

Breastfeeding and Early Care and Education

Increasing support for breastfeeding families



Early care and education providers can influence mothers' breastfeeding continuation. The more breastfeeding support a mother receives from her ECE provider the greater the likelihood she will continue to breastfeed.

Obesity rates among children aged 2 to 5 years approximately doubled between 1976–1980 and 2009–2010. With an estimated 12.1% of children aged 2 to 5 years already obese, prevention efforts must target our youngest children.

Breastfeeding helps protect children against obesity, among other important health benefits. The American Academy of Pediatrics recommends exclusive breastfeeding for about the first six months and continued breastfeeding for at least the first year as foods are introduced. Unfortunately, in 2009 only 47% of mothers breastfed at six months and 26% at 12 months of age.

One factor affecting breastfeeding duration is that many mothers are away from their children during the day and may not receive the support they need to continue breastfeeding. In 2007, 60% of women with children under age 3 were in the labor force. As a result, many children are cared for by persons other than their parents.

Early care and education (ECE) providers and teachers influence the lives and health of the families they serve and have an important role in supporting breastfeeding mothers. ECE programs, centers and family homes alike can support breastfeeding mothers by ensuring that staff members are well-trained to meet national recommendations for supporting breastfeeding mothers. Support may include allowing mothers to breastfeed at the facility, feeding a mother's pumped breast milk to her baby, thawing and preparing bottles of pumped milk as needed and keeping extra breast milk in a freezer in case they run out.

As of December 2011, only 6 states' licensing regulations contained language that meets national recommendations for encouraging and supporting breastfeeding and the feeding of breast milk (AZ, CA, DE, MS, NC, VT).

Examples of state efforts to increase support for breastfeeding women in ECE environments:

Arizona's Empower Pack Program is a resource for ECE providers to help children to make healthy choices related to nutrition, physical activity, and tobacco. The program includes a self-assessment, a sample breastfeeding policy, and a video on how to support and work with breastfeeding mothers (<http://azdhs.gov/empowerpack/>).

The Mississippi Department of Health WIC program has developed a training curriculum for ECE providers entitled *How to Support a Breastfeeding Mother: A Guide for the Childcare Center*. The curriculum

incorporates guidelines for providers on how to support breastfeeding mothers as well as guidelines for the storage and handling of expressed milk (<http://www.dshs.state.tx.us/wichd/bf/childcare.shtm>).

The Utah Department of Health’s Nutrition, Physical Activity and Nutrition Program provides an online TOP Star Training, comprised of six workshops about preventing childhood overweight. This training is approved for professional development credit: 5 hours of Licensing Credit, and Career Ladder Credit in Health and Safety for child care providers in the state. Training Module 6, *How to Support a Breastfeeding Mother: A Guide for Childcare Providers*, provides ECE directors and staff accurate information and resources so they can best support breastfeeding mothers whose babies are in their care.

The New York State Department of Health’s Child and Adult Care Food Program (CACFP) recognizes ECE centers and family day care homes that participate in CACFP and support breastfeeding families with Breastfeeding Friendly certificates. A website provides ECE centers and family day care homes with self-assessment to apply for this designation, and lists the breastfeeding friendly centers and homes: (<http://www.health.ny.gov/prevention/nutrition/cacfp/breastfeedingspon.htm>).

The Wake County Breastfeeding-Friendly Child Care Initiative (BFCC) supports breastfeeding in ECE centers serving low-income families through collaboration between the Carolina Global Breastfeeding Institute and the Wake County Child Care Health Consultants and Wake County SmartStart. Activities include identifying the knowledge, attitudes, and practices that support breastfeeding among ECE center staff, mandatory trainings for ECE providers, and a toolkit that includes tools and materials for both providers and breastfeeding families (<http://cgbi.sph.unc.edu/take-action/toolkits/259>).

The **Wisconsin Department of Health Services** developed the **Ten Steps to Breastfeeding Friendly Child Care Centers**, a resource kit to help ECE centers and family homes promote breastfeeding and ensure that they support mothers to be able to breastfeed. <http://www.dhs.wisconsin.gov/publications/P0/P00022.pdf>

Find out more at **Let’s Move!** Child Care
<http://healthykidshealthyfuture.com/>



Setting and enforcing ECE standards is the responsibility of individual states and territories, although some local jurisdictions can set standards. The 3rd edition of *Caring for our Children: National Health and Safety Performance Standards*, the gold standard for ECE, provides recommendations on how childcare providers can support breastfeeding families.

References to non-federal organizations are provided solely as a service to the audience. These references do not constitute an endorsement of these organizations or their programs and policies by CDC or the Federal Government, and none should be inferred.