

Model Policy: Human Milk Feeding Promotion and Support in Early Care and Education Settings

Background Information

Human milk is the ideal food for infants to both nourish them and protect them from illness. Exclusive breastfeeding (feeding a child human milk) is ideal nutrition and sufficient to support optimal growth and development for the first 6 months of life. Gradual introduction of solid foods in the second half of the first year should complement the human milk diet. Continued breastfeeding/chestfeeding/feeding human milk is recommended throughout the first year or as mutually desired by mother and child.

Children who are fed human milk have reduced risks for:

- Ear infections
- Upper and lower respiratory infections
- Diarrhea and other gastrointestinal (GI) tract infections
- Sudden Infant Death Syndrome (SIDS)
- Obesity
- Type I Diabetes
- Allergies, Asthma and Eczema
- Some types of childhood cancer
- Crohn's disease, Ulcerative Colitis, Celiac and inflammatory bowel disease.

Breastfeeding is good for mothers/parents because it:

- Helps them get their bodies back in shape after pregnancy
- Promotes bonding
- Is associated with a decreased risk of Type 2 Diabetes
- Reduces the risk of breast and ovarian cancers
- Reduces hypertension risk
- Takes less time than using infant formula, once well established
- Saves money

Providing human milk is good for child care professionals because they have:

- Babies with less colic and spitting up
- Babies who are sick less often
- Human milk that does not stain clothes
- Mothers who feel good about child care because they can continue to provide human milk to their child

Providing human milk helps everyone because it:

- Leads to healthier people
- Decreases infant death rates
- Lowers food costs for families because they don't need to buy infant formula
- Makes less trash and pollution because there are fewer cans to throw away

Today, whether by choice or necessity, the majority of mothers with infants and younger children are either employed or in school. Therefore, millions of infants and young children spend a part of their day in a child care setting. Therefore, child care providers play a vital role in supporting a mother's continuation of breastfeeding.

Intent of Policy

This policy is designed to assist child care providers in supporting breastfeeding mothers and infants and in protecting the health of breastfed infants.

Intent of Child Care Program

We support and encourage the breastfeeding mother's/parent's decision to continue to breastfeed their child. In keeping with this philosophy, our program will:

- Provide a welcoming atmosphere that encourages mothers to initiate and continue breastfeeding after returning to work or school
- Train staff on the benefits of breastfeeding and on the practices that support a breastfeeding mother
- Train staff to provide accurate basic breastfeeding information and referrals for breastfeeding support when necessary
- Train staff on how to store, handle and feed human milk
- Provide a designated private space for mothers/parents to breastfeed their children on site or to express human milk (should include chair, sink, table, and electrical outlets)
- Feed infants on demand and always hold them during feedings

Assisting the Breastfeeding Mother/Infant in the Transition from Home into the Child Care Setting

Work with parents to develop a process for familiarizing the infant with bottle feedings prior to starting child care.

Develop a feeding plan with the parents.

If the infant does not feed well from a bottle, consider the use of a syringe or cup for feeding during the transition period.

Ask the mother to bring in her expressed milk in clean and sanitary sealed bottles or containers that prevent spilling. Bottles made of plastics containing BPA or phthalates should be avoided (labeled with #3, #6, or #7). Bottles labeled BPA-free or with #1, #2, #4, or #5 are acceptable.

Frozen human milk may be transported and stored in single-use plastic bags and placed in a freezer with a separate door a stand-alone freezer and not in a compartment within the refrigerator.

Handling and Storage of Human milk

All human milk will be labeled with the infant's full name (first and last name) and the date it was brought to the child care. Human milk should be clearly labeled and use an organizational system to help prevent milk mix-ups.

Human milk will be stored in a designated space within the refrigerator and freezer. This space will be: _____.

Frozen human milk will be stored for no more than 3 months and should be stored towards the back of the freezer. Frozen human milk should never be stored in the door of the freezer.

Rotate storage containers so human milk with the earliest date is used first.

Frozen human milk will be thawed in the refrigerator overnight, set in a container of warm or lukewarm water or under running lukewarm water.

Frozen human milk will be stored at 0° F (-18° C) or less.

Thawed milk will not be refrozen.

Staff will wash their hands using proper hand washing techniques before handling human milk.

Human milk does not need to be warmed but some children prefer their milk warmed to body temperature, around 98.6° F (37° C). The temperature of the human milk will not exceed 98.6° F. (37° C). Human milk can be warmed by using one of the following:

- In a waterless warmer
- By placing the container of human milk into a separate container of lukewarm water
- By placing the container of human milk under running lukewarm (no hot) tap water for a few minutes

The microwave will not be used to warm human milk. Microwaving can destroy protective factors present in human milk and can create hotspots in the milk that can burn the child's mouth.

The Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) both consider human milk to be "food" and not a "body fluid", so universal precautions are not necessary (gloves do not need to be worn when handling human milk) and human milk may be safely stored in the same refrigerator as other foods.

Feeding Human Milk to a Child

Pay attention to hunger signs and adhere to “cue feeding”, since crying is a late sign of hunger.

Always hold a breastfed child during feeding (never prop a bottle).

Avoid feeding a breastfed child right before the mother/parent arrives to pick the child up, since this is an ideal time for the mother to nurse and this will help mother keep a good milk supply. Discuss this issue with the mother/parent to learn her/their preferences.

To limit the amount of human milk that must be thrown away, initially fill bottles with less milk than you think will be necessary for the feeding. Have additional milk available to add to the bottle if needed.

Throw away the contents of any bottle not fully consumed in one hour. Leftover human milk cannot be refrigerated and used later.

Return any unused refrigerated milk to the family after 2 days (unfrozen human milk can only be kept at the child care program for 2 days but can be kept in the home 5-8 days but 4 is optimal).

If a child has been fed another child’s bottle of human milk, this shall be treated as an accidental exposure to a body fluid (the risk of transmission of infectious diseases is small). CDC’s experts recommend health care and childcare providers take specific actions as soon as possible after this kind of error to prevent adverse health consequences. If a child is mistakenly fed another child’s bottle of expressed human milk, follow these steps:

- Inform the mother/parents whose human milk was given to another child, and ask her:
 - When was the human milk expressed and how was it handled prior to being delivered to the caretaker or facility?
 - Would she/they be willing to share information about her/their current medication use, recent infectious disease history, and presence of cracked or bleeding nipples during milk expression with the other family or the child’s pediatrician?
- Discuss the event with the parent(s) or guardian(s) of the child who was given the wrong human milk:
 - Inform them that their child was given the wrong human milk.
 - Inform them that the risk of transmission of infectious diseases is small.
 - If possible, provide the family with information on when the milk was expressed and how the milk was handled prior to its being delivered to the caretaker.
 - Encourage the parent(s) or guardian(s) to notify the child’s physician of the situation and share any specific details known.

When a milk mix-up occurs, any decisions about medical management and diagnostic testing of the child who received the wrong human milk should be based on the details of the individual situation and be determined collaboratively between the child’s physician and parent(s) or guardian(s).

Lactation Resources

Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs. 5th edition. <http://nrckids.org/>

MilkWorks is a non-profit breastfeeding center designed to help mothers have a positive breastfeeding experience. 5930 South 58th Street / Lincoln, NE / (402) 423-6402
<http://www.milkworks.org/>

Breastmilk storage Chart for Childcare settings: https://milkworks.org/file_download/inline/9dd03743-d91c-4045-ade8-a47d79034510

Tips for Caregivers- Ideas on ways to help breastfeed baby with bottles:

https://milkworks.org/file_download/inline/dc04e191-5c59-49aa-aa55-a7701a55c58d

WIC (Women, Infants and Children Supplemental Nutrition Program), 1-402-471-2781

The WIC program offers eligible families nutrition education, supplemental foods, breastfeeding counseling and encourages referrals to community health resources

La Leche League, 1-800-La-Leche or www.la lecheleague.org

An international, nonprofit, nonsectarian organization dedicated to providing education, information, support and encouragement to women who want to breastfeed.

Cup Feeding handout: <https://www.llli.org/cup-feeding/>



Lincoln-Lancaster County
Health Department

This policy was developed from the Caring for our Children: National Health and Safety Performance Standards, Nebraska Child Care Licensing and Rules and Regulations Breastmilk Storage Guidelines, and the Center for Disease Control (CDC) Proper Storage and Preparation of Breastmilk.