

# Sample Child Care Breastfeeding Policy



A. **Title:** Breastfeeding Support Policy.

B. **Belief Statement:** Because breastfeeding provides the healthiest start for babies, providing ideal nutrition and a multitude of health benefits for both infant and mother, it is important for child care providers to support and encourage breastfeeding.

C. **Intent Statement:** The purpose of this policy is to ensure that all breastfeeding families have the support they need to continue breastfeeding while their children attend our child care center. We also strive to make sure that all families are well-informed about the risks and benefits of infant feeding choices as they may apply to these children and to any future children.

D. **Background:** Improving rates of breastfeeding is one of the most important ways we can improve the health of women and children. Breastfeeding decreases the risk of maternal diabetes and cancers, as well as a myriad of preventable pediatric conditions, including obesity, Type II diabetes, pneumonia, and Sudden Infant Death Syndrome (Ref.1 . *Lower socio-economic groups, younger mothers, and African-Americans have the lowest breastfeeding rates, and this contributes to their higher rates or many of these diseases (Ref 2).*

There are many barriers to increasing breastfeeding duration. For many mothers, the need to return to work and be separated from their babies can make it challenging to continue breastfeeding. Research suggests that infants who are routinely cared for by someone other than their mothers are significantly less likely to be breastfed (Ref 3). When child care centers provide support and encouragement for breastfeeding families, it can make it easier for mothers to continue to breastfeed, thus continuing to provide the optimal food and nurturing for babies.

E. **Procedure/Practices:**

- **We demonstrate our commitment to breastfeeding, especially exclusive breastfeeding.** We discuss breastfeeding with potential client families, share breastfeeding materials with our families, and include breastfeeding support activities in staff evaluations.

- **We train our staff to support and promote optimal infant and young child feeding.** All new staff receive training in storage and handling of human milk, developmentally appropriate infant feeding practices, breastfeeding promotion, support of exclusive breastfeeding, and the risks/benefits of different infant feeding choices.
- **We inform women and families about the importance of breastfeeding.** We provide families with culturally appropriate information about the risks/benefits of different feeding choices and about the importance of exclusive breastfeeding. We also discuss the importance of breastfeeding and exclusive breastfeeding with all families (Ref 2).
- **We provide learning and play opportunities which normalize breastfeeding for children.** Our center provides toys and books that illustrate nursing animals and babies, for children of all ages. We discuss interactions between mothers and babies, including how they feed.
- **We ensure that all breastfeeding families are able to properly store and label milk for childcare center use.** We have written guidelines that we share with our families, and all milk at our center is properly labeled.
- **We provide a breastfeeding-friendly environment.** We invite mothers to come to the center and nurse their babies, and there is a comfortable place for them to do so. We display culturally appropriate posters of mothers nursing their babies.
- **We support breastfeeding employees.** Employees have access to a clean, private location to nurse their babies or express milk and are able to break as needed to do so.
- **We develop a feeding plan that supports best feeding practices with each family.** Understanding that feeding patterns at the child care center can impact the overall breastfeeding relationship (Ref. 3), we work with each family to encourage practices that will help maintain breastfeeding. This includes nursing on demand when with their babies, responding to feeding cues rather than feeding on a schedule, and the developmentally-appropriate introduction of complementary foods.

F. **Application:** This policy applies to all staff of this child care center.

G. **Communication:** The center director will directly communicate this policy to all new and current staff members. All new parents will learn about this breastfeeding policy in their initial interview with the center director. As described above, written materials (brochures, etc.) will be shared with all families and the center will display posters demonstrating breastfeeding support.

H. **Effective Date:** \_\_\_\_\_

I. **Review Date:** \_\_\_\_\_

J. **References:**

1. Ip S, Chung, Raman G, Chew P, Magula N, Devine D, Trikalinos T, Lau J. Breastfeeding and Maternal and Child Health Outcomes in Developed Countries. Evidence Report/Technology Assessment No. 153. AHRQ Publication No. 07-E007, Rockville, MD: US Agency for Healthcare Research and Quality. April 2007.
- 2a. Centers for Disease Control and Prevention. Racial and Socio-economic Disparities in Breastfeeding, MMWR, March 2006. [www.cdc.gov/mmwr/preview/mmwrhtml/mm5512a3.htm?%20BFanddiseasesinsubpopulations](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5512a3.htm?%20BFanddiseasesinsubpopulations)
- 2b. US Department of Health and Human Services, Healthy People 2010. [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Datasets/DATA2010/Focusarea16/O1619d.pdf](http://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/DATA2010/Focusarea16/O1619d.pdf)
- 3a. Pettigrew MM, Khodacc M, Gillespie B, Scharwitz K, Bobo JK, Foxman B. Duration of Breastfeeding, daycare and physician visits among infants 6 months and younger. *Ann Epidemiol.* 2003 Jul; 16(6):431-5.
- 3b. Li R, Darling N, Maurice E, Barker L, Grummer-Strawn LM. Breastfeeding rates in the United States by characteristics of the child, mother or family: The 2002 National Immunization Survey. *Pediatrics.* 2005 Jan; 115 (1): e31-7.