



## Breastfeeding/Chestfeeding Support in Early Care and Education Programs

Breastfeeding, or chestfeeding, is the best source of nutrition for most infants and is a strategy to improve the nation's public health. It can also reduce the risk for certain health conditions for both infants and parents.

The [American Academy of Pediatrics \(AAP\)](#) recommends exclusive breastfeeding/chestfeeding for approximately 6 months after birth. Also, the AAP supports continued breastfeeding/chestfeeding, along with appropriate complementary foods introduced at about 6 months, for 2 years or more as long as the parent and child both want to.

### Benefits for Baby

- Perfect mix of nutrition and easy to digest
- Antibodies to protect baby from illness
- Helps prevent childhood obesity and regulate baby's food intake
- Lower risk of sudden infant death syndrome (SIDS)
- Can help reduce the risk of many short- and long-term health problems in premature babies



### Benefits for Parents

- Bonding opportunity
- Postpartum health benefits (may make it easier to lose pregnancy weight)
- Lower rates of Type 2 diabetes, high blood pressure, and breast and ovarian cancers
- May decrease the amount of postpartum bleeding and help the uterus return to its normal size
- Saves time and money



## Early care and education programs can help promote breastfeeding and chestfeeding in many ways among families in their programs.

### Take a Balanced, Family-centered Approach

- ❗ Sometimes a parent cannot breastfeed/chestfeed, and putting pressure on these parents could make them anxious or depressed. Offer help to find a feeding solution that meets the baby's nutritional needs and supports the parent's psychological well-being.
- ❗ Recognize barriers for families who are less likely to breastfeed/chestfeed.
- ❗ Breastfeeding/chestfeeding rates are significantly lower in low-income families. When asked to name barriers, these parents often mention busy schedules, embarrassment, and a lack of support.

### Offer Individualized, Culturally Appropriate Support

- ❗ Some parents have not seen or heard about breastfeeding/chestfeeding in their communities, making expectant parents less likely to consider it.
- ❗ Breastfeeding/chestfeeding rates in the United States are lowest among African Americans, Native Americans, and Alaska Natives. It is important that the breastfeeding/chestfeeding materials reflect the demographics of the families your program serves whenever possible.

### Understand the Important Role of Staff

- ❗ A successful breastfeeding/chestfeeding program begins with you. Some staff members are comfortable supporting breastfeeding/chestfeeding while others feel uncomfortable just talking about it. All staff members, experienced or not, are important in promoting breastfeeding/chestfeeding. Support from early care and education program staff may help more parents begin breastfeeding/chestfeeding and give human milk for longer. This leads to more health benefits.





## Tips for Discussing Breastfeeding/Chestfeeding with Parents

- ❗ **Start the conversation with parents on infant feeding (during pregnancy, if possible).**  
Offer up-to-date, evidence-based information to help parents decide what's best for their baby.
- ❗ **Offer individualized support to families during the postpartum period.**  
Keep a list of local lactation consultants, and help make the referral.
- ❗ **Discuss barriers and challenges with families.**  
Recognize the demands on families and help them find strategies in making the healthiest choices for their children. [Share tips for how family and friends can support breastfeeding.](#)
- ❗ **Assess breast/chest feeding throughout infancy.**  
Check in with parents about breast/chestfeeding — not just in the first days or weeks of the baby's life — to see how feeding is going and if new challenges come up.
- ❗ **Support the baby's transition to expressed milk.**  
Discuss the parent's feelings about and comfort with expressing and storing their milk if their child will be attending your program. Encourage parents to practice giving 1 bottle a day at least 2 weeks before their baby starts attending. Parents may need help getting and properly using a pump to keep up their milk supply when they're away from their baby.
- ❗ **Talk with families about the baby's routine when in your program.**  
Try to time feedings so that the baby is hungry when the parent is ready to feed. Time feedings to meet the parent's schedule and the baby's developmental and nutritional needs.





## Create a Friendly Environment for Breastfeeding/Chestfeeding

- ❗ By setting up an environment that is friendly, early care and education programs can provide a sense of comfort that is often absent in the larger community. Review the [Ten Steps to Breastfeeding Friendly Child Care](#).
- ❗ Create a balanced environment that supports all families' feeding decisions. Be welcoming of breastfeeding/chestfeeding, and respect all families' decisions. Some families will not or cannot breastfeed/chestfeed.
- ❗ Encourage staff to discuss breastfeeding/chestfeeding in an open and positive way. Avoid comments like “Formula is easier!” or “Breastfeeding/chestfeeding is hard!” These remarks can discourage a parent who is hoping to reach breastfeeding/chestfeeding goals.
- ❗ Assess the physical space. Put up posters that show parents breastfeeding/chestfeeding, and display the [international symbol for breastfeeding/chestfeeding](#) to send the message that your program welcomes the practice.
- ❗ Set up a “cozy corner” or comfortable place to pump or breastfeed/chestfeed. For parents who pump, consider buying glider chairs where parents can feed near an electrical outlet.
- ❗ Share breastfeeding/chestfeeding resources. Create an easily accessible library of local resources that staff can quickly share with families. Make sure the resources meet the language and cultural needs of your community.





## Ask Questions About Program Practices to Help Develop Policies and Procedures

- 👤 How is breastfeeding/chestfeeding education given? Is anyone on staff knowledgeable, and what is that person's role?
- 👤 How does your community feel or think about breastfeeding/chestfeeding?
- 👤 How are prenatal services delivered?
- 👤 Are there policies in place to safely store and feed human milk?
  - 👤 Use the Caring for Our Children (CFOC) standard [4.3.1.3 Preparing, Feeding, and Storing Human Milk](#) and CFOC Standard [4.3.1.1 General Plan for Feeding Infants](#) for information on infant feeding and nutrition.
  - 👤 Review the Centers for Disease Control and Prevention page on [Proper Storage and Preparation of Breast Milk](#).

## Encourage Staff Members to Explore Their Feelings About Breastfeeding/Chestfeeding

- 👤 Give them a safe time and place to talk about these feelings. Use the [Reflecting on Breastfeeding](#) tool to help the conversation with staff.
- 👤 Offer trainings on breastfeeding/chestfeeding, or consider ways to help staff get training in the community.

## Remember Community Partners

- 👤 Develop partnerships with [Women, Infants, and Children \(WIC\)](#) and [lactation consultants](#) to see what they offer breast/chestfeeding parents in the community. Public health programs, [La Leche League](#), and local hospitals may have additional services. Learn who is in your community and what they offer.



## Using Inclusive Language

As you work with families to discuss and support their infant feeding choices, using inclusive language can make a difference in these conversations. There are many ways to feed a baby, whether that's breastfeeding/chestfeeding, bottle-feeding, pumping, formula, or some combination of these. Using inclusive language at a vulnerable time can make a sleep-deprived new parent's journey feel more acknowledged and judgment-free.

Consider asking families about their preferred terms, and be open to changing the words you use. For example, consider using "parent," "birthing parent," and "pregnant person" instead of or in addition to "woman" and "mother." Be mindful of identifying the partner or support person in a way they prefer, which may not be "dad." Many families do not have a co-parent, regardless of how they identify.

"Breastfeeding" is a common term to refer to feeding a baby human milk from one's body. "Chestfeeding" is another term that can be used as a way for transgender and nonbinary parents to describe how they feed and nurture their babies with milk from their chest. Chestfeeding might also be the preferred term for people who have had trauma or for anyone who prefers a gender-neutral term. Chestfeeding can also refer to using a feeding tube attached to the nipple, also called a supplemental nursing system. [Transgender men and women, and nonbinary and genderqueer people](#) are physiologically capable of breastfeeding/chestfeeding, even if they have had chest surgery or have never given birth. Some trans people have gender dysphoria when breastfeeding or chestfeeding and may decide not to breastfeed or chestfeed for their mental health. Trans parents may need individualized support from lactation professionals.

**Breastfeeding/chestfeeding has many known health benefits for infants and parents. For more resources on how to support families in making decisions about infant nutrition, please visit: <https://nrckids.org/>**



## Scan the QR codes to Read the Articles



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



American Academy of Pediatrics (AAP)



Share tips for how family and friends can support breastfeeding



Ten Steps to Breastfeeding Friendly Child Care



International symbol for breastfeeding/chestfeeding



4.3.1.3 Preparing, Feeding, and Storing Human Milk



4.3.1.1 General Plan for Feeding Infants



Proper Storage and Preparation of Breast Milk



Reflecting on Breastfeeding



Women, Infants, and Children (WIC)



Lactation Consultants



La Leche League



Transgender men and women, nonbinary, and genderqueer people