



breastfeeding & chest feeding in child care

A Toolkit for Family Child
Care Home Professionals

breast & chest feeding
it's worth it!

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You Matter!

You make a difference to the children in your care! As a child care professional, you provide children with support and guidance to help them grow and learn. You also play a critical role by supporting parents and families to achieve their breastfeeding goals, including moms you employ.

Returning to work after having a baby is often a difficult time for any parent. Families may decide not to breastfeed or chestfeed at all or may stop early if they feel their employer or child care are not going to support their choice. By sharing your knowledge and support of breastfeeding with families, you can help them make the choice that feels right for them AND improve the health and well-being of the children in your care.

This toolkit provides information on how you can support human milk feeding families in your community.



A note on breast/chestfeeding terms:

You may have noticed the terms “chestfeeding,” as well as “human milk feeding,” along with other less gendered language in this toolkit. This updated language recognizes that the lactation field is moving towards a more inclusive language to provide more inclusive support. Not all people identify with the term “breastfeeding.” Some people prefer “chestfeeding,” some prefer “human milk feeding” and some prefer “breastfeeding.” All are acceptable and we encourage you to ask the families you work with what terms they prefer.

For more information on how to use these terms interchangeably, as well as definitions and details, we encourage you to review The Continuity of Care in Breastfeeding Support Blueprint (page 71) and the Equity & Inclusive Language Toolkit June 2024.



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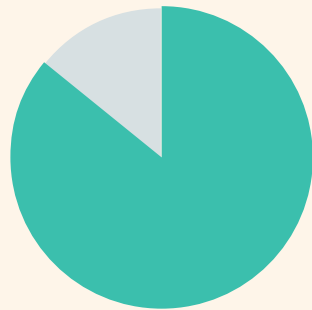
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Breastfeeding friendly child care professionals can increase the length of time babies are breastfed, leading to better health for moms and babies!

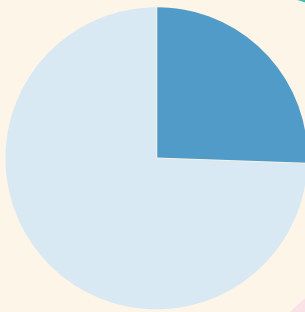
Breastfeeding in Connecticut

Connecticut families want to breastfeed. To breastfeed exclusively and for longer, moms need support.

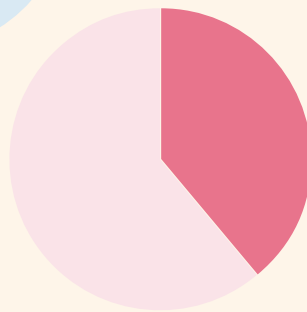
Of babies born in Connecticut:



84.2%
Started breastfeeding



26.3%
Breastfed exclusively for 6 months



34.1%
Breastfed at least one year

Low income families tend to have less access to breastfeeding support, they experience more barriers, and stop breastfeeding earlier because of the challenges.

As a child care professional, your support makes a difference for a breastfeeding mom!

Source: CDC National Immunization Survey (NIS), 2020 and 2021, Breastfeeding Report Card 2022, 2019 births.



Benefits of Human Milk Feeding

Breast milk is the best first food for infants and promotes good health. All major health care organizations promote breastfeeding for optimal child health and development, and recommend breastfeeding for as long as both mom and child want to continue.

The American Academy of Pediatrics (AAP) recommends all babies receive only breast milk for the first six months with the exception of recommended vitamin D supplementation.

Also called “exclusive breastfeeding,” this means babies receive no formula, solid foods, or water. Breastfeeding for two years or more is also recommended. Always check with a baby’s parent/guardian before offering any food or drink other than breast milk.

The longer breastfeeding occurs, the more benefits mom and baby receive.

Breastfeeding improves the health of mom and baby by reducing the risks of:

For Mom



Breast cancers



Ovarian cancers



Heart disease



Type 2 diabetes



Rheumatoid arthritis



Weak bones and bone breaks

For Baby



SIDS



Respiratory tract and ear infections



Diarrhea and other stomach problems



Childhood overweight and obesity



Leukemia and childhood cancers



Asthma, allergies, and eczema



Type 1 Diabetes

For Baby



- Preferred food for babies.
- Breastfed babies are healthier.¹
- Breast milk is easily digested by babies, so babies may be less fussy.
- Enhanced bonding.
- Safe and fresh milk is always available.
- Promotes correct development of jaws, teeth, and speech patterns.
- Promotes a higher learning ability.
- Breast milk contains nutrients, vitamins, growth factors, antibodies, hormones, and much more that are not available in formula.



For Mom



- Lowers the risk of blood loss after delivery.
- Uterus returns to pre-pregnancy shape quicker.
- Improves bonding.
- Saves money – no need to buy formula, saving \$800-\$1,200 per year.²
- Saves time – less time spent making formula and feeding can occur anywhere at any time with no preparation necessary.
- Peace of mind – breast milk is always available (even in emergencies, snow storms, etc.). No worrying about proper mixing, correct temperature, expiration, or recalls of formula.
- Can build confidence.
- May help weight loss and return to pre-pregnancy weight faster.
- May delay the return of her menstrual cycle (not to be used as birth control). Families should talk to their healthcare provider about appropriate forms of birth control.

1. Pediatrics. 022;150(1):e2022057988

2. Surgeon General's Call to Action to Support Breastfeeding, January 2011

3. Pediatrics. 2022;000(0):e2022057989

4. Pediatrics (2010) 125 (5): e1048–e1056



For Child Care Professionals



- Human milk is more easily digested so:
 - Breastfed babies are sick less often.
 - Breastfed babies spit up less.
 - Breastfed babies have less smelly diapers compared to formula-fed babies' diapers.
- Reimbursable – child care professionals participating in the Child and Adult Care Food Program* (CACFP) can claim reimbursement for meals when a mother supplies expressed breast milk or directly breastfeeds her infant on site, when the infant is not yet developmentally ready for solid foods. Once the infant is developmentally ready for solid foods, the CACFP facility must provide all other required meal components that the infant is developmentally ready to accept in addition to breast milk.

For more information, see the CACFP Meal Patterns for Infants at <https://portal.ct.gov/sde/nutrition/feeding-infants-in-cacfp-child-care-programs/infant-meal-pattern>.

For the Community and Environment



- Lowers health care costs because babies are sick less often.³
- Parents/guardians miss work less because breastfed babies are often sick less, which is good for businesses.
- Breastfeeding saves lives – research shows if 90% of U.S. babies breastfed exclusively for 6 months, nearly 1,000 deaths each year could be prevented.⁴
- Fewer cans and bottles in landfills.
- Breast milk is sustainable – breastfeeding requires no packaging and its production does not harm the environment.



*The Child and Adult Care Food Program (CACFP) was established in 1968 and authorized in the National School Lunch Act to help improve the quality of child care for low-income families in the U.S. The program provides financial support for food service in child and adult care institutions and child care homes. In order to receive the financial support, participating programs must meet the set nutrition standards for foods and beverages served. For more information on CACFP requirements, please visit: <https://portal.ct.gov/SDE/Nutrition/Child-and-Adult-Care-Food-Program>. Before implementing any changes to your program's food and nutrition policies or practices, contact your CACFP representative to ensure you are meeting all rules and regulations.

Breastfeeding and Breast Milk

Milk Components

Breast milk contains all the protein, fat, and carbohydrates a baby needs. Unlike formula, breast milk also contains antibodies, immune factors, enzymes, and other living cells that continue to protect the child from illnesses even after they have stopped breastfeeding, or weaned.¹

Human milk does not look like formula or cow's milk.

Appearance and Scent

- It may look more watery and can be different in color. It is normal for breast milk to be yellowish, bluish, greenish, or even brownish.
- Human milk naturally separates into layers of milk and cream or fat during storage. This is normal and does not mean the milk is spoiled. If the milk separates, swirl gently to mix.
Do not shake. Shaking human milk may damage some of the nutrients and can add air to the milk, which may lead to gassiness.
- Another way human milk may be different from cow's milk and formula is scent. Breast milk naturally has an enzyme, called lipase, that helps to breakdown fats and helps with digestion. The enzyme can continue to break down fats while the milk is stored, and may cause the milk to have a soapy smell and taste. Soapy smelling milk is okay to feed to babies and is not harmful. Most babies don't mind this change.

Milk Supply

Breast milk being removed from the breast either via direct feeding or milk expression is how the body responds to making more. A parent will make more or less milk depending upon:

- How completely milk is removed from the breasts – the more milk removed, the more milk will be made.
- How often milk is removed – the right number of times will vary for each parent-baby pair. When separated from the baby, the parent should pump as often as they would feed the infant if they were together. Parents may hear the term “magic number,” which refers to the number of times in a 24-hour period that milk needs to be removed from the breasts to maintain production or supply. This includes both milk expression during separation (such as at work or school) and direct breastfeeding when the parent and baby are together.



1. <https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Breastfeeding-Benefits-Your-Babys-Immune-System.aspx>
2. https://nancymohrbacher.com/blogs/news/the-magic-number-and-long-term-milk-production-parts-i-and-ii?_pos=1&_sid=c6737f5b3&_ss=r
3. <https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html>



To maintain or increase milk supply, encourage parents to:

- Remove as much milk as you can from both breasts during each feeding or pumping session. It's normal if one breast produces more milk than the other. After each session, both breasts should feel softer or lighter.
- Using “hands on breastfeeding” or “hands on pumping” - which is like a gentle breast massage - can help a parent get more milk during a pumping session or while breastfeeding.

- Feed baby often, as much as they want. When together, try to breastfeed directly. When away from baby, or if they are able to pump or express breast milk as often as possible.

Parents that are exclusively pumping, will also need to express milk when they are with their baby to maintain production.

The breastfeeding parent needs to drink water to stay hydrated. No special diet is necessary to breastfeed. Drinking cow's milk or other animal milks are not necessary to increase the breast milk supply.



Infant Feedings

Every baby is different. Talk with families regularly to understand each baby. Create a feeding plan and review it regularly with families.



Healthcare providers recommend that all babies, breastfed and formula-fed, be fed in response to feeding cues, not on a schedule.

Timing

- 1** Breastfed babies may not be on the same feeding schedule as formula-fed babies. Breast milk is digested a little faster, and baby may need to eat more often, usually every 1.5 to 3 hours.
- 2** Feed all babies in response to feeding cues, not on a schedule. (See feeding cues on the next page.)
- 3** While some babies may develop a schedule, it is best to feed each baby in response to their changing appetite. Babies may be more or less hungry at different times on different days – just like you!
- 4** If requested, avoid giving a breastfed baby a bottle within 1 to 1.5 hours of the scheduled pick up time. This allows parents to feed their child when they arrive for comfort, closeness, and to maintain their milk supply.
- 5** Encourage mom to breastfeed on site at child drop off and pick up times. Provide a comfortable space for nursing parents. If baby is acting hungry right before parent arrives, consider soothing or distracting. If necessary, provide a small amount of breast milk.



Feeding Cues

Babies are born with the ability to communicate. They use their bodies and make noises to let you know when they need to eat, learn, play, or rest. These are called cues. Babies usually give several feeding cues at one time.

Feeding based on hunger cues, rather than crying, is encouraged because babies will be calm for feedings, and can eat better. Following baby's fullness cues also helps them stop eating when they are full. This helps with self-regulation and may help prevent obesity later in childhood. A short video showing fullness cues with bottle feeding is available from the California WIC program, at <http://www.youtube.com/watch?v=1ALUXZf8q3o>.

Not all crying is due to hunger. Find resources on how to calm a crying baby and baby behavior at <https://www.itsworthitct.org/for-professionals/baby-behavior-resources>.



Crying is NOT the First Sign of Hunger

Watching and responding to hunger cues can prevent some crying.

Hunger Cues

- Bringing hands to the mouth
- Sucking on hands or wrists
- Making sucking noises
- Moving mouth or tongue
- Turning head or searching for the nipple (rooting)
- Moving around more, wiggling
- Bending arms and kicking legs
- Rousing from sleep
- Becoming upset or crying is a late sign

Fullness Cues

- Slower suck or stop sucking
- Relax hands and arms
- Turn away from nipple
- Push away
- Fall asleep

Infant Feeding Cues

Early cues: "I'm hungry."



Stirring



Mouth opening



Turning head, seeking,
rooting

Mid cues: "I'm really hungry."



Stretching

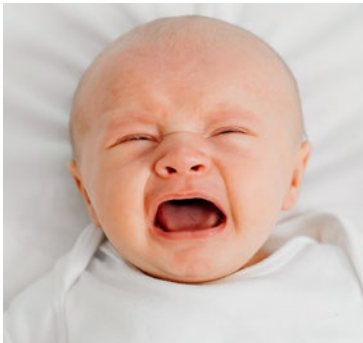


Increasing physical
movement

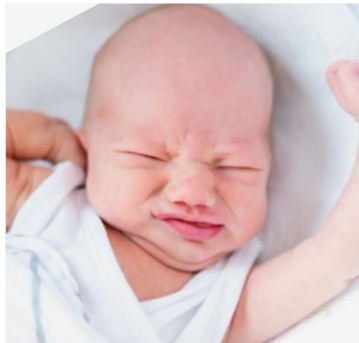


Hand to mouth

Late cues: "Calm me, feed me."



Crying



Agitated body movements



Turning red



Bottle Feeding

Whether the bottle contains human milk or formula, practice the technique of paced bottle feeding when using a bottle. This technique allows baby to control the feeding and eat at baby's own pace. Practice paced bottle feeding with all babies to help prevent over feeding.

Paced Bottle Feeding

How to

Watch baby for hunger cues. Do not feed on a schedule. Videos of paced bottle feeding techniques are available at <https://connecticut.wicresources.org/infant-birth-to-six-months.html>, look in the Resources tab.

Keep baby in an upright and more seated position. This allows baby to better control the flow of milk from the bottle. Always hold baby during a feeding and NEVER prop a bottle.

Allow baby to draw the nipple into their mouth – rub the nipple against baby's lips, asking baby to open their mouth wide and take the nipple. Try not to place or force the nipple directly into baby's mouth.

Hold the bottle horizontally. It should align with your lap. Let baby control the feeding pace – allow baby to take breaks when needed. Babies often take 10-20 minutes or even longer to breastfeed and take natural pauses.

Encourage pauses often – listen to baby and if baby does not take breaks, lower the bottle after a few sucks and wait for baby to begin sucking again before tilting the bottle back up.

Watch for fullness cues – if baby is giving cues of being done, even if baby has not finished all the milk in the bottle, do not try to continue to feed.

Benefits

Allows baby's body time to recognize fullness before the stomach gets overfilled.

Prevents overfeeding and other problems, such as gassiness, spitting up, and obesity.

Promotes social and emotional development by allowing baby time to interact with the caregiver.

Allows baby to eat from a bottle similarly to how they would from the breast. This supports the breastfeeding relationship between mom and baby, which will lead to longer breastfeeding and more health benefits.

Supports mom by helping to match the amount of milk her baby eats with the amount of milk pumped or expressed each day.



Amount

Babies digest and use breast milk completely, so less breast milk may be needed at a feeding compared to formula. There is no way to predict exactly how much a baby will eat at each feeding. After feeding a baby a few times you will soon learn how much milk the baby usually eats. Talk with families regularly and keep an updated feeding plan for each baby in your care.

Until you get a feel for how much a baby eats at a feeding and learn a baby's cues, offer small amounts of breast milk at a time. This way if baby is not very hungry, you will not waste large amounts of milk. Every drop counts to a breastfeeding mom! Encourage families to store milk in 1, 2, or 3 ounce amounts.

Recommend that families provide bottles with slow flow (newborn or size 0) nipples, no matter the age of the baby, to help paced bottle feeding. Never poke or cut the nipple and always inform the family if a nipple is damaged.

A good way to know if a breastfed baby is eating enough breast milk during the day is to check their diapers. Breastfed babies should:

- Have at least six wet diapers of colorless urine a day. Babies often wet their diapers after every feeding.
- Have normal bowel movements. Bowel movements may happen during or after every feeding and are less often as babies grow older.

Babies Eat Different Amounts

On average, exclusively breastfed babies (between 1 and 6 months old) eat about 25 ounces in 24 hours.

Until you know a baby well, work with mom to estimate the average amount of milk a baby may need at a feeding by:

STEP 1:

Estimate the number of times baby nurses in 24 hours.

STEP 2:

Divide 25 ounces by the number of nursings.

Example: If baby usually nurses about 8 times a day, you can guess that baby may need around 3 ounces each feeding ($25 \div 8 = 3.1$ ounces).

If you have concerns that a baby does not have enough wet or soiled diapers in a day, has colored urine, hard or strange colored stools, inform the family and encourage them to discuss this with their healthcare provider.

*Note: On hot days, additional breast milk is given rather than water, especially during the first 6 months.



The First Year: Every baby is unique; follow their feeding cues for optimal growth

Skin to Skin Contact

Encourage families to practice skin to skin during the first year of life when growth and development happen quickly. Growth spurts, changes in bowel movements, and appetite can occur and are normal. Skin to skin can help provide extra comfort, help with breastfeeding, and promote increased bonding.

Bowel Movements

Breastfed babies' bowel movements are looser and may be more frequent than formula-fed babies. This is not diarrhea. It is also normal for older breastfed babies to go several days without having a bowel movement. In an exclusively breastfed baby, this is not constipation. Constipation is when stools are hard, dry and painful to pass. Exclusively breastfed babies' stools are usually mustard yellow and seedy, but they may be greenish or brownish, and are milder smelling than formula-fed babies' stools.

Growth Spurts

Most babies' appetites get bigger around times of rapid growth. During these times, babies' schedules may change, and they may eat and sleep more than usual. Families may not be aware of how often babies may want to eat when they are growing rapidly. Supporting mom to feed baby on demand regardless of how often or how long can help satisfy the baby and allow mom to make the right amount of milk. Talk with mom and encourage her to feed and pump more often during this time. If

mom knows you understand and support her efforts, you will be helping in a very positive way!

Nursing Strikes

A nursing strike is when a breastfed baby suddenly refuses the breast. This is normal for some babies. Providing support to families during a strike is very important as a nursing strike can be difficult emotionally for mom and can cause her milk supply to decrease. Remind parents to continue to breastfeed often or express milk regularly with a pump to maintain their milk supply through a strike. Consider referral to a lactation consultant for support.



The Older Baby: Solid Foods, Cup Feeding, Beyond 12 Months

Solid Foods

Medical experts agree it is best to wait until babies are developmentally ready, around 6 months old, before offering any food other than breast milk. This includes not adding cereal to bottles or feeding babies cereal, juice, or any other foods. Offering cereal or formula does not help a baby sleep through the night. Research shows introducing solid foods (also called “complementary foods”) early can cause allergies to develop, lower mom’s milk production, and may lead to early weaning.

Cow’s milk should NOT be given to babies under 1 year of age because it is difficult to digest and is hard on a baby’s organs.

Sometime after 6 months, as baby begins eating more solid foods, breast milk intake may decrease for some babies. However, breast milk is still the main source of nutrition for babies under 12 months.

Some signs that an older baby is ready for solids include:

- Sitting up with minimal support.
- Good head control.
- Loss of the tongue-thrusting reflex that causes food to be pushed out of their mouth.

Exclusively breastfed babies’ iron and zinc stores begin to diminish at around 6 months. Foods high in iron such as pureed meats and

beans, pureed dark leafy greens (i.e., spinach), and iron fortified infant cereal are good first foods for breastfed babies.

Examples of the amounts of solids needed between 6 and 12 months can be found at the Child and Adult Care Food Program (CACFP) website at: <https://www.fns.usda.gov/cacfp/nutrition-standards/infant-meal-patterns>

The Connecticut State Department of Education (CSDE) *Action Guide for Child Care Nutrition and Physical Activity Policies, Best Practices for Creating a Healthy Child Care Environment* is a great source of information for child care providers. It can be accessed on CSDE website at: <https://portal.ct.gov/sde/nutrition/child-care-nutrition-and-physical-activity-policies/documents>

Cup Feeding

After about 6 months of age, babies begin to sit up, crawl, and explore their world. This is a great time to introduce a cup.

- For infants 6 months and older who have started solid foods, it is recommended to offer a total of 4 to 8 ounces of plain fluoridated water per day, preferably in a cup. Use of a sippy cup is appropriate for a short period of time in order to encourage transitioning from a bottle to a regular cup.
- Provide breast milk in a cup for a snack or one feeding during the day.
- Start with small amounts until the baby is used to and likes drinking from a cup to avoid wasting breast milk.
- It is recommended that most babies no longer use a bottle after 12 months of age, so it is important to encourage a cup.



Beyond 12 Months

Many people choose to nurse their children beyond 12 months.

Feeding human milk from a cup at child care is allowed and encouraged.

Health experts encourage longer breastfeeding for more health benefits:

- The AAP recommends babies breastfeed for at least two years and continue for as long as both mom and baby wish.
- The World Health Organization (WHO) states breast milk is an important source of nutrition for children and suggests breastfeeding up to two years or beyond.

Breast milk can be reimbursed as a part of a CACFP creditable meal for babies (from a cup or bottle and when mom directly breastfeeds

her child on site) and for children over 12 months of age.

Most states, including Connecticut, require that all licensed child care centers and group child care homes meet the CACFP nutrition requirements for meals and snacks.

Even if your program is not participating in the CACFP, but is a licensed child care center or group child care home, you are required to follow the CACFP nutrition standards when serving food or beverages to children in your care. In order to prepare healthy meals and/or snacks for the children you serve, it is necessary to understand the requirements of the CACFP meal patterns.

For more information, visit the CSDE's Meal Patterns for CACFP Child Care Programs website at: <https://portal.ct.gov/sde/nutrition/feeding-infants-in-cacfp-child-care-programs>



Human Milk¹ Preparation

To a pumping parent, it can be hard work expressing milk during the day. The tips below will help you keep the milk safe and make the most out of the milk you are provided.

Breast milk is a food. Gloves are NOT required.

Although human milk is a body fluid, it is not necessary to wear gloves when feeding or handling human milk. The risk of exposure to infectious organisms either during feeding or from milk that the infant regurgitates is not significant.

The Centers for Disease Control and Prevention (CDC) “does not list human breast milk as a bodily fluid for which healthcare personnel should use special handling precautions.”²

The Occupational Safety and Health Administration (OSHA) does not include breast milk in the “standard definition of ‘other potentially infectious materials’.” Therefore, contact with breast milk does not constitute occupational exposure as defined by the standard.”³



Preparation



Always wash your hands before handling any food, including breast/human milk.



Use only clean bottles, nipples, and cups. Avoid bottles made of bisphenol A (BPA) phthalates, sometimes labeled with #3, #6, or #7.



Check the name and date on the bottle or storage container. If a child mistakenly drinks the milk or formula intended for another child, call both children’s families and follow your policy.



Prepare just enough milk for a single feeding or snack. Suggest the family provide milk in 1 to 4 ounce amounts to avoid waste.



Swirl the container of breast milk to gently mix. Never shake.



Test the milk temperature on your forearm to be sure it is not too warm before serving.



Throw away any breast/human milk left in the bottle that was not finished by the child within two hours after feeding. Harmful bacteria can grow, making the milk unsafe.



Wash, rinse, and sanitize bottles, nipples, and warming containers daily. If bottles are not cleaned onsite, return to the family at the end of each day.

1. <https://nrckids.org/CFOC/Database/4.3.1.3>

2. CDC <https://www.cdc.gov/breastfeeding/php/faq/faq.html>

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



Warming and Thawing

Frozen milk:

- Use the oldest milk first – practice FIFO (First In, First Out).
- To thaw: place the container of milk in the refrigerator for about 12 hours, or under cold running water.
- Never thaw frozen breast milk at room temperature.
- Do not add fresh milk to already frozen milk within a storage container.
- Some infants will not drink cold breast milk. You may warm the breast milk as described for refrigerated milk.
- Use refrigerated, previously thawed milk within 24 hours, or within 1 to 2 hours if left at room temperature.



Refrigerated milk:

- Place container of milk under warm (not hot) running water or in a pan of warm (not hot) water for a few minutes before feeding.
- If using a bottle warmer, keep it out of reach of children. Be sure it is not warmer than 98°F.
- Set a timer to ensure that bottles are not left in warm water more than 5 minutes, as this can allow bacteria to grow.
- Try not to reheat milk; instead help baby become used to room temperature milk.



Never refreeze thawed breast milk, even if it had been refrigerated.

Never microwave human milk or formula. The microwave can destroy some important nutrients and can cause dangerous "hot spots" that can burn a child's mouth.



Human Milk Storage

Breast milk storage guidelines from different regulatory agencies, including Caring for Our Children, USDA Food & Nutrition Service, WIC, Academy of Breastfeeding Medicine and others align with the guidelines below from the Centers for Disease Control and Prevention.

- Make sure families clearly label all bottles and storage containers with the child's name and date the milk was expressed.
- Breast milk can be stored in clean glass or BPA-free plastic bottles or containers with tight fitting lids or storage bags approved for breast milk. Do not use ordinary plastic storage bags. Containers should always be covered or sealed.
- Tell families to keep breast milk cool or frozen during travel to you. Once frozen breast milk has begun to thaw, it should not be refrozen and must be thawed and used within 1-2 hours if left at room temperature, or refrigerated and used within 24 hours.
- Refrigerate or freeze breast milk as soon as it arrives. Check the temperatures of your refrigerator and freezer according to your policy.
- Store milk toward the back of the refrigerator or freezer where the temperature is more constant. Avoid storing in the door.
- To create a breastfeeding friendly environment, store all formula out of public view. This prevents advertising and marketing of formula companies and products.

Thawed milk that is unopened and not used the day it was prepared should be returned to the family at the end of the day. This does NOT apply to frozen breast milk.

Human Milk Storage Guidelines

	Countertop or Table	Refrigerator	Freezer with Separate Door	Deep Freezer
Storage Temperatures	Up to 77°F (25°C)	At or below 40°F (5°C)	At or below 0°F (-18°C)	At or below -4°F (-20°C)
Freshly Pumped/ Expressed Human Milk	Up to 4 hours	Up to 4 days	Up to 6 months	Up to 12 months
Thawed Human Milk	1-2 hours	Up to 1 day (24 hours)	Never refreeze thawed human milk	
Leftover from a feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding			

* Storage times and temperatures may vary for premature or sick babies. Encourage families to check with their healthcare provider.

Storage Table References

1. <https://www.itsworthitct.org/for-parents/back-to-work-or-school> scroll down to view STORING BREAST MILK
2. CDC. Breast Milk Storage and Preparation. <https://www.cdc.gov/breastfeeding/breast-milk-preparation-and-storage/handling-breastmilk.html>
3. CDC. Storage, Handling, and Preparation of Breast Milk in Early Care and Education (ECE) Programs. <https://www.cdc.gov/obesity/strategies/early-careeducation/pdf/Breastmilk-ECE-082022-508.pdf> August 2022.
4. USDA. Human Milk Storage Guidelines for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). 2018.



Breastfeeding Friendly Child Care

What does becoming a Breastfeeding Friendly Child Care provider mean? It means that your child care program provides an environment that promotes and normalizes breastfeeding and chestfeeding. This supportive environment allows families to continue breastfeeding their babies after they return to work or school.

As a child care professional, it is important to have knowledge about breastfeeding and to support families who decide to breastfeed by becoming recognized as a Breastfeeding Friendly Child Care Provider. To become a breastfeeding friendly child care provider, you can commit to the recommended practices in each of the following areas:

1. Breastfeeding Environment
2. Breastfeeding Support Practices
3. Breastfeeding Education & Professional Development
4. Breastfeeding Policy

Your commitment to becoming breastfeeding friendly is critical in helping parents succeed in meeting their breastfeeding goals and improving the health of your community!

Use the breastfeeding self-assessment on the following pages for more information and to determine the actions needed to become breastfeeding friendly.

Create a breastfeeding friendly space:

Provide an area in your home available for breastfeeding moms (and any employees you may have) to feed their babies on site or pump breast milk. The area should be private and clean. It should not be a bathroom. All you need are:

- An area with a door or privacy barrier (i.e., curtain, room divider, etc.).
- A comfortable chair and a table to place the pump on.
- Access to an electrical outlet (for electric pumps).

For supportive posters, handouts and more visit the It's Worth It! resources page: <https://www.itsworthitct.org/for-professionals/its-worth-it-resources>

Tip – if you do not have much space, consider making an unused corner or closet into a breastfeeding/pumping area. For ideas, visit the Office on Women's Health at: <https://www.womenshealth.gov/supporting-nursing-moms-work/break-time-and-private-space/location-breaks>

Advertise your program as being breastfeeding friendly!

Having the breastfeeding knowledge and supportive practices can be a selling point for your child care program, and may even draw more families to your care. Include breastfeeding supportive practices in your advertising and marketing; include information on print materials, your website, and in social media postings; and actively discuss your practices with potential new families.

Breastfeeding Friendly Child Care Self-Assessment

Your Name: _____ Date: _____

Child Care Name: _____

The following sections describe ways child care professionals can provide the best support for breastfeeding families. Below each section are specific actions and recommended practices.

Use this assessment to understand your current practices, to track changes in your program, and as a training tool to help your program improve its breastfeeding support.

Please read each practice below and check the box that best reflects the practices most often used in your program currently.

Before you begin:

- Gather staff manuals, parent handbooks, and other documents that state your policies and guidelines about breastfeeding and infant feeding.

As you assess:

- Definitions of keywords are marked by asterisks (*).
- Answer each question as best you can. If none of the answer choices seem quite right, just pick the closest fit. If a question does not apply to your program, move to the next question.

Understanding your results:

- The answer choices in the far right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.
- To be considered breastfeeding friendly, all checks should be in the far right-hand column.

Apply for the Connecticut Breastfeeding Coalition's Child Care Recognition!

- Once your program has met the best practices for breastfeeding support in child care, be sure to apply for the Connecticut Breastfeeding Coalition (CBC) Breastfeeding Friendly Child Care Recognition at <https://www.breastfeedingct.org/child-care.html>.

Adapted with permission. Ward D, Morris E, McWilliams C, Vaughn A, Erinosh T, Mazzucca S, Hanson P, Ammerman A, Neelon S, Sommers J, Ball S. (2014). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, 2nd Edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: www.gonapsacc.org.



Breastfeeding Environment

1. Does your program provide a quiet and comfortable space (other than a bathroom) set aside for both parents of children in your care and staff to breastfeed or express milk?

☐ No space available ☐ A space is made available when families ask ☐ A space is always available

2. The following features are available to mothers in the space set aside for breastfeeding or expressing breast milk. See list and mark responses below.

- Privacy
- An electrical outlet
- Comfortable seating
- Sink with running water in the room or nearby

☐ None of the above ☐ 1 Feature ☐ 2-3 Features ☐ 4 Features

3. How often can your program provide enough refrigerator and/or freezer space to store expressed human milk?

☐ Rarely or never ☐ Sometimes ☐ Often ☐ Always

4. In your building, where are posters, brochures, children's books, and other materials that promote breastfeeding* displayed†? See list and mark response below.

- The entrance or other public spaces
- Infant classrooms
- Toddler and/or preschool classrooms
- The space set aside for breastfeeding

☐ None of the above ☐ 1 area ☐ 2 areas ☐ 3-4 areas

*Visit <https://www.itsworthitct.org/for-professionals> to download free breastfeeding education and training resources.

†Formula and formula marketing materials are hidden from view, and the program has not received anything free from formula companies.

Breastfeeding Support Practices

5. I promote breastfeeding and support mothers who provide breast milk for their infants by: See list and mark response below.

- Talking with families about the benefits of breastfeeding
- Telling families about the ways our program supports breastfeeding
- Telling families about community organizations that provide breastfeeding support*
- Giving families educational materials†
- Showing positive attitudes about breastfeeding

☐ None of the above ☐ 1 area ☐ 2 areas ☐ 3-4 areas

*Community organizations that provide breastfeeding support can include the local public health department, hospitals, or local support groups.

†Educational materials can include Tips for Starting your Breastfed Baby in Child Care: A Toolkit for Families found at the end of this child care toolkit, It's Worth It! materials, or brochures, tip sheets, and links to trusted websites.

Adapted with permission. Ward D, Morris E, McWilliams C, Vaughn A, Erinoshio T, Mazzucca S, Hanson P, Ammerman A, Neelon S, Sommers J, Ball S. (2014). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, 2nd Edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: www.gonapsacc.org.

Breastfeeding Education & Professional Development

6. How often do you complete professional development* on promoting and supporting breastfeeding?

- ☐ Never ☐ Less than 1 time per year ☐ 1 time per year ☐ 2 times per year or more

*Professional development can include taking in-person or online training for contact hours. It can also include information presented at staff meetings.

7. Which of the following topics have you covered through professional development on promoting and supporting breastfeeding? See list and mark response below.

- Proper storage and handling of breast milk
- Bottle-feeding a breastfed baby
- Benefits of breastfeeding for mother and baby
- Promoting breastfeeding and supporting breastfeeding mothers
- Community organizations that support breastfeeding
- Age appropriate feeding practices, including hunger and fullness cues
- Our program's policies on promoting and supporting breastfeeding

- ☐ None ☐ 1-2 topics ☐ 3-4 topics ☐ 5-6 topics

8. When do you offer information on breastfeeding to expectant families and families with infants?

- ☐ Rarely or never ☐ Only when families ask ☐ When families ask and at 1 set time during the year ☐ When families ask, at 1 set time during the year, and we tell prospective families about our breastfeeding policies and practices.

Breastfeeding Policy

9. Which of the following topics are included in your written policy on promoting and supporting breastfeeding?* See list and mark response below.

- Providing space for mothers and staff to breastfeed or express breast milk
- Providing refrigerator and/or freezer space for mothers and staff to store expressed breast milk
- Professional development on breastfeeding
- Educational materials for families on breastfeeding
- Flexible paid or unpaid break times are provided to staff to express/pump breast milk†

- ☐ No written policy or policy does not include these topics ☐ 1 topic ☐ 2-3 topics ☐ 4-5 topics

*A written policy can include any written guidelines about your program's operations or expectations for teachers, staff, children, and families. Policies can be included in parent handbooks, staff manuals, and other documents.

†If you have staff, allowing them break time to breastfeed or express breast milk during the work day is a practice necessary to achieve the breastfeeding friendly recognition, and ensures your compliance with federal and state lactation accommodation laws.

Adapted with permission. Ward D, Morris E, McWilliams C, Vaughn A, Erinosho T, Mazzucca S, Hanson P, Ammerman A, Neelon S, Sommers J, Ball S. (2014). Go NAP SACC: Nutrition and Physical Activity Self-Assessment for Child Care, 2nd Edition. Center for Health Promotion and Disease Prevention and Department of Nutrition, University of North Carolina at Chapel Hill. Available at: www.gonapsacc.org.



Breastfeeding Friendly Action Plan

Your Name: _____ Date: _____

Child Care Name: _____

Breastfeeding Policy: Make a commitment to the importance of breastfeeding, including written policies and procedures, and supporting staff's decision to breastfeed.

Example: Write policy and add to handbook	Obtain a sample policy	Director	End of August

Breastfeeding Education and Professional Development: Train yourself and staff in the skills needed to support breastfeeding, require continued education updates, and provide education to families and visitors.

Example: Train staff on caring for breastfed infants	Review training options found on https://www.breastfeedingct.org/child-care.html ; set time & date for training	Director/Infant Nursery Supervisor	End of January

Breastfeeding Friendly Environment: Create a culture and environment at your program that is openly supportive of breastfeeding.

Example: Create a friendly space for staff and families to nurse or pump breast milk Example: Apply for the CBC Breastfeeding Friendly Recognition.	Get examples for how to create a space from www.womenshealth.gov/breastfeeding/employer-solutions/index.html .	Director/Assistant Director	End of April
	Complete application at www.breastfeedingct.org .	Director/Assistant Director	End of October

Breastfeeding Support Practices: Build strong relationships and communicate regularly with your staff and families.

Example: Create a feeding plan template and add to handbook	Create a feeding plan template using the sample provided.	Director	End of October

Appendix

Understanding and being supportive of breastfeeding matters to families in your care. Child care professionals are not expected to be lactation experts. When families need assistance, help them connect with a lactation professional in your area. See resources on the next page.

This appendix contains the following sections to help you deepen your breastfeeding knowledge and support, including:

- Education materials, including breastfeeding friendly toys and books
- Website links to useful resources
- Tips for talking with families
- Sample feeding plans
- Adaptable Lactation Support policy
- Connecticut Breastfeeding Laws
- It's Your Journey Checklist
- Tips for Starting Your Breastfed Baby in Child Care – A Toolkit for Breastfeeding Families



Breastfeeding Friendly Education Materials (Toys and Books)

An important way to support breastfeeding is to help the children in your program learn that breastfeeding is the normal way to feed a baby. This means providing children with learning and play opportunities that include breastfeeding. Below is a list of a few examples.

- **Nursing Nina Cat, Nana Dog, Nissa Hedgehog and Nola Rabbit** - Manhattan Toy Company
- **Babies Nurse/Así se alimentan los bebés** - by Phoebe Fox
- **Best Milk** - by Kate Carothers
- **Breastfeeding coloring books** - Noodle Soup, Inc. and others
- **If My Mom Were a Platypus: Mammal Babies and Their Mothers** - by Dia L. Michels
- **Magical Milk** - by Nasheeda Pollard
- **Mama Feeds Me All the Colors: A Book of Breastfeeding/Mamá Me Alimenta Con Todos Los Colores: Un libro sobre la lactancia materna** - by duopress labs
- **Mama's Milk/Mama Me Alimenta** - by Michael Elsohn Ross
- **My New Baby** - by Rachel Fuller
- **Supermom and The World is Full of Babies!** - by Mick Manning
- **What Baby Needs and Baby on the Way** - by William Sears, MD and Martha Sears, RN
- **We Like to Nurse /Nos Gusta Amamantar** - by Chia Martin
- **Ziora's Quest: Mommy's Milk Rocks!** - by Dr. Amaka Nnamani



Digital/Web Resources for Education and Support

Resource Name:	Contact Information:	Learn About:
Baby-Friendly Hospitals	www.babyfriendlyusa.org	Hospital breastfeeding support. Many local hospitals in CT offer their own resources for breastfeeding support groups, education, and community provider referrals.
Breast & Chest Feeding: It's Worth It	www.itsworthitct.org	Tips for families, checklists, order form for resources.
Breast Pumps	www.fda.gov	General information about breast pumps – search “breast pumps” in the search box.
Breastfeeding USA	https://breastfeedingusa.org/	Counselors available through monthly in-person group meetings throughout the state, an active Facebook chat, and by phone or email.
Caring for Our Children	https://nrckids.org/CFOC	Additional recommendations for preparing, feeding, and storing human milk, techniques for bottle feeding, and policy guidance.
Centers for Disease Control and Prevention (CDC)	www.cdc.gov/breastfeeding	Information on breastfeeding, including national recommendations, breast milk handling and storage, and more.
Connecticut Breast-feeding Coalition (CBC)	https://www.breastfeedingct.org/	Resources and materials for families and employers.
Healthy Children	www.healthychildren.org	Find reputable information on a variety of parent topics from a website powered by the American Academy of Pediatrics.
Lactation Education Resources	www.lactationtraining.com/	Downloadable handouts for parents in multiple languages.
La Leche League	www.lllct.org Phone: 860-563-6620 Email: help@lllct.org	Monthly in-person group support meetings throughout the state, virtual monthly Facebook meetings, non-emergency phone helpline, and online resources. Assistance available in Spanish.
MyPlate Healthy Eating Guide	https://www.myplate.gov/	Learn how to eat healthy with MyPlate, the official symbol of the five food groups.
Office on Women's Health	www.womenshealth.gov/breastfeeding	Great resource for general breastfeeding information for families and employers.
	www.womenshealth.gov/its-only-natural	Breastfeeding resources specific for African American families.
	www.womenshealth.gov/supporting-nursing-moms-work	Lactation support resources for employers and employees.
Perinatal Care Management	1(800) 859-9889, dial extension 2025 www.huskyhealthct.org/members/members_healthybeginnings.html	Free program for HUSKY members. This program helps make appointments and provides transportation. Services also include assistance with housing, WIC, breast pumps, and baby supplies.
Private insurance coverage	www.healthcare.gov/coverage/breast-feeding-benefits	Information on health insurance coverage of breastfeeding equipment and counseling.
Ready Set Baby!	www.readysetbabyonline.com	Self-paced breastfeeding education for families.
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	https://portal.ct.gov/dph/wic/wic	Find your local WIC clinic for breastfeeding support, education, breast pumps, healthy foods, nutrition education, and more.
WIC Breastfeeding Support	https://wicbreastfeeding.fns.usda.gov	Resources and information for parents at all stages of breastfeeding.
WIC Works	https://wicworks.fns.usda.gov/	Handouts for parents on breastfeeding and nutrition.
ZipMilk	www.zipmilk.org	Find lactation specialists near you.

Talking with Families

As a child care professional, your encouragement and support are important to families. Breastfeeding is a powerful action and often comes with strong feelings. Talking with families is the best way to create strong relationships. Below are a few tips that can be useful for all families, regardless of how they choose to feed their child.

Find a time when you can really talk with a family, giving them your full attention.

- Be a good listener. Show genuine interest and remember each family is unique.
- Wait for a response. Allow pauses and do not be too quick to jump in.
- Show you are listening with your eyes, face, and body, as well as with your words.
- Be positive. Do not communicate only when there is a problem or concern. Your encouraging, positive words go a long way toward easing families' worries.
- Use "I" statements: "I know we are both concerned with Sophia's feeding schedule when she is here. I would like to know how she tells you she is hungry and full, and what you do at home that works."
- Be creative in your communication. Families are busy and so are you! It is best to send the same message multiple ways. Ask each member of the family about the best way for communicating. Some individuals prefer email or text messages, while others prefer verbal communication.
- Do not assume families know you want to hear their perspective and want to communicate. Some parents need to be invited to communicate with you.

Acknowledging and accepting a family's desire to continue breastfeeding will help to establish trust.

- Welcome breastfeeding at your child care program—tell parents that you have the knowledge and skills to support breastfeeding.
- Be positive about baby receiving breast milk in your care.
- Empathize with parents and acknowledge the hard work of maintaining a milk supply while they are away from their baby. For some, breastfeeding and pumping is easy and for others it can take a lot of effort.
- Ask about breastfeeding goals, and be understanding and supportive. "If everything goes the way you want it to, how long would you like to continue to breastfeed Jacob?"
- Provide written breastfeeding materials to families, including your program's policies, the benefits of breastfeeding, and information to help with returning to work.
- Discuss with and offer families the Tips for Starting Your Breastfed Baby in Child Care, which is found at the end of this toolkit.
- Refer and connect families to breastfeeding supports in your community, including other families.
- Encourage families to feed on site. Providing a warm welcome and a comfortable place to sit will send the message, "I support you."

Sharing your thoughts and concerns respectfully with families shows that you really care about their child.



Develop a plan together with families.

- Create a plan with families about what to do when baby is hungry, a parent/guardian is late, or if you run out of baby's milk supply for the day.
 - Share with families that breast milk is the only food a baby needs for the first 6 months of life and that you will not provide formula, water, or solid foods unless requested.
 - Work with families to complete a Feeding Plan for each child in your care, and frequently update the plan as the child grows and changes.
- Families like to know how their babies are doing. Talk to parents daily or provide a daily written record about baby's schedule, feeding habits, mood, activities, and diapers.
 - Ask for the family's perspective: understand the family's feelings, beliefs, and plans. "What do you do at home?" "What do you find works?" "What doesn't work?"
 - Showing an interest in the parent is likely to create a deeper level of trust. Ask questions that show you are interested.



Breastfeeding can be difficult at times. Talk regularly, listen, and provide support.

- Families need your support, honesty, and collaboration. Even more so if they are having challenges on their lactation journey. Helping them find resources and supporting them to meet their infant feeding goals will help them feel like they have done their best for their baby.
- If you have concerns about baby getting enough milk or mom's supply, talk to the family, learn about their work situation and challenges they face. Connect them with workplace support if needed. Share resources on paced bottle feeding, and hunger and fullness cues so they know how to make sure baby is getting just the right amount of milk.
- As a child care professional, you are not expected to be a lactation expert. Refer families to lactation and healthcare professionals in your community so they can quickly resolve clinical challenges.
- Breastfeeding does not have to be all or nothing. Any amount of breast milk is beneficial. A parent who can talk through a

difficult situation with someone who cares will usually come up with a solution that works for everyone.

- Recognize and encourage each parent's dedication to providing their milk to their child, no matter how much. If they are struggling, provide tips on increasing milk supply, tips for talking to your employer, and encourage them to seek out a lactation professional if needed. See page 7 and page 25.
- If a family feels you respect and admire their efforts to provide baby with human milk, they may be more willing to listen to you and share suggestions about baby's care.
- Understand and be aware of your own feelings. When you are not aware of your feelings, they can often interfere with building strong, positive relationships.
- A relationship grows and changes over time. It is important to check in and talk with families regularly and make adjustments as needed.

Communication is the key to making any partnership work!



Feeding Plan

Tell us about your child's feedings so we can know and understand your child better. The information you provide below will help us do our very best to help your child grow and thrive. This form must be completed for all children 0 to 15 months of age by the parent and reviewed by the child care professional.

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____

To Be Completed by Parent/Guardian

At home, my child eats (please include as much detail as possible):

Type of Food	From (e.g. parent, bottle, cup, other)	How often or approximate time(s) of day	Average amount per feeding	Details about feeding
Breast milk				
Formula Brand:				
Milk (12 months+) Type:				
Infant Cereal Type/brand:				
Baby food				
Table foods				
Other (describe):				

Feeding Plan (continued)

How does your child show you they are hungry? _____

How do they show you they are full? _____

Are you aware of any food allergies or sensitivities that your child has? _____

Does your child have any problems with feedings, such as gagging, choking, or spitting up?

___ No ___ Yes - If yes, please explain: _____

I plan to come to the child care to nurse my child at the following time(s): _____

My usual pickup time will be: _____

If my child is crying or seems hungry shortly before I am going to arrive, please try the following to soothe my child (choose as many as apply):

- | | |
|--|-------------------------------------|
| ___ Hold my child | ___ Use the teething toy I provided |
| ___ Use the pacifier I provided | ___ Rock my child |
| ___ Give a bottle of my expressed milk | ___ Other (specify): _____ |

At the end of the day, please do the following (choose one):

___ Return all thawed, unused/unserved milk to me* ___ Discard all thawed, unused milk

We have discussed the above plan and made any needed changes or clarifications.

Today's Date: _____

Parent/Guardian Signature: _____

Child Care Professional Signature: _____

Any changes must be noted below and initialed by both the child care professional and the parent/guardian.

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent/ Guardian Initials	Child Care Professional Initials

*Any portions of formula, breast milk, or other liquids served to the infant shall be discarded after each feeding according to the specific time limits for each type of liquid.



Sample Lactation Support Policy for Child Care

Edit the policy below to meet the needs of your child care program.

The [name of child care program] is committed to providing ongoing support to breastfeeding and chestfeeding families.

Supportive Environment

1. We provide an atmosphere that welcomes breastfeeding and chestfeeding families. We support families and staff who continue to provide human milk for their babies/children as they return and continue to work.
2. We have a private, designated space (other than the bathroom) for moms to breastfeed their children or express milk. If a separate room is not available, a portable divider/partition will be made available. We welcome moms /parents to breastfeed in the classroom, as well.
3. In accordance with federal and Connecticut state law, we provide any employees (if applicable) with reasonable break time(s) to express milk.
4. We maintain a supportive environment for human milk feeding through posting and providing culturally appropriate support materials (pictures, posters, etc.), not including those produced or supplied by commercial entities and/or manufacturers of infant formula.
5. We “check in” with families for feedback and ways to continue providing support.
6. We communicate a baby’s schedule (i.e., feeding, napping, etc.) so the mom/parent can adjust the pumping/visiting schedule to feed baby.

Initial Contact

7. We discuss lactation support with all potential new families, and share this policy and resources. The policy is included in our parent/guardian handbook.
8. We work with families prior to their first day to transition their babies to bottle or cup feedings.

Feeding and Handling Milk

9. We follow storage and handling of breast milk, as defined by Centers for Disease Control and Prevention.
10. We discuss with all families how expressed milk is handled at our program.
11. Refrigerator and freezer space is available for human milk storage.
12. We inform families on written procedures about the proper way to label and handle human milk. Families should provide their own containers, labeled with the child’s name and date.
13. We talk with parents/guardians about the quantity of milk remaining to avoid waste.
14. We develop a sustainable feeding plan with each family, including feeding babies on demand as we observe hunger cues and coordinating the last feeding of the day to meet the feeding needs (either to feed or await feeding).
15. Babies are fed by the same caregiver as often as possible. All caregivers hold babies when feeding.
16. No formula or solid foods will be provided without first checking with the family.

Employee Training (if applicable)

17. Employees receive training at least once a year on feeding and handling human milk, lactation support policy, and supporting exclusive breastfeeding.
18. Employees are monitored for compliance with our lactation policy and standards.
19. Families may request information about the content of the lactation-related training for our staff.
20. This policy is reviewed annually, updated to incorporate new evidence-based research and practices, and shared with all employees (if applicable), expectant families, and visitors.

Child Care Program Director/Child Care Professional Signature

Date

Disclaimer: This sample policy is for informational purposes only and should not be construed as professional advice. Sample policies and procedures may need to be adapted to best suit your organization’s unique circumstances. We encourage your organization to seek appropriate professional assistance, as needed.

Additional child care policy guidance is available in the CSDE Action Guide for Child Care Nutrition and Physical Activity Policies, Best Practices for Creating a Healthy Child Care Environment found here: <https://portal.ct.gov/SDE/Nutrition/Child-Care-Nutrition-and-Physical-Activity-Policies/Documents>

State and Federal Lactation Laws

The main goal of state and federal lactation laws is to support breast- and chestfeeding families and improve the health of families in Connecticut. These laws aim to remove obstacles so that more families can breastfeed for longer and without the need to supplement with commercial infant formula.

You have a right to breastfeed in public.

Connecticut laws protect your right to breast- or chestfeed your child in any public place that you are allowed to be. No one can limit your right to breastfeed your baby. For more information on what is protected and how to file a complaint if you feel your right to feed your baby has been violated, please visit the Commission on Human Rights and Opportunities (CHRO) <https://portal.ct.gov/chro/commission/commission/contact-us>

You have a right to pump or breastfeed at work.

Both state and federal laws protect your right to pump your milk while you are at work. Your employer must provide time and space (not a bathroom) for you to pump. The Connecticut law also allows you to breastfeed your baby at work. To learn more about the laws that protect a person's right to breast- or chestfeed, visit <https://www.breastfeedingct.org/laws.html> and <https://www.abetterbalance.org/states/connecticut>

You cannot lose your job for pumping or breastfeeding at work.

It is against the law to discriminate, discipline, or take any action against you for exercising your rights under the workplace laws.

If you think that your breastfeeding rights at work have been violated you can contact the Connecticut Department of Labor, the US Department of Labor or Connecticut CHRO:

- Connecticut Department of Labor: 1 (860) 263-6791 or <https://portal.ct.gov/dol/divisions/wage-and-workplace-standards>
- US Department of Labor, Wage and Hour Division, help line: 1-866-487-9243. If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services.
- CHRO: Phone: 1 (860) 541-3400; TDD: 1 (860) 541-3400; Connecticut Toll Free: 1 (800) 477-5737 or visit <https://portal.ct.gov/chro/commission/commission/contact-us>
- Work Life Law free legal help line: <https://worklifelaw.org/get-help/>

You have rights if you are called for jury duty.

In Connecticut, persons serving for jury duty have options for accommodations. If you are breastfeeding or chestfeeding and are called for jury duty, call 1-800-842-8175 8 a.m. to 8 p.m., Monday through Friday, or visit <https://jud.ct.gov/jury/faq.htm> and scroll down to Requesting an Accommodation.



breast & chest feeding it's worth it!

Tips for Starting your Breastfed Baby in Child Care A TOOLKIT FOR FAMILIES

Returning to work or school after having a baby is often a big transition for families. By having a Breastfeeding Friendly Child Care provider, you know you and your baby will be supported.

Talk with your child care provider frequently about your baby, and share your needs and wants for your baby's care. Ask to complete a written feeding plan, and remember to review and update it regularly. Baby's needs change frequently, and this is normal.

The following pages provide some tips to help prepare you for starting your baby in child care.

Remember, breasts make milk in response to milk being removed from the breast often. The more milk your baby and/or pump take, the more your body will make!



WIC is a nutrition program that provides free healthy food, breastfeeding support, and other services to Connecticut families who qualify.

WIC is for pregnant or breastfeeding women and children younger than 5 years old. If you get TANF, SNAP, or Medicaid, you are automatically eligible for WIC.

To find a local WIC clinic visit: <https://portal.ct.gov/dph/wic/find-a-local-agency>



Before Returning to Work or School

- Practice pumping milk at least 2 weeks before starting child care. Pump after the morning feeding or at other times when your breasts feel fuller.
- Pumping takes practice. Do not be surprised or worried if you only get a little the first few times. Typically, a person produces between ½ to 1 ounce of breast milk each hour.
- Consider using breast massage techniques to improve your pumping sessions. For information and videos visit: <https://breastfeedingusa.org/to-pump-more-milk-use-hands-on-pumping/>
- Ask a lactation consultant, WIC nutrition staff, or healthcare provider for advice or tips on pumping and keeping an adequate milk supply.
- When away from your baby, pump as often as your baby would usually nurse (or at least every 3-4 hours) to maintain your supply.

Preparing Your Baby for a Bottle

Many breastfed babies may not be willing to eat from a bottle at first. Try to give your baby a bottle regularly for at least 2 weeks before your baby begins child care. Some tips to try:

- Have someone else feed your baby from a bottle. Some babies associate the breastfeeding parent with the pleasure of nursing. Your baby may be more willing to take a bottle if you are not in the room.
- Offer a bottle when your baby is relaxed and not quite ready for a feeding. Do not offer a bottle when your baby is very hungry or upset.
- Only put a small amount of breast milk (1 to 3 ounces) in the bottle to avoid wasting milk if your baby refuses.
- Try warming the bottle's nipple under warm running water to bring it to near body temperature.
- Do not force the bottle into your baby's mouth. Tickle your baby's mouth gently with the bottle nipple and let your baby draw the nipple into their mouth.
- No matter the age of your baby, use slow flow or newborn (size 0) bottle nipples to better copy the flow of milk from human nipples.
- Offer a bottle in different feeding positions, especially those different from your usual nursing positions. Try giving a bottle while moving rhythmically – walking, rocking, or swaying.
- If your baby refuses, try again later. Try different bottle nipple types and shapes to find one your baby likes. Try different temperatures of the breast milk.

Practice Paced Bottle Feeding

- Let baby control the feeding pace – allow baby to take breaks when needed. Babies often take 10-20 minutes or even longer to breastfeed and take natural pauses.
- Encourage pauses often – listen to baby and if baby does not take breaks, lower the bottle after a few sucks and wait for baby to begin sucking again before tilting the bottle back up.

- Watch paced bottle feeding videos: <https://www.itsworthitct.org/for-parents/back-to-work-or-school#paced-bottle-feeding>.
- Watch for fullness cues. If baby is giving cues of being done, even if baby has not finished all the milk in the bottle, do not try and continue to feed. You can watch an example of infant fullness cues at <https://www.youtube.com/watch?v=1ALUXZf8q3o>.

Growth Spurts

Most babies' appetites get bigger around the same time they grow. Every baby is different, but typical growth spurts often occur at:

2 to 3 weeks

4 to 6 weeks

3 months

4 months

6 months

9 months

During growth spurts, your baby's schedule may change and they may eat and sleep more than usual. Babies need more food as they grow and you may not have enough milk at first.

Nurse and pump more often during these spurts and your milk supply will likely get larger in response within 3 to 4 days. Giving formula during a growth spurt will send a message to your body not to make more milk and will not help breastfeeding.

Continue to breastfeed directly at the breast whenever you are with your baby. Direct breastfeeding may provide additional health benefits for your baby and will help maintain your milk supply.

How Much Breast Milk Should I Give My Child Care Provider?

Exclusively breastfed babies between 1 and 6 months old eat an average of 25 ounces of breast milk each day.

However, every baby is different and eats different amounts. The calories in breast milk can be higher than formula, so it is important not to compare ounces per day of breast milk versus ounces per day a formula a baby may take.

To estimate the amount of breast milk your child care provider may need each day:

- Estimate the number of times your baby usually nurses each day (in 24 hours).
- Divide 25 ounces by the number of nursings or feedings.

Example: If your baby usually nurses around 8 times a day, you can guess your baby may need around 3 ounces of breast milk at each feeding ($25 \div 8 = 3.1$). Babies younger than 1 month old and babies older than 6 months who eat more solid foods may eat less breast milk.

The Older Baby

Medical experts agree it is best to wait until your baby is around 6 months old before offering any food other than human milk. This includes not adding cereal to bottles.

Offering cereal or formula does not help a baby sleep through the night. Research shows starting solid foods early can cause allergies to develop, lower your milk production, and may lead to early weaning.

Cow's milk should not be given to babies under 1 year of age because it is difficult to digest and is hard on a baby's organs.

Current recommendations are to breastfeed until your child is 2 years old. There are many health benefits for both you and your baby with extended breastfeeding.

Nursing Strikes

A nursing strike is when a breastfed baby suddenly refuses the breast. This is normal for some babies.

During a nursing strike a baby may cry, arch, pull away from the breast, and will usually accept bottles with no problem.

A nursing strike can cause a decrease in your milk supply, so it is important for you to continue to offer your breasts to your baby often and pump to maintain your milk supply.

Try nursing when your baby is calm and not upset. Increase your skin to skin contact with your baby. Some moms find breastfeeding in the dark when baby is sleepy to be helpful. Consider contacting a lactation consultant for support. See page 5 (37) for contact information.

Reverse Cycling

Reverse cycling is when a baby nurses frequently at night and eats less often during the day.

This may occur with babies just starting out on a bottle. Give your provider small amounts of milk per bottle so there is less waste. Be patient and this phase will pass.

For tips on how to handle reverse cycling, see <http://kellymom.com/bf/normal/reverse-cycling/>.



Laws Support Breastfeeding

Breastfeeding in the Workplace

Connecticut and US laws require all employers to:

- Provide a reasonable amount of time each day to an employee who needs to express breast milk for their infant child and to provide accommodations where an employee can express milk in private.
- Not discriminate against, discipline, or take any adverse action against any employee because such employee has elected to exercise their lawful rights.

For more details visit:

- <https://www.dol.gov/agencies/whd/pump-at-work>
- <http://www.breastfeedingct.org/laws.html>

Breastfeeding in Places of Public Accommodation

Connecticut law states that:

- You have the right to breastfeed your child in any public place that you are allowed to be.

Breastfeeding and Jury Duty

- A person who is breastfeeding a child is eligible for no more than 12-month postponements of jury service.
- If you choose to serve and would like to request an accommodation, such as a private room to express milk, please contact Jury Administration at 1-800-842-8175 and speak with a service representative.

For more information about the laws, visit

<http://www.breastfeedingct.org/laws.html>.

Connecticut Paid Leave may also support nursing families. Learn more about Paid Leave: <https://www.ctpaidleave.org>

Storing Breast Milk

- Store your breast milk in small amounts (1 to 3 ounces). Your baby may not eat a large amount at one feeding and your milk is too valuable to waste!
 - Consider freezing milk in ice cube trays and storing the cubes in breast milk storage bags for ease of thawing later.
- Only store breast milk in clean glass or BPA-free plastic bottles with tight fitting lids and

storage bags approved for breast milk. Do not use ordinary plastic storage bags. They are not meant for breast milk storage and could easily leak or spill.

- Always label bottles and storage containers with your child's name and the date.
- Store milk toward the back of the refrigerator or freezer, where the temperature is more constant. Avoid storing in the door.
- Be sure to keep breast milk cold during transport to your child care provider. When using insulated coolers, keep ice packs in contact with milk containers at all times and limit how often the cooler bag is opened.
- Once frozen milk has begun to thaw, it cannot not be refrozen. Thawed breast milk must be used within 24 hours.
- According to Connecticut child care regulations, any portion of human milk left in the bottle after your child is finished eating must be thrown away within 2 hours of the feeding. Harmful bacteria can grow making the milk unsafe. Unused milk, not fed to your baby can be returned to you.
- Breast milk or formula mix-up: If your baby is fed another baby's milk or formula, your child care provider should call to let you know. The CDC states, "Few illnesses are transmitted via breast milk."

<https://www.cdc.gov/breastfeeding/php/guidelines-recommendations/other-mothers-milk.html>

NEVER microwave breast milk or formula. The microwave can destroy some important nutrients and can cause dangerous "hot spots" that can burn a child's mouth.

Breast milk is a food. Gloves are NOT required.

Resources

Resource Name:	Website/ Contact Information:	Learn About:
Baby-Friendly Hospitals	www.babyfriendlyusa.org	Hospital breastfeeding support. Many local hospitals in CT offer their own resources for breastfeeding support groups, education, and community provider referrals.
It's Worth It	www.itsworthitct.org	Support, resources, tips, and information.
Breast Pumps	www.fda.gov	General information about breast pumps – search “breast pumps” in the search box.
Breastfeeding USA	https://breastfeedingusa.org/	Counselors available through monthly in-person group meetings throughout the state, an active Facebook chat, and by phone or email.
Caring for Our Children	https://nrckids.org/CFOC	Additional recommendations for preparing, feeding, and storing human milk, techniques for bottle feeding, and policy guidance.
Centers for Disease Control and Prevention (CDC)	www.cdc.gov/breastfeeding	Information on breastfeeding, including national recommendations, breast milk handling and storage, and more.
Connecticut Breast-feeding Coalition (CBC)	https://www.breastfeedingct.org/	Resources and materials for families and employers.
Connecticut WIC	https://portal.ct.gov/dph/wic/wic	Find your local WIC clinic for breastfeeding support, education, breast pumps, healthy foods, nutrition education, and more.
Healthy Children	www.healthychildren.org	Find reputable information on a variety of parent topics from a website powered by the American Academy of Pediatrics.
Lactation Education Resources	https://www.lactationtraining.com/	Downloadable handouts for parents in multiple languages.
La Leche League	www.lllct.org Phone: 860-563-662 Email: help@lllct.org	Monthly in-person group support meetings throughout the state, virtual monthly Facebook meetings, non-emergency phone helpline, and online resources. Assistance available in Spanish.
MyPlate Healthy Eating Guide	https://www.myplate.gov/	Learn how to eat healthy with MyPlate, the official symbol of the five food groups.
Office on Woman's Health	www.womenshealth.gov/breastfeeding	Great resource for general breastfeeding information for families and employers.
	www.womenshealth.gov/its-only-natural	Breastfeeding resources specific for African American families.
	www.womenshealth.gov/supporting-nursing-moms-work	Lactation support resources for employers and employees.
Perinatal Care Management	1(800) 859-9889, dial extension 2025 www.huskyhealthct.org/members/members_healthybeginnings.html	Free program for HUSKY members. This program helps make appointments and provides transportation. Services also include assistance with housing, WIC, breast pumps, and baby supplies.
Private insurance coverage	www.healthcare.gov/coverage/breast-feeding-benefits	Information on health insurance coverage of breastfeeding equipment and counseling.
Ready Set Baby!	www.readysetbabyonline.com	A guide to welcoming your new family member.
WIC Breastfeeding Support	https://wicbreastfeeding.fns.usda.gov	Resources and information for parents at all stages of breastfeeding.
ZipMilk	www.zipmilk.org	Find lactation specialists near you.

breast & chest feeding it's worth it!

WORK OR SCHOOL – Plan for your breastfeeding success and talk about your pumping needs*

Knowledge + Support + Confidence = Success

Before Baby

- Talk to human resources, supervisor, or student services about your pumping plans.
- If your job or school has a lactation room, visit the area and ask how to use it.
- Find out how to get a pump (insurance or buy your own).
- Talk to different child care providers before making a choice.

What to Pack

Be sure to wash/clean hands prior to pumping. It is recommended to clean pump parts after each use. Sanitize once a day.

Need to have:

- ☐ Breast pump
- ☐ Milk storage bags/bottles
- ☐ Pen to label pumped milk or labels for milk containers
- ☐ Ice packs and insulated bag¹
- ☐ Soap to clean breast pump (you can always use breast pump wipes or microwaveable breast pump bags)

Nice to have:

- ☐ Healthy snack & water
- ☐ An extra set of breast pads, if you use them
- ☐ Spare pump parts or batteries in case of power outage

¹Check if there is a refrigerator you can use.

Before You Go Back

- Set up a pumping schedule with supervisor or teachers.
- Offer a bottle once or twice a day a few weeks before you return to work or school.
- Talk with your child care providers about feeding your pumped milk to your baby.
 - **To defrost milk:** Thaw in fridge or place under cool running water.
 - **To warm up milk:** Place bag or bottle in a bowl with warm tap water or hold bag or bottle under cool running water, raising temperature slowly.

Resources



For resources to support your return to work or school, visit: www.itsworthitct.org/for-parents/back-to-work-or-school



Your rights & the law: www.breastfeedingct.org/laws



Find lactation professionals near you, if you need one! www.zipmilk.org



What to ask child care providers: <https://www.breastmilkcounts.com/back-to-work/child-care-facility-support/>



Tips to maintain your milk supply: <https://wicbreastfeeding.fns.usda.gov/low-milk-supply>



How to hand express milk: www.readysbabyonline.com/the-first-hours/hand-expression/

List 2 people that will support my breastfeeding goals:

Human Milk Storage Guidelines*

	Countertop or Table	Refrigerator	Freezer with Separate Door	Deep Freezer
Storage Temperatures	Up to 77°F (25°C)	At or below 40°F (5°C)	At or below 0°F (-18°C)	At or below -4°F (-20°C)
Freshly Pumped/ Expressed Human Milk	Up to 4 hours	Up to 4 days	Up to 6 months	Up to 12 months
Thawed Human Milk	1-2 hours	Up to 1 day (24 hours)	Never refreeze thawed human milk	
Leftover from a feeding (baby did not finish the bottle)	Use within 2 hours after the baby is finished feeding			

*Storage times and temperatures may vary for premature babies. If you are pumping for medical reasons, talk to your health care provider for more information.



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