



## Breastfeeding: A True Head Start

by Amanda Perez

**Margie just started as a toddler teacher in an Early Head Start program. She was excited to have been hired only a month after earning her college degree in early childhood education and felt that she had found exactly the job she wanted. Margie came in early today, though, and, to be honest, she's feeling a little uncomfortable. One of the mothers sat down on the bench in the middle of the classroom and started nursing her toddler before going off to work.**

Margie knows that her own mother raised her and her siblings on infant formula. Neither of Margie's sisters breastfed their children. And while Margie has several friends who have babies and tried to breastfeed, they stopped pretty quickly and didn't talk much about it. In fact, while Margie has certainly heard about breastfeeding, she realizes that she had never before seen a woman breastfeed a child. She's heard that "Breast is best," but Margie still wishes this mom would find a more discrete place to nurse her child.

Margie's not alone. Breastfeeding can raise complicated issues for families, staff, and programs. Some parents and staff members in Early Head Start and Head Start programs have not been exposed to breastfeeding as a normal, natural, and healthy way to feed a child.

This hasn't always been the case, though. Throughout history, women around the world have breastfed their



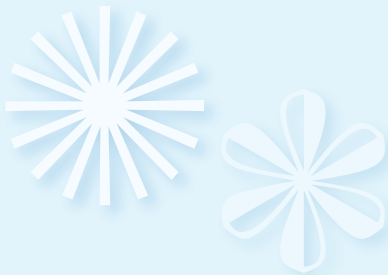
babies. With the advent of industrialization and World War II, however, more women of childbearing age in the United States went to work outside the home. Babies who were left with caregivers were provided with substitutes for their mother's milk. Over time, community knowledge and support around breastfeeding dwindled.

Yet research shows that there are many compelling reasons to breastfeed. For starters, breast milk is specifically designed for the human baby. The fats and nutrients in the milk nurture not only physical development but also the development of the young brain. Breastfed babies are healthier, with reduced risk of ear infections, respiratory infections, diarrhea in infancy, obesity in childhood, and sudden infant death syndrome (SIDS). And the long-term benefits include reduced risk of leukemia, Type 1 and Type 2 diabetes, and asthma. Considering the research findings, it's not surprising that the American Academy of Pediatrics (AAP) recommends that children be exclusively breastfed until they are 6 months old. And while there are those who express concern about children

nursing at older ages, the AAP advocates the following: "Breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired by mother and child."

Infants are not the only ones who benefit from breastfeeding. Mothers who breastfeed also experience benefits to both their physical and psychological health. They have a reduced risk of Type 2 diabetes and ovarian and breast cancer. They feel more competent and confident in their parenting — perhaps because breastfeeding can also facilitate bonding with a child.

Given these benefits, the statistics on breastfeeding in the United States are troubling. While there has been a recent increase in breastfeeding rates, a national survey conducted by the Center for Disease Control's (CDC) National Center for Health Statistics found that only 35.1 percent of those babies born in 2004 and living in poverty had been breastfed for the six months the AAP recommends. Given the many benefits, why don't more women choose to breastfeed? When asked to identify barriers to breastfeeding, low-income



women most frequently cite busy schedules, embarrassment, and lack of support.

### Promoting breastfeeding in Head Start

Through the relationships they develop with families, Head Start staff members have a tremendous opportunity to share facts about breastfeeding and to support families in overcoming barriers to breastfeeding. By establishing a breastfeeding-friendly environment, Head Start programs can also offer a sense of comfort that is often absent in the larger community.

In her regular weekly meeting with Talia, her supervisor, Margie feels comfortable enough to raise her concerns. Talia acknowledges that she has not focused on the program's approach to breastfeeding since she was hired several years ago.

So together, Margie and Talia look at the *Head Start Program Performance Standards* related to breastfeeding. They find that the *Performance Standards* require programs to provide breastfeeding education for expectant families and accommodations for breastfeeding mothers. Then Talia and Margie visit the Web sites listed in the sidebar and discuss the information they find online. Talia realizes, though, that facts are sometimes not enough. She reassures Margie that it is a complicated issue, which helps Margie admit that she is still uncomfortable. Talia and Margie plan to talk regularly during the next few weeks about the importance of a parent's comfort level in the program and about Margie's response to seeing mothers breastfeed. And now that Talia has started thinking about staff training in this area, she's begun

exploring community partnerships related to breastfeeding, assessing the physical environment at the center, and reviewing and updating the program's practices and procedures around breastfeeding.

### What you can do: Program directors and managers

Breastfeeding is not always celebrated. Fortunately, however, Head Start programs have an opportunity to create a setting where breastfeeding is understood, welcomed, and supported. Here are a few ways program directors and managers can create a breastfeeding-friendly program:

- Support staff! Encourage them to explore their own feelings about breastfeeding, and give them a safe time and place to talk about these feelings. Be sensitive to any discomfort among staff members, ➔

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and assure them that they will not be judged. Offer training on breastfeeding or consider ways to support staff in accessing community training on breastfeeding. Role play with them about how they might provide the breastfeeding education required in the *Head Start Program Performance Standards*, or how they might respond to a woman nursing a toddler like the mother in Margie's classroom.

- Develop partnerships with Women, Infants, and Children (WIC) and lactation consultants in your community. While the services offered by WIC programs at the local level vary, they are generally an exceptional resource for information and support regarding breastfeeding. Invite WIC and other lactation specialists to join your program's Health Services Advisory Council and talk with your staff about the services they can provide to Head Start families. And be sure to work with WIC to identify and address the service gaps and barriers to breastfeeding that are specific to your community.
- Think about how breastfeeding is viewed in your community. Work with your Policy Council to identify issues that might arise concerning breastfeeding families. How should the program respond?
- Consider your physical setting. Is breastfeeding represented in pictures and photographs displayed at your center? Are there brochures or pamphlets on breastfeeding available to staff and families? Are there signs that designate the program as a place where breastfeeding is welcomed? Is there a clean and comfortable space where mothers can nurse privately if they choose? (Bathrooms, while they may be private, are neither sanitary nor comfortable places to feed children.)
- Consider your program practices. How is breastfeeding education provided? Is anyone on staff knowledgeable about

breastfeeding, and, if so, what is that person's role in sharing information and supporting staff and families? How are prenatal services delivered? Families who choose to breastfeed are likely to need support and encouragement soon after the birth of a child. When and how do those families receive support?

- Remember that family choice is paramount. Some families simply will not or cannot breastfeed. Create a balanced environment that both welcomes breastfeeding and also respects all families' decisions for their children.

### **What you can do: Caregivers and home visitors**

Head Start staff members have a responsibility to support families — however they choose to feed their infants and toddlers. And the best way staff members can support families in making good, informed decisions is by offering evidence-based information on breastfeeding and by helping to address any barriers families face or concerns they may have. Here are some tips to help make your efforts to promote breastfeeding more meaningful:

- Reflect on your own experiences with and responses to breastfeeding. If you want to be able to help families make the choice that is best for them, you first need to understand your own feelings about breastfeeding. Please talk with your supervisor if you find that you can't be objective.
- Get the facts! Learn about breastfeeding. Read the research. Check out the Web sites listed in the sidebar. When families turn to you for support and guidance, be sure that you can provide them with accurate information.
- Remember that, like staff members, families have very different experiences and levels of comfort with breastfeeding. Approach this issue with particular sensitivity. Start by asking families what

they know about breastfeeding and how they feel about it. What interests them about it? What are their concerns? Work with them to find answers to their questions.

- Use information on parent-child bonding. Research shows that the single reason that most families choose to breastfeed is that they believe that breastfeeding facilitates the mother-child bond.
- Remember that even though breastfeeding is natural, it can also be difficult. Families who make the decision to breastfeed their children need information and support to address whatever needs and concerns may arise. Offering support can be particularly important during a family's initial stay at the hospital or birthing center and during the first two weeks following the birth of a child. Continue talking with families about breastfeeding as their infants grow, and continue to ask how you can support them.
- Offer individualized support and encouragement. Listen to each family's unique concerns and experiences, and then help them identify ways to address the specific issues they raise. Stress that, while the AAP recommends breastfeeding for at least the first six months, any amount of breast milk and breastfeeding is helpful to a child. At the same time, affirm each family's right to decide what is best for them. There are times when families cannot or choose not to breastfeed. Your job is to offer accurate information and support for whatever they determine is the best choice for their family.
- Develop a resource notebook or binder. There are many materials available on the Web that offer information to support families in making and sustaining the choice to breastfeed. See the sidebar for Web links to breastfeeding-promotion materials.

## Breastfeeding resources

Center for Disease Control and Prevention: go to [www.cdc.gov/breastfeeding](http://www.cdc.gov/breastfeeding)

The National Women's Health Information Center at the Office of Women's Health: go to [www.4woman.gov/breastfeeding](http://www.4woman.gov/breastfeeding)

United States Breastfeeding Committee: go to [www.usbreastfeeding.org](http://www.usbreastfeeding.org)

WIC Works!: go to [www.nal.usda.gov/wicworks](http://www.nal.usda.gov/wicworks)

Head Start programs have an important opportunity to provide families with accurate information on breastfeeding, a welcoming environment, and meaningful breastfeeding support. By investing time and thought in how your program can welcome, promote, and support breastfeeding, you are helping families offer their children an incredible gift — a true head start. **C&F**

## References

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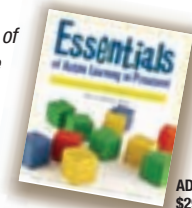
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