

# MIBFN

Michigan Breastfeeding Network



Michigan Breastfeeding Network



## SYSTEM CHANGER'S GUIDE TO CHILD CARE

[www.mibreastfeeding.org/child-care](http://www.mibreastfeeding.org/child-care)



## BREASTFEEDING IS GOOD FOR EVERYONE

Breastfeeding is not a lifestyle choice: it is a public health imperative for families in our society and recognized as the optimal method for feeding and nurturing children. It is biologically normal to breastfeed infants and children. The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of life and the World Health Organization recommends breastfeeding until at least two years of age, with continuation of breastfeeding as long as mutually desired by mother and child. Recent estimates show that over 800,000 child lives worldwide and 20,000 maternal lives could be saved each year if every child were exclusively breastfed for the first six months of life (The Lancet, January 30, 2016). Additionally, associated medical cost differences equaled a savings of \$40.2 million per year (Breastfeeding Medicine, December 2017). Breastfeeding provides valuable protection against illnesses such as diarrhea, pneumonia, and upper respiratory infections in addition to protection against Sudden Infant Death Syndrome (SIDS), particularly during the first year of life (Pediatrics, October 2017). Breastfeeding also provides lasting health benefits with lower incidences of allergy, asthma, high blood pressure, and obesity as breastfed infants enter into childhood and adolescence. Breastfeeding also promotes socio-

emotional development, contributing to positive maternal self-image while developing a stable, nurturing maternal-infant relationship. The emotional security and warmth developed within the breastfeeding relationship promotes an early and secure attachment for the child, which is central to subsequent development. Breastfeeding affects children's cognitive and social functioning with typical IQ gains of two to five points in healthy infants and up to eight points for low birthweight babies, which significantly impacts school readiness and participation (Currie, J., "Health Disparities and Gaps in School Readiness," The Future of Children, Spring 2005). In addition to these benefits for infants and children, breastfeeding helps to improve the health of mothers by lowering the risk of postpartum depression and decreasing their lifetime incidence of cardiovascular disease, type II diabetes, osteoporosis, and breast and ovarian cancers.



## **MOTHERS REPRESENT A LARGE PORTION OF TODAY'S WORKFORCE**

In 2017, 58.1 percent of mothers with children under the age of one and 64.2 percent of mothers with children under the age of six were employed (Bureau of Labor Statistics). Due to the growing number of mothers in today's workforce, many children from birth to age four are regularly cared for by someone other than a parent. Many families rely on early care and education providers to care for their children in their absence. Early care and education (ECE) is a term used to describe various types of child care arrangements, including pre-kindergarten programs, Head Start programs, and family-, group-, and center-based child care programs. With the increasing number of mothers who depend on external forms of child care, those who wish to continue breastfeeding face more barriers than ever.

## **MICHIGAN CHILD CARE NUMBERS**

In Michigan, there are over 77,000 working mothers with infants under one year of age and 443,000 children under the age of six potentially in need of child care (2017 State Fact Sheet, [http://usa.childcareaware.org/wp-content/uploads/2017/07/MI\\_Facts.pdf](http://usa.childcareaware.org/wp-content/uploads/2017/07/MI_Facts.pdf)). With so many Michigan children in need of child care, quality programs set the foundation for success in school, work, and life. In terms of types of available child care, there are 4,419 center-based child care programs and 4,925 family child care (FCC) homes. Michigan is one of about 36 states that has implemented a voluntary Quality Rating and Improvement System (QRIS) designed to improve the availability and quality of ECE programs (QRIS National Learning Network website, <https://qrisnetwork.org/qris-state-contacts-map>). The QRIS awards quality ratings to ECE programs that meet a set of defined program standards. By participating in their state's QRIS, ECE programs engage in continuous quality improvement. In Michigan, Great Start to Quality administers the QRIS, providing coaching, training, and community outreach services. Over 3,000 ECE programs participate in this statewide QRIS. At present, a quality recognition program such as a breastfeeding-friendly designation does not exist. In the future, intentional collaboration with Great Start to Quality could help to further improve child care standards in the state of Michigan as well as help to promote breastfeeding within the ECE program setting.



## **EARLY CARE AND EDUCATION PROVIDERS PLAY A CRITICAL ROLE IN SUPPORTING BREASTFEEDING**

ECE providers influence the lives and health of the families they serve and can be an important source of support for working mothers who want to breastfeed (CDC Guide to Strategies to Support Breastfeeding Mothers and Babies, 2013). Data from the Infant Feeding Practices Study II (IFPS II), found that breastfeeding at six months was significantly associated with support from child care providers to feed expressed breast milk to infants and allow women to breastfeed on-site before or after work (Maternal and Child Health Journal, 2012). According to the CDC, support from ECE providers need not be laborious or expensive and can be implemented quite easily based on a few important changes. All ECE programs can support breastfeeding families by allowing women to feed their children on-site, having a posted breastfeeding policy that is regularly communicated, making sure procedures for storing and handling breast milk and feeding breastfed infants are in place, and making sure staff members are well-trained in these procedures.

## **BREASTFEEDING SUPPORT IS A COMMITMENT TO HEALTH EQUITY**

According to numerous studies, breastfeeding is a protective factor for early child development in children at risk for adverse early experiences (Walker, S. P., et al., "Inequality in early childhood: risk and protective factors for early child development," 2011). In Michigan, close to 300,000 families live in poverty with over 150,000 children between birth and four years of age living at the poverty level (U.S. Census Bureau data). Low-income families already spend a much larger portion of income on child care than mid- or high-income families. Low-income families also lack access to breastfeeding resources. Closing the breastfeeding gap for low-income women would benefit these families exponentially.

Despite the importance of breastfeeding, low-income women suffer from a lack of significant lactation support in all areas of their lives, including their medical providers, employers, and ECE providers, and are less likely to start and continue breastfeeding. Low-income women are more likely to return to the workforce much sooner after giving birth compared to their higher-paid counterparts. For many of these women, limited time off is a contributing factor in the decision not to breastfeed. Additionally, low-wage employees may not have access to flexible schedules and lactation accommodations, lack social support, and face a racially-biased health care system. As a result of these barriers, breastfeeding rates remain significantly lower for infants in low-income families (CDC data, <https://www.cdc.gov/nchs/products/databriefs/db05.htm>).



## **NATIONAL GUIDELINES EXIST FOR ECE PROGRAMS**

In 2011, the American Academy of Pediatrics (AAP) and the American Public Health Association (APHA) published updated guidelines on how ECE programs should accommodate breastfeeding mothers. The AAP and APHA unanimously recommend the following: “The facility should encourage, provide arrangements for, and support breastfeeding” (Caring for our Children: National Health and Safety Performance Standards, 2011). While these guidelines outline best practices, they have not been universally adopted as the standard for ECE providers. Implementing these guidelines on the national level will better meet the needs of families through written policies and procedures that support breastfeeding accommodations. Protection at the federal level would reflect society’s commitment to the importance of breastfeeding and have far-reaching health, economic, and societal ramifications.

## **SAFE STORAGE AND HANDLING: BREAST MILK IS NOT A BIOHAZARD**

A common misconception is that breast milk is a bodily fluid that requires extra precautions. According to federal workplace safety regulations as determined by OSHA, breast milk is not considered to be a potentially infectious bodily fluid. According to the CDC, “breast milk is not considered a biohazard and no special precautions exist for the handling of expressed human milk” (CDC website: <https://www.cdc.gov/breastfeeding/faq/index.htm>). ECE providers do not need to store breast milk in a separate refrigerator or wear gloves to feed a bottle of breast milk. Breast milk should be treated similarly to any infant food and there are no special legal requirements for handling breast milk.

## **BREASTFEEDING SUPPORT IS A VALUE-ADD FOR ECE PROVIDERS**

### **Breastfeeding-friendly programs are more competitive:**

In Michigan, breastfeeding rates stand at the national average, with 80.8 percent of women initiating breastfeeding and 51.6 percent breastfeeding at six months after birth (CDC Breastfeeding Report Card, 2016). As breastfeeding rates continue to rise, child care providers with programs that support breastfeeding are meeting a key market need, making them more competitive while promoting healthy child development (“Breastfeeding and Child Care Programs,” Public Health Law Center, February 2017). The health related reasons for child care providers to support breastfeeding have been well documented. Breastfed babies are sick less often: breastfeeding decreases the likelihood of various types of infections and illnesses, which results in fewer absences for care providers. From a practical standpoint, policies and environments that



support breastfeeding can be used as an important marketing tool. Parents are looking for child care programs that support healthy best practices, like breastfeeding, at an ever-increasing rate. It is important to note that ECE facilities are staffed by low-wage employees. Increased access to breastfeeding education and support from ECE providers benefits not only the families that they serve but also the ECE employees themselves.

### **Breastfeeding equals monetary reimbursement:**

USDA's Child and Adult Care Food Program (CACFP) provides aid to family and or group day care homes for the provision of nutritious food. The CACFP is an income-based program and reimbursement is directly related to parents' income. Recently, CACFP released updated infant meal patterns that support and encourage breastfeeding. The new guidelines have regrouped infants into two age groups: zero to five months old and six to 11 months old. The CACFP focuses on making sure infants are fed meals that are developmentally appropriate for their age. Infants zero to five months old should only consume breast milk and at six months old infants can begin eating solid foods in addition to breast milk. Breastfeeding provides

financial benefits for providers who participate in the CACFP; reimbursing ECE providers for breast milk meal components served to infants zero to 11 months of age. Additionally, ECE providers can now claim meals in which a child was breastfed directly by their mother and eats other meal components served by the provider.

### **Meeting best practices, providing great service:**

Increased awareness of the vital importance of breastfeeding to maternal health and child development has resulted in more families seeking out child care providers who support breastfeeding. Creating a breastfeeding-friendly ECE program not only supports families but also supports other efforts to meet best practices. Institutional change at all levels of society includes implementing evidence-based breastfeeding supportive systems in the judicial, public, and private sectors. ECE providers are an important component for continued normalization efforts and they can support breastfeeding in culturally appropriate ways, including learning and play materials for children that highlight breastfeeding, and communicating to all staff, parents, visitors, and expectant mothers the importance of breastfeeding.



## RECOMMENDATIONS: FROM THE PRACTICAL TO THE SYSTEMIC

The following recommendations can assist ECE programs to develop their own breastfeeding-friendly policies and procedures. Providers should involve staff and families in the policy development and review process and ensure that procedures are accessible to all staff and families and meet best practices.

### **A clear written policy supporting breastfeeding for both families and staff:**

A policy is written, easily available, regularly communicated to all staff, families and visitors, and is posted, printed, or displayed and actively discussed on tours. The policy should be added to the program's handbook and updated as necessary.

### **A clean, designated area (other than a bathroom) for staff, families, and visitors to breastfeed and/or express milk is available:**

For breastfeeding, this would be a comfortable chair. For milk expression, this would be a designated lactation area, shielded from view or free from intrusion with an electrical outlet.

### **Breastfeeding mothers are encouraged to breastfeed or express milk on site. Similarly, staff should also be given adequate time to express milk and/or breastfeed:**

Mothers should always feel welcome to breastfeed at ECE facilities and a written invitation should be included in materials provided by the program. ECE staff members should also be encouraged to breastfeed and/or express milk for their own children while employed by ECE programs.

### **Staff and families receive accurate printed materials and information about breastfeeding:**

Materials should be evidence-based, comprehensive, up-to-date, easily accessible, and actively distributed to staff. A list of community resources including local IBCLCs, breastfeeding-friendly medical providers, and local support groups should also be available.

### **Staff receive evidence-based breastfeeding training:**

This should include the health benefits, the importance of exclusive breastfeeding and supportive practices, including safe storage and handling of breast milk. Staff should also learn and implement best practices based on WHO recommendations for age-appropriate feeding in response to feeding cues. Exclusively breastfed babies are fed only breast milk during the first six months, meaning no formula, water, or solid foods are fed without prior permission from the family. This can include a feeding plan template that can then be added to the program's handbook and available for view upon visiting the center.



## **Federal law should be enacted to prevent discrimination against breastfeeding families:**

The Michigan Breastfeeding Anti-discrimination Act passed in 2014 ensures that women have the right to breastfeed their children in public (SB 674) and federal law now protects a woman's right to express milk in the workplace. It is time for legal protection to include all ECE programs as well. Under such a law, ECE programs would not be able to: refuse an application because a child is breastfed, ask a family to stop breastfeeding when a child starts care, restrict a mother from breastfeeding or expressing milk on the premises, or refuse to feed expressed breast milk to a child. In Australia, the ACT Discrimination Act 1991 makes it against the law for any child care service provider to discriminate against breastfeeding families ([www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)).



## **LOOKING AHEAD: A NEW BREASTFEEDING LANDSCAPE**

Support for breastfeeding families needs to come from all levels of society, from the first prenatal health care visit all the way through to postpartum support from community partners. Supportive child care is essential for breastfeeding mothers and ECE providers play a vital role in the success of employed mothers who breastfeed. Implementing a breastfeeding-friendly action plan should be the goal of every ECE program across the state of Michigan. Breastfeeding normalization and support efforts at this level of society catalyze change for all families regardless of structure, socioeconomic status, race, or ethnicity.

## **MIBFN BREASTFEEDING AND EARLY CHILD EDUCATION REFERENCE LIST**

2013 CDC Guide to Strategies to Support Breastfeeding Mothers and Babies, *Support for Breastfeeding in Early Care and Education*, available at:

<https://www.cdc.gov/breastfeeding/pdf/Strategy6-Support-Breastfeeding-Early-Care.pdf>

American Academy of Pediatrics, *AAP Reaffirms Breastfeeding Guidelines, February 2012*, available at: <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/aap-reaffirms-breastfeeding-guidelines.aspx>

Bradford, V.A., et al., "Creating Environments to Support Breastfeeding," *Maternal and Child Health Journal* 12 (2017): 2188-2198.

Breastfeeding Guidelines for Early Childhood Education, University of Canterbury, May 2009, available at: <http://www.womens-health.org.nz/wp-content/uploads/2014/11/ECE-Literature-Review.pdf>

"Breastfeeding and Child Care Programs," Public Health Law Center, February 2017, St. Paul, Minnesota.

Breastfeeding Information for Child Care Providers, Minnesota Department of Health, available at: <http://www.health.state.mn.us/divs/oshii/bf/childcare.html>

Bureau of Labor Statistics, *Women in the labor force: a databook*, 2015, available at: <https://www.bls.gov/opub/reports/womens-databook/archive/women-in-the-labor-force-a-databook-2015.pdf>

CDC Breastfeeding Report Card, 2016, available at: <https://www.cdc.gov/breastfeedingpdf/2016breastfeedingreportcard.pdf>

*Caring for our Children: National Health and Safety Performance Standards, 2011.*

Child Care Aware of America, 2017 State Child Care Facts in the State of Michigan, available at: <http://usa.childcareaware.org/advocacy-public-policy/resources/research/statefactsheets/>

Currie, J., "Health Disparities and Gaps in School Readiness," *The Future of Children*, Spring 2005.

"How to Support a Breastfeeding Mother," A Guide for Child Care Providers, Utah Department of Health, available at: <http://choosehealth.utah.gov/top-star-training/handouts/006-Breastfeeding.pdf>

QRIS National Learning Network website, <https://qrisnetwork.org/qris-state-contacts-map>

## **MIBFN BREASTFEEDING AND EARLY CHILD EDUCATION REFERENCE LIST**

Ten Steps to Breastfeeding Friendly Child Care Centers, Resource Kit, Breastfeeding

Committee of the Wisconsin Partnership for Activity and Nutrition, available at:

<https://www.dhs.wisconsin.gov/publications/p0/p00022.pdf>

USDA Updated Child and Adult care Food Program Meal Patterns: Infant Meals, available at:

[https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP\\_InfantMealPattern\\_FactSheet\\_V2.pdf](https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP_InfantMealPattern_FactSheet_V2.pdf)

Victora, Cesar, "Breastfeeding: Achieving the New Normal," *The Lancet* 387 (2016): 403-504.

Walker, S., et al, "Inequality in early childhood: risk and protective factors for early child development," *The Lancet* 378 (2011): 1277-1278.

World Health Organization, *Global Strategy on infant and young child feeding*, April 2002, available at: [http://apps.who.int/gb/archive/pdf\\_files/WHA55/ea5515.pdf?ua=1](http://apps.who.int/gb/archive/pdf_files/WHA55/ea5515.pdf?ua=1)