

Breastfeeding Promotion in Child Care

by Laura Dutil Aird

Twenty years ago, I was a recent college graduate who had just opened up a new child care center in Libertyville, Illinois. A parent who enrolled her daughter in our infant room asked if she could come to the center on her lunch hour to breastfeed. It didn't occur to me that I was promoting the health of that infant and her mother, strengthening the bond between them, or easing the mother's transition back to work — I was simply accommodating a parental request. Since then, public awareness about breastfeeding has increased, and most of us recognize that breastfeeding is widely recommended for virtually all infants because of its numerous advantages over alternative feedings.

WHAT WE KNOW

Research shows that human milk or breastmilk, with its unique mixture of fatty acids, lactose, amino acids, vitamins, minerals, enzymes, and other components necessary for digestion, brain development, and growth provides the most natural and beneficial first food. Breastmilk both nourishes babies and protects them from getting sick.

Exclusive breastfeeding is ideal nutrition and sufficient to support the optimal growth and development of infants until they are approximately six months old. Continued breastfeeding is recommended throughout the baby's first year and thereafter as long as is mutually desired.

Breastfeeding benefits for the infant include reduction of the infectious disease risks that are greater in group child care including diarrhea, lower respiratory illness, otitis media, bacteremia, bacterial meningitis, botulism, urinary tract infections, necrotizing enterocolitis, SIDS, insulin dependent diabetes, lymphoma, allergic disease, ulcerative colitis, and

other chronic digestive diseases. Breastfeeding also is associated with enhanced cognitive development.

There are also a number of studies that indicate possible health benefits for mothers. Breastfeeding helps mothers to recover more rapidly after delivery including an earlier return to their prepregnant weight. Breastfeeding also helps to reduce the risk of ovarian cancer, premenopausal breast cancer, and hip fractures in the postmenopausal period.

Breastfeeding is practical because it costs less than formula; there is less trash and pollution because there are fewer cans, bottles, and nipples to wash or throw away; and it leads to healthier people.

Breastfeeding helps babies and mothers develop a special closeness and helps mothers feel good about child care because they can continue to breastfeed.

TRENDS

Although breastfeeding is endorsed in the United States as the ideal infant feeding method and rates have increased over the past two decades, initiation rates are still behind national goals and generally are lower in poorer socioeconomic groups.



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In 2000, 68% of mothers initiated breastfeeding and 31% continued to breastfeed at six months. Tremendous disparities exist for race and ethnicity, education level, employment, age, and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) eligibility. However, mothers' attitudes often are a stronger predictor of breastfeeding than sociodemographics. Prior breastfeeding experience, the support of close family and friends, and whether breastfeeding was portrayed as *the norm* when they were growing up all influence a mother's decision to breastfeed.

BREASTFEEDING AND THE WORKPLACE

Surveys show that although breastfeeding is on the rise and the number of women in the workplace is increasing, most employed women do not concurrently breastfeed. The high participation rate in the workforce by young women and their early return to work after delivery conflicts with current breastfeeding recommendations. Mothers indicate several barriers to breastfeeding and working, including scheduling difficulties, finding quality child care, negative reactions of colleagues, and the absence of adequate family and societal support. Continued breastfeeding after return to work is important, but it presents a challenge that demands societal support, legislative protection, and innovative solutions.

Companies are finding that it pays to help employed women reach their breastfeeding goals — doing so results in fewer infant illnesses, less absenteeism, more satisfied and loyal employees, and lower retraining costs. Mothers who continue to breastfeed after returning to work can appreciate the maternal health benefits of nursing, feel more connected to their baby, and enjoy continued opportunities to nurse when they are together. When asked, mothers stated that continuing to breastfeed after returning to work had positive effects on their self-image and their relationship with the infant's father. Mothers also report several factors that ease the transition into the workplace, including child care by a trusted individual, on-site child care, support in the workplace, access to support groups, successful role models, family support, and a good diet.

Although exclusive breastfeeding for the first six months is ideal, breastfeeding does not have to be an all-or-nothing experience. Some working mothers have mentioned that using formula to supplement breastfeeding as well as increasing breastfeeding at night and on weekends helped them in their efforts to continue breastfeeding.

HOW EARLY CHILDHOOD AND CHILD CARE PROGRAMS CAN SUPPORT BREASTFEEDING

Except in the presence of rare genetic diseases, the obvious advantage of human milk over any formula should lead to vigorous efforts by child care providers to promote and sustain breastfeeding for mothers who desire to nurse their babies whenever they can and to pump and supply their milk to the child care facility when direct feeding from the breast is not possible. Even if infants receive formula during the child care day, any amount of breastfeeding or drinking of expressed human milk from their mothers is beneficial.

The recently revised national health and safety standards, called *Caring for Our Children*, offers national guidelines for out-of-home child care programs. The standards require that child care facilities encourage and support breastfeeding as well as have a designated place set aside for breastfeeding mothers who want to come during work to breastfeed. Also, the standards indicate what must be done if the milk of one child's mother is inadvertently fed to someone else's child.

Caring for Our Children: the national health and safety performance standards, guidelines for out-of-home child care, 2002 is available on the Internet at www.nrc.uchsc.edu and in hard copy from the American Academy of Pediatrics, (800) 227-1770, Publications Department.

Child care providers and administrators can tailor the level of their involvement depending on their interests and comfort level. They can:

- Support mothers in their decision to continue breastfeeding, and talk about why breastfeeding is so good for babies.
- Tell parents that they are happy to care for breastfed babies and are willing to feed them expressed breastmilk.
- Display "Breastfed Babies are Welcome Here!" signs and offer educational materials for parents that include accurate and practical information.
- Welcome breastfeeding moms who come during the day, and offer a private, comfortable place for them to nurse.
- Listen empathically and help mothers to articulate their breastfeeding goals.
- Develop a plan in concert with the parents so that the baby can be fed on demand but, whenever possible, can be breastfed by the mother.
- Include fathers and other supportive relatives or partners in decisions related to the baby's care, and encourage them to feel good about the role they play in supporting continued breastfeeding.

BEGINNINGS WORKSHOP

- Explain to preschool and school-age children that breastfeeding is the normal and preferred way to feed babies, and emphasize that breastfeeding contributes to a child's and mother's well being.
- Bring staff together to determine the best practices for your program.
- Partner with others to identify/utilize community resources and promote systems of community support.

Child care providers and parents should be aware of and implement safe breastmilk storage and handling procedures.

PERSONAL EXPERIENCE

One issue to consider is how personal experience affects our ability to do what's best for children and their families. Perhaps you did not choose to breastfeed your child or may have wanted to breastfeed but were unable to do so. Or you might not be comfortable talking about "breasts" or may see them only as a private body part that is sexual in nature. By thinking about your own experiences and considering your comfort level with breastfeeding, you can determine how best to support the children and parents you see on a day-to-day basis.

All parents want to do what is best for their baby. With your support, parents will feel comfortable articulating their breastfeeding goals — and together you can develop a plan that meets everyone's needs.

RESOURCES

American Academy of Pediatrics, Work Group on Breastfeeding (1997). Breastfeeding and the use of human milk. *Pediatrics*, 100 (6): 1035-1039.

American Academy of Pediatrics (2002). *Caring for our children, national health and safety performance standards: Guidelines for out-of-home child care programs*. Elk Grove Village, IL: American Academy of Pediatrics/American Public Health Association/National Resource Center for Health and Safety in Child Care.

Meek, J. Y. (2001). Breastfeeding in the Workplace. *Pediatric Clinics of North America*, 48: 461-474.

Neifert, M. (2000). *Supporting breastfeeding mothers as they return to work*. Elk Grove Village, IL: American Academy of Pediatrics.

United States Breastfeeding Committee (2001). *Breastfeeding in the United States: A national agenda*. Rockville, MD: US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

US Department of Health and Human Services (2000). *HHS Blueprint for Action on Breastfeeding*. Washington, DC: US Department for Health and Human Services, Office on Women's Health.

Using Beginnings Workshop to Train Teachers by Kay Albrecht

Breastfeeding awareness: Aird raises the issue of breastfeeding awareness. Does your school have it? Are you supporting breastfeeding mothers in this important health and nutrition activity? If not, distribute this article to infant teachers and begin the dialogue to explore ways to support breastfeeding, educate teachers about breast milk safety, and contribute to infant nutritional health and development by making information and materials available to parents of very young children.

It's our philosophy!: Does your school have a philosophy for supporting breastfeeding for infants? If not, hand this article out to infant teachers. Then, convene teachers and ask them to compose a philosophy statement to include in the materials available to parents of infants.

Caring for Our Children: Order this important resource for your school library. See the web site www.nrc.uchsc.edu for ordering information.

Getting started: Aird provides a wonderful list of ways to start supporting mothers who want to breastfeed their infants while they are in care and early education programs (see p. 47). Take this list and work through it with infant teachers. Implement as many of the suggestions as you feel are applicable to your program's philosophy and parent partnership goals.

Visit our web site, www.ChildCareExchange.com for "Feeding Tips" and "Recommended Breastmilk Storage and Handling Procedures for Child Care Providers" from Laura Aird.