Infant Feeding

POLICY/APPROACH:

SOCFC is committed to providing ongoing support and education to prenatal and breastfeeding mothers. Well-defined research has documented a multitude of health benefits of breast-feeding to both the mother and infant, and EHS provides information on the benefits of breast-feeding to all prenatal and nursing mothers. Mothers can choose to nurse at any time during center services. A private and comfortable place to breast feed or express their milk will be provided if a mother prefers privacy.

As children move from breast-feeding to solid foods, EHS prepares and serves age-appropriate fresh food to all children whenever possible.

Policy Council Approval Council 2/18/2014
Board Approval Council 2/20/2014

HEAD START PROGRAM PERFORMANCE STANDARDS:
1302.44 (2) (iv) (v) (vii) – Child nutrition
1302.81 - Prenatal and postpartum information, education, and services
OREGON STATE OFFICE OF CHILD CARE
Rule 414-300-0250 – Food selection, Storage, and Preparation

PROCEDURE:

Refrigerator and freezer space will be made available for storage of expressed breast milk. Parent and staff will follow the breast milk preparation and handling at EHS procedure (see below) and the bringing of breast milk or formula from home to EHS procedure (see below) to ensure the safety and sanitation of all breast milk.

A positive breastfeeding attitude is conveyed by distribution of culturally appropriate materials, displaying breastfeeding posters, and providing breastfeeding education that supports the benefits of breast-feeding to prenatal and postpartum women.

1. Infants are held while being fed and are not laid down to sleep with a bottle.
2. Staff and parents use the following techniques for feeding infants:
   - Wash hands with soap and water before feeding;
   - Find a comfortable place for feeding;
   - Hold infant in arms or on lap during feeding, with the infant in a semi-sitting position, with the head tilted slightly forward and slightly higher than the rest of the body, and supported by the person feeding the infant;
   - Communicate and interact with the infant in a calm, relaxed, and loving manner, by cuddling and talking gently;
Hold the bottle still, and at an angle, so that at all times the end of the bottle near the nipple is filled with liquid and not air; Ensure that the liquid flows from the bottle properly by checking that the nipple hole is of an appropriate size; and Burp the infant at any natural break during and at the end of a feeding.

3. Infant cereal is served with a spoon, unless there is a medical reason for some other approach.

4. As children grow older, they may prefer to hold their own bottles, and may do so while in an adult’s arms or lap, or while sitting in an appropriate-sized chair for the child.

5. No child will be allowed to walk around carrying a bottle, cup, or food.

6. Older infants do not need to be held when eating solid foods. Instead, they may sit in chair scaled to fit their size. It is important, however, to maintain eye contact with a child who is being fed, and to closely supervise all feeding activities in order to minimize the risk of choking.

**BREAST MILK PREPARATION AND HANDLING AT EHS:**

1. All expressed breast milk brought from home will be clearly labeled with the infant’s name, date and time of day. Never accept an unlabeled bottle/bag from a parent.
2. Do not use unlabeled bottle/bags that have been accidentally accepted.
3. Refrigerate bottles/bags immediately when they arrive and until ready to use.
4. Use bottles of breast milk only for the baby whom they are intended.
5. To prevent spoiling, do not allow bottles of breast milk to stand at room temperature for more than one hour.
6. Use refrigerated bottles of fresh breast milk kept at 40° or below within 48 hours from the time they were collected. Throw out unused breast milk if not used within 48 hours.
7. Breast milk can be stored in a freezer (with a separate door from the refrigerator), for up to 3 months from when it was collected. Freezer temperature should be 0 degrees or below.
8. Rotate frozen breast milk, using the oldest first.
9. Protect breast milk in an airtight container (hard plastic baby bottles are recommended) while in the freezer. Once the breast milk is removed from the freezer and thawed, refrigerate it at 40° or below and use it within 24 hours; do not refreeze.
10. Do not save and reuse breast milk left over from baby bottles.
11. Wash skin on which breast milk has spilled with soap and water immediately.

**PREPARING AND USING STORED BREAST MILK FOR FEEDING:**

1. Wash your hands.
2. Thaw a bottle of frozen breast milk in the refrigerator or hold it under running cold water. Thaw only as much frozen breast milk as you think a baby will need for a feeding.
3. Do not thaw frozen breast milk at room temperature, by heating on a stove or in a microwave oven. Heating damages special substances in breast milk that protect baby’s health.
4. If breast milk has a bad odor after thawing, it may have spoiled and should be thrown out.
5. Once thawed, do not refreeze breast milk.
6. For those babies who prefer a warm bottle, hold the bottle under running warm (not hot) water immediately before feeding the baby. Warm only as much breast milk as you think a baby will need for a feeding. Feed breast milk immediately after warming.
7. Shake the bottle of breast milk before feeding the baby because breast milk separates into two layers when it is stored.
8. After feeding, throw out any unused breast milk left in a bottle and wash the bottle with soap and hot water immediately.
9. Follow the baby’s lead in the amount of breast milk to feed. Feed the baby until he or she is no longer hungry.
10. Clean and sanitize bottles and their parts before reusing or filling with new expressed breast milk.
11. Throw out disposable nursing bags after each use.

**BOTTLE WARMING BREAST MILK:**
Warm the bottle immediately before feeding by holding it under warm running water or placing it into a container of warm water. Always test the temperature of the liquid before feeding to make sure it is not too hot or cold. Shake the bottle well and test the temperature by squirting a couple of drops onto your wrist or the back or your hand. The temperature is correct when it feels neither warm nor cold. Never allow breast milk to touch skin that has a cut or open wound. Always wash skin with soap and water immediately after it has been touched with breast milk.

After a feeding, throw out any unused breast milk or formula left in a bottle.

Never use a microwave to heat bottles as the liquid may become very hot.

**STORING BABY BOTTLES OF FORMULA:**
1. If you prepare bottles of formula in advance, make sure the bottles are labeled with the baby’s name, date and time the formula was prepared. Use bottles of formula only for the baby that they are intended.
2. Refrigerate prepared bottles until ready to use and use within 48 hours from the time they were prepared.
3. To prevent spoiling do not allow prepared bottles of formula to stand at room temperature for more than one hour. Do not feed a baby a bottle left out of the refrigerator for one hour or longer. Throw out prepared formula that is not used within 48 hours.
4. Opened cans of formula should be covered, refrigerated and used within 48 hours.
5. Do not freeze infant formula.
6. Throw out any unused formula left in a bottle after feeding and rinse the bottle in cool water to remove left over formula.
7. Clean and sanitize bottles and their parts before reusing them.

**BRINGING BREAST MILK or FORMULA FROM HOME:**
**Breast Milk:**
1. Mothers will store their breast milk in the refrigerator or freezer right after they have expressed it and label the bottle/bag with:
   a. The baby's name, date and time breast milk was collected
2. Store the milk in hard plastic baby bottles or plastic bags that have been manufactured to store breast milk. If a mother needs such bags, they can be supplied by Early Head Start.
3. Fill the bottles/bags with the amount of breast milk the baby usually drinks at one feeding. Additional breast milk can be frozen in bottles of 1 to 2 ounces for times the baby wants more breast milk per feeding.
4. Carry bottles/bags of fresh or frozen milk to the Early Head Start center in a cooler with an ice pack to keep the milk at a cold temperature.

Formula:
Parents who prepare formula themselves and bring it to the Early Head Start center will need to do the following:
1. Label the bottles with their baby's name, date and time formula was prepared.
2. Store the formula in hard plastic baby bottles.
3. Fill the bottles with the amount of formula the baby usually drinks at one feeding.
4. Some bottles with 1 or 2 ounces of formula can be prepared for times when the baby wants some extra formula during the day.
5. Carry baby bottles of formula to the Early Head Start center in a cooler with an ice pack to keep it at a cold temperature.

TRANSITIONING FROM FORMULA TO WHOLE MILK:
- The CACFP guidelines state an infant will be offered iron-fortified formula or breast milk for the first 12 months of life. Infants are allowed time to transition from formula to whole milk between their 12th and 13th month.
- Before the child’s 1st birthday, consult with parents about introducing whole cow’s milk.
- To start the transition process, whole cow’s milk can be gradually introduced by mixing part whole cow’s milk and part infant formula or breast milk at a particular feeding and, over time, increasing the amount of whole cow’s milk in the cup.
- Serve only pasteurized whole cow’s milk.
- By the time the child is 13 months old, the transition process should be completed and the child will be drinking whole cow’s milk.

TRANSITIONING FROM BREAST MILK or FORMULA TO SOLID FOODS:
During the first 6 months, a baby requires only breast milk or iron-fortified infant formula. Babies’ swallowing and digestive systems are not developmentally ready to handle solid foods.

Feeding solid foods too early may increase the risk that babies will:
- Choke on the food
- Develop food allergies or intolerances
- Consume less breast milk or formula and not get enough calories and other nutrients for proper growth and development.
Delivering the introduction of solid foods beyond the time when a baby is developmentally ready for them increases the risk that babies will:

- Not learn to eat solid foods properly
- Become malnourished
- Develop iron-deficiency anemia
- Not grow normally

WHEN TO START:

Babies are mature enough to begin learning to eat from a spoon when they are developmentally ready

1. Hold their necks steady and sit with support.
2. Draw in their lower lips as a spoon is removed from their mouths.
3. Keep food in their mouths and swallow it rather than push it back out on their chins.
4. The infant has doubled his or her weight and weighs about 13 pounds or more.
5. Allowing solid foods to be served when the infant is developmentally ready (around 6 months of age) better accommodates infants’ varying rates of development and allows centers staff to work together with the infant’s parents or guardians to determine when solid foods should be served.

Babies show disinterest or fullness by:

1. Leaning back
2. Turning away
3. Pushing the food out of their mouths
4. Sealing their lips together
5. Playing with the food
6. Pushing the bottle or spoon away

HOW TO START:

Good communication between you and the parent is essential for successful feeding in general, including when introducing solid foods. The decision to feed specific food should be in consultation with the parent.

1. Have the parent give you written instructions on the introduction and feeding of foods.
   Encourage the parent to obtain written instructions from the child’s health care instructing which foods and when to start feeding the baby.
2. Continue to consult with baby’s parent concerning which foods they have introduced and are feeding. You can follow that schedule of introducing new foods and more easily identify possible food allergies or intolerances.
3. Let the parent know what and how much their baby eats each day.
4. Consistency between home and the Early Head Start center is essential during the period of rapid change when babies are learning to eat solid foods.
5. In order to accommodate the needs of babies of parents from different cultures, it is important to learn about those cultures, including the foods they usually feed their babies.
6. Wash yours and the baby’s hands before feeding.
7. Start solids with iron-fortified infant rice or barley cereal. Mix it with breast milk or formula so it is thin and runny. Don’t put it in a baby bottle.
8. Hold the baby in your arms upright, not leaning back. If the baby can sit in a chair without needing support they can be seated in an appropriate-sized chair.
9. Use a baby-sized spoon. A long-handled baby spoon may work well.
10. Hold the spoonful of cereal about 12 inches from the baby’s face. Wait for him/her to open his/her mouth before you try to put the spoon in the mouth.
11. Place the food on the tip of the spoon and put food on the middle of the baby’s tongue.
12. Let the baby touch the food.
13. Be friendly but not exciting.
14. Stop when the baby wants to stop.

ADDING NEW FOODS:

Go at the baby’s speed. Some babies like new foods right away; others take longer. Introduce foods to the baby that have been previously introduced with no problems by the baby’s parent.

Thicken the cereal as the baby gets better at eating. Never put cereal in the baby’s bottle. When he/she gets used to the cereal, add lumpier foods like mashed fruits and vegetables. When he/she can chew better and feed him/herself, try adding finger foods. Use crackers, small pieces of cheese and finely chopped meats. This may happen between 7 and 10 months.

1. Introduce new foods gradually; for example, wait at least 1 week (7 days) between each new food.
2. Introduce a small amount (1-2 teaspoons) of a new food at first (this allows a baby to adapt to a food’s flavor and texture).
3. The baby will learn to like new food after tasting it many times. Offer, but don’t force.
4. Continue with breast milk or formula. At meals, offer it in a cup.
5. Observe the baby closely for reactions after feeding a new food. If there is a reaction, stop feeding the food and discuss this with the parent. The parent should consult with their baby’s health care provider before giving the baby that particular food again.
6. A baby having an allergic or other reaction to food may have any one of the following symptoms:
   - Diarrhea
   - Vomiting
   - Coughing
   - Wheezing
   - Congestion
   - Stuffiness
   - Ear Infection
   - Stomach Pain
   - Hives
   - Skin Rash
   - Extreme Irritability
   - Difficulty Breathing or Shock
7. If a baby has a severe reaction to a food, contact the Emergency Medical Service (call 911) and the baby's parent immediately.

8. If a baby has food allergies and will require food substitution, EHS Specialist must have the parent complete an ROI-S. Once completed give this to health services who will follow up with the child’s medical provider. (See the Individual Care Plan Procedure).

9. Babies with delayed development:
   Babies' development does not always match their actual age. Babies may be developmentally delayed in their feeding skills due to:
   - Prematurity
   - Multiple Hospitalizations
   - Low Birth Weight
   - Failure to Thrive
   - Cleft Lip or Cleft Palate
   - A Medical Condition Like Down's Syndrome or Cerebral Palsy
   - Neuromuscular Delay
   - Abuse or Neglect
   - Not Eating by Mouth for a Long Time (fed from a stomach tube)

Parents of babies who are developmentally delayed due to prematurity or any one of the above conditions should have instructions from the baby's health care provider concerning proper feeding. These instructions need to be strictly followed and documented through Health Services in an Individual Care Plan.

FEEDING ON DEMAND:

1. The Early Head Start centers will provide snacks appropriate to infant/toddler age and development to be used between meals when infants/toddlers are exhibiting hunger cues.
2. Infants/toddlers will not be offered bottles or food every time he/she shows discomfort. Staff will explore other ways to ease discomfort.
3. Snacks will be used to curb a toddler's hunger between scheduled meals but is not to be used to replace the meal. From the appropriate snacks, only one item will be served to the toddler to curb their hunger.
4. When providing snacks, a staff person must sit with a toddler at the table to monitor feeding, interact with the toddler and prevent the risk of choking.
5. The Food Service Manager will select appropriate snack items, which will be provided at the EHS centers.
6. Early Head Start cooks will purchase, store and monitor snacks at the Early Head Start centers. Snacks will be labeled, dated and stored as designated snacks for easy access by Early Head Start staff.
7. The following items will be stocked at the Early Head Start centers as appropriate snack choices:
   - Breast Milk or Infant Formula (for infants up to the age of 12 months)
   - Individually wrapped cheese stick or slice of cheese
If an infant/toddler’s eating pattern continuously varies from expected eating pattern, staff will consult with parent before establishing a new eating pattern.

BABY FOOD – HOME MADE:

Babies who have been introduced to solid foods can eat food that has been specially prepared from the Early Head Start kitchen. When preparing baby food at the center, care must be taken to ensure that the food is:

1. Prepared and stored safely.
2. Appropriate in texture.
3. Cooked using methods that conserve nutrients.
4. Prepared without adding unnecessary ingredients such as sugar and salt.

Take extra care when handling a baby’s food, bottles and utensils. To better assure that baby food is safe and sanitary, it is critical to follow hand-washing guidelines and to wash and sanitize all equipment used to prepare and serve food before and after food preparation.

Equipment for making food into appropriate textures for babies includes:

1. Blender or food processor (purees foods, including meats, vegetables, and fruit, to a very smooth texture).
2. Fine mesh strainer (use to puree soft-cooked or very ripe fruits and some vegetables; push the food through the strainer with the back of a spoon)
3. Baby food grinder or food mill (purees most foods to a smooth texture and purees meats to a coarser texture).
4. A kitchen fork and/or knife (for older infants, foods can be mashed with a fork or chopped finely with a knife; cubes of food should be no larger than ¼ inch to reduce the chances of choking).

1. Wash the above equipment with soap and hot water, rinse thoroughly with hot water and sanitize. Allow to air dry. Use separate cutting boards for animal foods (meat, poultry, fish) and non-animal foods (vegetables, fruits, breads). Do not use boards with crevices and cuts. Wash and sanitize boards after each use.

Preparing Food:

1. Begin with good quality food. Use fresh food. Prepare food for a baby immediately before use and avoid using leftover food.
2. Cook food until soft and tender.
3. After pureeing food, liquid (cooking liquid or water) can be added for a thinner texture. As a baby gets older and develops better eating skills, the texture of foods can be changed.
4. It is not necessary to add sugar, syrups, salt, seasonings, oil, butter, lard, cream, gravy, sauces, or fat drippings to the baby’s food. When cooking foods for a group of children/adults, prepare/separate the baby’s portion before adding seasonings.
5. Never add honey to a baby’s food because of the risk of getting a very serious illness, called **infant botulism**.

6. **Do not feed fresh spinach, beets, turnips, carrots, or collard greens to babies under 6 months old. These types of vegetables may contain large amounts of nitrates, which could make babies less than 6 months of age sick.**

7. Wash fresh vegetables and fruits very well with clean, cold running water to remove dirt. Remove pits, seeds, skins and inedible peels from fruits and some vegetables. Edible skins and peels can be removed either before or after cooking.

8. When cooking is needed to soften a food’s texture, cook either by boiling in a covered saucepan with a small amount of water or by steaming in a saucepan. A microwave oven is not allowed to be used to cook vegetables until soft.

9. Never feed babies dairy products made from raw, unpasteurized milk. Unpasteurized milk products may contain harmful bacteria that can cause serious illnesses.

10. Do not serve babies shellfish.

11. Always use a meat thermometer when cooking meat, poultry or fish to ensure that the foods are safely cooked.

12. Do not cook food in an oven set at a temperature below 325°, because low temperatures may not heat the food hot enough to kill the bacteria.

13. After cooking, immediately serve these foods or store them in the refrigerator (for no longer than 24 hours) or freeze (use within 1 month). If stored, label the container with the date and time the food was prepared. Cool foods immediately in the refrigerator after cooking.

14. Throw out cooked meat, poultry, or fish if kept at room temperature out of the refrigerator for more than 2 hours, including serving time.

**COMMERCIALY PREPARED BABY FOOD:**

If you need to buy commercial baby foods because it is not possible to use fresh:

1. Look at the “use-by” date on baby food jars. If the date has passed, do not buy or use the food.

2. Buy baby food jars that are clean on the outside and do not have a broken vacuum seal. The seal is broken if the button on the center of the top is popped out.

3. Buy only single-ingredient baby foods, single vegetables, fruits, and meats that provide more nutrition ounce for ounce.

**When you serve baby food in jars:**

1. Wash your hands.

2. Look to see that the “use-by” date has not passed.

3. Wash the lid and jar of baby food before opening.

4. Make sure the lid seal has not been broken before opening. If the seal has not been broken, you should hear a “pop” noise when you open the lid of the jar.

5. Do not tap the jar lid or bang it to open it; this could break glass chips into the food.

6. Remove enough food from the jar for one feeding. Look closely at the food to make sure there are no abnormal pieces in it. Place the food in a dish for feeding. This way the baby’s saliva on the spoon will not spoil the leftover food in the jar. If additional food is needed, use a clean spoon.

7. If needed, warm the baby food on a stove or in a food warmer.

8. Stir the food and test its temperature before feeding.
9. Do not leave baby food in jars to heat in a microwave; the food can get very hot and could burn the baby’s mouth.
10. Throw away any leftover food in the dish. Do not put it back in the jar.

When you store baby food jars:
1. After opening a jar, replace the lid and place it in the refrigerator. Label the jar with the child’s name, the date and time that it was opened. Use the food within 2 days, except for baby food meats and egg yolks, which should be used within 24 hours. Throw out foods not used within those times.
2. Store unopened jars in a cool, dry place.
3. Rotate the stored jars so that you use the food previously purchased prior to newly purchased food.

The following foods are not to be served to any Infants at the EHS center's due to the risk of choking:
- Hot Dogs
- Nuts
- Grapes
- Marshmallows
- Fish w/bones
- Chips
- Raisins
- Hard Pretzels
- Hard pieces of Fruits or Vegetables (raw)
- Large chunks of meat
- Honey
- Popcorn
- Peanut Butter