

Breastfeeding-Friendly



Guide for Community Breastfeeding Services

How to help families and child care staff
support breastfeeding in child care settings

Photo : Sylvie Petitjean



This project has been in my head for 15 years, ever since my son started daycare. I had been breastfeeding support volunteer for a few months. The early childhood educators at the facility agreed half-heartedly to not give him a bottle, even though he was 15 months old and certainly old enough to drink from a cup. I felt like I was from another planet, a non-human, who was asking for something extraordinary.

In my mind, I wrote thousands of documents, rewrote sentences a thousand times to convince people without backing down. Years later, I still hear the same number of women complaining about the attitude of staff in their child care centre or their daycare provider towards their breastfeeding-related requests.

In 2018, the Mouvement allaitement du Québec (MAQ) gave me the opportunity to begin working on this project. Unfortunately, the funding available at the time was not sufficient to allow us to finish the Breastfeeding-Friendly Child Care Service Kit. As the months went by, the sociopolitical climate made it increasingly obvious that this project was essential. It gained momentum from initiatives such as breastfeeding-friendly spaces, normal length breastfeeding, guidelines to respect the decisions of parents about breastfeeding, and other forward-looking ideas.

Finally, funding from MAQ made it possible to hire a project officer. A new committee was formed. The documents that were drafted two years earlier grew, evolved, generated new materials. The Kit took on a scope and consistency that I would have never imagined. Dear MAQ colleagues, dear volunteers in the working group, thank you for this project that surpassed my wildest dreams. Together, we have created a tool that will make a difference.

To all the breastfeeding volunteers in the community: this *Breastfeeding-Friendly Child Care Service Kit* is dedicated to you. You changed my life and you have made a real difference in the lives of so many women and people who breastfeed. This tool would mean nothing without you to bring it to life and bring it to the people you work with.

Raphaëlle Petitjean, Executive Director of MAQ, June 2020

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Breastfeeding-Friendly Child Care Service Kit

Did you know that in Quebec, fewer than 17% of women who give birth are still breastfeeding their children at one year or more, while 94% of them breastfeed during the first week after birth?^a Starting daycare is one of the most common reasons for discontinuing breastfeeding earlier than planned. Unfortunately, many women are convinced that this transition marks the end of their breastfeeding journey.

The *Breastfeeding-Friendly Child Care Service Kit* produced by MAQ is a set of complementary, practical tools that includes the following materials (also found on our website, mouvementallaitement.org/services-de-garde):

- For breastfeeding volunteers and organizations: *Guide for Community Breastfeeding Services*
- For child care staff:
 - Poster: *MAQ's Breastfeeding-Friendly Child Care Service Charter*
 - Booklet for directors and owners
 - Information sheets for early childhood educators and child care staff
 - Poster: *Handling Human Milk*

Sticker designating a Breastfeeding-Friendly Child Care Service

- Statement of Commitment
- For parents: Flyer: *Breastfeed when your child is in child care? You can do it!*

Owners or directors of child care facilities who submit their completed Statement of Commitment to MAQ will receive a Breastfeeding-Friendly sticker and two posters, and their early childhood education centre or daycare will be included on MAQ's list of breastfeeding-friendly child care facilities.

Volunteers who work with breastfeeding organizations in the community have a vital role to play with breastfeeding parents whose children have started child care. First, volunteers can provide information and support to families who have developed a trusting relationship with them and need help with the breastfed child's transition into child care. Second, they can speak to directors or staff in child care facilities about practices that foster continued breastfeeding. This work does not focus is not about promoting breastfeeding, but rather supporting families who wish to continue breastfeeding.

This guide is designed to equip volunteers in their work with families who are balancing breastfeeding and the transition into child care, as well as the families themselves. **This guide is constantly evolving, and everyone is welcome to contact MAQ to ask for additional information or clarifications of the contents of this guide.**

About *Mouvement allaitement du Québec*

Mouvement allaitement du Québec (MAQ) is a community organization created in 2009 to contribute to creating breastfeeding-environment environments, in order to foster the optimal development of young children and the wellbeing of women, families, and society. Breastfeeding-friendly environments owe it to themselves to respect all women and all families. MAQ is a locus of independent consultation and exchange open to any person or organization that adheres to its principles.

Mouvement allaitement du Québec's Breastfeeding-Friendly Child Care Service Charter

1. The benefits of breastfeeding up to two years and beyond are recognized in the infant feeding policy, in compliance with the *Gazelle and Pumpkin framework*.¹
2. Regardless of the feeding method of the child, all staff members demonstrate a positive and non-judgemental attitude.
3. From the time the child is registered, an open dialogue with parents is maintained, and parents are informed of accommodations that are available to families who wish to continue breastfeeding.
4. The child care service demonstrates its commitment to providing a breastfeeding-friendly environment, so that, at all times, parents feel comfortable discussing measures to enable them to continue breastfeeding.
5. Families who wish to provide breastmilk for their children are encouraged to do so, regardless of the age of their child.
6. Parents determine the method of giving fluids to their child and the type of container to use.
7. Early childhood educators, caregivers, and other staff ensure that rigorous precautions for handling and serving human milk are taken, as recommended by the *Prévention et contrôle des infections dans les services de garde* guidelines.²
8. People who wish to breastfeed in the centre can do so.
9. Child care staff members who have returned to work and wish to continue breastfeeding are also supported in their decision.
10. The provisions of the *International Code of Marketing of Breastmilk Substitutes*³ and subsequent resolutions of the World Health Assembly are respected, including those which prohibit the use of images showing bottles and pacifiers and displaying brand names of commercial infant formulas.

mouvementallaitement.org/services-de-garde

The International Code of Marketing of Breastmilk Substitutes³

Creating breastfeeding-friendly environments also means limiting the pressure exerted by manufacturers and distributors of commercial infant formula. To accomplish this, Canada is a signatory to the Code, adopted in 1981 at the World Health Assembly (WHA) by a 118 nations. The Code's purpose is to protect breastfeeding and, at the same time, ensure that commercial infant formula and related products are used correctly when necessary. Since its adoption, the Code has been regularly updated by resolutions of the World Health Assembly. Child care services can contribute to protecting breastfeeding by countering practices which normalize the use of breastmilk substitutes and related products.



1. Ministère de la Famille. (2021). *Framework for creating environments that support healthy eating, active play and motor development in educational childcare services*. <https://www.mfa.gouv.qc.ca/fr/publication/Documents/guide-gazelle-pumpkin.pdf>

2. Ministère de la Santé et des Services sociaux. (2015). *Prévention et contrôle des infections dans les services de garde et écoles du Québec : guide d'intervention*. <https://publications.msss.gouv.qc.ca/msss/document-000374/>

3. World Health Organisation. (1981). *International Code of Marketing of Breast-Milk Substitutes*. <https://mouvementallaitement.org/bibliothequevirtuelle/items/show/1822>

Responding to Questions about Breastfeeding Toddlers

Breastfeeding is about more than just milk!

Breastfeeding has numerous benefits for children and mothers. As breastfeeding continues, human milk adapts to meet growing children’s needs. The benefits are “dose-dependent”: the more often and longer a child breastfeeds, the greater the benefits.

| Benefits of breastfeeding | ... and the transition to child care |
|--|---|
| Reduction of risk of illness and infection | <ul style="list-style-type: none"> ▪ Breastmilk contains thousands of active substances that strengthen a child’s immune system, preventing certain illnesses or reducing their symptoms or duration. This is especially significant in the case of diarrheic or respiratory diseases. The protective effect is the result of immune cells and antibodies produced by the mother and adapted to the environment. ▪ Even partially weaned children benefit from adequate immune protection because antibodies are more concentrated in the milk. ▪ A child who has less frequent or severe illnesses is less likely to transmit infections to others in the child care facility or at home. |
| Optimal growth and development | <ul style="list-style-type: none"> ▪ Human milk is perfectly adapted to the age and the developmental and nutritional needs of the child. It continues to adapt as long as the child continues to breastfeed. |
| Emotional security and bonding | <ul style="list-style-type: none"> ▪ Breastfeeding helps mothers build strong bonds with their children and feel more confident about the transition to child care. ▪ Breastfeeding is comforting for children and meets their needs for emotional security. ▪ Breastfeeding makes a child’s integration into the child care setting easier, because it helps reduce the intensity of separation anxiety. ▪ Continuing to breastfeed while a child is adapting to child care eases the challenges of change; breastfeeding gives children a sense of stability and security and makes for a smoother transition. |



Photo: Isabelle Lemaire

Breastfeeding even once a day has a positive impact on the health and wellbeing of the child and the mother.

Health Canada, the Canadian Paediatric Society, Dietitians of Canada, and the Breastfeeding Committee for Canada recommend sustained breastfeeding for up to two years or longer with appropriate complementary feeding after six months. ^b.

Supporting Families

Answering Questions Families Frequently Ask

The myth of complete weaning

I'm going back to work, so I have to stop breastfeeding...

Many women wrongly believe that they have to give up breastfeeding completely before they go back to work. Some of them are ready to wean their children; others are disappointed and do it because they think it is their only choice if they need to go back to work or school.

- ▶ In the first case, when mothers feel ready to wean, volunteers can explain that starting daycare or a preschool program is a time of big changes and instability for a young child and may not be the best time. To make the transition smoother, weaning can begin gradually after the child begins child care.
- ▶ In the second case, when they feel they have no other choice, volunteers can reassure them that it is completely possible to continue breastfeeding while working or going to school. Parents have several different options to choose from.

If someone is not sure whether they want to continue breastfeeding, they may want to try for a while. Even if they change their mind after a few days, there is no harm in waiting to wean. It will still be possible to wean when everyone is ready, while resuming breastfeeding after a child has weaned requires more effort.

How can I keep breastfeeding when I'm working?

Several options are available, depending on the needs and preferences of each family: partial breastfeeding, pumping, or breastfeeding visits. And all these ideas can be combined!

Partial breastfeeding

How can I keep breastfeeding when my child is in child care?

If the child is going to daycare or a preschool program part-time, feedings can be delayed or rescheduled. With full-time child care, mothers can breastfeed whenever they are with their child, for instance in the morning, at night, and on days off. Depending on the age of the child, the caregiver or staff may give the child water or another drink during the day.

Generally, the older the child, the less often they will breastfeed. At about a year of age, breastfeeding a few times a day may be enough to meet nutritional needs, if a variety of complementary foods is part of their daily diet.

| If the baby is less than 9 months old | If the baby is more than 9 months old and eats a variety of complementary foods |
|---|--|
| Replace missed breastfeeding sessions with expressed breastmilk or commercial infant formula. | Replace missed breastfeeding sessions with breastmilk, homogenized cow's milk, or water. Commercial infant formula is not necessary. |

If I only breastfeed once or twice a day, will my milk supply drop?

Milk production adapts to the demand, even if a child breastfeeds only once or twice a day. Continuing to breastfeed in the morning and evening will help maintain milk supply until the child weans.

I want to partially breastfeed. When should I start cutting down on the number of feedings?

There is no need to wean a child before starting child care. In fact, it is better to continue through the transition; that way, the child can enjoy the special moments of closeness breastfeeding offers while adjusting to the new and sometimes difficult routine. Children may not understand why their mothers suddenly stop breastfeeding them. Milk production will quickly adapt to the new pattern, whether the mother breastfeeds morning and night or she expresses her milk throughout the day.

I'm scared I'll get engorged...

Engorgement may occur during the first few days of the change in routine, but the breasts will quickly adapt. Meanwhile, to relieve the pressure or pain, mothers can express a bit of milk by hand or with a pump. They may, if they wish, take advantage of the opportunity to collect and store a bit of milk for the next feeding or the next day. Nursing pads may help with any leaking.

My baby doesn't sleep through the night yet, and I'm worried I'll be exhausted if I keep breastfeeding...

It's completely normal to feel apprehensive about going back to work and continuing breastfeeding when little ones aren't sleeping through the night. However, the fact that a child does not sleep through the night is not related to breastfeeding. Weaning will not necessarily prevent the child from waking up at night. Safe co-sleeping often helps: children who are close to their mothers wake more frequently but for shorter durations, they wake less fully and often go right back to sleep. Gradually, children are able to sleep for longer periods at night and let their parents rest.

I'm afraid my child will stop sleeping through the night...

Starting daycare or preschool is a big change for a child. Because of the disruption in the routine and being separated from their parents, a child may start waking up again at night to breastfeed. This closeness is comforting and makes the child feel safe during the transition. It is helpful and reassuring for parents to know that this “reverse cycling” phase is temporary and that their child is simply adjusting to a new routine. Everything will gradually fall into place.

Photo: Olesia Bilkei | iStock



Expressing milk

I don't want to give my child formula. Do I really have to pump my milk?

It is not always necessary to express milk for a child who is in child care during the day. If a child is younger than nine months and is not yet eating a variety of complementary foods, it is better to supply expressed breastmilk to the child care staff. However, some babies refuse to drink milk from anything but the breast and compensate by breastfeeding more often when they are with their mothers. From nine months on, if the child has a varied diet and nurses in the morning and evening, water and solids during the day are fine and it is no longer necessary to pump or hand express milk.

What's the best way to pump at work or school?

It's a good idea to plan regular times to express milk during the day, for example at the time the child normally breastfeeds. Milk production will adapt more easily to the new rhythm. Finding a quiet, comfortable, private space where there will be no interruptions is important. Finally, there should be a suitable place to store the milk, either a refrigerator or a cooler with an ice pack.

What breast pump should I choose?

The choice of a pump or method of expression depends on how often it will be used: occasionally, daily, or frequently.

| | |
|--|--|
| Occasional use (once or twice a week) | <p><u>Hand expression:</u> It is entirely possible to hand express milk on an occasional basis without buying a pump. Videos and instructions are available.</p> <p><u>Manual pump:</u> An alternative for occasional expression is a manual pump. Using a manual pump more regularly may jeopardize milk production or be tiring for the person using it.</p> |
| Daily use (once or twice a day) | <p><u>Electric pump:</u> A single or double electric pump is suitable for daily use. Mothers can pump at the same time as they are doing something else, and electric pumps are thus more convenient for women pumping at work. Choosing a model with variable suction settings will help prevent pain or injury.</p> |
| Frequent use (several times a day) | <p><u>Professional grade electric pump:</u> A medical grade double electric pump or other professional pump is well suited to frequent use (several times a day), for instance if the mother is separated from her child for a long period of time.</p> |

Electric pumps are really expensive...

The purchase price of an electric pump is indeed expensive, especially in the case of professional pumps. Depending on the child's age, buying an electric pump may end up being a reasonable investment compared to the price of buying commercial infant formula. Another option is renting a professional electric pump in a pharmacy or through a community organization that provides this service. As well as rental fees, a set of parts for individual use must be purchased.

I want to build a reserve of breastmilk. How do I do it?

Expressing milk can begin a few weeks before the child is due to start into child care. The first few times, it is normal that the quantity of milk expressed will not be very large, because the amount of milk produced has adapted to the needs of the baby. The more often the breasts are stimulated, the more milk they will produce. Pumping at the same time every day, for instance in the morning, will signal the body to produce more milk at that time. It is also important to remember that a nine-month-old baby who eats solid food can drink water at daycare and breastfeed in the morning and evening, or even less often depending on the child’s age.

How do I know how much milk to leave for my child every day?

At the beginning, it is safer to leave small quantities. It can be difficult to predict how much will be needed, because a child may refuse to drink breastmilk from a bottle or cup or may have a bigger appetite one day than the next. Starting with small amounts can prevent the frustration of having milk thawed and thrown out after all those efforts to pump.

Is it better to use fresh or frozen milk?

Both options are fine, as long as the milk has been collected and stored appropriately. Thawing human milk requires some special precautions to avoid any loss in nutritional value. Parents can talk to staff members to ensure they know about handling human milk. You can refer to the poster illustrating Handling Human Milk in the MAQ Kit.

How do I store milk between the time I pump and the time I take it to the child care centre?

Expressed human milk should be stored in the refrigerator in a clean, sealed container. If the milk will be used within the next eight days, it can be kept in the refrigerator. If not, it should be frozen in small quantities, so that child care providers can thaw only the amount needed. The date on which the milk was expressed should be listed on the container. Finally, containers of expressed breastmilk should be transported to the child care facility in a cooler with freezer bags.

Reminder of storage times^c

| | Room temperature | Refrigerator | Freezer |
|-------------------|---|---------------|--|
| Fresh breastmilk | 4 hours at 26°C 24 hours at 15°C (in a cooler with a freezer pack) | 8 days at 4°C | 6 months (freezer unit in the refrigerator, do not put expressed milk in the door of the freezer) 12 months (deep freeze) |
| Thawed breastmilk | 1 hour | 24 hours | Do not refreeze |

These storage times are not cumulative. In other words, human milk cannot be kept at room temperature for 4 hours and then put in the refrigerator for 8 days before being frozen.

I have bags of frozen milk. Do I have to thaw them before I take them to the child care centre?

It is not necessary to thaw milk before taking it to the child care facility but if preferred, the container of milk can be put in the refrigerator for 12 hours. The staff member will only have to warm it up in hot water. Frozen milk can also be thawed and then warmed with hot water.

My early childhood educator thinks my milk must have turned, because it smelled funny when it was thawed...

Breastmilk expressed by different people or on different days can have a variety of smells, colours, and characteristics. This is normal and does not affect the quality of the milk. It may have a sour smell when it has been refrigerated or frozen. This is usually due to the presence of lipase, an enzyme that helps the baby digest the fat content of the milk. The quality of milk is not affected, but it may taste different and some babies refuse to drink it. To deactivate lipase:

1. Bring milk to a simmer (without letting it boil)
2. Let it cool in cold water
3. Freeze the milk

Using breastmilk in a child care setting

When should I start using a bottle?

Many parents believe that their child has to learn to drink from a bottle in the first few weeks. Actually, it isn't necessary to introduce bottles before the child starts attending child care. Alternatives are possible and avoid nipple confusion or preference.

Why should child care facilities avoid giving bottles of breastmilk?

A human nipple and a bottle nipple are not at all similar. Drinking from a bottle can affect the baby's latch and jeopardize breastfeeding, even after breastfeeding has been going well for several months.



Photo: Sandy Delisle

What are some alternatives to bottles?

To avoid jeopardizing the breastfeeding relationship, an open cup (without a lid) can be used.^d Cup-feeding or drinking from a cup is safe and easy to learn. This technique can be used even with newborns! To prevent aspiration, filling a small medicine cup or shot glass full is recommended. This way, the child will not have to tilt their head back and the milk will not pour too quickly. If the child is under a year of age, an adult should hold the cup. Between one and two years of age, children can learn to hold it themselves. Cup-feeding and drinking from open cups help children learn to drink.

Because drinking from a cup can be messy at first, some parents opt to use cups that have a spill-proof mechanism, such as a “sippy cup” with a spout or a 360 cup. However, these products do not help children learn to drink from glasses and may have a negative impact on speech and language development. As for cups with straws, research is insufficient to determine their influence on speech skills.

Parents should not hesitate to let the staff at the child care facility know which option they have chosen. Child care services should respect the parents’ decisions rather than imposing, or even suggesting, the use of bottles.

My baby refuses to drink milk out of anything but my breast...

Children do not always behave the same way when their mothers are not available. In fact, when it comes time to try something new, they generally learn quickly to eat or drink with the person looking after them. This works both ways, and some children who drink from a cup when they are with their parents refuse to do it with other people. Starting to attend a program or going to a facility is the beginning of an adjustment period for the child that may take a while.

My baby refuses to drink milk at the child care centre...

This is not an unusual situation and the child often needs time to adjust. Children whose diet is varied and who breastfeed on cue (on demand) when they are with their mothers may not need to drink milk while they are at the child care facility. Some children prefer to eat solid foods with the other children and wait for their mothers to breastfeed. They compensate for the missed breastfeeding sessions by nursing more often at home. During the day, the staff or caregiver can simply give them a bit of water in a cup to quench their thirst.

... and I'm afraid my child will miss out on some nutrients or calories...

Many parents worry that their children are not getting enough milk during the day. Actually, just a few breastfeeds during the day or night gives children all the breastmilk they need, as long as they are over nine months old and eat a variety of complementary foods. Most children will make up for missed feedings by nursing more often when they are with their mother. Parents know their children best and can monitor their child for any concerns. The signs to watch are the same as those parents track during the early weeks: weight gain, wet and dirty diapers, and general health and development. A parent who is worried should not hesitate to ask the early childhood educator or caregiver about the child’s growth and development, so everyone can work together as a team to monitor the situation and find appropriate solutions.

What would happen if my child got someone else’s breastmilk by mistake?

Whether it is breastmilk or other milk, child care staff members need to take precautions to avoid administration errors. If an error is made, it is good to remember that the risk of spreading a contagious disease through a single feeding of another person’s breastmilk is extremely low^{Erreur ! Signet non défini.}. Most viruses are not transmitted by breastmilk, including flu or coronavirus. Regarding HIV specifically, the MSSS has stated that it would only be possible to transmit pathogens by feeding the milk of an affected mother for several weeks (400 to 500 feedings), especially since immunological components in human milk, time, and the cold inactivate this virus.e If this type of error is made, the procedure is basically the same as for any other incident which occurs when the child is in the care of a caregiver or teacher. The child care service has the responsibility of notifying the parents involved and must respect confidentiality. The facility should introduce additional precautions to avoid having a similar situation occur in the future.

I bring my milk to daycare, but at the end of the day there is a lot of milk left over. What should I do with it?



Photo: Cécile Fortin

If milk has been in contact with the child’s mouth, it may be contaminated by the bacteria in the oral cavity. As a result, it is not safe to use. Storing and serving milk in small quantities can reduce the risk of wasting milk.

Guidelines in the *Prévention et contrôle des infections dans les services de garde*^{Erreur ! Signet non défini.} recommend discarding milk left in a container that has been in contact with the child’s mouth. Although the milk cannot be given as a drink, some parents use it in the bath, as a moisturizer, or to make soap or other products. If they wish to do this, parents can ask the child care staff to keep the milk their child has not consumed and give it to them at the end of the day.

My child just moved up to the older group, and the teachers don’t want me to bring my milk any more...

Unfortunately, this problem can occur when the early child educators responsible for older children are not accustomed to using different types of milk, whether it is commercial infant formula, human milk, or another beverage. It is also possible that a staff member is simply not aware of the importance of human milk or does not know how to handle it safely. Communication is key, so the parent can better understand the teacher’s hesitation and find solutions that work for everyone.

Breastfeeding in child care centres

Is it possible to breastfeed my child in the daycare centre?

There is no legal restriction to prevent parents from breastfeeding children in a child care facility, or from coming to the centre to breastfeed their children during the day. Furthermore, several documents published by Quebec's Ministère de la Famille invite child care services to encourage breastfeeding visits. However, certain facilities have internal policies restricting visits during the day. Directors or early childhood educators may worry that visits will disrupt activities if parents show up at unexpected times during the day. Open communication between the parents and the staff is essential to ensure that breastfeeding visits are arranged with mutual respect and attention to the wellbeing of all children in the facility.

How can I help my child with separation anxiety when I leave?

Separation anxiety is a normal phase of child development, whether a child is breastfed or not. Between 8 and 12 months, and often beyond, some children react intensely to separation. Crying is a young child's primary means of expressing distress. Breastfeeding at the child care facility does not increase separation anxiety; in fact, breastfeeding helps reduce it, because it strengthens the bonds between mothers and babies. These moments of closeness are calming and help children feel secure. Separation rituals, for instance singing a song together, or bringing a favourite stuffed toy from home, may also help a child feel calm and secure.

If I come and visit during the day, will my child go through separation anxiety all over again?

Not necessarily! Families can schedule breastfeeding visits at regular times, for example between lunch and nap time, so they become part of the daily routine and create a sense of stability and predictability for the child. Repeating the same separation ritual or holding a toy helps the child feel calm and safe. Communication with the staff ensures a smooth routine and will identify solutions adapted to each child's needs.

Integration into child care

My early childhood educator told me that my child cries more than the others because he is breastfed...

Breastfeeding does not make integration into the child care facility harder. It is completely normal for children to experience separation anxiety in a new situation, whether they are breastfed or not. Breastfeeding actually contributes to a child's integration, because it helps create a sense of psychological safety and emotional security for the child, reducing the intensity of separation anxiety. Adjustment periods vary from one child to another, however, and it is normal that some children take longer to adjust to changes.

The teacher suggested I should wean my child so she could integrate more easily...

Weaning represents an additional major change to the child, who is already trying to adjust to separation, new people, and a different environment. Continuing to breastfeed during this time of change gives the child a solid base to ease the transition.

The caregiver is afraid she won't be able to connect as closely with my child if we breastfeed...

Children who are breastfed are absolutely capable of developing close connections with their caregivers and early childhood educators. The stronger the mother-child bond, the easier it is for the child to trust others. On the other hand, it takes time for children to adjust to new people, including the people who are caring for them. This is true whether the child is breastfed or not

Internal policies of child care services and breastfeeding

What rights do parents have regarding breastfeeding?

Parents may not have a lot of choices when it comes to choosing a child care provider or facility, but they have the right to ask for certain things when they register their children. Parents need to know that child care services follow certain guidelines, such as those in the *Gazelle and Pumpkin framework*.^e These guidelines recommend safe practices for handling and giving milk, respect for the parents' decisions (which include, obviously, the use of human milk), and facilitating breastfeeding visits.

How can I recognize a breastfeeding-friendly child care service?

It is helpful for parents to discuss the family's needs and concerns with the directors before registering their children, in order to ensure the staff is supportive. For instance, if a parent wants to come to the facility during the day to breastfeed, it is a good idea to ask how the staff would feel about these visits. Similarly, if parents are providing breastmilk, they can ask if the staff is knowledgeable about the safe handling and storage of human milk.

Legal obligations of employers

What obligations does the employer have regarding breastfeeding breaks?

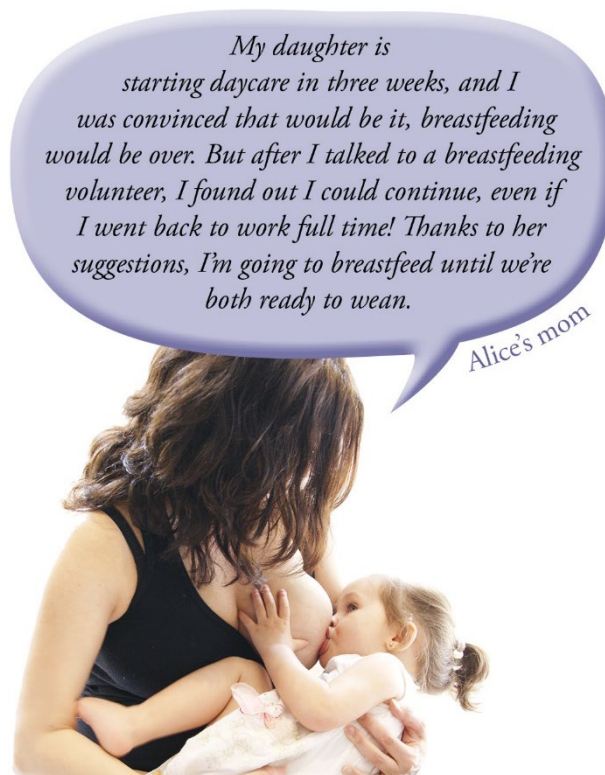
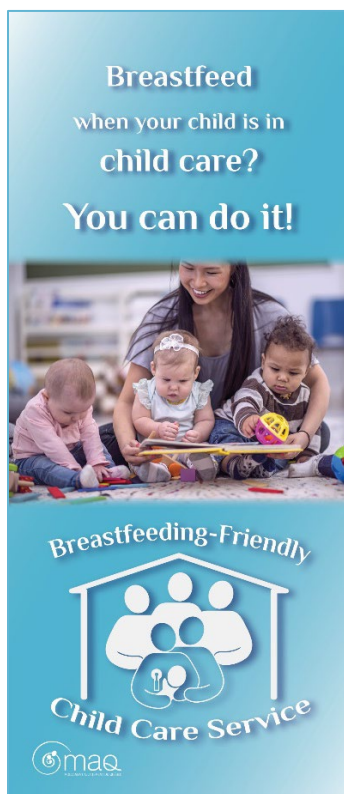
Quebec does not guarantee the right to paid breaks to breastfeed or express milk. It is therefore essential to speak to the employer or manager and come to an agreement that enables the employee to arrange working hours according to a schedule that accommodates pumping. The human resources department may be able to provide a breastfeeding policy or a family-friendly work policy. Women should never hesitate to express their needs, as these requests may lead to policy changes or make it easier for a breastfeeding mother to return to work in the future.

Are there legal provisions for preventive withdrawal from work for breastfeeding employees?

Parents can refer to Quebec's *For a Safe Maternity Experience program*. The objective of the program is to allow pregnant or breastfeeding workers whose work involves physical hazards to their health or that of their child to continue to work. These workers may be assigned to another position or other duties or, if this is not possible, be entitled to preventive withdrawal and receive benefits from the CNESST.^f

Suggestions for Helping Families Who Are Starting Child Care

- ✓ Inform parents that they can ask for help from a breastfeeding support volunteer at any time.
- ✓ Mention to families, as early as possible after birth, that breastfeeding support volunteers can accompany them throughout the breastfeeding journey, including when their breastfed child attends a child care facility for the first time.
- ✓ Use the materials in MAQ's *Breastfeeding-Friendly Child Care Service Kit* to develop a workshop on the topic of "breastfeeding while children are in child care" or "working and breastfeeding."
- ✓ Share the Kit on your website and social media channels.
- ✓ Hand out the flyer *Breastfeed when your child is in child care? You can do it!* to parents who take part in your activities.
- ✓ Organize an information session or discussion for your volunteers on breastfeeding while children are in child care.



Supporting Child Care Staff

Answering Questions Child Care Staff Frequently Ask

Our child care facility doesn't have a breastfeeding room. How can we accommodate parents who want to breastfeed in the centre?

It is not necessary to have a space set aside for breastfeeding. Some women are happy to breastfeed in a room where other children are playing, while others prefer to use a quiet and private space. Communication between parents and teaching staff is key and will help locate a place that works for both parties, depending on the needs of breastfeeding women, the rooms available, and the activities going on.

The mother of one of the children in my group would like to come and breastfeed during the day. How can we arrange these breastfeeding visits without interrupting our routine?

It is a good idea for the parent and the staff to agree on a schedule of breastfeeding visits to avoid interrupting activities as much as possible and to comply with the facility's rules. For example, a parent may be invited to come between lunch and nap time. It is important to remember that some parents have less flexibility in their schedules than others, because employers are not required to arrange breaks for their breastfeeding employees. A regular schedule of breastfeeding visits will help make the child feel secure and avoid distress each time the parent leaves. Additional conditions or arrangements may be necessary to respect all involved.

Why aren't bottles recommended for breastfed children?

A human nipple and a bottle nipple are not at all similar. Drinking from a bottle can affect the baby's latch and jeopardize breastfeeding, even after breastfeeding has been going well for several months. There is less risk of an open cup interfering with breastfeeding.

How should we respond to a parent who is offended by seeing a woman breastfeed her child?

The right to breastfeed in public is protected by the Canadian Charter of Rights and Freedoms. Furthermore, there is absolutely nothing indecent about a woman breastfeeding. Breastfeeding is the normal way to feed a child, up to two years and beyond. The more often children are exposed to breastfeeding, the more quickly breastfeeding will be normalized. You may want to invite your child care facility to post the MAQ Breastfeeding-Friendly Child Care Service sticker.

Some parents want to bring in breastmilk for me to give to their children during the day. Are there risks if I handle breastmilk?

Handling breastmilk does not pose any risk to child care staff. The MSSS guide *Prévention et contrôle des infections dans les services de garde du Québec* notes that it is not necessary to wear gloves, unless there is a cut on the hands which is not covered by a waterproof bandage.^{Erreur ! Signet non défini.} Furthermore, whether breastmilk or another milk is being used, precautions should be taken to avoid breastmilk administration errors. In the case of an error, it is important to remember that the risk of transmitting an infection to a child through a single feeding is extremely low.^{Erreur ! Signet non défini.} In the case of HIV, for example, Quebec’s *Ministère de la Santé et des Services sociaux* has stated that it would only be possible to transmit pathogens by feeding the milk of an affected mother for several weeks (400 to 500 feedings), especially since immunological components in human milk, time, and the cold inactivate this virus.

What should I do if I give a child someone else’s milk?

The procedure to follow in breastmilk administration errors is laid out in detail in Quebec’s MSSS guide, *Prévention et contrôle des infections dans les services de garde du Québec*. In summary, the procedure is basically the same as for any other incident which occurs when the child is in the care of a caregiver or teacher. The MSSS recommends:

- ▶ Informing the mother whose milk was given as well as the parents of the child who received the milk, respecting the confidentiality of the “source” mother,
- ▶ Adding to the file of the child who received another mother’s milk through an administration error an official report recording all details of the incident, and
- ▶ Determining the reasons for the error so the necessary corrective measures can be introduced and similar situations can be avoided in the future.

What precautions should be taken to handle breastmilk safely?

No special precautions need to be taken when handling human milk than those used when handling commercial infant formula. Child care services can display the poster produced by MAQ for easy reference. The poster illustrates the following steps:

- ▶ Human milk should be stored in the refrigerator. Frozen milk takes approximately 10 to 12 hours to thaw.
- ▶ Staff should wash their hands carefully before handling milk.
- ▶ To warm up frozen milk:
 - ▶ Start by running cold water over the closed container of milk.
 - ▶ Next, run hot water over the container until the milk is warm.
- ▶ To warm up fresh or frozen milk, staff should apply the same method as they use for other milks:
 - ▶ Place the bag or bottle in a bowl or pot filled with hot water for a few moments.
 - ▶ A microwave must not be used, as milk could have hot spots and lose some of its nutritional value.
- ▶ The container should be “swirled” gently before being given, because breastmilk is not homogenized—it is normal for the fat to separate.
- ▶ Staff must always check the temperature of the milk by dripping a few drops onto their wrist.

A new child in my group is having trouble adjusting and cries a lot. They're breastfed; what can I do to help?

It is important to not assume breastfeeding is the cause when a child is having difficulties adjusting. In fact, the opposite is true: breastfeeding helps a child integrate because it strengthens the child's feeling of emotional security. Whether a child is breastfed or not, it is vital that the early childhood educator or caregivers work in partnership with the parents to find solutions. The staff may, for example, suggest that parents develop a comforting separation ritual to use before they leave, or that they bring a familiar stuffed toy to the centre. Carrying or "wearing" the child are also options. Children should be given the time they need to feel safe and adapt to the new environment.

In my group, there is a 9-month-old baby who is still breastfed and refuses categorically to drink any milk. What can I do to help?

There's no reason to panic if a child refuses to drink milk. Milk is not always necessary if a child breastfeeds and eats a variety of complementary foods. A bit of water in a cup may be enough to quench their thirst. Once again, it is important to talk to the parents to understand the situation and find solutions adapted to each child.



Photo: FatCamera | iStock

Suggestions for Raising Awareness of Child Care Services about Breastfeeding-Friendly Environments

- ✓ Call on regional groups to build awareness of the importance of introducing breastfeeding-friendly practices (there are groups of early childhood education centres and a coordinating office in every administrative region of Quebec; the list is available on the website of the *Ministère de la Famille*).
- ✓ Take part in early childhood education forums to reach child care services in your sector.
- ✓ Offer a workshop or information session for early childhood educators on breastfeeding-friendly practices.
- ✓ Distribute materials from the *Breastfeeding-Friendly Child Care Service Kit* to child care services in your sector.
- ✓
- ✓ Offer your support to guide a child care service through the process of introducing breastfeeding-friendly practices.
- ✓ Offer to help child care services in your sector by answering their questions about breastfeeding.



Resources

Pour aller plus loin

Best alternatives to mother's milk

“For those few health situations where infants cannot, or should not, be breastfed, the choice of the best alternative – expressed breast milk from an infant’s own mother, breast milk from a healthy wet-nurse or a human-milk bank, or a breast-milk substitute fed with a cup, which is a safer method than a feeding bottle and teat – depends on individual circumstances.”

World Health Organization and UNICEF. (2003). *Global strategy for infant and young child feeding*. <https://www.who.int/publications/i/item/9241562218>

Co-sleeping

“Bedsharing promotes breastfeeding initiation, duration, and exclusivity.”

Blair, P. S., Ball H. L., McKenna, J. J., et coll. (2020). Bedsharing and Breastfeeding: The Academy of Breastfeeding Medicine Protocol #6, Revision 2019. *Breastfeeding Medecine*, 15(1). <https://doi.org/10.1089/bfm.2019.29144.psb>

Dental caries

“Breastfeeding up to 2 y of age does not increase ECC (early childhood caries) risk.”

Moynihan, P., Tanner, L. M., Holmes, R. D., et coll. (2019). Systematic Review of Evidence Pertaining to Factors That Modify Risk of Early Childhood Caries. *JDR Clinical & Translational Research*. <https://doi.org/10.1177/2380084418824262>

Nipple confusion

“Based on our review, we have found emerging evidence to suggest the presence of nipple confusion only as it relates to bottle usage and found very little evidence to support nipple confusion with regards to pacifier use.”

Zimmerman, E., Thompson, K. (2015) Clarifying nipple confusion. *J. Perinatol. Nov*; 35(11):895-9. <https://doi.org/10.1038/jp.2015.83>

Reasons for weaning

“Less than 8% of women weaned their child when they expected.”

Observatoire des tout-petits. (2018). Principales raisons données par les mères qui n’allaitent plus leur dernier enfant pour expliquer leur décision d’arrêter l’allaitement. <https://tout-petits.org/donnees/environnement-familial/comportements-a-risque-et-comportements-preventifs/allaitement/>

Tools for introducing breastfeeding-friendly environments

Mouvement allaitement du Québec. (2022). *Breastfeeding-Friendly Child Care Service Kit*
<https://mouvementallaitement.org/services-de-garde/>

Mouvement allaitement du Québec. *Bibliothèque virtuelle spécialisée sur les environnements favorables à l'allaitement*. <https://allaiterauquebec.org/bibliothequevirtuelle/>

Reference documents for child care services

Association québécoise des CPE. (2016). *Politique pour un milieu éducatif favorable à la saine alimentation, guide d'élaboration ou de révision*. https://www.aqcpe.com/content/uploads/2016/08/guideelaboration_vf.pdf

Ministère de la Famille. (2019). *Accueillir la petite enfance : programme éducatif pour les services de garde du Québec*. https://www.mfa.gouv.qc.ca/fr/publication/Documents/programme_educatif.pdf

Ministère de la Famille. (2021). *Framework for creating environments that support healthy eating, active play and motor development in educational childcare services*.

<https://www.mfa.gouv.qc.ca/fr/publication/Documents/guide-gazelle-pumpkin.pdf>

Ministère de la Santé et des Services sociaux. (2015). *Prévention et contrôle des infections dans les services de garde et écoles du Québec : guide d'intervention*. <https://publications.msss.gouv.qc.ca/msss/document-000374/>

List of regional groups and associations of ECE centres

Ministère de la Famille. (2017). Associations et regroupements régionaux.
<https://www.mfa.gouv.qc.ca/fr/services-de-garde/portrait/associations-regroupements/Pages/regionaux.aspx>

Resources for parents

Commission des normes, de l'équité, de la santé et de la sécurité du travail. *For a Safe Maternity Experience Program*. <https://www.cnesst.gouv.qc.ca/en/prevention-and-safety/healthy-workplace/safe-maternity-experience-program>

Fondation Lucie et André Chagnon. *Naître et grandir*. <https://naitreetgrandir.com/en/feature/>

Institut national de santé publique du Québec. *From Tiny Tot to Toddler*. <https://www.inspq.qc.ca/en/tiny-tot>

References

- a Observatoire des tout-petits. (2019). Durée de l'allaitement total. <https://tout-petits.org/donnees/environnement-familial/comportements-a-risque-et-comportements-preventifs/allaitement/duree-de-l-allaitement-total/>
- b Joint statement of Health Canada et al. (2012). *Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months*. <https://mouvementallaitement.org/bibliothequevirtuelle/items/show/1745>
- c Institut national de santé publique du Québec. (2020). *From Tiny Tot to Toddler*. <https://www.inspq.qc.ca/en/tiny-tot>
- d Zimmerman, E., Thompson, K. (2015) Clarifying nipple confusion. *J. Perinatol. Nov; 35(11):895-9*. <https://doi.org/10.1038/jp.2015.83>
- e Ministère de la Famille. (2021). *Framework for creating environments that support healthy eating, active play and motor development in educational childcare services*. <https://www.mfa.gouv.qc.ca/fr/publication/Documents/guide-gazelle-pumpkin.pdf>
- f Commission des normes, de l'équité, de la santé et de la sécurité au travail. (2018). *For a Safe Maternity Experience Program*. <https://www.cnesst.gouv.qc.ca/en/prevention-and-safety/healthy-workplace/safe-maternity-experience-program>