



## Guidelines for Breastmilk in Child Care

*Prepared by the Health & Safety Specialists at Child Care Aware® of North Dakota*

1. All bottles or storage containers of breastmilk should be labeled (with water resistant ink) with the child's name, when it was collected, and when it was thawed if it was initially frozen. If breastmilk is transferred from a storage container to a bottle, the bottle should be labeled with the child's name and time heated/offered.
2. Since breastmilk is a body fluid, it is very important to make sure that the right breastmilk is given to the right child. Always double check the label before serving and do not leave bottles within reach of children unattended. If breastmilk is mistakenly given to the wrong child, a provider should follow these steps:
  - Inform the mother who expressed the breastmilk about the mistake and when the breastmilk switch occurred, and ask her the following questions:
    - When was the breastmilk expressed and how was it handled prior to being brought to the child care program?
    - Would she be willing to share information about her current medication use, recent infectious disease history, and presence of cracked or bleeding nipples during milk expression with the other family or the child's primary care provider?
  - Discuss the event with the parents/guardians of the child who was given another mother's milk.
    - Inform them that their child was given another mother's expressed breastmilk.
    - Inform them that the risk of transmission of infectious diseases is small.
    - If possible, provide the family with information on when the milk was expressed and how the milk was handled prior to its being brought to the child care program.
    - Encourage them to notify their child's primary care provider of the situation and share any specific details known.
  - Assess why the wrong milk was given and develop policies and procedures to prevent future mistakes related to labeling, storing, preparing, and feeding breastmilk in the child care program. Share these policies and procedures with parents/guardians and the child care staff.
  - Fill out an incident report and notify your licensing specialist.
3. Bottles or containers of breastmilk should be immediately stored in the refrigerator or freezer if they have been previously refrigerated or frozen. Freshly expressed breastmilk can be stored at room temperature for 4 hours. A thermometer in the refrigerator should be checked daily to be sure the temperature is 40 degrees F or below. Bottles and containers of breastmilk should not be kept in the door of the refrigerator because the temperature of the liquid will not stay as stable as it would on an inner shelf.
4. Bags of unfrozen breastmilk should be stored separately for each child. Bags of breastmilk for each child should be placed in a separate labeled sealed plastic bag or in a separate hard-sided container as bags tend to leak or spill.
5. Unused breastmilk should be discarded after 3 days if refrigerated; by 2 weeks if frozen (5 degrees F) and stored in a small dorm fridge freezer compartment; by 3-6 months if frozen (0 degrees F) and stored in a freezer compartment of refrigerator with separate doors; by 6-12 months if frozen (-4 degrees F) and stored in deep freezer. Unused frozen breastmilk which has been thawed should be used within 24 hours. Never refreeze breastmilk.
6. Thaw frozen breastmilk in the refrigerator, under warm running water or in a container of warm water. Do not thaw breastmilk at room temperature, placing it in boiling water, in a crockpot or microwave.
7. If breastmilk is stored in storage bag, the bag should be checked for holes or leaks before placing in container of water for warming or thawing.
8. Fat is present in breastmilk and tends to separate and rise to the top or stick to the sides of collection bags or containers. It is important to mix any fat that may have separated by gently swirling the container or kneading it in the bag.

9. Breastmilk should be heated in an individual container of warm water separate from other bottles. Fresh water should be used each time a serving of breastmilk is heated. Breastmilk should never be heated in boiling water, on the stove, in a crockpot, or in a microwave. High heat and radiation destroy the precious components in the breastmilk. Microwaving can also cause “hot spots” that can cause burns. If a bottle warmer is used to heat breastmilk, follow manufacturer’s instructions for use.
10. Breastmilk only needs to be heated to body temperature (98.6 degrees F). Test contents of bottle on top of the hand, without touching the nipple. Liquid should feel undetectable. It should not feel more than lukewarm.
11. Gloves are not required when handling breastmilk. However, if providers have open wounds on their hands, they should be protected by waterproof bandages or disposable gloves.
12. Prepare a clean workspace to make a bottle by cleaning and sanitizing the counter or by placing a clean paper towel on the counter.
13. Always wash your hands with soap and water before and after preparing or feeding an infant a bottle at a “clean sink”. A clean sink is a sink that has been disinfected or a sink where no washing after diapering or toileting takes place.
14. Keep nipple covered and place on the counter cover down. If there is not a cover, place ring on counter upright, so that the nipple is not touching anything.
15. If you need to mix the breastmilk in a bottle, the cover should be on the bottle. If no cover is available, cover nipple with clean paper towel or washcloth. Don’t use your bare finger to cover nipple. It is also important not to vigorously shake breastmilk. Excessive shaking may damage some of the valuable cells in the breastmilk. Gently swirl the contents in the bottle or rock back and forth.
16. Glass bottles can be used in child care, but they can be a safety hazard. Glass can break and glass conducts heat easier than plastic, thus increasing the possibility of burns. If you use glass bottles, handle/heat them very carefully to prevent burns and breaking. Consider using protective covers for bottles or shatterproof glass bottles.
17. A bottle that has been fed over a period that exceeds two hours from the beginning of the feeding should be discarded for best practice but is required by the food program. Once an infant has nursed from a bottle, germs from their mouth are introduced into the breastmilk. Neither refrigeration nor reheating will prevent these germs from growing. Label bottle with time the bottle was heated or offered to an infant to ensure that a bottle is not served past two hours. If parents do not want their child’s breastmilk discarded, explain that even though it is not allowed to serve it after two hours it can be stored in the refrigerator and sent home with them at the end of the day.
18. The same bottle should not be used for two feedings. A clean bottle should be used for each feeding.
19. Breastmilk that is in an unsanitary container, is curdled, smells rotten, and/or has not been stored correctly, should not be served, and returned to the child’s mother.
20. Infants should be fed on demand unless the parent and child’s health care provider give written instructions otherwise. Breastmilk is easier to digest, so breast fed infants commonly eat less, but eat more frequently, than formula fed infants.
21. Never prop a bottle or put an infant in a crib/playpen with a bottle. These practices can lead to choking, increased tooth decay and a greater chance of ear infection. Hold infants upright when feeding a bottle. It is recommended to use paced bottle-feeding to mimic breastfeeding. Infants are allowed to feed themselves if they can hold their own bottle, have head elevated and stay within arm’s reach of a provider.
22. Breastmilk can be fed to children over one year of age. The AAP supports continued breastfeeding until 2 years or beyond. If the infant is still using a bottle, it is important to hold the infant or to stay within arm’s reach to make sure no other infant drinks the breastmilk.
23. If parents of older children request that breastmilk is served to their child at the table during meals, it needs to be served in a controlled manner to prevent an exposure incident. Breastmilk should be served in a sippy cup (cup should have a cover to prevent spilling) and placed out of reach of the children. The cup should be handed directly to the child and immediately returned to a place out of reach when the child is finished drinking. The cup should not be left on the table. The cup should be labeled BREASTMILK, with the child’s name and time served. The breastmilk in the cup should be treated the same way as a bottle. Discard contents after two hours; do not save and serve later. If parents don’t want breastmilk discarded, store it in refrigerator and send it home with the child’s parents at the end of the day.