



PUBLIC HEALTH
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Breastfeeding and Child Care Programs

Meeting Best Practices, Providing Great Service

By supporting breastfeeding, child care providers help babies get the best start they can in life, leading to stronger, healthier kids and adults.

There is growing awareness and appreciation of the health and wellness benefits of breastfeeding. Across the nation, breastfeeding rates have been increasing.¹ In Minnesota, breastfeeding rates are higher than national averages, with over 90.1% of women breastfeeding their newborn infants and 65.9% still breastfeeding six months after birth.² The number of Minnesota hospitals choosing to become [Baby Friendly Hospitals](#) is increasing, and recent changes to federal and Minnesota law have strengthened [workplace protections for nursing mothers](#).³ For child care providers, the increasing preference for breastfeeding means that providers with programs that support breastfeeding are meeting a key market need, which makes them more competitive and promotes healthy child development.

Why Is Breast Milk the Most Beneficial and Nutritious Choice?

With its optimal combination of proteins, fats, vitamins, and carbohydrates, breast milk (sometimes

referred to as human milk) is the best source of nutrition for infants.⁴ Alternatives, such as cow's milk, can be more difficult for young babies to digest.⁵ Health and child development experts recommend that infants breastfeed exclusively for the first six months of life.⁶

After the first six months, the American Academy of Pediatrics (AAP) recommends that breastfeeding continue for the first year of the child's life and beyond as desired.⁷ The World Health Organization (WHO) recommends breastfeeding through two years of age and beyond.⁸



Breastfeeding Makes for Strong, Healthy Kids and Moms

Numerous studies have documented the positive health outcomes associated with breastfeeding— both for children and for mothers. Children who are breastfed are less likely to develop type I and type II diabetes, asthma, childhood leukemia, obesity, and gastrointestinal disease compared to formula-fed babies.⁹ They also are less likely to experience more common ailments such as stomach viruses, ear infections, and respiratory infections.¹⁰ Breastfeeding has also been shown to lower the risk of Sudden Infant Death Syndrome (SIDS).¹¹ International research shows that exclusive breastfeeding for 6 months would reduce deaths among children under the age of 5 worldwide by approximately 13%.¹²

In support of this information, the United States Surgeon General released a report looking at the cost of illnesses and diseases like SIDS, hospitalization for lower respiratory tract infection in infancy, atopic dermatitis (eczema), childhood leukemia, childhood obesity, childhood asthma, and type 1 diabetes mellitus (juvenile diabetes); the study found that if 90% of U.S. families followed guidelines to breastfeed exclusively for six months, the United States would save \$13 billion annually from reduced direct medical and indirect costs and the cost of premature death.¹³ Even if 80% of U.S. families followed these recommendations, the savings would be \$10.5 billion per year.¹⁴

Additionally, there are positive health outcomes for mothers who are able and choose to breastfeed. Studies suggest that mothers who breastfeed have a reduced risk of developing type II diabetes, breast cancer, and ovarian cancer.¹⁵ Women who breastfeed reported feeling less stressed and had a lower risk of postpartum depression due to the release of a hormone called oxytocin.¹⁶ Breastfeeding triggers the release of oxytocin, which promotes nurturing



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and relaxation.¹⁷ Oxytocin released during nursing also helps contract that mother's uterus after birth and reduces postpartum bleeding.¹⁸

Breastfeeding Has Other Key Benefits

Breastfeeding also has non-health related benefits. Because formula and feeding supplies can be expensive, breastfeeding is more cost-effective.¹⁹ Breast milk is also better for the environment because it creates substantially less waste than processed and packaged formula.²⁰

Current Breastfeeding Best Practice in Minnesota

In a recent survey conducted by the University of Minnesota, researchers discovered a few key areas in which child care providers are not following breastfeeding best practice. Around half (58%) of Minnesota child care providers have a designated place for mothers and employees to breastfeed or express breast milk.²¹ Approximately 40% of providers have a policy in place that supports breastfeeding and about one third (32%) actively

promote breastfeeding.²² See the table below for more results from the survey.²³

Infant and Breastfeeding Best Practices	Overall	Child Care Centers	Family Home Child Care
Designated breastfeeding and breast milk expression area	58%	78%	51%
Breastfeeding promotion	32%	52%	25%
Policy in support of breastfeeding	38%	63%	30%

When comparing family home child care to child care centers, the differences between the two in following these best practices is significant. In all three categories, child care centers are more active in following breastfeeding best practices. This could be because Minnesota licensing requirements for family home child care do not address breastmilk and infant feeding best practices.²⁴

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Breastfeeding Support Benefits Child Care Providers

Aside from health-related benefits for kids and mothers, there are other practical reasons why supporting breastfeeding is beneficial for child care providers.

- Breastfeeding helps children by decreasing the likelihood of various types of infections, SIDS, and obesity.²⁵
- Breastfed babies can be easier to care for because they are less prone to spitting up, are sick less often, and are less likely to have constipation or diarrhea. In addition, their diapers have less odor.²⁶
- Breastfeeding provides financial benefits for providers who participate in the Child and Adult Care Food Program (CACFP or The Food Program).²⁷ Even though there is no purchasing cost for breast milk, the Food Program reimburses child care providers for breast milk meal components served to infants (0 to 11 months).²⁸
- Policies and environments that support breastfeeding can be used as an important marketing tool. Parents are increasingly seeking child care programs that support healthy best practices like breastfeeding.²⁹

Child and Adult Food Care Program (CACFP) and Breastfeeding

The CACFP released new infant meal patterns that support and encourage breastfeeding. The new guidelines have regrouped infants into two age groups: 0 to 5 months old and 6 to 11 months old.³¹ The CACFP focuses on making sure infants are fed meals that are developmentally appropriate for their age. They recommend infants 0 to 5 months old only consume breast milk and at 6 months old they may

Breastfeeding Friendly Recognition Program

- For information from the Minnesota Department of Health (MDH) on how to become a breastfeeding friendly child care center or family home child care provider visit the following website: <http://www.health.state.mn.us/divs/oshii/bf/bf-childcare.html>
- Programs that receive breastfeeding friendly recognition will be awarded:
 - A certificate to display.
 - Window clings identifying your program as breastfeeding friendly.
 - Posters of breastfeeding moms and babies.
 - Recognition on this [web page](#).³⁰

begin eating solid foods in addition to breast milk.³² Child care providers can now claim meals in which a child was breastfed directly by their mother and eats other meal components served by the provider. Child care providers can also claim meals in which only breast milk was served to infants between 0 and 5 months old.³³ All providers are encouraged to begin following these meal patterns now but will be required to follow them starting October 1, 2017.³⁴

What Healthy Best Practices Should Be Utilized to Promote Breastfeeding in a Child Care Program?

Catering to breastfeeding children and mothers can help a program be more competitive, and fits well with other efforts to meet best practices. As a result of increased awareness of the importance of breastfeeding to maternal health and child development, more parents are seeking child care providers who support breastfeeding. The following are key steps that child care providers can take

to ensure that they are meeting best practices and market demand for programs that support breastfeeding:

- Provide a quiet and private area (not the bathroom) with an electrical outlet where mothers can breastfeed or pump.³⁵
- Provide adequate freezer/refrigerator space for storing milk.³⁶
- Work with parents/guardians and their healthcare provider to develop a feeding plan that is regularly updated.³⁷
- Have a written policy that sets forth support for breastfeeding and guidelines that will be followed. Communicate that policy to staff, parents, visitors, and expectant mothers.³⁸
- Make sure the program supports breastfeeding in culturally appropriate ways.³⁹
- Train staff about infant feeding practices, safe handling/storage of breast milk, and on breastfeeding support.⁴⁰
- Support breastfeeding by employees, including beyond minimum protections required by law if possible.⁴¹
- Include learning and play materials that normalize breastfeeding for kids.⁴²

Is Breast Milk Considered a Bodily Fluid that Requires Special Precautions by Child Care Providers?

No. A common misconception is that breast milk is a bodily fluid that requires extra precautions, like gloves. According to federal workplace safety regulations, as determined by the Occupational Safety and Health Administration (OSHA), breast milk is not considered to be a potentially infectious

bodily fluid.⁴³ The U.S. Department of Labor has determined that “contact with breast milk does not constitute occupational exposure [to a bloodborne pathogen or other infectious material], as defined by the standard.”⁴⁴ In order to comply with food safety guidelines, breast milk should be labeled with the child’s name and the date the milk was expressed. National health experts, including the Centers for Disease Control and Prevention (CDC) and the National Resource Center for Health and Safety in Child Care and Early Education (NRC), do not recommend taking any other special precautions when handling breast milk.⁴⁵ Breast milk should be treated similarly to any infant food— providers should wash hands before handling food and feeding infants.⁴⁶

Are There Any Special Legal Requirements for Handling Breast Milk?

No. Minnesota’s child care center licensing regulations reinforce that if parents direct that their infant is to be fed breast milk, that direction must be followed.⁴⁷ Minnesota’s family home child care licensing laws do not address breast milk specifically.⁴⁸

In general, providers should use the same types of safety precautions with breast milk as they would with formula or any other infant food. Minnesota’s child care center licensing regulations treat breast milk similarly to other infant food, requiring only that “sanitary procedures and practices are used to prepare, handle, and store formula, milk, breast milk, solid foods, and supplements.”⁴⁹ The procedures that a center must follow to meet licensing requirements include:

1. Obtaining written dietary instructions from the parent of the child.
2. Having the infant’s feeding schedule available in the food preparation area.

3. Offering the child formula or milk and nutritionally adequate solid foods in prescribed quantities at specified time intervals.
4. Labeling each child’s bottle.

Each center’s procedures must be reviewed and certified by a health consultant. There are no current licensing regulations regarding breastfeeding for family home child care providers.⁵⁰



Guidelines for Safe Handling and Storage of Breast Milk

There are no special legal requirements for handling or storing breast milk and it should be treated the same as any other infant food.⁵¹ The following guidelines are taken primarily from the CDC, based on guidelines from the American Academy of Pediatrics and The Academy of Breastfeeding Medicine. These guidelines are consistent with breastfeeding best practice and can make a child care facility or family home child care provider more attractive to families who breastfeed.

- Safely store breast milk in the back of a refrigerator or freezer, not the door, if possible.⁵² Breast milk can be stored in the refrigerator for up to 5 days, in the freezer for 3 to 6 months, and in a deep freeze for 6 to 12 months.⁵³ Breast milk can also be stored in an insulated cooler with an ice pack for 24 hrs.⁵⁴ Once thawed, milk can be kept at room temperature for six to eight hours, although it is better to keep it in a cool place.⁵⁵
- Have parents label breast milk bags or bottles with the baby's name and the date the breast milk was pumped.⁵⁶
- Rotate stored breast milk so the earliest date is used first (first in, first out).⁵⁷
- As with any infant food, always wash hands before and after handling breast milk.⁵⁸ Both the CDC and OSHA state that gloves do not need to be worn when handling breast milk.⁵⁹
- Use running warm tap water, a bowl of warm water, or bottle warmers to warm breast milk-- never warm a bottle or bag in the microwave because this can heat milk unevenly, causing "hot spots" that could burn the baby and affect nutrients and antibodies in the milk.⁶⁰
- After warming, bottles should not be shaken but gently swirled or mixed to avoid damaging nutrients in the milk and avoid creating bubbles or foam.⁶¹
- Any unfinished breast milk should be discarded.⁶²
- BPA-free bottles, bottle caps, nipples and other equipment used to feed breast milk can be cleaned by washing them in a dishwasher or by washing them in hot soapy water and rinsing.⁶³
- If bottles are not cleaned at the child care center, place all feeding containers or equipment into a plastic bag for parents to take home.⁶⁴

What if Breast Milk Goes to the Wrong Child?

Normal precautions, such as neatly labeling bottles or bags with the child's full name, help minimize errors. Mistakes can still happen, however, and breast milk sometimes could be fed to the wrong

child.⁶⁵ A recent study revealed that between 2010 and 2014, six cases were highlighted in the media where babies were given another mother's breast milk while in the care of a child care provider.⁶⁶ The biggest concern may be about possible exposure to Human Immunodeficiency Virus (HIV) or other

infectious diseases, such as cytomegalovirus (CMV), human T-lymphotrophic virus (HTLV), hepatitis A, hepatitis B, and hepatitis C.⁶⁷ However, the risk of transmission of HIV through a single breast milk mix-up is believed to be low to non-existent with no HIV case from a single breast milk exposure ever being documented.⁶⁸ The CDC has outlined steps to take when breast milk is accidentally given to the wrong child. The main recommendation is that both families involved in the situation should be notified.⁶⁹

Can a Child Care Facility Be Held Liable for a Breast-Milk Mix-Up?

While there are occasionally media reports of incidents where a child care provider has accidentally given a baby the wrong breast milk, no reported court cases could be found specific to a child care facility. However, there are some cases from hospital settings. In one case from Maine, an infant was brought to the wrong mother to be breastfed.⁷⁰ After approximately three to five minutes of breastfeeding, the error was identified and the infant's mother was told about the mistake about an hour later.⁷¹ While the infant was not harmed, the mother brought claims for negligent infliction of emotional distress, intentional infliction of emotional distress, invasion of privacy, and battery.⁷² Based on the undisputed facts, the court ruled that the lawsuit could not be filed. In another case in Connecticut, a hospital successfully defended itself against a claim for negligent infliction of emotional distress after a nurse brought a bottle of breast milk labeled with a different child's name for an infant to feed from.⁷³ The fact that the infants in both cases suffered no harm was an important factor in the courts' decisions.⁷⁴

Where is the Best Place to Start?

There are a number of resources available to help guide and support child care providers in creating an environment that supports breastfeeding.

- The Minnesota Department of Health has useful information about breastfeeding for child care providers: <http://www.health.state.mn.us/divsoshii/bf/childcare.html>
- Minnesota has a statewide breastfeeding coalition that works to support breastfeeding across the state: <http://mnbreastfeedingcoalition.org>
- The Wisconsin Department of Health Services has a guide called 10 Steps to Breastfeeding Friendly Child Care Centers: <http://www.dhs.wisconsin.gov/publications/P0/P00022.pdf>
- The New York Department of Health has developed a self-assessment tool and compiled some helpful resources for child care providers to use to become more supportive of breastfeeding: <http://www.health.ny.gov/prevention/nutrition/cacfp/breastfeedingspon.htm>

Conclusion

Breastfeeding has become more prevalent in Minnesota and provides a variety of benefits. Babies who consume breast milk and mothers who breastfeed have been shown to have more positive health outcomes compared to babies and mothers who use milk alternatives.

Breastfeeding provides a wide variety of health benefits for both the baby and the mother. Additionally, breastfeeding produces less waste than milk alternatives and incurs smaller costs, thereby providing many other benefits to families. Staff training, proper breastfeeding areas, and continued discussion about the benefits of breastfeeding can create greater acceptance of breastfeeding and breast milk in child care programs. Through these actions, child care providers can help babies get the best start they can in life, leading to stronger, healthier kids and adults.

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