Breastfeeding drops off over time

- 90% of women ever breastfed
- 35% breastfed at 6 months
- 19% breastfed at one year

Breastfeeding is less common among women with lower incomes

- 68% of women in Boulder County breastfed for 6 months compared to 35% of women who have low income

Sources:
1. Colorado Child Health Survey, 2013

35% @ 1 year
National goal for breastfeeding

50% @ 6 months
National goal for breastfeeding
Support breastfeeding women

Promote and certify breastfeeding-friendly worksites, especially those employing women with lower incomes

Encourage healthcare providers to promote breastfeeding

Promote and certify breastfeeding-friendly child care programs, especially those serving families with lower incomes

Promote breastfeeding peer counselor programs

BoulderCountyBreastfeeding.org
Supporting Breastfeeding Supports Your Community

Learning about breastfeeding helps:

• **Child care providers** take the very best care of all of the babies in their care.

• **Employers** support their employees, including breastfeeding mothers.

• **Sisters, mothers, grandmothers, aunts, and friends** to support mothers in their lives who are breastfeeding.

• **Mothers** give their babies the very best start in life.

Breastfeeding improves health of mother and child

Continued breastfeeding is best.

Sources: The American Academy of Pediatrics, the World Health Organization, and the Institute of Medicine

- 0-6 months: only breast milk
- 6-12 months and beyond: breast milk, cereal, soft fruits, iron-rich foods, fruits and vegetables, whole grains

- Risk of SIDS: 36%
- Respiratory tract infections: 72%
- Type 1 Diabetes: 30%
- Obesity in adolescence adulthood: 15-30%

- Cardiovascular diseases: 10%
- Breast cancer: 28%
- Rheumatoid arthritis: 50%
- Developing diabetes: 26%

Source: Pediatrics Vol. 129, No. 3 March 1, 2012
Benefits of Breastmilk

Breastmilk is the recommended first choice of infant feeding methods. Many health professionals agree that breastmilk provides mothers, infants, child care providers, and the community with many benefits.

Benefits to Infants

✓ Improves bonding with mother.
✓ Best nutrition for infant.
✓ Safe and fresh milk always available.
✓ Promotes correct growth of jaws, teeth, and speech patterns.
✓ Promotes an increase in learning ability.
✓ Decreases risk of diarrhea and other stomach problems.
✓ Decreases risk of urinary tract infections.
✓ Decreases risk of ear infections.
✓ Decreases risk of lung infections.
✓ Decreases risk of childhood obesity.
✓ Decreases risk of sudden infant death syndrome (SIDS).
✓ Decreases risk of diabetes.
✓ Decreases risk of leukemia.
✓ Decreases risk of childhood cancers.
✓ Decreases risk of allergies.
✓ Decreases risk of childhood asthma.
✓ Decreases risk of high cholesterol.
Benefits of Breastmilk

Benefits to Mothers
✓ Reduces risk of blood loss after delivery.
✓ Uterus returns to pre-pregnancy shape quicker.
✓ Delays the return of menstrual cycles (not to be used as contraception).
✓ Faster return to pre-pregnancy weight.
✓ Reduces risk of bone fractures.
✓ Reduces risk of pre-menopausal breast cancer and ovarian cancer.
✓ Saves money (no need to buy formula).
✓ Improves mother and infant bonding.
✓ Can build mother’s confidence.
Benefits of Breastmilk

Benefits to Child Care Providers
✓ Infants are sick less often.
✓ Diapers often have less odor.
✓ Infants spit up less.
✓ Reimbursement for breastmilk for providers participating in the Child and Adult Care Food Program (CACFP) when breastfeeding mothers come to child care providers or homes and directly breastfeed their infants, and when pumped breastmilk is given to babies from a bottle or cup.

Benefits to the Community and Environment
✓ Reduces health care costs because infants are sick less often.
✓ Reduces sick days because breastfed infants are often sick less, which is good for businesses.
✓ Fewer cans and bottles in the landfills.
✓ Reduces cost for producing and shipping infant formulas.
✓ Improved early development and mental health for babies because of the stronger bond between moms and their babies.

Can you think of other benefits?
Breastmilk Feedings

Many parents may ask you how much breastmilk their babies should have each day. Below are some guidelines on feeding breastfed infants; however, each infant’s needs will be different; the best approach is to watch for hunger cues.

**Timing**

- A breastfed infant often nurses 8 to 12 times in 24 hours.
- In other words, an infant usually nurses 10-15 minutes per breast every 1.5 to 3 hours.
- However, doctors recommend that all babies be fed in response to their hunger cues, not on a strict schedule. It may feel tempting to put babies on a feeding schedule, but it’s best to feed them in response to changing appetites. This is called cue feeding. Babies may be more or less hungry at different times or on different days—just like you!
Infant Feeding Cues

- Rapid eye movements during sleep
- Rousing from sleep
- Increased alertness
- Flexing arms and legs
- Squirming
- Wrinkling forehead
- Bringing hand to the mouth
- Turning head
- Moving mouth or tongue
- Becoming upset or crying is a late sign
Advantages of cue feeding

• Babies are calm for feedings, so they feed better.
• Breastfeeding moms have an easier time making enough milk for their babies.
• Babies learn to eat when they’re hungry, which may help prevent obesity when they are older.
A good way to tell if a breastfed infant is receiving enough breastmilk is to look for signs of adequate nutrition by checking their diapers.

- **Wet diapers** – Breastfed infants should have colorless urine at least 6 to 8 times per day. Infants normally wet their diapers after every feeding. This amount will often decrease as they get older. If you notice less frequent urination, dark yellow urine, or dry diapers, tell the parents and encourage them to discuss this with their health care professionals.

- **Bowel movements** – Many infants will have a bowel movement after every feeding. This will often become less frequent as they get older. Stools should be soft; if they’re not, let the parents know, and encourage them to discuss this with their health care professionals.
Infant Feeding Cues

• Early Cues – “I’m hungry”
  - Stirring
  - Mouth open
  - Turning head seeking/rooting
Infant Feeding Cues

• Mid Cues – “I’m really hungry”
  - Stretching
  - Increasing physical movement
  - Hand to mouth
Infant Feeding Cues

• Late Cues – “Calm me, then feed me”
  
  Crying  
  Agitated body movements  
  Color turning red
Paced Bottle Feeding

Paced bottle feeding should be practiced when feeding infants at child care programs. Babies should be bottle-fed:

• When their cues indicate hunger, rather than on a schedule.
• While held in an upright position. Letting them drink from a bottle when lying down is associated with cavities and ear infections.
• On one side and switched to the other side midway through a feeding. This helps provide eye stimulation and development, and prevents development of a side preference, which could impact the breastfeeding mother.
• For 10-20 minutes at a time, to mimic the usual breastfeeding experience. Care providers should make quantities of breastmilk that will last the average length of a feeding, rather than trying to feed as much as they can in as little time as possible. This is important because a baby’s system needs time to recognize when they’re full before the stomach has a chance to get overfilled. Talk to the mothers about the amount appropriate for their babies.
• Gently, allowing the infants to draw their bottle nipples into their mouths rather than pushing bottle nipples into their mouths. This allows babies to control when the feed begins. Stroke their lips from top to bottom with the bottle nipple to illicit a rooting response of a wide open mouth. This allows babies to “accept” the bottle nipples rather than poking them in.
• By listening to them take natural pauses. If they’re not taking them, lower their bottles after a few sucks, and wait for them to begin sucking again before tilting the bottles to them.
• Consistently, with a breastfed rhythm - encourage frequent pauses while they drink to mimic their breastfeeding mothers’ let-down patterns. This discourages babies from guzzling bottles and can reduce nipple confusion or preference.
• Until they’re satiated. Never aggressively encourage infants to finish the last bit of milk in their bottles by forcing the nipples into their mouths, massaging their jaws or throats, or rattling the nipples around in their mouths. If babies are dozing off and releasing the bottle nipples before their bottles are empty, that means they are done; don’t reawaken them to “finish.”

Video: A video providing examples of paced bottle feeding techniques is available at: https://youtu.be/YoBVtE6S1dk
Paced Bottle Feeding

Benefits of Paced Bottle Feeding

• Keeps the amount of milk appropriate to the size and age of the infant, rather than over- or under-eating. This helps support mothers who are pumping by keeping the daily volume of milk they pump equivalent to their baby’s demand.

• Helps to minimize colic-like symptoms in babies whose stomach is distended or overfed.

• Supports the breastfeeding relationship, which hopefully leads to longer and successful breastfeeding, particularly for mothers who are separated from their babies either intermittently or recurrently.
Growth Spurts

- Most infants’ appetites increase around the same time they have growth spurts
- During growth spurts, caregivers should provide breast milk more often to ensure the babies are getting the nutrition they need to grow.
- Parents may not be expecting growth spurts and may express concern that their infants want to eat more.
- Mothers may feel that they are not making enough milk. This is not true; their infants simply need more breastmilk since they are growing. The mothers’ milk supply will likely increase within 72-96 hours, and the infants will return to a normal feeding pattern.
- Recommend that the mothers freeze pumped milk in small quantities (1-3 ounces) to avoid wasting milk.
Nursing Strike

- A nursing strike is when a breastfed infant suddenly refuses the breast.
- This is normal for some infants and generally occurs around 4 to 7 months.
- During a nursing strike, the infant may cry, arch, and pull away from the breast but will normally accept bottle feeding with no problems.
- Nursing strikes are often caused by a urinary tract infection, ear infection, teething, rushed feedings, overactive milk let down, and/or exposure to bottle feeding. A nursing strike can cause a decrease in milk supply, so it’s important for mothers to continue offering their breasts to their infant and expressing milk with a pump to maintain milk supply.
Complimentary Foods

• Research has shown, and health and breastfeeding experts agree that it’s best to wait until babies are around six months old before offering any food other than breastmilk.
Breastfeeding Beyond 12 Months

• Fortunately, more and more women are choosing to nurse their children beyond 12 months.

• Feeding breastmilk from a cup in a toddler room is both allowed and encouraged by licensing and health departments.
Breastfeeding Beyond 12 Months

• The World Health Organization recommends breastfeeding beyond 12 months:
  – Breastmilk is an important source of energy and nutrients for children aged 6 to 23 months, providing half or more of a child’s energy needs between the ages of 6 and 12 months, and 1/3 of their energy needs between 12 and 24 months.
  – In addition, they suggest that breastmilk is a critical source of energy and nutrients during illness, and reduces mortality among children who are malnourished.
Review the following with moms to make sure you have everything you need to support their breastfeeding goals.

✓ The amount of breastmilk in each bottle and the number of bottles.

✓ The type of bottle nipple. Recommend a slow flow (newborn flow) nipple to help pace bottle feeding.

✓ The benefits of exclusively breastfeeding for the first six months of life and delaying the introduction of complementary foods.
Breastmilk Storage and Preparation

Breastmilk is precious; every drop helps babies to grow up healthy. Follow these guidelines to ensure that you’re getting the most out of the supply provided for the infants in your care.

Storage

1. Breastmilk and infant formula in bottles or other storage containers must be:
   - Labeled with the infant’s name.
   - Differentiated by colored labels.
   - Labeled with the date received.
   - Stored at 41°F or below.

2. If the infant’s supply of breastmilk runs out, contact the parents so they can bring more to the program.

3. Refrigerate or freeze breastmilk as soon as the parents bring it to the program. It does not need to be in a separate refrigerator, but bottles with the earliest date should be used first (i.e. first in, first out). Recommend that moms freeze their pumped milk in small quantities (1-3 ounces) to avoid waste.

4. Throw away breastmilk if it is:
   - Brought to the program in a dirty bottle.
   - Left unrefrigerated for an hour or more.
   - Not finished by the infant within one hour from the beginning of the feeding. This is important because harmful bacteria can grow within this time.

5. Breastmilk or formula that is unopened and not used the day it was prepared or received from the parent or guardian must be discarded or returned to them at the end of the day. This does not apply to frozen breastmilk.
Breastmilk Storage and Preparation

Preparation
1. Always wash your hands before and after handling breastmilk.
2. All breastmilk and formula must only be used for the intended child. Breastmilk should be differentiated by colored labels or another method approved by Boulder County Public Health.
3. Breastmilk is a food, not a bodily fluid; therefore, gloves do not need to be worn when feeding breastmilk to an infant. In addition, gloves do not need to be worn when cleaning up spilled breastmilk; however, you should always wash your hands afterwards.
4. Bottles of breastmilk can be served cold. If you choose, warm them under running, warm tap water, or place them in a container of warm water (no warmer than 120°F).
   • If using a slow cooker to warm breastmilk, keep it out of reach of infants and not warmer than 120°F. Bottles should not be left in warm water for more than five minutes; doing so can allow bacteria to grow.
   • Frozen breastmilk can also be thawed quickly in a container of warm water (no warmer than 120°F). If not for immediate use, frozen breastmilk can be thawed under cold running water or in the refrigerator.
   • Breastmilk or formula in a bottle should NEVER be warmed in the microwave – this can cause “hot spots” in the bottle that could burn the infant.
5. After warming, mix the breastmilk by gently swirling the milk in the bottle. Excessive shaking of breastmilk may damage some of the nutrients that are important for infants. It may also create increased foaminess, which can cause an infant to take in excess air and make them more gassy.
6. Test the breastmilk on your forearm to make sure it’s not too warm.

Cleanup
1. Bottles, bottle caps, nipples, and other equipment used to feed breastmilk from a bottle can be cleaned and sanitized by washing them in a dishwasher or by washing, rinsing, and sanitizing them in an approved dishwashing sink. If bottles are not cleaned at your program, place all bottle parts into plastic bags for the parents to take home.
2. If using a slow cooker to warm breastmilk, empty, clean, sanitize, and refill it with fresh water daily.
## Breastmilk Refrigeration and Storage Guidelines

### For Child Care Providers

<table>
<thead>
<tr>
<th>Location</th>
<th>Temperature*</th>
<th>Duration</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countertop, Table, Warmed or Room Temp</td>
<td>Room Temp</td>
<td>1 hour</td>
<td>Work toward not reheating milk; instead help baby become accustomed to room temperature milk.</td>
</tr>
<tr>
<td></td>
<td>(up to 77°F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refrigerator</td>
<td>&lt;41°F</td>
<td>24 Hours (1 day**)</td>
<td>Store milk in the back of the main body of the refrigerator.</td>
</tr>
<tr>
<td>Freezer Compartment Inside Refrigerator</td>
<td>5°F</td>
<td>2 Weeks</td>
<td>Store milk toward the back of the freezer where the temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk can undergo degradation, resulting in lower quality.</td>
</tr>
<tr>
<td>Freezer Compartment Attached to the Refrigerator</td>
<td>0°F</td>
<td>3-6 Months</td>
<td></td>
</tr>
<tr>
<td>Deep Freezer</td>
<td>-4°F</td>
<td>6-12 Months</td>
<td></td>
</tr>
</tbody>
</table>

*Check temperatures with a thermometer according to your program’s policy.

**Formula or breast milk that is unopened and not used the day it was prepared or received from the parent or guardian must be discarded or returned to them at the end of the day. This does not apply to frozen breast milk.

References

# Breastmilk Refrigeration and Storage Guidelines

- **For Parent/Guardian***

<table>
<thead>
<tr>
<th>Location</th>
<th>Temperature</th>
<th>Duration</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countertop, Table (for freshly expressed milk)</td>
<td>Room Temperature (up to 77°F)</td>
<td>6-8 hours</td>
<td>Store containers covered and keep them as cool as possible; covering the container with a cool towel may keep milk cooler.</td>
</tr>
<tr>
<td>Insulated Cooler Bag</td>
<td>5-39°F</td>
<td>24 hours</td>
<td>Keep ice packs in contact with milk containers at all times; limit how often the cooler bag is opened.</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>39°F</td>
<td>5 days</td>
<td>Store milk in the back of the main body of the refrigerator.</td>
</tr>
<tr>
<td>Freezer Compartment Inside Refrigerator</td>
<td>5°F</td>
<td>2 Weeks</td>
<td>Store milk toward the back of the freezer where temperature is most constant. Milk stored for longer durations in the ranges listed is safe, but some of the lipids in the milk can undergo degradation, resulting in lower quality.</td>
</tr>
<tr>
<td>Freezer Compartment Attached to the Refrigerator</td>
<td>≤0°F</td>
<td>3-6 Months</td>
<td></td>
</tr>
<tr>
<td>Deep Freezer</td>
<td>-4°F</td>
<td>6-12 Months</td>
<td></td>
</tr>
</tbody>
</table>

* For use with healthy, full-term infants.

## References
- Adapted from InfaNET Nutrition for Child Care Providers. Retrieved on 4/7/16: http://www.unco.edu/nhs/infanet/BMStorage.html
Breastfeeding Friendly Child Care Program

Boulder County Public Health recognizes and promotes child care programs that have made breastfeeding support a priority by certifying eligible programs as breastfeeding Friendly. Programs that receive this designation will receive a certificate, a “Breastfeeding Friendly Certified” window cling to display, and be listed on the Boulder County Public Health website.

To receive the “Breastfeeding Friendly” designation, programs must:

• Designate a private space (not a bathroom) for mothers to pump or breastfeed their infants.
• Attend one (1) training session with Boulder County Public Health Child Health Promotion (CHP) staff.
• Complete an assessment and develop an action plan based on the assessment results with CHP staff.
• Meet the following 6 criteria (do not need to be completed in sequence):

  1. **Staff Policy and Environment**: Support staff to breastfeed successfully by making and sharing this commitment with staff.

  2. **Staff Training**: Train all staff to support optimal infant and young child feeding, and continue updates and learning about protection, promotion, and support of breastfeeding on an annual basis.

  3. **Family Policy and Environment**: Inform women and families about the importance of breastfeeding, and provide a breastfeeding friendly environment.

  4. **Learning and Play for Children**: Provide learning and play opportunities for children that normalize breastfeeding.

  5. **Breastmilk Storage and Handling**: Ensure that all breastfeeding families served are able to properly store and label milk for child care program use and that each infant has a feeding plan that supports best feeding practices.

  6. **Community Resources and Referrals**: Refer families to local breastfeeding resources, services, and skilled breastfeeding support.
Breastfeeding Friendly Child Care Program

This certifies that

**Your Program Here**

is a designated Breastfeeding Friendly Child Care Program

This center has met all of the certification criteria, including:

- Providing training and education to staff and families
- Helping to normalize breastfeeding
- Properly storing and labeling breast milk
- Providing private areas for pumping and breastfeeding for families and employees
- Having written lactation policies or guidelines for families and employees
- Providing referrals for support
- Conducting assessments and training, as required by Boulder County Public Health

Jeffrey J. Zayach, MS
Executive Director, Boulder County Public Health

Certification Valid: 2016 - 2017
Breastfeeding Friendly Child Care: Self-Assessment

Your Name: ___________________________ Date: ___________________________

Child Care Facility Name: __________________________________________

The following six criteria describe ways that child care programs can provide optimal support for breastfeeding families. Below each step are specific actions to support that step. This assessment is used to evaluate your program’s change in practices after becoming “Breastfeeding Friendly” and also as a training tool to help your program improve its breastfeeding support.

Please read each statement and check the box that most accurately reflects the practices used in your program most of the time. If you are unsure, seek input from appropriate staff members. Answer as honestly as possible to identify which areas need the most improvement and where to focus your energy.

1. Staff Policy and Environment: Support staff to breastfeed successfully by making a commitment to the importance of breastfeeding and sharing this commitment with staff.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Progressing</th>
<th>Breastfeeding Friendly</th>
<th>Breastfeeding Advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td>An explicit staff policy for supporting breastfeeding by guaranteeing breastfeeding staff time and space</td>
<td>☐ Exists informally, or is written but not regularly communicated to staff</td>
<td>☐ Is written, readily available, and regularly communicated to staff</td>
<td>☐ Is written, readily available, regularly communicated to staff, and posted or printed</td>
</tr>
<tr>
<td>Educational materials on the risks and benefits of different infant feeding options are available to all staff</td>
<td>☐ Are not available at our facility or are available upon request</td>
<td>☐ Are readily available</td>
<td>☐ Are actively distributed</td>
</tr>
<tr>
<td>A resource list of local lactation consultants and community providers who can answer breastfeeding and human milk feeding questions</td>
<td>☐ Is not available at our center or exists, but is not readily accessible to staff</td>
<td>☐ Is comprehensive, up-to-date, and readily accessible to staff</td>
<td>☐ Is comprehensive, up-to-date, readily accessible, and actively distributed to staff</td>
</tr>
<tr>
<td>Breastfeeding employees are given appropriate breaks so that they may express milk and/or nurse their babies as needed</td>
<td>☐ Sometimes, if they ask</td>
<td>☐ Always</td>
<td>☐ Staff are encouraged to bring babies to work</td>
</tr>
<tr>
<td>A designated area, other than a bathroom, for employees to nurse and/or express their milk</td>
<td>☐ Is not available or only available at certain times</td>
<td>☐ Is always available, has appropriate seating, is shielded from view and free from intrusion, and has an electrical outlet</td>
<td>☐ Is always available, has appropriate seating, is shielded from view, free from intrusion, has an electrical outlet, and is stocked with education materials and breastfeeding supplies</td>
</tr>
</tbody>
</table>
# Action Plan

## Breastfeeding-Friendly Child Care: Action Plan

### Your Name: __________________________ Date: __________________________

### Child Care Facility Name: __________________________

### Staff Policy & Environment: Support staff to breastfeed successfully by making a commitment to the importance of breastfeeding, and sharing this commitment with staff.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Actions to Reach Goal</th>
<th>Persons Involved</th>
<th>Target Date for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Write staff policy and add to handbook</td>
<td>Go to BoulderCountyBreastfeeding.org to download a sample policy</td>
<td>Director</td>
<td>End of August</td>
</tr>
</tbody>
</table>

### Staff Training: Train all staff in the skills needed to support optimal infant and young child feeding and continue updates and learning about promotion, protection, and support of breastfeeding annually.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Actions to Reach Goal</th>
<th>Persons Involved</th>
<th>Target Date for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Train all staff on Breastfeeding Friendly Childcare Information</td>
<td>Go to BoulderCountyBreastfeeding.org to download sample training</td>
<td>Director/Infant nursery supervisor</td>
<td>End of August</td>
</tr>
<tr>
<td></td>
<td>Set time and date for training</td>
<td>Director/Infant nursery supervisor</td>
<td>End of August</td>
</tr>
</tbody>
</table>

### Family Policy & Environment: Inform women and families about the importance of breastfeeding and provide a breastfeeding friendly environment.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Actions to Reach Goal</th>
<th>Persons Involved</th>
<th>Target Date for Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Add family policy to parent and infant handbook</td>
<td>Download sample policy from BoulderCountyBreastfeeding.org</td>
<td>Director</td>
<td>End of August</td>
</tr>
</tbody>
</table>
Infant Feeding Plan

Tell us about your baby’s feedings at our center. As your child’s caregivers, an important part of our job is helping you feed your baby. The information you provide below will help us do our very best to help your baby grow and thrive. This form must be completed for all children under 15 months of age.

Child’s name: ___________________________ Birthdate: ____________

Parent/Guardian’s Name(s): ___________________________ ___________________________

Did you receive a copy of our “Infant Feeding Guide”?
☐ Yes ☐ No

If your infant is breastfeeding, did you receive a copy of:
☐ Making Breastfeeding Work for Moms
☐ Breastfeeding Services and Resources Guide

To Be Completed by Parent

At home, my baby drinks (check all that apply):
☐ Mother’s milk from (bottle): ☐ Other:
☐ Cow’s milk from (bottle): ☐ Other:
☐ Formula from (bottle): ☐ Other:
☐ Water:

How often does your child usually feed?

How much milk/formula does your child usually drink in one feeding?

Has your child started eating solid foods?
☐ Yes ☐ No

If so, what foods is/she eating:

How often does your child usually eat solid food, and how much?

To Be Completed by Caregiver

Child’s name: ___________________________ Birthdate: ____________

Tell us about your baby’s feedings at our center:

I want my child to be fed the following foods while in your care:

<table>
<thead>
<tr>
<th>Type of Food</th>
<th>Frequency of feedings</th>
<th>Approximate amount per feeding</th>
<th>Details about feeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s milk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formula</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cow’s milk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cereal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baby food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (describe): ___________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I plan to come to the center to nurse my baby at the following time(s): ___________________________

My usual pick-up time will be: ___________________________

If my baby is crying or seems hungry shortly before I am going to arrive, you should do the following (choose as many as apply):
☐ Hold my baby ☐ Use the teething toy ☐ Use the pacifier ☐ Rock my baby ☐ Give a bottle of my expressed milk ☐ Other (specify): ___________________________

At the end of the day, please do the following (choose one):
☐ Return all thawed milk to me ☐ Discard all thawed milk

We have discussed the above plan, and made any needed changes or clarifications.

Today’s date: ___________________________ Parent Signature: ___________________________ Teacher Signature: ___________________________

Any changes must be noted below and initialed by both the teacher and the parent.

<table>
<thead>
<tr>
<th>Date</th>
<th>Change to Infant Feeding Plan (must be recorded as feeding habits change)</th>
<th>Parent Initials</th>
<th>Teacher Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Available at BoulderCountyBreastfeeding.org
The following tools and resources are available at BoulderCountyBreastfeeding.org:

• Fillable sample policies
• Training registration
• Sample educational materials, including a list of breastfeeding-friendly toys and books, and posters that contain information about breastfeeding and photos of mothers and infants
• A community breastfeeding resource list
• Breastfeeding Friendly Child Care Self-Assessment
• Action plan template
• Infant feeding plan
Thank you

• Thank you to North Carolina Global Breastfeeding Institute for the information adapted throughout this document.
• Breastfeed Boulder County is a project of Boulder County Public Health.
• For information about breastfeeding, visit BoulderCountyBreastfeeding.org or call 303.413.7549.