

A close-up photograph of a woman with long dark hair smiling warmly while holding a young child with light brown hair. The child is wearing a pink sleeveless top. The background is a soft-focus outdoor setting with greenery and sunlight filtering through. The text is overlaid on the top left and bottom center of the image.

Breastfeeding in Child Care Toolkit

For Child Care Center Professionals

Tips and Resources to Support Colorado Communities



COLORADO
Department of Public
Health & Environment

You Matter!

You make a difference to the children in your care! As a child care professional, you provide children with support and guidance to help them grow and learn. You also play a critical role by supporting moms to achieve their breastfeeding goals, including moms you employ.

Returning to work after having a baby is often a difficult time for any mom. If a mom does not believe she will be supported by her employer or child care professional, she may decide not to breastfeed, or may stop breastfeeding early. By sharing your knowledge and support of breastfeeding with families, you can help improve the health and wellbeing of the children in your care.

This toolkit provides information on how you can support moms and breastfeeding in your community, including:

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Breastfeeding-friendly child care professionals can increase the length of time babies are breastfed, leading to better health for moms and babies!

Breastfeeding in Colorado

Colorado moms want to breastfeed. To breastfeed exclusively and for longer, moms need support.

In Colorado babies breastfeed:

~89%

Started breastfeeding



~25%

Breastfed exclusively for 6 months



~41%

Breastfed at least 1 year



Low income moms tend to have less access to breastfeeding support, more barriers and stop breastfeeding earlier.

Source: CDC National Immunization Survey (NIS), 2016 Breastfeeding Report Card, 2013 births.

As a child care professional, your support makes a difference for a breastfeeding mom!

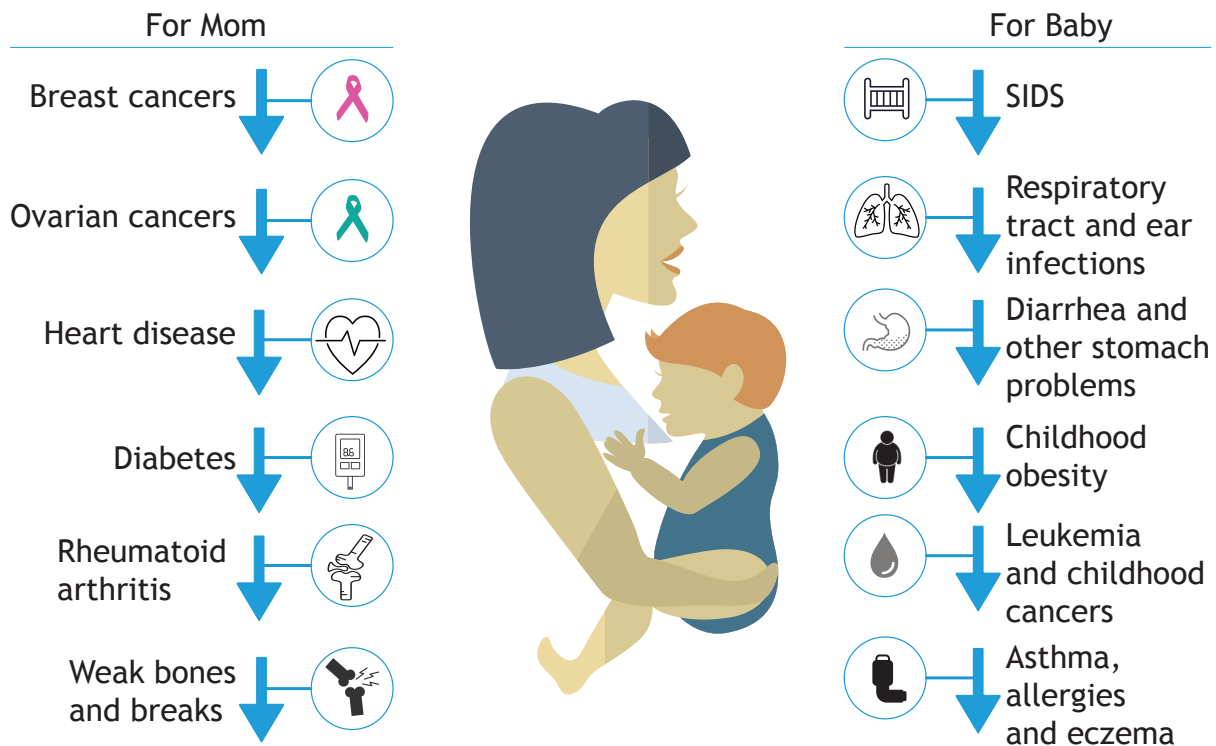
Benefits of Breastfeeding

Breast milk is the normal first food and promotes good health for children. All major medical organizations promote breastfeeding for optimal child health and development and recommend breastfeeding for as long as both mom and child want to continue.

The American Academy of Pediatrics (AAP) recommends all babies receive only breast milk for the first six months. Also called “exclusive breastfeeding,” this means babies receive no formula, solid foods or water. Always check with a baby’s parent/guardian before offering any food or drink other than breast milk.

The longer breastfeeding occurs, the more health benefits mom and baby receive.

Breastfeeding improves the health of mom and child by reducing the risks of:



Source: Pediatrics, March 2012, 129 (3).

Benefits of Breastfeeding



To Baby

- Normal food for babies.
- Breastfed babies are healthier.¹
- Breast milk is easily digested by babies, so babies may be less fussy.
- Enhanced bonding with mom.
- Safe and fresh milk is always available.
- Promotes correct growth of jaws, teeth, and speech patterns.
- Promotes a higher learning ability.
- Breast milk contains nutrients, vitamins, growth factors, antibodies, hormones and much more that are not available in formula.



To Mom

- Lowers the risk of blood loss after delivery.
- Uterus returns to pre-pregnancy shape quicker.
- May help mom lose weight and return to her pre-pregnancy weight faster.
- May delay the return of her menstrual cycle (not to be used as birth control).
- Improves mom and baby bonding.
- Saves money - no need to buy formula, saving \$800-\$1,200 per year.²
- Saves time - less time spent making formula and feeding can occur anywhere at any time with no preparation necessary.
- Peace of mind - breast milk is always available (even in emergencies, snow storms, etc.). No worrying about proper mixing, correct temperature, expiration or recalls of formula.
- Can build mom's confidence.



To Child Care Professionals

- Breastfed babies are sick less often.³
- Breastfed babies spit up less.
- Breastfed babies have less smelly diapers compared to formula-fed babies' diapers.
- Reimbursable - Child care professionals participating in the Child and Adult Care Food Program (CACFP) can claim meals for children fed breast milk from the bottle or cup, or when mom directly breastfeeds her child on site.



To Community and Environment

- Lowers health care costs because babies are sick less often.³
- Parents/guardians miss work less because breastfed babies are often sick less, which is good for businesses.
- Breastfeeding saves lives - research shows if 90% of U.S. babies breastfed exclusively for 6 months, nearly 1,000 deaths each year could be prevented.⁴
- Fewer cans and bottles in landfills.
- Breast milk is sustainable - Breastfeeding requires no packaging and its production does not harm the environment.

1. Pediatrics, March 2012, 129 (3).
2. Surgeon General's Call to Action to Support Breastfeeding, January 2011.
3. Pediatrics, April 1999, 103 (Supp 1).
4. Pediatrics, May 2010, 125 (5).

Breastfeeding and Breast Milk

Milk Supply, Appearance, Soapy Smelling Milk

Milk Supply

Breasts make milk in response to baby suckling.

The more milk removed from the breasts by the child nursing or mom pumping/expressing, the more milk the breasts will make.

A mom will make more or less milk depending upon:

- **How Much** - How completely milk is removed from the breasts - empty breasts mean better milk production. If both breasts are not completely emptied after each feeding or pumping session, the breasts will make less milk over time.
- **How Often** - The more often the breasts are emptied, the more milk the breasts will make.

To maintain or increase a milk supply, a mom should:

- Always try to remove milk completely from both breasts at each feeding or pumping session.
- Feed often, as much as baby wants. When together, a mom should feed baby directly at the breast to maintain her supply and provide additional benefits. When away from baby, a mom should pump or express breast milk as often as baby usually eats to maintain supply.

A mom should regularly drink water to stay hydrated. No special diet is necessary to breastfeed. A mom does not need to drink cow's milk or another animal's milk to increase her breast milk supply.

Appearance

Breast milk does not look like formula or cow's milk.

- It can be different in color. It is normal for breast milk to be yellowish, bluish, greenish or even brownish.
- Breast milk naturally separates into layers of milk and cream or fat during storage. This is normal and does not mean the milk is spoiled. If the milk separates, swirl gently to mix. **Do not shake.** Shaking breast milk may damage some of the nutrients and can add air to the milk which may lead to gassiness.



Soapy Smelling Milk

Soapy smelling milk is okay to feed to babies and is not harmful. Breast milk naturally contains an enzyme called lipase, which helps to breakdown fats and helps with digestion. During storage (including in the freezer), lipase can continue to breakdown fats and may cause the breast milk to have a soapy smell and taste. Most babies do not mind this mild change in taste.

Infant Feedings

Every baby is different. Talk with parents/guardians regularly to understand each baby. Create a feeding plan and review regularly with parents/guardians.

Healthcare providers recommend that all babies, breastfed and formula-fed, be fed in response to feeding cues, not on a schedule.

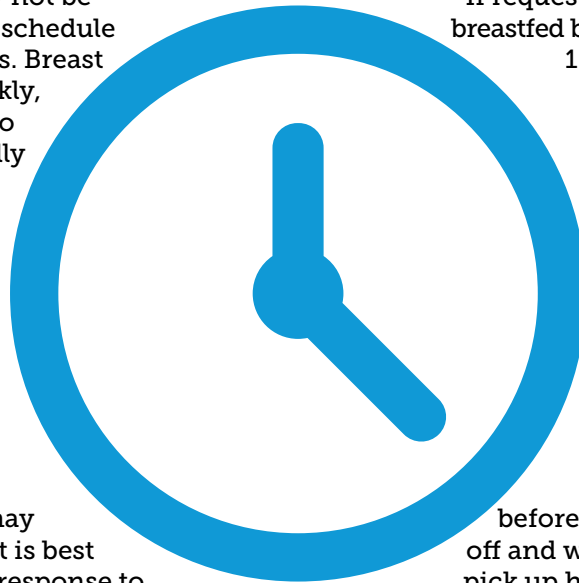
Avoid giving all babies a bottle within 1 to 1.5 hours of the scheduled pick up time. This allows for the parent/guardian to arrive and feed on site.

Timing

1 Breastfed babies may not be on the same feeding schedule as formula-fed babies. Breast milk is digested quickly, and baby may need to eat more often, usually every 1.5 to 3 hours.

2 Feed all babies in response to feeding cues, not on a schedule (see Feeding Cues on next page).

3 While some babies may develop a schedule, it is best to feed each baby in response to his/her changing appetite. Babies may be more or less hungry at different times on different days – just like you!



If requested, avoid giving a breastfed baby a bottle within 1 to 1.5 hours of the scheduled pick up time. This allows mom to feed her child when she arrives for comfort, closeness and to stimulate her milk supply.

Encourage mom to breastfeed her child on site before she leaves at drop off and when she arrives to pick up her child. Provide a comfortable space for her to feed. If baby is acting hungry before mom arrives, try to soothe and distract rather than feed.

Feeding Cues

Babies are born with the ability to communicate. They use their bodies and make noises to let you know when they need to eat, learn, play or rest. These are called cues. Babies usually give several feeding cues at one time.

Crying is **NOT** the first sign of hunger

Watching and responding to hunger cues can prevent some crying.

Hunger Cues

- Bringing hands to the mouth
- Sucking on hands or wrists
- Making sucking noises
- Moving mouth or tongue
- Turning head or searching for the nipple (rooting)
- Moving around more, wiggling
- Bending arms and kicking legs
- Rousing from sleep
- Becoming upset or crying is a **late** sign



Fullness Cues

- Slower suck or stop sucking
- Relax hands and arms
- Turn away from nipple
- Push away
- Fall asleep

Feeding based on hunger cues is better because babies are calm for feedings, rather than crying, so they eat better. Babies also learn to stop eating when they are full, which may help prevent obesity later in childhood.

Not all crying is from hunger. Watch videos on how to calm a crying baby and baby behavior at www.breastfeedcolorado.com.

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

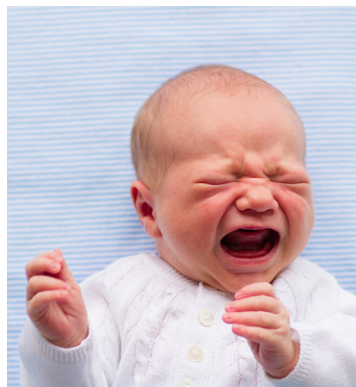


Hand to mouth

Late cues: "Calm me, feed me."



Crying



Agitated body movements



Turning red

Bottle Feeding

Practice the technique of paced bottle feeding when using a bottle, whether the bottle contains breast milk or formula. This technique allows baby to control the feeding and eat at baby's own pace. Practice paced bottle feeding with all babies to help prevent over feeding.

Paced Bottle Feeding

How to

Watch baby for hunger cues. Do **not** feed on a schedule.


Keep baby in an upright and more seated position. This allows baby to better control the flow of milk from the bottle. Always hold baby during a feeding and **NEVER** prop a bottle.

Allow baby to draw the nipple into his/her mouth – rub the nipple against baby's lips, asking baby to open his/her mouth wide and take the nipple. Try not to place or force the nipple directly into baby's mouth.

Let baby control the feeding pace – allow baby to take breaks when needed. Babies often take 10-20 minutes or even longer to breastfeed and take natural pauses.

Encourage pauses often – listen to baby and if baby does not take breaks, lower the bottle after a few sucks and wait for baby to begin sucking again before tilting the bottle back up.

Watch for fullness cues – if baby is giving cues of being done, even if baby has not finished all the milk in the bottle, do not try and continue to feed.



Benefits

Allows baby's body time to recognize fullness before the stomach gets overfilled.

Prevents overfeeding and other problems, such as gassiness, spitting up and obesity.

Promotes social and emotional development by allowing baby time to interact with the caregiver.

Allows baby to eat from a bottle similarly to how they would at the breast. This supports the breastfeeding relationship between mom and baby, which will lead to longer breastfeeding and more health benefits.

Supports mom by helping to match the amount of milk her baby eats with the amount of milk pumped or expressed each day.

Videos of paced bottle feeding techniques are available at <https://youtu.be/YoBVtE6S1dk> or www.breastfeedcolorado.com.

Amount

Babies digest and use breast milk completely, so **less breast milk is needed at a feeding compared to formula**. There is no way to predict exactly how much a baby will eat at each feeding. After feeding a baby a few times you will soon learn how much milk the baby usually eats. Talk with parents/guardians regularly and keep an updated feeding plan for each baby in your care.

Until you get a feel for how much a baby eats at a feeding and learn a baby's cues, offer small amounts of breast milk at a time. This way if baby is not very hungry, you will not waste large amounts of milk. Encourage mom to store breast milk in 1, 2 or 3 ounce amounts. **Every drop counts to a breastfeeding mom!**



Recommend parents/guardians provide bottles with slow flow (newborn or size 0) nipples, no matter the age of the baby, to help pace bottle feeding. Never poke or cut the nipple and inform the parents/guardians if a nipple is damaged.

A good way to know if a breastfed baby is eating enough breast milk during the day is to check their diapers. Breastfed babies should:

- Have at least six wet diapers of colorless urine a day. Babies often wet their diapers after every feeding.
- Have normal bowel movements. Bowel movements may happen during or after every feeding and are less often as babies grow older.

If you have concerns that a baby does not have enough wet or soiled diapers in a day, has colored urine, hard or strange colored stools, inform the parents/guardians and encourage them to discuss this with their healthcare provider.

Babies eat different amounts

On average, exclusively breastfed babies between 1 and 6 months old eat around 25 ounces in 24 hours.

Until you know a baby well, work with mom to estimate the average amount of milk a baby may need at a feeding by:

- *Estimating the number of times baby nurses in 24 hours.*
- *Divide 25 ounces by the number of nursings.*

Example: If baby usually nurses about 8 times a day, you can guess that baby may need around 3 ounces each feeding ($25 \div 8 = 3.1$ ounces).

Growth spurts, Bowel Movements, Nursing Strikes

Every baby is different, but typical growth spurts often occur at:



2 to 3 weeks



4 to 6 weeks



3 months



4 months



6 months



9 months

Growth spurts

Most babies' appetites get bigger around the same time they grow.

During growth spurts, babies' schedules may change and they may eat and sleep more than usual. Parents/guardians may not be aware of or expect growth spurts and may be concerned their baby wants to eat more or that they are not making enough milk. Babies simply need more food as they grow. Talk with mom and encourage her to feed and pump more often during these spurts and her milk supply will likely get larger within three to four days.

If mom knows you understand and support her efforts, you will be helping mom in a very positive way!

Bowel Movements

Breastfed babies' bowel movements are looser and may be more frequent than formula-fed babies. This is not diarrhea. It is also normal for older breastfed babies to go several days without having a bowel movement. In an exclusively breastfed baby, this is not constipation. Constipation is when stools are hard, dry and painful to pass. Exclusively breastfed babies' stools are usually mustard yellow and seedy, but they may be greenish or brownish, and are milder smelling than formula-fed babies' stools.

Nursing Strikes

A nursing strike is when a breastfed baby suddenly refuses the breast. This is normal for some babies. Providing support to moms during a strike is very important as a nursing strike can be difficult emotionally for mom and can cause her milk supply to decrease. Remind mom to continue offering her breasts to baby often and to empty her breasts regularly with a pump to maintain her milk supply through a strike. Consider recommending mom contact a lactation consultant for support.

The Older Baby

Solid Foods, Cup Feeding, Beyond 12 Months

Solid Foods

Medical experts agree it is best to wait until babies are around 6 months old before offering any food other than breast milk. This includes [not adding cereal to bottles](#) or feeding babies cereal, juice or any other foods. Offering cereal or formula does not help a baby sleep through the night. Research shows introducing solid foods (also called “complementary foods”) early can cause allergies to develop, lower mom’s milk production and may lead to early stopping of breastfeeding, or weaning.

Cow’s milk should not be given to babies under 1 year of age because it is difficult to digest and is hard on a baby’s organs.

Sometime after 6 months, as baby begins eating more solid foods, breast milk intake may decrease for some babies. However, breast milk is still the main source of nutrition for babies under 12 months.

Cup Feeding

After about 6 months of age, babies begin to sit up, crawl and explore their world. This is a great time to introduce a cup. Provide breast milk in a cup for a snack or one feeding during the day. Start with small amounts until the baby is used to and likes drinking from a cup to avoid wasting breast milk. It is best to encourage most babies to no longer use a bottle after 12 months of age.

Beyond 12 Months

Many women choose to breastfeed their children beyond 12 months.

Feeding breast milk from a cup at a child care is allowed and encouraged by licensing and health departments.

Health experts encourage longer breastfeeding for more health benefits:

- The American Academy of Pediatrics (AAP) recommends babies breastfeed for at least a year and continue for as long as both mom and baby wish.
- The World Health Organization (WHO) states breast milk is an important source of nutrition for children and suggests breastfeeding up to 2 years or beyond.

Breast milk can be reimbursed as a part of a CACFP creditable meal for babies (from a cup or bottle and when mom directly breastfeeds her child on site) and for children over 12 months of age.

Breast Milk Preparation

To a pumping mom, it can be hard work expressing breast milk during the day. The following tips will help you keep the milk safe and make the most out of the milk you are provided.

Breast milk is a food. Gloves are NOT required.

Colorado Rules and Regulations Governing the Health and Sanitation of Child Care Facilities do not require gloves when preparing breast milk or formula bottles.¹

The Centers for Disease Control and Prevention (CDC) “does not list human breast milk as a bodily fluid for which healthcare personnel should use special handling precautions.”²

The Occupational Safety and Health Administration (OSHA) does not include breast milk in the “standard’s definition of ‘other potentially infectious materials’”. Therefore, contact with breast milk does not constitute occupational exposure as defined by the standard.”³

Preparation

Always wash your hands before handling any food, including breast milk.



Swirl the container of breast milk to gently mix. Never shake.

Use only clean nipples, bottles and cups.



Test the milk temperature on your forearm to be sure it is not too warm before serving.

Check the name and date on the bottle or storage container. If a child mistakenly drinks breast milk intended for another child, call both children’s parents/guardians and follow your policy.



Throw away breast milk left at room temperature for over 1 hour. This includes any milk not finished by the child. Harmful bacteria can grow making the milk unsafe.

Prepare just enough breast milk for a single feeding or snack. Suggest mom provide breast milk in 1- to 4-ounce amounts to avoid waste.



Wash, rinse and sanitize bottles, nipples and warming containers (including crock-pots) daily. If bottles are not cleaned onsite, return to the parents/guardians at the end of each day.

1. Rules and Regulations Governing the Health and Sanitation of Child Care Facilities in the State of Colorado. 7.12.3.

2. Centers for Disease Control and Prevention (CDC). <http://www.cdc.gov/breastfeeding/faq/>

3. OSHA. https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=20952.

Warming and thawing

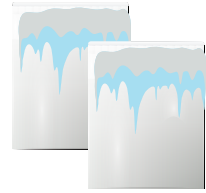
Refrigerated milk:

- Place the container of milk under warm (not hot) running water or in a pan of warm (not hot) water for a few minutes before feeding.
- If using a crock-pot to warm bottles, keep it out of reach of children. Be sure the water is not warmer than 98° F.
- Set a timer to ensure bottles are not left in warm water more than 5 minutes, as this can allow bacteria to grow.
- Try to not reheat milk; instead help baby become used to room temperature milk.



Frozen milk:

- Use the oldest milk first – practice FIFO (First In, First Out).
- To thaw: place the container of milk in the refrigerator for about 12 hours, or under cold running water or in a crock-pot/warming device.
- Never thaw frozen breast milk at room temperature.
- Do not add fresh milk to already frozen milk within a storage container.



Use thawed milk within 24 hours.

Never refreeze thawed breast milk, even if it had been refrigerated.

Never microwave breast milk or formula. The microwave can destroy some important nutrients and can cause dangerous “hot spots” that can burn a child’s mouth.

Breast Milk Storage

Breast milk storage guidelines may differ in temperature and length of storage time according to the regulatory agency. In Colorado, child care professionals must follow health and sanitation regulations; however, parents/guardians may store breast milk differently at their home.

- Make sure parents/guardians clearly label all bottles and storage containers with the child’s name and date the milk arrives.
- Breast milk can be stored in clean glass or BPA-free plastic bottles or containers with tight fitting lids or storage bags approved for breast milk. Do not use ordinary plastic storage bags. Containers should always be covered or sealed.
- Tell parents/guardians to keep breast milk cool or frozen during travel to you. Once frozen breast milk has begun to thaw, it should not be refrozen and must be thawed and used within 24 hours.
- Refrigerate or freeze breast milk as soon as it arrives. Check the temperatures of your refrigerator and freezer according to your policy.
- Store milk toward the back of the refrigerator or freezer where the temperature is more constant. Avoid storing in the door.
- Milk stored for longer times in the temperature ranges listed in the following table is safe, but some of the fats in the milk can break down causing lower quality nutrition.
- To create a breastfeeding-friendly environment, store all formula out of public view. This prevents advertising and marketing of formula companies and products.

Child Care Breast Milk Storage Guidelines

(for Healthy Full Term Babies)*

Location	Temperature	Time	
Countertop, table, warmed or room temperature	Room Temperature Up to 77° F (25° C)	1 hour	70
			60
			50
			40
Refrigerator	At or below 41° F (5° C)	24 hours	30
			20
			10
Freezer compartment inside refrigerator	5° F (-15° C)	2 weeks	0
Freezer compartment attached to refrigerator (separate doors)	At or below 0° F (-18° C)	Up to 6 months	-10
			-20
			-30
Deep freezer	At or below -4° F (-20° C)	Up to 12 months	

*Storage times and temperatures may vary for premature or sick babies. Check with your healthcare provider

Storage Table References

1. Rules and Regulations Governing the Health and Sanitation of Child Care Facilities in the State of Colorado. 6 CCR 1010-7, 7.12.3.
2. Caring for Our Children: National Health and Safety Performance Standards, third edition. 4.3.1.9.
3. Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm.
4. USDA. Human Milk Storage Guidelines for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). 2016.

Breast milk unopened and not used the day it was prepared or received must be returned to the parent/guardian (or discarded) at the end of the day. This does NOT apply to frozen breast milk.

Breastfeeding-Friendly Child Care

As a child care professional, it is important to have knowledge about breastfeeding and to support moms who decide to breastfeed. To become a Breastfeeding-Friendly child care program, ensure your child care follows the recommended practices in each of the following sections:

- Commitment to Breastfeeding
- Education and Training
- Breastfeeding-Friendly Environment
- Communication
- Resources

Your commitment to becoming breastfeeding-friendly is critical in helping moms succeed in meeting their breastfeeding goals and improving the health of your community!

Use the Self-Assessment on the following pages for more information and to determine the actions needed to become breastfeeding-friendly.

To find out if your county has a “Breastfeeding-Friendly” recognition program, visit www.breastfeedcolorado.com under the Child Care tab.

Create a breastfeeding-friendly space:

Provide a specific area that is private and clean (other than a bathroom) for moms and your employees to breastfeed or pump breast milk. All you need are:

- Private area with a door or privacy barrier (curtain, room divider, etc.).
- A comfortable chair.
- Access to an electrical outlet (for electric pumps).

Tip - if you do not have much space, consider making an unused corner or closet into a breastfeeding/pumping area. For ideas, visit the Office on Women’s Health www.womenshealth.gov/breastfeeding/employer-solutions/index.html.

Appendix resources

The resources within the appendix of this toolkit are for you to use. The *Tips for Starting your Baby in Child Care* toolkit is information for both you and your families. Visit www.breastfeedcolorado.com under the Child Care tab to find additional resources and to print any of the included resources as needed. Consider printing out a Feeding Plan for each infant in your care and *Tips* toolkit for all new families.

Advertise your program as being breastfeeding-friendly!

Having the knowledge and supportive practices can be a selling point for your child care and draw more families to your care. Include breastfeeding supportive practices in your advertising and marketing, including printed materials, website, social media postings and actively discuss your practices with potential new families.

Breastfeeding-Friendly Child Care Self-Assessment

Your Name: _____ Date: _____

Child Care Name: _____

The following sections describe ways child care professionals can provide the best support for breastfeeding families. Below each section are 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 below and check the box that best reflects the practices most often used in your program currently. To be considered Breastfeeding-Friendly, all checks should be in either the “Breastfeeding-Friendly” or “Breastfeeding Advocate” columns.

Commitment to Breastfeeding Section

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 <i>all</i> staff, families and visitors, <i>and</i> 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 <i>all</i> 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 <i>and</i> 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 <i>and</i> information is provided to all families about waiting until 6 months to feed solid foods (AAP recommendation)

Education and Training Section

Train yourself and staff in the skills needed 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 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"/> <i>At least</i> once each year, <i>all</i> staff - pursue additional training more than one time each year*
Staff receive training on safe handling and storage of breast 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"/> <i>At least</i> once each year, <i>all</i> 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 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"/> <i>At least</i> once each year, <i>all</i> staff - pursue additional training more than one 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 <i>and</i> 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 <i>all</i> staff

*For training ideas/options visit www.breastfeedcolorado.com under the Child Care tab.

Breastfeeding-Friendly Environment Section

Create a culture and environment at your program that is openly supportive of breastfeeding.

Practices	Progressing	Breastfeeding-Friendly	Breastfeeding Advocate
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 (not a bathroom), has appropriate seating, is private (shielded from view, free from intrusion) and has access to an electrical outlet	<input type="checkbox"/> Is always available (not a bathroom), has appropriate seating, is private (shielded from view, is free from intrusion), has an electrical outlet <i>and</i> is stocked with education materials and breastfeeding supplies
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 program	<input type="checkbox"/> Always, including a written invitation in materials provided by the program <i>and</i> the offer of breastfeeding support groups
Adequate refrigerator and freezer space for the storage of breast milk	<input type="checkbox"/> Is not available onsite	<input type="checkbox"/> Is always available onsite	<input type="checkbox"/> Is always available onsite <i>and</i> a deep freezer also is available
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 and formula marketing materials are hidden from view	<input type="checkbox"/> Are displayed in <i>multiple locations</i> , formula and formula marketing materials are hidden from view <i>and</i> the program 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 <i>all</i> of the children in our program

*For posters visit www.breastfeedcolorado.com under the Child Care tab.

Communication Section

Build strong relationships and communicate regularly with your staff and families.

Practices	Progressing	Breastfeeding-Friendly	Breastfeeding Advocate
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 <i>every</i> month
Feeding in response to a child's feeding 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, <i>and</i> written materials are 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, <i>and</i> encouragement of families to feed onsite
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, <i>and</i> additional storage and pumping information is regularly provided
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 <i>more than one</i> area <i>and</i> actively distributed or discussed with families
Breastfeeding supportive practices on program marketing or advertising materials for the public	<input type="checkbox"/> Are not included	<input type="checkbox"/> Are available in printed information and on the program's website and/ or social media	<input type="checkbox"/> Are available in printed information, on the program's website and social media, <i>and</i> are actively promoted as an advertising message

Resources Section

Refer families to local breastfeeding resources, services and skilled breastfeeding support.

Practices	Progressing	Breastfeeding-Friendly	Breastfeeding Advocate
A list of community breastfeeding resources and referrals	<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 families <i>and</i> actively distributed
We make referrals to community breastfeeding resources	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Actively and <i>often</i>

Appendix

Resources

Understanding and being supportive of breastfeeding matters to families in your care. Child care professionals are not expected to be breastfeeding experts. Suggest families receive support from lactation professionals in your area.

For breastfeeding resources or help, contact your local public health department or the Colorado Breastfeeding Coalition (www.cobfc.org).

The following tools and resources are available at www.breastfeedcolorado.com:

- Breastfeeding training options for child care professionals.
- Adaptable sample policies.
- Sample Feeding Plans.
- Adaptable community resources template.
- Electronically fillable Breastfeeding-Friendly Child Care Self-Assessment form.
- Action plan template.
- Employer rights information.
- Colorado breastfeeding laws handout.
- Baby behavior information.
- Transitioning from breast to bottle in preparation for child care.
- Help for mom to advocate for her breastfeeding rights with her employer.
- Tips for moms returning to work.
- Resources for moms and families on pumping breast milk, breast milk storage and breast massage.
- Additional education materials, including lists of breastfeeding-friendly toys, books, posters and pamphlets that contain information about breastfeeding for both staff and families.

Note: Do not accept, post or provide any materials produced or supplied by commercial entities and/or manufacturers of infant formula, including educational materials or those that may appear to be breastfeeding supportive.

General Resources

- Office on Women’s Health (OWH) - Call the OWH Helpline at 1-800-994-9662 or visit www.womenshealth.gov/breastfeeding/business-case-for-breastfeeding.html.
- The Centers for Disease Control and Prevention (CDC) www.cdc.gov/breastfeeding/.
- The Colorado Breastfeeding Coalition (COBFC) www.cobfc.org.
- Boulder County www.bouldercounty.org/family/pregnancy/pages/breastfeeding.aspx.

Resources specific for child care professionals

- Caring for Our Children: National Health and Safety Performance Standards Guidelines for Early Care and Education Programs (www.cfoc.nrckids.org/) and Stepping Stones to Caring for Our Children (nrckids.org/index.cfm/products/stepping-stones-to-caring-for-our-children-3rd-edition-ss3/) contain national standards on quality health and safety practices and policies for child care professionals.
- The Academy of Breastfeeding Medicine has helpful information and protocols on breast milk benefits, storage, and more. www.bfmed.org.
- Let's Move Child Care provides useful breastfeeding and infant feeding information. healthykidshealthyfuture.org/.
- Carolina Global Breastfeeding Institute (CGBI) creates and shares useful information and handouts for child care professionals. breastfeeding.sph.unc.edu/what-we-do/programs-and-initiatives/child-care/.

Information for professionals, families and moms

- WIC - Call 1-800-688-7777 or visit www.coloradowic.com.
- WIC Works contains free handouts for parents on breastfeeding and nutrition. wicworks.fns.usda.gov/nutrition-education/participant-resources/breastfeeding-moms.
- La Leche League provides breastfeeding information, local breastfeeding support groups, and tips addressing common breastfeeding issues, visit www.lli.org.
- kellymom.com provides general breastfeeding information and resources.
- Lactation Education Resources offers free downloadable handouts for parents in multiple languages. www.lactationtraining.com/resources/handouts-parents.

Breastfeeding-Friendly Toys and Books

An important way to support breastfeeding is to help the children in your program learn that breastfeeding is the normal way to feed a baby. This means providing children with learning and play opportunities that include breastfeeding. Below is a list of a few examples.

- Breastfeeding coloring books - Noodle Soup, Inc. and others.
- Nursing Nina Cat, Nana Dog and Nuna Pig - Manhattan Toy Company.
- *My New Baby* - by Rachel Fuller.
- *If My Mom Were a Platypus: Mammal Babies and Their Mothers* - by Dia L. Michels.
- *Mama's Milk* - by Michael Elsohn Ross.
- *Supermom and The World is Full of Babies!* - by Mick Manning.
- *What Baby Needs and Baby on the Way* - by William Sears MD and Martha Sears RN.
- *We Like to Nurse* - by Chia Martin.
- *Best Milk* - by Kate Carothers.

For more examples visit www.breastfeedcolorado.com.

Feeding Plan

Tell us about your child’s feedings so we can know and understand your child better. The information you provide below will help us do our very best to help your child grow and thrive.

This form must be completed for all children 0 to 15 months of age by the parent and reviewed by the child care professional.

Child’s Name: _____ Date of Birth: _____

Parent/Guardian’s Name(s): _____

To Be Completed by Parent/Guardian

At home, my child eats:

Type of Food	From (e.g. mom, bottle, cup, other)	How often or approximate time(s) of day	Average amount per feeding	Details about feeding
Breast milk				
Formula Brand:				
Milk (12 months +) Type:				
Infant Cereal Type/brand:				
Baby food				
Table foods				
Other (describe):				

How does your child show you he/she is hungry?

Are you aware of any food allergies or sensitivities that your child has?

Does your child have any problems with feedings, such as gagging, choking or spitting up?

No Yes - If yes, please explain:

I plan to come to the child care to nurse my child at the following time(s):

My usual pickup time will be:

If my child is crying or seems hungry shortly before I am going to arrive, please try the following to soothe my child (choose as many as apply):

- Hold my child
- Use the pacifier I provided
- Give a bottle of my expressed milk
- Use the teething toy I provided
- Rock my child
- Other (specify):

At the end of the day, please do the following (choose one):

- Return all thawed, unused milk to me
- Discard all thawed, unused milk

We have discussed the above plan and made any needed changes or clarifications.

Today's Date: _____

Parent/Guardian Signature: _____

Child Care Professional Signature: _____

Any changes must be noted below and initialed by both the child care professional and the parent/guardian.

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent/ Guardian Initials	Child Care Professional Initials

Breastfeeding-Friendly Action Plan

Your Name: _____ Date: _____

Child Care 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 policy and add to handbook</i>	<i>Go to www.breastfeedcolorado.com 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 needed to support breastfeeding, require continued education updates and provide education to families and visitors.

Goals	Actions to Reach Goal	Persons Involved	Target Date for Completion
<i>Example: Train staff on Breastfeeding-Friendly Child Care information</i>	<i>Find training on www.breastfeedcolorado.com, set time and date for training</i>	<i>Director/Infant Nursery Supervisor</i>	<i>End of January</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 a friendly space for staff and families to nurse or pump breast milk</i>	<i>Get examples for how to create a space from www.breastfeedcolorado.com</i>	<i>Director/Assistant Director</i>	<i>End of April</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: Create a feeding plan template and add to handbook</i>	<i>Get sample, adaptable feeding plans on www.breastfeedcolorado.com</i>	<i>Director</i>	<i>End of October</i>

Talking with Families

As a child care professional, your encouragement and support are important to families. Breastfeeding is a powerful action and often comes with strong feelings. Talking with parents/guardians is the best way to create strong relationships. Below are a few tips that can be useful for all families, regardless of how they choose to feed their child.

Find a time when you can really talk with a family, giving them your full attention.

- Be a good listener. Show genuine interest and remember each family is unique.
- Wait for a response. Allow pauses and do not be too quick to jump in.
- Show you are listening with your eyes, face and body, as well as with your words.
- Be positive. Do not communicate only when there is a problem or concern. Your encouraging positive words go a long way toward easing families' worries.
- Use "I" statements: "I know we are both concerned with Sophia's naps when she is here. I would like to know what you do at home that works."
- Be creative in your communication. Families are busy and so are you! It is best to send the same message multiple ways. Ask each family member about the best way for communicating. Some individuals may prefer email or text messages while others prefer written or verbal communication.
- Do not assume families know you want to hear their perspective and want to communicate. Some parents need to be invited to communicate with you.

Acknowledging and accepting a family's desire to continue breastfeeding will help to establish trust.

- Welcome breastfeeding at your child care - tell parents that you have the knowledge and skills to support breastfeeding.
- Be positive about baby receiving breast milk in your care.
- Empathize with moms and acknowledge the hard work of maintaining a milk supply while they are away from baby. For some moms breastfeeding and pumping milk is easy and for others it can take a lot of effort.
- Ask about breastfeeding goals and be understanding and supportive. "How long do you plan to breastfeed Jacob?"
- Provide written breastfeeding materials to families, including your program's policies, the benefits of breastfeeding and information to help mom return to work. (Resources available at www.breastfeedcolorado.com.)
- Discuss with and offer families the *Tips for Starting your Breastfed Baby in Child Care* toolkit.
- Refer and connect families to lactation consultants, breastfeeding families and other breastfeeding supports in your community.
- Encourage families to feed on site. Providing a warm welcome and a comfortable place to sit will send the message, "I support you."

Sharing your thoughts and concerns respectfully with families shows that you really care about their child.

Develop a plan together with families.

- Create a plan with families about what to do when baby is hungry, a parent/guardian is late or if you run out of baby's milk supply for the day.
- Share with families that breast milk is the only food a baby needs for the first 6 months of life and that you will not provide formula, water or solid foods unless requested.
- Work with families to complete a Feeding Plan for each child in your care and frequently update the plan as the child grows and changes.
- Families like to know how their babies are doing. Talk to parents daily or provide a daily written record about baby's schedule, feeding habits, mood, activities and diapers.
- Ask for the family's perspective: understand the family's feelings, beliefs and plans. "What do you do at home?" "What do you find works?" "What doesn't work?"
- Showing an interest in the parent is likely to create a deeper level of trust. Ask questions that show you are interested.

Breastfeeding can be difficult at times. Talk regularly, listen and provide support.

- If you have concerns about baby getting enough milk or mom's supply, talk to the family, understand the mom's and family's feelings and schedules.
- As a child care professional, you are not expected to be a breastfeeding expert. Refer families to lactation and healthcare professionals in your community.
- Breastfeeding does not have to be all or nothing. Any amount of breast milk is beneficial. A mom who can talk through a difficult situation with someone who cares will usually come up with a solution that works for everyone.
- Recognize and encourage mom's dedication to providing breast milk to her child, no matter how much. If mom is struggling, provide her with tips on increasing her milk supply, breast massage resources, tips for talking with her employer and other resources available at www.breastfeedcolorado.com.
- If a family feels you respect and admire their efforts to provide baby with breast milk, they may be more willing to listen to you and share suggestions about baby's care.

Understand and be aware of your own feelings. When you are not aware of your feelings, they can often interfere in building strong, positive relationships.

A relationship grows and changes over time. It is important to check in and talk with families regularly and make adjustments as needed.

Communication is the key to making any partnership work!

Sample Breastfeeding-Friendly Child Care Policy

The [name of child care program] is committed to providing ongoing support to breastfeeding families.

Supportive Environment

1. We provide an atmosphere that welcomes breastfeeding families. We support moms who continue to breastfeed their babies/children as they return and continue to work.
2. We have a private, designated space (other than the bathroom) for moms to breastfeed their children or express milk. If a space is not available, a portable divider/partition will be made available. We welcome moms to breastfeed in the classroom, as well.
3. In accordance with Colorado Law, we provide employees with reasonable break time to express milk. For time needed beyond usual break/lunch time, employees may work with supervisors to negotiate break times or other means of making up the time.
4. We maintain a breastfeeding supportive environment through posting and providing culturally appropriate breastfeeding support materials (pictures, posters, etc.), not including those produced or supplied by commercial entities and/or manufactures of infant formula.
5. We “check in” with families for feedback and ways to continue providing support.
6. Staff communicates a baby’s schedule (i.e., feeding, napping, etc.) so the mom can adjust her schedule for pumping and/or visiting to feed her baby.

Initial Contact

1. We discuss breastfeeding support with all potential new families and share this policy and breastfeeding resources. The policy is included in our parent/guardian handbook.
2. We work with families prior to their first day to transition their babies 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 program.
3. Refrigerator and freezer space is available for breast milk storage.
4. Staff informs families on written procedures about the proper way to label and handle breast milk. Families should provide their own containers, labeled with the child’s name and date.
5. Staff talks with parents/guardians about the quantity of milk remaining to avoid waste.
6. We develop a sustainable feeding plan with each family, including feeding babies on demand as we observe hunger cues and coordinating the last feeding of the day to meet the mom’s feeding needs (either to feed or await mom’s feeding).
7. Babies are fed by the same caregiver as often as possible. All caregivers hold babies when feeding.
8. No formula or solid foods will be provided without first checking with the family.

Staff Training

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

Child Care Program Director/Child Care Professional Signature

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

Additional sample policies are available at www.breastfeedcolorado.com

Colorado Breastfeeding Laws

The primary goal behind breastfeeding laws is to support breastfeeding families and improve the health of Coloradans by reducing barriers to increase breastfeeding duration and exclusivity rates.

Workplace Accommodations for Nursing Mothers Act

The Colorado law (8-13.5-104) requires all employers (businesses with one or more employees) to:

- Provide reasonable unpaid break time, or allow an employee to use paid break and/or meal time, each day to express breast milk for their nursing child up to 2 years after the child's birth;
- Make reasonable efforts to provide a private location in close proximity to the work area (other than a toilet stall) where an employee can go to express breast milk; and
- Not discriminate against the employee for expressing breast milk in the workplace.

Breastfeeding in Public

The Colorado law (C.R.S. 25-6-302) states:

A mother may breastfeed in any place she has a right to be.

Postponement of Jury Service for a Person Who is Breastfeeding a Child Act

The Colorado law (13-71-119.5) states:

A person who is breastfeeding a child is eligible for up to two 12-month postponements of jury service.

Note: The judge or jury commissioner may request a physician's note or medical statement in support of the postponement.

Pregnancy Workers Fairness Act

The Colorado law (C.R.S. 24-34-402) requires all employers to:

- Provide reasonable accommodations to employees' and applicants' work schedule and duties for health conditions related to pregnancy, recovery from childbirth or a related condition, so the employee can continue to perform the essential functions of the job, if requested by the employee or applicant (not required).
- Must work with employees in a timely manner to determine the best and most reasonable accommodations.
- Not deny employment opportunities or discriminate against an employee who requests or uses a reasonable accommodation.

Note: The employer may require a note from the employee's healthcare provider.

“I am honored to provide such an amazing thing as breast milk to children in my care. Breastfed babies are easy to care for and breastfeeding is better for bonding with mom and the provider. Breastfeeding is so beneficial to both moms and babies. I think all providers should learn about breastfeeding to know more about the positives and the nutrition benefits.”

- Venice Roberts, An Apple a Day Childcare, Denver, CO

“Receiving breast milk during the day is supportive to mothers, children and caregivers. It provides comfort to the baby as she drinks what she knows. It gives the caregivers a positive and yummy food to introduce while caring for the child. And it comforts the mom to know that she is doing something for her baby even though she is not present.”

- Karina Madden, Salida Early Childhood Center, Salida, CO

“Child care providers play an important role for mothers who breastfeed their children. It isn’t easy when the mother goes back to work and has many worries concerning child care and breastfeeding. The child care provider can help ease those worries by being supportive and encouraging.”

- Susan Stahley, Sterling Early Learning Center, Sterling, CO



Tips for Starting your Breastfed Baby in Child Care

A Toolkit for Parents/Guardians

Returning to work or school after having a baby is often a difficult time for any parent or caregiver. By having a breastfeeding-friendly child care provider, you know you and your baby will be supported.

Talk with your child care provider frequently about your baby, share your needs and wants for your baby's care. Ask to complete a written feeding plan and remember to review and update it regularly.

The following pages provide some tips to help prepare you for starting your baby in child care.

Remember, breasts make milk in response to your baby nursing. The more milk your baby and pump take, the more your body will make!

For more information about breastfeeding and additional resources and tips, visit www.breastfeedcolorado.com.

Before returning to work or school

- Practice pumping your breasts at least 2 weeks before starting child care. Pump after the morning feeding or at other times when your breasts feel fuller and your baby may not have completely emptied both breasts.

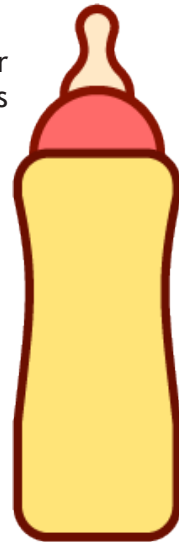


- Pumping takes practice. Do not be surprised or worried if you only get a little the first few times. Moms typically make ½ to 1 ounce of breast milk per hour.
- Consider using breast massage techniques to improve your pumping sessions. For information and videos visit: www.breastfeedcolorado.com under the Parents tab.
- Ask a lactation consultant, WIC office staff or healthcare provider for advice or tips on pumping and keeping an adequate milk supply.
- When away from your baby, pump as often as your baby would usually nurse (or at least every 3-4 hours) to maintain your supply. Always try to empty both breasts entirely at each pumping session.

Preparing Your Baby for a Bottle

Many breastfed babies may not be willing to eat from a bottle at first. Try to give your baby a bottle regularly for **at least two weeks** before your baby begins child care. Some tips to try:

- Have someone else feed your baby from a bottle. Some babies associate mom with the pleasure of nursing. Your baby may be more willing to take a bottle if you are not in the room.
- Offer a bottle when your baby is relaxed and not quite ready for a feeding. Do not offer a bottle when your baby is very hungry or upset.
- Only put a small amount of breast milk (1 to 3 ounces) in the bottle to avoid wasting milk if your baby refuses.
- Try warming the bottle's nipple under warm running water to bring it to near body temperature.
- Do not force the bottle into your baby's mouth. Tickle your baby's mouth gently with the bottle nipple and let your baby draw the nipple into his or her mouth.
- No matter the age of your baby, use slow flow or newborn (size 0) bottle nipples to better copy the flow of milk from human nipples.
- Offer a bottle in different feeding positions, especially those different from your usual nursing positions. Try giving a bottle while moving rhythmically - walking, rocking or swaying.
- If your baby refuses, try again later. Try different bottle nipple types and shapes to find one your baby likes. Try different temperatures of the breast milk.



Continue to breastfeed directly at the breast whenever you are with your baby. Direct breastfeeding may provide additional health benefits for your baby and will help maintain your milk supply.

Growth spurts

Most babies' appetites get bigger around the same time they grow. **Every baby is different**, but typical growth spurts often occur at:



2 to 3 weeks

4 to 6 weeks

3 months

4 months

6 months

9 months

During growth spurts, your baby's schedule may change and they may eat and sleep more than usual.

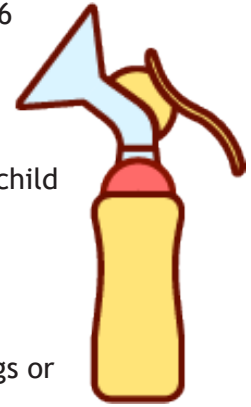
Babies need more food as they grow and you may not have enough milk at first.

Nurse and pump more often during these spurts and your milk supply will likely get larger in response within 3 to 4 days.

Giving formula during a growth spurt will send a message to your body not to make more milk and will not help breastfeeding.

How much breast milk should I give my provider?

Exclusively breastfed babies between 1 and 6 months old eat an average of 25 ounces of breast milk each day. However, every baby is different and eats different amounts.



To estimate the amount of breast milk your child care provider may need each day:

- Estimate the number of times your baby usually nurses each day (in 24 hours)
- Divide 25 ounces by the number of nursings or feedings.

Example: If your baby usually nurses around 8 times a day, you can guess your baby may need around 3 ounces of breast milk at each feeding ($25 \div 8 = 3.1$).

Babies younger than 1 month old and babies older than 6 months who eat more solid foods may eat less breast milk.



The older baby

Medical experts agree it is best to wait until your baby is around 6 months old before offering any food other than breast milk. This includes not adding cereal to bottles.

Offering cereal or formula does not help a baby sleep through the night.

Research shows starting solid foods early can cause allergies to develop, lower your milk production and may lead to early weaning.

Cow's milk should not be given to babies under 1 year of age, because it is difficult to digest and is hard on a baby's organs.

Many women choose to breastfeed beyond 12 months. Feeding breast milk from a cup at a child care is both allowed and encouraged by licensing and health departments. Health experts encourage longer breastfeeding for more health benefits for both you and your baby.

For more resources and tips, visit www.breastfeedcolorado.com.

Nursing strikes

A nursing strike is when a breastfed baby suddenly refuses the breast. This is normal for some babies.

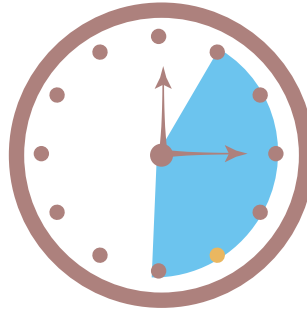
During a nursing strike a baby may cry, arch, pull away from the breast and will usually accept bottles with no problem. A nursing strike can cause a decrease in your milk supply, so it is important for you to continue to offer your breasts to your baby often and pump to maintain your milk supply.

Try nursing when your baby is calm and not upset. Increase your skin-to-skin contact with your baby. Some moms find breastfeeding in the dark when baby is sleepy to be helpful. Consider contacting a lactation consultant for support.



WIC is a nutrition program that provides free healthy food, breastfeeding support and other services to Colorado families who qualify. WIC is for pregnant or breastfeeding women and children younger than 5 years old. If you get TANF, SNAP or Medicaid, you are automatically eligible for WIC. To find a local WIC clinic visit www.coloradowic.com.

Reverse cycling



Reverse Cycling is when a baby nurses frequently at night and eats less often during the day. This may occur with babies just starting out on a bottle. Give your provider small amounts of milk per bottle so there is less waste. Be patient and this phase will pass.

For tips on how to handle reverse cycling, see <http://kellymom.com/bf/normal/reverse-cycling/>.

Colorado's laws support breastfeeding

Workplace Accommodations for Nursing Mothers Act



Requires all employers to:

- Provide reasonable unpaid break time, or allow an employee to use paid break and/or meal time, to express breast milk for her nursing child up to 2 years after the child's birth.
- Make reasonable efforts to provide a nursing mother with a private location in close proximity to her work area (other than a toilet stall) in which to express milk.
- Not discriminate against women for expressing milk in the workplace.

Breastfeeding in Public Act

A mother may breastfeed in any place she has a right to be.

Postponement of Jury Service for a Person Who is Breastfeeding a Child Act

A person who is breastfeeding a child is eligible for two, 12-month postponements of jury service.

For more information about the laws, visit www.cobfc.org.



Storing Breast Milk

- Store your breast milk in small amounts (1 to 3 ounces). Your baby may not eat a large amount at one feeding and your milk is too valuable to waste!
- Consider freezing milk in ice cube trays and storing the cubes in breast milk storage bags for ease of thawing later.
- Only store breast milk in clean glass or BPA-free plastic bottles with tight fitting lids and storage bags approved for breast milk. Do not use ordinary plastic storage bags. They are not meant for breast milk storage and could easily leak or spill.
- Always label bottles and storage containers with your child's name and the date.
- Store milk toward the back of the refrigerator or freezer, where the temperature is more constant. Avoid storing in the door.
- Milk stored for longer times in the temperature ranges listed in the storage tables is safe, but some of the fats in the milk can break down over time, causing lower quality nutrition.
- Be sure to keep breast milk cold during transport to your child care provider. When using insulated coolers, keep ice packs in contact with milk containers at all times and limit how often the cooler bag is opened.
- Once frozen milk has begun to thaw, it cannot not be refrozen. Thawed breast milk must be used within 24 hours.

According to Colorado health and sanitation regulations, breast milk left at room temperature for over 1 hour should not be fed to your child, but may be returned to you. However, any breast milk not finished by your child after 1 hour must be thrown away as harmful bacteria can grow making the milk unsafe.

Please note - breast milk storage guidelines may differ in temperature requirements and length of storage time according to the regulatory agency. In Colorado, child care providers must follow health and sanitation regulations; however, you may store breast milk differently in your own home.

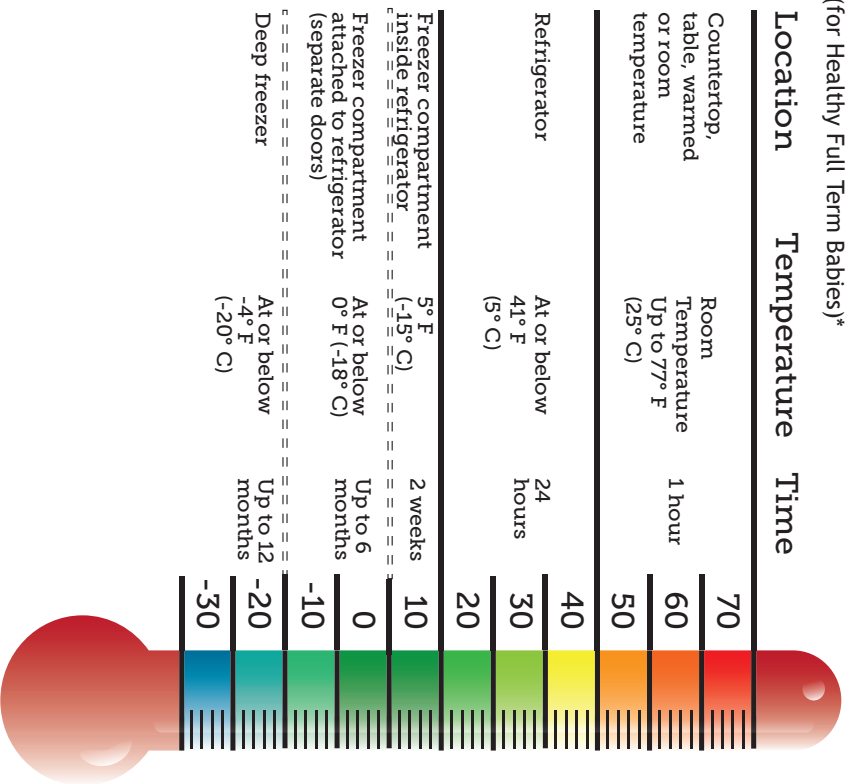
NEVER microwave breast milk or formula. The microwave can destroy some important nutrients and can cause dangerous "hot spots" that can burn a child's mouth.

Breast milk is a food. Gloves are NOT required. Colorado Rules and Regulations Governing the Health and Sanitation of Child Care Facilities do not require gloves when preparing breast milk or formula bottles.

Child Care

Breast Milk Storage Guidelines

(for Healthy Full Term Babies)*



*Storage times and temperatures may vary for premature or sick babies. Check with your healthcare provider.

Storage Table References

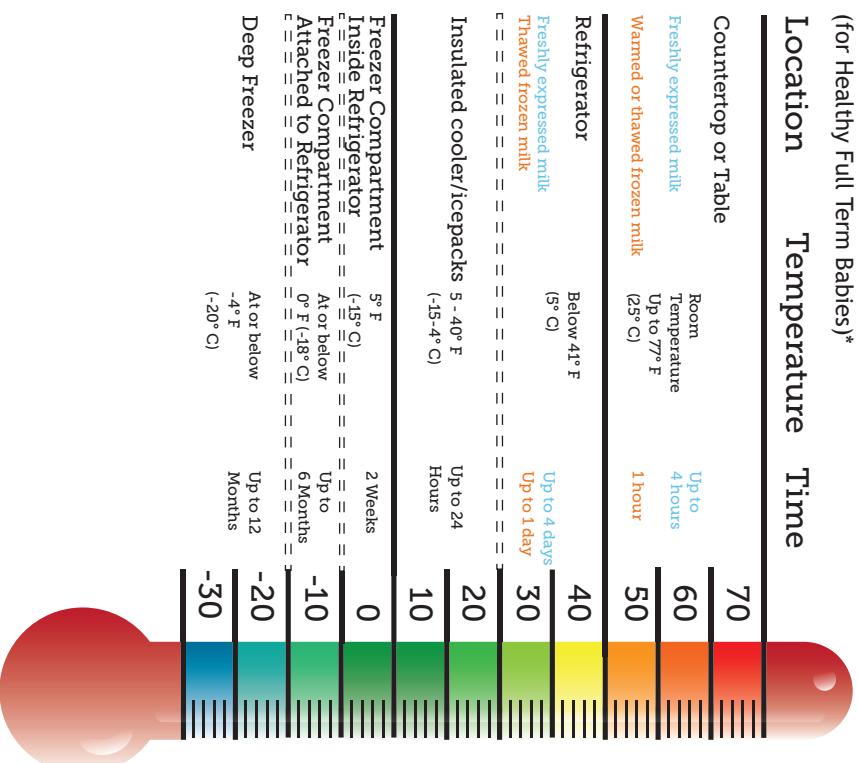
1. Rules and Regulations Governing the Health and Sanitation of Child Care Facilities in the State of Colorado, 6 CCR 1010-7, 7.12.3.
2. Caring for Our Children: National Health and Safety Performance Standards, third edition, 4.3.1.9.
3. Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm.
4. USDA. Human Milk Storage Guidelines for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), 2016.

Breast milk unopened and not used the day it was prepared or received must be returned to the parent/guardian (or discarded) at the end of the day, according to health and safety regulations. This does NOT apply to frozen breast milk.

Parent/Guardian

Breast Milk Storage Guidelines

(for Healthy Full Term Babies)*



*Storage times and temperatures may vary for premature or sick babies. Check with your healthcare provider.

Storage Table References

1. Centers for Disease Control and Prevention (CDC). Proper Handling and Storage of Human Milk, 2010. http://www.cdc.gov/breastfeeding/recommendations/handling_breastmilk.htm.
2. USDA. Human Milk Storage Guidelines for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), 2016.

Additional Resources

On www.breastfeedcolorado.com, you will find resources about pumping breast milk, breast milk storage, breast massage, local breastfeeding resources, baby behavior and returning to work.

- Office on Women’s Health (OWH) is a great resource for general breastfeeding information, pumping tips and employer information, including the Business Case for Breastfeeding toolkit, resources and suggestions for how an employer can creatively create a breastfeeding space. Call the OWH Helpline at 1-800-994-9662 or visit www.womenshealth.gov/breastfeeding/business-case-for-breastfeeding.html.
- The Centers for Disease Control and Prevention (CDC) website contains useful information on breastfeeding and breast milk, including national recommendations and guidelines, breast milk handling and storage, policies and more. www.cdc.gov/breastfeeding.
- The Colorado Breastfeeding Coalition (COBFC) website provides useful handouts, resources and materials, including information specific to state breastfeeding laws and local breastfeeding events. Find out if your local community has a breastfeeding coalition by visiting www.cobfc.org.
- Boulder County has many beneficial breastfeeding toolkits and materials, including a toolkit for employers, a toolkit for moms, child care trainings and community resource information. www.bouldercounty.org/family/pregnancy/pages/breastfeeding.aspx.
- WIC - Find your local WIC clinic for breastfeeding support, education, breast pumps, healthy foods, nutrition education and more. www.ColoradoWIC.com.
- La Leche League - Find local breastfeeding support groups, breastfeeding handouts and tips addressing common breastfeeding issues. www.llli.org.
- Kellymom - provides general breastfeeding information and resources. kellymom.com.
- Zero to Three - Child care resources for families. www.zerotothree.org/early-learning/child-care.
- American Academy of Pediatrics (AAP) - Bright Futures resources for families. brightfutures.aap.org/families/Pages/Resources-for-Families.aspx.
- Lactation Education Resources offers free downloadable handouts for parents in multiple languages. www.lactationtraining.com/resources/handouts-parents.
- WIC Works contains free handouts for parents on breastfeeding and nutrition. wicworks.fns.usda.gov/nutrition-education/participant-resources/breastfeeding-moms.

Find a lactation consultant at the International Lactation Consultant Association (ILCA). www.ilca.org/why-ibclc/falc.



For more information about breastfeeding or how to become a breastfeeding-friendly child care professional, visit www.breastfeedcolorado.com.

Thank you to the Breastfeeding in Child Care Advisory Committee and Boulder County Public Health for guiding the creation of this document.

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The Colorado Department of Public Health and Environment acknowledges that generations-long social, economic and environmental inequities result in adverse health outcomes. They affect communities differently and have a greater influence on health outcomes than either individual choices or one's ability to access health care. Reducing health disparities through policies, practices and organizational systems can help improve opportunities for all Coloradans.

