

# Breastfeeding and Feeding Human Milk



## **Intent Statement**

Human milk is the most developmentally appropriate food for infants and improves health outcomes, including the reduced risk for, allergies, some respiratory infections, asthma, obesity, and Sudden Unexpected Infant Death (SUID). Breastfeeding also sets the stage for infants to establish healthy attachment. All caregiver/teachers will be trained to encourage, support, and advocate for breastfeeding and feeding of human milk.

The American Academy of Pediatrics recommends that infants be exclusively breastfed for about 6 months of age, and continue to breastfeed until at least the first year of age and as long thereafter as mutually desired by mother and baby. Therefore, this policy applies not only to infants but also to toddlers whose parents are breastfeeding and/or providing breastmilk for feedings.

Staff works with the parents to develop a feeding plan based on feeding pattern of the individual child and staff feeds child according to plan.

## **Procedure and Practice**

The facility encourages, provides arrangements for, and supports the mother breastfeeding (including staff that is breastfeeding) in the child care facility by providing:

- Quiet, comfortable, and private place to breastfeed or express/pump milk (not in a bathroom)
- Place to wash her hands

Per Kentucky law, a mother is permitted to breastfeed her child wherever she is otherwise authorized to be. Therefore, while a private place for breastfeeding is offered, mothers are not required to breastfeed in that location.

## **Guidance for the breastfeeding mother:**

- Staff encourages breastfeeding mother, prior to entry to child care, to develop a process for familiarizing the infant with bottle feedings.
- Encourage her to bring an extra feeding daily.
- Expressed human milk (in ready to feed amounts) will be placed in a clean and sanitary bottle or closed cup.
- The bottle or cup will be properly labeled with the infant's full name and the date and time the milk was expressed.† Label should not come off or become illegible in water.
- Milk Storage best practice\*\*:
  - Fresh milk no more than 3 days
  - Frozen milk no more than 3 months
  - Frozen milk no more than 24 hours since being thawed
  - Do not re-freeze thawed milk
- Keep breastmilk cool while transporting and refrigerate immediately upon arrival.
- Expressed breast milk that is in an unsanitary bottle, is curdled, smells rotten, and/or has not been properly stored will be shown to the parent and then discarded.

- Once breastmilk has been removed from the refrigerator, heated, or offered to the infant, it cannot be saved for future feedings and must be discarded.†

### **Guidance for Staff**

#### **Milk Storage Best Practice\*\*:**

- Fresh milk no more than 4 days
- Frozen milk no more than 6 months
- Frozen milk no more than 24 hours since being thawed
- Do not re-freeze thawed milk
- Refrigerate breastmilk immediately upon arrival.
- Expressed breast milk that is in an unsanitary bottle, is curdled, smells rotten, and/or has not been properly stored will be shown to the parent and then discarded.
- Once breastmilk has been removed from the refrigerator, heated, or offered to the infant, it cannot be saved for future feedings and must be discarded.†

#### **Preparing Breastmilk for Feeding:**

- Wash hands
- Check that bottle has the name of the child you will feed
- If needed, quickly defrost breastmilk by placing in a container of cool water.
- If child prefers milk warm, heat briefly in bottle warmer or under warm running water. If a crockpot is used to warm milk, it should be out of reach of children, contain water that does not exceed 120°F, be emptied, cleaned, sanitized and refilled with fresh water daily. DO NOT USE A MICROWAVE.†
- After warming bottle, test temperature of the milk before feeding (not to exceed 98.6°F)
- Mix gently (do not shake) so that breastmilk isn't damaged. Excessive heat or force can destroy disease-fighting and health-promoting parts of breastmilk.

#### **Techniques for Bottle Feeding:**

- Whenever possible, the same caregiver/teacher should feed a specific infant for most of that infant's feedings.
- Wash hands
- Check that bottle has the name of child you will feed.
- Initiate feeding when infant provides cues (rooting, sucking, etc.).
- Hold the infant during feedings,† make eye contact, and talk to the baby.
- Alternate sides of caregiver's/teacher's lap (technique should mimic approach to breastfeeding)
- Allow breaks during the feeding for burping.
- Allow infant to stop the feeding; do not overfeed or force the infant to finish a portion.
- Infants must not be permitted to have bottles in the crib.
- Bottles shall not be propped.†
- Infants must not be permitted to carry a bottle while standing, walking, or running around.†

#### **Additional Considerations:**

- Although human milk is a body fluid, according to OSHA it is not necessary to wear gloves when feeding or handling human milk.
- Once removed from the refrigerator and/or heated, a bottle must be consumed within one hour or the contents thrown away. It may not be returned to the refrigerator for future use.†

- When developmentally ready (6-12 months), small amounts of breast milk can be offered from a cup. Breastmilk is considered “whole milk” for meal planning purposes for toddlers 12-23 months. It does not require a medical order.
- Document feeding amounts, wet diapers and bowel movements
- Return refrigerated, unheated breast milk containers to the mother at the end of the day.
- When participating in the Child and Adult Care Food Program (CACFP), follow their rules for breastmilk meals.

### **Guidelines for Breastmilk Fed to the Wrong Child**

Staff follows appropriate procedures to reduce the possibility for bottle mix-ups, as noted above in ‘Techniques for bottle feeding’, regardless of whether the bottle contains breastmilk or formula. If a child should receive the wrong bottle, the mix up should be documented. If the bottles contain formula, the parents should be informed of the mix-up.

If one or more of the bottles contained breastmilk, the following guidance from *Caring for our Children, 3<sup>rd</sup> Edition\**, is best practice and will be followed.

#### **Standard 4.3.1.4: Feeding Human Milk to Another Mother’s Child**

If a child has been mistakenly fed another child’s bottle of expressed human milk, the possible exposure to hepatitis B, hepatitis C, or HIV should be treated as if an exposure to other body fluids had occurred. For possible exposure to hepatitis B, hepatitis C, or HIV, the caregiver/teacher should:

- a. Inform the mother who expressed the human milk about the mistake and when the bottle switch occurred, and ask:
  1. When the human milk was expressed and how it was handled prior to being delivered to the caregiver/teacher or facility;
  2. Whether she has ever had a hepatitis B, hepatitis C, or HIV blood test and, if so, the date of the test and would she be willing to share the results with the parents/guardians of the child who was fed the incorrect milk;
  3. If she does not know whether she has ever been tested for hepatitis B, hepatitis C, or HIV, would she be willing to contact her primary care provider and find out if she has been tested;
  4. If she has never been tested for hepatitis B, hepatitis C, or HIV, would she be willing to be tested and share the results with the parents/guardians of the other child;
- b. Discuss the mistake of giving the wrong milk with the parents/guardians of the child who was fed the wrong bottle:
  1. Inform them that their child was given another child’s bottle of expressed human milk and the date it was given;
  2. Inform them that the risk of transmission of hepatitis B, hepatitis C, or HIV and other infectious diseases is low;
  3. Encourage the parents/guardians to notify the child’s primary care provider of the exposure;
  4. Provide the family with information including the time at which the milk was expressed and how the milk was handled prior to its being delivered to the caregiver/teacher so that the parents/guardians may inform the child’s primary care provider;

5. Inform the parents/guardians that, depending upon the results from the mother whose milk was given mistakenly (1), their child may soon need to undergo a baseline blood test for hepatitis B (also see below), hepatitis C, or HIV;
- c. Assess why the wrong milk was given and develop a prevention plan to be shared with the parents/guardians as well as the staff in the facility.

If the human milk given mistakenly to a child is from a woman who does not know her hepatitis B status, the caregiver/teacher should determine if the child has received the complete hepatitis B vaccine series. If the child has not been vaccinated or is incompletely vaccinated, then the parent/guardian of the child who received the milk should seek vaccination of the child. The child should complete the recommended childhood hepatitis B vaccine series as soon as possible. If human milk from a hepatitis B-positive woman is given mistakenly to an unimmunized child, the child may receive HBIG (Hepatitis B Immune Globulin) as soon as possible within seven days, but it is not necessary because of the low risk of transmission (3). The hepatitis B vaccine series should be initiated and completed as soon as possible.

### **Provisions for Staff**

The Fair Labor Standards Act ("FLSA") requires employers to provide reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth each time such employee has need to express the milk. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk. Such facilities could also be utilized by breastfeeding parents.

### **Education for Parents**

An updated resource file will be maintained of community resources to support breastfeeding including support groups and lactation specialists.

La Leche League, 1-800-La-Leche or [www.lalecheleague.org](http://www.lalecheleague.org). Kentucky/Tennessee: <http://www.llofkytn.org/home>

WIC (Women, Infants and Children Supplemental Nutrition Program), 1-800-322-2588. <https://chfs.ky.gov/agencies/dph/dmch/nsb/Pages/wic.aspx>

WIC Nutrition Education Materials: <https://chfs.ky.gov/agencies/dph/dmch/nsb/Pages/nut-ed-materials.aspx>

KY Breastfeeding Resource Guide: <http://kybreastfeeding.com/>

American Academy of Pediatrics Healthy Children website on breastfeeding <http://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/default.aspx>

### **Applicable**

This policy applies to all staff, substitute, parents and volunteers in the child care setting.

### **Communication**

This policy will be reviewed with parents upon application and a copy will be included in the staff and parent handbooks. The policy will be reviewed with staff at orientation and annual staff training.

## References

\*American Academy of Pediatrics, American Public Health Association, National Resource Center for Health and Safety in Child Care and Early Education 2011. *Caring for our children: National health and safety performance standards; Guidelines for early care and education programs*. 3rd Edition, Elk Grove Village, IL: American Academy of Pediatrics; Washington, DC: American Public Health Association. Also available at <http://nrckids.org>

† See 922 KAR 2:120. Child care center health and safety requirements:  
<http://www.lrc.ky.gov/kar/922/002/120.pdf>

\*\* Academy of Breastfeeding Medicine, Clinical Protocol #8: Human Milk Storage Information for Home Use for Full-Term Infants, (Original Protocol March 2004; Revision #1 March 2010), <https://www.liebertpub.com/doi/full/10.1089/bfm.2017.29047.aje>

*Infant Feeding: A Guide for Use in the Child Nutrition Programs* (USDA):  
<https://wicworks.fns.usda.gov/resources/infant-nutrition-and-feeding-guide>

American Academy of Pediatrics Policy Statement, Breastfeeding and the Use of Human Milk. *Pediatrics* 2012; 129:3 e827-e841; SECTION ON BREASTFEEDING  
<http://pediatrics.aappublications.org/content/pediatrics/129/3/e827.full.pdf>

CDC's "Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding families" at <https://www.cdc.gov/breastfeeding/pdf/strategy6-support-breastfeeding-early-care.pdf>

Occupational Safety and Health Administration (OSHA) reply to regulation 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens," per breast milk:  
[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=INTERPRETATIONS&p\\_id=20952](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=20952)

US Department of labor Wage and Hour Division, FLSA guidance:  
<http://www.dol.gov/whd/nursingmothers/>

Kentucky Child Care Health Consultation Program <http://www.kentuckycchc.org>

**Reviewed by:**

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Director/Owner

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Board Member

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CCHC/Health Professional

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Staff Member/Teacher

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Parent/Guardian

**Effective Date/Review Date:** \_\_\_\_\_

This policy is effective immediately. It will be reviewed annually by the Center Director.