

- CHILD CARE FEEDING PRACTICES - SUPPORTING FAMILIES' FEEDING CHOICES

A Guide for Partnering with Caregivers to Develop an Infant Feeding Plan

- Intro -



The Infant feeding plan is an important tool to help child care programs learn about the feeding needs of infants under 15 months and how to best provide for them. The family, child care program and health care provider each have special roles as the feeding plan is created. Health care providers are well positioned to advise on best practices while being mindful of individual infant feeding needs based on a patient's medical history.

The feeding plan is a formal way for the program to document information from families and health care providers about a child's normal feeding behaviors. The feeding plan describes how those behaviors will continue to be supported at the program while the child is away from the family.

Feeding plans are made for each child because all children are different. The '*Infant Feeding Plan*' form helps a program to do their very best to support a child's growth and be healthy, while being intentional about support for breastfeeding families. Collecting information and writing it on the '*Infant Feeding Plan*' form is just the first step. This form is to be reviewed and updated about once per month to make sure it reflects the child's ever-changing behaviors and his/her developmental milestones.

- Families -

The role of the family is to share how the child is fed at home and expectations for feeding at the child care program

- Feeding habits: What your child drinks (expressed human milk, infant formula, cow's milk, other), how your child takes feeds (at breast/chest, bottle, cup/ sippy cup, container), frequency of feedings, and amount typically consumed. If your child is eating solid food (iron-fortified infant cereal, meats, chicken, fish, beans, vegetables, fruits, etc.) and amount typically consumed.
- Hunger cues: Record early and late hunger cues your child typically displays (sucking fingers, turning head, crying, etc.).
- Onsite feeding: If you plan to feed your child at the program, this should be clearly stated on the form with approximate time/s of arrival.
- Pickup: The usual time you expect to arrive at the program to pick up your child, and how program staff should soothe your child (holding, rocking, using a pacifier, feeding) if showing hunger cues. Explicitly state whether human milk leftover from a feed will be returned to your family at pickup or disposed of by program.
- Note any food allergies and related dietary modifications.
- Regularly share updates on your child's feeding habits at home with the child care program. Infant feeding habits may shift over 48 hours; be sure to share updates at the beginning of each week and after extended time away from the program.
- Discuss *Infant Feeding Plan* with health care provider and communicate recommendations with the child care program.

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- Health Care Providers -

The role of the health care provider is to assess the individual needs of the child & prepare families to educate other caregivers

- Review *Infant Feeding Plan* with family and discuss their expectations for other caregivers.
- Discuss signs of developmental readiness to begin introducing solids.
- Provide documentation for families to give child care program if solids are recommended before 6 months.
- Provide written communication about the importance of human milk beyond 12 months if a child care program discourages human milk in classrooms for older infants and children.
- Educate families on paced bottle feeding and provide resources for other caregivers.
- Discuss dietary modifications if child has food allergies.



- Child Care Programs -

The role of the child care program is to support & actively engage families in information sharing & ensure a current Infant Feeding Plan is followed for each child

- Review *Infant Feeding Plan* with parents/guardians to discuss, answer questions, and provide clarifications.
- Have *Infant Feeding Plans* accessible and available for reference.
- Feed children in response to their hunger cues, not on a schedule.
- Provide families with copies of *Infant Feeding: A Guide for Parents and Caregivers* and *Breastfeeding: Making It Work*. Review section on identifying hunger cues with parents/guardians.
- Ask families for updates to the *Infant Feeding Plan*. Create a culture of openness with families so it becomes normal for sharing important feeding information. If drop off and pickup are too busy for sharing with each family, find a different way to communicate (email, text messaging, etc.). Work with each family to identify what is best.
- Honor families' diverse backgrounds. Seek culturally appropriate materials in the family's preferred language.
- Participate in annual trainings on providing support to breastfeeding families and how to properly store, handle, and feed expressed human milk.
- Be able to explain the importance of providing support for breastfeeding.
- Develop skills in, and practice, paced bottle feeding.
- Include *Infant Feeding Plans* in Emergency Preparedness and Response (EPR) planning. Record family's wishes for alternate feeding practices in emergency situations.