



Breastfed Babies in Child Care

by Susan S. Aronson, MD

The Benefits of Breastfeeding . . .

The new policy of the American Academy of Pediatrics issued on breastfeeding has implications for child care programs that serve infants. In December 1997, the Academy did not just reiterate the support by pediatricians for breastfeeding as the optimal form of nutrition for infants. What is new is the review of evidence that shows compelling advantages to infants, mothers, families, and society from breastfeeding. The data confirm the superiority of human milk over all substitutes (formulas) for feeding infants.

. . . to Babies

Breastfeeding decreases the incidence and/or severity of diarrhea, lower respiratory infection, ear infections, blood infections, bacterial meningitis, botulism, urinary tract infection and, in newborns, inflammation of the bowels. Some evidence suggests that in addition to the overriding importance of putting infants to sleep on their backs, human milk provides some protection against Sudden Infant Death Syndrome (SIDS). Amazingly,

several studies suggest that being breastfed in infancy offers lifetime protection against insulin-dependent diabetes, lymphoma, allergic diseases, inflammation of the bowels, other chronic digestive diseases, and enhanced cognitive development.

Remarkably, no amount of breastfeeding is too little to see some benefit. The relationship between the amount of breastfeeding and the benefits is direct: the more breast milk the baby drinks relative to other substitutes, the more benefit the baby gets. Even when women supplement with infant formula for several feedings, babies are healthier when they have some breast milk.

. . . to Mothers

Breastfeeding benefits mothers, too. Women who breastfeed have less post-partum bleeding and more rapid shrinking of the uterus after delivery. With lactation, menstrual cycles do not return for a longer period of time. This results in easier recovery from blood loss that occurs in delivery, and better child spacing. Further, since many of the calories used in breastfeeding are drawn from body fat stored during pregnancy, women who breastfeed

return to their pre-pregnant weight faster. Women who breastfeed have less problems with hip fractures after menopause and a reduced risk of ovarian cancer and premenopausal breast cancer.

. . . to Society

Families and society benefit from breastfeeding. Since babies who are breastfed have fewer infections, parents miss less work to care for their sick infants. Interestingly, the amount of reduction of illness attributable to breastfeeding equals the amount of increased risk of respiratory infection attributable to participation of an infant in a child care center.

Employers should actively support breastfeeding by working mothers for two reasons. First, mothers will be more productive workers when they feel less guilty about exposing their infants to illness in child care and, second, they will miss less work for child illness.

So spread the word to parents and employers. Employers should provide baby-friendly breaks for mothers to breastfeed or appropriate breaks to use a suitably equipped private space at work to pump breast milk.

Increased productivity at work is not the only economic benefit. The cost of purchasing infant formula is double the cost of the additional food that the mother needs to eat to make breast milk.

Despite these advantages, too few mothers are breastfeeding. Breastfeeding is more common among higher income, college educated, more mature mothers. These women must overcome many obstacles to breastfeeding in our culture: misinformation, insufficient prenatal education, disruptive hospital and early home routines, lack of family and health professional support for breastfeeding, lack of workplace and child care support for breastfeeding, lack of societal support, media portrayal of bottle feeding as the norm, and the commercial promotion of infant formula starting in pregnancy.

What Can Child Care Providers Do?

We have more information on how to help mothers initiate and maintain breastfeeding than ever before. While mothers should be able to decide how to feed their babies, everyone needs to acknowledge the strong evidence for the benefits of breastfeeding. A mother who decides not to breastfeed for a valid reason should not feel guilty. However, those who are uncertain should receive the full support of everyone around them to breastfeed. When direct breastfeeding is not possible, the infant should receive expressed human milk from a bottle.

To support breastfeeding, child care providers should:

1 Give only breast milk to infants under six months of age who are being breastfed. Unless the weather is very hot, babies who

are being breastfed do not need water supplements or juice until they are old enough to drink these fluids from a cup, generally not until after six months of age.

2 Avoid using pacifiers with breastfed infants unless the infant has just been fed and seems to need non-nutritive sucking.

3 Expect and comment positively on the fact that many breastfed babies have looser stools and want to feed more often than infants fed substitutes for human milk. Human milk is more digestible, leaves the stomach faster, and travels through the intestine easier.

Frequent breastfeeding suits the growth needs of young babies. Often, in the first six months of life, exclusively breastfed infants are leaner and longer than formula fed infants.

4 Provide a private, quiet, comfortable space for breastfeeding mothers to nurse their babies before leaving for work and at pick-up time. Many mothers find breastfeeding gives them a hormonally induced inner peace — a good start to the day and a good way to reenter the world of family life after work.

Also encourage nursing whenever the baby is willing to eat, so the mother gives the infant the ample supply of infection fighting components in breast milk and helps maintain her milk supply. Encourage mothers to nurse whenever they are with their babies. Direct feeding stimulates the breast better than pumping. In 24 hours following increased demand from the breast, the supply increases correspondingly. It makes no sense to feed alternatively when mother is at home to correspond with feedings missed on work days.

5 Use plastic containers to refrigerate, freeze, store, thaw, and feed breast milk. Since some of the immune components of breast milk adhere to the storage container, transfer it as little as possible. Plastic containers remove less of the immune components than glass.

6 Provide freezer storage for breast milk. At zero degrees Fahrenheit or below, breast milk can be stored for several months. Clearly labeled and dated expressed breast milk can be kept at child care, ready to feed when and in the amount the child needs. Bringing a supply of frozen breast milk to child care is easier for parents than bringing fresh or defrosted milk that must be used within 48 hours.

Defrost frozen breast milk in the refrigerator or by putting it under running lukewarm tap water. When breast milk is heated above feeding temperature, it loses some of the beneficial ingredients. Be sure to discard any milk in the container from which the infant has fed. The infant's saliva enters the bottle as the baby sucks and will spoil milk kept for another feeding.

7 Work with the parent to coordinate feedings to maximize the opportunities for breastfeeding. When parents work close to child care, arrange feedings to coincide with the mother's breaks from work. When possible, facilitate the timing of the baby's lunch with mother's lunch, and be sure that both get to eat well. With young babies, advocate to employers that mothers whose infants are in child care have flexible work schedules and facilities that accommodate a break to feed the baby or to pump when the baby would normally feed. Try to time the feedings during the day so the baby will want to nurse at pick-up time.

Working and Breastfeeding

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8 Help mothers succeed with pumping and storing expressed breast milk.

■ The best pumps are the electric pumps that express milk from both breasts at the same time and simulate the rhythm of the infant's suckling.

■ Encourage breastfeeding women to pump often enough to prevent engorgement.

■ Leaking happens when the hormone release occurs, either because of the normal nerve stimulation at the nipple and areola or when a woman thinks about her baby. This is called *let down*. Gentle pressure on the nipple with a sanitary pad (breast shield or sanitary napkin) usually stops the leak.

■ Breast infections are unusual but more likely when women do not routinely feed or pump. When a woman has a warm, tender, red area on the breast, she should call her doctor for advice.

Our culture has a long way to go to develop and maintain effective breastfeeding support. We need to view breastfeeding as positive and the normal way to feed babies. As advocates for children and families, child care professionals have much to contribute to the support of breastfeeding.

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