



Breastfeeding and Child Care



Research has shown that breastfeeding supports optimal growth and development for infants, and offers lifelong health advantages. Breastfeeding also contributes to the health of mothers and enhances the economic well-being of society.

Because of breastfeeding's many benefits, the U.S. Department of Health and Human Services' *Breastfeeding: HHS Blueprint for Action on Breastfeeding*¹ (November 2000) recommends that children be breastfed exclusively for the first 6 months of life, with gradual introduction of solid foods after 6 months. The *Blueprint* recommends the continuation of breastfeeding for at least the first year of life.

At the same time, in the United States millions of young children spend part or most of each day in a variety of child care settings.² It is estimated that 75 percent of women with children under age 3 are employed.

In just 20 years, the percentage of children enrolled in child care has soared from 30 percent (1970) to 70 percent (1993). *America's Children:*

*Key National Indicators of Well-Being*³ found that 51 percent of infants and toddlers from birth through age 2 are cared for by someone other than their parents for some time each day.

With so many young children enrolled in child care, child care providers can play a vital role in supporting a mother's continuation of breastfeeding.

When child care settings become strong partners and advocates in encouraging mothers to continue to breastfeed, the benefits to families are enormous. And child care settings themselves benefit from the improved health status of the children in their care.

What's Needed

Research has demonstrated that knowledgeable support is essential for helping mothers establish and continue breastfeeding as they return to work or school and make use of child care services. Responsibility for providing this support lies with both the public and the private sectors.

Governmental agencies, including licensing and regulatory sectors, can support breastfeeding by:

- providing breastfeeding support and encouragement to their own employees
- providing accurate information about the storage and handling of human milk
- continuing to provide reimbursement for feeding expressed human milk under the Child and Adult Care Food Program

National and state child care organizations can support breastfeeding in child care settings by:

- increasing current awareness of the need for protecting, promoting, and supporting breastfeeding
- initiating new training programs to improve child care providers' knowledge about breastfeeding and its importance
- participating in health promotion campaigns that disseminate information about the benefits of breastfeeding

- teaching child care providers how to store, handle, and feed mother's milk (e.g., informing child care providers that mother's milk is not a biohazard and does not require gloves for handling)

The private sector—including employers, insurance companies, and other organizations and agencies—can support breastfeeding by:

- developing health campaigns for employees that include breastfeeding promotion and protection
- considering child care settings when developing consumer education materials, breastfeeding promotion campaigns, and quality improvement initiatives
- supporting cost-effective rentals or purchase of electric breast pumps for expression of human milk when such devices are needed

Child care settings are the natural and logical place for supporting breastfeeding mothers by:

- integrating breastfeeding into plans for the design of a child care facility, its equipment and furnishings, and the training and scheduling of its staff
- providing a welcoming atmosphere that encourages mothers to initiate and continue breastfeeding after returning to work or school
- training staff to provide accurate basic breastfeeding information and referrals for skilled breastfeeding support when necessary
- designating a space for the safe expression and storage of human milk
- offering children breast milk in containers other than bottles (e.g., cups or spoons) when parents request it

- providing space for mothers to breastfeed their children on-site
- creating an environment that fosters the formation of parent support groups and the ability to share information
- empowering families to advocate at their workplaces for policies that support breastfeeding

Families themselves must be responsible for:

- establishing clear communication with the child care provider about shared responsibilities related to caring for a breastfed child and handling expressed human milk
- sharing knowledge of community resources that may be unfamiliar to the child care provider



Benefits of Breastfeeding

Breastfeeding is universally endorsed by the world's health and scientific organizations as the best way of feeding infants. Breastfed children:

- score higher on cognitive and IQ tests and also on tests of visual acuity
- have a lower incidence of sudden infant death syndrome (SIDS)
- are less likely to suffer from infectious illnesses and their symptoms (e.g., diarrhea, ear infections, respiratory tract infections, meningitis)
- have a lower risk of the two most common inflammatory bowel diseases (Crohn's disease, ulcerative colitis)
- suffer less often from some forms of cancer (e.g., Hodgkin's disease, childhood leukemia)
- have a lower risk of juvenile onset diabetes, when there is a family history of the disease and the children are breastfed exclusively for at least 4 months
- are significantly protected against asthma and eczema, when at risk for allergic disorders and breastfed exclusively for at least 4 months
- may have a lower risk of obesity in childhood and in adolescence
- have fewer cavities and are less likely to require braces

Conclusion

Integrating breastfeeding into child care settings promotes good health for the baby and mother, saves money, and contributes to the overall well-being of a community. It is not just a parent issue, a child care issue, or a health and nutrition issue, but ultimately an important public health issue that affects everyone.

References

1. U.S. Department of Health and Human Services, Office on Women's Health. *HHS blueprint for action on breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office on Women's Health; 2000. Available at: www.4woman.gov/Breastfeeding/bluprntbk2.pdf.
2. U.S. Department of Health and Human Services, Child Care Bureau and Maternal and Child Health Bureau. *Healthy child care America: blueprint for action* [fact sheet]. Elk Grove Village, IL: American Academy of Pediatrics; 2001.
3. Federal Interagency Forum on Child and Family Statistics. *America's children: key national indicators of well-being*. Washington, DC: U.S. Government Printing Office; 2002.



For Further Information

For further information, contact:

U.S. Department of Agriculture (USDA)

www.usda.gov

**U.S. Department of Health and Human Services,
Maternal and Child Health Bureau (MCHB)**

www.mchb.hrsa.gov

United States Breastfeeding Committee

www.usbreastfeeding.org

Goals of the United States Breastfeeding Committee

protecting | promoting | supporting

The mission of the United States Breastfeeding Committee (USBC) is to protect, promote, and support breastfeeding in the United States. The USBC exists to ensure the rightful place of breastfeeding in society.

The USBC works to achieve the following goals:

Goal I

Ensure access to comprehensive, current, and culturally appropriate lactation care and services for all women, children, and families.

Goal II

Ensure that breastfeeding is recognized as the normal and preferred method of feeding infants and young children.

Goal III

Ensure that all federal, state, and local laws relating to child welfare and family law recognize and support the importance and practice of breastfeeding.

Goal IV

Increase protection, promotion, and support for breastfeeding mothers in the work force.

Visit us at www.usbreastfeeding.org.

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