

# TIPS FOR THE CHILD CARE PROVIDER OF A BREASTFEEDING BABY

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*Breastfeeding is not only important for mothers and babies, but is also beneficial to child care providers. Breast milk is free and does not cost the mother or child care provider anything. Meals containing breast milk supplied by the parent or the facility are reimbursable under the Child and Adult Care Food Program (CACFP). Because of natural immunities in breast milk, breastfed babies are generally healthier and have fewer ear infections, fewer episodes of stomach upset and less diarrhea. Your staff will appreciate taking care of healthier babies instead of dealing with medications, multiple changes in formula and fussy babies.*

- Breastfeeding mothers that are returning to work will look for child care providers that are supportive and understanding of their needs.
- The American Academy of Pediatrics recommends babies be exclusively breastfed for 12 months or longer, or for as long as both mother and baby would like. Solid foods may be introduced at 6 months.
- Breast milk contains many essential nutrients that are not found in formula, and it is important to provide a positive environment for breastfeeding mothers, their babies and families.
- Child care providers can support breastfeeding mothers as they transition back to work or school by learning more about breastfeeding and following these guidelines.

## Arrange for a day prior to the mother's return to work to meet and discuss:

- Timing and frequency of feedings
- How to handle any issues with feeding
- Identify any bottle or nipple preferences
- Identify a private space where moms could breastfeed at the child care center

## Handling Breast Milk:

- The American Academy of Pediatrics, the Center for Disease Control and Prevention, and the Occupational Safety and Health Administration recognize that breast milk should be treated with the same care and respect as other foods and nutritional supplements.
- Breast milk can be safely stored for up to **eight days in the refrigerator** and up to **three months in the freezer**.
- Breast milk should be labeled with the **infant's name**, the **date it was collected** and the **date it was thawed** (if it was previously frozen).
- Due to its nutritional composition, breast milk has a unique consistency and can separate, which is normal. While you can gently shake breast milk, it **should not be shaken vigorously**.
- **Never microwave breast milk**. Instead, warm or thaw it by placing the breast milk in a container of lukewarm water or bottle warmer.



**Bottle-Feeding Breastfed Babies:**

- The goal is to make bottle feeding breast milk very similar to feeding directly from the breast. That means pacing the feeding so that it takes about 20-30 minutes for the newborn (shorter for the older baby). Sometimes babies get used to the fast flow of the bottle and are reluctant to return to the breast.
- Paced bottle feeding allows the baby to be in control of the feeding as he is when breastfeeding. Hold the bottle nearly horizontal and hold the baby nearly upright to avoid the fast flow from the bottle.
- Breastfed babies become hungry every 1.5-3 hours.
- Position the holes in the bottle nipple so that they are pointed toward the roof of the baby’s mouth and so that the nipple is all the way in the baby’s mouth to ensure that the baby is receiving an appropriate flow of breast milk.
- Never force-feed a baby. Feed the baby slowly and watch for hunger cues. (See Chart Below)



**CORRECT:** Baby is upright and the bottle is horizontal.



**INCORRECT:** Baby is flat and bottle is nearly upright.



**INCORRECT:** The flow is too fast for this baby. Note his stressed look, raised shoulders and clenched fists.

| <b><i>Feeding Cues From Baby</i></b>               |   |
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| <b><i>Hunger Cues</i></b>                          | Making sucking motions with the lips, opening and closing the mouth, sticking out the tongue, puckering of the lips, rooting reflex, hand to mouth reflex, hunger cry               |
| <b><i>Signs the bottle feeding is too fast</i></b> | Agitation, tension, grimacing, gasping for air, taking frequent breaks, panicked look in the eyes, milk running out of the corners of the mouth, flailing arms, pushing bottle away |
| <b><i>Signs the bottle feeding is too slow</i></b> | Agitation and grimacing, shaking head side-to-side, refusing the bottle, biting on the bottle nipple  |
| <b><i>Baby is full when</i></b>                    | No longer interested in sucking, turning the head away from breast or bottle, falling asleep  |

**Washington County Breastfeeding Coalition**  
<http://www.livinghealthywc.org/Breastfeeding.html>  
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Sources: Lactation Education Resources. [www.LactationTraining.com](http://www.LactationTraining.com) March 2014.  
 Wisconsin Department of Health and Family Services. *Loving Support Makes Breastfeeding Work: Taking Care of Breastfed Babies for Childcare Centers.* February 2004.