



National Early Care & Education Learning Collaboratives:


Taking Steps to Healthy Success

Learning Session 3

PowerPoint Notes

September 2018







Learning Session 3: Serving Meals Family-Style & Supporting Breastfeeding

Early Childhood Health
Promotion
and Obesity Prevention

National Early Care and
Education
Learning Collaboratives
(ECELC) Project



Nemours is currently funded by the Centers for Disease Control and Prevention (CDC) under a five-year Cooperative Agreement (1U58DP04102-01) to support states/localities in launching early care and education learning collaboratives focused on childhood obesity prevention. The views expressed in written materials or publications, or by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

In addition to the CDC and Nemours logos, you are welcome to add your state logo(s) and unique project name to these slides.

- Welcome programs and participants back to the Learning Session.

Acknowledgements

A special thank you to:

- **Centers for Disease Control and Prevention (CDC)**
 - For generous funding support and expertise
- **Nemours**
 - For their expertise, materials, support, and time spent on the project's implementation
- **Gretchen Swanson Center for Nutrition**
 - For the evaluation component of this national effort



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Enter acknowledgments for your state partners.

The ECELC is a project funded by the ***Centers for Disease Control and Prevention (CDC)*** to support early care and education (ECE) providers to promote best practices in healthy nutrition, physical activity, breastfeeding support, and screen time.

Nemours is supporting this project nationally through their expertise, materials, and time throughout the implementation process.

Gretchen Swanson Center for Nutrition is administering the evaluation component of this project.



This session will focus on how providers can improve best practices for healthy eating with emphasis on family-style dining and breastfeeding support.

In the “Facilitating Change in Your Program” segment later today, participants will continue the action planning process and will complete the “Program Staff” and “Program Environment” columns of their Action Plan.

Learning Session 3 Objectives

At the end of the Learning Session, participants will be able to:

1. Describe best practices for family-style dining and breastfeeding support and identify change opportunities within their program;
2. Have the information to continue the Action Plan, with focus on impacting program staff and the program environment; and
3. Continue to document and communicate the process of healthy change by adding to the storyboard.





Note: Using large chart paper or board, create a graph with the Healthy Kids, Healthy Future (HKHF) goals listed on the bottom:

- Nurture Healthy Eaters;
- Provide Healthy Beverages;
- Increase Physical Activity;
- Reduce Screen time; and
- Support Breastfeeding.

Have your sticky notes in 5 different colors on hand.

- Assign each color a HKHF goal (i.e. yellow is “Nurture Healthy Eaters”);
- Participants will use the sticky notes to build a bar graph;
- As a large group, have participants share which goal(s) they worked towards and the action steps they implemented related to program policies, program environment, program staff, and the children;
- Give the Leadership Team the color sticky note that pertains to the goal(s) they’ve focused on for their Action Plan; and
- Ask the Leadership Team to write the name of their program on the sticky note(s) and place it in the column of their respective goal.



Note: Ask participants if they practice family-style dining in their program. Explain that family-style dining can benefit the child, the teacher, and the program.

Family-Style Dining



Family-Style Dining with 2 Year Olds

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This video demonstrates how one program introduced family-style dining to their 2 year olds.

Click on the photo (hyperlink) to start the video.

<https://www.youtube.com/watch?v=ElpanmnPhAg>

What is Family Style Dining?

- A meal service approach that helps ECE programs support children to have developmentally appropriate mealtime experiences and helps to prevent childhood obesity
- Involves children and adults sitting together to enjoy foods and beverages in a manner that supports children's independence
- Foods and beverages are placed on the table where the children and adults sit together to share the meal
- Children are encouraged to serve themselves independently with adult help when needed.

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In its most basic form, FSD involves children and adults sitting together to enjoy foods and beverages in a manner that supports children's independence.

FSD is a meal service approach that helps ECE programs support children to have developmentally appropriate mealtime experiences and helps to prevent childhood obesity.

Foods and beverages are placed on the table where the children and adults sit together to share the meal. Children are encouraged to serve themselves independently with adult help when needed.

Why is Family Style Dining Important?

- Enriches a child's learning environment
- Gives children the opportunity to take an active role in their feeding
- Creates a unique opportunity for us to model healthy food choices and table manners



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FSD enriches a child's learning environment. Family style meal service gives children the opportunity to take an active role in their feeding as it allows them to make decisions and to take responsibility for their food choices. FSD also creates a unique opportunity for us to model healthy food choices and table manners.

Characteristics of Family-Style Dining

- Children help set the table
- Child-size tables, utensils, and serving dishes are utilized
- Food is passed in small containers
- Beverages are served in small pitchers
- Children serve themselves
- Adults sit at the table with children and role model by eating the same foods
- Children engage in conversation



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Whether it's food served in the classroom or food brought in from home, the concepts stay the same.

Use the variety of lunches available as an educational moment; children can observe other healthy foods and create discussions on healthy eating.

There are many elements to family-style meal service. It looks different from program to program depending on the ages of the children served and whether food is provided by the program or brought from home; two important factors that impact how many family-style dining elements can be practiced by an ECE program.

In its most complete form, family-style meal service involves all of the following:

- Children help set and clear the table.
- Child-size tables, utensils, and serving dishes are utilized.
- Food is passed in small containers.
- Beverages are served in small pitchers.
- Children choose their own portion size and serve themselves independently unless adult help is required.
- Adults practice 'responsive feeding' principles, helping children to listen to their bodies to decide whether they are hungry, full, or eating out of habit.
- Adults sit at the table with children and role-model by eating the same foods and drinking the same beverages.
- Adults intentionally engage with children at the table to talk about trying and enjoying new foods and to guide the conversation to create a positive mealtime environment that supports learning.
- Children engage in conversation with one another and with the adults around the table.

When children are allowed to decide their own portion sizes they generally serve themselves a smaller amount and are less likely to overeat. This decision making process helps to reinforce children's eating according to their internal hunger and fullness cues.

FSD Supports Child Development

- Small, large, oral motor development
 - Passing out plates, tipping a pitcher of milk, and lifting a serving spoon of food use a variety of motor skills
 - Learning to use serving utensils, such as tongs, allows children to develop fine motor skills
 - Children need to balance to stay in their chairs, which strengthens core muscles
 - Oral motor skills are developed when children learn to drink from a glass

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FSD maximizes meal and snack times for hands-on learning and supports Early Learning Standards in many child development domains (motor, social, language, and emotional).

Small, Large, Oral Motor Development

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- Children need to balance to stay in their chairs, which strengthens core muscles.
- Oral motor skills are developed when children learn to drink from a glass.

FSD Supports Child Development

■ Social Development

- Provides teaching opportunities for sharing, turn taking, and table manners
- Children learn empathy and how to recognize and respond to others' needs
- As children talk with their peers and adults at meals, they practice social etiquette behaviors, such as saying “please” and “thank you”, and learn the art of conversation and how important these are for a pleasant mealtime experience
- Adult role modeling of both manners and conversation skills is fundamental to FSD

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Social Development

- The social interaction involved in FSD provides teaching opportunities for sharing, turn taking, and table manners.
- Children learn empathy and how to recognize and respond to others' needs.
- As children talk with their peers and adults at meals, they practice social etiquette behaviors, such as saying “please” and “thank you”, and learn the art of conversation and how important these are for a pleasant mealtime experience.
- Adult role modeling of both manners and conversation skills is fundamental to FSD. Overtime you will see children use these skills more frequently both during and outside of mealtime.

FSD Supports Child Development

- Language Development
 - Mealtime conversations develops children’s language and can create a language-rich environment
 - Using words and sentences describing the flavor, texture, color, or temperature of a food enriches children’s vocabulary
 - Talk about topics that interest the children in your program!

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FSD maximizes meal and snack times for hands-on learning and supports Early Learning Standards in many child development domains (motor, social, language, and emotional).

Language Development

- Mealtime conversations develops children’s language. Exposure to descriptive and meaningful words, asking and answering questions, and taking turns speaking creates a language-rich environment.
- Using words and sentences describing the flavor, texture, color, or temperature of a food enriches children’s vocabulary.
- Remember, you can talk about many different topics at mealtime, but it is especially important to talk about topics that interest the children in your program! This will expand conversations and create new vocabulary.
- RESOURCE: Check out these mealtime conversation cards!
https://www.educateiowa.gov/sites/files/ed/documents/1314_np_lt_PassPeaches_conv_ersationCards.pdf

FSD Supports Child Development

- Emotional Development
 - Can boost a child’s self confidence through trying new things and mastering new skills
 - Getting food from the serving bowl to their plate is a reason to celebrate
 - “I did it!” are important words for children to say
 - Waiting their turn for food to be passed around helps children practice self-regulation
 - Children learn independence when they help to set the table, serve themselves, and clear the table

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FSD maximizes meal and snack times for hands-on learning and supports Early Learning Standards in many child development domains (motor, social, language, and emotional).

Emotional Development

- Family style dining can boost a child’s self confidence through trying new things and mastering new skills.
- Getting food from the serving bowl to their plate is a reason to celebrate. “I did it!” are important words for children to say.
- Waiting their turn for food to be passed around helps children practice self-regulation.
- Children learn independence when they help to set the table, serve themselves, and clear the table. The more children do themselves, the less an adult must do for them.

Getting Children Ready for FSD

- To be successful with family style meal service, it's important that children:
 - Learn and develop mealtime skills
 - Practice self-feeding

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To be successful with family style meal service, it's important that children:

Learn and develop mealtime skills

Family style dining requires specific skills. Some of these skills require instruction and practice. Children can develop skills necessary for success with family style dining. Children should be able to:

Practice proper handwashing techniques

Use utensils, glasses, plates, and bowls – learn how to hold utensils by the handle, glasses by the side, plates by the edge, and bowls by the side or rim. Hands should not touch parts of their plates or glasses where food is placed. Children will need to be constantly reminded that serving utensils cannot go in their mouths

Look at the person they are passing the dish to, or receiving the dish from. This will reduce spills and supports social etiquette.

Clear their place setting and assist in cleanup. This promotes independence and teaches responsibility. Spills will happen. When they do, remind children that it is ok to make mistakes and have them help with the cleanup. A tub for dirty dishes placed at child level helps reduce spills.

Practice self-feeding

Older infants and toddlers should hold and drink from an appropriate child-sized glass and use a child-sized spoon and/or fork to serve themselves. Self-feeding with fingers is also appropriate. Preschoolers are usually better at feeding themselves when they use utensils, glasses, and dishes that match their abilities.

Child Size Equipment

- **Developmentally appropriate equipment allows children to:**
 - Develop and enhance fine motor skills to grasp, hold, and manipulate small objects and tools
 - Improve hand-eye coordination skills



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Hand-eye coordination skills:

- Children learn to direct the movements of their fingers, hands, and wrists to perform more complex tasks

Hand and finger skills such as using a fork, spoon and occasionally a knife are developmental milestones that should be achieved between the ages of 3-5 years.

Getting Staff Ready for FSD

- It's important that staff are prepared to:
 - Encourage self-feeding practices
 - Arrange seating to support skills
 - Assess children's mealtime skills
 - Integrate Meal Service Practice into other activities



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Encourage self-feeding practices

Providers should encourage older infants and toddlers to hold and drink from an appropriate child-sized glass and use a child-sized spoon and/or fork to serve themselves. Self-feeding with fingers is also appropriate. Preschoolers are usually better at feeding themselves when they use utensils, glasses, and dishes that match their abilities.

Arrange seating to support skills

You can sit near children that you know need more support with family style dining. This will allow you to easily assist with passing dishes and helping children serve themselves.

Assess children's mealtime skills

Providers must assess what skills children currently have and what skills they need to develop for family style dining. Once these are determined, providers can determine the best way support each child in developing these skills outside of mealtimes and supporting them during mealtimes.

Integrate Meal Service Practice into other activities

Allow children time to practice family style dining skills outside of mealtime. You can include practice in daily routines, transitions, and play and learning experiences. Be creative! Allow children to mix play objects from different learning areas to create their own learning opportunities.

Integrating Meal Service into Daily Activities

- Daily transitions and routines
- Dramatic play
- Small motor experiences
- Sand and water play
- Literacy and music/movement activities



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It is important to provide opportunities for children to learn skills needed for family-style dining prior to implementing it at mealtime. Programs can provide child sized equipment such as pitchers, cups, forks and spoons outside of mealtime to allow children to strengthen skills, such as pouring, which are needed at mealtime.

Daily Transitions and Routines

Use these times to help children learn self-help skills and health practices. Children who properly wash their hands with adult supervision are learning to reduce the spread of germs and stay healthy. Routines and transitions also help children regulate behavior, especially when transitions do not require children to wait for a long amount of time.

Dramatic Play

Create a dramatic play area that reflects mealtime experiences! A variety of serving utensils and dishes like those used for meals allows children to practice serving play food or passing dishes without making the mess.

Create pretend food for serving practice. You can cut up yarn to look like spaghetti and use tongs to practice serving. Use developmentally appropriate sized lacing beads to represent foods that can be scooped, and thin rectangle sponges as slices of bread.

Children can learn the correct way to set and clear the table for a pretend meal with a doll, adult, or peer. You can show children how to hold play utensils by the handle while setting the table for a pretend meal.

Children can use a play broom and dustpan to clean up pretend spills.

Small Motor Experiences

You can use nontraditional materials in play and learning to help children develop fine motor skills needed for serving utensils, such as pinching and grasping. Ideas include using containers, scoops, spoons, cups, and tongs with counting tokens, cotton balls, lacing beads, small unit blocks, and cubes of clay or playdough.

Examples Include:

Sand and Water Play

Offer a variety of sizes and styles of measuring cups, slotted spoons, squeeze bottles, non-slotted spoons, scoops, pitchers, cups and containers for sand and water play. An item that resembles dining equipment gives children a more realistic experiences. An empty scoop is lighter than a full scoop which make a different to little hands. Clean potting soil and damp sand can offer different weights and textures. These materials can all be used indoors and outdoors. Have children help with cleanup when play is done. This is a good practice for when spills happen at mealtime.

Literacy and Music/Movement Activities

Make picture books that show children engaging in family style dining. As parents for photos of their families eating together to add to the book. Use theses to start a conversation with children about what is happening in pictures. Encourage children to match items in their environment with items they see in the pictures.

Ask children to tell a story about food or mealtime. Write their words and let them draw a picture. Songs and chants can be used during transitions or during music/movement activities. Create songs or lyrics about new foods, food groups, or mealtime activities.

Create a Mealtime Environment that Promotes Learning and Exploration

Phrases that Hinder

- “You have to eat that”
- “Do not leave the table until everything is finished”
- “Carli, look at Maria. She ate all of her bananas and you did not.”
- “You may not have seconds, we don’t have enough to give them to everyone.”
- “I’m going to tell your mom you weren’t a good eater today at school.”

Phrases that Help

- “These radishes are crunchy! What other vegetable is crunchy?”
- “This is a kiwi. It is sweet. What fruits do you like that are sweet?”
- “What should you do when your stomach is full from eating?”
- “Thank you for trying a new vegetable. It is ok that you did not like it”



Use praise when a child tries a new food. This may motivate other children who were reluctant to try a new food to do so.

When asking questions allow the child a chance to think and problem solve. Work with children to assist them to categorize like foods by asking questions that relates to similar foods.

Getting Your Program Ready for FSD

- Procure appropriate furniture and equipment
- Implement gradually



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Procure appropriate furniture and equipment

Programs should have child-sized mealtime furniture and meal service tools for eating, as well as for play and learning.

Implement gradually

It is important to implement family style dining gradually. It is ok to start small! Start with snacks or one meal component like letting children set the table. Practice family style daily. Consistency and repetition are important for success.

Discussion:

Are you ready for family-style dining?

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Goal setting is an important piece of the Learning Collaborative, specifically throughout the development of the Action Plan.

The goal setting activities used throughout the Learning Sessions will focus on the “how,” “what,” “who,” “when,” and “where” of the desired change.

Note: Facilitate the following goal setting activity. Remember each program may be at a different level of implementing family-style dining, so it is important to identify where each program is at before beginning the activity.

- Have participants think of how they can start or improve family-style dining in their ECE program; and
- Have participants write down their goal and the steps needed to reach it.
 - Have participants include the challenges and barriers they may face during the implementation of family-style dining.
- For example: A program may already be practicing family-style dining, but would like to encourage greater participation amongst the children. The participant should then answer the “how,” “what,” “who,” “when,” and “where” within the goal setting process.
 - How can he or she encourage the children to properly use mealtime utensils?
 - What types of child size equipment is needed to be successful?
 - Who will this affect and who may be a source of support?
 - When will the program start the implementation process and will gradual steps be taken to reach the overall goal?
 - Where will family-style dining take place?
- Reflect: Is this a realistic and achievable goal?
- Ask for volunteers to share their desired change and the steps needed to achieve it.

Goals do NOT have to be extensive, and actually smaller goals are appropriate because they are more realistic. Build in their current experiences with their goals.

Ex: The **two year old classroom (Who/Where)** will begin to **introduce family-style dining (What)** by **using the water table (How)** **once a week (When)** with the suggested materials for the children to use.

This shows who, where, what, when and how (the main questions a goal should address).

Tips for Success



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Click on the photo (hyperlink) to start the video.

URL: <https://www.youtube.com/watch?v=F50apIAslpk>

Mealtime Routine Sample Handout



Family Style Mealtime Routine

Mealtime Routine Sample

1. Call for helpers - children with daily jobs.
2. Transition activity - song.
3. Bathroom and hand wash break.
4. Children sit at the table as food is placed.
5. Teachers sit and eat with children.
6. Children and teachers dispose of plates.
7. Transition - children choose quiet books or puzzles as others finish eating.

Family Style Mealtime Checklist

Mealtime Routine

- Teachers' routine allows for food to be prepared and ready at the designated mealtime.

Appropriate size bowls and serving utensils

- Food is served in bowls of appropriate size that children can lift and pass.
- Serving bowls are made of materials that do not conduct heat and are not too hot to pass.
- Small size scoops, one-piece plastic tongs, and short-handled hard plastic serving spoons are used.

Family Style Practice Activities

Serving utensils practice (small group activity or set up a learning center in classroom)

- Practice with scoops, tongs, and short-handled hard plastic serving spoons.

Pouring practice (set up water table or learning center in classroom)

- Pretend practice.
- Practice with dry liquid such as sand or beans.
- Practice with water and pouring into child-size cups.

Cleanup practice (dramatic play or a small group activity)

- Pretend cleanup with sponges or cloth.
- Pretend floor cleanup with mini-mop or cloth.
- Practice cleanup of table and floor with water.

Mealtime expectations to review with children

- We eat together at the table.
- We all come to the table at the same time.
- We wait until everyone is ready before we begin.
- We serve ourselves and pass food to each other.
- We use inside voices.

Passing food practices for children

- Pass with both hands.
- Keep food over the table when passing it.
- Hold the bowl by the sides (to keep fingers out food).

Nemours' Food Service Management Institute (FSMI) helps providers for healthy kids. www.nemours.com/fsmi



Note: Have participants turn to the *Mealtime Routine Sample Handout* in the Participant Handbook or inform participants that it can be downloaded electronically.

- Encourage participants to print this document for their program staff as they promote healthy changes in their programs.

Early Learning Standards Physical Activity Break



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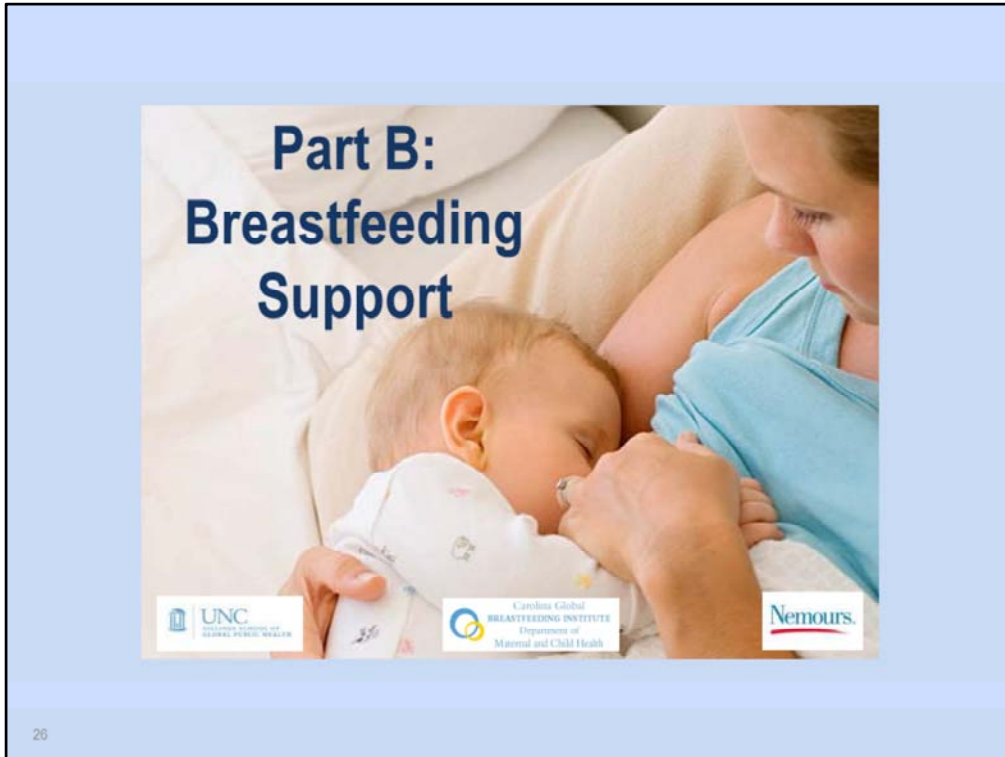
Note: Use the *Sesame Street Healthy Habits for Life* toolkit to conduct the activity on page 42, *Mystery Food Box*. Take this time to connect your state's Early Learning Standards to this activity. Once you conduct the activity, facilitate a discussion around what common Early Learning Standards domains were addressed. Use your state's Early Learning Standards as a guide to facilitate this discussion or use the domains listed in the Implementation Guide. There may be additional domains specific to your state's Early Learning Standards, so encourage the participants to think about what else can be included.

Sesame Street Healthy Habits for Life Toolkit



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Note: Distribute the *Sesame Street Healthy Habits for Life* toolkit. One per program.



Many of the supporting material in this presentation is adapted from the Carolina Global Breastfeeding Institute, where they are doing work with early care and education settings in North Carolina to improve breastfeeding rates.

Call to Action

*“One of the most **highly effective preventative measures** a mother can take to protect the health of her infant and herself **is to breastfeed**. The decision to breastfeed is a personal one, and **a mother should not be made to feel guilty if she cannot, or chooses not to breastfeed**. **The success rate among mothers who choose to breastfeed can be greatly improved through active support...**”*

Action: Ensure that all early care and education providers accommodate the needs of breastfeeding mothers and infants.

U.S. Department of Health and Human Services. *Executive Summary: The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011.

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Breastfeeding is an important issue and is demonstrated in the Surgeon General's Call to Action to Support Breastfeeding, released in 2011. The Call to Action lists 20 actions that should be taken to support breastfeeding.

Action 16 specifically addresses support in early care & education.

What Do You Know About Breastfeeding?

True/False Activity

What Do You Know About Breastfeeding?

True/False Activity

Circle the answer you believe is correct.

Over 75% of women start out breastfeeding.	True	False
Feeding a baby formula instead of mother's milk increases the chances that the baby will get sick.	True	False
If a child is not breastfed, he is more likely to get ear infections.	True	False
If a child is not breastfed, she is more likely to get diarrhea.	True	False
If a child is not breastfed, he is more likely to die of SIDS (Sudden Infant Death Syndrome).	True	False
If a child is not breastfed, she is more likely to become overweight.	True	False
Infant formula is missing many of the components in human milk.	True	False
The longer a mother breastfeeds, the better it is for her health.	True	False
Babies should never be given cereal in a bottle.	True	False
Human milk is not a hazardous substance.	True	False
Babies should be breastfed for at least one year.	True	False
Babies should be exclusively breastfed (no other foods or liquids) for about the first six months of life.	True	False
No matter the mother's diet, a mother's milk is the best and healthiest food for her baby.	True	False
Babies should not be fed on a strict schedule.	True	False
Breast milk is reimbursed through the CACFP (Child and Adult Care Food Program).	True	False

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Note: Have participants turn to the *True/False Activity* in their Participant Handbook. Give participants 5-10 minutes to complete the activity on their own and then share the answers aloud.

See the Learning Session 2 Implementation Guide for the answer key, and below is the reference of support for each statement:

- **“Over 75% of women start out breastfeeding.”**
*Source: Centers for Disease Control and Prevention. (2014). *Breastfeeding Report Card: United States/2014*. Atlanta.
- **“Feeding a baby formula instead of mother’s milk increases the chances that the baby will get sick.”**
*Source: American Academy of Pediatrics, Section on Breastfeeding. Breastfeeding and the Use of Human Milk. DOI:10.1542/peds.2011-3552. *Pediatrics*; originally published online February 27, 2012.
- **“If a child is not breastfed, he is more likely to get ear infections.”**
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- **“The longer a mother breastfeeds, the better it is for her health.”**
*Source: Stuebe, AM, EB Schwarz. (2009). The risks and benefits of infant feeding practices for women and their children. *J Perinatology*.
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*Source: Satter, E. (2000). *Child of mine: Feeding with love and good sense*. 3rd ed. Boulder, CO: Bull Publishing.
- **“Breast milk is reimbursed through the CACFP (Child and Adult Care Food Program).”**
*Source: U.S. Department of Agriculture, Food and Nutrition Service. (2010). Child and Adult Care Food Program (CACFP). <http://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>.

Why is breastfeeding important?

- **Mother's milk is best for babies.**
- Mother's milk provides her baby exactly what is needed to grow and thrive
- Breastmilk changes over time to keep up with a baby's changing nutrition and disease protection needs
- To date, over 30 components to breast milk have been identified, protecting babies from infections and illness.
- Breastfed babies benefit from "borrowing" their mother's immune system at exactly the time when they are most susceptible to illnesses due to the immaturity of their own immune system

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To date, over 30 components to breast milk have been identified, including customized immune factors that kill bacteria and viruses, thereby protecting babies from infections and illness.

Breastfed Babies are Healthier

- It's no surprise then that breastfed babies are healthier
 - Less likely to grow up to be obese or suffer from conditions like diabetes and asthma
 - Get sick less often with things like diarrhea and ear infections. When they do get sick, it is usually not severe.
 - Breastfeeding helps protect babies against Sudden Infant Death Syndrome (SIDS).
- The physical contact involved in breastfeeding is also important to newborns. It can help them feel more secure, warm and comforted.



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- Formula provides the fat, carbohydrates, protein and calories in human milk, but there are other factors that cannot be duplicated.
- Human milk includes immune factors, so that the baby can “borrow” the mother’s immune system while his/hers is still immature.
- Human milk also contains components that kill bacteria and viruses.
- The composition of human milk is very stable, regardless of the mother’s diet. Eating a good diet is a good idea, of course, but the mother’s milk if available will be the best food for her baby.

Why Do Moms Need Your Support?

- 81% of moms desire to breastfeed
- 79% of moms start breastfeeding
- 60% of moms do not meet their breastfeeding goals (frequency and/or duration)
- Returning to work is the primary reason for ending breastfeeding
- Shorter duration of breastfeeding if baby is in an early care and education environment

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Most mother's want to breastfeed and begin breastfeeding. However, a 2013 study found that 60% of women stopped breastfeeding sooner than they wanted to. A variety of factors make breastfeeding more challenging for women than it needs to be.

How long a mother breastfeeds her baby is influenced by many factors including:

- Unsupportive hospital practices and policies.
- Issues with lactation and latching.
- Cultural norms and/or lack of family support.
- Unsupportive work policies and lack of maternity leave
- Lack of support from ECE providers.

Breastfeeding Benefits Women

- **Health Benefits**
 - Type 2 diabetes
 - Breast and ovarian cancer
 - Postpartum depression
- **Increased weight loss**
- **Attachment**
- **Convenience**
- **Savings**



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The longer and more exclusively (without supplements) a woman breastfeeds, the lower her risks.

Greater post birth **weight loss**. Breastfeeding can help mothers lose the weight gained during pregnancy.

ATTACHMENT: Mothers benefit from breastfeeding as well. The physical contact provided while breastfeeding supports the bonding between mother and child. It requires a mother to take some quiet, relaxed time to sit and hold the child closely. It also helps mothers stay closely bonded to their babies after going back to work.

CONVENIENCE: Breastfeeding can make life easier once mothers and their babies settle into a good routine. If a woman is exclusively breastfeeding, there is no formula to buy, measure and mix; no bottles to warm in the middle of the night; and no bottles and nipples to sterilize.

SAVINGS: Breastfeeding can save money: reducing over \$1,500 in annual costs associated with formula feeding. Breastfeeding mothers also miss fewer days from work because their infants are sick less often. Supplies are required to pump or express, store and feed breast milk to a baby. Many insurance companies now cover some costs associated with pumping breast milk. Encourage mothers to check in about their insurance benefits.

Breast Milk Can Save Your Program Money

- **Breast milk is part of the CACFP meal pattern**
 - It is reimbursable for infants if fed by the mother or child care provider
 - It's free! No equipment to purchase
 - Cost effective for families as well
 - For children over 12 months, breast milk may be substituted for cow's milk
 - Doctor's note may be required
- **Human milk is food**
 - You do not need to store human milk in a separate refrigerator
 - You do not need to wear gloves to give a bottle of human milk or formula
 - Contact with human milk is not hazardous exposure



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The new CACFP infant meal pattern, released April 2016, now allows programs to be reimbursed if the infant is fed breast milk by the mother OR child care provider. In the old meal pattern, programs were only reimbursed if a child care provider or mother fed the infant expressed breast milk. Now, for infants birth through 11 months of age, this new rule allows providers to be reimbursed for meals when the mother directly breastfeeds her infant at the center or day care home and/or expressed breast milk is provided to the infant by the mother or child care provider.

The CDC (Centers for Disease Control and Prevention) does not classify human milk as a biohazardous substance; it is classified as a food.

There are no documented cases of someone contracting an illness through exposure to human milk, including an infant drinking another mother's milk.

HIV is a worry for many providers. It is important to note that (1) women routinely are tested for HIV when pregnant, and (2) HIV positive women are told not to breastfeed. Therefore, this is not (should not be) an issue for providers.

Breastfeeding Report Card

	National	Healthy People 2020 Targets
Ever breastfed	81.1%	81.9%
Exclusively BF at 3 months	44.4%	46.2%
Exclusively BF at 6 months	22.3%	25.5%
Breastfeeding at 6 months	51.8%	60.6%
Breastfeeding at 1 year	30.7%	34.1%

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This data comes from the Centers for Disease Control and Prevention's Breastfeeding Report Card, 2016. You can pull specific information for your state from the report: <https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf>

The second column shows the current national breastfeeding rates. The third column shows the Healthy People 2020 targets/objectives, which are meant to be realistic and achievable, so they may seem low. Americans did not meet the Healthy People 2010 targets. Healthy People provides evidenced-based national objectives every ten years for improving the health of all Americans.

Note the dramatic drop off from the 81.1% who start breastfeeding to 30.7% who continued breastfeeding to 1 year.

Breastfeeding Recommendations

- **The American Academy of Pediatrics recommends:**
 - Exclusive breastfeeding for about 6 months, followed by continued breastfeeding as complementary foods are introduced
 - Continuation of breastfeeding for at least 1 year
 - Continuation of breastfeeding beyond 1 year for as long as mutually desired by mother and infant
- Exclusive breastfeeding means an infant is given no other substances for food (e.g. no infant formula or water)



10 Steps to a Breastfeeding-Friendly Program

1. Update/change program policies
2. Conduct staff trainings
3. Communicate with families
4. Provide learning and play opportunities for children
5. Practice proper storage and labeling
6. Provide a dedicated space for nursing
7. Provide employee support
8. Create a feeding plan
9. Refer families to appropriate community programs
10. Continue to learn and provide updates to program staff



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The goal is to provide encouragement and support for those who are considering breastfeeding, for those who choose to, and for those who may be struggling with the day to day challenges of breastfeeding and working.

Infant feeding is a personal choice.

Breast is best, but it's not the only option.

Some mothers will choose not to breastfeed, and that's okay!

Goals:

- To help parents make informed choices;
- To respect those choices; and
- To provide encouragement and support for those who are considering or are already breastfeeding.

Breastfeeding-Friendly Child Care Centers Handout

Ten Steps for Breastfeeding-Friendly Child Care Centers

The following ten steps describe ways that child care centers can provide optimal support for breastfeeding families. Below each step are specific actions to support that step.

Step 1. Make a commitment to the importance of breastfeeding, especially exclusive breastfeeding, and show this commitment with written staff

- 1.1 Our center has a written policy for promoting and supporting breastfeeding.
- 1.2 Staff evaluations document a review of breastfeeding support activities.
- 1.3 Our center has educational materials for our staff on the risks and benefits of different infant feeding choices.
- 1.4 Our center's breastfeeding support is part of discussion with all prospective clients.

Step 2. Train all staff to promote optimal infant and young child feeding in families we serve.

- 2.1 All new staff at our center receives training on the risks and benefits of different infant feeding choices.
- 2.2 All new staff at our center receives training in breastfeeding promotion, including support of exclusive breastfeeding.

Step 3. Inform women and families about the importance of breastfeeding.

- 3.1 At our center, we provide families with our written policy for promoting and supporting breastfeeding.
- 3.2 At our center, we explain to families how we encourage a supportive feeding plan. (To provide a comfortable place in our center for mothers to sit and nurse their babies or pump/express milk, and let them and their babies for child care center use.

Step 4. Train all staff in skills necessary to handle, store and feed mother's milk properly.

- 4.1 All staff receive at least one hour of training in proper handling and feeding of mother's milk.
- 4.2 All staff are trained to recognize infant hunger cues.

Step 5. Ensure that all staff are able to properly store and label milk for child care center use.

- 5.1 We have a written policy on the proper way to label human milk, and we share this policy with all parents.
- 5.2 All milk at our center is properly labeled.

Step 6. Provide a breastfeeding-friendly environment.

- 6.1 We provide all mothers with written materials inviting them to come to the center and nurse their babies while under our care.
- 6.2 There is a comfortable place in our center for mothers to sit and nurse their babies or pump/express milk if necessary.

Step 7. Display posters and provide brochures for new moms and parents of breastfeeding babies that demonstrate that your child care supports breastfeeding and that babies are protected.

- 7.1 Our center displays posters with information about breastfeeding, with photos appropriate for the families we serve.
- 7.2 At our center, we provide appropriate brochures or other educational materials about breastfeeding for our families.
- 7.3 At our center, we provide families with materials about the importance of exclusive breastfeeding.

Step 8. Develop a supportive feeding plan with each family.

- 8.1 We develop a written feeding plan with each new family at our center.
- 8.2 Our written materials encourage breastfeeding mothers to nurse on demand when with their baby.
- 8.3 Our written materials encourage mothers to respond to feeding cues rather than feeding on a schedule.
- 8.4 We discuss with all families how expressed milk will be handled at our child care center.

Step 9. Contact and coordinate with local infant breastfeeding support and advocacy sites.

- 9.1 Our center has a list of community breastfeeding resources to be used for referrals.
- 9.2 Our center regularly refers families to community breastfeeding resources.
- 9.3 Our center tracks community referrals and follows up with families as needed.
- 9.4 Our center provides a resource for our staff of local lactation consultants and community providers that can answer breastfeeding and human milk feeding questions.

Step 10. Continue updates and learning about protection, promotion, and support of breastfeeding.

- 10.1 Our center has up-to-date materials on hand that include information on breastfeeding and human milk feeding.
- 10.2 Each staff member receives at least one hour per year of continuing education on human milk feeding and breastfeeding support.

Note: Have participants turn to the *Ten Steps for Breastfeeding-Friendly Child Care Centers* handout in the Participant Handbook or inform participants that it can be downloaded electronically.

Review the ten steps on the handout. These are best practices in breastfeeding support.

Hunger Cues

- **Doctors recommend that all babies be fed when they are hungry, rather than on a schedule**
- **Hunger Cues**
 - Moving head side to side
 - Opening mouth and sticking out tongue
 - Puckering lips to suck
 - Rooting reflex
- **Watch the baby, not the clock**
- **It is normal for young babies to eat only 2-3 ounces of milk in one sitting**
- **We want babies to learn that when they are hungry, they eat, and then they are full**
 - Scheduled feeding disrupts this learning



Responsive feeding helps prevent obesity, because children learn to eat when they are hungry and stop eating when they are full.

It is normal for young babies to eat only 2-3 ounces of milk at one sitting.

For breastfeeding mothers, feeding on demand helps maintain an adequate milk supply.

Rooting Reflex: moving the mouth in the direction of something/someone that's stroking or touching their cheek.

Is Your Baby Hungry or Full? Responsive Feeding Explained



The American Academy of Pediatrics (AAP) has resources to explain and promote responsive feeding including a video, infographic, and tip pages.

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Click on the photo (hyperlink) to start the video.

URL: <https://www.healthychildren.org/English/ages-stages/baby/feeding-nutrition/Pages/Is-Your-Baby-Hungry-or-Full-Responsive-Feeding-Explained.aspx>

General Infant Feeding

- **Breastfed babies do not need solid food before 6 months**
 - Early solids replace breast milk, which should still be main source of food
 - Introduce solids when developmentally appropriate
- **Introduce solids at signs of readiness**
 - Sits with good head control
 - Opens mouth when food comes his/her way
 - Can move food from spoon to back of throat
- **Don't feed cereal in a bottle**
 - It's bad for teeth and will not help a baby sleep longer
- **Hold infants while feeding them**
 - Puts you in good position to see an infant signaling they are full



Early solids replace milk, so babies get fewer calories overall and may not take in as many calories as they need.

Early solids are associated with increased allergies and digestive problems.

There is no demonstrated benefit for introducing solids before six months. In fact, there are potential risks.

Best practices for ECE providers include: Infants under six months of age should not receive formula mixed with cereal, fruit juice, or any other foods without written instructions from a health care provider indicating “that there is medical reason for this feeding.”

Babies should show signs of readiness before they're fed solid foods.

There is NO evidence that feeding cereal in a bottle will help babies sleep. This is a myth. In fact, it can cause tooth decay can cause choking.

Hold infants while feeding them: When feeding an infant by bottle, position the infant in your arms or sitting up on your lap just as a mother who is breastfeeding her baby would do so. This puts you in the best position to see that an infant is signaling to you that she is full. Respond to infants' eye contact and vocalizations during feeding. Never 'prop' an infant's bottle.

Cultural Views of Breastfeeding

- Many different cultures look at breastfeeding as a natural choice for feeding
- Many countries have banned the practice of giving free or subsidized formula to new mothers
- Accepting and understanding cultural differences allows staff to become culturally sensitive to those parents and families who decide to breastfeed
- Some cultures discourage breastfeeding because it ‘spoils’ babies and/or discourages babies from sleeping through the night

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Programs should be mindful how they present feeding choices to parents when the families enroll their child. Since breast feeding can be a personal subject, staff’s personal beliefs should not be projected onto the families.

Cultural Competence

- Respect the individual
- Understand various cultural backgrounds
- Understand appropriate personal space and eye contact



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Respecting an individual regardless of their cultural background is important. Understanding and respecting an individual's values, traditions, mannerisms, and beliefs is critical to effective communication.

Some cultures may believe that looking someone in the eye while they are speaking is a sign of disrespect. Other cultures may feel it is disrespectful not to look someone in the eye while speaking. Become aware of your audience in order to effectively communicate without offending an individual or culture.

The best way to learn about a particular parent's culture is to ASK. Ask them what works for them and how they handle something "in their family".

Communicate your needs as a caregiver

As the caregiver, you may have questions for the breastfeeding mother. Write down any questions ahead of time so you remember to discuss them with the mother. Here are some ideas to discuss with the nursing mother:

- Will the baby be using a bottle at all?
- Who will be giving the baby the bottle of breast milk? Are other family members permitted?
- How much breast milk does the baby normally take at a time?
- Discuss options for a small amount of extra breast milk to be stored in case the baby is still hungry
- How does the baby like to be held?
- Find out what the mother wants you to do if she cannot make it to nurse or any other unusual situation
- Is there any health information you should be aware of?

How to Support Breastfeeding Mothers



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Click on the photo (hyperlink) to start the video.

URL: <https://www.youtube.com/watch?v=IpDDxnbin7c>



**Part C:
Overcoming
Challenges to
Meeting
Family Style
Dining Best
Practices &
Supporting
Breastfeeding**



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Note: Conduct the *Role-Playing Activity*. Participants will practice using “I” messages based on changes they may be making in their program related to family-style dining and supporting breastfeeding. It is important to effectively communicate healthy changes being made in the program. Effective communication is important when discussing changes with families and program staff.

Challenge: Time

- **Time demands**
 - It takes longer to serve and eat meals family-style
- **Solution #1: Delegate tasks to children**
- **Solution #2: Teach children meal and snack time routines**
- **Solution #3: Adjust the daily schedule**

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Solution #1: Delegate tasks to children

Teach children to help set the table and clean up after the meal. Once they learn the skills, it can help speed up transitions before and after meals.

Solution #2: Teach children meal and snack time routines

Talk to children about the family style dining elements you are going to do before starting them. Allow children to practice with pretend foods. Have children to serve just one food item. As they become comfortable, make them responsible for additional food items. Eventually, they will learn to serve themselves completely.

Create a full routine around meal and snacks times that includes things like washing hands, setting the table, sitting down at the table, serving food, eating, and cleaning up. This will help bring order to meal and snack times.

SOLUTION #3= Adjust the daily schedule

Family style meals can take longer, so the daily schedule might need to be tweaked to provide a few additional minutes for meals and snacks. However, family style meals are a great learning opportunity and a great investment of time.

RESOURCE :

Check out *More Than Mudpies*, a nutrition curriculum for preschoolers. Page 11 provides a section dedicated to Mealtimes Routines for Health and Manners.

<http://nfsmi.org/documentlibraryfiles/PDF/20090120023846.pdf>

Challenges: Messiness

- **Messiness**

- Family style eating can be seen as messy or unsanitary

- **Solution #1: Be Prepared for Messes**

- **Solution #2: Adopt strategies to minimize and avoid contamination of food.**

- **Solution #3: Start Small**

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Solution #1: Be Prepared for Messes

Part of the learning process will be through trial and error. It is normal for children to spill. Respond to spills with praise, NOT scolding: “John, it’s OK that your milk spilled; we can clean it up. You did a great job trying to hold the pitcher. I bet you will get it next time.”

Designate a clean-up area that is outside of the traffic flow and contains a trashcan and bussing trays. Have paper-towels within reach just in case spills occur.

Solution #2: Adopt strategies to minimize and avoid contamination of food.

Always have children wash their hands before and after meal time. Serve food in small containers with only a limited amount of food in each. If a child sneezes into the serving bowl, then only a small amount of food must be discarded.

Keep extra serving utensils on hand. If a child drops a utensil or puts it into his/her mouth, the utensil can be switched out immediately and eliminate further contamination.

If a child is sick, but is still participating in meal time, it is important to consider special arrangements to prevent the spread of illness. This can include using disposable plates, cups and utensils.

Solution #3: Start Small

Introduce younger children to family-style dining on a smaller scale. Consider opportunities for them to pour their own water or to select their own muffin from a snack tray. These small opportunities allow toddlers to learn fine motor skills so that they are ready for family-style dining by the time they are preschoolers. If preschoolers are not used to family-style dining, start introducing it during snacks when there are fewer foods to serve. Once they learn the basic skills, slowly introduce it during lunch.

Challenges: Motor Skills

- **Motor Skill Level Differences**
 - Some children will need more help serving themselves than others
- **Solution #1: Give children lots of learning activities to help them develop motor skills needed for family-style dining**
- **Solution #2: Use age-appropriate eating equipment**
- **Solution #3: Designate adult learners at every table**
- **Solution #4: Use a Buddy System**



Solution #1: Give children lots of learning activities to help them develop motor skills needed for family-style dining

Add child-sized equipment, including pitchers, cups, forks and spoons to the housekeeping area, water and sand tables, and outdoor play area.

Children benefit from opportunities to learn the motor skills needed for family-style dining prior to implementing it at mealtime. Allow children to practice pouring, serving, and manipulating tongs and utensils outside of mealtime to strengthen their skills.

Pouring practice helps children develop hand-eye coordination and learn to identify large and small amounts of liquids to avoid spills during water and sand table play.

Use teacher-led play activities to help ensure that all children are getting good practice using forks and spoons to scoop in the garden or sand; using tongs to pick up and move objects, and pouring liquid. Have children carry a half full cup of water in a race across the playground, or race while they carry a plastic egg on a spoon.

Engage families by asking them to bring in empty containers of healthy foods, utensils, and other household items that are culturally important to their families for the house keeping area.

This not only displays the various cultures within the classroom but makes the children feel more comfortable because they have a representation of what they have at home.

Solution #2: Use age-appropriate eating equipment

Age-appropriate, unbreakable plates, bowls, cups tongs, silverware and serving utensils will be easier for young children to grasp, thereby reducing the chances of dropped food. Use small, wide-lip bowls and platters for serving and child-size pitchers; things that are easy for children to lift and pass.

If you do not have age appropriate materials for children to serve themselves, consider putting this into the budget, asking for help from parents and local businesses, or fundraising for this cost as it is a wonderful investment.

RESOURCES

Check out *Helping Children Be Successful at Serving Themselves and Passing* for more strategies
<https://d3knp61p33sjvn.cloudfront.net/2015/02/familydiningtips.pdf>

Use this equipment guide as a reference for child-friendly items for family-style meals that can make family style dining manageable and rewarding for children and adults.
<https://d3knp61p33sjvn.cloudfront.net/2016/02/FamilyStyleDiningToolkit.pdf>

Solution #3: Designate adult leaders at every table

Help children learn to serve their own food using hand-over-hand techniques. Sit with the children and model serving, passing, and use of utensils to help children see the proper movements for these skills.

Solution #4: Use a Buddy System

During snack times, match children with more advanced skills with those who need more help.

Tips for Dealing with Messes



This video comes from the University of Nebraska-Lincoln

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Click on the photo (hyperlink) to start the video.

Watch this video to see tips for how to deal with messes that may occur when serving meals family style.

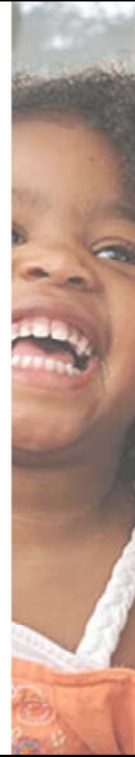
<https://mediahub.unl.edu/media/5515>

Challenge: Nutritional Concerns

- **Nutritional Concerns**

- You may be concerned that children will not eat well if allowed to serve themselves

- **Solution: Provide positive guidance to children.**



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Solution: Provide positive guidance to children.

Provide a gentle nudge to children by simply asking “How much broccoli would you like today?” Accept that a child may not eat everything that is being offered. Try not to comment on how much or little a child is eating, but stay positive and create an open environment for discovery and learning.

Check out page 2 of this article from KidsHealth to learn more about Letting Kids Have Control. <http://kidshealth.org/en/parents/feed-preschooler.html#>

Challenge: Lack of Staff Motivation

- **Lack of Staff Motivation**

- You may be hesitant to make the switch to family style dining for a variety of reasons

- **Solution: Learn about family style dining before adopting it into everyday practice**

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Solution: Learn about family style dining before adopting it into everyday practice

Get yourself and your staff motivated to make change by finding out why experts encourage family-style meals. Watch videos from other child care programs that have adopted family-style dining so that you can see it in action. Provide time for an open staff discussion where you can discuss challenges and brainstorm how to overcome them with your coworkers. Continue to work as a team to provide encouragement and positive support as you begin to adopt these changes.

RESOURCE

Check out the following handout about Making the Most of Mealtimes from the National Association of Child Care Resource & Referral Agencies.

<https://d3knp61p33sjvn.cloudfront.net/2015/01/makingmealtime.pdf>

Challenge: Is it against the rules?

- **Isn't it against the rules?**
 - I participate in my state's food program. I don't think I'm allowed to do some of the family-style dining elements.
- **Solution #1: Lunch box kids can practice family style dining**
- **Solution #2: State Food Programs DO support family-style dining**

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Solution #1: Lunch box kids can practice family style dining

"Lunch box" kids can practice family-style dining for at least one meal component at mealtime. For example, program staff and families can bring in whole produce for a meal. The fruit or vegetable should be cut up right before mealtime, and not outside of the facility. Pass around the cut produce so children can serve themselves with child size utensils. Include "lunch box kids" during set up and cleanup of meals.

ECE providers should always follow local food safety requirements and standards. Therefore, when asking families or program staff to take turns bringing in fruits and vegetables, ECE providers should only accept whole produce, and food service personnel should cut it up at the program.

ECE providers can suggest to families to not include a beverage in their child's lunch box so that the child can practice passing and pouring the beverage provided during mealtime. Encourage children to drink the provided beverage at mealtime. Children can serve themselves using child-sized pitchers.

Classroom celebrations are another opportunity to practice family-style dining with healthy treats. ECE providers can offer the snacks on small platters to pass around the table, while encouraging the children to discuss the taste, texture, color, and shape of the food.

Solution #2: State Food Programs DO support family-style dining

Programs that participate in what is known as the Child and Adult Care Food Program (CACFP) are encouraged to use family-style dining. Below is guidance from CACFP regarding family-style dining:

- Have all food on the table at the beginning of the meal.
- Have enough food available to meet meal pattern requirements for all children and enough for seconds.
- Children must be offered all foods at the table.
- An adult should sit with the children to facilitate and role-model.
- Expect spilled food as children learn to serve themselves.
- Use measuring cups for serving food to help children serve appropriate portions.

RESOURCES

For more information, click on the links below:

Insert link: Child and Adult Care Food Program (CACFP)

<https://www.fns.usda.gov/cacfp/child-and-adult-care-food-program>

Insert link: Family Style Meals

<https://www.fns.usda.gov/sites/default/files/sfsp/SMT-FamilyStyleMeals.pdf>

Putting It All Together



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This video is provided by Gretchen Swanson Center for Nutrition and discusses verbal engagement at mealtime. Additional videos can be found on their website at: www.centerfornutrition.org/teach-kids-nutrition.

Please note, at time 0:35 during the "Teaching Portion Size" segment the narrator says, "[...] because you are 4 years old, you get to have 4 of these." This is not considered best practice. To ensure children are receiving the correct portions required by the Child and Adult Care Food Program (CACFP) meal patterns, programs can use the appropriate size measuring cup or spoon as a serving utensil.

Click on the photo (hyperlink) to start the video.
<https://www.youtube.com/watch?v=G6s0LeX4t6w>

Challenge: Space Constraints

- **Space constraints**
 - You may not have a whole room to set aside for breastfeeding or may be unsure of what is needed for a lactation room.
- **Solution #1: Convert a corner or private space into a breastfeeding station**
- **Solution #2: Learn more about what breastfeeding mothers need in that space.**



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Solution #1: Convert a corner or private space into a breastfeeding station

- Set up a breastfeeding station in an area of the room that is rarely used.
- Use a curtain or foldable partition to create a private space for mothers. Furniture, like a tall bookshelf, can also be used to divide space and create a more private space.
- Start with a comfortable chair and small table.
- Allow access to an electrical outlet so that mothers can use a breast pump.

Solution #2: Learn more about what breastfeeding mothers need in that space.

- Breastfeeding mothers may also need access to a sink, a cooler or refrigerator space, and a waste basket.
- What you choose to include in this space can vary – from providing just the essentials to deluxe accommodations.

RESOURCE: The Wisconsin Department of Health Services offers three different examples of how a lactation room might be furnished. Check out page 28 of their Ten Steps to Breastfeeding Friendly Child Care Centers.

<https://www.dhs.wisconsin.gov/publications/p0/p00022.pdf>

Challenge: How to Support?

- **Unsure How to Support Breastfeeding**
 - You may feel like you do not have the knowledge and training to provide breastfeeding support.
- **Solution: Find educational materials and trainings about breastfeeding**

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Solution:

Learn more about the benefits of breastfeeding for both mother and child so you feel confident talking with mothers about breastfeeding and the specific ways that you can support their decision to breastfeed. Look for trainings on breastfeeding.

RESOURCE: Post helpful reminders, like this poster about How to Store and Handle Breast Milk from the USDA.

<http://www.nfsmi.org/documentlibraryfiles/PDF/20071129021305.pdf>

Challenge: Lack of knowledge about available support

- **Parents are Unaware of Breastfeeding Support Offered**
 - Mothers may not use available resources because they do not know they exist or are unsure how welcoming you are to breastfeeding.
- **Solution #1: Create a written breastfeeding policy for your child care center or home.**
- **Solution #2: Become a valuable resource for your mothers**



Solution #1: Create a written breastfeeding policy for your child care center or home.

Ensure that the policy states that your program actively supports breastfeeding mothers and is clearly posted. Be sure that the policy addresses how breast milk is stored, the resources and support you can offer, and your encouragement for breastfeeding mothers.

Make breastfeeding a part of any infant feeding plan discussion with parents and respect parents' choices about infant feeding.

Solution #2: Become a valuable resource for your mothers

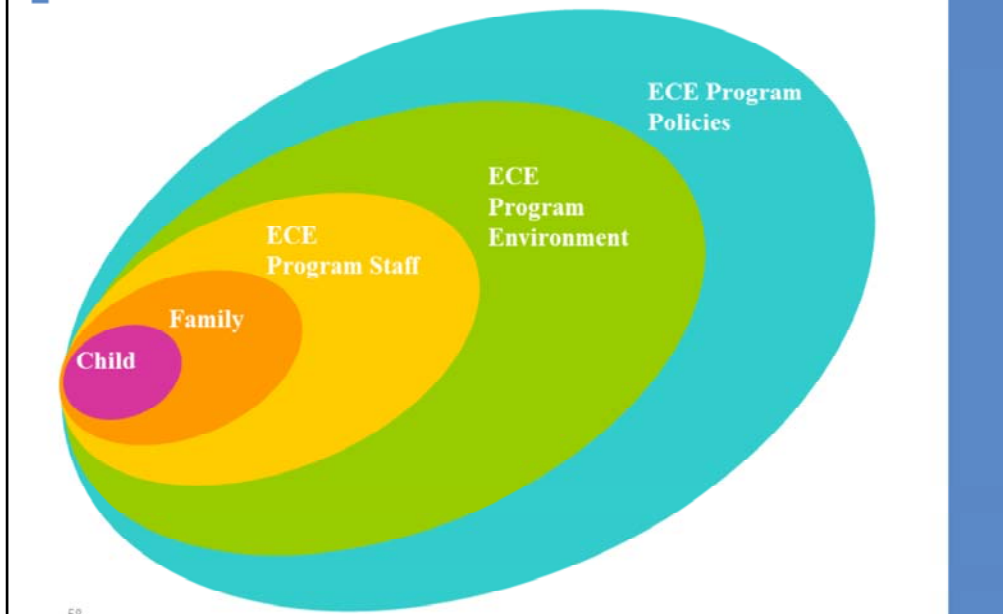
Incorporate information about breastfeeding into parent newsletters or your program's social media. Use these outlets to share information about the many benefits of breastfeeding that led to the American Academy of Pediatrics recommendations for breastfeeding. Great information geared toward parents about Breastfeeding vs. Formula Feeding, Safely Storing Breast Milk, Solids and Supplementing, and Finger Foods for Babies are also available from KidsHealth.

Compile and maintain a list of local breastfeeding resources and support organizations (such as La Leche League). Make sure these are easily accessible for families. Also, be sure to refer parents with questions to the appropriate organization.



Note: Explain to participants that making healthy changes is a process. Areas of improvement are identified and then steps should be taken to continue to make changes to the program. Ask participants to pull out their five areas of improvement identified from their NAP SACC results. This segment will be used to start identifying action steps needed to create change in the middle rings of the social ecological model including program staff and the program environment.

The Social Ecological Model



This model displays the impact of relationships and environment on the individual, or the child at the center. For example, providers have a big influence on families, and families influence providers as well. The ecosystems closest to the child have the greatest impact. To make a difference, focus on the child at the center and also on the other environments around the child.

For the “Facilitating Change in Your Program” segment of the day, we will focus on their goals and identify action steps to improve best practices impacting Program Staff and the Child.

Note: Have participants turn to the *Action Plan Worksheet* located in the Participant Handbook as you use the following slides to explain the “Program Staff” and “Program Environment” columns of the Action Plan and assist them in developing action steps for both columns.

Action Plan Worksheet



Start Date: August

ECE Program Name: ABC Childcare

Goal: Introduce and Implement Family-Style Dining by October

Child	Family	Program Staff	Program Environment	Program Policies
<p>Practice family-style dining techniques and skills during center and free times (Ongoing beginning August, Teachers)</p> <p>Encourage through activities and books to promote healthy nutrition and family-style dining in the classrooms to continue practicing techniques in preparation for family-style dining (Ongoing beginning September, Teachers)</p> <p>Encourage through play in developing conversations and language skills, social/emotional skills, and fine/gross motor skills (Ongoing beginning September, Teachers)</p> <p>Practice set-up/clearing the tables and serve food and beverages at meal times (Ongoing beginning September, Teachers)</p> <p>Implement family-style dining fully with children (Ongoing beginning October, Director, Teachers, and Staff)</p>	<p>Host a family meeting to introduce the benefits of family-style dining (September Director and Staff)</p> <p>Include family-style dining information and benefits in the programs monthly newsletter (Ongoing beginning September, Director)</p> <p>Encourage parents to practice family-style dining at home with children (Ongoing beginning September, Director and Staff)</p>	<p>Educate teachers and Cook during staff meetings on family-style dining (Ongoing beginning August, Director)</p> <p>Provide on-going resources and education to prepare staff in the implementation of family-style dining in the program (Ongoing beginning September, Director and Cook)</p>	<p>Add pictures to the bulletin board of children in various stages of pretend play and real play practicing family-style dining techniques (On-going beginning August, Teachers)</p> <p>Post information and tips on family-style dining on the parent bulletin board (On-going beginning August, Director and Teachers)</p> <p>Purchase family-style dining materials for the program to include books, resources, materials for each classroom (September, Director)</p> <p>Fully implement family-style dining into the program (Ongoing beginning October, Director, Cook, and Teachers)</p>	<p>Research policies on family-style dining (August, Director)</p> <p>Prepare for parent meeting to introduce family-style dining into the program (August, Director, Teachers, Cook)</p> <p>Prepare materials, webinars, and resources for staff meetings in preparation of implementing family-style dining into the program (Ongoing beginning August, Director and Cook)</p> <p>Develop written policy on family-style dining to be included in program policies, staff and family handbooks (October, Director)</p>

Note: Have participants turn to the sample Action Plans in the Participant Handbook. Participants should only focus on “Program Staff” and “Program Environment” for today. The last column will be completed during LS4.

This sample action plan shows steps a program could take to introduce and implement family style dining.

Remember: This is just an example to get participants started. Participants do not have to use a goal for healthy eating. Goals can be around any of the areas introduced in LS1 including:

- Healthy eating and beverages;
- Physical activity;
- Screen time; and/or
- Breastfeeding support.

Action Plan Worksheet



Start Date: August

ECE Program Name: ABC Childcare

Goal: Introduce and Implement Family-Style Dining by October

Child	Family	Program Staff	Program Environment	Program Policies
<p>Practice family-style dining techniques and skills during center and free times (Ongoing beginning August, Teachers)</p> <p>Encourage through activities and books to promote healthy nutrition and family-style dining in the classrooms to continue practicing techniques in preparation for family-style dining (Ongoing beginning September, Teachers)</p> <p>Encourage through play in developing conversations and language skills, social/emotional skills, and fine/gross motor skills (Ongoing beginning September, Teachers)</p> <p>Practice set-up/clearing the tables and serve food and beverages at meal times (Ongoing beginning September, Teachers)</p> <p>Implement family-style dining fully with children (Ongoing beginning October, Director, Teachers, and Staff)</p>	<p>Host a family meeting to introduce the benefits of family-style dining (September Director and Staff).</p> <p>Include family-style dining information and benefits in the programs monthly newsletter (Ongoing beginning September, Director).</p> <p>Encourage parents to practice family-style dining at home with children (Ongoing beginning September, Director and Staff).</p>	<p>Educate teachers and Cook during staff meetings on family-style dining (Ongoing beginning August, Director)</p> <p>Provide on-going resources and education to prepare staff in the implementation of family-style dining in the program (Ongoing beginning September, Director and Cook)</p>	<p>Add pictures to the bulletin board of children in various stages of pretend play and real play practicing family-style dining techniques (On-going beginning August, Teachers)</p> <p>Post information and tips on family-style dining on the parent bulletin board (On-going beginning August, Director and Teachers)</p> <p>Purchase family-style dining materials for the program to include books, resources, materials for each classroom (September, Director)</p> <p>Fully implement family-style dining into the program (Ongoing beginning October, Director, Cook, and Teachers)</p>	<p>Research policies on family-style dining (August, Director)</p> <p>Prepare for parent meeting to introduce family-style dining into the program (August, Director, Teachers, Cook)</p> <p>Prepare materials, webinars, and resources for staff meetings in preparation of implementing family-style dining into the program (Ongoing beginning August, Director and Cook)</p> <p>Develop written policy on family-style dining to be included in program policies, staff and family handbooks (October, Director)</p>

Note: Have participants turn to the sample Action Plans in the Participant Handbook. Participants should only focus on “Program Staff” and “Program Environment” for today. The last column will be completed during LS4.

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- Physical activity;
- Screen time; and/or
- Breastfeeding support.

Action Plan Worksheet



Start Date: November

ECE Program Name: ABC Child Care Center

Goal: ABC Children's Academy will improve the breastfeeding environment in our program by developing infant feeding plans and creating a private breastfeeding space.

Child	Family	Program Staff	Program Environment	Program Policies
Feed infants based on infant feeding plan and using responsive feeding cues (Ongoing beginning November, Teachers and Staff).	Work with families to create individual feeding plans for each infant (Ongoing, beginning November, Teachers). Invite families to attend training on breastfeeding support (Ongoing beginning mid-November, Director and Staff). Identify and gather brochures for community breastfeeding support ie: La Lache League (November, Director). Maintain on-going communication with families regarding infant feeding needs and cues (Ongoing beginning November, Teachers).	Collect sample infant feeding plans and choose a template to use with families (November, Director and Staff) Learn about best practices in breastfeeding support and attend training (Ongoing beginning early November, Director and Staff) Teachers to help set-up the bulletin board for parent information regarding breastfeeding (Ongoing beginning November, Director and Staff). Teachers to display posters and books in classrooms ordered regarding breastfeeding support (Ongoing beginning November, Staff). Staff to help with set-up of private breastfeeding space with new equipment (early December, Director and Staff).	Identify a private, clean, comfortable place for mother's to breastfeed or express their milk (October, Director). Purchase all equipment needed: refrigerator for storage of breastmilk, bottles/bags, labels, comfortable chair, etc. (end of November, Director). Purchase posters, books, handouts for both children and families regarding breastfeeding support to be displayed in the program (November, Director). Display on parent bulletin board breastfeeding support information (Ongoing beginning November, Director and Staff). Create the nursing room with all items purchased for breastfeeding mothers to use while at the program (early December, Director and Staff).	Research sample breastfeeding support practices in preparation of trainings to staff and families (October, Director). Provide breastfeeding support training for all staff (November, Director). Offer breastfeeding support sessions twice a year for families (Ongoing beginning November, Director and Staff). Apply to the State for becoming a breastfeeding friendly facility (January, Director). Implement program policy on breastfeeding support and include in staff and parent handbooks (January, Director).

Note: Have participants turn to the sample Action Plans in the Participant Handbook. Participants should only focus on “Program Staff” and “Program Environment” for today. The last column will be completed during LS4.

This sample action plan shows steps a program could take to improve their breastfeeding environment.

Remember: This is just an example to get participants started. Participants do not have to use a goal for healthy eating. Goals can be around any of the areas introduced in LS1 including:

- Healthy eating and beverages;
- Physical activity;
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Action Plan Worksheet



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Note: Have participants turn to the sample Action Plans in the Participant Handbook. Participants should only focus on “Program Staff” and “Program Environment” for today. The last column will be completed during LS4.

This sample action plan shows steps a program could take to improve their breastfeeding environment.

Remember: This is just an example to get participants started. Participants do not have to use a goal for healthy eating. Goals can be around any of the areas introduced in LS1 including:

- Healthy eating and beverages;
- Physical activity;
- Screen time; and/or
- Breastfeeding support.

Sample Family-Style Dining Policies

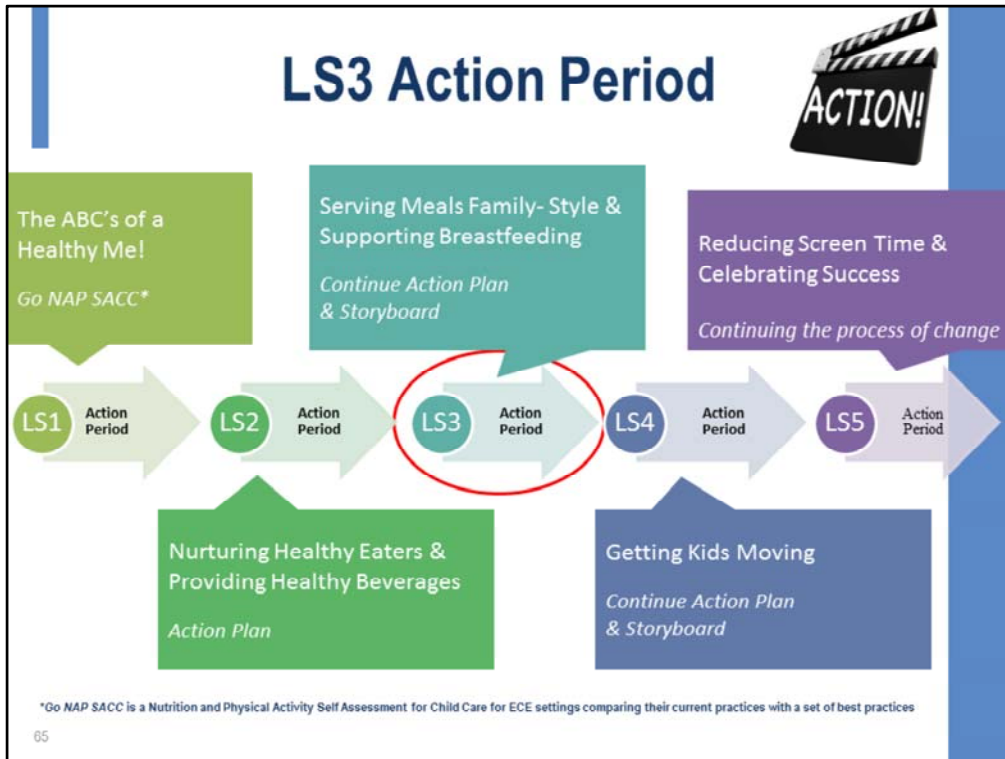
- **At ABC Child Care, we support family-style dining by:**
 - Role-modeling positive healthy eating behaviors in the presence of children
 - Sitting with children at the table and eating the same meals and snacks
 - Encouraging children to try developmentally-appropriate servings of new foods
 - Providing child-size tables, utensils, and serving dishes at mealtime
 - Providing opportunities outside of mealtime to strengthen pouring and scooping skills that can be utilized during family-style dining



Sample Breastfeeding Support Policies

- **At ABC Child Care, we support breastfeeding and infant feeding by:**
 - Providing a clean, welcoming place for mothers to breastfeed or express their milk
 - Offering breastfeeding promotional materials that are culturally appropriate
 - Providing a refrigerator for the storage of expressed milk
 - Ensuring all caregivers/teachers feed infants on cue unless the parent/guardian and the child's primary care provider give written instructions otherwise
 - Providing professional development trainings to staff on supporting breastfeeding at least twice per year





Note: Encourage participants to turn to the *Leadership Team Guide* in the back of the Participant Handbook and follow along.

Technical Assistance Groups



Action Plan

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Note: Work as a large group or divide participants into two groups to complete the “Program Staff” and “Program Environment” columns of their Action Plan. As participants complete the column, discuss the importance of family engagement during the action planning process. Encourage participants to think about how the steps they are developing can be continued after the project is complete.

Facilitating Change in Your Program: LS3 Action Period



- **Facilitated by the program Leadership Team**
 - Training for program staff
 - Mini-version of the Learning Session that the Leadership Team attended
- **Opportunity to:**
 - Complete the *Learning Session 3 Group Discussion Worksheet*
 - Implement action steps identified on their Action Plan for program staff and the program environment
 - Collaborate with program staff to continue creating your storyboard demonstrating what area(s) the program improved
- **Trainers provide technical assistance (TA)**

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Trainers will call, email, and conduct site visits to support programs in completing action tasks.

Participants should continue to build on the storyboard throughout all Action Periods as action steps are identified and implemented for each column of the *Action Plan Worksheet*. Programs will have an opportunity to share their final storyboard at LS5. A description and example of a storyboard is shown on the following slides.

Creating a Storyboard



- **Programs will express their story of change by:**
 - Describing what change(s) were made and how they did it
 - Sharing who was involved in the process
 - Explaining accomplishments and challenges faced
 - Sharing photos of the implementation process
 - Describing how participants reacted to the change(s)
 - Outlining any program policies that were updated as a result
 - Explaining the next steps they will take to sustain the change(s)

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Programs will implement the action steps identified for program staff and program environment. Programs will continue to work on their storyboard based on their observations of the implementation process between LS2 and LS5. Programs may choose to use a variety of ways to express their story of change. This includes:

- Photos of the process including before, during and after the change(s);
- Anecdotes from teachers, families, children, and support staff;
- Assessments, observations and reflections;
- Documents including lesson plans or menus that demonstrate changes; and/or
- Children’s art work that describe the healthy changes in the program.

Participants will continue to build their storyboards between LS2 and LS5 and will bring their storyboards back to LS5 to present the change(s) they have made within their program.

Physical Activity Break



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Note: Choose and conduct an activity from the *Nutrition and Movement Activity Book* OR the *Nutrition* activity kit.



**Part E:
Extending
Your Learning:
Staff, Families
and Program
Policies**

Family-Style Dining at Home

- **Encourage families to practice family-style dining at home**
- **You can promote family-style dining by:**
 - Offering special days that parents can participate in eating family-style (Mother's/Father's Day Breakfast, Back to School Night, etc.)
 - Sending home easy/quick recipes that allow less time for cooking and more time for eating together at the table
 - Taking photos of children eating family-style at the program and send home a conversation starter for 'table talk'

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Specific events allow parents to actively engage in the classroom and understand what their child is doing in the classroom.

Feeding Best Practices for Children

- Serve meals family-style
- Encourage self-feeding
- Eat when seated at a table
- Use appropriate serving sizes
 - Serve more only if the child is still hungry
 - Children will eat what they need
- Engage children in mealtime prep and cleanup
- Serve familiar and new foods
- Encourage children to try new foods, don't force
- Do not use food as punishment or reward
- Integrate nutrition experiences for children in to program activities



Support mothers in breastfeeding as they return to work

- 80% of mothers desire to breastfeed, but 60% are unable to meet their breastfeeding goals
- Returning to work is the primary reason mothers end breastfeeding early
- Important steps to supporting nursing mothers:
 - Talk with the mother to begin to understand her ideas and goals for breastfeeding.
 - Reassure breastfeeding moms that they are doing the best thing for their baby.
 - Encourage them to breastfeed as long as possible.



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Share and plan together:

- Meet with the mother and discuss ideas on breastfeeding
- Find resources and contacts for breastfeeding information
- Ask what you can do to support the nursing mother
- Know how to properly store and prepare breast milk
- Find out who will give the bottle of breast milk to the baby: you or the mother
- Find out if the mother wants to be called at work when the baby is hungry
- Write out the ideas that you and the mother have planned together

Advocating for Breastfeeding

- **Breastfeeding is more than a lifestyle choice, it's a public health issue**
- **Benefits for employers**
 - Moms miss fewer days of work because child isn't sick as often.
- **Benefits for society**
 - Decreased abuse and neglect rates for mothers who breastfeed.
 - If 90% of mothers breastfed for 6 months:
 - 1,000 infant deaths could be prevented
 - U.S. could save \$13 billion



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Breastfeeding is considered the gold standard for infant feeding by the American Academy of Pediatrics, World Health Organization, Centers for Disease Control & Prevention, and others.

Breastfeeding is more than a lifestyle choice, it's a public health issue.

Moms miss fewer days of work because breastfed babies are sick less often.

U.S. could save \$13 billion in health care costs.

Breastfeeding at Work

- **Affordable Care Act requires support of hourly employees**
 - Insurance benefits may cover the cost of breastfeeding equipment, such as breast pumps
- **If mothers want to breastfeed upon return to work, they should have a:**
 - Reasonable break time
 - Private space
 - A place to store their pumped milk
 - Work support system



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The Affordable Care Act, or health care reform, requires employers to support their employees who choose to breastfeed, up to one year after the birth of each child.

Employees have the right to **reasonable and flexible break time** and a **private space** to breastfeed or pump.

Working moms find it very difficult to continue breastfeeding when returning to work, and many don't reach their breastfeeding goals for this reason.

Many moms still don't know they have these new rights.

Resources for Providers and Parents

- La Leche League
- National Resource Center for Health and Safety in Child Care and Early Education
- International Board Certified Lactation Consultants
- Baby-Friendly Hospital Initiative
- Women, Infants, and Children (WIC)
- CDC's *Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding Families*

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Links to these resources are available on the HKHF website. Feel free to add your local organizations that support breastfeeding.

La Leche League

Organization of trained volunteer mothers who provide support to breastfeeding mothers

National Resource Center for Health and Safety in Child Care and Early Education

Rates child care programs based on level of support of breastfeeding

International Board Certified Lactation Consultants

Health professionals in the clinical management of breastfeeding

Baby-Friendly Hospital Initiative

Global program that recognizes hospitals offering lactation support

WIC Program

Supplemental nutrition program for mothers and children up to age five who qualify by income and nutritional need.

Mothers that qualify for WIC, have access to peer and professional support for breastfeeding, as well as additional foods for the mother and baby.

DC's Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding families at

http://www.cdc.gov/obesity/downloads/BF_and_ECE_FINAL.pdf

CDC's Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding Families

Breastfeeding and Early Care and Education: Increasing support for breastfeeding families



Obesity rates among children aged 2 to 5 years approximately doubled between 1976-1981 and 2008-2011. With an estimated 12.1% of children aged 2 to 5 years already obese, prevention efforts must target our youngest children.

Breastfeeding helps protect children against obesity among other important health benefits. The American Academy of Pediatrics recommends exclusive breastfeeding for about the first six months and continued breastfeeding for at least the first year as long as mutually desired. In 2009, only 47% of mothers breastfed at six months and 26% at 12 months of age.

One factor affecting breastfeeding duration is that many mothers are away from their children during the day and may not receive the support they need to continue breastfeeding. In 2007, 68% of women with children under age 3 were in the labor force. As a result, many children are cared for by persons other than their parents.

Early care and education (ECE) providers and teachers influence the lives and health of the families they serve and have an important role in supporting breastfeeding. ECE programs, centers and family homes often can support breastfeeding mothers by ensuring that staff members are well-trained in the most national recommendations for supporting breastfeeding mothers. Support may include allowing mothers to breastfeed at the facility, helping a mother pump breast milk for baby, thawing and preparing bottles of pumped milk, as needed, and helping with breast milk in a freezer to use during the day.

As of December 2011, only 8 states (having regulations concerning language that meets national recommendations for encouraging and supporting breastfeeding and the feeding of breast milk (AZ, CA, DE, MI, NC, NY)) incorporate of state efforts to increase support for breastfeeding women in ECE environments.

Arizona's Empower Plus Program is a resource for ECE providers to help children to make healthy choices related to nutrition, physical activity, and tobacco. The program includes a self-assessment, a sample breastfeeding policy, and a video on how to support and work with breastfeeding mothers. (<http://health.gov/empowerplus>).

The Mississippi Department of Health (MDH) program has developed a training curriculum for ECE providers aimed at helping a breastfeeding Mother & Guide for the Childcare Center. The curriculum

Early care and education providers can influence mothers' breastfeeding continuation. The more breastfeeding support a mother receives, the greater the likelihood she will continue to breastfeed.

incorporates guidelines for providers on how to support breastfeeding mothers, as well as guidelines for the storage and handling of expressed milk. (<http://www.fda.gov/oc/ohrt/childcare.pdf>)

The Utah Department of Health's Nutrition, Physical Activity and Nutrition Program provides an online TOP for Training, comprised of six workshops about promoting childhood overweight. The training is approved for professional development under 3 hours of Learning Credits, and Center Leader Credits in Health and Safety for child care providers in the state. Training Module 6, How to Support a Breastfeeding Mother, & Guide for Childcare Providers, provides ECE directors and staff accurate information and resources so they can best support breastfeeding mothers whose babies are in their care.

The New York State Department of Health's Child and Adult Care Food Program (CACFP) recognizes ECE centers and family day care homes that participate in CACFP and support breastfeeding families with Breastfeeding Friendly Certificates. A website provides ECE centers and family day care homes with self-assessments to apply for this designation, and lists the breastfeeding friendly centers and homes. (<http://www.health.ny.gov/providers/childcare/cacfp/breastfeeding.htm>).

The Wake County Breastfeeding Friendly Child Care Initiative (BFCCI) supports breastfeeding in ECE centers among low-income families through collaboration between the Carolina Global Breastfeeding Institute and the Wake County Child Care Health Consultants and Wake County SmartStart. Activities include identifying the knowledge, attitudes, and practices that support breastfeeding among ECE center staff, mandatory training for ECE providers, and a toolkit that includes tools and materials for both providers and breastfeeding families. (<http://cghpi.org/nc/wake-actives/bfcci/2010>).

The Wisconsin Department of Health Services developed the Ten Steps to Breastfeeding Friendly Child Care Centers, a resource for to help ECE centers and family homes promote breastfeeding and ensure that they support mothers in the state to breastfeed. (<http://www.wisconsin.gov/dhs/publications/PDF/10022.pdf>).

Find out more at Let's Breast! Child Care <http://health.gov/letsbreast/>



Setting and enforcing ECE standards is the responsibility of individual states and territories. Although some local jurisdictions can set standards, The 1st edition of Caring for our Children: National Health and Safety Performance Standards, the gold standard for ECE, provides recommendations on how childcare providers can support breastfeeding families.

References to non-federal organizations are provided solely as a service to the audience. These references do not constitute an endorsement of these organizations or their programs and policies by CDC or the Federal Government, and none should be inferred.

Note: Have participants turn to Centers for Disease Control and Prevention (CDC) *Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding Families*.

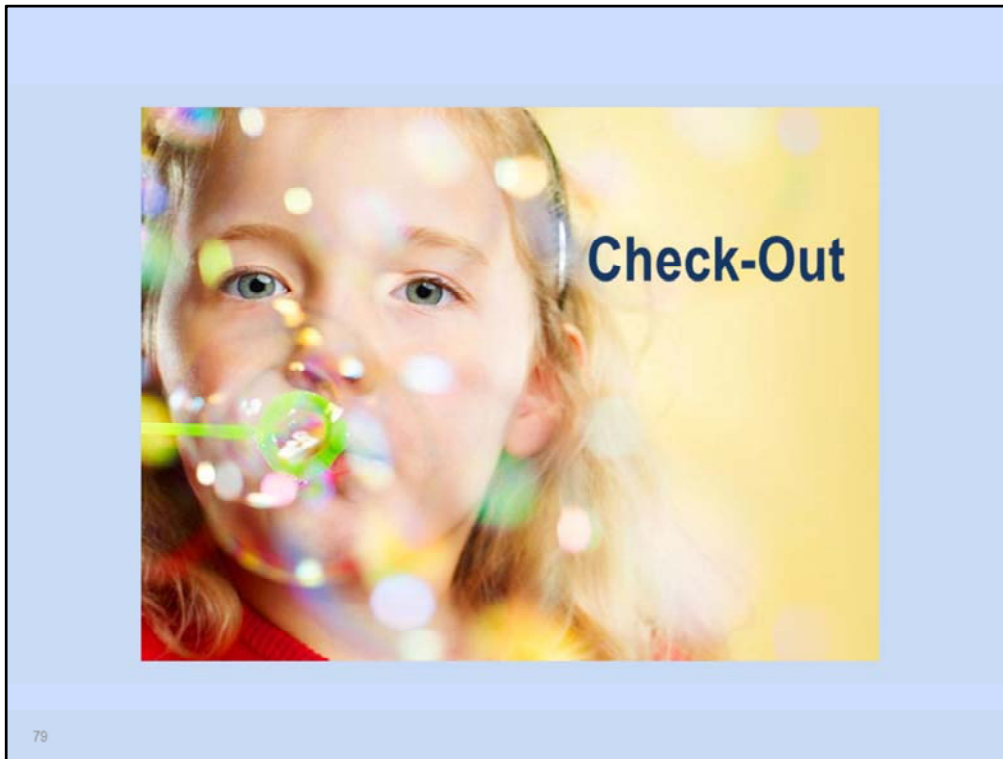
This handout provides examples of state efforts to increase support for breastfeeding women in various ECE environments. It highlights efforts in Arizona, Mississippi, Utah, New York, North Carolina, and Wisconsin. The tools discussed in this document may help participants support breastfeeding within their own ECE program.

The link for this document can be found on the CDC website (www.cdc.gov/obesity/downloads/BF_and_ECE_FINAL.pdf).

Resources

- **Healthy Kids, Healthy Future**
 - www.healthykidshealthyfuture.org
- **MyPlate for Preschoolers**
 - <http://www.choosemyplate.gov/preschoolers.html>
- **Nutrition and Wellness Tips for Young Children**
 - www.teamnutrition.usda.gov
- **Nemours' Best Practices for Healthy Eating**
 - www.healthykidshealthyfuture.org
- **Child and Adult Care Food Program (CACFP)**
 - www.fns.gov/cacfp





Note: Use this time as an opportunity to reflect with the participants on today's Learning Session. If time permits, have participants provide feedback on how the session went. Inform participants that the trainers will follow-up with them to prepare for Technical Assistance visits. Remind participants to complete their Action Period Tasks and the materials to bring back to Learning Session 4.

Trainer Contact Information



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Insert your contact information.