or await mom's feeding).
7. Babies are fed by the same caregiver as often as possible. All caregivers hold babies when feeding.
8. No formula, water or solid foods will be provided without first checking with the family.

STAFF TRAINING

1. Staff receives training at least once a year on feeding and handling breast milk, breastfeeding policy, and supporting exclusive breastfeeding.
2. Staff is monitored for compliance with our breastfeeding policy and standards.
3. Families may request information about the content of breastfeeding training for our staff.
4. This policy is reviewed annually, updated to incorporate new evidence-based research and practices, and shared with all employees, expectant moms, families and visitors.

_____ _____

Child Care Program Director/Child Care Professional Signature Date

Disclaimer: This sample policy is for informational purposes only and should not be construed as professional advice. Sample policies and procedures may need to be adapted to best suit your organization's unique circumstances. We encourage your organization to seek appropriate professional assistance, as needed.

NORTH DAKOTA BREASTFEEDING LAWS

The primary goal behind breastfeeding laws is to support breastfeeding families and improve the health of North Dakotans by reducing barriers to increase breastfeeding duration and exclusivity rates.

Breastfeeding in Public

The North Dakota law (SB 2344) states:

> A mother may breastfeed her child in any location she has the right to be.

Break Time for Nursing Mothers Provision

Section 7(r) of the Fair Labor Standards Act states:

> Employers are required to provide reasonable break time for an employee to express breast milk after the birth of her child for one year. 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, which may be used by an employee to express breast milk.

Workplace Breastfeeding Policies - Infant Friendly Designation

The North Dakota law (SB 2344) states:

1. An employer may use the designation “infant friendly” on its promotional materials if the employer adopts a workplace breastfeeding policy that includes the following:
    a. Flexible work scheduling, including scheduling breaks and permitting work patterns thart provide time for expression of breast milk;
    b. A convenient, sanitary, safe, and private location, other than a restroom, allowing privacy for breastfeeding or expressing breast milk;
    c. Access to a convenient, clean and safe water source with facilities for washing hands and rinsing breast-pumping equipment;
    d. A convenient hygienic refrigerator for the temporary storage of breast milk.
2. The state department of health shall establish guidelines for employers concerning workplace breastfeeding and infant friendly designations.