ENCOURAGING & SUPPORTING BREASTFEEDING IN CHILDCARE RESOURCE KIT

Developed by Population Health, Southern NSW Local Health District

July 2015
In Australia, exclusive breastfeeding is recommended for babies up to six months. Continued breastfeeding is recommended for at least 12 months and longer if the mother and baby wish.

Early childhood education & care services have an important role in supporting mothers to continue to breastfeed, as returning to work is a common reason given for stopping breastfeeding.

Breastfeeding is very important for infant nutrition, with universal agreement that breastmilk is the best first food for babies. Australian and international health authorities recommend **exclusive breastfeeding until around 6 months**. ‘Exclusive breastfeeding’ means that nothing else (except medicine or prescribed vitamin drops) is given to the infant – they receive breastmilk ONLY. At around 6 months, solid food can then be offered while breastfeeding is continued until 12 months or longer if the mother and baby wish.

Early childhood education and care services have an important role to play in supporting mothers to breastfeed. Returning to work is a common reason for stopping breastfeeding or for deciding not to start breastfeeding, however Services can inform mothers that the provision of breastmilk can be supported in their Service.

Services can:

- develop policies that encourage and support continued breastfeeding.
- identify your Service as ‘breastfeeding friendly’.
- ask about breastfeeding at the time of enrolment. Inform mothers that the Service is supportive of receiving expressed breastmilk or alternatively, for mothers that work nearby, visits during the day for breastfeeds are encouraged.
- provide a welcoming environment for mothers to comfortably breastfeed or express breastmilk.
- assure mothers that expressed breastmilk will be stored and handled safely at the Service.
- play an important role in providing families with accurate nutrition and feeding information, and that this is reflected in the feeding practices of the Service.
The following information has been provided to assist early childhood services to develop their own breastfeeding policy. Tailor the information in this sample policy to your particular setting – delete sections that are not relevant to your service and add additional points that reflect your practice. Involve staff and families in the policy development and review process and ensure that the final policy is on display and accessible to all staff and families.

(Insert early childhood service name) Breastfeeding Policy

Context

Breast milk is the ideal food for infants because it both nourishes and protects them from illness, and provides many other long-term health benefits. Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for the first 6 months of life. Gradual introduction of solid foods in the second half of the first year should complement the breast milk diet (Commonwealth of Australia, 2009, Get Up & Grow: Healthy Eating and Physical Activity Guidelines for Early Childhood). Continued feeding is recommended throughout the first year and beyond as long as mutually desired (NHMRC (National Health and Medical Research Council), 2013, Infant Feeding Guidelines). Any breastfeeding is considered beneficial for the infant and mother.

Australia’s breastfeeding initiation rate is 96% (NHMRC, 2013, Infant Feeding Guidelines). However, only a small proportion of women achieve the goal of exclusively breastfeeding to around 6 months (NHMRC, 2013, Infant Feeding Guidelines). Exclusive breastfeeding means that the infant only receives breast milk without any additional food or drink (Commonwealth of Australia, 2009, Get Up & Grow: Healthy Eating and Physical Activity Guidelines for Early Childhood).

Mothers are encouraged to continue breastfeeding if they choose to return to work. The early childhood education and care environment is a key setting for the promotion and support of breastfeeding. The role of educators to support breastfeeding is important to further increase Australia’s breastfeeding duration rates.

It is important to follow correct procedures to ensure food safety and hygiene when using expressed breast milk. Where infants are not breastfed or are partially breastfed, a commercial infant formula should be used as an alternative to breast milk until 12 months of age.

Policy Statements

Our service will encourage and support all families to continue breastfeeding their child until at least 12 months, in line with current recommendations.

Our service recognises that families have the right to decide whether they will breastfeed their child while they are in care, and each family’s decision will be accepted and respected.

Our service will work with families with children who are breastfed by providing a supportive environment by feeding children expressed breast milk supplied by their families and by providing suitable spaces and resources to mothers breastfeeding their babies at the centre.
Links to National Quality Standard (NQS)

<table>
<thead>
<tr>
<th>QA2</th>
<th>2.1.1</th>
<th>Each child’s health needs are supported.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.1.2</td>
<td>Each child’s comfort is provided for and there are appropriate opportunities to meet each child’s need for sleep, rest and relaxation.</td>
</tr>
<tr>
<td></td>
<td>2.1.4</td>
<td>Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.</td>
</tr>
<tr>
<td></td>
<td>2.2.1</td>
<td>Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.</td>
</tr>
<tr>
<td>QA5</td>
<td>5.2.3</td>
<td>The dignity and the rights of every child are maintained at all times.</td>
</tr>
<tr>
<td>QA6</td>
<td>6.2.1</td>
<td>The expertise of families is recognised and they share in decision making about their child’s learning and wellbeing.</td>
</tr>
<tr>
<td></td>
<td>6.2.2</td>
<td>Current information is available to families about community services and resources to support parenting and family wellbeing.</td>
</tr>
</tbody>
</table>

Links to Early Years Learning Framework (EYLF)

<table>
<thead>
<tr>
<th>LO1</th>
<th>Children feel safe, secure and supported.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children develop knowledgeable and confident self-identities.</td>
</tr>
<tr>
<td>LO3</td>
<td>Children become strong in their social and emotional wellbeing.</td>
</tr>
<tr>
<td></td>
<td>Children take increasing responsibility for their own health and physical wellbeing.</td>
</tr>
</tbody>
</table>

Legal Requirements

Our service recognises that the right to breastfeeding is protected under federal and state legislation, and will meet its legal obligations.

The service will NOT:

- Refuse an application for a childcare place, or not offer a place, because a child is breastfed, as required by law.
- Discourage a mother from continuing to breastfeed when her child starts in care.
- Refuse to let a woman breastfeed or express milk on the premises.
- Refuse to feed a child its mother’s expressed breast milk.
- Do anything else that makes it difficult for parents to continue giving breast milk to a child while they are in the service’s care.

Supportive Environment

The service will:

- Provide mothers with a private, clean and quiet place to breastfeed their babies or express milk, including an electrical outlet, comfortable chair, a change table and nearby access to hand washing facilities.
- Provide refrigerator space for breastfeeding mothers to store their expressed breast milk.
- Educate staff and families that a mother may breastfeed her child wherever they have a legal right to be.
- Display culturally appropriate pictures and posters of breastfeeding and exclude those supplied by formula manufacturers.
- Display easily accessible brochures, pamphlets and other resources about breastfeeding.
- Offer information on the benefits of breastfeeding to all families enrolled at the centre.
Include fathers in the discussions about breastfeeding.
Stimulate participatory learning experiences with the children related to breastfeeding and offer children’s books that contain pictures of breastfeeding, play dolls that are nursing and other learning experiences that normalise breastfeeding.
Establish and maintain connections with local breastfeeding support networks, including NSW Health and the Australian Breastfeeding Association.
Maintain current printed or electronic lactation resources available to families and employees.
Refer mothers with breastfeeding concerns to appropriate resources, including support services offered by NSW Health, Australian Breastfeeding Association groups or private lactation consultants.

Initial Contact & Orientation
The service will:
Inform expectant and new families and visitors about the service’s breastfeeding friendly policies.
Ensure all staff are able to explain the benefits of exclusive breastfeeding for 6 months and offer this information to families.
Include breastfeeding policy and practice materials in the service’s information package, including information on transporting and storing expressed breast milk.
Allow current and prospective parents to drop in and view the breastfeeding friendly environment.
Develop an individual breastfeeding support plan in consultation with family members, including arrangements for what the service should do if the service does not have enough expressed breast milk to meet the child’s needs.
Work with parents to familiarise the infant with bottle feedings of expressed breast milk and/or infant formula prior to starting childcare.

Feeding & Handling Milk
The service will:
Require parents to label their own milk with their child’s name, date and time expressed. If thawed, milk will also be labelled with the date and time thawed (see Appendix 1 and ‘Storing Your Breastmilk’ Resource).
Store expressed breast milk in a designated space within the refrigerator and freezer.
Not exceed the maximum storage times outlined in the Australian Infant Feeding Guidelines (see ‘Storing Your Breastmilk’ Resource).
Enable infants to build a secure attachment with one and then more familiar educators by ensuring infants are fed on demand and always held during feedings.
Use the procedure outlined in Appendix 1 for feeding expressed breast milk to infants.
Limit wastage of expressed breast milk by initially filling the bottle with less milk than may be necessary for the feeding, with additional milk available to add to the bottle if needed.
Use a cup or spoon for feeding, where an infant will not accept a bottle.
In consultation with the family, avoid feeding a breastfed infant right before the mother arrives to pick up her child, as this is an ideal time for the mother to nurse and will help the mother keep a good milk supply.
In the event that an infant is fed another child’s bottle of expressed breast milk, treat the incident as an accidental exposure to a bodily fluid. An incident report will be completed and both affected families informed (see Appendix 1).
Staff Training

The service will:

- Provide orientation for new staff to the breastfeeding policy and offer appropriate training, including using a cup or spoon for feeding, where an infant will not accept a bottle.
- Ensure all staff that have responsibility for care of infants and children are able to provide basic breastfeeding information and are able to refer mothers with breastfeeding concerns to appropriate resources, including support services offered by NSW Health, Australian Breastfeeding Association groups or private lactation consultants.
- Ensure staff encourage parents to develop babies’ individual breastfeeding support plans and regularly update their plans, with support from NSW Health, Australian Breastfeeding Association groups or private lactation consultants where appropriate.
- Ensure all staff promote exclusive breastfeeding until babies are about 6 months old with continued breastfeeding to one year and beyond.

Support for Staff Members who are Breastfeeding

The service will:

- Treat requests for support to continue breastfeeding sympathetically and reasonably, and make all reasonable efforts to support the staff member.
- Provide breastfeeding employees with a flexible schedule for breastfeeding or pumping to provide expressed breast milk for their children.
- Provide breastfeeding employees with a private, clean and quiet place to breastfeed their babies or express milk, including an electrical outlet, comfortable chair, a change table and nearby access to hand washing facilities.

Appendix 1—Expressed Breast Milk Procedure

1. Expressed breast milk will be brought to the service in a clean, sterile container, labelled with the date and time of expression and the child’s name. If thawed, milk will also be labelled with date and time of thawing.
2. The expressed breast milk will be stored at 4°C or lower until it is required.
3. The educator will confirm the child’s name and date of expression on the container, and the amount to be prepared, with another educator. This should be noted on the baby’s record.
4. To limit wastage, initially filling the bottle with less milk than may be necessary for the feeding, with additional milk available to add to the bottle if needed.
5. The expressed breast milk will be warmed and/or thawed by running the container under warm water or by standing the container in warm water. Never reheat expressed breast milk in a microwave.
6. An educator will test the temperature of the expressed breast milk by placing a few drops on the inside of their wrist before the expressed breast milk is given to the child.
7. Discard the contents of any bottle not fully consumed in one hour from the start of the feed.
8. If there is not enough expressed breast milk to meet the child’s needs, the educator will consult with the child’s individual breastfeeding plan, or the child’s family.
9. Unused milk not warmed or thawed will be returned to families at the end of the day to avoid confusion and to ensure that expressed breast milk is used within 48 hours of expression or thawing.
10. In the event that an infant is fed another child’s bottle of expressed breast milk, treat the incident as an accidental exposure to a bodily fluid. An incident report will be completed and both affected families
<table>
<thead>
<tr>
<th>Breastmilk Status</th>
<th>Storage at Room</th>
<th>Storage in Refrigerator</th>
<th>Storage in Freezer</th>
<th>Discard After Feeding</th>
<th>Infant Has Begun Feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshly expressed into sterile container</td>
<td>No more than 72 hours</td>
<td>4 hours or until next feeding</td>
<td>2 weeks in freezer</td>
<td>Do not refreeze</td>
<td>6-12 months in deep freeze (-20°C) or lower</td>
</tr>
<tr>
<td>Previously frozen (thawed in refrigerator)</td>
<td>6-8 hours</td>
<td>4 hours or until next feeding</td>
<td>2 weeks in freezer</td>
<td>Do not refreeze</td>
<td>3 months in freezer section of refrigerator (-18°C)</td>
</tr>
<tr>
<td>Thawed outside refrigerator</td>
<td>24 hours</td>
<td>4 hours or until next feeding</td>
<td>2 weeks in freezer</td>
<td>Do not refreeze</td>
<td>6-12 months in deep freeze (-20°C)</td>
</tr>
<tr>
<td>Refrigerated with separate compartment inside refrigerator (1°C)</td>
<td>24 hours</td>
<td>4 hours or until next feeding</td>
<td>2 weeks in freezer</td>
<td>Do not refreeze</td>
<td>3 months in freezer section of refrigerator with separate door (-18°C)</td>
</tr>
<tr>
<td>Refrigerated in deep freeze compartment inside refrigerator (1°C)</td>
<td>24 hours</td>
<td>4 hours or until next feeding</td>
<td>2 weeks in freezer</td>
<td>Do not refreeze</td>
<td>6-12 months in deep freeze (-20°C)</td>
</tr>
</tbody>
</table>

*Printed July 2015. Taken from 'Infant Feeding Guidelines' © 2013 NHMRC. Reproduced with permission from Southern NSW Local Health District.*
This activity allows participants understand that babies need to eat little and often. This activity is completed in a group, with one facilitator.

Introduction

Breastmilk is digested more quickly than formula, and babies who are exclusively breastfed may appear to not be getting enough milk. This activity explores how often, and how much babies eat.

Outcome

- Participants will be able to explain the need for babies to feed often and on cue (when they show signs of being hungry)

Equipment

- Paper and pencil (one for each participant)
- Golf ball or ping pong ball

Activity

Everyone needs a paper and pencil. Ask them to think about a day then they had access to food. Ask them to write down what time it was whenever they ate or drank anything. Even water counts. Include soft drink, coffee breaks, snacks and meals.

Ask participants:

- How often did you eat or drink? (Average 1-3 hours)
- How long did the meals take? (Average 20-30 minutes)
- How do you feel if you are truly hungry or thirsty and can’t get food or water?
- Does skipping a meal teach you to go longer without food or make you more desperate for food?
- Think of a prize you would like to win. To earn your prize, you have to double your weight within 5 months. What will you do if you are already eating every 1 to 3 hours and you aren’t gaining weight?

After you’ve discussed everyone’s answers, show them the golf ball and tell them that it is the size of the newborn baby’s stomach. Tell them that the newborn baby’s goal is to double his or her weight in 5 months.

The group can now think about their answers to the questions in a new way! To double his weight, baby needs to eat very often, eat at night, not skip meals, not have water instead of breast milk, and take his time at meals. It’s important not to make him wait to eat when he shows signs of being hungry.
This activity promotes discussion on the benefits and issues of breastfeeding. This activity is completed in a group, with one facilitator.

Introduction
Breastfeeding has unique and important health benefits. Each woman should be supported in her feeding choice. To enable early childcare education and care services to support families, it is important that educators understand the reasons why women may want to continue to breastfeed on commencing childcare.

Outcomes
- Participants will be able to explain the basic benefits of breastfeeding.
- Participants will be able to understand the cultural context of breastfeeding.

Equipment
- Benefits of Breastfeeding Laminated Cards
- Small Bag

Activity
Laminate and cut up the activity cards. Place all of the cards into a bag. Ask one group member to pull a card out of the bag and to describe what is on the card, and how it might be linked to a benefit of breastfeeding. The facilitator checks the card against the list overleaf and leads discussion on the stated benefits, encouraging group members to discuss their experiences. Take it in turns until all cards have been used.

Further Discussion Points
- What does breastfeeding mean to you?
- What or who influenced your thoughts/feelings about breastfeeding?
- How were your family members fed as babies?
- How do you feel when you see a woman breastfeeding in public?
- What do you think the baby feels when he is breastfeeding?
- Where would you go for help or support with breastfeeding?
Benefits of Breastfeeding for Baby

Card 1—Superbaby
Helps baby develop a strong immune system and provides antibodies which give resistance to a number of infectious diseases.

Card 2—Food allergy symbols
Helps reduce the risk of allergies

Card 3—Baby sitting to standing
Provides perfectly balanced nutrition which contributes to baby’s optimal growth, eyesight and brain development.

Card 4—Toddler on telephone headset
Supports optimal development of baby’s jaw and mouth which is essential for speech development.

Card 5—Baby’s tummy
Easy for baby to digest and can prevent gastrointestinal illness.

Card 6—Variety of food
Provides baby with a range of tastes and flavours which come from mother’s varied food intake. This may help children accept a greater range of food as they grow older.

Card 7—Row of children
Reduces likelihood of baby becoming an overweight child/adult in later years.

Benefits of Breastfeeding for Mother

Card 8—Money
Breastmilk is an inexpensive, easy, convenient and fully transportable food for baby.

Card 9—Toy car
Breastmilk is instant, pre-warmed, ready to serve, safe and in the right quantities.

Card 10—Scales with apple and tape measure
Helps mother’s body return to its pre-pregnant state more quickly.

Card 11—Breast cancer awareness ribbon
Reduces mother’s risk of pre-menopausal breast and ovarian cancer.

Card 12—Blood glucose meter
Reduces the risk of type 2 diabetes if breastfeeding is prolonged.
Our Service would like to support you if you decide to continue breastfeeding. Please complete this plan to help us support you and your baby. Please update the plan if there are changes to your routine.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>How can we support you to continue breastfeeding?</th>
</tr>
</thead>
<tbody>
<tr>
<td>How does your baby feed at home? This might include exclusively from the breast, having expressed breastmilk or formula, or supplementation with formula.</td>
<td>______________________________________________</td>
</tr>
<tr>
<td>How often does your baby feed each day? This might include on demand, before or after meals, or to go to sleep.</td>
<td>______________________________________________</td>
</tr>
<tr>
<td>How would you like your baby to be fed while at our Service? This might include the service feeding your baby expressed milk, or visiting the centre to feed.</td>
<td>______________________________________________</td>
</tr>
<tr>
<td>If you would like to visit your baby to feed, how can we support you? This might include arranging to visit at pre-specified times, or phoning you when your baby is showing hunger signs.</td>
<td>______________________________________________</td>
</tr>
<tr>
<td>If the supply of expressed breast milk runs out before you are due is due to the return, what actions would you like us to take? This might include making contact with you, offering formula or offering cow's milk (for children over 12 months of age)</td>
<td>______________________________________________</td>
</tr>
<tr>
<td>Does your baby have a preference for a type of bottle or cup to feed from? This might include a sippy cup, open cup or wide or narrow teat bottle.</td>
<td>______________________________________________</td>
</tr>
</tbody>
</table>
Introducing a bottle or cup to a breastfed baby can take some patience and practice. Early childhood education and care services and parents can work together to make the transition easier.

**Play to learn.** Let your baby learn about bottles and cups by giving one as a toy a few days before you try bottle- or cup-feeding. Your baby can explore it with his hands and mouth, and will be more familiar with it during the first bottle- or cup-feeding.

**Share the love.** Have someone else other than the baby’s mother give the first bottle or cup. Mum might need to leave the room, if not the house, while the bottle or cup is being offered. Many breastfed babies won’t take a bottle or cup if they can tell their mother (and her breasts) are nearby.

**Hold me upright.** It can help to hold your baby upright during the feeding. This allows your baby to control the flow of the breastmilk and to stop feeding when he has had enough to eat.

**Share the load.** Try changing your baby’s position, or the arm that the baby is being held with, halfway through the feeding. This gives your baby the same visual stimulation they get while breastfeeding and keeps the baby from developing a preference for one side or the other. If your baby is fussy during the feeding, try several different positions.

**Hold me close.** Hold your baby often between feedings. This prevents your baby from learning to demand feedings just so that he is held as much as he needs to be.

**Timing is everything.** Try offering the bottle when your baby is showing early (not late) feeding cues or a little before his regular feeding time. You want him to be hungry but not so hungry that he doesn’t have patience for trying something new.

**Taste test.** Put a few drops of breastmilk on the bottle nipple. This will encourage your baby to suck. Don’t worry if your baby chews on the nipple. By playing with it, he might get comfortable enough to figure out how to suck it.

**Experiment.** There are many kinds of slow-flow bottles and nipples and many kinds of cups—if baby doesn’t seem to like the first kind you try, try a different one.
Breastfed babies typically breastfeed to sleep with body contact during feeding and often during sleep as well. Many breastfed babies also bed share at home. They are less likely to have a special blanket or toy and many do not use a dummy. These suggestions may be helpful at naptime.

**Move, baby, move.** Walking, dancing, swaying, rocking may be soothing to a grumpy baby.

**Manage the transition.** Often getting baby to sleep isn’t the issue, it’s moving the baby from your arms to a new surface. Try waiting until she’s so deeply asleep that her arms are limp. You can avoid a drop in temperature if you keep a small blanket against her back if you move her.

**Change the scenery.** When baby spends time outdoors, she’ll be calmer and sleep better. Going outside, even for a minute or two, usually helps. Even a trip to the next room is a change of scenery that might help.

**Turn up the volume.** Well, not too high. Loud noises can keep babies awake, but so can silence. Babies feel calmest when they hear the reassuring sounds of people around them.

**Turn off bright lights.** Lower the lights in the room to candlelight level.

**Try baby massage.** A warm calming touch may soothe baby.

**Sing or read.** A time-honoured way to soothe children to sleep, especially if there’s a rhythm, as in Dr. Seuss’s books or *Goodnight Moon* by Margaret Wise Brown. Dance gently while you sing or read.

**Try feeding again.** Even if it didn’t work before, it might just be what she needs now to send her into dreamland. Needing to breastfeed isn’t always the problem. More often than not, though, breastfeeding becomes the answer.

**Be there.** Fussing or crying should not be ignored. Ignoring cries will make subsequent sleep more difficult. Even if nothing works, the baby who cries in-arms is less stressed than the baby who cries alone.
Many children’s books depict bottle-feeding as the only way of feeding a baby. Here are some suggestions of children’s books featuring positive images of breastfeeding.

- **Mama’s Milk** by Michael Elsohn Ross
- **Ruby’s Baby Brother** by Kathryn White
- **My New Baby** by Rachel Fuller
- **You And Me** by Rachel Fuller
- **Will There Be A Lap For Me?** by Dorothy Corey
- **And After That...** by Jeanne Ashbe
- **All The World** by Elizabeth G Scanlon
- **Kisses Kisses Baby-O!** by Sheree Fitch
- **You, Me and the Breast** by Monica Calaf
- **Everywhere Babies** by Susan Meyers
- **The Runaway Hug** by Nick Bland
- **Tucking In!** by Jess Stockham
Your Service’s **Munch & Move Resource Manual** contains information on breastfeeding, including the benefits of breastfeeding, handling of expressed breastmilk (EBM), infant formula and transition to solids. The manuals are only available to those who attend the Munch & Move training. Please contact your local support officer if you require additional copies.

The **Caring For Children—Birth to 5 years (Food, Nutrition and Learning Experiences)** resource provides practical information to meet the food and nutrition needs of children birth to 5 years in early childhood education and care services.


The **Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood** resources promote the messages included in the healthy eating and physical activity guidelines, and include information on breastfeeding and returning to work.


The **Australian Breastfeeding Association** (ABA) is Australia’s largest breastfeeding information and support service and is recognised worldwide as an authority on breastfeeding management. The website has a wealth of information for both parents and for Services.

http://www.breastfeeding.asn.au

The **Australian Dietary Guidelines** and **Infant Feeding Guidelines** provide up-to-date advice about the amount and kinds of foods that infants need for health and wellbeing. They are based on scientific evidence and research and specific information is included about breastfeeding.

http://www.eatforhealth.gov.au

Funded by the Governments of Australia, **healthdirect** provides easy access to trusted, quality health information and advice. The site provides comprehensive information on breastfeeding including where to get help and support.


**USEFUL RESOURCES & WEBSITES**

Encouraging & Supporting Breastfeeding in Childcare | Resource