



How to Support Breastfeeding Mothers & Families

A Simple Guide for Indiana Child Care Providers



A Partnership between Indiana State Department of Health, Indiana FSSA Bureau of Child Care, Indiana Association for Child Care Resource and Referral, and the Indiana Perinatal Network
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“One of the most highly effective preventive measures a mother can take to protect the health of her infant & 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 want to breastfeed can be greatly improved through active support...”



*Surgeon General's
Call to Action to Support Breastfeeding
Executive Summary
1/20/11 www.surgeongeneral.gov*



Objectives

Basic Understanding of:

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



The Wonder of Breast Milk

- 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 1.5 to 3 hrs





Brain Food

- All mammal mothers provide milk for their babies & each species has species specific milk
- Cow milk is designed to grow girth & body mass
- Breast milk is designed to grow brains; Humans have the largest brains of all mammals
- At birth, the human brain is 25% of its adult size - At the age of 1 year, it has grown to 75% of its adult size



Breastfeeding Duration

American Academy of Pediatrics recommends:

- Breastfeed exclusively for 6 months
- Continue to breastfeed for at least the first year of life & for as long as mom & baby desire
- Provide breast milk when mom & 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

What Breast Milk 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



Photo credit: Indiana Mothers' Milk Bank



Breast Milk Storage & Handling

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

Example:
Full Name: Jamie Doe
Date pumped: 1-1-11
Time pumped: 3 pm

- Best for moms to store frozen milk in small portions to cut down on waste (1 to 4 ounces)
- Moms must label milk with infant's full name, date & time collected
- Discuss milk storage with parents
- Use storage guidelines from the Academy of Breastfeeding Medicine



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



Photo credit: Indiana Mothers' Milk Bank



Warming Breast Milk

- Warm bottles under warm running water, placing them in a container of warm water, or with bottle warmers
- 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



Storage Guidelines for Healthy Full Term Infants

- Room Temperature (up to 77°F) 6 - 8 Hours
 - Containers should be covered & kept as cool as possible
- Insulated Cooler Bag (5-39°F) 24 Hours
 - Keep ice packs in contact with milk containers at all times, limit opening cooler bag.
- Thawed Milk (previously frozen) in Refrigerator (39°) 24 Hours
- Fresh Milk in Refrigerator (39°) 5 Days
 - Store milk in the back of the main body of the refrigerator.
- Freezer compartment inside a refrigerator . . . 2 Weeks
- Freezer (0°F) 3 - 6 Months
 - Store milk toward the back of the freezer, where temperature is most constant
- Deep Freezer (-4°F) 6 – 12 Months

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

www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm

Feeding Tips for Breastfed Babies

Handling Breast Milk

- Store milk in small amounts (1-4 ounces), labeled with baby's name and date collected
- Store milk in back of refrigerator or freezer
- Thaw milk in refrigerator or in a bowl of warm water
- Warm milk by using warm, not hot, water (never microwave)
- Breast milk may separate—swirl gently to mix (never shake)
- Use oldest milk first; never refreeze thawed milk

Breast Milk Storage Guidelines

Location	Temperature	Duration
Room temperature	up to 77°F	6-8 hours
Insulated cooler bag	5-39°F	24 hours
Refrigerator (thawed milk)	32-39°F	24 hours
Refrigerator (fresh milk)	32-39°F	5 days
Freezer inside refrigerator	5°F	2 weeks
Freezer with separate door	0°F	3-6 months
Deep freezer	-4°F	6-12 months

Feeding the Breastfed Baby

- Breast milk is easily digested, so babies may eat more often (every 1.5-3 hours)
- Watch for hunger cues: turning head from side to side, sucking, hand movements toward face, smacking lips
- Crying is a late hunger cue
- Feed small amounts of milk, adding more as needed
- Feed slowly with frequent pauses
- Slow flow nipples are recommended

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Storage Guidelines Source: Academy of Breastfeeding Medicine, 2010



Breast Milk 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 breast milk is not an "occupational exposure"

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

What Does This Mean for Child Care Providers?

You do NOT:

- Become contaminated by touching human milk
- Need to wear gloves when feeding or handling human milk
- Need to store human milk in a separate refrigerator





What to Do if a Child Drinks Another Mother's Milk

- If a child has been mistakenly fed another child's bottle of expressed milk, there could be a possibility of exposure to infectious disease
- **Risk of transmission of disease is low**
- Mother who provided the milk should have blood test for communicable disease & share results with family of affected child
- For specific protocol, visit
http://cdc.gov/breastfeeding/recommendations/other_mothers_milk.htm



Communicate to Help Maximize Breast Milk

- If a mom nurses at pick up, it may be important not to give a bottle right before she arrives
- You can give mom back her milk that her baby didn't drink!
- Milk with more than 1 ounce may be returned to the family at the end of the day as long as the child has not fed directly from the container
- Warm up smaller amounts of milk & make smaller bottles to reduce waste

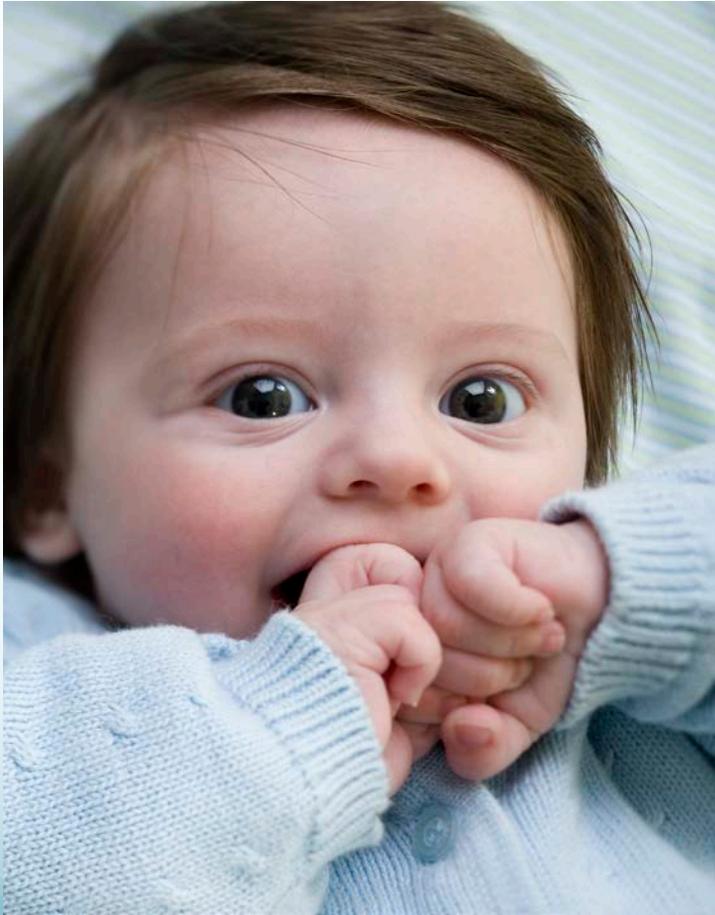




A Higher % of Breast Milk is Used by the Baby

- Formula has more indigestible matter so formula fed babies usually drink larger bottles than breastfed babies
- Breast milk is almost completely utilized by the baby
- Breastfed babies do NOT need larger bottles as they get older & bigger
- Volume of breast milk a baby drinks at 1 month is about the same as at 6 months
- Breast milk intake begins to slowly decrease after 6 months as solids are introduced
- It is **rare** for a breastfed baby to drink an 8 ounce bottle

Feed Babies When They Show Early 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**



Helping Breastfed Babies to Bottle Feed

- Advise parents to begin bottle/cup feedings before 1st day in Child Care
- Milk comes out of breasts like waves on the beach - There are breaks & pauses
- Milk comes out of a bottle like a faucet - Babies are not used to the flow - Pausing as you bottle feed really helps
- It is easy to feed too much or too fast with a bottle

Babies Need Pauses

- 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
- Slow flow/Wide based nipples are preferred
- Some infants prefer sippy cups to bottle nipples



Effect of Growth spurts on Breastfeeding

- Growth spurts common around 10 days, 3 weeks, 6 weeks, 3 months & 6 months, lasting 2-3 days
- Baby will show more frequent feeding cues
- Critical & stressful time for mom to keep up with increased demand for milk
- If mom & baby were not separated, baby would adapt by nursing more frequently
- Most helpful for mom to pump & nurse more often



What is Reverse Nursing?

- Reverse nursing is when babies prefer to feed more when their moms are present & less when they are absent
- Care provider may be concerned that baby is not eating enough if baby is reverse nursing
- Discuss with mom how much baby nurses when baby is not at Child Care



Bowel Movements . . .

- Tend to be soft, runny, loose, smooth, seedy & a golden tan or Dijon mustard color
- Are sometimes confused with diarrhea - Diarrhea is more watery & less smooth
- 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



Why Do Moms Need Your Support?

- 86% of Moms desire to breastfeed *(CDC, Unpublished Data)*
- 75% of Moms start out breastfeeding, 73% Indiana
- 60% of Moms do not reaching personal breastfeeding goals *(CDC, Unpublished Data)*
- Returning to work is primary reason for ending breastfeeding *(Cardenas, 2005)*
- Don't breastfeed as long if their baby is in Child Care *(Cardenas, 2005)*



Critical Times to Support Moms

- Transitioning to work or school
- Changes in work schedule
- Growth spurts/Teething
- If mom or baby is ill or start new medication
- Stressful family time - Moving, financial, health, death
- If mom doubts her supply or isn't bringing enough milk



Moms are Not Getting What They Need to Succeed

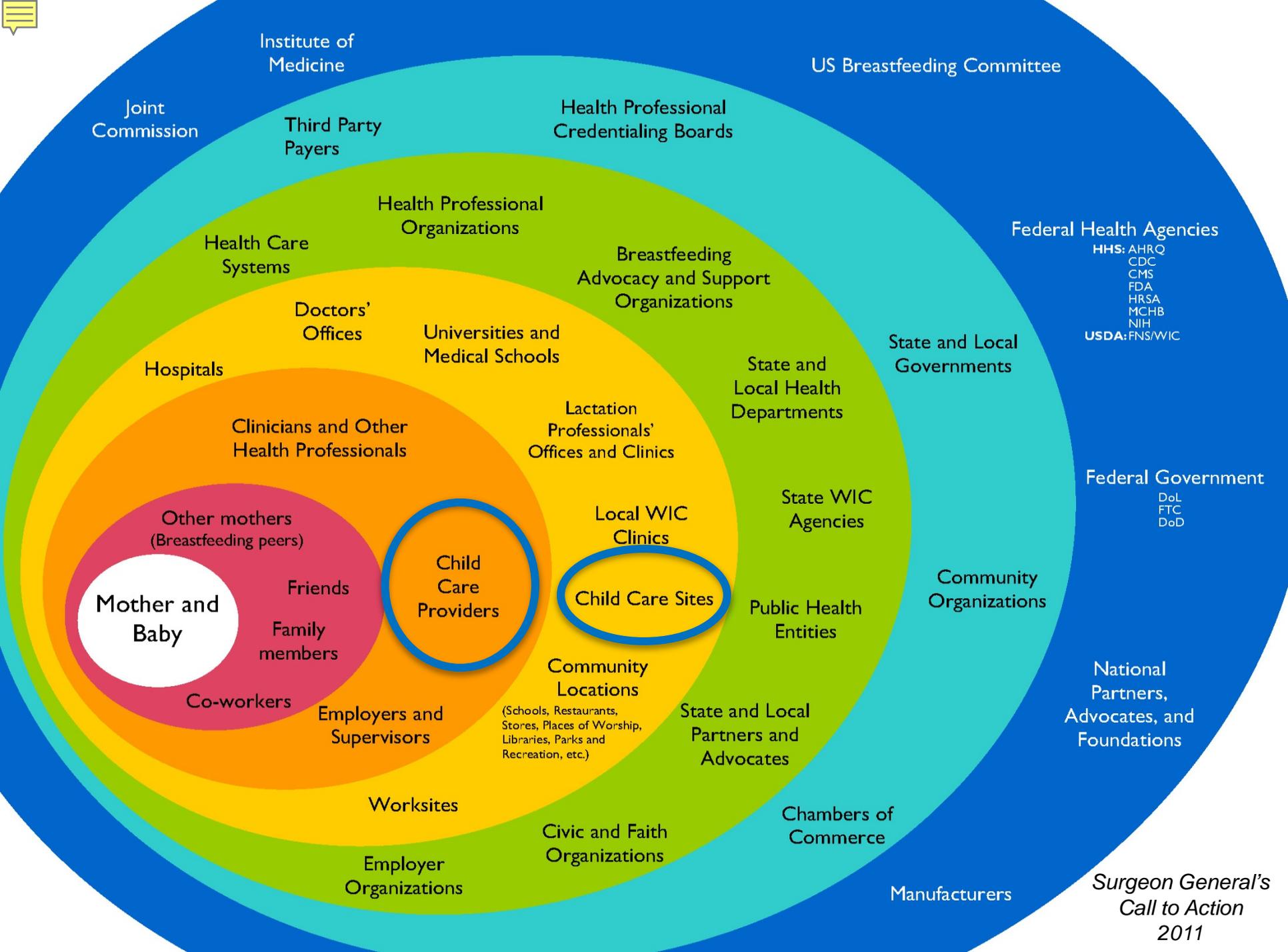
Many Moms struggle to continue because:

- Maternity leaves are short compared to other industrialized countries
- Lack of experience or understanding about breastfeeding from professionals, family & friends
- Not all hospital practices are supportive
- Lack of awareness of the importance of breastfeeding

You Help Nurture Breastfeeding Success

- You have high profile environments
- Parents turn to you for encouragement & support - They see you daily & feel good discussing baby issues with you
- If breastfeeding challenges arise you can help them continue by providing resources & referrals





Joint Commission

Institute of Medicine

US Breastfeeding Committee

Third Party Payers

Health Professional Credentialing Boards

Health Care Systems

Health Professional Organizations

Breastfeeding Advocacy and Support Organizations

Federal Health Agencies

HHS: AHRQ
CDC
CMS
FDA
HRSA
MCHB
NIH
USDA: FNS/WIC

Doctors' Offices

Universities and Medical Schools

State and Local Governments

Hospitals

State and Local Health Departments

Clinicians and Other Health Professionals

Lactation Professionals' Offices and Clinics

Federal Government

DoL
FTC
DoD

Other mothers (Breastfeeding peers)

Local WIC Clinics

State WIC Agencies

Mother and Baby

Friends
Family members

Child Care Providers

Child Care Sites

Public Health Entities

Community Organizations

Co-workers

Employers and Supervisors

Community Locations
(Schools, Restaurants, Stores, Places of Worship, Libraries, Parks and Recreation, etc.)

State and Local Partners and Advocates

National Partners, Advocates, and Foundations

Worksites

Civic and Faith Organizations

Chambers of Commerce

Employer Organizations

Manufacturers

Surgeon General's Call to Action 2011



How Can You Help?

- Encourage moms to get help when concerns arise - Most breastfeeding issues can be managed
- Support & advocate for breastfeeding
- Invite moms to nurse onsite
- Offer a private space with a chair and an outlet (not a bathroom) for women to pump
- Be the mother's cheerleader & enthusiastic supporter



Techniques for Moms to Increase Milk Production

- Most moms are capable of making plenty of milk -There is a difference between needing to increase production & being unable to produce
- Waiting until breasts feel full to pump or nurse can actually slow milk production
- Encourage moms to pump & nurse as often as possible



- Think about baby or look at picture while pumping
- Relaxation is important
- Pump longer when possible – 2.5 minutes after drops stop to prompt body to make more milk
- General rule of thumb – The more you pump/nurse, the more milk you make



When Women Don't Breastfeed...

- They recover more slowly after birth
- **Have Increased risk of:**

Breast Cancer	Ovarian Cancer
Endometrial Cancer	Cardiovascular Disease
Osteoporosis	Type 2 Diabetes
High Blood Pressure	Metabolic Syndrome
Anemia	Postpartum Depression
- The longer a woman breastfeeds, the more her risk of breast cancer goes down



When Babies Don't Breastfeed...

- 56% higher risk of SIDS
- 35% higher risk of Asthma (no family history)
- 67% higher risk of Asthma (with family history)
- 100% higher risk for Ear Infections
- 178% higher risk for Diarrhea & Vomiting (Gastrointestinal Infections)
- 64% higher risk for Type 2 Diabetes
- 23% higher risk for Acute Lymphocytic Leukemia
- 138% higher risk for Necrotizing Enterocolitis (NEC) in preemies
- Risk of lower I.Q. – Average of 8 points lower

Agency for Healthcare Research and Quality (AHRQ,2007)

Breastfeeding & Obesity Reduction

- Infants 8 months of age who are fed non-human baby milk consumed 30,000 more calories than the breastfed infant at the same age (*Garza, 1987*)
- 32% higher risk of childhood obesity if never breastfed



**Infants fed on cue are in control of the frequency & amount of feedings
This has been found to reduce the risk of childhood obesity**



Every Ounce Counts

- Any amount of breastfeeding is better than none
- Advantages of breastfeeding are dose related – More breastfeeding = Greater benefit
- Exclusive breastfeeding is recommended for first 6 months (no food/formula)
- The longer a woman breastfeeds the healthier it is for both mom & baby
- Many moms like knowing that their milk helps keep their babies healthy while they are at work

Breastfeeding Saves \$\$\$

- Families & Taxpayers save \$ - Formula is never free
- Babies sick less often
 - Health care savings
 - Fewer employee sick days
- WIC gives more food to moms/babies who are not receiving formula
- The cost of formula feeding 1 baby per year
 - Generic formula: \$1,129 – walmart.com
 - Name brand formula: \$2,506 – walmart.com
 - Specialty formula: \$4,263 – diapers.com

(Prices 1/20/11)

Breast Milk Can Save Your Center Money

- Breast milk is part of the meal pattern if you participate in the Child & Adult Care Food Program (CACFP):
 - Breast milk can be a reimbursable component of the infant meal pattern if fed to infants by care provider
 - Breast milk is free - Nothing for you to buy, more \$ in your pocket
 - For children over 12 months, breast milk may be a substitute for cow's milk in the meal pattern
 - A Doctor's statement is required



The Benefit of Breastfeeding to Communities

Human milk is a natural, renewable resource
Breastfeeding reduces our carbon footprint

- No manufacturing pollution - No product to transport - No packaging deposited in landfill
- 1 million babies = 150 million containers of formula consumed - *Surgeon General's Call to Action to Support Breastfeeding Executive Summary*
- If 90% of families breastfed exclusively for 6 months, 911 infant deaths in the United States could be prevented & the U.S. would save \$13 billion dollars per year - *Bartick M, Reinhold A. Pediatrics. 2010 May; 125(5):e1048-56. Epub 2010 April 5*



Community Savings for 1 Small Indiana County for 1 Month . . .

**If every baby born in Dubois County, IN in 2009
breastfed for JUST 1 MONTH. . .**

Savings on formula costs \$144,790

Decreased # of formula cans in landfill 29,016

**Estimated monthly savings in doctor visits for
babies \$152,100**

Population of Dubois County: 14,140



Know Laws that Support Breastfeeding

- Indiana has a state law protecting a woman's right to breastfeed in public – Ind. Code 16-35-6 (HB 1510)
- Indiana has a state law protecting a mom's right to pump at work - Senate Enrolled Act Number 219
- 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



How Does Breastfeeding Affect Child Care Providers?

- Breast milk doesn't stain clothes
- Supporting family decision to breastfeed = Satisfied customers
- Babies are sick less often
- Less spitting up
- Less gas & colic, babies are more comfortable
- Diapers have less odor



“Start at Home”

Support Your Employees

- Help your staff members succeed at breastfeeding
- Care providers who have breastfed are resident experts & role models
- Supporting your staff helps you know how to better serve your breastfeeding customers
- Training your staff now may help them breastfeed in the future



Welcome & Support Breastfeeding Families

- Have care policies & care plans in place that support breastfeeding
- Highlight staff expertise
- Invite mothers to breastfeed & pump at your location
- Proudly display the “We Care for Breastfed Babies” decal &/or certificate



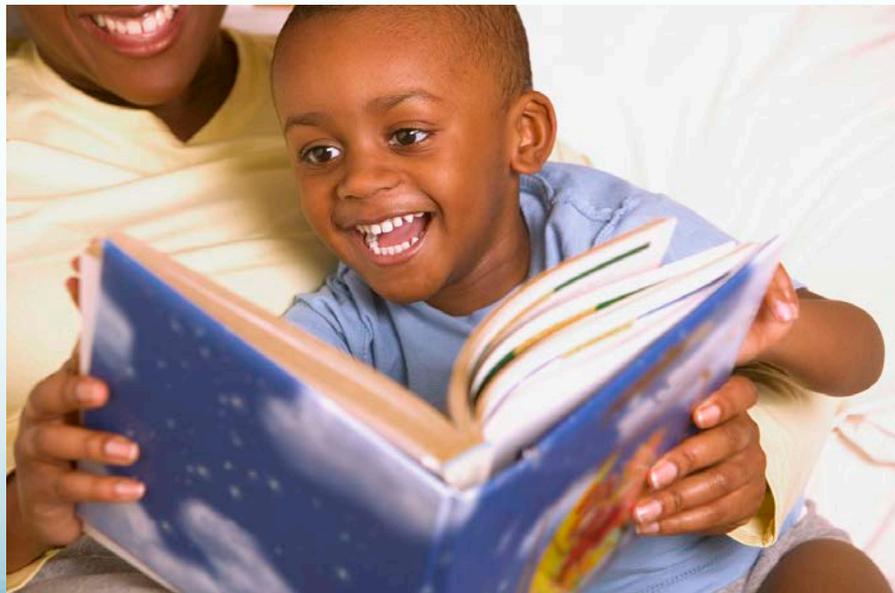


When Parents Visit/Tour

- Share your commitment to the importance of breastfeeding, especially exclusive breastfeeding
- Show where moms can nurse & pump onsite
- 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 www.indianaperinatal.org

Create an Environment Where Breastfeeding is Normal & Natural

- Offer books about mammals & how mammals feed their young
- Consider displaying artwork or posters showing moms and babies nursing



Summary

- Breast milk provides babies optimal human nutrition
- Following safe handling & storage guideline makes your job simpler
- Breastfed babies typically show hunger cues every 1.5 to 3 hours & eat slowly with frequent pauses
- 75% 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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