Promoting and Supporting Breastfeeding

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Learning Objectives

As a result of participation in this activity, learners will be able to:

• Identify reasons to support breastfeeding
• Describe rationale and practice for paced bottle-feeding
• Explain benefits to your program when staff are supported to breastfeed
• Identify breastfeeding resources in your community

Time for a Polling Question

What is your primary role?

Time for a Polling Question

Can you name one benefit to baby, mom, and society of breastfeeding?

Why is breastfeeding important?

• For the health of infants and children
• For the health of mothers
• For society

Download Handouts from the ECELS website
www.ecels-healthychildcarepa.org
Select Professional Development / Training tab, then Webinars
Child Care Attendance and Infections

- During 1st year in child care – infants and toddlers get an average of 6-8 upper respiratory tract infections (colds)
- More likely to get vomiting/diarrhea (gastroenteritis)
- Twice the chance of needing antibiotics
- BREASTMILK REDUCES THE RISK OF COMMON INFECTIONS....

Access at:

Breastfeeding Avoids Health Risks

- SIDS (Sudden Infant Death Syndrome)
- Ear infections
- Eczema
- Diarrhea
- Asthma
- Obesity
- Hospitalization

Breastfeeding Helps Maternal Health

- Increases postpartum weight loss
- Reduces risk of later life obesity
- Improved control of blood sugar in women who had diabetes during their pregnancy
- Decreased risk of developing diabetes (insulin-dependent)

Breastfeeding Helps Maternal Health (continued)

- Decreased risk of future heart disease
- Decreased risk of future high blood pressure
- Decreased risk of breast and ovarian cancer

Breastfeeding Helps Working Families

- Baby is healthier
  - Who stays home when baby is sick and can’t go to child care?
- Saves time and work
  - No need to go to store, no trash
- Saves family money
  - Formula for 1 year ~ $1,700
- Reduces healthcare costs
World Health Organization
Infant Feeding Recommendations

- Breastfeeding unequalled way of providing ideal food for healthy growth and development of infants
- … integral part of reproductive process with important implications for health of mothers
- As global public health recommendation, infants should be exclusively breastfed for first 6 months of life to achieve optimal growth, development and health
- Thereafter…adequate and safe complementary foods while breastfeeding continues for up to 2 years or beyond
- AAP: 1 year and beyond as mutually beneficial

Percentage US Children Breastfed, by Birth Year

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HP2020: any BF birth, 6 & 12 mos: 81.9%, 60.6%, & 34.1%
HP2020: excl BF 3 and 6 months: 46.2% and 25.5%
http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm

Rates of Any and Exclusive Breastfeeding by Age Among Children Born in 2012

Breastfeeding Rates Vary By State

Breastfeeding Rates Increasing in PA

Breastfeeding Rates Vary by County in PA
Time for a Polling Question

Do you provide care to babies who drink breastmilk from a bottle?

More women are breastfeeding

69 out of 101 birthing hospitals in Pennsylvania:

- Are enrolled in programs to promote and support breastfeeding!!
  1. BabyFriendly™
  2. Keystone 10

Pennsylvania Child Care Regulations

(NO MENTION OF BREASTFEEDING... YET)

- § 3270.166. Meals for infants.
  - Meals for infants shall be provided in accordance with the following requirements:
    - (1) A written statement giving formula and feeding schedule shall be obtained from the parent.
    - (2) New foods shall be introduced only after consultation with the child's parent.
    - (3) Disposable nursers shall be used unless bottles are provided by the parent or unless a commercial dishwasher is used by the facility.
    - (4) Disposable nursers and bottles shall be labeled with the child's name.
    - (5) An infant 6 months of age or younger shall be held while being bottle fed.
    - (6) Neither an infant nor a toddler is permitted to sleep with a bottle in his mouth.
    - (7) Bottled formula may not be heated in a microwave oven.

Child and Adult Care Food Program (CACFP)

- Child Care Centers
  - Last Published: 01/27/2014

- CACFP provides nutritious meals and snacks to infants and children as a regular part of their child care.

- CACFP reimburses centers at free, reduced-price, or paid rates for eligible meals and snacks served to enrolled children, targeting benefits to those children most in need.

- A variety of public or private nonprofit child care centers, Head Start programs, outside-school-hours care centers, and other institutions which are licensed or approved to provide child care services participate in CACFP.
Use of Breastmilk for Babies Over 12 Months

- Some parents may request that the caregiver continue feeding their babies breastmilk after 12 months of age.
- Continue to serve babies their mother’s milk as long as the mother is able and wishes to provide it.
- Mothers who wish to continue providing breastmilk for their babies older than 12 months of age can do so without having to submit a medical statement.
- Breastmilk is a substitute for cow’s milk in the meal pattern for children.

Breastmilk is considered fluid milk.

Breastmilk can be served to children older than 1 year of age as part of a reimbursable meal.

The correct portion size would need to be served, which is ½ cup for ages 1-2.

Andrea L. Farmer, M.S., R.D., L.D.
Nutrition Promotion and Technical Assistance Division
Child Nutrition Programs
703-305-2470

Can a parent request that their infant over 12 months of age continue to be fed breastmilk?

- Yes. Mothers who wish to continue providing breastmilk for their babies over 12 months of age can do so without having to submit a medical statement.

Breastmilk is a substitute for cow’s milk in the meal pattern for children.

To access an online fillable form version:
http://www.ecels-healthychildcarepa.org/
Search: MCCHP
Order a copy from the American Academy of Pediatrics:
http://shop.aap.org/

CACFP guidelines

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From the USDA
June 2015

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Breastfeeding Friendly Child Care

Bottle-feeding is a risk for rapid weight gain in 1st year of life

Compared with infants fed at the breast, infants fed only by bottle gained more per month no matter what was in the bottle.

Li, Magadia, Fein, and Grummer-Strawn

The more frequently a baby is fed by bottle, the more likely the mother is to control what the baby eats

- More frequently a baby is fed by bottle, the more likely the mother is to control what the baby eats
- Encouraging baby to finish all the milk in the bottle is linked to encouraging a 6-year old to eat all the food on the plate
- Stop eating when feeling full
  - NOT when plate is clean
  - Consider smaller portions

Bottle feeding technique has impact on overfeeding and obesity

Mothers were more responsive to infant cues when they used opaque compared to clear bottles.

- Also a trend for infants to consume less formula when fed from opaque compared to clear bottles
- Findings supported the hypothesis that contextual cues matter, as all mothers, regardless of pressuring feeding style, showed improvement in their responsiveness to infant cues when they used the opaque, weighted bottle


When bottle flow is too fast:

Some babies will dribble milk
- Put milk in baby, not in laundry!!
- Poor bottle feeding technique can lead to premature weaning

Some babies will chug it all
- These babies are at risk for obesity
Some babies will fuss
- Fed too fast to feel full

Best bottle feeding

- Touch baby’s upper lip with bottle nipple.
- Baby is upright.
- Humans eat and drink in upright position
- Wait for baby to open and pull nipple into her mouth.
- Keep the bottle horizontal so that nipple is partially full.
- This slows milk flow.
- All babies swallow air while feeding.

Baby needs to be upright
Paced bottle-feeding

Let baby set the pace

- Pay attention to baby’s eyebrows and expression during feed
- Prevents waste
- Keeps feeding enjoyable for baby
- Saves time for caregiver
  - As baby isn’t hiccupping, spitting up, or so fussy

Teach Paced bottle-feeding

https://www.youtube.com/watch?v=UH4T70OSzGs

Stop the feed:

- When baby falls asleep
- When baby turns head aside
- When baby is no longer sucking
- When baby lets go of the nipple
- When baby purses lips

Stop the feed when:

- Milk spills from baby’s mouth
- Baby disengages
- Arms and legs stiffen
- Nostrils flare
- Baby swallows quickly without taking a breath after each swallow

Babies know when they are full

- Follow the baby’s lead in the amount to feed
- Pay attention to baby’s cues
- Stop feed when baby is done
- Feed the baby until he or she is no longer hungry
Pacing helps breastfeeding:

- Some babies prefer fast flow.
  - Pacing mimics variable milk flow from the breast.
- Some babies will nurse on mom the way they suck a bottle.
  - This can hurt mom.
  - This can influence a baby to prefer bottle.
  - Encouraging a wide mouth on the bottle teat keeps the right habit.

Bottle-feed in breastfeeding style

- Does baby accept the nipple and rest the lips on a portion of the base, mouth opened widely?
- Or does baby suck on the nipple tip like a straw?

Formula/Human Milk is discarded an hour after feeding began

- Use of Bottles for Infant Feeding: Infant's bottles and foods may be warmed if the infant prefers it, but milk and food do not have to be warmed. Warming of formula and solid food is done under running warm tap water or by being put for no more than 5 minutes in a container of water that is not warmer than 120°F. Use of a microwave to warm infant formula or food is not permitted. Any formula or human milk left in a bottle from which an infant has fed is discarded by an hour after the feeding began. We... reuse bottles at our facility. If a bottle must be washed and reused at our facility, we follow our daily and dental-washing procedures.

Aronson, S. Model Child Care Health Policies, 5th Ed.
Milks are different for different sized babies.

Human milk looks different than cow’s milk
- It changes color with the mother’s diet.
- Color can range from almost clear to almost black:
  - Orange, Yellow, Greenish, Bluish, Brown, Black
- Cream rises to the top.

AAP Milk Storage Guidelines
- Freshly expressed milk can remain at room temperature for up to 4 hours.
- Use refrigerated milk within 48 hours.
- Freeze milk if you will not be using it within 24 hours.
- Frozen milk is good for at least 3 months.
  - (Some experts suggest 3-6 months if kept in a freezer at 0 degrees F)
- Store milk at the back of the freezer — never in the freezer door.

CACFP guidelines
- “The length of time a center or day care home may keep refrigerated bottles of fresh breastmilk is being extended to 72 hours from the time it was collected.”
- DATE: June 24, 2015
- MEMO CODE: CACFP 14-2015 (v.2)
- SUBJECT: Infant Feeding in the CACFP- Revised

Time for a Polling Question
- What are barriers you see to promoting and supporting breastfeeding?

Care of milk before it arrives:
- Put 2 ounces of breastmilk in some bottles.
- Mother can freeze some bottles with 1 ounce of breastmilk for times when the baby wants more.
- Carry bottles of breastmilk in a cooler with an ice pack to keep milk at a cold temperature.
2 ways to thaw frozen milk:

1. In the refrigerator
   - Put bottle in refrigerator the day before it is to be used.

2. Put bottle in pan of warm water.
   - Swirl to homogenize (mix the cream back into the milk)
   - Tilt bottle
   - Keeps water out

Preparing stored milk for feeding:

- Swirl the milk after it is warmed.
- This mixes the cream back into the milk.

No Microwave

- Uneven heating has burned babies’ mouths
- Damages infection fighting components

If baby refuses to accept a bottle of thawed milk:

- Save the bottle and give it back to the mother
- Suggest the mother seek professional lactation help if this happens again
  - There are things a mother can do to help her baby accept her milk.

Labels

- Should be waterproof
- Lettering should be easy to read after bottle thawed in water
- Label both:
  - Cap
  - Bottle
  - So each baby keeps own bottle tops and bottoms

Labeling ideas

- Use electrical tape.
- Write name and date with Sharpie.
  - Electrical tape comes in different colors.
  - One exception:
    - Twin A can use a bottle labeled for Twin B
    - Twin B can use a bottle labeled for Twin A
- Use masking tape. Write name and date with pen.
- Use a grease pencil to write directly on the bottle.
- Use pre-made labels (as long as they won’t come off in water).
Babies getting the wrong milk

Studies find that the most common causes of mix-ups are:

- incorrectly labeled breastmilk
- difficult to read handwritten labels
- mistaken identification of babies
- problems with the way milk is stored

- "The bottle involved in the incident was not labeled correctly. This bottle was labeled only with an initial and fed to a child whose first name began with the same initial."
- "A report published by the Texas Department of Family and Protective Services included an event in which a daycare caregiver failed to check the name on a breastmilk bottle which was fed to the wrong child."

Parents of the child given the wrong milk

- Inform them:
  1. Their child was given another child’s bottle and date it was given
  2. Risk of HIV, hepatitis B, and hepatitis C transmission is low
  3. Depending on test results from the mother of the milk, their child may need a blood test for HIV, hepatitis B and hepatitis C.
- If the child has not been completely vaccinated against hepatitis B, the parents should get their child vaccinated.

Parents of the child given the wrong bottle (continued)

- Encourage them to notify the child’s health provider of the mistake
- Provide the family with information about when the milk was expressed and how it was handled so they can share this information with their child’s health provider

2 real-life stories

- Mom used tape that got wet, letters smudged when bottle was thawed.
  - Two types of bottles were similar.
  - One baby got another baby’s milk.
- 2 babies had similar names.
  - Babies’ bottles were color coded.
  - New staff member didn’t check the color coding.
  - One baby got another baby’s milk.

A real situation

- A toddler teacher is returning to work after a 3-month maternity leave. She wants to provide her breastmilk to her baby, who will be in the infant room.
  - How can you help her?
  - Why is helping her important to other staff and to your program?
1. Make a place for her to breastfeed at your facility.
2. Accept her breastfeeding in the center if she chooses.
3. Suggest she get her baby used to being fed by someone else before the baby starts in child care.
4. Discuss her baby’s usual pattern of feeding.

Possible situation:
A mom is nursing her baby when she picks him up. Another parent tells you she doesn’t think it is right for her to breastfeed in public.

- What do you do?
- Do not say anything about the comment to the mom who is breastfeeding. It may discourage her from breastfeeding at your program in the future.

Supporting Nursing Moms
www.womenshealth.gov/breastfeeding/employer-solutions/

Why is it important to support breastfeeding?

- Having more breastfed infants in your program or a home setting means less germs and sickness due to healthier babies
- Important for the other infants, child care providers and home visitors
- May encourage others to breastfeed when they have children

Why is it important to support staff to breastfeed?

- Can lead to more loyalty and less staff turnover
- Employees who breastfeed are often happy and healthy
- Can mean less sick leave and a positive work environment

Summary:

- Give all Child Care Providers and Home Visitors Strategies to Safely Care for and Feed Breastmilk
  - Community resources
  - Centers for Disease Control and Prevention (CDC) handouts
  - Paced bottle-feeding
1. Ways to support the breastfeeding relationship
   - Clients
   - Staff
2. Ways to sustain the breastfeeding relationship
   - Paced bottle-feeding
   - Wide mouth on bottle teat
Thank you!

Questions and Comments

Wrap Up

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- For University of Pittsburgh CME/CEU, PA Key ECELS must receive your evaluation by March 31, 2016.
- For PA Key & Act 48 credit for this webinar either live or in the recorded format, when ECELS receives your evaluation, the staff will send you instructions about next steps.
- Contact ECELS by phone or email with any unanswered questions or comments: 800/243-2357 or 484/446-3003 or ecels@paaap.org