



Supporting the Breastfeeding Mother

A Guide for the Childcare Center

Developed by the Texas Department of State Health Services



American Academy of Pediatrics Breastfeeding Policy Statement

- Breastfeeding is best
- Breastfeed exclusively for the first 6 months
- Breastfeed at least through the first 12 months of age and thereafter as long as “mutually desired” by mother and infant

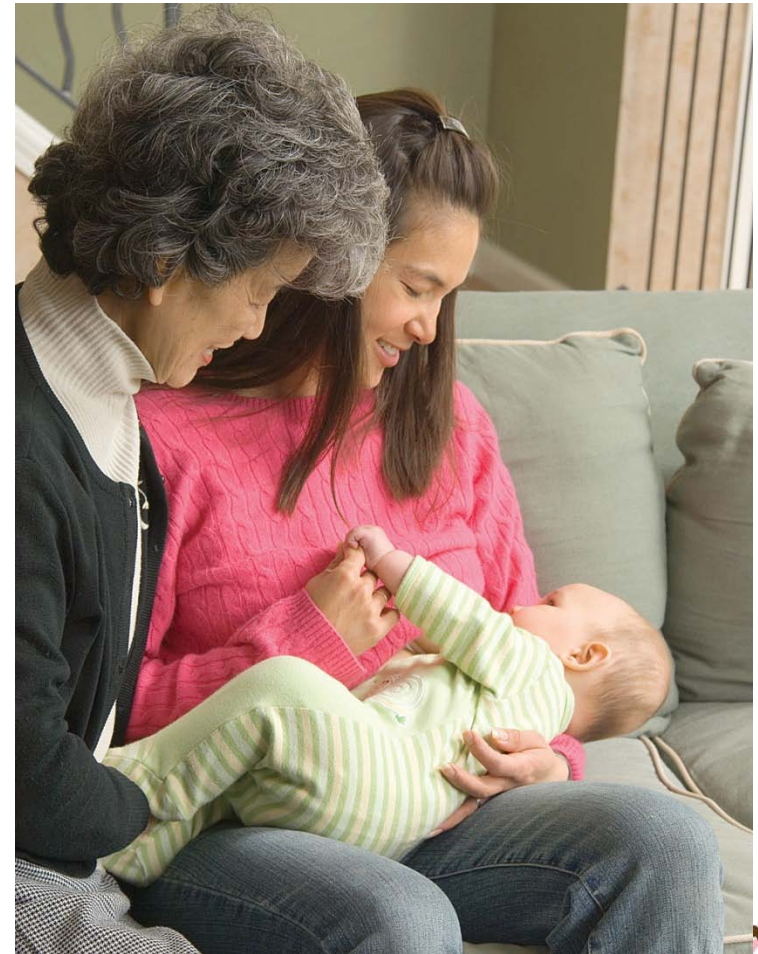
**World Health Organization (WHO)
recommends at least 2 years.*

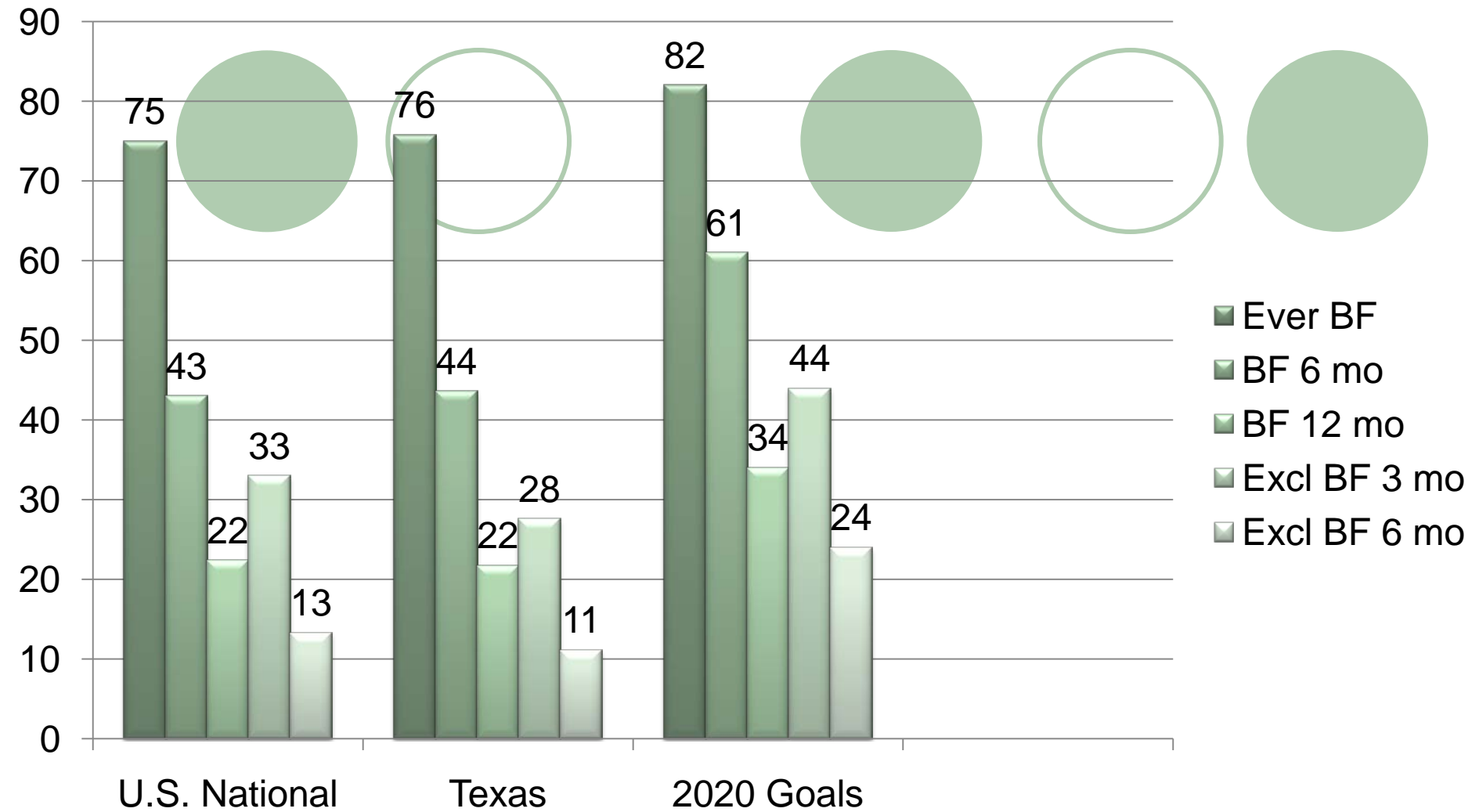
AAP Recommendations

- Breastfeed for **at least** 12 months
- Provide breast milk even when mom and child are separated
- Encourage family & community support
- Media should portray breastfeeding as the norm
- Employers provide facilities and time

Healthy People 2020 Goals

- 82% breastfeeding initiation
- 61% continuing to 6 months
- 34% at 1 year



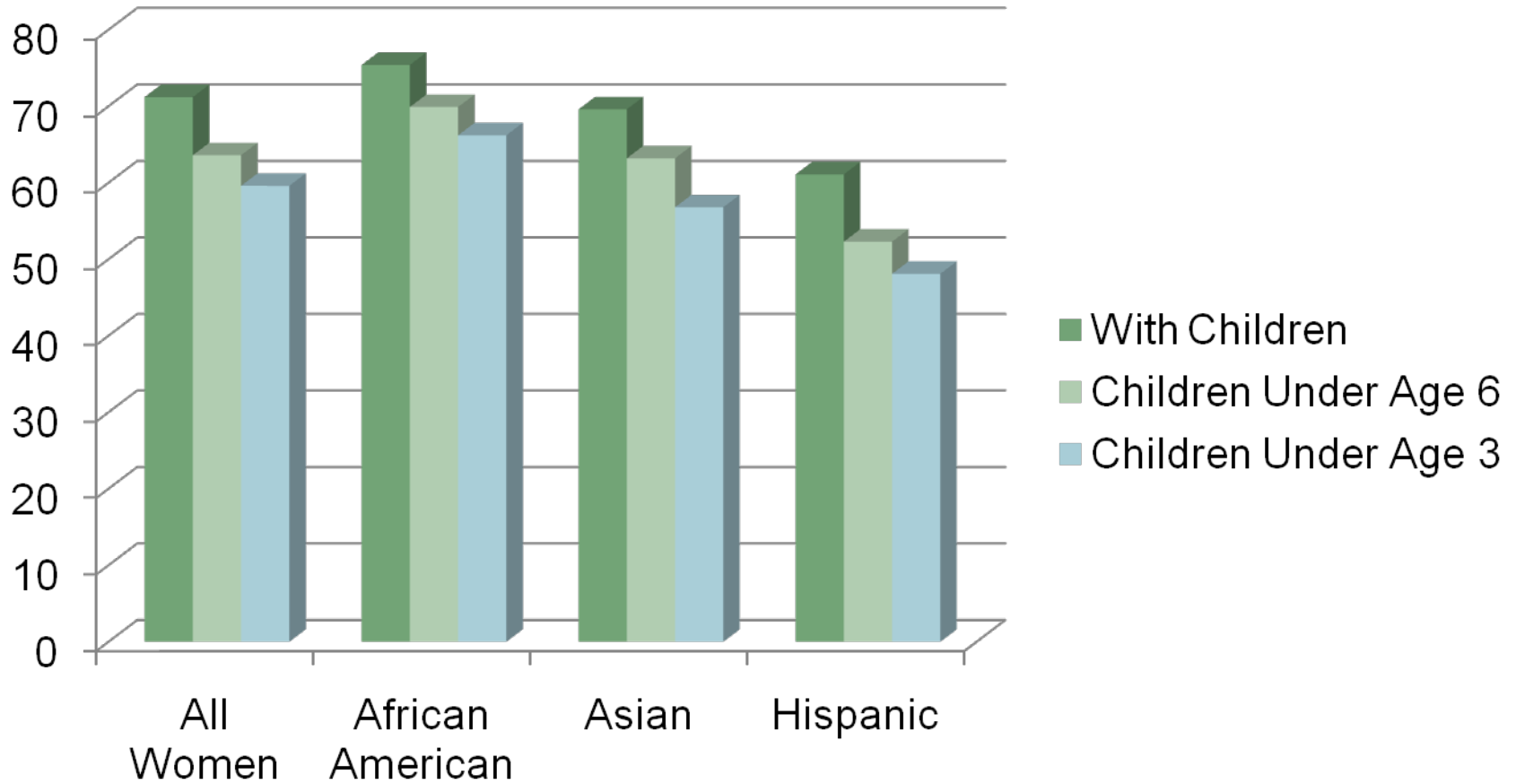
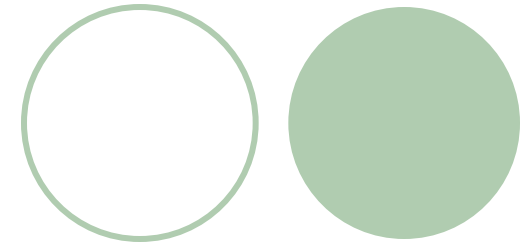


CDC Breastfeeding Report Card - United States, 2010

Women in the Workforce

- 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 significantly associated with lower rates of breastfeeding initiation and shorter duration.

Women in the Work Force





Childcare Settings: The natural and logical place for supporting breastfeeding

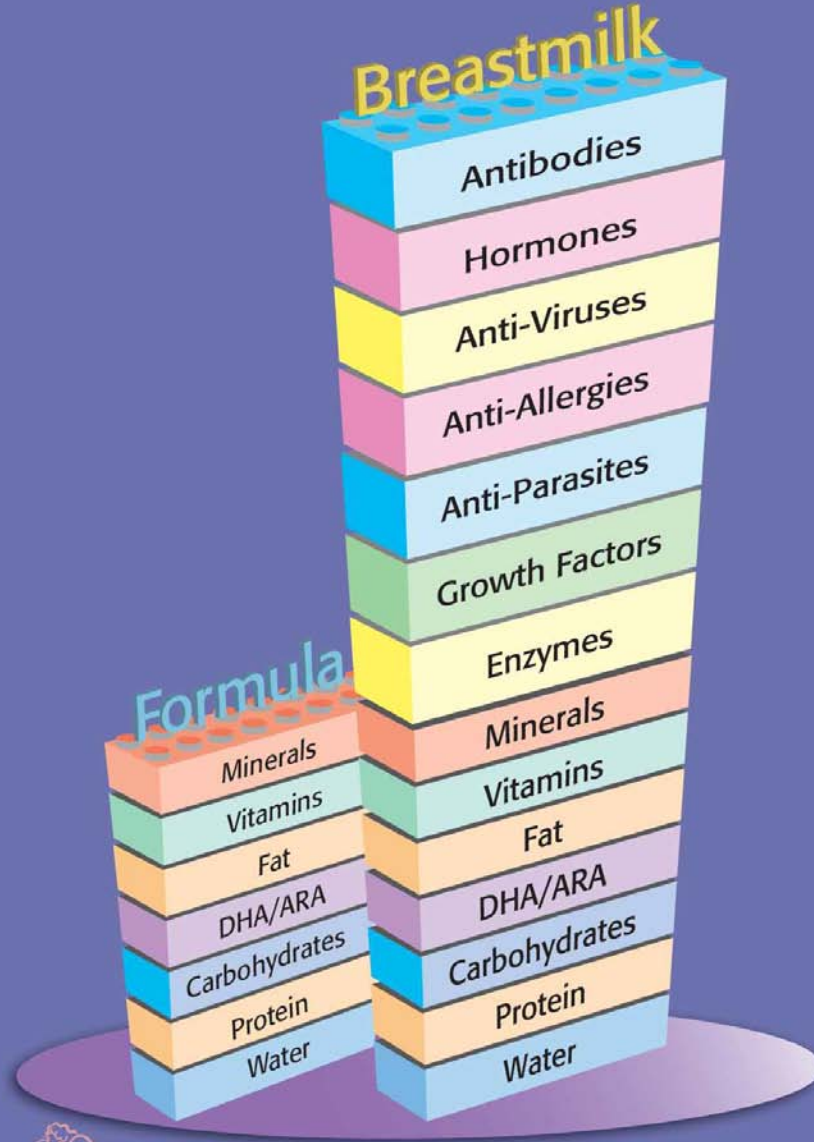
- Design child care facility with equipment and furnishings to support breast feeding
- Provide a welcoming atmosphere that encourages mothers to initiate and continue breastfeeding after returning to work or school
- Provide accurate basic breastfeeding information
- Refer for skilled breastfeeding support
- Designate a space for the safe expression and storage of human milk

United States Breastfeeding Committee. *Breastfeeding and child care* [issue paper]. Raleigh, NC: United States Breastfeeding Committee; 2002.

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
- Providing 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
- Empowering families to advocate at their workplaces for policies that support breastfeeding

Breastmilk Has *More* of the Good Things Babies Need



Human milk changes to meet the needs of the infant



Healthier Babies in the Childcare Setting

- Reduces babies' risk of infections and stomach problems
- Reduces babies' risk of allergic reactions and asthma
- Reduces babies' risk of SIDS
- Reduces babies' risk of childhood leukemia

More Benefits to Baby

- Provides baby with the most easily digested food
- Promotes babies' healthy growth and development
- Reduces babies' risk of obesity & diabetes
- May give baby a higher I.Q. – especially preemies
- Transmits mother's immunities to baby

Breastfeeding Saves Money

In the U.S., the health care system would save at least 2-4 billion dollars annually if mothers were enabled to choose and to succeed in breastfeeding for as little as twelve weeks. Miriam Labbok, M.D., Medical Researcher, Georgetown University



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.

- necrotizing enterocolitis, otitis media, gastroenteritis, hospitalization for lower respiratory tract infections, atopic dermatitis, sudden infant death syndrome, childhood asthma, childhood leukemia, type 1 diabetes mellitus, and childhood obesity

A Pediatric Cost Analysis: The Burden of Suboptimal Breastfeeding in the

United States: *Pediatrics* published online Apr 5, 2010; Melissa Bartick and Arnold Reinhold DOI:

10.1542/peds.2009-1616



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>

Benefits for Mom

- Saves money in formula and healthcare costs
- Provides a special bond between mom and baby
- Burns up to 600 calories a day
- Releases hormones that relax mom
- Uses a natural resource
- Makes traveling easier
- Makes diapers less stinky
- Protects mom against cancer and diabetes

Breastfeeding Benefits Employers

- Reduced staff turnover
- Reduced sick time/personal leave
- Reduced health care costs
- Higher job productivity, employee satisfaction and morale
- Added recruitment incentive for women
- Enhanced reputation as a company concerned for the welfare of its employees and their families

Breastfeeding Benefits Childcare Centers

- Infants are more resistant to illness
- Diapers have less odor
- Baby is happier
- Breastfed baby spits up less



Increased Risks for Babies of Employed Mothers

- Infants in child care centers are at 69% increased risk of hospitalization for respiratory infection (*Kamper 2006*)
- Being in a child care setting doubles odds of needing antibiotics by age 1.5-5 years (*Dubois 2005*)
- Exclusive breastfeeding at least 4 months had protective effect for 2.5 years
- Among infants of employed mothers who were never sick during the first year, 86% were breastfed (*Cohen 1994*)



Support of the Breastfeeding Childcare Employee

<http://www.dshs.state.tx.us/wichd/lactate/mother.shtm>

If your childcare center is interested in becoming a Texas Mother-Friendly Worksite, contact:

Julie Stagg, MSN, RN
Nurse Consultant

**Health Research and Program Development Unit
Office of Title V and Family Health Services
Department of State Health Services
1100 West 49th Street Austin, TX 78756
Phone: (512) 458-7111, ext. 6917
fax: (512) 458-7443**



BREAST MILK

EVERY OUNCE COUNTS



Mother Friendly Workplace Encourages Employers to:

- Support mother with her decision to breastfeed after she returns to work
- Provide flexible work schedule
- Provide accessible location for pumping



To earn their certificate, businesses must show that they:

- This does not need to be extra paid break time. If needed, employees can shorten their lunch hour, come in a little early or leave late to make up the time.
- The room should have an electrical outlet, a small table and a chair. It should not be a bathroom (for hygienic/safety reasons). Many employers provide a hospital-grade multiuser electric breast pump, but this is not required.
- The sink does not have to be in the pump room, but should be nearby, hygienic and easily accessible.
- A refrigerator is preferable, but an employee's personal cooler with ice packs is also an option.

Why should companies become Mother Friendly Worksites?

- It reduces health care costs
- It lowers absenteeism
- It reduces turnover
- It increases morale and productivity
- It earns the business a positive image in the community
- Customers like it

It's the Law!

**Breastfeeding:
THE LAW**

A mother is entitled to breastfeed her baby in any location in which the mother is authorized to be.


*Chapter 165,
Texas Health and
Safety Code*

Information: (512) 458-7111, ext. 6917

Stock # 13-06-10830

**THANK YOU
for nursing your baby.**

Thank you for nursing your baby in public. May future mothers never have to search for a secluded corner, dressing room, or rest room to nourish their babies. Nursing in America is becoming the norm and the credit goes to women like you!

 **BREAST MILK
EVERY OUNCE COUNTS.**



www.breastmilkcounts.com



Suggestions for Pump Room

- Private room with a lock on the door and electrical outlet
- Chair and table
- Running water
- Storage unit
- Pump mothers or company



Pumping in Progress...
Do Not Disturb!
Respected Bosses and
Coworkers: My baby
isn't here yet, but I'm
working hard to get
it here as soon as
possible. Please
excuse my absence
and thank you for
your understanding.





Working & Breastfeeding?

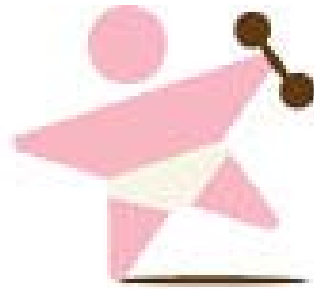
Yes !

With a little loving support!

“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:



BREAST MILK

EVERY OUNCE COUNTS

- <http://www.breastmilkcounts.com/working-moms.html>



Handling of Human Milk

Storage and Feeding



According to OSHA's and CDC's definitions, breast milk is classified as "food" and does not require universal precautions for handling body fluids.

Human Milk Is **NOT** Classified as A Body Fluid*

- 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 a baby.
- You do **not** contaminate human milk by touch. Touching human milk is not hazardous exposure nor a potential contaminant.



What To Do If An Infant Or Child Is Mistakenly Fed Another Woman's Expressed Breast Milk

The Childcare 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.

Discuss the Situation with 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.

Refrigerators and Freezers

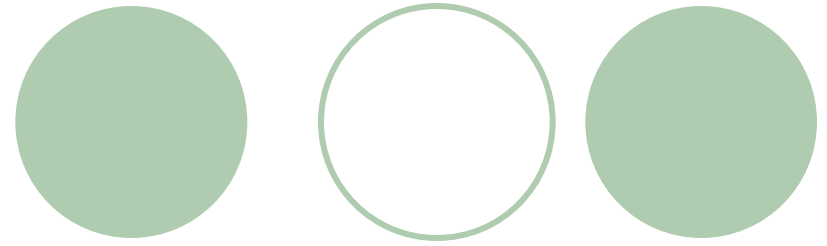
- At home
 - Normal food storage temperatures
 - Freezer that keeps ice cream solid
- In the hospital and childcare settings
 - Refrigerators: 35 to 40 F (1 to 4 C)
 - Freezers: -4 to 4 F (-20 to 2 C)



Storage Guidelines for Term Healthy Infant

- Room Temperature 3-4 hours
- Refrigerator - 5 days
- Freezer - 3 months
- Deep Freeze - 6 months
- Store milk in back of refrigerator or freezer

Storage Amounts



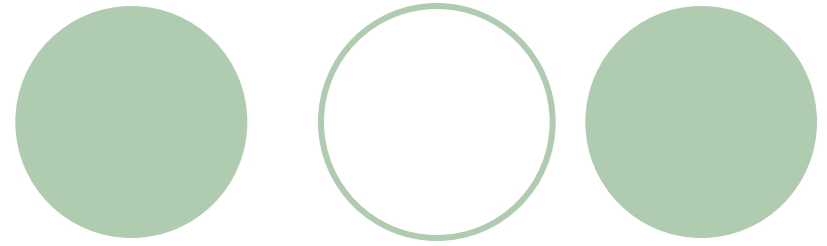
- 2 to 4 ounces for 6 week old
- 4 to 6 ounces for 3 month old
- 5 to 8 ounces for 6 month old



Handling Human Milk

- Clearly label each child's bottle.
- Use the oldest milk first.
- Feed infants expressed human milk on demand.
- Staff should use proper hygiene.

Thawing milk



- Place in warm water.
 - Babies can drink cold 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.

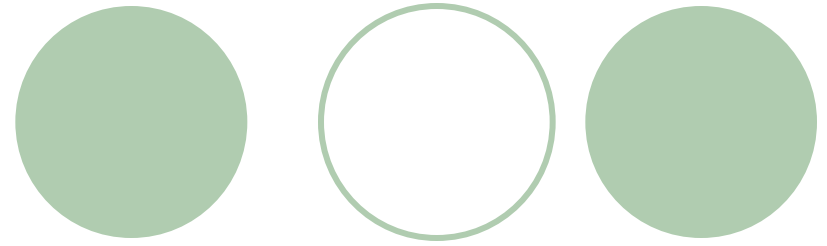
Refrigerated Human Milk

- Place in bowl of warm water.
- Shake gently to mix.

Facts About Storing Human Milk

- Cream rises and forms a separate layer.
- Foods may color the milk.
- Milk can pick up certain scents - onions, garlic, mint.
- Milk may smell “soapy” but is still good.

Odor and Taste



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

Feeding Suggestions for Childcare Worker

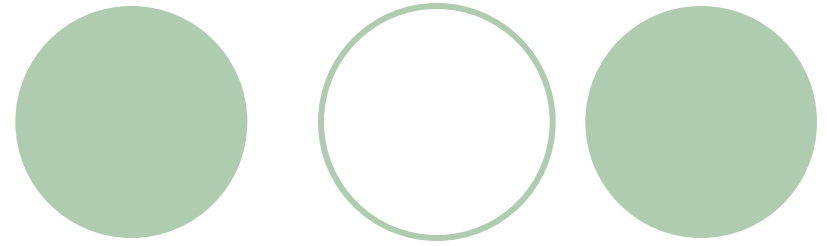
- Feed with hunger cues.
- Hold baby close.
- Burp well.
- Avoid pacifiers for babies under 2 - 3 weeks old.
- Avoid solids before six months.
- Try not to feed baby during the last 2 hrs before mom is due to pick up baby—or if you do, just give baby a “snack.”



Hunger Cues

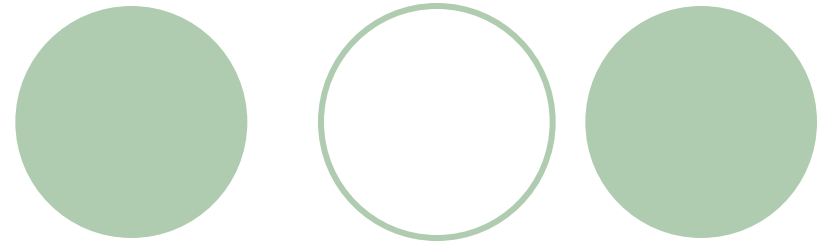
How do I know when the baby is hungry?

Hunger Cues



- Early hunger cues
 - Head moves toward voice
 - Lips smack and tongue reaches
 - Hands move randomly
 - Fist finds mouth

Hunger Cues



- Active hunger cues

- Rooting

- Fidgeting

- Late hunger cues

- CRYING

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



- ▶ Use a slow flow nipple
- ▶ Hold baby upright to feed
- ▶ Bottle should be parallel to your lap
- ▶ Use a round nipple
- ▶ Deep latch to bottle nipple
- ▶ Pace feedings

Other Ways to Be Supportive

- Praise mom for providing the very best nutrition to her baby.
- Keep one bottle of frozen milk for emergencies.
- Keep track of wet, soiled diapers for mom.
- Keep track of amount baby consumes and report to mom.

Things to Remember

- The risks of artificial infant feeding are numerous and can have lifelong implications.
- If breastfeeding is not going well, the solution is to fix the breastfeeding--NOT to “wean to a bottle”.
- Most potential problems are easily managed without interrupting breastfeeding.
- A little human milk is better than none.



Need Help?

Texas Breastfeeding Hotline:

1-800-514-6667

Breast Milk Counts

<http://www.breastmilkcounts.com/index.php>

La Leche League:

1-800-525-3243

www.llli.org

Department of State Health Services

www.dshs.state.tx.us/wichd/



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