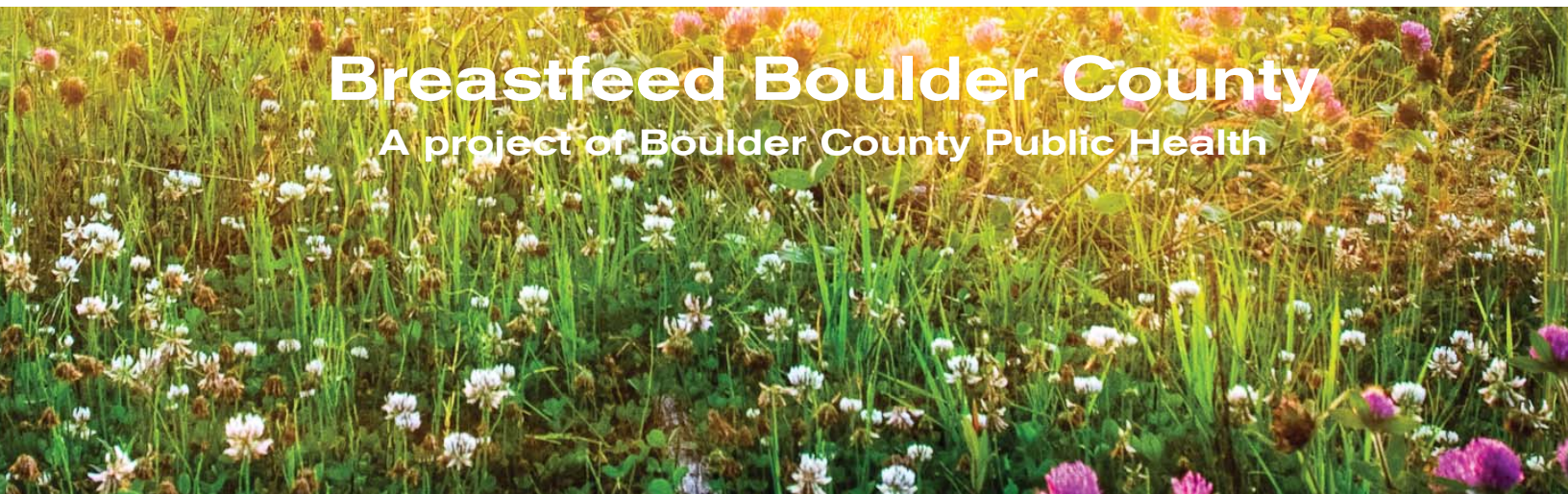




# Making Breastfeeding Work for Child Care



**Breastfeed Boulder County**

A project of Boulder County Public Health

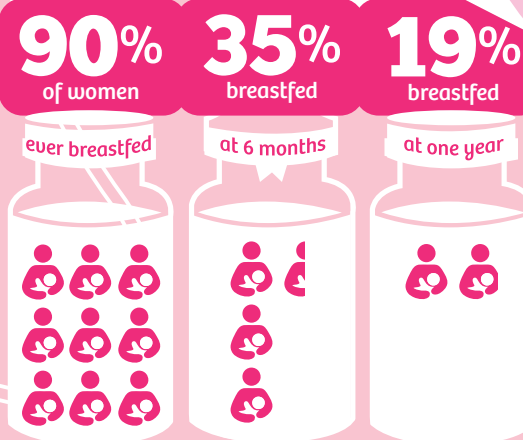




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## Breastfeeding drops off over time



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



[BoulderCountyBreastfeeding.org](http://BoulderCountyBreastfeeding.org)



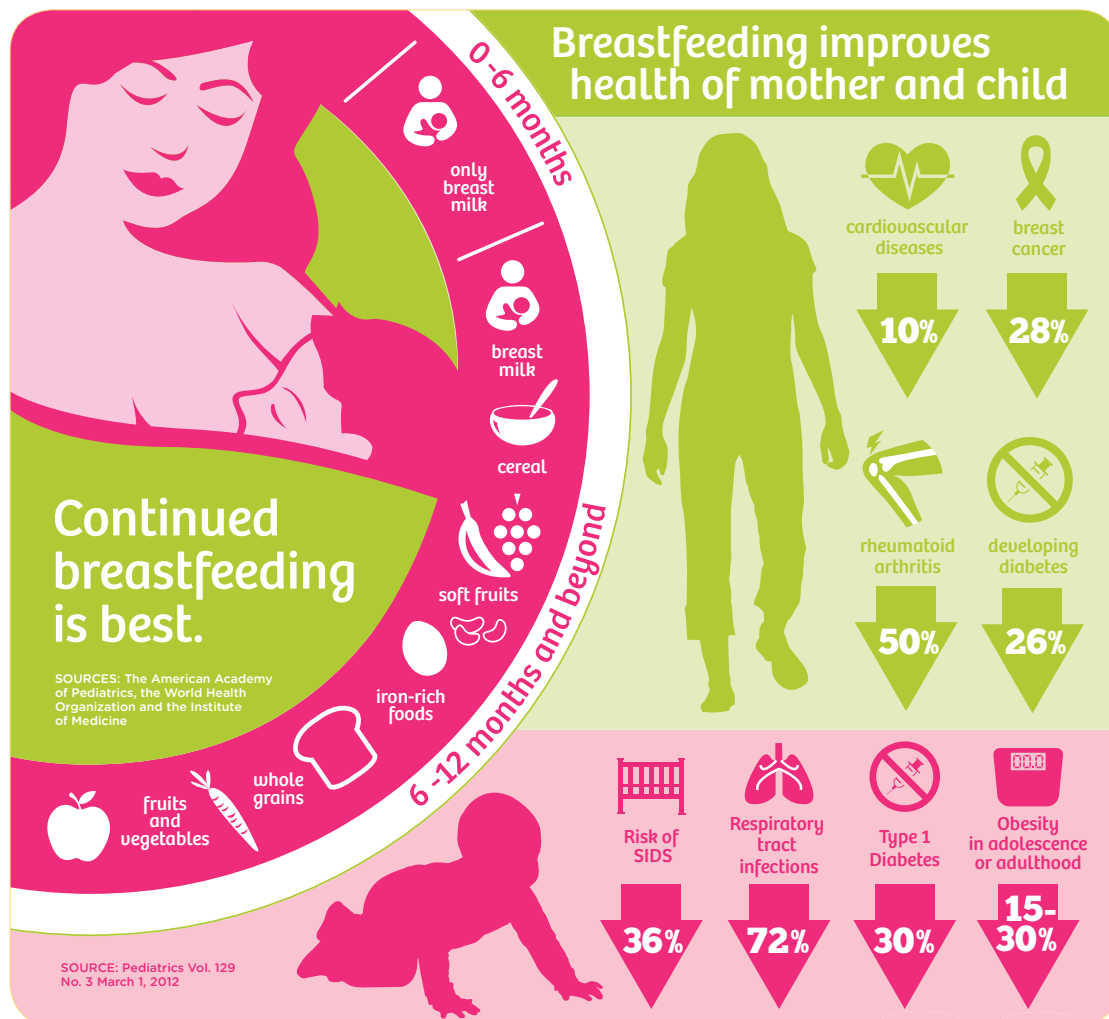
## Supporting Breastfeeding Supports Your Community

You already know that you make a difference to the breastfed baby in your care. But you may not know what a key role you play in helping baby's mother meet her breastfeeding goals. Child care providers can make a big difference in helping a new mother continue to breastfeed when she returns to work. Being breastfeeding-friendly can increase the length of time babies are breastfed, leading to better health for baby and mom.

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.

This toolkit provides you with guidelines, tips, and resources to support women in achieving their breastfeeding goals.



# 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 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 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.

## 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 include:

- 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 opening



Turning head  
Seeking/rooting

### Mid Cues – “I’m really hungry”



Stretching



Increasing  
physical movement



Hand to mouth

### Late Cues – “Calm me, then feed me”



Crying



Agitated body  
movements



Color turning red

Courtesy of the State of Queensland, Australia.



## 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>.

### 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.

Reference: Obtained from Kelly Mom. Retrieved on 5/4/16: <http://kellymom.com/bf/pumpingmoms/feeding-tools/bottle-feeding/>



## Infant Growth Spurts

9 Months

6 Months

4 Months

3 Months

4-6 Weeks

2-3 Weeks

7-10 Days

### Growth Spurts

Most infants' appetites increase around the same time they have growth spurts - typically at 7-10 days, 2-3 weeks, 4-6 weeks, and 3 months, 4 months, 6 months, and 9 months. 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.

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

### 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. In fact, the following health organizations recommend that all babies be exclusively breastfed (no cereal, juice, or any other foods) for the first six months of life (not just the first 4-6 months):

- World Health Organization
- UNICEF
- American Academy of Pediatrics
- American Academy of Family Physicians
- Academy of Breastfeeding Medicine

## 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. Health experts also suggest it:

- The World Health Organization states that 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. Adults who were breastfed as babies are less likely to be overweight/obese. Children and adolescents who have been breastfed perform better in intelligence tests.
- The Academy of Breastfeeding Medicine states that exclusive breastfeeding for six months, and continued breastfeeding for at least one year and up to two years or longer, with age-appropriate, complementary feeding is optimal.

## Medical Needs

Some medical conditions may require additional parent/guardian communication to meet their babies' needs.

## More Information

More information about exclusive pumping, donor milk, weaning, alcohol and/or marijuana use while breastfeeding, and cultural barriers/myths on breastfeeding is available at [BoulderCountyBreastfeeding.org](http://BoulderCountyBreastfeeding.org).

### 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.

### 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.

## 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 Recognized” 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 5 criteria (do not need to be completed in sequence):
  1. **Commitment to Breastfeeding Section:** Make a commitment to the importance of breastfeeding, including written policies and procedures and supporting staff’s decision to breastfeed.
  2. **Education and Training Section:** Train yourself and staff in the skills to support breastfeeding, require continued education updates at least once a year and provide education to families and visitors.
  3. **Breastfeeding Friendly Environment Section:** Create a culture and environment at your program that is openly supportive of breastfeeding.
  4. **Communication Section:** Build strong relationships and communicate regularly with your staff and families.
  5. **Resources Section:** Refer families to local breastfeeding resources, services, and skilled breastfeeding support.

Renewal is required to maintain the “Breastfeeding Friendly” recognition. This continued recognition happens in conjunction with your regular health inspection. Note: child care homes do not receive a regular health inspection.



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.

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

**Certification Valid: 2016 - 2017**





# Breastfeeding Friendly Child Care Self-Assessment

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

Child Care Program Name: \_\_\_\_\_

Child Care Program Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_

The following sections describe ways child care professionals can provide the best support for breastfeeding families. Each section includes 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 and mark those that best reflect the practices most often used in your program currently. To be considered Breastfeeding Friendly, programs must be using practices in the “Breastfeeding Friendly” or “Breastfeeding Advocate” columns.

**1. Commitment to Breastfeeding:** Make a commitment to the importance of breastfeeding, including written policies and procedures and supporting staff’s decision to breastfeed.

Practice	Progressing	Breastfeeding Friendly	Breastfeeding Advocate
A clear written policy supporting breastfeeding for both families and staff (must guarantee employees have adequate time and space to breastfeed or pump) – See sample policy	<input type="checkbox"/> Exists informally, or is written but not regularly communicated to staff	<input type="checkbox"/> Is written, easily available, and regularly communicated to staff, families (including potential families) and visitors	<input type="checkbox"/> Is written, easily available, regularly communicated to all staff and families, and is posted, printed, or displayed and actively discussed on tours
Staff and families receive accurate printed materials and information about breastfeeding.	<input type="checkbox"/> Are not available at our program or are available upon request by our staff and families	<input type="checkbox"/> Are easily available at our program for our staff and families	<input type="checkbox"/> Are actively distributed to all staff, families and visitors
Breastfeeding staff are given appropriate breaks to pump breast milk and/or nurse their children as needed	<input type="checkbox"/> Sometimes, if they ask	<input type="checkbox"/> Always	<input type="checkbox"/> Always, and are encouraged to bring their children to work or enroll their children in the program
Exclusively breastfed babies are fed only breast milk during the first 6 months, meaning no formula, water or solid foods are fed, without prior permission from the family	<input type="checkbox"/> Sometimes, but not all the time	<input type="checkbox"/> Always	<input type="checkbox"/> Always, and information is provided to all families about waiting until 6 months to feed solid foods (*AAP recommendation)

**2. Education and Training:** Train yourself and staff in the skills to support breastfeeding, require continued education updates at least once a year and provide education to families and visitors.

Practice	Progressing	Breastfeeding Friendly	Breastfeeding Advocate
Staff receive training on safe handling and storage of human milk	<input type="checkbox"/> Only as a part of new staff orientation	<input type="checkbox"/> Once each year, for staff providing direct care of babies	<input type="checkbox"/> At least once each year, all staff pursue additional training more than one time each year*
Staff receive training on age-appropriate feeding practices, including recognizing baby hunger cues and feeding in response to those cues	<input type="checkbox"/> Only as a part of new staff orientation	<input type="checkbox"/> Once each year, for staff providing direct care of babies	<input type="checkbox"/> At least once each year, all staff pursue additional training more than 1 time each year*
Staff receive training on breastfeeding, including the health benefits, importance of exclusive breastfeeding and supportive practices	<input type="checkbox"/> Only as a part of new staff orientation	<input type="checkbox"/> Once each year, for staff providing direct care of babies	<input type="checkbox"/> At least once each year, all staff pursue additional training more than 1 time each year*
In our program, reference materials for staff that include information on breastfeeding and breast milk feeding	<input type="checkbox"/> Are not available, or exist, but are not easily accessible to staff	<input type="checkbox"/> Are comprehensive, up-to-date, and easily accessible to staff	<input type="checkbox"/> Are comprehensive, up-to-date, easily accessible, and actively distributed to staff
Staff evaluations include a review of client breastfeeding support activities	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Always with infant room staff	<input type="checkbox"/> Always with all staff

\*Additional training may include recommended webinars, seminars, Boulder County Public Health trainings, lactation management specialist training, and certified lactation counselor training. For training ideas/options visit [BoulderCountyBreastfeeding.org](https://BoulderCountyBreastfeeding.org), click on "Breastfeeding Friendly Childcare."

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

Practices	Progressing	Breastfeeding Friendly	Breastfeeding Advocate
Handouts and other educational materials that promote exclusive and any breastfeeding	<input type="checkbox"/> Are not available, or are available but not displayed	<input type="checkbox"/> Are displayed in more than one area	<input type="checkbox"/> Are displayed in more than one area and actively distributed or discussed with families
Breastfeeding families are encouraged to come and nurse or feed their children onsite	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always, including a written invitation in materials provided by the center	<input type="checkbox"/> Always, including a written invitation in materials provided by the center and the offer of breastfeeding support groups
A clean, designated area, (other than a bathroom,) for staff, families and visitors to nurse and/or express breast milk	<input type="checkbox"/> Is not available or only available at certain times	<input type="checkbox"/> Is always available, has appropriate seating, an electrical outlet, and is shielded from view and free from intrusion	<input type="checkbox"/> Is always available, has appropriate seating and an electrical outlet, is shielded from view and free from intrusion, and is stocked with educational materials and breastfeeding supplies
Posters that contain information about breastfeeding and photos of breastfeeding children and animals*	<input type="checkbox"/> Are not posted or are displayed only in the infant room	<input type="checkbox"/> Are displayed throughout and formula marketing materials are hidden from view	<input type="checkbox"/> Are displayed in multiple locations, formula and formula marketing materials are hidden from view and the center has not received anything free from formula companies
Toys and books that show breastfeeding children and nursing animals	<input type="checkbox"/> Are not available	<input type="checkbox"/> Are available to most of the children in our program	<input type="checkbox"/> Are available to and utilized with all of the children in our program

Downloadable posters are available at [BoulderCountyBreastfeeding.org](http://BoulderCountyBreastfeeding.org), click on “Breastfeeding Friendly Childcare.”



**4. Communication:** Build strong relationships and communicate regularly with your staff and families.

Practices	Progressing	Breastfeeding Friendly	Breastfeeding Advocate
Handouts and other educational materials that promote exclusive and any breastfeeding	<input type="checkbox"/> Are not available, or are available but not displayed	<input type="checkbox"/> Are regularly available and displayed	<input type="checkbox"/> Are regularly available, displayed in more than one area and actively distributed or discussed with families
Instructions on how to properly label, handle, and store breast milk for use in the child care program is provided to staff and families	<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Regularly as needed, informally, or in writing, all breast milk is properly labeled	<input type="checkbox"/> Regularly as needed, as written guidelines, all breast milk is properly labeled, and additional storage and pumping information is regularly provided
Breastfed children are not fed in the last 1 to 1.5 hours before scheduled pick up time	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Always, with regular communication and coordination of family schedules	<input type="checkbox"/> Always, with regular communication and coordination of family schedules and encouragement of families to feed onsite
A written feeding plan for each child under 15 months	<input type="checkbox"/> Does not exist or is not regularly updated or communicated with families	<input type="checkbox"/> Is written, accessible, communicated with families, and updated at least every three months	<input type="checkbox"/> Is written, accessible, communicated with families, and updated at least every month
As part of the feeding plan, support for breastfeeding is	<input type="checkbox"/> Not explicitly included <input type="checkbox"/> Sometimes included, but relies on the caregiver to add additional information to standard form	<input type="checkbox"/> Usually included, and part of the checklists/blanks to be filled in by parents and caregivers	<input type="checkbox"/> Always included, covering age-appropriate introduction of solid food, feeding in response to baby's cues, and inviting the parent to come to the center to nurse the baby
Feeding in response to a child's hunger cues	<input type="checkbox"/> Is not practiced in our program or is not discussed with families	<input type="checkbox"/> Is practiced in our program and discussed with all families	<input type="checkbox"/> Is practiced in our program, discussed with all families, and written materials are provided

\* AAP=American Academy of Pediatrics, WHO=World Health Organization, ABM=Academy of Breastfeeding Medicine

**5. Resources:** Refer families to local breastfeeding resources, services, and skilled breastfeeding support.

Practices	Progressing	Breastfeeding Friendly	Breastfeeding Advocate
A list of community breastfeeding resources for referral	<input type="checkbox"/> Exists, but is not easily accessible to staff and families	<input type="checkbox"/> Is comprehensive, up-to-date, and easily accessible to staff and families	<input type="checkbox"/> Is comprehensive, up-to-date, easily accessible to staff and families, and actively distributed
We make referrals to community breastfeeding resources	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Actively and often

This checklist was adapted from the *Nutrition and Physical Activity Self-Assessment for Child Care* (NAP-SACC), developed by the Center for Health Promotion and Disease Prevention, UNC Gillings School of Global Public Health, The University of North Carolina at Chapel Hill.

This assessment can be downloaded at [BoulderCountyBreastfeeding.org](https://BoulderCountyBreastfeeding.org).

## Resources

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

# Breastfeeding-Friendly Child Care: Action Plan

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

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

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

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

**Education and Training Section:** Train yourself and staff in the skills to support breastfeeding, require continued education updates at least once a year and provide education to families and visitors.

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

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

Goals	Actions to Reach Goal	Persons Involved	Target Date for Completion
<i>Example: Create prop box with nursing animal and books</i>	<i>Purchase box to be used as prop box</i>	<i>Infant nursery supervisor</i>	<i>End of July</i>



**Communication Section:** Build strong relationships and communicate regularly with your staff and families.

Goals	Actions to Reach Goal	Persons Involved	Target Date for Completion
<i>Example: Add storage and handling guidelines to infant handbook</i>	<i>Cut and paste document from toolkit to handbook</i>	<i>Director</i>	<i>End of August</i>

**Resources Section:** Refer families to local breastfeeding resources, services, and skilled breastfeeding support.

Goals	Actions to Reach Goal	Persons Involved	Target Date for Completion
<i>Example: Make copies of resource guide available to families</i>	<i>Go to <a href="http://BoulderCountyBreastfeeding.org">BoulderCountyBreastfeeding.org</a> to download the resource guide</i>	<i>Infant nursery supervisor</i>	<i>End of July</i>
	<i>Make copies of resource guide</i>	<i>Infant nursery supervisor</i>	<i>End of July</i>

This action plan was adapted from the “Action Planning Guide” of the Nutrition and Physical Activity Self-Assessment for Child Care Program (NAP-SACC) developed by the Center for Health Promotion and Disease Prevention, UNC Gillings School of Global Public Health, University of North Carolina at Chapel Hill.

This action plan can be downloaded at [BoulderCountyBreastfeeding.org](http://BoulderCountyBreastfeeding.org).

# 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 they are 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, which foods is your baby eating?

How often does your baby eat solid food, and how much?

## To Be Completed by Caregiver

Clarifications/Additional Details:

At home, is the baby fed in response to their hunger cues 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 if the child's health care provider recommended starting solids before six months.

☐ Yes ☐ No

**If NO,**

I have shared the recommendation that solids not begin until about six months. ☐ Yes ☐ No

Handouts shared with parents:

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 pickup 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

# Sample Breastfeeding Friendly Child Care Family Policy

The [name of child care program] breastfeeding policy is as follows:

## Supportive Environment

1. We provide an atmosphere that welcomes breastfeeding families. We support mothers who continue to breastfeed their infants/children as they return and continue to work.
2. We have a private, designated space (other than the bathroom) for mothers to breastfeed their children. If a space is not available, a portable divider/partition will be made available. We welcome mothers to breastfeed in the classroom, as well.
3. We maintain a breastfeeding supportive environment through posting and providing culturally appropriate breastfeeding support materials (e.g. pictures, posters, etc.), not including those produced or supplied by commercial entities and/or manufactures of infant formula.
4. We “check in” with mothers for feedback and ways to continue providing support.
5. Staff communicates an infant’s changing schedule (i.e., feeding, napping, etc.) so the mother can adjust her schedule for pumping and/or visiting to feed her infant.

## Initial Contact

1. We discuss breastfeeding support with all potential new families and share this policy and breastfeeding resources with them. The policy is included in our parent handbook.
2. We work with parents prior to their first day in child care to transition their infants to bottle or cup feedings.

## Feeding and Handling Milk

1. Staff follows storage and handling of breast milk, as defined by Colorado Department of Human Services regulations and Colorado Rules and Regulations Governing the Health and Sanitation of Child Care Facilities.
2. We discuss with all families how expressed milk is handled at our center/home.
3. Freezer space is available for milk storage.
4. Staff informs families on written procedures about the proper way to label and handle breast milk.
5. Staff coordinates with parents about the quantity of milk remaining in containers to avoid waste.
6. Staff fills bottles with less breast milk than necessary for a feeding. Staff will have additional breastmilk available to add to the bottle, as needed.
7. We develop a sustainable feeding plan with each family, including feeding infants on demand as we observe hunger cues and coordinating the last feeding of the day to meet the mother’s feeding needs (either to feed or await mother’s feeding).
8. Infants are fed by the same caregiver as often as possible. All caregivers hold infants when feeding them.

## Staff Training

1. Staff receives training at least once a year on feeding breast milk, breastfeeding policy, and supporting exclusive breastfeeding.
2. Staff is monitored for compliance with our breastfeeding policy and standards.
3. Families have the right to request information about the content of breastfeeding training for our staff.
4. This policy is reviewed annually and updated to incorporate new evidence-based research and practices.

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Child Care Program Director/Provider

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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 suite your organization’s unique circumstances. We encourage your organization to see appropriate professional assistance, as needed.

Additional sample policies are available at [BoulderCountyBreastfeeding.org](http://BoulderCountyBreastfeeding.org)



## Sample Breastfeeding Friendly Staff Policy

In accordance with Colorado law, and in recognition of the health benefits of breastfeeding, [name of child care program] will provide:

- Reasonable, unpaid break time, including regular break time, to express milk. For time needed beyond usual break time, employees may work with supervisors to negotiate the use of paid time off or other means of making up the time.
- A private room that is prioritized for expressing milk.
- A hospital-grade pump available to breastfeeding employees and clients.
- Staff support: All [name of child, care program] employees will receive annual Breastfeeding Friendly training. It is expected that all employees will assist in providing a positive atmosphere of support for breastfeeding employees.

Employees intending to breastfeed are responsible for communicating this with their supervisors; cleaning, sanitizing, and maintaining milk expression areas and equipment; and ensuring proper storage and labeling of their breastmilk milk.

Additional sample policies are available at [BoulderCountyBreastfeeding.org](http://BoulderCountyBreastfeeding.org)

## Breastfeeding Friendly Toys and Books

An important way to support breastfeeding is to help the children in your program learn that breastfeeding is a normal way to feed a baby. This means providing children with learning and play opportunities that include breastfeeding. There are many books and toys to choose from; below are a few suggestions.

### Toys

- ***Breastfeeding is Special*** Available from Gateway Northwest Maternal and Child Health Network, Inc., this coloring book shows a mom breastfeeding a young baby and interacting with her older child.
- ***Dolls Without Bottles***. Young children love to pretend they are parents and to nurture their own babies. While sometimes you may want to have doll bottle available, consider times or places that are bottle-free.
- ***Nursing Nina Cat, Nana Dog and Nola Sheep***. Manufactured by Manhattan Toy Company, these stuffed animals come as a set that includes a mom and three babies. Each baby animal has a magnet near its mouth that allows it to “latch” onto its mother and nurse.

### Books

- ***The Best Gifts by Marsha Forchuk Skrypuch***. An adult remembers the gifts from her parents, such as time, love, and breastfeeding, and then passes them along to her own child.
- ***Breastmilk Makes My Tummy Yummy*** by Cecilia Moen. This rhyming book describes babies and toddlers nursing in a variety of situations.
- ***My New Baby*** by Rachel Fuller. A wordless board book showing a toddler and his family caring for their new baby.
- ***I'm Made of Mama's Milk*** by Mary Olsen. This board book is told from the perspective of a nursing baby. Perfect for babies and toddlers.
- ***If My Mom Were a Platypus: Mammal Babies and Their Mothers*** by Dia L. Michels. A great book for older children on mammals and their babies.
- ***Look What I See! Where Can I Be? In the Neighborhood*** by Dia L. Michels. A busy family explores a city neighborhood together.
- ***Happy Birth Day!*** by Robie H. Harris and Michael Emberley. A mother tells her daughter about her birth and first day of life.
- ***Mama's Milk*** by Michael Elsohn Ross. Multicultural mothers and babies with pictures of other animals nursing their young. Also available in Spanish under the title Mamá me alimenta.
- ***Supermom*** by Mick Manning and Brita Granström. A book showing a wide variety of human and animal mothers caring for their babies.
- ***We Have a Baby*** by Cathryn Falwell. A family with a toddler adjusts to life with a new baby.
- ***We Like to Nurse*** by Chia Martin. A simple book showing animal mothers nursing their young.
- ***Will There Be a Lap for Me?*** by Dorothy Corey. A little boy wonders if there will be room for him after his new sibling arrives.
- ***What Baby Needs*** by William Sears MD, Martha Sears RN, and Christie Watts Kelly. The needs of a new baby are explained in words that toddlers can understand. Illustrates both breastfeeding and bottle-feeding.

## Special Topic/Age Books

- ***Mama, Daddy, Baby and Me*** (1989) Lisa Gewing (Donna Larimer) New sibling 2-4 years
- ***The World is Full of Babies!*** (1996) Mick Manning (Brita Granström) Multicultural 2-6 years
- ***Only the Cat Saw*** (1982, 1996) Ashley Wolff Farm life 3-8 years
- ***Hello Baby!*** (1999) Lizzy Rockwell New sibling 3-6 years
- ***Baby on the Way*** (2001) William Sears MD, Martha Sears RN, Christie Watts Kelly (Renee Andriani) New sibling 3-6 years
- ***One Round Moon and a Star for Me*** (1994) Ingrid Mennen (Niki Daly) Multicultural, new sibling, father-son bonding 3-8 years
- ***How Was I Born?*** (1994) Lennart Nilsson and Lena Katarina Swanberg New sibling, birth story, conception, growth and development 4-8 years
- ***Breasts*** (1989, 1999) Genichiro Yagyu 5-8 years
- ***The Wonder of Mother's Milk*** (2005) Mishawn Purnell-O'Neal (Dana T.C. Simpson) Multicultural, working moms 5-8 years
- ***You, Me and the Breast*** (2012) Monoica Calaf (Mikel Fuentes) Growing up, weaning 3-8 years
- ***Mommy Feeds Baby*** (2011) Christina Jo Hendricks Multicultural, photography
- ***Best Milk*** (2010) Kate Carothers New sibling, animals, babywearing
- ***This Milk Tastes Good!*** (2011) Chenniah Patrick (V. Kuroji)
- ***Mommy Breastfeeds my Baby Brother*** (2009) Mark Prepkin (David Moneysmith) New sibling
- ***Michelle the Nursing Toddler*** (1998) Jane Pinczuk 4+ years
- ***Ready to Wean*** (2012) Elyse April (Diane Iverson) Weaning
- ***Maggie's Weaning*** (1999) Mary Joan Deutschbein Weaning, new sibling
- ***Mammals and Their Milk*** (1985) Lucia Anderson Animals/mammals





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.

