

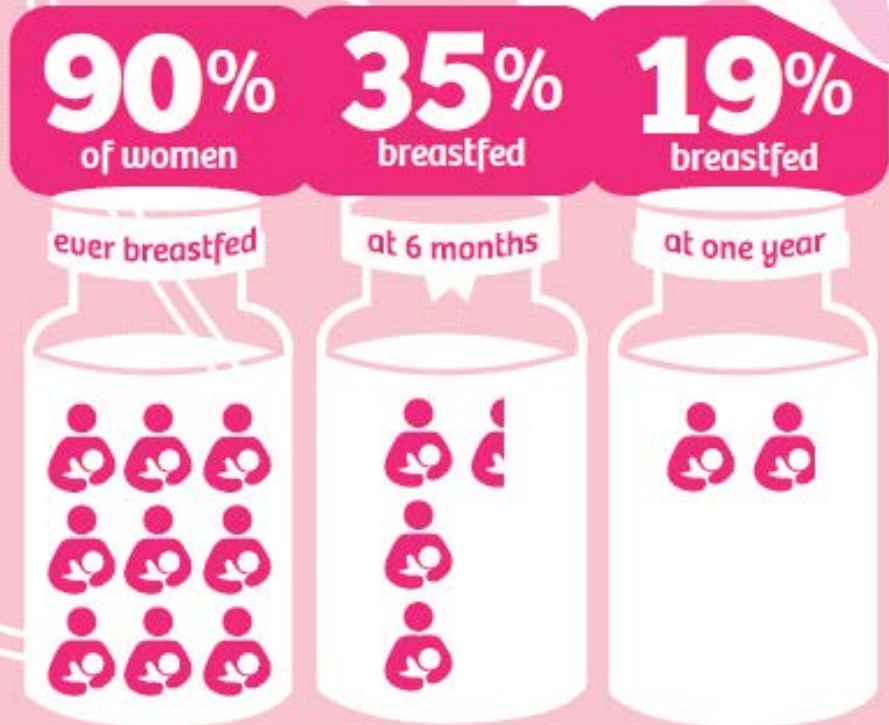
# Making Breastfeeding Work for Child Care



**Breastfeed Boulder County**

A project of Boulder County Public Health

## Breastfeeding drops off over time



SOURCE: 2014 Boulder County WIC data

## Breastfeeding is less common among women with lower incomes

68% of women in Boulder County breastfed for 6 months compared to 35% of women who have low income

SOURCES:  
1. Colorado Child Health Survey, 2013  
2. Participants in the Boulder County Women, Infants, and Children (WIC) Program, 2012-2014



**35% @ 1 YEAR**  
National goal for breastfeeding



**50% @ 6 MONTHS**  
National goal for breastfeeding



# Support breastfeeding women

Promote and certify breastfeeding-friendly worksites, especially those employing women with lower incomes



Encourage healthcare providers to promote breastfeeding



Promote and certify breastfeeding friendly child care programs, especially those serving families with lower incomes



Promote breastfeeding peer counselor programs





# Supporting Breastfeeding Supports Your Community

Learning about breastfeeding helps:

- **Child care providers** take the very best care of all of the babies in their care.
- **Employers** support their employees, including breastfeeding mothers.
- **Sisters, mothers, grandmothers, aunts, and friends** to support mothers in their lives who are breastfeeding
- **Mothers** give their babies the very best start in life.

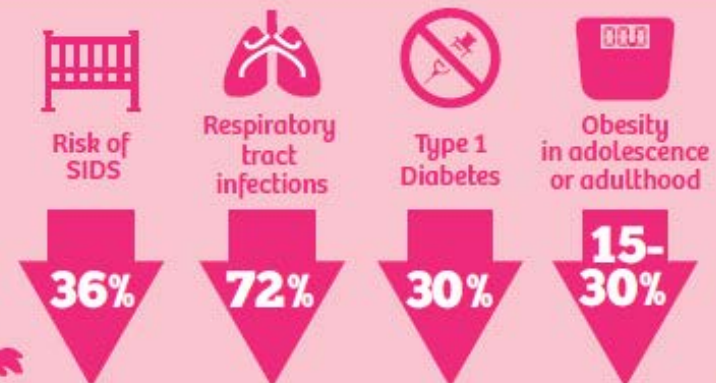
History of Breastfeeding Video (4 minutes):

<https://youtu.be/Zhx-R6p1xAQ>

# Breastfeeding improves health of mother and child



SOURCES: The American Academy of Pediatrics, the World Health Organization and the Institute of Medicine



SOURCE: Pediatrics Vol. 129  
No. 3 March 1, 2012

# Benefits of Breastmilk

Breastmilk is the recommended first choice of infant feeding methods. Many health professionals agree that breastmilk provides mothers, infants, child care providers, and the community with many benefits.

## Benefits to Infants

- ✓ Improves bonding with mother.
- ✓ Best nutrition for infant.
- ✓ Safe and fresh milk always available.
- ✓ Promotes correct growth of jaws, teeth, and speech patterns.
- ✓ Promotes an increase in learning ability.
- ✓ Decreases risk of diarrhea and other stomach problems.
- ✓ Decreases risk of urinary tract infections.
- ✓ Decreases risk of ear infections.
- ✓ Decreases risk of lung infections.
- ✓ Decreases risk of childhood obesity.
- ✓ Decreases risk of sudden infant death syndrome (SIDS).
- ✓ Decreases risk of diabetes.
- ✓ Decreases risk of leukemia.
- ✓ Decreases risk of childhood cancers.
- ✓ Decreases risk of allergies.
- ✓ Decreases risk of childhood asthma.
- ✓ Decreases risk of high cholesterol.

# Benefits of Breastmilk

## Benefits to Mothers

- ✓ Reduces risk of blood loss after delivery.
- ✓ Uterus returns to pre-pregnancy shape quicker.
- ✓ Delays the return of menstrual cycles (not to be used as contraception).
- ✓ Faster return to pre-pregnancy weight.
- ✓ Reduces risk of bone fractures.
- ✓ Reduces risk of pre-menopausal breast cancer and ovarian cancer.
- ✓ Saves money (no need to buy formula).
- ✓ Improves mother and infant bonding.
- ✓ Can build mother's confidence.



# Benefits of Breastmilk

## Benefits to Child Care Providers

- ✓ Infants are sick less often.
- ✓ Diapers often have less odor.
- ✓ Infants spit up less.
- ✓ Reimbursement for breastmilk for providers participating in the Child and Adult Care Food Program (CACFP) when breastfeeding mothers come to child care providers or homes and directly breastfeed their infants, and when pumped breastmilk is given to babies from a bottle or cup.

## Benefits to the Community and Environment

- ✓ Reduces health care costs because infants are sick less often.
- ✓ Reduces sick days because breastfed infants are often sick less, which is good for businesses.
- ✓ Fewer cans and bottles in the landfills.
- ✓ Reduces cost for producing and shipping infant formulas.
- ✓ Improved early development and mental health for babies because of the stronger bond between moms and their babies.

Can you think of other benefits?



# Breastmilk Feedings

Many parents may ask you how much breastmilk their babies should have each day. Below are some guidelines on feeding breastfed infants; however, each infant's needs will be different; the best approach is to watch for hunger cues.

## Timing

- A breastfed infant often nurses 8 to 12 times in 24 hours.
- In other words, an infant usually nurses 10-15 minutes per breast every 1.5 to 3 hours.
- However, doctors recommend that all babies be fed in response to their hunger cues, not on a strict schedule. It may feel tempting to put babies on a feeding schedule, but it's best to feed them in response to changing appetites. This is called cue feeding. Babies may be more or less hungry at different times or on different days—just like you!

# Infant Feeding Cues

- Rapid eye movements during sleep
- Rousing from sleep
- Increased alertness
- Flexing arms and legs
- Squirming
- Wrinkling forehead
- Bringing hand to the mouth
- Turning head
- Moving mouth or tongue
- Becoming upset or crying is a late sign

# Advantages of cue feeding

- Babies are calm for feedings, so they feed better.
- Breastfeeding moms have an easier time making enough milk for their babies.
- Babies learn to eat when they're hungry, which may help prevent obesity when they are older.

# Amount

A good way to tell if a breastfed infant is receiving enough breastmilk is to look for signs of adequate nutrition by checking their diapers.

- *Wet diapers* – Breastfed infants should have colorless urine at least 6 to 8 times per day. Infants normally wet their diapers after every feeding. This amount will often decrease as they get older. If you notice less frequent urination, dark yellow urine, or dry diapers, tell the parents and encourage them to discuss this with their health care professionals.
- *Bowel movements* – Many infants will have a bowel movement after every feeding. This will often become less frequent as they get older. Stools should be soft; if they're not, let the parents know, and encourage them to discuss this with their health care professionals.



# Infant Feeding Cues

- Early Cues – “I’m hungry”

Stirring



Mouth open



Turning head  
seeking/rooting



# Infant Feeding Cues

- Mid Cues – “I’m really hungry”

Stretching



Increasing physical movement



Hand to mouth



# Infant Feeding Cues

- Late Cues – “Calm me, then feed me”

Crying



Agitated body movements



Color turning red



# Paced Bottle Feeding

Paced bottle feeding should be practiced when feeding infants at child care programs. Babies should be bottle-fed:

- When their cues indicate hunger, rather than on a schedule.
- While held in an upright position. Letting them drink from a bottle when lying down is associated with cavities and ear infections.
- On one side and switched to the other side midway through a feeding. This helps provide eye stimulation and development, and prevents development of a side preference, which could impact the breastfeeding mother.
- For 10-20 minutes at a time, to mimic the usual breastfeeding experience. Care providers should make quantities of breastmilk that will last the average length of a feeding, rather than trying to feed as much as they can in as little time as possible. This is important because a baby's system needs time to recognize when they're full before the stomach has a chance to get overfilled. Talk to the mothers about the amount appropriate for their babies.
- Gently, allowing the infants to draw their bottle nipples into their mouths rather than pushing bottle nipples into their mouths. This allows babies to control when the feed begins. Stroke their lips from top to bottom with the bottle nipple to illicit a rooting response of a wide open mouth. This allows babies to "accept" the bottle nipples rather than poking them in.
- By listening to them take natural pauses. If they're not taking them, lower their bottles after a few sucks, and wait for them to begin sucking again before tilting the bottles to them.
- Consistently, with a breastfed rhythm - encourage frequent pauses while they drink to mimic their breastfeeding mothers' let-down patterns. This discourages babies from guzzling bottles and can reduce nipple confusion or preference.
- Until they're satiated. Never aggressively encourage infants to finish the last bit of milk in their bottles by forcing the nipples into their mouths, massaging their jaws or throats, or rattling the nipples around in their mouths. If babies are dozing off and releasing the bottle nipples before their bottles are empty, that means they are done; don't reawaken them to "finish."

**Video:** A video providing examples of paced bottle feeding techniques is available at: <https://youtu.be/YoBVtE6S1dk>



# Paced Bottle Feeding

## Benefits of Paced Bottle Feeding

- Keeps the amount of milk appropriate to the size and age of the infant, rather than over- or under-eating. This helps support mothers who are pumping by keeping the daily volume of milk they pump equivalent to their baby's demand.
- Helps to minimize colic-like symptoms in babies whose stomach is distended or overfed.
- Supports the breastfeeding relationship, which hopefully leads to longer and successful breastfeeding, particularly for mothers who are separated from their babies either intermittently or recurrently.



## Infant Growth Spurts

# Growth Spurts

9 Months

6 Months

4 Months

3 Months

4-6 Weeks

2-3 Weeks

7-10 Days

- Most infants' appetites increase around the same time they have growth spurts
- During growth spurts, caregivers should provide breast milk more often to ensure the babies are getting the nutrition they need to grow.
- Parents may not be expecting growth spurts and may express concern that their infants want to eat more.
- Mothers may feel that they are not making enough milk. This is not true; their infants simply need more breastmilk since they are growing. The mothers' milk supply will likely increase within 72-96 hours, and the infants will return to a normal feeding pattern.
- Recommend that the mothers freeze pumped milk in small quantities (1-3 ounces) to avoid wasting milk.

# Nursing Strike

- A nursing strike is when a breastfed infant suddenly refuses the breast.
- This is normal for some infants and generally occurs around 4 to 7 months.
- During a nursing strike, the infant may cry, arch, and pull away from the breast but will normally accept bottle feeding with no problems.
- Nursing strikes are often caused by a urinary tract infection, ear infection, teething, rushed feedings, overactive milk let down, and/or exposure to bottle feeding. A nursing strike can cause a decrease in milk supply, so it's important for mothers to continue offering their breasts to their infant and expressing milk with a pump to maintain milk supply.



# Complimentary Foods

- Research has shown, and health and breastfeeding experts agree that it's best to wait until babies are around six months old before offering any food other, than breastmilk.





# Breastfeeding Beyond 12 Months

- Fortunately, more and more women are choosing to nurse their children beyond 12 months.
- Feeding breastmilk from a cup in a toddler room is both **allowed** and **encouraged** by licensing and health departments.



# Breastfeeding Beyond 12 Months

- The World Health Organization recommends breastfeeding beyond 12 months:
  - Breastmilk is an important source of energy and nutrients for children aged 6 to 23 months, providing half or more of a child's energy needs between the ages of 6 and 12 months, and 1/3 of their energy needs between 12 and 24 months.
  - In addition, they suggest that breastmilk is a critical source of energy and nutrients during illness, and reduces mortality among children who are malnourished.

# Review

Review the following with moms to make sure you have everything you need to support their breastfeeding goals.

- ✓ The amount of breastmilk in each bottle and the number of bottles.
- ✓ The type of bottle nipple. Recommend a slow flow (newborn flow) nipple to help pace bottle feeding.
- ✓ The benefits of exclusively breastfeeding for the first six months of life and delaying the introduction of complementary foods.

# Breastmilk Storage and Preparation

Breastmilk is precious; every drop helps babies to grow up healthy. Follow these guidelines to ensure that you're getting the most out of the supply provided for the infants in your care.

## Storage

1. Breastmilk and infant formula in bottles or other storage containers must be:
  - Labeled with the infant's name.
  - Differentiated by colored labels.
  - Labeled with the date received.
  - Stored at 41°F or below.
2. If the infant's supply of breastmilk runs out, contact the parents so they can bring more to the program.
3. Refrigerate or freeze breastmilk as soon as the parents bring it to the program. It does not need to be in a separate refrigerator, but bottles with the earliest date should be used first (i.e. first in, first out). Recommend that moms freeze their pumped milk in small quantities (1-3 ounces) to avoid waste.
4. Throw away breastmilk if it is:
  - Brought to the program in a dirty bottle.
  - Left unrefrigerated for an hour or more.
  - Not finished by the infant within one hour from the beginning of the feeding. This is important because harmful bacteria can grow within this time.
5. Breastmilk or formula that is unopened and not used the day it was prepared or received from the parent or guardian must be discarded or returned to them at the end of the day. This does not apply to frozen breastmilk.

# Breastmilk Storage and Preparation

## Preparation

1. Always wash your hands before and after handling breastmilk.
2. All breastmilk and formula must only be used for the intended child. Breastmilk should be differentiated by colored labels or another method approved by Boulder County Public Health.
3. Breastmilk is a food, not a bodily fluid; therefore, gloves do not need to be worn when feeding breastmilk to an infant. In addition, gloves do not need to be worn when cleaning up spilled breastmilk; however, you should always wash your hands afterwards.
4. Bottles of breastmilk can be served cold. If you choose, warm them under running, warm tap water, or place them in a container of warm water (no warmer than 120°F).
  - If using a slow cooker to warm breastmilk, keep it out of reach of infants and not warmer than 120°F. bottles should not be left in warm water for more than five minutes; doing so can allow bacteria to grow.
  - Frozen breastmilk can also be thawed quickly in a container of warm water (no warmer than 120°F). If not for immediate use, frozen breastmilk can be thawed under cold running water or in the refrigerator.
  - Breastmilk or formula in a bottle should NEVER be warmed in the microwave – this can cause “hot spots” in the bottle that could burn the infant.
5. After warming, mix the breastmilk by gently swirling the milk in the bottle. Excessive shaking of breastmilk may damage some of the nutrients that are important for infants. It may also create increased foaminess, which can cause an infant to take in excess air and make them more gassy.
6. Test the breastmilk on your forearm to make sure it's not too warm.

## Cleanup

1. Bottles, bottle caps, nipples, and other equipment used to feed breastmilk from a bottle can be cleaned and sanitized by washing them in a dishwasher or by washing, rinsing, and sanitizing them in an approved dishwashing sink. If bottles are not cleaned at your program, place all bottle parts into plastic bags for the parents to take home.
2. If using a slow cooker to warm breastmilk, empty, clean, sanitize, and refill it with fresh water daily.



# Breastmilk Refrigeration and Storage Guidelines

- **For Child Care Providers**

Location	Temperature*	Duration	Instructions
Countertop, Table, Warmed or Room Temperature	Room Temperature (up to 77°F)	1 hour	Work toward not reheating milk; instead help baby become accustomed to room temperature milk.
Refrigerator	<41°F	24 Hours (1 day**)	Store milk in the back of the main body of the refrigerator.
Freezer Compartment Inside Refrigerator	5°F	2 Weeks	Store milk toward the back of the freezer where the temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk can undergo degradation, resulting in lower quality.
Freezer Compartment Attached to the Refrigerator	0°F	3-6 Months	
Deep Freezer	-4°F	6-12 Months	

\*Check temperatures with a thermometer according to your program's policy.

\*\*Formula or breast milk that is unopened and not used the day it was prepared or received from the parent or guardian must be discarded or returned to them at the end of the day. This does not apply to frozen breast milk.

## References

*Rules and Regulations Governing the Health and Sanitation of Child Care Facilities in the State of Colorado.* 6 CCR 1010-7, Page 29-30, 7.12.3 C and E. Feeding Caring for Our Children: National Health and Safety Performance Standards. Page 171, STANDARD 4.3.1.9 Warming Bottles and Infant Foods.

# Breastmilk Refrigeration and Storage Guidelines

- **For Parent/Guardian\***

Location	Temperature	Duration	Instructions
Countertop, Table (for freshly expressed milk)	Room Temperature (up to 77°F)	6-8 hours	Store containers covered and keep them as cool as possible; covering the container with a cool towel may keep milk cooler.
Insulated Cooler Bag	5-39°F	24 hours	Keep ice packs in contact with milk containers at all times; limit how often the cooler bag is opened.
Refrigerator	39°F	5 days	Store milk in the back of the main body of the refrigerator.
Freezer Compartment Inside Refrigerator	5°F	2 Weeks	Store milk toward the back of the freezer where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk can undergo degradation, resulting in lower quality.
Freezer Compartment Attached to the Refrigerator	≤0°F	3-6 Months	
Deep Freezer	-4°F	6-12 Months	

\* For use with healthy, full-term infants.

## References

Adapted from InfaNET Nutrition for Child Care Providers. Retrieved on 4/7/16: <http://www.unco.edu/nhs/infanet/BMStorage.html>

Centers for Disease Control and Prevention. 2010. *Proper Handling and Storage of Human Milk*. [http://www.cdc.gov/breastfeeding/recommendations/handling\\_breastmilk.htm](http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm).

Academy of Breastfeeding Medicine (2004) Clinical Protocol Number #8: Human Milk Storage Information for Home Use for Healthy Full-term Infants. Princeton Junction, New Jersey: Academy of Breastfeeding Medicine.

# Breastfeeding Friendly Child Care Program

Boulder County Public Health recognizes and promotes child care programs that have made breastfeeding support a priority by certifying eligible programs as breastfeeding Friendly. Programs that receive this designation will receive a certificate, a “Breastfeeding Friendly Certified” window cling to display, and be listed on the Boulder County Public Health website.

To receive the “Breastfeeding Friendly” designation, programs must:

- Designate a private space (not a bathroom) for mothers to pump or breastfeed their infants.
- Attend one (1) training session with Boulder County Public Health Child Health Promotion (CHP) staff .
- Complete an assessment and develop an action plan based on the assessment results with CHP staff .
- Meet the following 6 criteria (do not need to be completed in sequence):
  - 1. Staff Policy and Environment:** Support staff to breastfeed successfully by making and sharing this commitment with staff .
  - 2. Staff Training:** Train all staff to support optimal infant and young child feeding, and continue updates and learning about protection, promotion, and support of breastfeeding on an annual basis.
  - 3. Family Policy and Environment:** Inform women and families about the importance of breastfeeding , and provide a breastfeeding friendly environment.
  - 4. Learning and Play for Children:** Provide learning and play opportunities for children that normalize breastfeeding .
  - 5. Breastmilk Storage and Handling:** Ensure that all breastfeeding families served are able to properly store and label milk for child care program use and that each infant has a feeding plan that supports best feeding practices.
  - 6. Community Resources and Referrals:** Refer families to local breastfeeding resources, services, and skilled breastfeeding support.

# Breastfeeding Friendly Child Care Program



This certifies that

***Your Program Here***

is a designated Breastfeeding Friendly Child Care Program

This center has met all of the certification criteria, including:

- Providing training and education to staff and families
- Helping to normalize breastfeeding
- Properly storing and labeling breast milk
- Providing private areas for pumping and breastfeeding for families and employees
- Having written lactation policies or guidelines for families and employees
- Providing referrals for support
- Conducting assessments and training, as required by Boulder County Public Health

A handwritten signature in black ink, reading "Jeffrey J. Zayach".

Jeffrey J. Zayach, MS  
Executive Director, Boulder County Public Health

**Certification Valid: 2016 - 2017**



# Assessment

## Breastfeeding Friendly Child Care: Self-Assessment

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child Care Facility Name: \_\_\_\_\_

The following six criteria describe ways that child care programs can provide optimal support for breastfeeding families. Below each step are specific actions to support that step. This assessment is used to evaluate your program's change in practices after becoming "Breastfeeding Friendly" and also as a training tool to help your program improve its breastfeeding support.

Please read each statement and check the box that most accurately reflects the practices used in your program most of the time. If you are unsure, seek input from appropriate staff members. Answer as honestly as possible to identify which areas need the most improvement and where to focus your energy.

**1. Staff Policy and Environment:** Support staff to breastfeed successfully by making a commitment to the importance of breastfeeding and sharing this commitment with staff.

Criteria	Progressing	Breastfeeding Friendly	Breastfeeding Advocate
An explicit staff policy for supporting breastfeeding by guaranteeing breastfeeding staff time and space	<input type="checkbox"/> Exists informally, or is written but not regularly communicated to staff	<input type="checkbox"/> Is written, readily available, and regularly communicated to staff	<input type="checkbox"/> Is written, readily available, regularly communicated to staff, and posted or printed
Educational materials on the risks and benefits of different infant feeding options are available to all staff	<input type="checkbox"/> Are not available at our facility or are available upon request	<input type="checkbox"/> Are readily available	<input type="checkbox"/> Are actively distributed
A resource list of local lactation consultants and community providers who can answer breastfeeding and human milk feeding questions	<input type="checkbox"/> Is not available at our center or exists, but is not readily accessible to staff	<input type="checkbox"/> Is comprehensive, up-to-date, and readily accessible to staff	<input type="checkbox"/> Is comprehensive, up-to-date, readily accessible, and actively distributed to staff
Breastfeeding employees are given appropriate breaks so that they may express milk and/or nurse their babies as needed	<input type="checkbox"/> Sometimes, if they ask	<input type="checkbox"/> Always	<input type="checkbox"/> Staff are encouraged to bring babies to work
A designated area, other than a bathroom, for employees to nurse and/or express their milk	<input type="checkbox"/> Is not available or only available at certain times	<input type="checkbox"/> Is always available, has appropriate seating, is shielded from view and free from intrusion, and has an electrical outlet	<input type="checkbox"/> Is always available, has appropriate seating, is shielded from view, free from intrusion, has an electrical outlet, and is stocked with education materials and breastfeeding supplies

# Action Plan

## Breastfeeding-Friendly Child Care: Action Plan

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child Care Facility Name: \_\_\_\_\_

**Staff Policy & Environment:** Support staff to breastfeed successfully by making a commitment to the importance of breastfeeding, and sharing this commitment with staff.

Goals	Actions to Reach Goal	Persons Involved	Target Date for Completion
Example: Write staff policy and add to handbook	Go to <a href="http://BoulderCountyBreastfeeding.org">BoulderCountyBreastfeeding.org</a> to download a sample policy	Director	End of August

**Staff Training:** Train all staff in the skills needed to support optimal infant and young child feeding and continue updates and learning about protection, promotion, and support of breastfeeding annually.

Goals	Actions to Reach Goal	Persons Involved	Target Date for Completion
Example: Train all staff on Breastfeeding Friendly Childcare Information	Go to <a href="http://BoulderCountyBreastfeeding.org">BoulderCountyBreastfeeding.org</a> to download sample training	Director/Infant nursery supervisor	End of August
	Set time and date for training	Director/Infant nursery supervisor	End of August

**Family Policy & Environment:** Inform women and families about the importance of breastfeeding and provide a breastfeeding friendly environment.

Goals	Actions to Reach Goal	Persons Involved	Target Date for Completion
Example: Add family policy to parent and infant handbook	Download sample policy from <a href="http://BoulderCountyBreastfeeding.org">BoulderCountyBreastfeeding.org</a>	Director	End of August



# Infant Feeding Plan

## Infant Feeding Plan

Tell us about your baby's feedings at our center. As your child's caregivers, an important part of our job is feeding your baby. The information you provide below will help us do our very best to help your baby grow and thrive. **This form must be completed for all children under 15 months of age.**

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ mm/dd/yyyy

Parent/Guardian's Name(s): \_\_\_\_\_

Did you receive a copy of our "Infant Feeding Guide?" ☐ Yes ☐ No

If you are breastfeeding, did you receive a copy of:

*Making Breastfeeding Work for Moms\** ☐ Yes ☐ No

*Breastfeeding Services and Resources Guide\** ☐ Yes ☐ No

### To Be Completed by Parent

At home, my baby drinks (check all that apply):

☐ Mother's milk from (check)  
☐ mother ☐ bottle ☐ cup ☐ other

☐ Formula from (check)  
☐ bottle ☐ cup ☐ other

☐ Cow's milk from (check)  
☐ bottle ☐ cup ☐ other

☐ Other: \_\_\_\_\_ from (check)  
☐ bottle ☐ cup ☐ other

How does your child show you that s/he is hungry?

How often does your child usually feed?

How much milk/formula does your child usually drink in one feeding?

Has your child started eating solid foods?  
☐ Yes ☐ No

If so, what foods is s/he eating:

How often does s/he eat solid food, and how much?

### To Be Completed by Caregiver

Clarifications/Additional Details:

At home, is baby fed in response to the baby's cues that s/he is hungry, rather than on a schedule?  
☐ Yes ☐ No

If NO,

- ☐ I made sure parents have a copy of the "Infant Feeding Guide" or "Making Breastfeeding Work for Moms."
- ☐ I showed parents the section on reading baby's cues.

Is baby receiving solid food? ☐ Yes ☐ No

Is baby under 6 months of age? ☐ Yes ☐ No

If YES to both,

I have asked: Did the child's health care provider recommend starting solids before six months?  
☐ Yes ☐ No

If NO,

I have shared the recommendation that solids should be started at about six months. ☐ Yes ☐ No

Handouts shared with parents:

\*Available at BoulderCountyBreastfeeding.org

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ mm/dd/yyyy

Tell us about your baby's feedings at our center:

I want my child to be fed the following foods while in your care:

Type of Food	Frequency of feedings	Approximate amount per feeding	Details about feeding
Mother's milk			
Formula			
Cow's milk			
Cereal			
Baby food			
Table food			
Other (describe):			

I plan to come to the center to nurse my baby at the following time(s): \_\_\_\_\_

My usual pick-up time will be: \_\_\_\_\_

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):

\_\_\_\_ Hold my baby \_\_\_\_ Use the teething toy I provided \_\_\_\_ Use the pacifier I provided  
\_\_\_\_ Rock my baby \_\_\_\_ Give a bottle of my expressed milk \_\_\_\_ Other (specify) \_\_\_\_\_

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

\_\_\_\_ Return all thawed milk to me \_\_\_\_ Discard all thawed milk

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

Today's date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Teacher Signature: \_\_\_\_\_

**Any changes must be noted below and initialed by both the teacher and the parent.**

Date	Change to Infant Feeding Plan (must be recorded as feeding habits change)	Parent Initials	Teacher Initials

# Resources

**The following tools and resources are available at [BoulderCountyBreastfeeding.org](http://BoulderCountyBreastfeeding.org):**

- Fillable sample policies
- Training registration
- Sample educational materials, including a list of breastfeeding-friendly toys and books, and posters that contain information about breastfeeding and photos of mothers and infants
- A community breastfeeding resource list
- Breastfeeding Friendly Child Care Self-Assessment
- Action plan template
- Infant feeding plan

# Thank you

- **Thank you to North Carolina Global Breastfeeding Institute for the information adapted throughout this document.**
- **Breastfeed Boulder County is a project of Boulder County Public Health.**
- **For information about breastfeeding, visit [BoulderCountyBreastfeeding.org](http://BoulderCountyBreastfeeding.org) or call 303.413.7549.**

