3 Storage & Handling

Implement Proper Storage, Handling, and Feeding of Breast Milk

During training, childcare providers learn the basics of how to properly store, handle, and feed breast milk. Assist childcare providers in creating a plan to put their knowledge into action.

Provide refrigeration and freezer space for storage of breast milk.

Ensure childcare providers implement proper storage.

- **Determine a space to store breast milk.** Breast milk can be stored in refrigerators and freezers appropriate for food storage along with any other foods and beverages.
- **Organize the storage space.** Designate a space in the refrigerator where families can leave their breast milk.

Breastfeeding families are instructed on how to properly label and store breast milk.

To guarantee proper handling, encourage childcare providers to ensure a safe storage environment and ask families to label milk properly.

- **Discuss proper labeling of breast milk with families.** Ask families to label bottles or bags of breast milk with the infant's name, date, and time the milk was expressed.
- **Follow storage guidelines.** Childcare providers are encouraged to utilize conservative storage guidelines, such as those from the Child and Adult Care Food Program (CACFP). See *Table 2* for the recommended storage guidelines per CACFP, as of 2018. In addition, encourage childcare providers to check with local licensing agencies or other affiliated programs, as they may also have storage guidelines.

Table 2: CACFP Storage Guidelines

	Temperature	Guidelines
Refrigerator	**39°F (3.9°C) or below**	**Freshly expressed breast milk may be refrigerated for up to 72 hours. Return unused refrigerated breast milk to family after 72 hours.**
Freezer	**0°F or below**	**Frozen breast milk should be provided in single-use plastic bags. Frozen breast milk may be stored for up to three months. Once thawed, use within 24 hours.**

An individual feeding plan exists for every infant under 18 months.

Infant feeding plans are an important communication and planning tool. Feeding plans guarantee that the childcare provider is following the families' preferred feeding style.

- **Record feeding patterns.** Keep records of the time and amount baby drinks. Share the feeding patterns with families.
- **Update feeding plans.** Feeding plans should be updated every three months or as feeding patterns change, such as with the introduction of solids.
- **Utilize a standard form.** Utilize an infant feeding plan form such as the BFSD Infant Feeding Plan.

BREASTFEEDING-FRIENDLY FEEDING STRATEGIES

- **Color code bottles.** Consider marking each infant's bottle with a different piece of colored tape. That way, a baby's bottle is quickly identified.
- **Post infant feeding plans.** Post the infant feeding plans close to the kitchen, making paperwork an easy process after feeding.
- **Make rotating bottles easy.** Use small plastic containers in the refrigerator to separate each baby's bottles.

Magnet - English

Guidelines for Storing Breast Milk

When milk arrives...
Refrigerate immediately.

Refrigerated milk
Store at ≤_____°F
up to _____ hours.

Frozen milk
Store in freezer of two-door fridge at
≤_____°F for up to _____ months.

Thawed milk
Store in fridge up to _____ hours.
Do NOT refreeze breast milk.

After a feeding...
Throw out any
unused milk.

Magnet - Spanish

Reglas para Almacenar la Leche Materna

Cuando reciba la leche materna...
Refrigérela inmediatamente.

La leche refrigerada
Se debe almacenar a ≤ _____°F
Hasta _____ horas.

Leche congelada
Almacene en el congelador de un refrigerador de dos puertas a ≤ _____°F hasta _____ meses.

Leche descongelada
Almacene en el refrigerador hasta _____ horas.
NO vuelva a congelar la leche.

Después de darle al bebé la leche materna...
Tire la leche que no se utilizó.

First 5 San Diego

BREASTFEEDING Friendly SAN DIEGO

Infant Feeding Plan – English

Sample Infant Feeding Plan

The information you provide below will help us to do our very best to respect your feeding practices and help your baby grow and thrive.

This form must be filled out for all children under 18 months old.

Child's name:_____ Birthday: _____
m m / d d / y y y y

Parent/Guardian's name(s): _____

TO BE COMPLETED BY PARENT

Did you receive a copy of our Breastfeeding-Friendly Policy? Yes No

At home my baby drinks (Check all that apply):

Breast milk from: ☐ Mother ☐ Bottle ☐ Cup ☐Other_____

Formula from: ☐ Bottle ☐ Cup ☐ Other_____

Cow's milk from: ☐ Bottle ☐ Cup ☐ Other_____

Additional details:

How does your child show you that s/he is hungry?

How often does your child usually feed?

How much does your child usually drink at each feeding (ounces)?

Has your child started eating solid foods? Yes No
If yes, what foods is s/he eating:

How often is your child eating solid foods? How much?

This information has been adapted from the "*Breastfeeding-Friendly Child Care Initiative*" of the Carolina Global Breastfeeding Institute/UNC Gillings School of Global Public Health.

Infant Feeding Plan – English

Child's name:_____ Birthday: _____
mm / dd / yyyy

I want my child to be fed the following foods while in your care:

	Frequency of	Approximate amount per	Will you bring from home? (must be labeled)	Details about feeding
Mother's Milk				
Formula				
Cow's milk				
Cereal				
Baby Food				
Table Food				
Other				

I plan to come to nurse my baby at the following time(s): _____

My usual pick-up time will be: _____

If my baby is crying or seems hungry shortly before my usual arrival time, I would like staff to do the following:
You may choose more than one.

___hold my baby
___rock my baby
___use the teething toy I provide
___give a bottle of my expressed milk
___use the pacifier I provide
other Specify: _____

I would like you to take this action_____minutes before my arrival time.

We have discussed the above plan, and made any needed changes or clarifications.

Today's date: _____

Teacher Signature:_____Parent Signature _____

Date	Change to Feeding Plan (must be recorded as feeding habits change)	Parent Initials	Teacher Initials

**** Any changes must be noted above and initialed by both the teacher and the parent.***

County of San Diego HHSA Health and Human Services Agency | Live Well San Diego livewellsd.org | First 5 San Diego | UC San Diego School of Medicine | Center for Community Health

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Infant Feeding Plan – Spanish

Muestra del Plan para la Alimentación de Niños

Alimentar a su bebé adecuadamente es una de las responsabilidades más importantes para quienes estamos al cuidado de sus hijos. La información que usted nos comparta nos ayudará para hacer todo lo posible para continuar hábitos saludables en la alimentación de su bebé para su crecimiento y madurez. **Este plan debe ser detallado para todos los niños menores de 18 meses de edad.**

Nombre de bebé:_____ Fecha de nacimiento: _____
mm / dd / aaaa

Nombre del padre/madre/guardián: _____

¿Recibió una copia de nuestra póliza de lactancia? Si No

COMPLETADO POR LOS PADRES

En mi casa, mi bebé toma la leche:
(marque todas las respuestas apropiadas):

- La leche materna la toma:

☐ Seno materno ☐ En biberón ☐ En vaso ☐ Otra forma

- La leche de fórmula la toma:

☐ En biberón ☐ En vaso ☐ Otra forma

- Leche de vaca:

☐ En biberón ☐ En vaso ☐ Otra forma

- Otro líquido:_____

☐ En biberón ☐ En vaso ☐ Otra forma

¿Cómo muestra su bebé cuando tiene hambre?

¿Qué tan seguido come su bebé?

¿Cuál es la frecuencia y la cantidad de leche/formula que toma su bebé normalmente cada vez que come?

¿Ha empezado su bebé a comer alimentos sólidos? ¿Qué comidas está comiendo?

¿Cuál es la frecuencia y cantidad que su bebé está comiendo alimentos sólidos, y en qué cantidad?

COMPLETADO POR LA PROVEEDORA

Explicaciones /Detalles adicionales

En su hogar, ¿alimentan al bebé cuando muestra señas de tener hambre?
Si No

¿Está el bebé comiendo alimentos sólidos? Si No

¿Es el bebé menor de seis meses? Si No

Al responder que Sí a las dos preguntas:

- Yo pregunté: ¿Le recomendó su pediatra empezar a dar alimentos sólidos a su bebé antes de cumplir seis meses?
Si No

Folletos/Recursos compartidos con los padres relacionados con la lactancia materna y/o la alimentación infantil:

Infant Feeding Plan - Spanish

Nombre del niño:_____ Fecha de nacimiento: _____
mm / dd / aaaa

Cuéntenos acerca de la alimentación de su bebé en nuestro sitio

Quiero que mi hijo/ a sea alimentado con los siguientes alimentos mientras este bajo su cuidado:

	Frecuencia de alimentación	Cantidad aproximada por alimentación	¿Lo traerá de casa? (Debe tener etiqueta y fecha)	Instrucciones sobre la alimentación
Leche materna				
Leche de formula				
Leche de vaca				
Cereal				
Comida de bebé				
Sólidos				
Otro (describa)				

Pienso regresar a este sitio para darle pecho a mí bebé a estas horas: _____

La hora que vengo por mi niño normalmente es: _____

Si mi bebe está llorando o parece hambriento poco antes de mi hora de llegada habitual, quisiera que el personal hiciera lo siguiente: (puede marcar más de uno)

___Sostener al bebé ___ usar el juguete para comezón en los dientes ___ usar el chupón que le di
___Mecer mi bebé ___ dar biberón con mi leche materna Especifique otra estrategia/actividad:_____

Quisiera que tomara esta acción _____ minutos antes de mi hora de llegada, si está llorando o parece hambriento

Hemos repasado el plan juntos y hemos hecho los cambios o aclaraciones necesarios.
Fecha de hoy: _____

Firma de proveedora:_____ Firma del padre/madre: _____

Fecha	Cambios hechos en el plan de alimentación (deben ser documentados cada vez que hay cambio)	Iniciales de mamá/papá	Iniciales de la proveedora

**** Cualquier cambio debe ser escrito arriba y agregue las iniciales de la proveedora, mamá/papá***

Esta información ha sido adoptado de "*Breastfeeding-Friendly Child Care Initiative*" of the Carolina Global Breastfeeding Institute/UNC Gillings School of Global Public Health.

Breast Milk Storage

Figure 3: Breast Milk Storage in a Family Childcare Home

Figure 3 highlights breast milk storage in a family childcare home. A section of the standard refrigerator is designated to store breast milk. It is permitted to store breast milk in a home refrigerator alongside other food and drinks. Breast milk is being stored in bottles and bags and organized in trays clearly labeled with the child's name. The bottles and bags are also labeled with each child's name and date milk was expressed. The container on the far left has several bags of milk behind it, emphasizing that the milk in the bottle should be utilized first.

Figure 4: Breast Milk Storage in a Childcare Center

Figure 4 highlights a childcare center that utilizes plastic trays to separate and organize breast milk and solids for each child. Breast milk can be stored safely alongside other food items. The trays are labeled with each child's name and the bottles are labeled with both the child's name and the date the milk was expressed. Breast milk can be offered in a bottle or a sippy cup for older infants.