

Working with Childcare Centers to Promote Breastfeeding-Friendly Practices

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Objectives:

1. Identify at least two strategies for building support for breastfeeding among childcare providers.
2. Name at least two resources to assist in training and educating childcare providers.

Impact of Childcare on Breastfeeding Outcomes

- Numerous studies show that mothers who return to work full-time are less likely to continue breastfeeding than those who work part-time or not at all. (Ryan 2006)
- A recent study compared women returning to work within 1-6 weeks to those who had not yet returned to work and found greater odds of continuing any breastfeeding beyond 6 months among those who had not yet returned to work. (Ogbuanu 2011)
- Breastfeeding is crucial for all infants, but especially for those who will be cared for in child care settings. Infants in child care have double the odds of needing antibiotics by age 1.5 years. However, when they are exclusively breastfed for at least 4 months, there is a protective effect for 2.5 years. (Dubois 2005)
- In 2012, 57% of all mothers with infants were employed (DOL 2012). As a result, many children are regularly cared for by someone other than their mother from birth to age 4. (Federal Interagency 2010).
- U.S. Census Bureau data (Laughlin 2010) shows that:
 - 63% of the 20 million children under 5 years of age in the U.S. are in some kind of regular child care arrangement.

- 41% of children are cared for by a relative (23% by a grandparent and 16% by the baby's father).
- 35% are cared for by a non-relative such as day care center, Head Start, nursery school, etc.
- 11% were regularly cared for by
- Infants and children spend an average of 32 hours each week in child care
- Breastfeeding data shows that breastfeeding rates at 6 months postpartum are significantly lower among infants who were in child care than among those who were not (Li 2005; Benjamin 2009). Another study found that infants less than 3 months placed in child care are less likely to have ever been breastfed than infants who were not. (Kim 2008)
- Child care providers are in a pivotal position to provide support for breastfeeding families.
- A major CDC/FDA longitudinal study (Batan 2012) of infant feeding practices examined the association between child care provider support for breastfeeding and breastfeeding rates at 6 months. CCP support was quantified as:
 - Feeding the mother's pumped breastmilk to her baby
 - Allowing the mother to breastfeed at the child care center before/after work
 - Allowing the mother to visit her infant during lunch break to directly breastfeed
 - Thawing and preparing bottles of pumped milk appropriately
 - Keeping extra breastmilk in a freezer for use in case they run out during the day

Findings:

- Mothers who report all 5 levels of support were 3 times as likely to be breastfeeding at 6 months compared with mothers with less than 3 levels of support.
- Two levels of support were significantly associated with breastfeeding at 6 months: direct breastfeeding at the child care center and staff following appropriate feeding of pumped breast milk to the infant.
- Another study by CDC as part of the national Infant Feeding Practices Survey I found that direct feeding of the baby during the work day significantly increased breastfeeding rates compared to working mothers who expressed milk with a breast pump. (Fein 2008) This indicates that a significant strategy that childcare providers could adopt is facilitating direct breastfeeding when possible.

National Policy Recommendations

- Surgeon General's Call to Action to Support Breastfeeding, Action #16: "Ensure that all child care providers accommodate the needs of breastfeeding mothers and babies" with the implementation strategy: Promote adoption of the breastfeeding standards in *Caring for our Children: National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care*. (Surgeon General 2011)
- AAP/APHA national standards for child care centers, "Caring for Our Children: National Health and Safety Performance Standards." Four major standards related to the promotion and support of breastfeeding are included:

1. Facilities should encourage and support breastfeeding
2. Facilities should have a designated place for mothers to breastfeed
3. Solid foods should not be introduced before infants are 4 months of age and preferably 6 months
4. Infant formula should not be fed to a breastfed infant without the parent's permission

Recommendations include such activities as:

- Promote breastfeeding
 - Provide community resources
 - Private place to breastfeed
 - Proper storage and handling of human milk
 - Knowledge of infant feeding patterns
 - Feed baby on cue
 - Importance of support
 - Delay pacifier use
 - Train for caregivers to support breastfeeding appropriately
 - Use culturally and language appropriate resources for families
- USDA Food and Nutrition Service proposed regulation change to the federal regulations related to the Child and Adult Care Feeding Program: Meal Pattern Revisions Related to the Healthy, Hunger-Free Kids Act.
 - Authorizes reimbursement when mothers directly breastfeed their infant at the child care center (regulations already allow for reimbursement of meals that include breastmilk that the mother brings to the center)
 - Requires staff to delay solid foods until the end of the 5th month postpartum
 - American Dietetic Association has issued guidelines recommending that breastmilk be the food of choice for infants in child care, and recommends ongoing training for child care providers because of the high turnover rate of center employees (Half leave their center within four years of being hired) (ADA 2005)

State Legislation and Regulations

- Regulations for child care facilities are enacted separately by each state. Studies show a wide discrepancy between state regulations. (Benjamin Neelon 2015)
 - Only four states met all of the "Caring for our Children" breastfeeding recommendations (Mississippi, Georgia, Michigan, and Texas)
 - Nine states require a specific place for mothers to breastfeed
 - 12 states have regulations that meet the standard encouraging support
 - 41 states have regulations to delay introduction of solid foods
 - 39 states have regulations requiring parental permission before giving formula
- CDC "2014 Breastfeeding Report Card" notes only six states have child care center breastfeeding regulations deemed "optimal".

- Louisiana: La. Rev. Stat. Ann. § 46.1409 (B)(5) prohibits any child care facility from discriminating against breastfed babies. (HB 233). (NCSL 2014)
- Mississippi: Miss. Code Ann. § 43-20-31 (2006) requires licensed child care facilities to provide breastfeeding mothers with a sanitary place that is not a toilet stall to breastfeed their children or express milk, to provide a refrigerator to store expressed milk, to train staff in the safe and proper storage and handling of human milk, and to display breastfeeding promotion information to the clients of the facility.

Working with Childcare Providers

- What they know – not much! (Clark 2007)
 - 79% of child care directors/teachers do not know how to appropriately store and handle human milk.
 - They do not know the advantages of breastfeeding, how to support a breastfeeding mother (i.e., providing a place to breastfeed and making breast pumps available).
 - 79% state they would like more training and education.
- What they need to know
 - Importance of human milk/risks of formula feeding
 - Breastmilk is NOT classified as a “body fluid” by CDC or OSHA
 - Proper storage and handling of human milk
 - How to support a breastfeeding mother
 - Basic principles of breastfeeding
 - Normal infant feeding patterns (ex: cluster feedings, waiting to feed when mom returns)
 - Infant feeding cues
 - Satiation cues
 - How to care for a breastfed baby
 - How to help a breastfed baby take a bottle
 - Paced bottle feeding
 - Using slower-flow nipples
 - Avoiding pacifiers for the first month
 - Calming techniques for the breastfed baby
 - Try not to feed baby during last 2 hours before mom is due to pick up baby
 - How to provide onsite breastfeeding support
 - Resources to share with new mothers
- Motivators for providing support:
 - Baby is sick less often
 - Baby infects others less often
 - Diapers have less odor
 - Breastfed baby spits up less

- Barriers to promoting and supporting breastfeeding:
 - Perception that breastfed babies are too difficult to care for
 - Concern over handling “body fluids”
 - Perception that breastmilk is too cumbersome and formula is easier
 - Embarrassment
 - Lack of knowledge about breastfeeding – its importance, how it works, and how to support families
- Strategies for Advocates to consider:
 - Review state regulations for alignment with *Caring for our Children* standards (CDC 2014)
 - Provide training for providers on how to support breastfeeding mothers and feed their infants
 - Provide resources to centers for management buy-in and training staff
 - Recognize facilities that meet high standards for breastfeeding support
 - Develop a model breastfeeding policy and self-appraisal checklist (ex: Wisconsin) for supporting families and share with centers
 - Provide sample policies
- Process for Providers to Consider:
 - Gain buy-in from management and staff
 - Assemble a team to develop an action plan
 - Work with local coalition or other resources to secure continuing education training for directors and teachers
 - Make environmental changes that support breastfeeding families (limit visibility of formula and materials, displaying positive breastfeeding messages, and a private space for breastfeeding)
 - Develop a breastfeeding policy supporting breastfeeding families that aligns with basic standards of the *Caring for our Children* guidelines
 - Provide culturally appropriate breastfeeding education materials to families
 - Make referrals to lactation experts
 - Create a supportive work environment for employees of the child care center

Working with Family Caregivers

- Numerous studies show the significant impact of support from fathers and grandparents (especially grandmothers) for improving breastfeeding success of new mothers. This is because breastfeeding occurs within the context of the extended family in which feeding practices and beliefs impact the new mother. (Grassley 2008)
 - Fathers have poor knowledge about breastfeeding; prenatal care was shown to be a good opportunity to improve their knowledge about breastfeeding (Giugliani 1994)
 - Fathers want to be involved and often feel ignored. (Tohotoa 2009)

- A small intervention of a 2-hour education session with fathers improved breastfeeding support and contributed to longer breastfeeding rates (Maycock 2013)
- Engaging fathers is significantly associated with improved breastfeeding rates and paternal self-efficacy. (Abbass-Dick 2014)
- Maternal and paternal grandmothers may have a negative influence on both breastfeeding duration and exclusivity. (Susin 2005)
- Mothers identified “valuing breastfeeding” and “loving encouragement” as important from the maternal grandmother to support them, citing the need for current knowledge and dispelling myths about breastfeeding. (Grassley 2008)
- Grandparents are often relied upon as care providers for infants and children.
 - Non-Hispanic white – fathers and grandparents are most likely to be used – around 30%
 - Black, Hispanic Asian mothers more likely to be cared for by grandmother as opposed to the baby’s father.
 - Hispanic mothers were twice as likely to rely on care from a sibling or other relative (19%) as non-Hispanic mothers (7%).
 - Families in poverty rely on grandparents and fathers to an even greater extent (27% fathers and 27% grandparents) than on daycare centers (19%).
- Studies show the powerful impact of support from fathers, grandmothers, and other family members on breastfeeding success and continuation.
- This is a special concern of mothers from disadvantaged populations working in low-wage jobs, since family caregivers are often used to care for infants and children.
- Work with WIC Program, Healthy Start, Early Head Start, and other programs that serve disadvantaged population groups to provide resources and education for family members.
- Share resources with families: Ex: New York Breastfeeding Partners “Making it Work: For Family Members”

Models of Support

- Child Care Toolkit and Ten Steps to Breastfeeding-Friendly Child Care Centers – Wisconsin Department of Health: www.dhs.wisconsin.gov/publications/PO/P00022.pdf
- Carolina Global Breastfeeding Institute – interstate Childcare Collaborative and free resources. <http://breastfeeding.sph.unc.edu/what-we-do/programs-and-initiatives/child-care/>
- Indiana Perinatal Network Child Care Campaign: www.indianaperinatal.org/?page=BF_Childcare
- Arizona self-appraisal
- New York Breastfeeding-Friendly Childcare – recognizes child care centers and home providers who follow recommended practices to support breastfeeding families. <https://www.health.ny.gov/prevention/nutrition/cacfp/breastfeedingspon.htm>
- U.S. Center for Disease Control and Prevention “Breastfeeding and Early Care and Education. <http://www.cdc.gov/Features/Breastfeeding/>

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