

How to be Become a Breastfeeding Friendly Family Child Care Home

The Minnesota Department of Health has created a program to recognize family child care homes that have taken specific steps to make their programs breastfeeding friendly. Even though breastfeeding is recommended by all the major health organizations, mothers who want to continue breastfeeding after they return to work or school face many barriers. By providing welcoming, knowledgeable caregivers and a supportive environment, family child care homes can play a critical role in helping babies continue to be fed breast milk when they are separated from their mothers.

The information below explains how to satisfy individual steps and the documentation needed for each step. When you have completed all the steps, complete and submit the appropriate application with the required documentation.

Professional development

Step 1. Child care provider has attended Minnesota Center for Professional Development-approved training on supporting breastfeeding in child care and is committed to supporting breastfeeding mothers and babies.

Approved trainings:

- Supporting Breastfeeding in Child Care Programs (#84778)
- Let's Move Child Care – Nutrition, Infant Feeding and Beverages (#89193)
- Creating a Breastfeeding Friendly Environment (#123473)

Each training contains the information and resources needed by child care providers to meet the remaining steps in this recognition program.

Best practices

Step 2. All helpers and volunteers are informed about the importance of breastfeeding and are expected to follow best practices for infant feeding.

Any volunteers and helpers should be informed about the increased health risks for infants who are not breastfed and the benefits of breastfeeding to babies, mothers, the child care program and society (environmental and economic).

Best practices and expectations should include:

- Proper storage and handling of breast milk.
- Safe thawing and warming of breast milk.
- Holding babies during bottle feeding.
- Practicing paced feeding, to mimic breastfeeding.
- How to read infant cues for hunger and fullness.
- Being responsive to the baby during feeding.
- Welcoming and supporting breastfeeding mothers and babies, both in attitude and with words.

Proper storage and handling guidelines

Step 3. The caregiver and all helpers follow guidelines for proper storage and handling of breast milk, which are posted in an appropriate place for reference. Members of each infant’s family are informed how to safely portion, label, transport and store breast milk for use in the child care program.

Guidelines from the Academy of Breastfeeding Medicine, also recommended by the CDC and by Caring for Our Children, are the most commonly used. You can find them at [this link](#); a storage chart is on the second page.

Slightly different sets of guidelines have been issued by several reputable organizations or government agencies. Programs can select which guidelines to use as long as they are more conservative than the ones above, but must use them consistently. For example, the Child and Adult Care Food Program lists these guidelines on page 17-21 of [A Guide for Use in the Child Nutrition Programs](#).

Guidelines can be printed from the internet, photocopied from a book, cut out or hand-lettered, or made into a magnet – any way they can be posted so the caregiver can refer to them easily. They should be displayed in a logical place, e.g. near the refrigerator and/or sink.

Families should be shown how to label every container of breast milk with the child’s first and last name and the date it was expressed. They should be encouraged to provide milk in small portions to avoid wasting unconsumed milk.

Lactation room

Step 4. A comfortable place (not a bathroom) has been designated for mothers, including helpers and volunteers, to breastfeed or pump their milk in privacy, if desired.

This space can be a separate room or a section of a room screened from view by a wall, screen or shelves. The space should be clearly marked, with words or a picture or the universal breastfeeding symbol.

The space should have easy access to a sink and refrigerator. It must have a comfortable chair, a table for a pump and an electrical outlet. Other amenities could include a washable pillow or cushion, a footstool, a lamp for low light, a place to display a picture of the baby and suitable reading materials.

Mothers should be informed that they may choose to breastfeed their babies in the child care space if they are comfortable doing this. This conforms to Minnesota statute and could actually help to normalize breastfeeding for the other children and possibly other parents. Breastfeeding mothers should be informed of their options.

Feeding plan

Step 5. Each family of an infant is invited to contribute to an individual feeding plan for their baby that supports best practices.

Each family of an infant must be invited to contribute to a feeding plan. This could be as formal as filling in a form or as informal as answering questions in conversation. But the provider needs to discuss these things with the parent one way or another.

Topics to include in the feeding plan:

- Feeding on demand.
- Feeding shortly before pick-up time.
- When to introduce drinking from a cup.
- When and how to begin introducing solid foods, and a schedule for adding new foods.
- Which solid foods to introduce; if there are any to avoid (because of likely allergies, etc.).
- How the parent will be informed of baby's daily consumption of milk, and of foods when appropriate.

Culturally appropriate environment

Step 6. The home provides a culturally appropriate breastfeeding friendly environment.

Depending on the populations being served in the program, this could include:

- Easy to follow directions for parents (as for labelling containers of breast milk), in their native language or shown in a photo or drawing.
- Photos or drawings of breastfeeding mothers and babies displayed, sensitive to cultural standards of modesty.
- Conversations about breastfeeding that are culturally appropriate for the families being served.
- Including the other parent in discussions about infant feeding, if culturally appropriate.

Age-appropriate learning and play opportunities

Step 7. Age-appropriate learning and play opportunities and materials are provided that reflect support for breastfeeding and normalize it for the children in care.

Examples of learning materials:

- Picture books that show animals, especially mammals, feeding their young.
- Lessons/activities about animal mothers and babies and how animal babies are fed.
- Informal, matter-of-fact discussions about how babies in the program (or other human babies) are fed – their mothers’ milk, formula and solid foods.
- Openness in answering and discussing breastfeeding with older children in care.
- Nursing coverlets as well as, or instead of, baby bottles for dramatic play.
- Private invitations to nursing mothers to breastfeed their babies in the child care area if they are comfortable doing this.

Breastfeeding resources

Step 8. The caregiver maintains an updated file of breastfeeding resources that is readily available to parents and helpers.

The caregiver may need to do a little research to compile a list of useful resources. This list should contain (as available):

- Local community organizations, such as a local breastfeeding coalition, La Leche League.
- Breastfeeding support groups or classes, such as those at a local hospital or clinic.
- Local lactation specialists, independent or hospital-based.
- Online breastfeeding resources, such as kellymom.com or the [Office on Women’s Health \(http://womenshealth.gov/breastfeeding/\)](http://womenshealth.gov/breastfeeding/).

Send an email to Health.BFCC@state.mn.us if you need assistance in finding appropriate resources.

These breastfeeding resources should be located in a place that is easily and privately accessed by parents and any helpers in your program.

Written policy

Step 9. A written policy reflecting the provider’s commitment to supporting breastfeeding and her/his current infant feeding practices is communicated to current and prospective families.

The written policy should reflect your actual practices that support breastfeeding. Resources for best practices and policies include:

- [Caring for Our Children \(https://nrckids.org/CFOC/\)](https://nrckids.org/CFOC/); search for keyword “breastfeeding”

HOW TO BECOME A BREASTFEEDING FRIENDLY FAMILY CHILD CARE HOME

- Go NAP SACC Breastfeeding and Infant Feeding Self-Assessment
(<https://gonapsacc.org/self-assessment-materials>)

Your breastfeeding and infant feeding policies should be included in your written policies or parent handbook. They should also be discussed in person with all prospective, new and current families of infants.

Minnesota Department of Health
Office of Statewide Health Improvement Initiatives
PO Box 64882
St. Paul, MN 55164-0882
651-201-5443

Health.BFCC@state.mn.us
www.health.state.mn.us

May 2019

To obtain this information in a different format, call: 651-201-5443