

Breastfeeding and Early Care and Education

Increasing support for breastfeeding families

Obesity rates among children aged 2 to 5 years doubled between 1976–1980 and 2007–2008. With an estimated 12.1% of children aged 2 to 5 years already obese, prevention efforts must target our youngest children.¹

Introduction

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.² Unfortunately, in 2008 only 44% of mothers breastfed at six months and 24% at 12 months of age.³

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.⁴ 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 a critical role in supporting breastfeeding mothers. ECE programs, centers and family homes alike can support breastfeeding mothers by ensuring that staff

Early care and education providers have been found to influence mothers' breastfeeding continuation. The more breastfeeding support a mother receives from her ECE provider the greater the likelihood that she will continue to breastfeed her child.⁶

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.

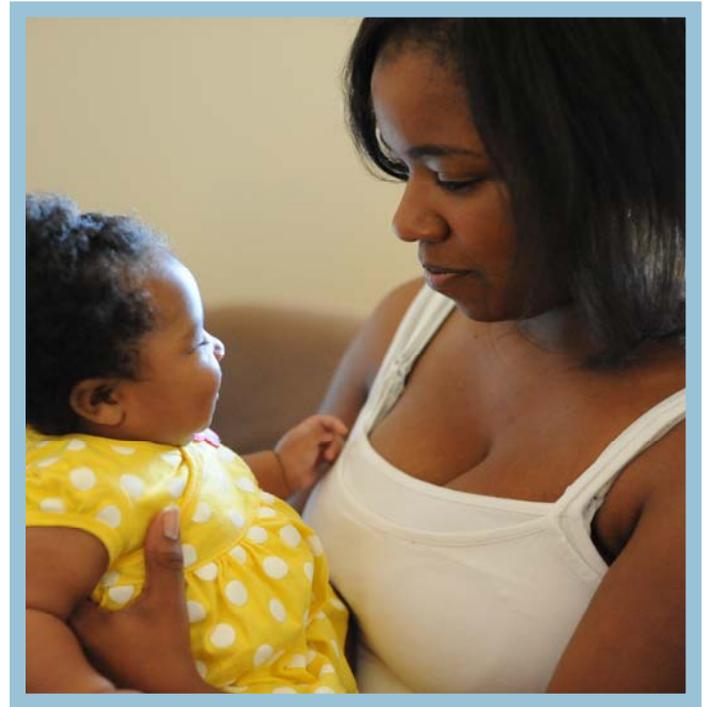
As of December 2012, only 6 states' licensing regulations contained language that meets national recommendations for encouraging and supporting breastfeeding and the feeding of breast milk (AZ, CA, DE, MS, NC, VT).²



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

Arizona's Empower Pack Program is an opportunity for ECE providers to help children to make healthy choices related to nutrition, physical activity, and tobacco. The program includes 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>).



Nevada's Child Care Quality Rating and Improvement System (QRIS): Silver State Stars is piloting changes to track facility support of breastfeeding to help prevent childhood obesity. New voluntary QRIS questions ask about providing a space for mothers to breastfeed and offering breastfeeding informational materials.

The **New York State Department of Health's Obesity Prevention Program** recognizes ECE centers and family day care homes that support breastfeeding families with Breastfeeding Friendly certificates. A website lists the breastfeeding friendly centers (<http://www.health.ny.gov/prevention/nutrition/cacfp/bfmap.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 and mandatory trainings for ECE providers.

The **Wisconsin Department of Health Services** developed the **Ten Steps to Breastfeeding Friendly Child Care Centers**, a resource kit to help child care centers and family homes promote breastfeeding and ensure that they support mothers to be able to breastfeed.

Setting and enforcing ECE standards is the responsibility of individual states and territories, although some local jurisdictions set standards. The 3rd edition of *Caring for our Children: National Health and Safety Performance Standards*, the gold standard for ECE standards, recommends that “All caregivers/teachers should be trained to encourage, support, and advocate for breastfeeding. Caregivers/teachers have a unique opportunity to support breastfeeding mothers, who are often daunted by the prospect of continuing to breastfeed as they return to work.”⁵

1. Ogden C, Carroll MD, Curtin LR, Lamb MM, Flegal K. Prevalence of high body mass index in US children and adolescents, 2007-2008. *JAMA* 2010;303:242-9.
2. American Academy of Pediatrics. Policy Statement: Breastfeeding and the use of human milk. *Pediatrics* 2012;129(3):e827-41.
3. CDC National Immunization Survey, Provisional Data, 2008 births. Available from http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm.
4. U.S. Department of Labor. Women in the Labor Force: A Databook. Washington, DC: Bureau of Labor Statistics; 2010. Report No. 1026.
5. American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education. *Caring for Our Children: National health and safety performance standards—Guidelines for early care and education programs* (3rd ed.). Washington, DC: American Academy of Pediatrics; Elk Grove Village: American Public Health Association; 2011.
6. Batan M, Li R, Scanlon K. Association of child care providers' breastfeeding support with breastfeeding duration at 6 months. *Maternal and Child Health Journal* (in press).