

Breastfeeding in Child Care Toolkit

For Child Care Center Professionals

Tips and Resources to Support Connecticut Communities



 It's Worth It!

Acknowledgments

Connecticut Department of Public Health

Raul Pino, MD, MPH
Commissioner

Janet Brancifort, MPH
Deputy Commissioner

Rosa Biaggi, MPH, MPA
Section Chief - Community, Family Health and Prevention Section

Mark Keenan, RN, MBA
Section Chief - Community, Family Health and Prevention Section

Mehul Dalal, MD, MSc, MHS
Chronic Disease Director

Nutrition, Physical Activity, and Obesity Program

Marcia Pessolano, MPH, RDN, CDN
Health Program Supervisor

Jennifer Vinci, MS, RDN, CDN, IBCLC
Nutrition Consultant

Idamaris Rodriguez, MSW
Health Program Associate

Connecticut WIC Program

Marilyn Lonczak, MEd., RD, CLC
Breastfeeding Coordinator

Lori Goeschel, MS, RD, CDN, IBCLC
Breastfeeding Peer Counseling Coordinator

The Connecticut Department of Public Health extends its appreciation to the Colorado Department of Public Health and Environment for providing the foundation of this toolkit.

The Connecticut Department of Public Health also extends its appreciation to all of the members of the Connecticut Breastfeeding Coalition, the Early Care and Education Nutrition and Physical Activity Planning Team, the Connecticut Office of Early Childhood, and the Connecticut State Department of Education for their support of this project. Special thanks to the following partners for their contributions to this toolkit:

Abby Alter, Child Health Development Institute
Benedict Onye, Connecticut State Department of Education
Christine Bracken, Connecticut Breastfeeding Coalition
Dionne Lowndes, ACES Middlesex County Head Start
Doreen Davis, East Hartford Women Infants and Children Program
Mary Gollan, University of Saint Joseph
Maureen Myers, All Our Kin
Michelle Levy, Office of Early Childhood
Michele Vancour, Connecticut Breastfeeding Coalition
Monica Belyea, Opportunity Knocks for Middletown's Young Children Collaborative
Pamela Levasseur, Office of Early Childhood
Radhika Patel, Connecticut Breastfeeding Coalition
Susan Abramson, Yale WorkLife and Child Care
Susan Fiore, Connecticut State Department of Education

This material was funded by USDA's Supplemental Nutrition Assistance Program—SNAP. SNAP helps low income people buy nutritious food for a better diet. To get more information contact the CT Department of Social Services at 1- (855) 626-6632 or www.CT.gov/dss. USDA does not endorse any products, services, or organizations. Provided by Department of Public Health. This institution is an equal opportunity provider.

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 breastfeeding families in your community, including:

Breastfeeding in Connecticut.....	2
Benefits of Breastfeeding	3
Breastfeeding and Breast Milk	
Milk Components, Appearance, Supply	5
Infant Feedings	
Timing	6
Feeding Cues	7
Bottle Feeding	9
Amount	10
Growth Spurts, Bowel Movements, Nursing Strikes.....	11
The Older Baby, Solid Foods, Cup Feeding, Beyond 12 Months.....	12
Breast Milk Preparation.....	14
Breast Milk Storage.....	15
Breastfeeding-Friendly Child Care	
Breastfeeding-Friendly Child Care Self-Assessment.....	18
Breastfeeding-Friendly Action Plan.....	21
Appendix	
Resources	22
Talking with Families	24
Feeding Plan	26
Sample Breastfeeding-Friendly Child Care Policy.....	28
Breastfeeding Laws: What Are Your Rights	29
Make it Work! -A Toolkit for Breastfeeding Families	1 (31)

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

Breastfeeding in Connecticut

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

Of babies born in Connecticut:

86%

Started breastfeeding



23%

Breastfed exclusively for 6 months



39%

Breastfed at least one year



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

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

Source: CDC National Immunization Survey (NIS), 2018 Breastfeeding Report Card, 2015 births.

* Benefits of Breastfeeding

Breast milk is the best first food for infants and promotes good health. All major health care 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 with the exception of recommended vitamin D supplementation. Also called "exclusive breastfeeding," this means babies receive no formula, solid foods, and 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 benefits mom and baby receive.

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

For Mom

Breast cancers



Ovarian cancers



Heart disease



Diabetes



Rheumatoid arthritis



Weak bones and bone breaks



For Baby



Sudden infant death syndrome (SIDS)



Respiratory tract and ear infections



Diarrhea and other stomach problems



Childhood overweight and obesity



Leukemia and childhood cancers



Asthma, allergies, and eczema



Type 1 Diabetes



Benefits of Breastfeeding

For Baby



- Preferred 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 development 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.

For 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.
- 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.
- May delay the return of her menstrual cycle (not to be used as birth control). Mothers should talk to their healthcare provider about appropriate forms of birth control.

For Child Care Professionals



- Breastfed babies are sick less often.
- 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 reimbursement for meals when a mother supplies expressed breast milk or directly breastfeeds her infant on site, when the infant is not yet developmentally ready for solid foods. Once the infant is developmentally ready for solid foods, the CACFP facility must provide all other required meal components that the infant is developmentally ready to accept in addition to breast milk. For more information, see the CACFP Meal Patterns for Infants at <https://portal.ct.gov/SDE/Nutrition/Meal-Patterns-CACFP-Child-Care-Programs>.

For the 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.

*The Child and Adult Care Food Program (CACFP) was established in 1968 and authorized in the National School Lunch Act to help improve the quality of child care for low-income families in the U.S. The program provides financial support for food service in child and adult care institutions and child care homes. In order to receive the financial support, participating programs must meet the set nutrition standards for foods and beverages served. For more information on CACFP requirements please visit: <https://portal.ct.gov/SDE/Nutrition/Child-and-Adult-Care-Food-Program>. Before implementing any changes to your program's food and nutrition policies or practices, contact your CACFP representative to ensure you are meeting all rules and regulations.

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 Components

Breast milk contains all the protein, fat, and carbohydrates a baby needs. Unlike formula, breast milk also contains antibodies, immune factors, enzymes, and other living cells that continue to protect the child from illnesses even after they have stopped breastfeeding, or weaned.¹

Appearance and Scent

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

- It may look more watery and 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.
- Another way breast milk may be different from cow's milk and formula is scent. Breast milk naturally has an enzyme, called lipase, that helps to breakdown fats and helps with digestion. The enzyme can continue to break down fats while the milk is stored and may cause the milk to have a soapy smell and taste. Soapy smelling milk is okay to feed to babies and is not harmful. Most babies don't mind this change.

Milk Supply

- Breasts make milk in response to baby suckling. 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 emptied after each feeding or pumping session, the breasts will make less milk over time.
 - How Often – The more often the milk is removed, the more milk the breasts will make.
- To maintain or increase her milk supply, a mom should:
 - Always try to remove as much milk as possible 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.

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



1. <https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Breastfeeding-Benefits-Your-Babys-Immune-System.aspx>



Infant Feedings

Every baby is different. Talk with families regularly to understand each baby. Create a feeding plan and review it regularly with families.

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

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 the next page)

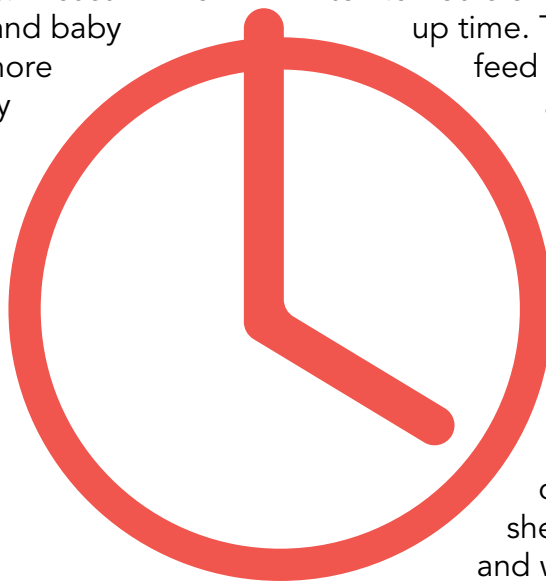
3 While some babies may develop a schedule, it is best to feed each baby in response to his/her changing appetite. Babies may be more or less hungry at different times on different days – just like you!

If requested, avoid giving a breast-fed 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 right before mom arrives, consider soothing or distracting. If necessary, provide a small amount of breast milk.

4

5



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. A short video showing fullness cues with bottle feeding is available from the California WIC program, at <http://www.youtube.com/watch?v=1ALUXZf8q3o>.

Not all crying is from hunger. Find resources on how to calm a crying baby and baby behavior at <http://ctbabybehaviortraining.weebly.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

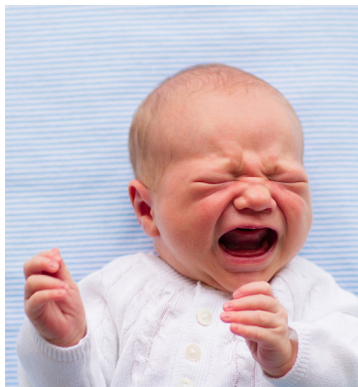


Hand to mouth

Late cues: "Calm me, feed me."



Crying



Agitated body
movements



Turning red



Bottle Feeding

Whether the bottle contains breast milk or formula, practice the technique of paced bottle feeding when using a bottle. 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.
Videos of paced bottle feeding techniques are available at <https://www.youtube.com/watch?v=YoBVtE6S1dk>.

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 her/her mouth wide and take the nipple. Try not to place or force the nipple directly into baby's mouth.

Hold the bottle horizontally. It should align with your lap. 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 to 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 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.



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 families 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. Every drop counts to a breastfeeding mom! Encourage mom to store breast milk in 1, 2, or 3 ounce amounts.

Recommend that families 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 always inform the family 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.

Babies Eat Different Amounts

On average:

Exclusively Breastfed Babies

Between 1 and 6 months old

Eat About

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:

STEP 1: Estimate the number of times baby nurses in 24 hours.

STEP 2: 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).

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

**Note: On hot days, additional breast milk is given rather than water, especially during the first 6 months.*

Growth Spurts, Bowel Movements, Nursing Strikes

Every baby is unique. Follow his or her feeding cues for optimal growth during the first year.



2 to 3 weeks



4 to 6 weeks



3 months



4 months



6 months



9 months

Skin to Skin Contact

Growth Spurts

Most babies' appetites get bigger around times of rapid growth. During these times, babies' schedules may change and they may eat and sleep more than usual. Families may not be aware of how often babies may want to eat when they are growing rapidly. By allowing mom to feed on demand regardless of how often or how long can help satisfy the baby and allow mom to make the right amount of milk. Talk with mom and encourage her to feed and pump more often during this time. 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 express milk regularly with a pump to maintain her milk supply through a strike. Consider recommending mom to contact a lactation consultant for support.

Encourage families to practice skin to skin during the first year of life when growth and development happen quickly. Growth spurts and changes in bowel movements and appetite can occur and are normal. Skin to skin can help provide extra comfort, promote breastfeeding, and increase bonding.





The Older Baby

Solid Foods, Cup Feeding, Beyond 12 Months

Solid Foods

Medical experts agree it is best to wait until babies are developmentally ready, 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 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.

Some signs that an older baby is ready for solids include:

- Sitting up with minimal support.
- Good head control.
- Loss of the tongue-thrusting reflex that causes food to be pushed out of his or her mouth.

Exclusively breastfed babies’ iron and zinc stores begin to diminish at around 6 months. Foods high in iron and zinc such as pureed meats and beans, pureed dark leafy greens (i.e., spinach), and iron fortified infant cereal are good first foods for breastfed babies.

Examples of the amounts of solids needed between 6 and 12 months can be found on the CACFP website at: http://www.fns.usda.gov/sites/default/files/cacfp/CACFP_infantmealpattern.pdf.

The Connecticut State Department of Education's (CSDE) *Action Guide for Child Care Nutrition and Physical Activity Policies, Best Practices for Creating a Healthy Child Care Environment* is a great source of nutrition information for child care providers. It can be accessed at: <https://portal.ct.gov/SDE/Nutrition/Child-Care-Nutrition-and-Physical-Activity-Policies/Documents>.

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.

- For infants 6 months and older who have started solid foods, it is recommended to offer a total of 4 to 8 ounces of plain fluoridated water per day, preferably in a cup. Use of a sippy cup is only recommended for a short period of time in order to encourage transitioning from a bottle to a regular 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 recommended that most babies no longer use a bottle after 12 months of age, so it is important to encourage a cup.



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.

Health experts encourage longer breastfeeding for more health benefits:

- The 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.

Most states, including Connecticut, require that all licensed child care centers and group child care homes meet the CACFP nutrition requirements for meals and snacks.

Even if your program is not participating in the CACFP, but is a licensed child care center or group child care home, you are required to follow the CACFP nutrition standards when serving food or beverages to children in your care. In order to prepare healthy meals and/or snacks for the children you serve, it is necessary to understand the requirements of the CACFP meal patterns.

For more information, visit the CSDE's Meal Patterns for CACFP Child Care Programs website at <https://portal.ct.gov/SDE/Nutrition/Meal-Patterns-CACFP-Child-Care-Programs>.



Breast Milk¹ 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.

Although breast milk is a body fluid, it is not necessary to wear gloves when feeding or handling breast milk. The risk of exposure to infectious organisms either during feeding or from milk that the infant regurgitates is not significant.

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.



Use only clean bottles, nipples, and cups. Avoid bottles made of bisphenol A (BPA) phthalates, sometimes labeled with #3, #6, or #7.



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 families and follow your policy.



Prepare just enough breast milk for a single feeding or snack. Suggest mom provide breast milk in 1 to 3-ounce amounts to avoid waste.



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



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



Throw away any breast milk not finished by the child within an hour after feeding. Harmful bacteria can grow making the milk unsafe.



Wash, rinse, and sanitize bottles, nipples, and warming containers daily. If bottles are not cleaned onsite, return to the family at the end of each day.



1. <http://nrckids.org/CFOC/Database/4.3.1.3>.

2. CDC. <https://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

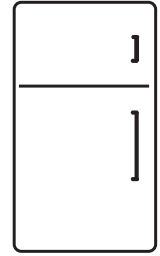
Frozen milk:

- 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.
- Never thaw frozen breast milk at room temperature.
- Do not add fresh milk to already frozen milk within a storage container.
- Some infants will not take cold breast milk. You may warm the breast milk as described for refrigerated milk.
- Use refrigerated thawed milk within 24 hours, or within 1-2 hours if left at room temperature.



Refrigerated milk:

- Place 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 bottle warmer, keep it out of reach of children. Be sure it is not warmer than 98°F.
- Set a timer to ensure that bottles are not left in warm water more than 5 minutes, as this can allow bacteria to grow.
- Try not to reheat milk; instead help baby become used to room temperature milk.



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 from different regulatory agencies differ in temperature and length of storage time. These guidelines, from the Centers for Disease Control, are stricter than those in Caring for Our Children, and also meet the Academy of Breastfeeding Medicine guidelines.

- Make sure families clearly label all bottles and storage containers with the child’s full name and date and time the milk was expressed.
- 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 families 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 1-2 hours if left at room temperature, or refrigerated 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.
- 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)	Thawed,	70
		previously frozen: 1-2	60
		hours**	50
Refrigerator	At or below 40°F (5°C)	Thawed,	40
		previously frozen: 1	30
		day (24 hours)**	20
Freezer compartment attached to refrigerator (separate doors)	At or below 0°F (-18°C)	Up to 6 months	10 0
Deep freezer	At or below -4°F (-20°C)	Up to	-10
		12 months	-20
			-30

Storage Table References

1. <http://www.itsworthitct.org/make-it-work.html>
2. CDC. Proper Storage and Preparation of Breast Milk. <https://www.cdc.gov/breastfeeding/recommendations/handling-breastmilk.html>
3. USDA. Human Milk Storage Guidelines for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). 2016.

* Storage times and temperatures may vary for premature or sick babies. Encourage families to check with their healthcare provider.
 ** Freshly expressed or pumped milk is safe at room temperature (77°F or cooler) up to 4 hours, or up to 4 days if kept refrigerated at 40°F or cooler.

Breast milk that is unopened and not used the day it was prepared or received should be returned to the family at the end of the day.

This does NOT apply to frozen breast milk.

Breastfeeding-Friendly Child Care

What does becoming a Breastfeeding-Friendly Child Care provider mean? It means that your child care program provides an environment that promotes and normalizes breastfeeding. This supportive environment allows mothers (employees and the families you serve) to continue to breastfeed after they have returned to work or school.

As a child care professional, it is important to have knowledge about breastfeeding and to support moms who decide to breastfeed by becoming recognized as a Breastfeeding-Friendly Child Care provider. To become a breastfeeding-friendly child care provider, your child care program commits to the recommended practices in each of the following sections:

1. Breastfeeding Environment
2. Breastfeeding Support Practices
3. Breastfeeding Education & Professional Development
4. Breastfeeding Policy

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

All child care programs are encouraged to enroll in **Go NAPSACC** where you can complete the assessment online, receive free resources, and support from a technical assistance provider. Please contact jennifer.vinci@ct.gov for more information!

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 (i.e., curtain, room divider, etc.).
- A comfortable chair.
- Access to an electrical outlet (for electric pumps).

For supportive posters, handouts and more, visit the It's Worth It! website <http://www.itsworthitct.org/professionals.html> and download the It's Worth It! materials order form.

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.

Advertise your program as being breastfeeding-friendly!

Having the breastfeeding knowledge and supportive practices can be a selling point for your child care program, and may even draw more families to your care. Include breastfeeding supportive practices in your advertising and marketing; include information on print materials, your website, and in social media postings; and actively discuss your practices with potential new families.

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

Breastfeeding-Friendly Child Care Self-Assessment

Your Name: _____ Date: _____

Child Care Program 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.

Before you begin:

- Gather staff manuals, parent handbooks, and other documents that state your policies and guidelines about breastfeeding and infant feeding.
- Recruit the help of key teachers and staff members who are familiar with day-to-day practices.

As you assess:

- Definitions of key words are marked by asterisks (*).
- Answer each question as best you can. If none of the answer choices seem quite right, just pick the closest fit. If a question does not apply to your program, move to the next question.

Understanding your results:

- The answer choices in the right-hand column represent the best practice recommendations in this area. To interpret your results, compare your responses to these best practice recommendations. This will show you your strengths and the areas in which your program can improve.
- To be considered breastfeeding-friendly, all checks should be in the far right-hand column.

Apply for the Connecticut Breastfeeding Coalition's Child Care Recognition!

- Once your program has met the best practices for breastfeeding support in child care, be sure to apply for the Connecticut Breastfeeding Coalition (CBC) Breastfeeding-Friendly Child Care Recognition at <https://www.breastfeedingct.org/>.



Breastfeeding Environment

1. A quiet and comfortable space,* set aside for mothers to breastfeed or express breast milk, is available:

Rarely or never Sometimes Often Always

* This is a space other than a bathroom, and used may be used by both breastfeeding staff and mothers of children in your care.

2. The following are available to mothers in the space set aside for breastfeeding or expressing breast milk:

See list and mark response below.

- Privacy
- An electrical outlet
- Comfortable seating
- Sink with running water in the room or nearby

None 1 feature 2–3 features 4 features

3. Enough refrigerator and/or freezer space is available to allow all breastfeeding mothers to store expressed breast milk:

Rarely or never Sometimes Often Always

4. Posters, brochures, children’s books, and other *materials that promote breastfeeding are displayed in the following areas of our **building:

See list and mark response below.

- The entrance or other public spaces
- Infant classrooms
- Toddler and/or preschool classrooms
- The space set aside for breastfeeding

None 1 area 2 areas 3–4 areas

*Free breastfeeding materials such as posters can be ordered from <http://www.itsworthitct.org/professionals.html>

**Formula and formula marketing materials are hidden from view, and the program has not received anything free from formula companies.

Breastfeeding Support Practices

5. Teachers and staff promote breastfeeding and support mothers who provide breast milk for their infants by:

See list and mark response below.

- Talking with families about the benefits of breastfeeding
- Telling families about the ways our program supports breastfeeding
- Telling families about community organizations* that provide breastfeeding support
- Giving families educational materials†
- Showing positive attitudes about breastfeeding

None 1 topic 2 topics 3–5 topics

* Community organizations that provide breastfeeding support can include the local public health department, hospitals, or local La Leche League group.

†Educational materials can include the Make it Work! Toolkit found at the end of this child care toolkit, It's Worth It! materials, or brochures, tip sheets, and links to trusted websites.

Breastfeeding Education & Professional Development

6. Teachers and staff receive professional development* on promoting and supporting breastfeeding:

Never	Less than 1 time per year	1 time per year	2 times per year or more
-------	---------------------------	-----------------	--------------------------

* Professional development can include taking in-person or online training for contact hours. It can also include information presented at staff meetings.

7. Professional development for current staff on promoting and supporting breastfeeding has included the following topics:

See list and mark response below.

- Proper storage and handling of breast milk
- Bottle-feeding a breastfed baby
- Benefits of breastfeeding for mother and baby
- Promoting breastfeeding and supporting breastfeeding mothers
- Community organizations that support breastfeeding
- Age appropriate feeding practices, including hunger and satiety cues
- Our program's policies on promoting and supporting breastfeeding

None	1–2 topics	3–4 topics	5–6 topics
------	------------	------------	------------

8. Expectant families and families with infants are offered educational materials on breastfeeding:

Rarely or never	Only when families ask	When families ask and at 1 set time during the year	When families ask, at 1 set time during the year, and we tell prospective families about our breastfeeding policies and practices
-----------------	------------------------	---	---

Breastfeeding Policy

9. Our written policy* on promoting and supporting breastfeeding includes the following topics:

See list and mark response below.

- Providing space for mothers and staff to breastfeed or express breast milk
- Providing refrigerator and/or freezer space for mothers and staff to store expressed breast milk
- Professional development on breastfeeding
- Educational materials for families on breastfeeding
- Flexible paid or unpaid **break times are provided to staff to express/ pump breast milk

No written policy or policy does not include these topics	1 topic	2–3 topics	4–5 topics
---	---------	------------	------------

*A written policy can include any written guidelines about your program's operations or expectations for teachers, staff, children, and families. Policies can be included in parent handbooks, staff manuals, and other documents.

** Allowing teachers and staff to breastfeed or express breast milk on their breaks is a practice necessary to achieve the breastfeeding-friendly recognition, and ensures your compliance with federal and state lactation accommodation laws.





Breastfeeding-Friendly Action Plan

Your Name: _____ Date: _____

Child Care Name: _____

Breastfeeding Policy: Make a commitment to the importance of breastfeeding, including written policies and procedures and supporting staff's decision to breastfeed.

Example: Write policy and add to handbook	Obtain a sample policy	Director	End of August

Breastfeeding Education and Professional Development: Train yourself and staff in the skills needed to support breastfeeding, require continued education updates, and provide education to families and visitors.

Example: Train staff on Breastfeeding-Friendly Child Care information	Find training on www.healthykidshealthyfuture.org , set time and date for training	Director/Infant Nursery Supervisor	End of January

Breastfeeding-Friendly Environment: Create a culture and environment at your program that is openly supportive of breastfeeding.

Example: Create a friendly space for staff and families to nurse or pump breast milk	Get examples for how to create a space from www.womenshealth.gov/breastfeeding/employer-solutions/index.html .	Director/Assistant Director	End of April
	Example: Apply for the CBC Breastfeeding-Friendly Recognition.	Complete application at www.breastfeedingqct.org .	Director/Assistant Director

Breastfeeding Support Practices: Build strong relationships and communicate regularly with your staff and families.

Example: Create a feeding plan template and add to handbook	Create a feeding plan template using the sample provided.	Director	End of October



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 DPH (www.ct.gov/dph/Family-Health/Delete-Folder/Breastfeeding-Benefits) or the Connecticut Breastfeeding Coalition (www.breastfeedingct.org).

The following tools and resources are provided to help you become recognized as a Breastfeeding-Friendly Child Care program.

- Education materials, including lists of breastfeeding-friendly toys, books, posters.
- Talking with families
- Sample feeding plans
- Adaptable feeding policies
- Breastfeeding: What are Your Rights?
- Make a Plan Checklist: www.ct.gov/DPH/Family-Health/Delete-Folder/Breastfeeding-Benefits
- Make it Work Checklist: www.ct.gov/DPH/Family-Health/Delete-Folder/Breastfeeding-Benefits
- Make It Work! –A Toolkit for Breastfeeding Families

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

Resources

Resource Name:	Contact Information:	Learn About:
Connecticut WIC	www.portal.ct.gov/DPH/WIC/WIC	Find your local WIC clinic for breastfeeding support, education, breast pumps, healthy foods, nutrition education and more.
WIC Works	www.wicworks.fns.usda.gov	Handouts for parents on breastfeeding and nutrition.
Caring for Our Children	www.nrckids.org/CFOC	Additional recommendations for preparing, feeding, and storing human milk, techniques for bottle feeding, and policy guidance.
Lactation Education Resources	www.lactationtraining.com/resources	Downloadable handouts for parents in multiple languages.
Office on Woman's Health	www.womenshealth.gov/	Great resource for general breastfeeding information for families and employers.
Connecticut Breastfeeding Coalition	www.breastfeedingct.org	Resources and materials for families and employers.
CDC	www.cdc.gov/breastfeeding	Information on breastfeeding, including national recommendations, breast milk handling and storage, and more
Baby-Friendly Hospitals	www.babyfriendlyusa.org	Hospital breastfeeding support - Many local hospitals in CT offer their own resources for breastfeeding support groups, education and community provider referrals.
La Leche League	Website: www.lllct.org/ Phone: 860-563-662 Email: help@lllct.org	Monthly in-person group support meetings throughout the state, virtual monthly Facebook meetings, non-emergency phone helpline, and online resources. Assistance available in Spanish.
Breastfeeding USA	www.ctbreastfeedingusa.org	Counselors available through monthly in-person group meetings throughout the state, an active Facebook chat, and by phone or email.
Breast Pumps	http://www.fda.gov	General information about breast pumps – search "breast pumps" in the search box.
Kellymom	www.kellymom.com	General breastfeeding information and resources.
Healthy Children	www.healthychildren.org	Find reputable information on a variety of parent topics from a website powered by the AAP.
Private insurance coverage	www.healthcare.gov	Breast Pumps and Insurance Coverage: What You Need to Know
International Lactation Consultant Association	www.ilca.org	Find lactation specialist near you.
ZipMilk	www.zipmilk.org	
HUSKY Healthy Beginnings	1(800) 859-9889, dial extension 2025	Free program for HUSKY members. This program helps make appointments and provides transportation. Services also include assistance with housing, WIC, breast pumps, and baby supplies.
Choose MyPlate	https://www.choosemyplate.gov	Healthy Eating

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 families 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 member of the family about the best way for communicating. Some individuals prefer email or text messages while others prefer 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 program—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 their baby. For some moms, breastfeeding and pumping 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.
- Discuss with and offer families the Make it Work! toolkit, which is found at the end of this toolkit.
- Refer and connect families to 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.

Talking with Families (continued)

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. See the next page for a Sample Feeding Plan.
- 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.
- 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 with 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!

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 by the parent for all children 0 to 15 months of age, 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 (please include as much detail as possible):

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
- ◇ Rock my child
- ◇ Use the teething toy I provided
- ◇ Give a bottle of my expressed milk
- ◇ 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

*unused portions of formula, breast milk or other liquids shall be discarded after each feeding.

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 federal and Connecticut state law, we provide employees with reasonable break time(s) 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

7. 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.
8. We work with families prior to their first day to transition their babies to bottle or cup feedings.

Feeding and Handling Milk

9. Staff follows storage and handling of breast milk, as defined by Center’s for Disease Control and Prevention.
10. We discuss with all families how expressed milk is handled at our program.
11. Refrigerator and freezer space is available for breast milk storage.
12. 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.
13. Staff talks with parents/guardians about the quantity of milk remaining to avoid waste.
14. 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).
15. Babies are fed by the same caregiver as often as possible. All caregivers hold babies when feeding.
16. No formula or solid foods will be provided without first checking with the family.

Staff Training

17. Staff receives training at least once a year on feeding and handling breast milk, breastfeeding policy, and supporting exclusive breastfeeding.
18. Staff is monitored for compliance with our breastfeeding policy and standards.
19. Families may request information about the content of breastfeeding training for our staff.
20. 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 child care policy guidance is available in the CSDE Action Guide for Child Care Nutrition and Physical Activity Policies, Best Practices for Creating a Healthy Child Care Environment found here: <https://portal.ct.gov/SDE/Nutrition/Child-Care-Nutrition-and-Physical-Activity-Policies/Documents>.

Connecticut Breastfeeding Laws

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

Breastfeeding in Connecticut: What are your Rights?

You have a right to breastfeed in public.

Connecticut laws* protect your right to breastfeed your child in any public place that you are allowed to be. This means that no one can limit your right to breastfeed your baby. It is against the law to not let you breastfeed or to ask you to move or cover up.

If you think your right to breastfeed in public has been violated: contact the Commission on Human Rights and Opportunities (CHRO).

Call 1-800-477-5737 or visit their website at www.ct.gov/chro

You have a right to breastfeed or pump at work.

The Connecticut law on breastfeeding at work states that your employer must allow you to breastfeed or pump breast milk at work. There is also a federal law about breastfeeding at work.

Here is how the Connecticut law works:

You may pump or breastfeed your baby at work during your meal or break time. Your employer does not have to pay you during that time unless you are using your regular break time. They must provide a room or other space that is close to your work area. If your employer doesn't provide break time, it doesn't have to do so under Connecticut's law. The space cannot be a toilet or bathroom stall and it must be private. This law is for all Connecticut employers.

If you think that your breastfeeding rights at work have been violated: contact the Connecticut Department of Labor.

Call 1-860-263-6791 or visit their website at www.ctdol.state.ct.us/wgwkstnd/forms/DOL-80.doc.

Here is how the federal law works:

If you work for a company that has more than 50 employees and you are paid hourly, then your employer must provide you with flexible break times that will be different for all women. They must also give you a private place to pump your milk. They do not need to pay you if you are using time that is not your regular break time.

You can also file a complaint with the U.S. Department of Labor. For information on filing a complaint, visit the U.S. DOL website: www.dol.gov/wecanhelp/howtofilecomplaint.htm.

You cannot lose your job for pumping or breastfeeding at work.

It is against the law to discriminate, discipline or take any action against you for exercising your rights under these laws.

Talk with your employer about working and breastfeeding.

Tell them about your breastfeeding plans as soon as possible. Women need to pump or breastfeed to continue making milk for their babies. Breastfeeding results in healthier women and children and lower health care costs. Healthier women and children mean that mothers don't have to miss work as often because they are healthier and so are their babies. Women who are able to combine work and breastfeeding are more satisfied with their jobs and don't quit as often. Everybody wins with breastfeeding! More information at: www.breastfeedingct.org

You have rights if you are called for jury duty.

Jury Duty Administration must have information on their website for breastfeeding women about options for their jury service, <https://www.jud.ct.gov/jury/faq.htm#9>. They must train their staff about the needs of breastfeeding jurors. For more information on postponement of jury duty or to ask the court staff to work with you to meet you and your baby's breastfeeding needs while on jury duty, call 1-800-842-8175 8a.m. to 8p.m. Monday through Friday, or go to the Jury home page at <https://www.jud.ct.gov/jury/default.htm>.



A collaborative publication between the Connecticut Department of Public Health and Connecticut Breastfeeding Coalition

- * Connecticut laws* (Chapter 939, Section 53-34b and Chapter 814c, Section 46a-64) Breastfeeding in public
- * Connecticut law (Connecticut General Statutes, Section 31-40w) Breastfeeding in the workplace
- * Public Act 12-51 Addresses Jury Duty

Rev. 5/2014 This revision made possible with funds from CDC 1305 grant







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, and 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!

The Women, Infant and Children (WIC) program is a nutrition program that provides free healthy food, breastfeeding support, and other services to Connecticut families who qualify.

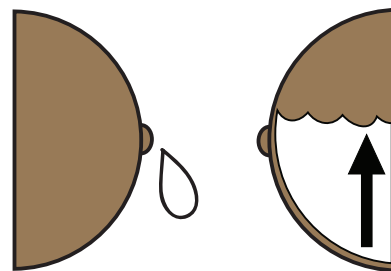
WIC is for pregnant or breastfeeding women and children younger than 5 years old. If you get TANF, SNAP or Medicaid, you are automatically eligible for WIC.



To find a local WIC clinic visit:
<https://portal.ct.gov/DPH/WIC/WIC>.

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.



- 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: <https://breastfeedingusa.org/content/article/pump-more-milk-use-hands-pumping>.
- 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 to 4 hours) to maintain your supply.

Preparing Your Baby for a Bottle

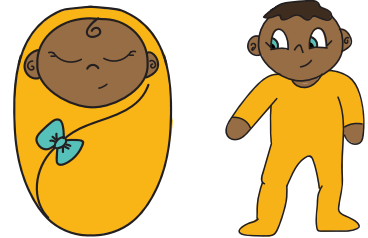
Many breastfed babies may not be willing to eat from a bottle at first. Try to give your baby a bottle regularly for at least 2 weeks before your baby begins child care. Some tips to try:



- 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.
- 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. You can watch an example of paced bottle feeding at <https://www.youtube.com/watch?v=YoBVtE6S1dk>.
- 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. You can watch an example of infant fullness cues at <https://www.youtube.com/watch?v=1ALUXZf8q3o>.

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.

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.



How Much Breast Milk Should I Give My Provider?

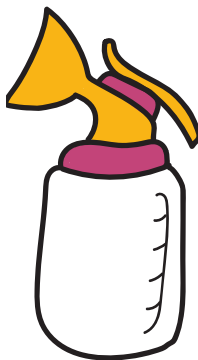
Exclusively breastfed babies between 1 and 6 months old eat an average of 25 ounces of breast milk each day. However, every baby is different and eats different amounts.

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. Health experts encourage longer breastfeeding for more health benefits for both you and your baby.



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, or 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. See page 5 for contact information.

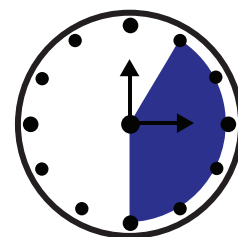


Reverse Cycling

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/>.





Connecticut's Laws Support Breastfeeding

Breastfeeding In The Workplace

Connecticut law requires all employers to:

- Provide a reasonable amount of time each day to an employee who needs to express breast milk for her infant child and to provide accommodations where an employee can express her milk in private.
- Not discriminate against, discipline or take any adverse action against any employee because such employee has elected to exercise her lawful rights.

Breastfeeding In Places Of Public Accommodation

Connecticut law states that:

- You have the right to breastfeed your child in any public place that you are allowed to be.

Breastfeeding and Jury Duty

Connecticut law states that:

- A person who is breastfeeding a child is eligible for no more than 12 month postponements of jury service.
- If you choose to serve and would like to request an accommodation, such as a private room to express milk, please contact Jury Administration at 1-800-842-8175 and speak with a service representative.

For more information about the laws, visit: <http://www.breastfeedingct.org/laws.html>.



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 full name and the date and time the milk was expressed.
- Store milk toward the back of the refrigerator or freezer, where the temperature is more constant. Avoid storing in the door.
- 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, refrigerated breast milk must be used within 24 hours, or within 1 to 2 hours if left at room temperature.
- According to Connecticut child care regulations, any portions of breast milk not finished by your child must be thrown away as harmful bacteria can grow making the milk unsafe. Unused milk, not fed to the infant can be returned.

*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.

Resources

Resource Name:	Contact Information:	Learn About:
Connecticut WIC Program	www.portal.ct.gov/DPH/WIC/WIC	Find your local WIC clinic for breastfeeding support, education, breast pumps, healthy foods, nutrition education and more.
WIC Works	www.wicworks.fns.usda.gov	Handouts for parents on breastfeeding and nutrition.
Caring for Our Children	www.nrckids.org/CFOC	Additional recommendations for preparing, feeding, and storing human milk, techniques for bottle feeding, and policy guidance.
Lactation Education Resources	www.lactationtraining.com/resources	Downloadable handouts for parents in multiple languages.
Office on Woman's Health	www.womenshealth.gov/	Great resource for general breastfeeding information for families and employers.
Connecticut Breastfeeding Coalition	www.breastfeedingct.org	Resources and materials for families and employers.
Centers for Disease Control and Prevention	www.cdc.gov/breastfeeding	Information on breastfeeding, including national recommendations, breast milk handling and storage, and more
Baby-Friendly Hospitals	www.babyfriendlyusa.org	Hospital breastfeeding support- Many local hospitals in CT offer their own resources for breastfeeding support groups, education and community provider referrals.
La Leche League	Website: www.lllct.org/ Phone: 860-563-662 Email: help@lllct.org	Monthly in-person group support meetings throughout the state, virtual monthly Facebook meetings, non-emergency phone helpline and online resources. Assistance available in Spanish.
Breastfeeding USA	www.ctbreastfeedingusa.org	Counselors available through monthly in-person group meetings throughout the state, an active Facebook chat, and by phone or email.
Breast Pumps	http://www.fda.gov	General information about breast pumps – search “breast pumps” in the search box.
Kellymom	www.kellymom.com	General breastfeeding information and resources.
Healthy Children	www.healthychildren.org	Find reputable information on a variety of parent topics from a website powered by the American Academy of Pediatrics.
Private insurance coverage	www.healthcare.gov	Breast Pumps and Insurance Coverage: What You Need to Know
International Lactation Consultant Association	www.ilca.org	Find lactation specialist near you.
ZipMilk	www.zipmilk.org	
HUSKY Healthy Beginnings	1(800) 859-9889, dial extension 2025	Free program for HUSKY members. This program helps make appointments and provides transportation. Services also include assistance with housing, WIC, breast pumps, and baby supplies.
Choose MyPlate	https://www.choosemyplate.gov	Healthy Eating

Use the checklist on the next page to help you plan
for breastfeeding success.

Make it Work



WORK OR SCHOOL – Plan for your breastfeeding success and talk about your pumping needs*
Knowledge + Support + Confidence = Success

Before Baby

- Talk to human resources, supervisor or student services about your pumping plans.
- If your job or school has a breastfeeding room, visit the area & ask how to use it.
- Find out how to get a pump (insurance or buy your own).
- Talk to different childcare providers before making a choice.

Before You Go Back

- Set up a pumping schedule with supervisor or teachers.
- Offer a bottle once or twice a day a few weeks before you return to work or school.
- Talk with your childcare providers about feeding your pumped milk to your baby.
 - To Defrost milk: *Thaw in fridge or place under cool running water.*
 - To Warm Up milk: *Place bag or bottle in a bowl with warm tap water or hold bag or bottle under cool running water, raising temp slowly.*

What to Pack

Be sure to wash/clean hands prior to pumping. It is recommended to clean pump parts after each use. Sanitize once a day.

Need to have:








- Breast pump
- Milk storage bags/bottles
- Pen to label pumped milk or/labels for milk containers
- Icepacks and insulated bag†
- Soap to clean breast pump (you can also use breast pump wipes or microwaveable breast pump bags)

Nice to have:

- Healthy snack & water
- An extra set of breast pads, if you use them
- Spare pump parts or batteries in case of power outage

†Check if there is a refrigerator you can use.

Resources

-  For employees returning to work
www.breastfeedingct.org/makeitwork
-  Your rights & the law
www.breastfeedingct.org/laws
-  Find lactation professionals near you, if you need one!
www.zipmilk.org
-  What to ask childcare providers
www.breastfeedingct.org/childcare
-  Tips to maintain your milk supply
www.breastfeedingct.org/supply
-  How to hand express milk
www.breastfeedingct.org/tips
-  List 2 people that will support my breastfeeding goals

Human Milk Storage Guidelines**

	Countertop or table	Refrigerator	Freezer with separate door	Deep Freezer
Storage Temperatures	Up to 77° F (25° C)	At or below 40° F (4° C)	At or below 0° F (-18° C)	At or below -4° F (-20° C)
Freshly Pumped/ Expressed Human Milk	Up to 4 hours	Up to 4 days	Up to 6 months	Up to 12 months
Thawed Human Milk	1-2 hours	Up to 1 day (24 hours)	Never refreeze thawed human milk	

**These guidelines are for healthy full-term babies and may vary for premature or sick babies. Check with your health care provider. Guidelines are for home use only and not for hospital use.

*These tips are for healthy, full-term infants. If you are pumping for medical reasons, talk to your health care provider for more information.



Produced in part with funds from the Centers for Disease Control and Prevention (CDC) through Cooperative Agreement DP13-1305. The views expressed do not necessarily reflect the official policies of the CDC.

