



- Continuity of Care (CoC) Toolkit -

More than half of families do not breastfeed for as long as they plan.¹ Due to a family's need to return to work or school, many children are spending a significant amount of time in child care settings. Of the 12.5 million U.S. children <6 years old, in a regular child care arrangement, 59% spent at least some time in licensed, center-based child care² and 22% are cared for in a private home by someone other than a relative.³ Therefore, it is important to address how breastfeeding is protected in child care. To truly support all families in achieving their lactation goals, and to impact breastfeeding duration rates, a focus on Continuity of Care (CoC) is critical. CoC occurs when consistent messaging is being shared by all who interact with the family before, during, and after birth.

The ENRICH Carolinas project is working to integrate the child care industry into the breastfeeding support infrastructure. This toolkit equips Health Care Providers (HCP) with resources they can use to educate and encourage parents to advocate for their family's feeding choices while in child care. When HCPs engage in these conversations, particularly in the prenatal period, they present families with an opportunity to process new concepts and plan accordingly as the time for child care enrollment approaches. The toolkit focuses on the prenatal period, given many families make the decision to breastfeed while pregnant.⁴ Although ideally intended for prenatal use, the toolkit is relevant in any outpatient setting (e.g., early postpartum, newborn care, etc.) and for families who may already be enrolled in child care programs but are unaware of accommodations that support continued breastfeeding.

TOOLKIT AIMS:

- Provide HCP, child care programs, and families with information relevant to child care feeding practices.
- Facilitate CoC and consistent messaging between healthcare and Early Care and Education (ECE) settings.
- Provide job aides to support communications with families seeking licensed child care enrollment.

TOOLKIT IN ACTION:

- Explore and become familiar with job aides in order to readily tailor education for each family.
- Ensure job aides are accessible throughout healthcare spaces where families receive prenatal and postpartum education and services.
- Avoid using job aides for birthing facility discharge education or information packets as the discharge process can already be overwhelming to families adjusting to a new member.

1 Odom EC, Li R, Scanlon KS, Perrine CG, Grummer-Strawn L. Reasons for earlier than desired cessation of breastfeeding. *Pediatrics*. 2013;131(3):e726-e732. doi:10.1542/peds.2012-1295

2 "Closing the Gap: How CCR&Rs Can Help Communities Meet Their Child Care Supply and Demand Needs." Accessed April 30, 2021, <https://info.childcareaware.org/download-closing-the-gap-report?submissionGuid=dd860118-0426-4c48-9fba-61e85f3c7d4e>.

3 "Early Childhood Program Participation, Results from the National Household Education Surveys Program of 2016", Accessed April 30, 2021, <https://nces.ed.gov/pubs2017/2017101REV.pdf>.

4 Lawson K, Tulloch M.I. Breastfeeding duration: Prenatal intentions and postnatal practices. *Journal of Advanced Nursing*. 1995;22(5):841-849.



WHAT'S INCLUDED:

Frequently Asked Questions (FAQs) -

This resource outlines questions HCPs often receive from families alongside scripting for easy response. Responses incorporate information on child care program accommodations for breastfeeding while considering infant and young child feeding (IYCF) best practices as well as licensing rules and state regulations.

Quality Child Care (Rack Card) -

This is designed to provide families with knowledge of what to expect around breastfeeding support in child care settings, while recognizing that breastfeeding best practices are a marker of quality care. Given the lack of resources provided in the healthcare space around child care this resource aims to address families that have little to no experience with ECE. Note: It has been tailored for North Carolina and South Carolina, given variations between state ECE infrastructures.

Supporting Families' Feeding Choices: A Guide for Partnering with Caregivers to Develop an Infant Feeding Plan -

This guide provides tips for helping families complete their infant feeding plans for use in child care programs, and therefore aims to help HCPs engage in dialogue with families in prenatal or outpatient settings. The guide outlines the role of families, HCPs, and child care programs in completing infant feeding plans.

Feeding Human Milk from a Sippy Cup -

This resource supports the normalization of human milk feeding at any age, accounting for an important developmental milestone for children, the transition to drinking from a cup. While cup feeding is appropriate for any child, including young infants, with assistance, families and child care programs often are unaware of best practices for feeding human milk in a cup/sippy cup.

The ENRICH Carolinas Initiative, funded by The Duke Endowment, strives to improve maternity care and breastfeeding rates in underserved communities in the Carolinas. The project name stands for Enriching Maternity Care Communities in the Carolinas. Through this project we plan to enrich not only the learning and practice experience of health and child care providers, but also the patient experience, family engagement, and maternity center/ hospital systems commitment to the communities they serve with equitable and evidence-based care.