

# Child Care and Breastmilk: A Guide for Caregivers and Mothers

**Recommendations for breastfeeding:** The American Academy of Pediatrics recommends exclusive breastmilk through 6 months of age. Solids should be added at 6 months of age and breastmilk feeding should continue throughout at least one year and beyond as desired by mother and child.

## Some of the benefits to infants and toddlers who are breastfed:

- Less ear infections and respiratory infections
- Less days missed at work for mom and child for care due to illness
- Decreased asthma and allergies
- Decreased need for medications for illness such as antibiotics

Breastmilk Storage Guidelines: Does not require gloves for handling or a separate refrigerator for storage (all breastmilk differs in color, consistency, and smell)

## Fresh Breastmilk (not previously frozen)

- 6-8 hours on the counter
- 6-8 days in the refrigerator
- 6 months in a freezer (less if small fridge with freezer inside fridge)

## Previously frozen breastmilk

- Cannot be re-frozen but will last in refrigerator for 24 hours

### Feeding Tips:

- Avoid feeding close to pick up time
- If milk is frozen thaw in fridge or in warm water. Gently swirl to feed, do not shake or microwave.
- Start with 2 ounces of warmed milk—warm in cup of warm water **never** microwave. Add 1/2 ounce as needed.
- Feed on cue, not by schedule (hands to mouth, rooting)
- Warm bottle nipple (cool if teething)
- Wrap with something that smells like mom such as blanket or shirt
- Hold baby in arms, do not sit and prop
- If resistant do not force; try spoon, dropper, or sippy cup (cup especially for over 4 month old)
- Move while feeding such as rocking, swaying, walking
- Tickle top lip, wait to open and then feed (do not shove into mouth)
- Allow infant to swallow and then reduce amount in nipple or pull from mouth so can pace themselves like on breast (suck, swallow, breathe). Allow to drink slowly to assist in proper feeding amounts (2-3 ounces). Dump out leftover milk, adjust amounts so loss is low.

### Caregiver tips:

- Breastfed babies are not “spoiled” and may cry when not hungry, they have formed a deep attachment to their caregiver who is now gone. Allow a transition time. Watch for feeding cues
- Set up quiet area away from other children for mothers to come breastfeed so they do not disturb other sleeping children
- Encourage mothers to come around nap time during transition or feeding times if available to assist
- Breastfed babies many times consume less breastmilk compared to children fed artificial milk; this is normal. Do not push other types of foods or drink unless medically concerned about hydration and weight. Most babies feed more when with their mother (reverse cycling) and this is normal
- Encourage solids based on developmental readiness (at around 6 months); sitting on own, tongue thrust gone, wanting food and not just to hold spoons; not just age.
- Give mothers resource guides to seek assistance from other breastfeeding and working mothers

### Example Feeding Record

Time Fed	Ounces Offered	Ounces Taken	Comments

Pumping Tips to Give Mothers:

- Begin storing milk a couple of weeks prior to starting care in small amounts (2-3 ounces)
- Store in hard plastic bottles designed for breastmilk or double bag in breastmilk storage bags
- Feed prior to leaving baby and then pump out remaining milk in the morning when you have more breastmilk
- Massage prior to pumping, have a picture, blanket, or sound of baby
- Express both breasts at the same time for about 15 minutes; most moms will get between 2-4 ounces
- Pump every 2-3 hours when away from baby to meet needs and maintain milk supply (usually coincides with break schedule)

Alternative Feeding Methods:

- Some babies do not take bottles as well as others. This is not related to when a bottle is started; some will take every day and then stop at daycare.
- Bottle feeding should not be forced on infants, for unsure babies try different nipples and attempt when sleepy in many different positions
- Cup feeding can be done with infants at any age. Put cup to bottom lip, mouth will open, tongue drops out and small amounts are then put into their mouth. Take cup back down to allow swallowing and breathing. Start again.
- Dropper feeding can also be done and many babies will suck on a dropper or swallow the milk placed into their mouths slowly.
- Most infants need a transition time and will take the bottle. Infants past 4 months can go to a sippy cup very well and never need a bottle. Give them time, try different methods, and if they still refuse feed in a different way. Infants pick up alternative feeding methods fast and it becomes easy for the caregiver and the infant.

Questions or concerns?

- **\*\*Before and After Baby**; Emily Lindsey, BSPsy, IBCLC (209) 631-8511 or [Emily@beforeandafterbaby.org](mailto:Emily@beforeandafterbaby.org) for appointment or support group every Wednesday from 11 AM through 12 noon at 50 Alpine Drive, #A Merced or visit [www.beforeandafterbaby.org](http://www.beforeandafterbaby.org)
- **\*\*Golden Valley Health Centers**; Lori Buendia, RN, IBCLC (209) 385-5555
- **La Leche League**; various certified peer support mothers (209) 756-4058 for phone support or support group 1st Wednesday 10 AM in Atwater at 2100 Fruitland Ave or 1st and 3rd Thursday 630 PM at Merced County Library in Merced

Alliance Medi-cal Breastfeeding Benefits

- Consultation with contracted lactation consultant (\*\* above)
- Double electric breastpump purchase from approved vendor (\*\* above)