



Breastfeeding: Tips for Head Start Staff

Breastfeeding, or chestfeeding, has many known health benefits for infants and parents and is a key strategy to improve the nation's public health. [The American Academy of Pediatrics \(AAP\)](#) recommends that infants be exclusively breastfed/ chestfed for the first six months, then breastfed/chestfed for at least one year while they are introduced to complementary foods.

Benefits for Baby

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

Benefits for Parents

- Saves time and money (no mixing of formula)
- Bonding opportunity
- Postpartum health benefits (may make it easier to lose pregnancy weight)
- Lower rates of Type 2 diabetes, high blood pressure, and breast and ovarian cancers
- May decrease the amount of postpartum bleeding and help the uterus return to its normal size



NOTE: Chestfeeding or bodyfeeding can refer to feeding your baby milk directly from your body. These terms are used by people who don't use the word "breast" to identify their anatomy. To many, these terms can feel more neutral than breastfeeding or nursing. Chestfeeding might be the preferred term for people who have experienced trauma. Chestfeeding can also refer to using a feeding tube attached to the nipple, also called a supplemental nursing system.

[Transgender men and women, nonbinary, and genderqueer people](#) are physiologically capable of breast or chestfeeding, even if they have had chest surgery or have never given birth. Some trans people experience gender dysphoria when breastfeeding/chestfeeding and may decide not to breastfeed or chestfeed for their mental health. Trans parents may require individualized support from lactation professionals.



How Head Start Programs Can Help Promote Breastfeeding/Chestfeeding

Take a Balanced, Family-centered Approach

Sometimes a parent cannot breastfeed/chestfeed, and putting pressure on these parents to do so could make them anxious or depressed. Offer help to find a feeding solution that meets the baby's nutritional needs and supports the parent's psychological well-being.

Recognize barriers for parents with incomes below the poverty guidelines who are less likely to breastfeed/chestfeed.

Breastfeeding/chestfeeding rates are significantly lower in low-income families. When asked to name barriers, these parents often cite busy schedules, embarrassment, and a lack of support.

Offer Individualized, Culturally Appropriate Support

Some parents have not seen or experienced breast/chest feeding in their communities, making expectant parents less likely to consider it.

Breastfeeding/chestfeeding rates in the United States are the lowest among African Americans, Native Americans, and Alaska Natives. It is important that the breastfeeding/chestfeeding materials used reflect the demographics of the families your program serves whenever possible.

For more information, explore the [Indian Health Services' Breastfeeding Toolkit](#) and [Your Guide to Breastfeeding for African American Women](#).

Understand the Important Role of Head Start Staff

A successful breastfeeding/chestfeeding program begins with you. Some staff members are comfortable supporting breastfeeding/chestfeeding while others feel uneasy just talking about it. All staff members, experienced or not, play an important role in promoting breastfeeding/chestfeeding. Support from Head Start staff may help more parents begin breastfeeding/chestfeeding and provide human milk for longer. This leads to more health benefits for babies and parents.

Here are some tips for discussing breastfeeding/chestfeeding with parents:

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



Head Start Program Performance Standards Related to Breast/Chest Feeding

- [Child nutrition, 45 CFR §1302.44](#)
- [Family support services for health, nutrition, and mental health, 45 CFR §1302.46](#)
- [Prenatal and postpartum information, education, and services, 45 CFR §1302.81](#)

Create a Friendly Environment for Breastfeeding/Chestfeeding

By setting up an environment that is friendly, Head Start programs can provide a sense of comfort that is often absent in the larger community. Review the [Ten Steps to Breastfeeding Friendly Child Care](#). Here are some additional ways you can create a supportive environment:

- Create a balanced environment that supports all families' feeding decisions. Be welcoming of breastfeeding/chestfeeding and respect all families' decisions. Some families will not or cannot breastfeed/chestfeed.
- Encourage staff to discuss breastfeeding/chestfeeding in an open and positive way. Avoid comments like "Formula is easier!" or "Breastfeeding/chestfeeding is hard!" These remarks can deter a parent who is hoping to reach breastfeeding/chestfeeding goals.
- Assess the physical space. Display posters that show parents breastfeeding/chestfeeding and post the [international symbol for breastfeeding/chestfeeding](#) to send the message that your program welcomes the practice. Display the [Our Child Care Center Supports Breastfeeding Poster](#).
- Establish a "cozy corner" or comfortable place to pump or breastfeed/chestfeed. Consider buying glider chairs where parents can feed near an electrical outlet for parents who pump.
- Share breastfeeding/chestfeeding resources. Create an easily accessible library of local resources that staff can quickly share with families. Make sure the resources meet the language and cultural needs of your community.

Ask Questions About Program Practices to Help Develop Policies and Procedures

These questions can help you develop policies and procedures:

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

Encourage Staff Members to Explore Their Feelings About Breastfeeding/Chestfeeding

Give them a safe time and place to talk about these feelings. Use the [Reflecting on Breastfeeding](#) tool to help the conversation with staff. Offer trainings on breastfeeding/chestfeeding or consider ways to help staff get training available through the community. Role-play about how they might offer breastfeeding/chestfeeding support and education, as required by the Head Start Program Performance Standards.

Remember Community Partners

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

National Center on

Health, Behavioral Health, and Safety

1-888-227-5125

health@ecetta.info

<https://eclkc.ohs.acf.hhs.gov/health>

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