



BREASTFEEDING TOOLKIT 2017

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Introduction to the Genesee County Breastfeeding Friendly Organization Toolkit

Human breast milk is the healthiest feeding source for all infants, including premature and sick newborns. The nutrients found in a mother's milk is unmatched by any baby formula or food on the market today. The American Academy of Pediatrics recommends that breastfeeding continue for at least the first 12 months of a baby's life, and thereafter for as long as mutually desired. Among employed mothers, studies have found lower initiation rates and shorter duration of breastfeeding. Rates of breastfeeding initiation and duration are higher in women who have longer maternity leave, work part-time rather than fulltime, and have breastfeeding support programs in the workplace.

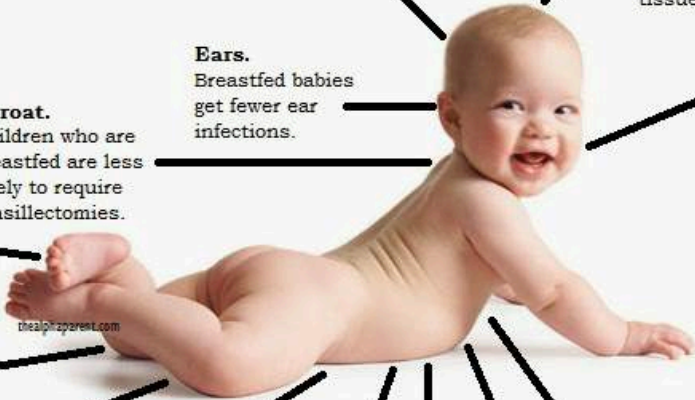
The Genesee County Breastfeeding Friendly Organization Toolkit is designed as a resource for businesses, organizations, and individuals to create environments that support new mothers with the practice of breastfeeding. Breastfeeding is proven to have significant health benefits for children, including a reduced risk for both diabetes and obesity. Many women are aware that breastfeeding is the healthiest option for their babies but choose not to breastfeed due to social stigma, embarrassment, and perceived inconvenience (Office of the Surgeon General, 2011). Community organizations have the power to lead employees to pursue breastfeeding as the primary feeding method for their infant by endorsing positive breastfeeding messaging and promotion throughout their organization.

The Genesee County Breastfeeding Toolkit provides employers and businesses with pertinent information in order to create a healthier workplace environment by adopting breastfeeding-friendly policies and implementing a breastfeeding support program in their workplace. This toolkit is designed to help guide employers in successfully implementing a cost-effective breastfeeding support program by providing tools that can be easily modified to meet organizational requirements.

To assist employers in this endeavor, this toolkit includes:

- Genesee County Breastfeeding Resource Guide (developed by the Genesee County Breastfeeding Coalition)
- Self-Appraisal Questionnaire
- Steps to Create a Breastfeeding Friendly Organization
- Sample Breastfeeding Policy
- Lead and Breastfeeding
- The Business Case for Breastfeeding: Steps for Creating a Breastfeeding Friendly Worksite (developed by the U.S. Department of Health and Human Services: Health Resources and Services Administration)

The Breastfed Baby



Immune system.
Responds better to vaccinations. Human milk helps to mature immune system. Decreased risk of childhood cancer.

Skin.
Less allergic eczema in breastfed infants.

Higher IQ.
Cholesterol and other types of fat in human milk support the growth of nerve tissue.

Endocrine system.
Reduced risk of getting diabetes.

Eyes.
Visual acuity is higher in babies fed human milk.

Ears.
Breastfed babies get fewer ear infections.

Mouth.
Less need for orthodontics in children breastfed more than a year. Improved muscle development of face from suckling at the breast. Subtle changes in the taste of human milk prepare babies to accept a variety of solid foods.

Throat.
Children who are breastfed are less likely to require tonsillectomies.

Respiratory system.
Breastfed babies have fewer and less severe upper respiratory infections, less wheezing, less pneumonia and less influenza.

Heart and circulatory system.
Breastfed children have lower cholesterol as adults. Heart rates are lower in breastfed infants.

Kidneys.
With less salt and less protein, human milk is easier on a baby's kidneys.

Appendix.
Children with acute appendicitis are less likely to have been breastfed.

Digestive system.
Less diarrhea, fewer gastrointestinal infections in babies who are breastfeeding. Six months or more of exclusive breastfeeding reduces risk of food allergies. Also, less risk of Crohn's disease and ulcerative colitis in adulthood.

Bowels.
Less constipation.

Urinary tract.
Fewer infections in breastfed infants.

Joints and muscles.
Juvenile rheumatoid arthritis is less common in children who were breastfed.

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- Lowered medical costs and health insurance claims for breastfeeding employees and their infants (up to three times less for breastfeeding employees)
- Reduced turnover rates (86-92 percent of breastfeeding employees return to work after childbirth when a lactation support program is provided compared to the national average of 59%)
- Lower absenteeism rates (up to half the number of one-day absences)
- Improved productivity
- Increased employee morale and loyalty to the company



Breastfeeding Friendly Organization Assessment

Breastfeeding Friendly Organization Assessment

The Breastfeeding Friendly Organization Assessment is designed to help organizations review existing breastfeeding friendly practices. It is an ideal tool to assess key areas where improvements may be necessary to support breastfeeding mothers and babies.

Date form was completed _____

Name and title of person completing appraisal _____

Seven Steps to Successful Breastfeeding for Organizations

Yes

No

Step 1: Designate an individual or group who is responsible for developing and implementing the breastfeeding friendly organization

- Does the organization have a designated individual or group responsible for initiating and assessing progressing completing the steps to become "Breastfeeding Friendly"?
- Does the organization have a designated individual or group responsible for reviewing policies, procedures and protocols about breastfeeding?
- Does the organization have a designated individual or group responsible for ensuring staff receive orientation and clients receive education about breastfeeding?

☐☐☐☐☐☐

Step 2: Establish a supportive policy for breastfeeding staff members and clients

- Does the organization have a written breastfeeding policy?
- Are all staff trained on the policy within six months of hire and do all staff follow the policy?
- Is the policy available for review by women and their families if requested?
- Does the policy state that breastfeeding employees are provided a flexible schedule for breastfeeding or pumping to provide breast milk for their children?
- Does the policy state that breastfeeding employees and clients are provided a private and clean place to breastfeed their babies or express milk?

☐☐☐☐☐☐☐☐☐☐

Step 3: Train staff to carry out breastfeeding promotion and support activities

- Are all staff who have responsibility to care for infants and children able to provide breastfeeding information and resources to help mothers continue breastfeeding when working or going to school?
- Are brochures, pamphlets and other resources about breastfeeding displayed for easy access?
- Does the organization offer information on the benefits of breastfeeding to all families with infants?

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Step 4: Inform expectant women, new families, and visitors about your breastfeeding friendly policies

- Do staff members willingly tell clients about your breastfeeding policies, resources, and breastfeeding rooms?
- Does your organization display signs that inform mothers it is ok to breastfeed there?

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	<u>Yes</u>	<u>No</u>
Step 5: Create learning experiences for staff and clients with promotional and educational efforts about breastfeeding		
• Is breastfeeding information included in organizational education given to appropriate clients?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the organization offer opportunities for staff and clients to learn about the benefits of breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
Step 6: Provide a comfortable place for mothers to breastfeeding or express milk in privacy		
• Is a private, clean, quiet space available for mothers to breastfeed or express milk?	<input type="checkbox"/>	<input type="checkbox"/>
• Does this area have a comfortable chair, electrical outlet, and nearby access to running water?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the organization provide refrigerator space for breastfeeding mothers to store expressed breastmilk?	<input type="checkbox"/>	<input type="checkbox"/>
• Does the organization educate staff and families that a mother may breastfeed her child wherever they have a legal right to be?	<input type="checkbox"/>	<input type="checkbox"/>
Step 7: Establish and maintain connections with community breastfeeding support resources		
• Does the organization collaborate with local breastfeeding support resources such as Genesee County WIC, La Leche League, healthcare providers, local support groups, breastfeeding peer counselors, and lactation specialists?	<input type="checkbox"/>	<input type="checkbox"/>
• Are mothers with breastfeeding concerns referred to above community resources?	<input type="checkbox"/>	<input type="checkbox"/>
• Are current printed or electronic lactation resources available to breastfeeding clients and employees?	<input type="checkbox"/>	<input type="checkbox"/>

Breastfeeding Laws

Federal Law: Effective Marches 23, 2010, this federal law, part of Section 4207 of the Patient Protection and Affordable Care Act under the Fair Labor Standards Act (FLSA) of 2011, requires employers to provide break time and a place for hourly paid workers to express breast milk at work. The law states that employers must provide a “reasonable” amount of time and that they must provide a private space other than a bathroom. They are required to provide this until the employee’s baby turns one year old. Employers with fewer than 50 employees are not subject to the FLSA break time requirement if compliance with the provision would impose an undue hardship.

Michigan Law: Effective June 24, 2014, Michigan Public Acts, Act 197 or the Breastfeeding Antidiscrimination Act, prohibits discriminatory practices, policies, and customs in the exercise of the right to breastfeed and provides for enforcement of the right to breastfeed.



Breastfeeding Friendly Organization Sample Planning Worksheet

Sample Planning Worksheet

Use this sample planning worksheet to assist your business or organization with creating a breastfeeding friendly environment.

Recommendations: Describe the strategies selected from the Self-Appraisal Questionnaire.

Activities: List the activities required to meet the recommendation.

Materials, Resources and Personnel: List the individuals who will do the work and the resources and tools they need to get the job done.

Time Frame: When will implementation begin? How long will it take to finish?

Evaluation: How will you measure your success and/or misfortunes?

Example:

Recommendations	Activities	Materials Resources and Personnel	Time Frame	Evaluation
Step 1: Designate an individual or group who is responsible for developing and implementing the breastfeeding friendly organization	Team member gives report at staff meetings; write article for employee newsletter	Team leader or designated member	Monthly staff meetings; quarterly newsletters	Meeting minutes; copy of employee newsletter
Step 2: Establish a supportive policy for breastfeeding staff members and clients	Draft and implement a policy on breastfeeding for the organization	Staff input, management support, and sign-off	1 month- February	Policy in place
Step 7: Create a resource file	Inventory current resources; add new resources	Staff time; funding	2 months –January-February	Pre/Post listing of resources in file

Recommendations	Activities	Materials Resources and Personnel	Time Frame	Evaluation
Step 1: Designate an individual or group who is responsible for developing and implementing the breastfeeding friendly organization				
Step 2: Establish a supportive policy for breastfeeding staff members and clients				
Step 3: Train staff to carry out breastfeeding promotion and support activities				
Step 4: Inform expectant women, new families, and visitors about your breastfeeding friendly policies				
Step 5: Create learning experiences for staff and clients with promotional and educational efforts about breastfeeding				
Step 6: Provide a comfortable place for mothers to breastfeeding or express milk in privacy				
Step 7: Create a resource file				



Sample Policy for Supporting Breastfeeding Employees

Policy for Supporting Breastfeeding Employees

In recognition of the well documented health advantages of breastfeeding for infants and mothers, *[name of company]* provides a supportive environment to enable breastfeeding employees to express their milk during work hours. This includes a company-wide lactation support program administered by *[name of department]*.

[Name of company] subscribes to the following worksite support policy. This policy shall be communicated to all current employees and included in new employee orientation training.

Company Responsibilities

Breastfeeding employees who choose to continue providing their milk for their infants after returning to work shall receive:

■ Milk Expression Breaks

Breastfeeding employees are allowed to breastfeed or express milk during work hours using their normal breaks and meal times. For time that may be needed beyond the usual break times, employees may use personal leave or may make up the time as negotiated with their supervisors.

■ A Place to Express Milk

A private room (not a toilet stall or restroom) shall be available for employees to breastfeed or express milk. The room will be private and sanitary, located near a sink with running water for washing hands and rinsing out breast pump parts, and have an electrical outlet. If employees prefer, they may also breastfeed or express milk in their own private offices, or in other comfortable locations agreed upon in consultation with the employee's supervisor. Expressed milk can be stored *[in general company refrigerators/in designated refrigerators provided in the lactation room or other location/in employee's personal cooler]*.

■ Breastfeeding Equipment

[Name of company] *[provides/subsidizes/rents]* electric breast pumps to assist breastfeeding employees with milk expression during work hours. The company provides *[hospital grade pump that can be used by more than one employee/or portable personal use electric breast pump that the employee retains]* throughout the course of breastfeeding for the employee. *[If using a standard hospital-grade pump, indicate whether the company provides/subsidizes personal attachment kit or where the employee can purchase the kit.]* *[Indicate whether breast pumps are also available for partners of male employees.]*

- **Education**

Prenatal and postpartum breastfeeding classes and informational materials are available for all mothers and fathers, as well as their partners.

- **Staff Support**

Supervisors are responsible for alerting pregnant and breastfeeding employees about the company's worksite lactation support program, and for negotiating policies and practices that will help facilitate each employee's infant feeding goals. It is expected that all employees will assist in providing a positive atmosphere of support for breastfeeding employees.

[List other components specific to your company's program]

Employee Responsibilities

- **Communication with Supervisors**

Employees who wish to express milk during the work period shall keep supervisors informed of their needs so that appropriate accommodations can be made to satisfy the needs of both the employee and the company.

- **Maintenance of Milk Expression Areas**

Breastfeeding employees are responsible for keeping milk expression areas clean, using anti-microbial wipes to clean the pump and area around it. Employees are also responsible for keeping the general lactation room clean for the next user. This responsibility extends to both designated milk expression areas, as well as other areas where expressing milk will occur.

- **Milk Storage**

Employees should label all milk expressed with their name and date collected so it is not inadvertently confused with another employee's milk. Each employee is responsible for proper storage of her milk using *[company provided refrigerator/personal storage coolers]*.

- **Use of Break Times to Express Milk**

When more than one breastfeeding employee needs to use the designated lactation room, employees can use the sign-in log provided in the room to negotiate milk expression times that are most convenient or best meet their needs.



Genesee Health System Sample Policy for Supporting Breastfeeding Employees

SUBJECT: Breastfeeding-Friendly Workplace		POLICY #: 02-008-13	Page 1 of 2
SECTION: Human Resources		CHAPTER: Human Resources	
WRITTEN BY: Honor Potvin, MPH	TECHNICAL REVIEW BY: Tracey Malin, CRO	AUTHORIZED BY: Tisha Deeghan, COO	

I. APPLICATION

All GHS and PIHP Staff; All GCHC Staff; Contractors; Temporary Staff; Students; Volunteers

II. POLICY STATEMENT

Genesee Health System (GHS) recognizes the scientific evidence that breast milk is the optimal food for growth and development of infants and encourages employees and management to have a positive, accepting attitude toward working women who are breastfeeding. GHS promotes and supports breastfeeding and the expression of breast milk by employees who are breastfeeding when they return to work.

Discrimination and harassment of breastfeeding mothers in any form is unacceptable and will not be tolerated by GHS.

It shall be the policy of GHS to provide:

A. Training and Support

The Breastfeeding-Friendly Workplace policy shall be disseminated to every incoming and current employee, contractor, temporary staff, student, or volunteer at GHS and GCHC.

Information about breastfeeding support after returning to work shall be provided to the staff named above prior to their maternity leave.

A peer support group will be established to provide activities in support of breastfeeding mothers in the workplace.

B. Time to Express Milk or Breastfeed (Lactation Time)

Lactation times shall be established for each employee based on her work schedule. If possible, the lactation time is to run concurrently with any break time already provided.

Lactation time beyond the regular break time will be negotiated between the employee and her supervisor, as GHS recognizes that the needs of each mother are unique.

C. Space for Expressing Milk or Breastfeeding

Employees shall be provided the use of a clean, comfortable space or "Lactation Area." A toilet shall not serve as the lactation area.

Each Lactation Area:

- is equipped with an electrical outlet.

SUBJECT: Breastfeeding-Friendly Workplace		POLICY #:	Page 2 of 2
SECTION:		CHAPTER:	

- is in close proximity to the employee's work area.
- contains comfortable seating.
- has a lock or other mechanism to ensure privacy.
- has a sink with hot water and soap for hand washing and cleaning of equipment.
- (ideally) has a small refrigerator for storage of expressed breast milk, depending on space available.
- has antibacterial wipes and gel.

Ideally, the Lactation Area will be near or co-located with a toilet.

D. Equipment for Expressing Milk or Breastfeeding

GHS' health insurance carriers cover the cost of individual breast pumps as a part of women's prevention services.

E. Direct Access for the Purpose of Breastfeeding

Direct access to children for the sole purpose of breastfeeding will be allowed. Direct access must occur in the Lactation Area, and only during regular break times.

F. Atmosphere of Tolerance

Breastfeeding should not constitute a source of discrimination in employment or in access to employment. It is prohibited under this policy to harass a breastfeeding employee; such conduct unreasonably interferes with an employee's work performance and creates an intimidating, hostile, or offensive working environment.

Any incident of harassment of a breastfeeding employee will be addressed in accordance with GHS policies and procedures for discrimination and harassment.

III. DEVELOPMENT AND EVALUATION

The GHS COO and the CRO will review this policy on an annual basis.



Fact Sheet: Break Time to Support Breastfeeding Employees (FLSA)

Fact Sheet #73: Break Time for Nursing Mothers under the FLSA

This fact sheet provides general information on the break time requirement for nursing mothers in the Patient Protection and Affordable Care Act (“PPACA”), which took effect when the PPACA was signed into law on March 23, 2010 (P.L. 111-148). This law amended Section 7 of the Fair Labor Standards Act (FLSA).

General Requirements

Employers are required to provide “reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child’s birth each time such employee has need to express the milk.” Employers are also required to provide “a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.”

The FLSA requirement of break time for nursing mothers to express breast milk does not preempt State laws that provide greater protections to employees (for example, providing compensated break time, providing break time for exempt employees, or providing break time beyond 1 year after the child’s birth).

Time and Location of Breaks

Employers are required to provide a reasonable amount of break time to express milk as frequently as needed by the nursing mother. The frequency of breaks needed to express milk as well as the duration of each break will likely vary.

A bathroom, even if private, is not a permissible location under the Act. The location provided must be functional as a space for expressing breast milk. If the space is not dedicated to the nursing mother’s use, it must be available when needed in order to meet the statutory requirement. A space temporarily created or converted into a space for expressing milk or made available when needed by the nursing mother is sufficient provided that the space is shielded from view, and free from any intrusion from co-workers and the public.

Coverage and Compensation

Only employees who are not exempt from section 7, which includes the FLSA’s overtime pay requirements, are entitled to breaks to express milk. While employers are not required under the FLSA to provide breaks to nursing mothers who are exempt from the requirements of Section 7, they may be obligated to provide such breaks under State laws.

Employers with fewer than 50 employees are not subject to the FLSA break time requirement if compliance with the provision would impose an undue hardship. Whether compliance would be an undue hardship is determined by looking at the difficulty or expense of compliance for a specific employer in comparison to the size, financial resources, nature, and structure of the employer's business. All employees who work for the covered employer, regardless of work site, are counted when determining whether this exemption may apply.

Employers are not required under the FLSA to compensate nursing mothers for breaks taken for the purpose of expressing milk. However, where employers already provide compensated breaks, an employee who uses that break time to express milk must be compensated in the same way that other employees are compensated for break time. In addition, the FLSA's general requirement that the employee must be completely relieved from duty or else the time must be compensated as work time applies. See [WHD Fact Sheet #22, Hours Worked under the FLSA](#).

FLSA Prohibitions on Retaliation

Section 15(a)(3) of the FLSA states that it is a violation for any person to "discharge or in any other manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this Act, or has testified or is about to testify in any such proceeding, or has served or is about to serve on an industry committee."

Employees are protected regardless of whether the complaint is made orally or in writing. Complaints made to the Wage and Hour Division are protected, and most courts have ruled that internal complaints to an employer are also protected.

Any employee who is "discharged or in any other manner discriminated against" because, for instance, he or she has filed a complaint or cooperated in an investigation, may file a retaliation complaint with the Wage and Hour Division or may file a private cause of action seeking appropriate remedies including, but not limited to, employment, reinstatement, lost wages and an additional equal amount as liquidated damages.

For additional information, visit our Wage and Hour Division Website:

<http://www.wagehour.dol.gov> and/or call our toll-free information and helpline, available 8 a.m. to 5 p.m. in your time zone, 1-866-4USWAGE (1-866-487-9243).

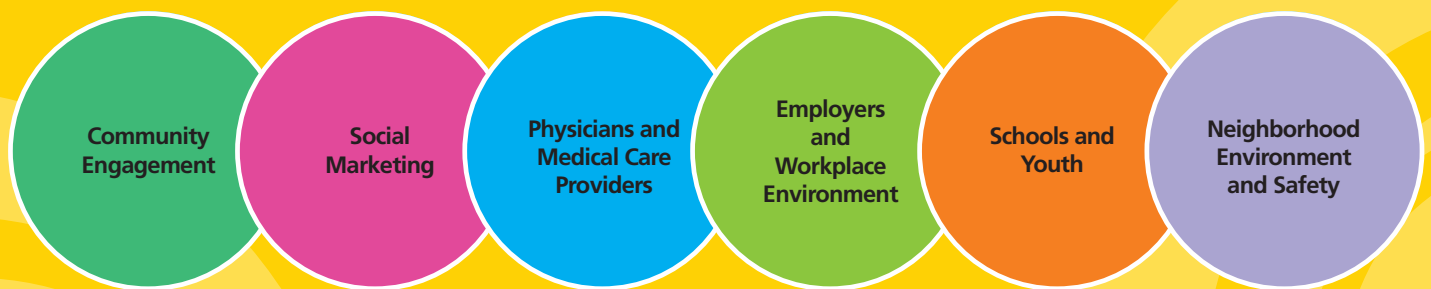
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200 Constitution Avenue, NW
Washington, DC 20210

1-866-4-USWAGE
TTY: 1-866-487-9243
[Contact Us](#)

Why Commit to Fit?

Commit to Fit! is an ongoing health behavior improvement initiative that seeks to mobilize employers, schools, residents, neighborhoods, churches, and the community at-large to support and utilize a common message focused on healthier, more active lifestyles. Thus, the healthy messages of Commit to Fit! are reinforced throughout the community, across settings where residents live, learn, work, and play.



Greater Flint Health Coalition

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Resources for Breastfeeding Employees

Visit **commit2fit.com**

PUMPING AND STORING YOUR MILK

PUMPING YOUR BREASTMILK

If you are unable to breastfeed your baby directly, it is important to remove milk during the times your baby normally would feed. This will help you to continue making milk.

Before you express breastmilk, be sure to wash your hands with soap and water. If soap and water are unavailable, use an alcohol-based hand sanitizer that

contains at least 60 percent alcohol. Make sure the area where you are expressing and your pump parts and bottles are clean.

If you need help to get your milk to start flowing, you can:

- Think about your baby. Bring a photo or a blanket or item of clothing that has your baby's scent on it.
- Apply a warm, moist compress to your breasts.
- Gently massage your breasts.
- Gently rub your nipples.
- Visualize the milk flowing down.
- Sit quietly and think of a relaxing setting.



WAYS TO EXPRESS YOUR MILK BY HAND OR PUMP

TYPE	HOW IT WORKS	WHAT'S INVOLVED	AVERAGE COST
HAND EXPRESSION	You use your hand to massage and compress your breast to remove milk.	<ul style="list-style-type: none"> Requires practice, skill, and coordination Gets easier with practice, and can be as fast as pumping Good if you are seldom away from your baby or you need an option that is always with you. But all moms should learn how to hand express. Watch a video at http://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html 	Free
MANUAL PUMP	You use your hand and wrist to operate a hand-held device to pump the milk.	<ul style="list-style-type: none"> Requires practice, skill, and coordination Useful for occasional pumping if you are away from your baby only once in a while May put you at higher risk of breast infection 	\$30 to \$50
ELECTRIC BREAST PUMP	Runs on battery or plugs into an electrical outlet.	<ul style="list-style-type: none"> Can be easier for some moms Can pump one breast at a time or both breasts at the same time Double pumping may collect more milk in less time, which is helpful if you are going back to work or school full-time Need a place to clean and store the equipment between uses 	\$150 to more than \$250

You can rent an electric pump from a lactation consultant at a local hospital or from a breastfeeding organization. This type of pump works well for creating a milk supply when a new baby can't feed at the breast. Mothers who struggled with other expression methods may find that these pumps work well for them.

Under the Affordable Care Act, your health insurance plan must cover the cost of a breast pump. You may be offered a rental or a new one for you to keep. Your plan may provide guidance on whether the covered pump is manual or electric, how long the coverage of a rented pump lasts, and when they'll provide the pump.

Learn more about your breastfeeding benefits at www.HealthCare.gov and talk to your insurance company to learn their specific policies on breast pumps.

You can keep germs from getting into the milk by washing your pumping equipment with soap and water and letting it air dry.



STORING YOUR BREASTMILK

Breastmilk can be stored in clean glass or hard BPA-free plastic bottles with tight-fitting lids. You also can use milk storage bags, which are made for freezing human milk. Do not use disposable bottle liners or other plastic bags to store breastmilk.

Storage bottles or bags to refrigerate or freeze your breastmilk also qualify as tax-deductible breastfeeding gear.

AFTER EACH PUMPING

- Label the date on the storage container. Include your child's name if you are giving the milk to a child care provider.
- Gently swirl the container to mix the cream part of the breastmilk that may rise to the top back into the rest of the milk. Shaking the milk is not recommended — this can cause some of the milk's valuable part to break down.
- Refrigerate or chill milk right after it is expressed. You can put it in the refrigerator, place it in a cooler or insulated cooler pack, or freeze it in small (2 to 4 ounce) batches for later feedings.

TIPS FOR FREEZING MILK

- Wait to tighten bottle caps or lids until the milk is completely frozen.

- Try to leave an inch or so from the milk to the top of the container because it will expand when freezing.
- Store milk in the back of the freezer — not on the shelf in the freezer door.

TIPS FOR THAWING AND WARMING UP MILK

- Clearly label milk containers with the date it was expressed. Use the oldest stored milk first.
- Breastmilk does not necessarily need to be warmed. Some moms prefer to take the chill off and serve at room temperature. Some moms serve it cold.
- Thaw frozen milk in the refrigerator overnight, by holding the bottle or frozen bag of milk under warm running water, or setting it in a container of warm water.
- Never put a bottle or bag of breastmilk in the microwave. Microwaving creates hot spots that could burn your baby and damage the milk.
- Swirl the milk and test the temperature by dropping some on your wrist. It should be comfortably warm.
- Use thawed breastmilk within 24 hours. Do not refreeze thawed breastmilk.



GUIDE TO STORING FRESH BREASTMILK FOR USE WITH HEALTHY FULL-TERM INFANTS

PLACE	TEMPERATURE	HOW LONG	THINGS TO KNOW
COUNTERTOP, TABLE	Room temp (up to 77°F)	Up to 4 hours is best. Up to 6 to 8 hours is okay for very clean expressed milk.	Containers should be covered and kept as cool as possible. Covering the container with a clean cool towel may keep milk cooler. Throw out any leftover milk within 1 to 2 hours after the baby is finished feeding.
REFRIGERATOR	39°F or colder	Up to 3 days is best. Up to 5 days is okay for very clean expressed milk.	Store milk in the back of the main body of the refrigerator. When at work, you can place your expressed milk in the refrigerator. Use a canvas or insulated bag, and place it at the back of the refrigerator.
FREEZER	0°F or colder	Up to 3 to 6 months is best. Up to 9 months is okay for very clean expressed milk.	Store milk toward the back of the freezer where the temperature is most constant. Milk stored at 0°F or colder is safe for longer durations, but the quality of the milk might not be as high.
DEEP FREEZER	-4°F or colder	Up to 6 months. Up to 12 months is okay for very clean expressed milk.	Store milk toward the back of the freezer where the temperature is most constant. Milk stored at 0°F or colder is safe for longer durations, but the quality of the milk might not be as high.

Source: Adapted from 7th Edition American Academy of Pediatrics (AAP) Pediatric Nutrition Handbook (2014); 2nd Edition AAP/American College of Obstetricians and Gynecologists (ACOG) Breastfeeding Handbook for Physicians (2014); Academy of Breastfeeding Medicine (ABM) Clinical Protocol #8 Human Milk Storage Guidelines (2010); CDC Human Milk Storage Guidelines (2015).

GUIDE TO STORING THAWED BREASTMILK

	ROOM TEMPERATURE (60°F TO 85°F)	REFRIGERATOR (39°F OR COLDER)	ANY FREEZERS
THAWED BREASTMILK	Up to 1 to 2 hours is best. Up to 3 to 4 hours is okay.	24 hours	Do not refreeze.

Source: American Academy of Pediatrics

“ I was committed to breastfeeding, but learning to nurse while learning to take care of a newborn was tough. My baby hated taking the entire nipple, and slipping off as she nursed was painful. And when it's 3 a.m. and your baby is fussing and you are sore, those bottles are incredibly tempting.

At the same time, most of the health professionals I came in contact with — as well as many of my family members and friends — seemed to be undermining my breastfeeding relationship. My day care providers seemed afraid of my breastmilk, my workplace didn't offer me a place to pump, and other mothers would act as though my breastfeeding was condemning their choice not to.

But I remembered that my nurse, Charlene, asked me to give it at least 8 weeks. I remembered that advice and decided to wait a little longer. I went back to Charlene for help, and she showed me how to combat my daughter's slipping latch. She also put me in touch with a local support group and helped me find professionals who really knew how to help. They got me through the most critical period, but it was only my willingness to seek out their guidance that allowed me to keep nursing. Don't be afraid to ask for help whenever you need it!

— Lin, Lock Haven, Pennsylvania

GOING BACK TO WORK

Planning ahead for your return to work can help ease the transition. Learn as much as you can ahead of time and talk with your employer about your options. This can help you continue to enjoy breastfeeding your baby long after your maternity leave is over.

DURING YOUR MATERNITY LEAVE

- Take as many weeks off as you can. At least six weeks of leave can help you recover from childbirth and settle into a good breastfeeding routine. Twelve weeks is even better.
- Practice expressing your milk by hand or with a breast pump. A breast pump may be the best method for efficiently removing milk during the workday. A hands-free breast pump may even allow you to work while pumping if you have a laptop or an office with a door that you can close. See [pages 39 to 43](#) for more information about pumping and storage.
- Help your baby adjust to taking breastmilk from a bottle (or cup for infants 3 to 4 months old). Babies used to nursing might prefer a bottle or cup when it's given by someone else. Wait at least a month before introducing a bottle to your infant.
- Talk with your family and your child care provider about your desire to breastfeed. Let them know you will need their support.

BACK AT WORK

- Keep talking with your supervisor about your schedule and what is or isn't working for you. Keep in mind that returning to work gradually gives you more time to adjust.
- If your child care is close by, find out whether you can visit to breastfeed over lunch.
- When you arrive to pick up your baby from child care, take time to breastfeed first. This will give you both time to reconnect before traveling home and returning to other family responsibilities.

GET A QUALITY BREAST PUMP

A good-quality electric breast pump may be your best strategy for efficiently removing milk during the workday. Electric pumps that allow you to express milk from both breasts at the same time

reduce pumping time. See [page 40](#) for more information on types of breast pumps and how to work with your insurance company to get them.

FIND A PRIVATE PLACE TO EXPRESS MILK

Work with your supervisor to find a private place to express your milk. The Affordable Care Act (the health care law) supports work-based efforts to assist nursing mothers. Employers are required to provide reasonable break times in a private place (other than a bathroom) for nursing women to express milk while at work. (Employers with fewer than 50 employees are not required to comply if it would cause the company financial strain.)

If your company does not provide a private lactation room, find another private area you can use. You may be able to use an office with a door, a conference room, or a little-used storage area. The room should be private and secure from intruders when in use. The room should also have an electrical outlet if you are using an electric breast pump. Explain to your supervisor that it is best not to express milk in a restroom. Restrooms are unsanitary, and there are usually no electrical outlets. It can also be difficult to manage a pump in a toilet stall.

WHEN TO EXPRESS MILK

At work, you will need to express and store milk during the times you would normally feed your baby. (In the first few months of life, babies need to breastfeed eight to 12 times in 24 hours.) This turns out to be about two to three times during a typical eight-hour work period. As the baby gets older, the number of feeding times may go down.

Expressing milk can take about 10 to 15 minutes. Sometimes it may take longer. Many women use their regular breaks and lunch break to pump. Some women come to work early or stay late to make up the time needed to express milk.



HOW MUCH MILK SHOULD I SEND WITH MY BABY DURING THE DAY?

You may need to pump two to three times each day to make enough milk for your baby while he or she is with a caregiver. Research shows that breastfed babies between 1 and 6 months old take in an average of two to four ounces per feeding. As your baby gets older, your breastmilk changes to meet your baby's needs. So, your baby will get the nutrition he needs from the same number of ounces at 9 months as he did at 3 months.

Some babies eat less during the day when they are away from their mothers and then nurse more often at night. This is called “reverse-cycling.” Or, babies may eat during the day and still nurse more often at night. This may be more for the closeness with you that your baby craves. If your baby reverse-cycles, you may find that you do not need to pump as much milk for your baby during the day. Track your baby's weight and diapers to make sure your baby gets enough milk. (See [page 20](#) for more ways to tell whether your baby is getting enough milk.)

PUMPING TIPS

It may take time to adjust to pumping breastmilk in a work environment. For easier pumping, try these tips for getting your milk to let down from the milk ducts:

- Relax as much as you can.
- Massage your breasts.
- Gently rub your nipples.
- Visualize the milk flowing down.
- Think about your baby. Bring a photo of your baby or a blanket or item of clothing that smells like your baby.

STORING YOUR MILK

Breastmilk is food, so it is safe to keep it in an employee refrigerator or a cooler with ice packs. Talk to your supervisor about the best place to store your milk.

If you work in a medical department, do not store milk in the same refrigerators where medical specimens are kept.

Be sure to label the milk container with your name and the date you expressed the milk.

YOUR BUSINESS CAN TAKE EASY STEPS TO SUPPORT BREASTFEEDING!

SUPPORTING NURSING MOMS AT WORK: EMPLOYER SOLUTIONS

The Office on Women's Health helps businesses support nursing mothers at work at this website: www.womenshealth.gov/breastfeeding/employer-solutions/index.php. This site offers cost-effective tips and time and space solutions listed by industry.

THE BUSINESS CASE FOR BREASTFEEDING

The Office on Women's Health partnered with the Health Resources and Services Administration to create a toolkit that encourages business owners to support breastfeeding. The program points out the benefits of breastfeeding to businesses and gives them easy steps to make a breastfeeding-friendly work environment. Share this site with your employer: <http://www.womenshealth.gov/breastfeeding/business-case-for-breastfeeding.html>.

NUTRITION AND FITNESS

HEALTHY EATING

Many new mothers wonder whether they should be on a special diet while breastfeeding, but the answer is no. You can take in the same number of calories that you did before becoming pregnant, which helps with weight loss after birth. There are no foods you need to avoid. In fact, you can continue to enjoy the foods that are important to your family, including the special meals you know and love.

As for how your eating habits affect your baby, there are no special foods that will help you make more milk. You may find that some foods cause stomach upset in your baby. You can try avoiding those foods to see if your baby feels better and ask your baby's doctor for help.

Keep these important nutrition tips in mind:

- Drink plenty of fluids to stay hydrated (but fluid intake does not affect the amount of breastmilk you

make). Drink when you are thirsty, and drink more fluids if your urine is dark yellow. A common suggestion is to drink a glass of water or other beverage every time you breastfeed.

- Limit drinks with added sugars, such as sodas and fruit drinks.
- Limit the amount of caffeine you get each day. Drinking a moderate amount (one or two cups a day) of coffee or other caffeinated beverages does not cause a problem for most breastfeeding babies. Too much caffeine can cause the baby to be fussy or not sleep well.
- Talk to your doctor about taking a supplement. Vitamin and mineral supplements should not replace healthy eating, but in addition to healthy food choices, some breastfeeding women may need a multivitamin and mineral supplement.
- See [page 30](#) for information on drinking alcohol and breastfeeding.

TIPS FOR HEALTHY EATING

ChooseMyPlate.gov has tip sheets that you can keep on your refrigerator to remind you to eat healthy. Download and print the “10 Tips Nutrition Education Series” at www.choosemyplate.gov.



HANDLING STRESS



Both short- and long-term stress can affect your body. In fact, stress can make you more likely to get sick. It can also make problems you already have worse. It can play a part in a range of issues, including trouble sleeping, stomach problems, headaches, and mental health conditions.

Having a new baby and learning to breastfeed can be stressful. But it is important for new mothers to take care of themselves. Try to listen to your body so that you can tell when stress is affecting your health.

Take these steps to help ease stress while breastfeeding:

RELAX.

Try and find a quiet, comfortable, relaxing place to nurse. This will help make breastfeeding more enjoyable for you and your baby. Use this time to bond with your baby, listen to soothing music, meditate, or read a book.

SLEEP.

Your stress could get worse if you don't get enough sleep. With enough sleep, it is easier to cope with challenges and stay healthy. Try to sleep whenever possible.



SURROUND YOURSELF WITH SUPPORTIVE PEOPLE.

It really does take a village to raise a child. Let family and friends help you with housework or hold your baby while you rest or take a bath.

GET MOVING.

Physical activity improves your mood. Your body makes certain chemicals, called endorphins, before and after you exercise. These relieve stress and improve your mood. If you are a new mother, ask your doctor when it is okay to start exercising.

DON'T DEAL WITH STRESS IN UNHEALTHY WAYS.

This includes drinking too much alcohol, using drugs, or smoking, all of which can harm you and your baby. It is also unhealthy to overeat in response to stress.

GET HELP FROM A PROFESSIONAL IF YOU NEED IT.

A therapist can help you work through stress and find better ways to deal with problems. Medicines can help ease symptoms of depression and anxiety and help promote sleep. But not all medicines are safe to take while breastfeeding. Talk to your doctor or pharmacist before taking any medicine.

DID YOU KNOW?

Breastfeeding can help mothers relax and handle stress better. Skin-to-skin contact with your baby has a soothing effect.

FEEDING CHART

Mark your baby's feedings in the chart below. The times should be when the feeding begins. You can note how long the baby fed at each breast. But keep in mind that feeding times will vary.

Your baby will let you know when he or she is finished eating. If you are feeding pumped breastmilk, include the amount your baby eats.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6 a.m.							
7 a.m.							
8 a.m.							
9 a.m.							
10 a.m.							
11 a.m.							
NOON							
1 p.m.							
2 p.m.							
3 p.m.							
4 p.m.							
5 p.m.							
6 p.m.							
7 p.m.							
8 p.m.							
9 p.m.							
10 p.m.							
11 p.m.							
MIDNIGHT							
1 a.m.							
2 a.m.							
3 a.m.							
4 a.m.							
5 a.m.							



HEALTH INFORMATION FROM THE OFFICE ON WOMEN'S HEALTH

The Office on Women's Health (OWH) offers a wide range of women's health information through our toll-free Helpline and website, [womenshealth.gov](http://www.womenshealth.gov). Contact the OWH Helpline at [800-994-9662](tel:800-994-9662) to talk to an information and referral specialist or breastfeeding peer counselor.

Follow us on Facebook (www.facebook.com/HHSOWH) and Twitter (www.twitter.com/womenshealth) to get the latest on breastfeeding and other women's health topics.

www.womenshealth.gov

Empowering women to live healthier lives

www.womenshealth.gov/itsonlynatural

Sharing benefits of breastfeeding with African-American women

www.girlshealth.gov

Helping girls learn about health and growing up

Why Commit to Fit?

Commit to Fit! is an ongoing health behavior improvement initiative that seeks to mobilize employers, schools, residents, neighborhoods, churches, and the community at-large to support and utilize a common message focused on healthier, more active lifestyles. Thus, the healthy messages of Commit to Fit! are reinforced throughout the community, across settings where residents live, learn, work, and play.



Greater Flint Health Coalition

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back-to-work breastfeeding checklist

With a little planning and these essential helpers, pumping at work can be both successful and stress-free. You've got this!

for you

- ☐ Extra clothes
For those little accidents...an extra top or two. Choose wrap or button-down styles.
- ☐ Nursing pads
Leakage happens...these will protect!
- ☐ Nipple cream
Say "No!" to sore nipples and stay comfy.
- ☐ Lactation cookies
Take a break with a yummy snack that can help support breast milk production!
- ☐ Nursing covers & scarves
Not only provide privacy when feeding baby, but for pumping at work, too.

for pumping

- ☐ Breast pump just for work
Keep an extra breast pump at work so you don't have to bring one to and from home.
- ☐ Spare pump parts
If available for your pump, keep them handy, just in case!
- ☐ Quick-cleaning wipes
Keep your pump and accessories sanitary with quick-clean wipes stashed at your desk.
- ☐ Reminders of baby
Sweet go-tos, like a special photo or video, will help with milk letdown.

for milk storage

- ☐ Cooler / transport bags
Keep breast milk cool to preserve nutrients, to and from work.
- ☐ Milk storage bags / bottles
Store expressed milk for later use in bottles or storage bags designed for breast milk.
- ☐ Milk labeling
Storing breast milk in a shared fridge? Label what's yours to avoid a major mix-up!
- ☐ Feeding system
Lets you pump, store, warm & feed with one pouch—so you don't lose a precious drop!

back-to-work tips

- ☐ Talk to your employer early
Even before baby arrives...so you can ask about pumping privacy and your plans to pump.
- ☐ Return to work mid-week
Ease into your pumping/work schedule with a mid-week return. You'll be glad you did!
- ☐ Set up a calendar invite for yourself
It will help you stay on track with your pumping schedule throughout the day.

Sponsored by **medela** 

BREASTFEEDING AND LEAD EXPOSURE FREQUENTLY ASKED QUESTIONS

Breastmilk is the preferred food for babies, providing the best nutrition and many health benefits.

- Breastfeeding decreases Sudden Infant Death Syndrome (SIDS), pneumonia, and ear infections.
- Children that were breastfed experience less obesity, asthma and allergies.
- Breastfeeding helps with brain development and can result in a higher IQ and doing better in school.
- Breastfeeding even helps mothers, decreasing risks of breast and ovarian cancer and heart disease.

Can I still breastfeed if I have been exposed to lead?

The breast acts as a natural filter so that very little lead in the mother's system is passed into the breastmilk. Breastfeeding is recommended unless blood lead levels in the mother are very high.

What can I do, as breastfeeding mother, to keep my baby safe?

It is important to follow all recommendations regarding exposure to lead. The safest choice for pregnant and breastfeeding women and kids under six years of age is to use bottled water for drinking or cooking.

Filtered water is a safe option ONLY if your filter is certified to remove lead and you follow all the instructions and on how to use it/when to replace it. Good nutrition helps too! Follow up with your doctor or WIC dietitian to talk foods rich in iron, calcium and vitamin C.

If I am breastfeeding and I live in Flint, should I get my lead level tested?

If you are breastfeeding, and you feel you have recently been exposed to lead, lead testing is available at your provider's office, Genesee County Health Department or local WIC offices, if you are a WIC client.

If I am breastfeeding, should my baby be tested for lead?

ALL babies in the Flint area should be tested for lead, regardless of how your baby is being fed. The testing can occur as soon as possible after birth. In fact, it is recommended that ALL CHILDREN under the age of 6 be tested at least once between October 1, 2015 and April 1, 2016.

Where can I get lead testing for myself and my baby?

Your doctor can do lead testing or local health department. If you are on the WIC program, WIC offices in the Flint area can also do lead testing on mothers, babies and children.

For information about free water filters or bottled water, call 211 or visit www.michigan.gov/flintwater.

Breastmilk Collection & Storage

Guidelines for Healthy Newborns



Many mothers find it convenient to collect their breastmilk and store it for use at a later time. Such is the case for mothers who return to work, school or who are separated from their infant. The guidelines offered below may answer some questions you may have about safely storing breastmilk for your full-term newborn. *If you have a preterm newborn, please see your healthcare professional for the guidelines to properly and safely store and transport your breastmilk.*

Collecting Breastmilk

- Wash hands well with soap and water.
- Wash all the collection bottles and breastpump parts that touch your breasts or the milk with hot, soapy water or in a dishwasher. Rinse with cold water. Air dry on a clean towel. When soap and water are not available use Medela Quick Clean™ wipes. If your baby is premature or ill, the hospital may ask you to sanitize your pump parts.
- Read the instruction book that comes with your pump for proper collection procedures. Sanitize your pump parts once a day as described.
- Practice pumping when you are rested, relaxed and your breasts feel full. You may try to nurse your baby on only one side and pump the other breast. Or pump for a few minutes if your baby skips a feeding or nurses for only a short while. Pumping should not hurt. Your nipple should fit comfortably in the breastshield.
- Medela makes different sizes of PersonalFit™ breastshields to fit all nipple sizes, from small to extra large. If you are having problems finding the right size breastshield or have questions on proper fit, ask for help from a lactation consultant or healthcare provider.
- You can help your baby learn to take a bottle once breastfeeding is established and going well. It is best to wait for three (3) to four (4) weeks before introducing bottles. If you are having problems breastfeeding, ask for help from a lactation consultant or healthcare provider.
- Begin to pump and store milk one (1) or two (2) weeks before returning to work. Many working mothers use the fresh milk they pump at work for feedings the next day. Freeze your extra milk for emergencies.



- Ideally, pump every three (3) hours when you are away from your baby. Ten minutes of pumping during breaks and 15 minutes of pumping during lunch with a good pump will help protect your milk supply. If you can't pump three (3) times, pump as much as you can during each day.
- Breastfeed in the evening and on days off to help maintain your milk supply and protect your special bond with your baby.

Storing Breastmilk

- It is normal for pumped milk to vary in color and consistency depending on your diet. Stored milk will separate into layers and the cream will rise to the top. Gently swirl (don't shake) the bottle to mix the milk layers.
- Avoid adding freshly pumped milk to already cooled milk. You can add small amounts of cooled breastmilk to the same refrigerated container throughout the day.
- Pumped milk may be added to frozen milk provided it is first chilled and the quantity is less than what is frozen.
- Store your milk in Medela's BPA-free breastmilk collection bottles or in storage bags specifically designed for breastmilk, such as Medela's BPA-free Pump & Save™ bags.
- Freeze milk in two (2) to four (4) ounce portions. Small amounts thaw more quickly. You will waste less milk this way. Be sure to leave some extra room at the top of the container so the bottle or bag will not overflow when freezing or thawing.
- Seal containers tightly. Write the date on a piece of tape and place on the bag or bottle. Use the oldest milk first.
- Rarely, some mothers notice their defrosted breastmilk has a soapy taste or odor. This is due to lipase, an enzyme, which helps to digest the fat content of the breastmilk. If this occurs, scald the breastmilk (do not bring to a boil) on a stove until tiny bubbles appear along the sides of the pan; do this before freezing. The scalding process will neutralize the enzyme, preventing the soapy taste or smell.
- If you do not plan to use the milk within a few days, freeze it right away in the coldest section of your freezer.



Breastmilk Collection & Storage

Guidelines for Healthy Newborns



Freshly Expressed Breastmilk Storage Guidelines (For Healthy Term Babies)

Room Temperature	Cooler with 3 Frozen Ice Packs	Refrigerator	Freezer	Thawed Breastmilk
4–6 hours at 66–78 °F (19–26 °C)	24 hours at 59 °F (15 °C)	3–8 days at 39 °F or lower (4 °C)	6–12 months 0–4 °F (-18–-20 °C)	use within 24 hrs

Defrosting

- Thaw milk overnight in the refrigerator, or hold the bottle under warm running water until thawed. You can also place the sealed container in a bowl of warm water for 20 minutes to bring it to body temperature. Do not let the water reach the level of the container cap.
- Thawed milk is safe in the refrigerator for up to 24 hours.

CAUTION

Never microwave breastmilk.
Microwaving can cause severe burns to baby's mouth from hot spots that develop in the milk during microwaving. Microwaving can also change the composition of breastmilk.

Your Milk Supply and Your Baby's Needs

- In the past it was thought that mothers needed to make more and more milk as their babies grew. Scientists now know that a healthy milk supply remains fairly constant over the six (6) months of exclusive breastfeeding. Your baby will take the amount he needs.
- During the early weeks, babies eat very frequently and grow very quickly. By day 10-14, babies should regain any weight they lost after birth. For the next few months babies will gain about an 1/2 ounce to 1 ounce a day.
- Around three (3) to four (4) months, a breastfed baby's rate of growth begins to slow down. Your milk supply will continue to satisfy the baby until it is time to introduce solids at 6 months.
- By the end of the first week of life, women who are breastfeeding one baby normally make between 19 to 30 ounces of milk each day. Infants between one (1) and six (6) months of age normally drink an average of 19 to 30 ounces a day.

An average size "meal" for a baby is between three (3) to five (5) ounces of breastmilk. Formula is harder to digest and less well absorbed. Formula fed babies may need larger feeds. Consult your healthcare professional for advice.

Resources and References

Go to www.medela.com to educate yourself on products and information available for you and your baby.

To locate Medela products or a breastfeeding specialist in your area, go to www.medela.com or call 1-800-TELL YOU, 24 hours a day, 7 days a week.

Some other excellent resources

- International Lactation Consultant Association – www.ilca.org
- La Leche League International – www.llli.org
- United States Lactation Consultant Association – www.uslcaonline.org

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BREASTFEEDING & LEAD EXPOSURE

Issue Statement and Recommendations

January 2016

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MIBFN
Michigan Breastfeeding Network

BACKGROUND

“Human milk is species-specific, and all substitute feeding preparations differ markedly from it, making human milk superior for infant feeding.” - American Academy of Pediatrics

This strong endorsement, taken from the 2005 American Academy of Pediatrics (AAP) Policy Statement, “Breastfeeding and the Use of Human Milk,” is the basis for the promotion of breastfeeding by the Michigan Breastfeeding Network (MIBFN). Extensive research, both laboratory and epidemiological, promotes compelling reasons for infants, mothers, families and society to embrace breastfeeding. The most commonly known benefits are that it reduces the incidence of pneumonia, otitis media, SIDS, and gastroenteritis in infancy. In addition, breastfeeding decreases the incidence of childhood obesity, hypertension, asthma and some malignancies.

Data from the Genesee County Women, Infants and Children (WIC) program reveals that the rate of breastfeeding initiation is well below the state average, 56.9 percent compared to 63.7 percent. Of the infants that initiated breastfeeding, only 35 percent are still breastfeeding at two months. The duration rates for breastfeeding in Genesee County are impacted by multi-system issues, including doctor support, family support, employment and breastfeeding education.



The Michigan Breastfeeding Network, in early 2015, was funded by W.K. Kellogg Foundation to provide a landscape analysis on breastfeeding support in three local communities, with one of the communities being Genesee County. This provides MIBFN with a unique opportunity, in the face of the Flint water crisis, to develop a plan that not only has state and federal influence, but a local voice from the data collected from the actual health professionals and mothers in Flint focus groups. The Genesee County analysis revealed that more support for breastfeeding was needed in the form of:

- 1) Culturally-competent and literacy-sensitive prenatal material on the benefits of breastfeeding and the risks for formula feeding
- 2) Education on maternity-care practices that support breastfeeding, such as skin-to-skin and feeding on cue
- 3) Supportive hospital environments that are consistent with the education provided prenatally
- 4) Increased community-based support for breastfeeding that also engages champions and families
- 5) Staff and provider education
- 6) Increased support for the local breastfeeding coalition that can provide not only support for mothers but also support for lactation staff, engaged nurses and providers

BREASTFEEDING & LEAD EXPOSURE



Flint water samples. Photo credit: Michigan Radio

Current conditions in Genesee County - particularly in the city of Flint - have resulted in pregnant mothers, breastfeeding mothers and their infants being exposed to lead via contaminated drinking water. The exposure has raised questions regarding the safety of initiating and continuing breastfeeding. Maternal feeding decisions in the face of lead exposure do require careful consideration on a case-by-case basis. Health care providers should have access to lead levels of mother and baby, when applicable, and use them to carefully weigh the risks of exposure to the significant risk of **not** breastfeeding.

The following facts, part of the most recent [Guidelines for the Identification and Management of Lead Exposure in Pregnant and Lactating Women](#) issued by the Centers for Disease Control and Prevention (CDC), have been organized to help guide that risk-benefit analysis.

NOTE: All recommendations depend on the ability of mothers to limit exposure to unfiltered water to minimize continued exposure to lead. Breastfeeding mothers should drink only bottled water until instructed otherwise by their healthcare professional.

- 1) Lead in maternal plasma is indeed transferred to breast milk, however, the most recent studies indicate that very little maternal plasma lead is actually transferred to the milk, with a milk/plasma ratio usually no higher than 0.03.
- 2) Milk lead levels rise in a fairly linear fashion, with respect to maternal plasma levels, until maternal blood lead levels (BLL) rise above 40 (micrograms per deciliter).
- 3) Both maternal and infant lead levels are needed to make timely and informed clinical decisions about breastfeeding.
- 4) A BLL of greater than or equal to 5 during pregnancy or at delivery necessitate further monitoring of mother and infant. A rise in maternal BLL may occur immediately after delivery due to fluid shifts and hemo-concentration.
- 5) A rise in BLL of greater than or equal to 5 in the infant is considered significant and effects feeding recommendations.
- 6) Testing of breastmilk for lead is not recommended.

RECOMMENDATIONS

Initiation of Breastfeeding

Maternal Blood Lead Level (measured in mcg/dL)	Recommendation
BLL less than or equal to 40	Mothers are encouraged to initiate breastfeeding with follow-up recommendations dependent on lead levels.
BLL of 20 - 39	Sequential BLL should be done on mother and baby with mothers retested at 2 weeks, and then at 1 to 3 month intervals, depending on trends in infant's BLL.
BLL of 5 - 19	An initial infant BLL is warranted to establish baseline.
BLL greater than 40	Mothers should not initiate feeding at the breast immediately, but should pump and discard their milk as they seek interventions to lower their BLL. When their BLL is less than 40, they should be encouraged to re-initiate breastfeeding, with continued monitoring of the infant and maternal BLL.

Continuation of Breastfeeding

Blood Lead Level (measured in mcg/dL)	Recommendation
Maternal BLL greater than or equal to 5	All infants born to mothers with BLL greater than or equal to 5 mcg/dL should have BLL's done at birth. Breastfeeding should continue for all infants with BLL of less than 5 or trending downward.
Infant BLL greater than or equal to 5	For infants with BLL greater than or equal to 5 mcg/dL (or whose levels are rising or failing to decline) and mother's BLL is greater than 20, breast milk must be considered the source, and breastfeeding should be interrupted temporarily until maternal blood levels decline. Mothers should be supported during this interruption so that their milk supply can be maintained. Once breastfeeding is restarted, monitoring must continue.

RECOMMENDATIONS (cont.)

Monitoring

The CDC has developed recommendations for the continued monitoring of infants and breastfeeding women. The frequency of testing is dependent upon age and most recent BLL. For further details see pages 59-60 and 103 of the CDC [Guidelines for the Identification and Management of Lead Exposure in Pregnant and Lactating Women](#). Links to important tables are included in the guide.

For the Community

MIBFN makes the following recommendations to encourage and support breastfeeding during the lead emergency in Flint:

- 1) Prenatal providers, hospitals and the community should adopt strong, consistent messaging that is literacy-sensitive and culturally-competent for breastfeeding promotion to increase patient/family engagement as well as to counter concern and confusion.
- 2) Hospitals should offer evidence-based maternity care practices on the birthing center that improve breastfeeding initiation, exclusivity and continuation. Best practices for maternity centers is outlined in the [Baby-Friendly 10 Steps to Successful Breastfeeding](#).
- 3) A meaningful and seamless referral process should connect pregnant mothers, new breastfeeding mothers and infants to community resources that share in a common agenda and utilize the consistent breastfeeding message.
- 4) Post-partum breastfeeding mothers and infants should be encouraged to follow up with their primary care doctors to assure proper monitoring as recommended.
- 5) Health care staff, health care providers and community workers should be educated on the benefits of breastfeeding and the risks of formula feeding, in addition to best practice on the birthing centers for the promotion of breastfeeding.
- 6) The capacity of the community breastfeeding support should be expanded with increased numbers of WIC breastfeeding peer counselors, WIC-based IBCLCs and home visitors.
- 7) Peer-led breastfeeding support groups have been proven to improve breastfeeding outcomes. Community-based support groups should be created to allow for widespread participation.
- 8) Increased support for the local breastfeeding coalition can allow for broader support for mothers, lactation staff, nurses and providers as well as the community.
- 9) Investment should be made in data collection and evaluation of breastfeeding practices to allow for sharing and dissemination of this experience to aid other communities, nationally and internationally, who face similar issues with environmental exposures.

RECOMMENDATIONS (cont.)

Formula and Formula Supply Donations

In environmental and natural disasters, breastfeeding has been found to decrease infant morbidity and mortality. Breastfeeding should be promoted, protected and encouraged. Breastfeeding should continue as long as possible. The World Health Organization (WHO) recommends that care be taken to assure that any donations of formula be strictly limited to families in which formula-feeding is already firmly established. Donations of formula to pregnant mothers or breastfeeding mothers undermines breastfeeding support and promotion and puts the infants at risk. If formula donations are initiated to formula-feeding mothers, those donations must be sustainable for the entirety of the infant's formula feeding timeline - up to one year of age.

