

## Learning Session 4: How Can We Engage Families as Partners?



Early Childhood Health Promotion  
and Obesity Prevention



National Early Care and Education  
Learning Collaboratives (ECELC) Project

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# Presenting Storyboards

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# Breastfeeding Support



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## Call to Action

*“One of the most **highly effective preventative measures** a mother can take to protect the health of her infant and herself is to **breastfeed**. The decision to breastfeed is a personal one, and a mother should not be made to feel guilty if she cannot, or chooses not to breastfeed. The success rate among mothers who choose to breastfeed can be greatly improved through activity support...”*

**Action:** Ensure that all early care and education providers accommodate the needs of breastfeeding mothers and infants.

U.S. Department of Health and Human Services. *Executive Summary: The Surgeon General’s Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

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## What Do You Know About Breastfeeding?

### True/False Activity

#### What Do You Know About Breastfeeding?

##### True/False Activity

Circle the answer you believe is correct.

Over 75% of women start out breastfeeding.	True	False
Feeding a baby formula instead of mother’s milk increases the chances that the baby will get sick.	True	False
If a child is not breastfed, he is more likely to get ear infections.	True	False
If a child is not breastfed, she is more likely to get diarrhea.	True	False
If a child is not breastfed, he is more likely to die of SIDS (Sudden Infant Death Syndrome).	True	False
If a child is not breastfed, she is more likely to become overweight.	True	False
Infant formula is missing many of the components in human milk.	True	False
The longer a mother breastfeeds, the better it is for her health.	True	False
Babies should never be given cereal in a bottle.	True	False
Human milk is not a hazardous substance.	True	False
Babies should breastfeed for at least one year.	True	False
Babies should be exclusively breastfed (no other foods or liquids) for about the first six months of life.	True	False
No matter the mother’s diet, a mother’s milk is the best and healthiest food for her baby.	True	False
Babies should not be fed on a strict schedule.	True	False
Breast milk is reimbursed through the CACFP (Child and Adult Care Food Program).	True	False

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## Why Do Moms Need Your Support?

- 81% of moms desire to breastfeed
- 76% of moms start breastfeeding
- 60% of moms do not meet their breastfeeding goals (frequency and/or duration)
- Returning to work is the primary reason for ending breastfeeding
- Shorter duration of breastfeeding if baby is in an early care and education environment

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## Breastfed Babies are Healthier

- 63-77% lower risk of respiratory infections
- 23-50% lower risk of ear infections
- 26-40% lower risk of asthma
- 36% lower risk of SIDS
- 30% lower risk of type 1 diabetes
- 40% lower risk of type 2 diabetes
- 24% less likely to become obese
- 15-20% lower risk of leukemia

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## Breastfeeding Mothers are Healthier

- **The longer and more exclusively a woman breastfeeds, the lower her risk of:**

- Type 2 diabetes
- Breast and ovarian cancer
- Osteoporosis
- Rheumatoid arthritis

- **Increased weight loss**



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## Advocating for Breastfeeding

- **Breastfeeding is more than a lifestyle choice, it's a public health issue**

- **Benefits for employers**

- Moms miss fewer days of work

- **Benefits for society**

- Decreased abuse and neglect
- If 90% of mothers breastfed for 6 months:
  - 1,000 infant deaths could be prevented
  - U.S. could save \$13 billion



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## Breastfeeding at Work

- **Affordable Care Act requires support of hourly employees**
  
- **If mothers want to breastfeed upon return to work, they should have a:**
  - Reasonable break time
  - Private space
  - A place to store their pumped milk
  - Work support system



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## Cultural Views of Breastfeeding

- Many different cultures look at breastfeeding as a natural choice for feeding
- Many countries have banned the practice of giving free or subsidized formula to new mothers
- Accepting and understanding cultural differences allows staff to become culturally sensitive to those parents and families who decide to breastfeed
- Some cultures discourage breastfeeding because it 'spoils' babies and/or discourages babies from sleeping through the night



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## Breast Milk Can Save Your Program Money

- **Breast milk is part of the CACFP meal pattern**
  - It is reimbursable for infants if fed by a care provider
  - It's free! No equipment to purchase
    - Cost effective for families as well
  - For children over 12 months, breast milk may be substituted for cow's milk
    - Doctor's note may be required
  
- **Human milk is food**
  - You do not need to store human milk in a separate refrigerator
  - You do not need to wear gloves to give a bottle of human milk or formula
  - Contact with human milk is not hazardous exposure



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## Breastfeeding Report Card

	National	Healthy People 2020 Targets
Ever breastfed	79.2%	81.9%
Exclusively BF at 3 months	40.7%	46.2%
Exclusively BF at 6 months	18.8%	25.5%
Breastfeeding at 6 months	49.4%	60.6%
Breastfeeding at 1 year	26.7%	34.1%

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## General Infant Feeding

- **Breastfed babies do not need solid food before 6 months**
  - Early solids replace breast milk, which should still be main source of food
- **Formula fed babies**
  - Do not need solid foods before 4-6 months
    - Introduce solids when developmentally appropriate
- **Introduce solids at signs of readiness**
  - Sits with good head control
  - Opens mouth when food comes his/her way
  - Can move food from spoon to back of throat
- **Don't feed cereal in a bottle**
  - It's bad for teeth and will not help a baby sleep longer

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## Hunger Cues

- **Doctors recommend that all babies be fed when they are hungry, rather than on a schedule**
- **Hunger Cues**
  - Moving head side to side
  - Opening mouth and sticking out tongue
  - Puckering lips to suck
  - Rooting reflex
- **Watch the baby, not the clock**
- **It is normal for young babies to eat only 2-3 ounces of milk in one sitting**
- **We want babies to learn that when they are hungry, they eat, and then they are full**
  - Scheduled feeding disrupts this learning

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# 10 Steps to a Breastfeeding-Friendly Program

- 1. Update/change program policies
- 2. Conduct staff trainings
- 3. Communicate with families
- 4. Provide learning and play opportunities for children
- 5. Practice proper storage and labeling
- 6. Provide a dedicated space for nursing
- 7. Provide employee support
- 8. Create a feeding plan
- 9. Refer families to appropriate community programs
- 10. Continue to learn and provide updates to program staff



# Breastfeeding-Friendly Child Care Centers Handout

## Ten Steps for Breastfeeding-Friendly Child Care Centers

The following ten steps describe ways that child care centers can provide optimal support for breastfeeding families. Below each step are specific actions to support that step.

**Step 1. Make a commitment to the importance of breastfeeding, especially exclusive breastfeeding, and share this commitment with fellow staff.**

- 1.1 Our center has a written policy for promoting and supporting breastfeeding.
- 1.2 Staff evaluations incorporate the use of breastfeeding support activities.
- 1.3 Our center has educational materials for our parents on the risks and benefits of different infant feeding choices.
- 1.4 Our center's breastfeeding supports a part of discussion with its parents/caregivers.

**Step 2. Train all staff to promote optimal infant and young child feeding in families we serve.**

- 2.1 All new staff at our center receives training on the risks and benefits of different infant feeding choices.
- 2.2 All new staff at our center receives training in breastfeeding promotion, including support of exclusive breastfeeding.

**Step 3. Inform women and families about the importance of breastfeeding.**

- 3.1 At our center, we provide families with our written policy for promoting and supporting breastfeeding.
- 3.2 At our center, we educate families how we address a sustainable feeding plan. (a) provide a comfortable space in our center for mothers to sit and nurse their babies or pump/express milk, and (b) store and label milk for child care center use.

**Step 4. Train all staff in skills necessary to handle, store and feed mother's milk properly.**

- 4.1 All staff receive at least one hour of training in proper handling and feeding of mother's milk.
- 4.2 All staff are trained to recognize infant hunger cues.

**Step 5. Ensure that all clients are able to properly store and label milk for child care center use.**

- 5.1 We have a written policy on the proper way to label human milk, and we share this policy with all parents.
- 5.2 All milk at our center is properly labeled.

**Step 6. Provide a breastfeeding family workstation.**

- 6.1 We provide all women with written materials inviting them to come to the center and nurse their babies while under our care.
- 6.2 There is a comfortable place in our center for mothers to sit on nurse their babies or pump/express milk if necessary.

**Step 7. Display posters and provide brochures for new moms and parents of breastfeeding babies that demonstrate that your child care supports breastfeeding and that illustrate best practices.**

- 7.1 Our center displays posters with information about breastfeeding, with photos appropriate for the families we serve.
- 7.2 At our center, we provide appropriate brochures or other educational materials about breastfeeding for our families.
- 7.3 At our center, we provide families with materials about the importance of exclusive breastfeeding.

**Step 8. Develop a sustainable feeding plan with each family.**

- 8.1 We develop a written feeding plan with each new family at our center.
- 8.2 Our written materials encourage breastfeeding mothers to nurse on demand when with their baby.
- 8.3 Our written materials encourage mothers to respond to feeding cues rather than feeding on a schedule.
- 8.4 We discuss with all family how expressed milk will be handled at our child care center.

**Step 9. Connect and collaborate with local/related breastfeeding support and activity refer.**

- 9.1 Our center has a list of community breastfeeding resources to be used for referral.
- 9.2 Our center regularly refers families to community breastfeeding resources.
- 9.3 Our center tracks community referrals and follows up with families as needed.
- 9.4 Our center provides a resource list for our staff of local lactation consultants and community providers that can answer breastfeeding and human milk feeding questions.

**Step 10. Continue updates and learning about protection, promotion, and support of breastfeeding.**

- 10.1 Our center has up-to-date materials on hand that include information on breastfeeding and human milk feeding.
- 10.2 Each staff member receives at least one hour per year of continuing education on human milk feeding and breastfeeding support.

# Resources for Providers and Parents

- La Leche League
- National Resource Center for Health and Safety in Child Care and Early Education
- International Board Certified Lactation Consultants
- Baby-Friendly Hospital Initiative
- Women, Infants, and Children (WIC)
- CDC's *Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding Families*



# CDC's Breastfeeding and Early Care and Education: Increasing Support for Breastfeeding Families

**Breastfeeding and Early Care and Education**  
Increasing support for breastfeeding families

Chewy rates among children aged 2 to 5 years approximately doubled between 1976-1980 and 2008-2010. With an estimated 12.1% of children aged 2 to 5 years already obese, prevention efforts must target our youngest children.

**B**reastfeeding helps protect children against obesity among other important health benefits. The American Academy of Pediatrics recommends exclusive breastfeeding for about the first six months and continued breastfeeding for at least the first year as long as convenient. Unfortunately, in 2008 only 47% of mothers breastfed at six months and 26% at 12 months of age.

One factor affecting breastfeeding duration is that many mothers are away from their children during the day and may not receive the support they need to continue breastfeeding to 12 or 24 months of age with children under age 3 years in the labor force. As a result, many children are cared for by persons other than their parents.

Early care and education (ECE) providers and teachers influence the lives and health of the families they serve and have an important role in supporting breastfeeding mothers. ECE programs, centers and family day care can support breastfeeding mothers by ensuring that staff members are well trained to meet national recommendations for supporting breastfeeding mothers. Support may include allowing mothers to breastfeed at the facility, holding a mother's pumped breast milk for her baby, heating and preparing bottles of pumped milk as needed and keeping extra breast milk in a freezer to use later.

As of December 2011, only 6 states' licensing regulations contained language that meets national recommendations for encouraging and supporting breastfeeding and the feeding of breast milk (A.C.A., C.C., H.S., N.C., T.S.).

**Examples of state efforts to increase support for breastfeeding women in ECE environments:**

**Arizona Employment Path Program** is a resource for ECE providers to help children to make healthy choices related to nutrition, physical activity, and tobacco. The program includes a self-assessment, a single breastfeeding policy and a video on how to support and work with breastfeeding mothers (<http://azhealth.gov/emppathways/>).

The **Mississippi Department of Health/WIC** program has developed a training curriculum for ECE providers entitled *How to Support a Breastfeeding Mother at Work* for the Child-Care Center. The curriculum:

**Early care and education providers can influence mothers' breastfeeding convictions. The more breastfeeding support a mother receives from her ECE provider the greater the likelihood she will continue to breastfeed.**

National Center for Immunization and Respiratory Diseases, Division of Field Epidemiology and Global Health Promotion



appropriate guidelines for providers on how to support breastfeeding mothers as well as guidelines for the storage and handling of expressed milk (<http://www.dhs.state.nj.us/nhts/dhs/childcare.shtml>).

The **Oak** Department of Health, Nutrition, Physical Activity and Nutrition Program provides an online 100-hour training, composed of six workshops about preventing childhood overweight. This training is approved for professional development credit 3 hours of Learning Credits, and Career Ladder Credits in Health and Safety for child care providers in the state. Training Module 6, *How to Support a Breastfeeding Mother at Work* for Child-care Providers, provides ECE directors and staff accurate information and resources so they can best support breastfeeding mothers whose babies are in their care.

The **New York State Department of Health's Child and Adult Care Food Program (CACFP)** recognizes ECE centers and family day care homes that participate in CACFP and support breastfeeding families with Breastfeeding Friendly certification. A website provides ECE centers and family day care homes with self-assessment to apply for this designation, and lists the breastfeeding friendly centers and homes (<http://www.health.ny.gov/prevention/childcare/cacfp/breastfeeding.aspx>).

The **Wake County Breastfeeding Friendly Child Care Initiative (BFCCI)** supports breastfeeding in ECE centers serving low-income families through collaboration between the Carolina Global Breastfeeding Institute and the Wake County Child Care Health Consultants and Wake County Department of Health. Activities include identifying the knowledge, attitudes, and practices that support breastfeeding among ECE center staff, mandatory trainings for ECE providers, and a toolkit that includes tools and materials for both providers and breastfeeding families (<http://glbi.lghc.org/wakeaction/bfcci/2015/>).

The **Wisconsin Department of Health Services** developed the **Five Steps to Breastfeeding Friendly Child Care Centers**, a resource kit to help ECE centers and family homes promote breastfeeding and ensure that they support mothers who are able to breastfeed. <http://www.dhs.wisconsin.gov/publications/P1000002.pdf>

Find out more at **Let's Move! Child Care** <http://healthychildcare.gov/>

**Setting and enforcing ECE standards is the responsibility of individual states and territories, although some local jurisdictions can set standards. The 3rd edition of *Caring for our Children: National Health and Safety Performance Standards*, the gold standard for ECE, provides recommendations on how childcare providers can support breastfeeding families.**

References to non-federal organizations are provided solely as a service to the audience. These references do not constitute an endorsement of these organizations or their programs and policies by CDC or the Federal Government, and none should be inferred.




## How to Support Breastfeeding Mothers



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## Physical Activity Break



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Principles of Family Support

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## Elements of Family Engagement

- **In order to effectively engage families, providers should practice:**
  - **Family support principles**
    - How do you support families?
  - **Parent involvement practices**
    - How do you involve parents and work collaboratively with them?
  - **Protective factors**
    - How do you provide support that strengthens the parent/child relationship?
- **Integration of all three elements can enhance the learning environment to support child development**



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## What is Family Support?

- **An approach to strengthening and empowering families and communities so they are able to foster the development of:**
  - Children
  - Youth
  - Adult family members
- **A shift in the way services are provided to focus on the whole family, not just the child enrolled in care**
- **Consider...**
  - Culture
  - Individual family needs such as community services, social connections, etc.

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## Parent Involvement Practices

- Integrate culture and community
- Provide a welcoming environment
- Strive for program-family partnerships
- Make a commitment to outreach
- Provide family resources and referrals
- Set and reinforce program standards

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## Activities to Promote Cultural Awareness in Your Program

- Skin Color Match-ups- set out different colored stockings and ask children to match their stocking with their skin color and discuss their observations
- Take pictures of different hairstyles and types of hair and have children explore and talk about the differences
- Have parents and families bring in music of their culture and allow the children to dance to it
- Take thumbprints of each child and talk about the differences in the print (use magnifying glasses to assist with seeing the prints)

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## Does Your Program Feel Welcoming to All Families?

- What message does your program send to families?
- How do you incorporate various cultures into your classroom environment?
- Are there spaces and opportunities available for families to gather comfortably to talk?
- Are there opportunities for families to engage in decision making?
- Does your classroom have inviting displays that illustrate various cultures and learning opportunities to create a comfortable environment for children and families?

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# Bingo

**LEARNING SESSION 4: HOW CAN WE ENGAGE FAMILIES AS PARTNERS?**

**Bingo**

**Directions:**  
Find a participant that has tried a family partnership activity listed in the bingo squares. Ask them to sign the corresponding box. One signature per person on the bingo card.

Has a service project in which families participate	Has teacher biographies on boards or sends them home	Has welcome sign introducing new children/families to the center	Has an "open-door" policy	Prepares cubbies, nametags, etc. before a new child arrives
Sends a welcome letter to new children/families	Provides center-wide newsletters	Has several parent meetings a year	Has a parent advisory committee	Provides monthly newsletters for the classroom
Has a daily report sheet for all age groups	Has a formal parent orientation process	<b>FREE SPACE</b>	Has a lending library where parents can check out books on parenting & various topics	Assigns a "buddy" to new children (2's - 5's)
Has a volunteer program for parents, grandparents, and/or others	Designs parent involvement activities	Has a regular parent involvement day	Has a center-wide event at least once a year	Plans ways for parents to be involved in their children's education
Has parent/teacher conferences at least twice yearly	Plans conversations to share child information at arrival & departure times	Asks parents to fill out a one-month survey to assess their satisfaction with your program	Sends home activities to reinforce what the child is learning at school	Believes parents are the child's first and most important teachers



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## Strengthening Families™ Framework: Key Protective Factors

1. Parental resilience – ability to cope with challenges
2. Social connections – network of people who care
3. Knowledge of parenting and child development
4. Concrete support in time of need – access to resources
5. Social and emotional competence of children



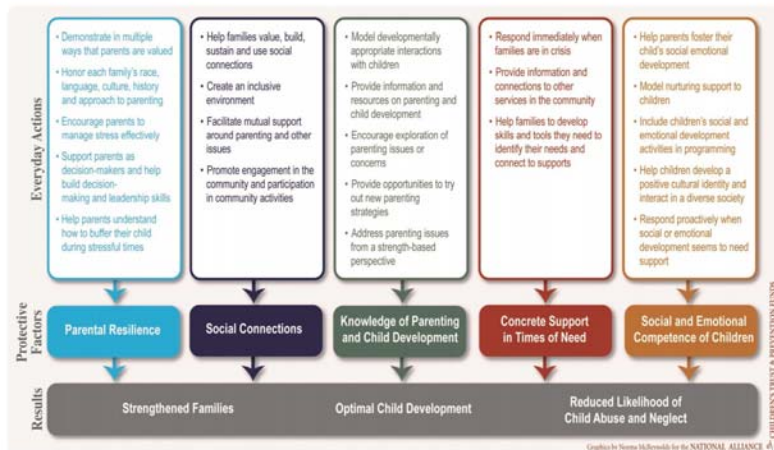
# Seven Strategies to Promote Protective Factors

1. Valuing and supporting parents
2. Facilitating friendships and mutual support
3. Strengthening parenting
4. Responding to family crises
5. Linking families to services and opportunities
6. Facilitating children’s social and emotional development
7. Observing and responding to early warning signs of child abuse and neglect

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# Strengthening Families Framework



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stronger together  
 BY YOUR SIDE  
 strengthening families  
a national alliance for children's trust & prevention fund



## Bringing Families Together: Building Community Video



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## Creating a Family-Friendly Environment Activity

Creating a Family-Friendly Climate	
<p><i>"I feel welcome here... Everything says that we belong, that we are part of the family."</i></p> <p>Use this assessment tool to learn whether program staff is employing best practices to welcome families in your program. Are the practices consistent throughout the program? What practices do you use that are not listed here?</p>	
Best Practices for Creating a Welcoming Climate for Families	How do you put this into practice?
Photographs of the families of children and program staff are displayed regularly in the facility.	
Adult family members have a comfortable place to sit and be involved with their child and others.	
Magazines and other kinds of parenting information are available to families.	
A welcome sign, in languages spoken by all the families, greets families and visitors.	
The spaces for adults and children are orderly, comfortable, attractive and interesting.	
Program staff greet the adults as well as the children.	
A sense of joy and caring is nurtured in the program and exists among the people in the program.	
The program celebrates small and big accomplishments of adults and children.	
Healthy refreshments (milk, coffee, water) are offered to family members who are visiting, volunteering or filling out forms.	
Adults have safe places to store their coats and personal belongings when they participate at the program.	
Family members (including extended family members) are invited to participate in the program.	
Healthy refreshments and dinner (when appropriate) are provided at events that families attend.	
Younger and older siblings are welcome to come with parents when they are involved in program activities.	
Parents are invited to visit the program at any time that is	

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# The Importance of Effective Communication

## Hot Button Activity

**LEARNING SESSION 6: HOW CAN WE ENGAGE FAMILIES AS PARTNERS?**

**What Pushes Your Hot Buttons?**

On each circle going across, write down the parental behaviors that push your buttons.			
On each circle going across, write down your feelings when faced with these behaviors.			
On each circle going across, write down the impact your feelings have on your relationship with the families who exhibit these behaviors.			

Just as your car runs more smoothly and requires less energy to go faster and farther when the wheels are in perfect alignment, you perform better when your thoughts, feelings, emotions, goals, and values are in balance.

Brain Ticky

Adapted from DEPEL: Hot Button Activity  
<http://csdhrf.sanderhill.edu/resources/hsoutlet/1/hsoutlet2.pdf>

## Communication

- Develop positive communication strategies and focus on the well-being of the child
- Value open and honest communication to encourage partnerships



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## Cultural Competence

- Respect the individual
- Understand various cultural backgrounds
- Understand appropriate personal space and eye contact



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## Three Valued Communication Skills

- Active listening
- Verbal and nonverbal feedback
- “I” messages



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## Active Listening

- **Facial Expressions**
  - Should reflect emotional content of what is being said: smiling, frowning, etc.
- **Body Language**
  - Nodding head can indicate affirmation
  - Leaning towards speaker can convey attention
  - Maintaining an open body position can suggest an open mind



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## Verbal Feedback

- Verbal feedback such as “Yes” and “I understand” can convey feelings of understanding and acceptance of other’s feelings
- Restating the words of the speaker can help the speaker feel as though they are understood and affirmed
- Asking open-ended questions may bring important information or new understanding

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## “I” Messages

- Reduces conflict
- Increases dialogue
- Allows the individual to accept responsibility for their personal thoughts, feelings and behaviors
- Creates a positive environment that promotes effective communication

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## "I" Messages

- **There are three parts to "I" messages:**
  - Express the feelings about the action
    - "I feel..."
  - State the action
    - "When..."
  - Describe the effect of the action
    - "Because..."
  
- **Avoid using YOU**
  - A YOU message can escalate conflict. These messages usually blame, accuse, threaten, order, put down or make the other person feel guilty.



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## "I" Message Examples

- Express the feeling
  - "I feel overwhelmed..."
  
- State the action
  - "...when you assign extra children to my classroom..."
  
- Describe the affect of the action
  - "...because I don't have time to work on lesson plans."



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## “I” Messages With Staff

- **“I” messages can be used:**
  - When working with staff members
  - In a positive or negative manner
  - If you are an observer of a situation



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## Eight Tips for Communicating with Families

1. Take time to develop lasting relationships with families
2. Focus on your shared interest in the well-being of the child in the classroom
3. Be proactive with information
4. Try to understand and focus on the family’s perspective
5. In a difficult situation, take time to reflect and talk it through with a colleague before responding
6. Use the principles of active listening and respectful communication
7. Give families the benefit of the doubt
8. Remember that families can be strong partners in helping children grow up healthy and ready to learn



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Discussion:

**What are some habits that block or open communication?**

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Table  
Scenarios  
Activity



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Physical Activity Break



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Facilitating  
Change in  
Your Program

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## Long-Term Action Plans



**Thoughts and Suggestions**

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