

- CHILD CARE FEEDING PRACTICES - FREQUENTLY ASKED QUESTIONS



INFANT FEEDING PRACTICES

How do parents inform child care programs of their family's feeding choices? Family feeding choices and practices are captured on an individual written feeding plan for children younger than 15 months, which is created and updated with input from parents, health care providers, and child care program staff.

What is an Infant feeding plan? Infant feeding plans specify the type, amount, and frequency of food the child is expected to receive in the child care program, allowing staff to provide the best feeding support. The Infant feeding plan includes questions about hunger cues, frequency of feedings, typical amounts consumed, solid food introduction, and any change in eating habits.

Can families continue to breastfeed when their child attends a child care program, including beyond one year? How much milk should they send? Yes, families can continue to breastfeed when their child/ren attends a child care program and may send expressed milk for as long as desired. They should express milk the same number of times for the same amount of time they would if they were with their child breastfeeding and send the expressed milk.

Can human milk be provided in cups? Yes, child care programs will accept human milk in appropriate, sealed containers (cup, sippy cup, or other container) that are ready to use, labeled in a way that will not wash off, with the child's full name and the date.

How should frozen milk be prepared for feeding? Frozen milk should be labeled appropriately so the oldest milk may be used first. It can be defrosted in the refrigerator or warmed to body temperature with a bottle warmer or under warm water. Human milk should never be microwaved.

What should be done if the infant does not finish the whole bottle? If the infant does not finish the whole bottle, caregivers may return the bottle contents to the parent/guardian at pickup. The child care program should communicate daily the type, frequency, and amount of food consumed.

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How should infants be bottle fed? All infants should be fed on demand, in response to their hunger cues, which are learned by the caregiver and written on the infant feeding plan. Paced bottle feeding helps infants control the amount they consume over the course of the feed.

Are families able to breastfeed at the program, including at drop off, pickup, or during the day? Yes, families may visit child care programs to breastfeed their infants any time, and are encouraged to communicate this with the program ahead of time so they can be prepared. A private space, with an electrical outlet, will be available.

When should infants transition to solid foods? While human milk remains the main source of nutrition for the first year, families can begin to introduce solids when their child is showing developmental readiness around six months. Families should continue to receive support to breastfeed for as long as they wish. A health care provider should provide written instructions for a child care program to allow a child to receive solid food before six months.

What breastfeeding supports are available to employees? Child care program staff that wish to continue providing human milk will be allowed breaks to express milk or breastfeed in a private room with an electrical outlet, as often as needed.

COMMON CONCERNS

Will the child care program give my child Breastmilk Substitutes (BMS) / infant formula? The child care program will feed the child according to the infant feeding plan. Only children with written permission to receive BMS/infant formula will receive it at the child care program.

What if the child care program asks for more milk/containers, but parents are sending all they are able to express? Health care providers should prepare families to discuss appropriate intake per age/weight with child care programs and have this indicated on the infant feeding plan. Encourage families to request that the child care program practices paced bottle feeding. If it is determined that supplementation is necessary, families should talk to a health care provider (ex. lactation consultant) to learn if their expressed milk or donor human milk is an option. If donor human milk is not an option for the family, an alternate source of nutrition such as BMS should be communicated to the child care program.