

The Breastfeeding-Friendly Child Care Initiative

by Tina Bonnett



The notion that *'breast is best'* is generally agreed upon in the child care profession. Breastfeeding has been conclusively validated to positively impact both short- and long-term health and development of humans. Interestingly enough however, despite the fact that early childhood practitioners have access to a mass of information that speaks to the benefits of breastfeeding, many of us are not sufficiently equipped to educate and support families to follow the recommendation of the World Health Organization (WHO), which advocates for "exclusive breastfeeding for 6 months, and for at least 2 years and beyond" (Horta et al., 2007, p. 3). Early childhood professionals are in a prime position to advocate for breastfeeding as we build trusting relationships with families that afford us opportunities to share resources, offer encouragement, and create child care environments that are breastfeeding friendly.



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program where she focused on the correlation between infant/educator attachment relationships and the primary care approach. She recently completed a lactation consultant course, which inspired her to write this article.

The Breastfeeding-Friendly Hospital Initiative

In 1991 The Breastfeeding-Friendly Hospital Initiative (BFHI) was designed by WHO and UNICEF to rid hospitals of their dependence on formula and to encourage maternity services to create pro-breastfeeding environments. As a result of this initiative, the *Ten Steps to Successful Breastfeeding* document was created and now governs practices in maternity wards in many areas of the world. In reflection of the BFHI, which has educated thousands of parents and health care staff, and has given merit to the multidimensional advantages of breastfeeding, isn't it time that child care programs accelerate the momentum at which we have traditionally promoted and supported breastfeeding? Given the success that the BFHI has had in transforming prenatal care, birth and delivery approaches, and breastfeeding education, a Breastfeeding-Friendly Child Care Initiative (BFCCI) in the early years' field is not only needed, but long overdue.

The Many Reasons Why Breastfeeding Continuation Should Be Encouraged

There are a vast number of empirically-validated reasons why breastfeeding should be encouraged, even when a

mother returns to work outside of the home: mother's milk protects against morbidity and mortality from infectious disease, lowers mean blood pressure and total cholesterol, and minimizes the risks of Type-2 diabetes (Horta et al., 2007) and Sudden Infant Death Syndrome (Levy et al., 2002). Breastfeeding has also been conclusively linked to a more secure attachment relationship of the infant/mother dyad, which ultimately leads to favorable relational and academic outcomes for the child. Cognitive benefits, namely a higher IQ, have additionally been correlated to breastfeeding. Increasing duration of breastfeeding is associated with consistent and statistic increases in intelligence, reading comprehension, and mathematical ability (Horwood & Ferguson, 1998).

Breastfeeding is not only advantageous for infants and children, but also reaps tremendous benefit for mothers. Women who do not breastfeed, or breastfeed for a short duration, are at an increased risk of breast and ovarian cancers, Type-2 diabetes, and other health problems (Mannel et al., 2013). A working mother who breastfeeds her baby also misses fewer days of work, and when away with an ill baby is typically absent for a shorter period of time. It is estimated that the United States alone could save

\$13 billion in health care costs if 90 percent of women breastfed their infants for six months exclusively (Mannel et al., 2013).

Choosing a Child Care Provider to Support Breastfeeding Continuation

Years ago, mothers typically worked in the home thus allowing for breastfeeding continuation. This differs greatly today when approximately 60 percent of women of childbearing age are in the workforce (Mannel et al., 2013). Compounding this statistic is the fact that new mothers return to work exceptionally early in the United States; one-third of mothers go back to work in three months and the other two-thirds by six months (Mannel et al., 2013). The positive news in these trends is that “a caregiver who supports breastfeeding can make the difference between sustaining breastfeeding and stopping early” (Mannel et al., 2013, p. 128). In a recent study conducted in Australia, it was determined that “most child care centres support breastfeeding in a more passive than active way. Breastfeeding promotion needs to be an integral part of child care centres training, policy, and practice if an increased rate of breastfeeding is to be achieved particularly amongst working mothers” (Javanparast et al., 2012, p. 1).

It is paramount for mothers who intend to breastfeed upon their return to work to pair the care of their child(ren) with an early childhood educator who has a positive attitude about breastfeeding and who has experience or is openly willing to learn about how to best support the infant/mother dyad in their breastfeeding relationship. What this means is that community colleges and other academic institutions that offer early childhood-related credentials hold a responsibility to deeply imbed breastfeeding-based content in their programs to ensure that early childhood practitioners graduate with the knowledge and skills relevant to support families with breastfeeding continuation. It also precipi-

tates the need for all child care centers to have the information, resources, and funds available to establish and maintain environments that comply with the breastfeeding recommendations of the World Health Organization.

The Educator’s Role in Fostering Breastfeeding Continuation

First and foremost, an individual breastfeeding support plan should be established prior to the child commencing care. This plan should be collaboratively created by the family and educator. Consideration of breastfeeding-related cultural implications should be explored, as well as the specific tasks that both the parent(s) and educator are responsible for. Breastfeeding support plans should be updated regularly and should include specific details in regards to:

- how breast milk is to be stored and fed.
- if or when the mother will attend the center to breastfeed.
- what the educator is to do when the supply of expressed milk is gone and the baby cues that she or he is hungry.

Feeding strategies, such as how the infant prefers to be held when feeding or the preferred temperature of the expressed milk, are also important details to consider.

Developing feeding policies and practices in early years’ programs is another way in which early childhood educators can cultivate a BFCL. Each family should be unconditionally and non-judgmentally supported with the unique feeding choices that they make for their

A Breastfeeding Friendly Child Care Initiative Checklist

Are families privy to information in pre-enrollment packages and tours that clearly outline your center’s commitment to a breastfeeding-friendly environment?	
Are the early childhood educators employed in your program well versed in the area of breastfeeding and breastfeeding-based community resources (this includes infant, toddler, preschool, and school-age practitioners)?	
Does your center have current breastfeeding policies and practices that are founded on current research? Are these policies and practices familiar to educators, and accessible for families and community partners?	
Are all involved family members included in the creation of each child’s Breastfeeding Support Plan? Is the plan documented and routinely updated?	
Are there comfortable spaces for mothers to breastfeed (rocking chairs, adult-sized furniture, breastfeeding pillows, blankets)?	
Are there photographs of mother’s breastfeeding their infants?	
Is there a comfortable and sanitary space designed for breastfeeding mothers to express milk?	
Does your program use the Primary Care model to foster trusting and open relationships that contribute to breastfeeding continuation?	
Are breastfeeding resources easily accessible in various forms of delivery such as the center’s website, brochures, bulletin boards, newsletters, e-links?	
Does your center promote itself as a breastfeeding-friendly environment?	

child(ren). Consultation amongst breastfeeding professionals, families, board members, and fellow colleagues typically contributes to well informed, inclusive, and current policies and practices. Including the primary care model in the center's approach can also nurture trusting and collaborative relationships between each family and their paired educator, which is an essential component of supporting breastfeeding families.

Education and promotion is an additional element of establishing a breastfeeding-friendly child care initiative. Adequately training early years' practitioners, so that they in turn can share breastfeeding-related information with families, colleagues, and community partners is paramount. Actively facilitating peer support (mother-to-mother, mother-to-educator) and mentoring for breastfeeding families can deeply impact a family's decision to breastfeed exclusively, and for six months and beyond. Providing current and accurate breastfeeding information, utilizing multi-methods of delivery (such as newsletters, web links, bulletin boards, posters) can additionally enhance the long-term breastfeeding success of the infant/mother dyad.

“Feeding” Into the Health and Wellness of Children and Families

One of the most effective ways that early childhood practitioners can foster the long-term health and success of each child and family is to advocate for the continuation of breastfeeding when a mother returns to work. Our profession has grown leaps and bounds in terms of developing philosophies and pedagogical approaches that truly demonstrate a deep understanding of family-centered, relationship-based practice.

A holistic ideology has been adopted in early childhood environments, and educators now view themselves as family partners with the mutual goal of enhancing the health and well-being of each and every child. Supporting breastfeeding continuation, and sharing information and resources that highlight the multi-dimensional advantages of breastfeeding, should be regarded as a core ingredient in our holistic approach to care. In following the steps of the very progressive BFHI, the early childhood field is well equipped and in a prime position to move forward with initiating a Breastfeeding Child Care Initiative.

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Resource

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