

## Infant Feeding, Breastfeeding and Physical Activity

### Summary

The Washington State Department of Health (DOH) conducted the second **Washington State Survey of Nutrition and Physical Activity in Early Learning** in 2018. The first survey, conducted in 2013, did not include questions related to infants. In 2018, DOH reached out to all licensed early learning programs in Washington State. Of the 671 respondents, 426 reported serving infants. This includes 145 **early learning centers** (49% of all participating centers) and 281 **family home programs** (75% of all participating family home programs). Where responses are meaningfully different between early learning centers and family home programs, results are presented separately.

### Best Practices in Early Learning

Throughout this document, the findings highlight early learning best practices. Most of the standards addressed in the survey were selected from *Caring for Our Children: National Health and Safety Performance Standards, Fourth Edition (CFOC4)*, the most highly regarded resource for early care and education standards.<sup>1</sup>

### Results

Programs were asked about feeding practices (including breastfeeding), opportunities for activity and time spent outdoors. For this survey, infants were classified as ages 0 to 11 months. While programs excelled in some areas of infant feeding and activity, results show there is still room for improvement. For instance, many family home and center providers (74% and 87%, respectively) felt early learning professionals should be a resource for families on responsive feeding for infants, however fewer (66,78%) reported being comfortable in this role, and less (43, 55%) reported offering educational information to families on this topic. While 97% of centers encouraged providers to do tummy time multiple times per day, fewer centers (30%) and family home programs (58%) met best practices for bringing infants outdoors. Only 21% of family home programs and 41% of centers reported having written policies or guidelines on supporting breastfeeding staff and families.

### Recommendations

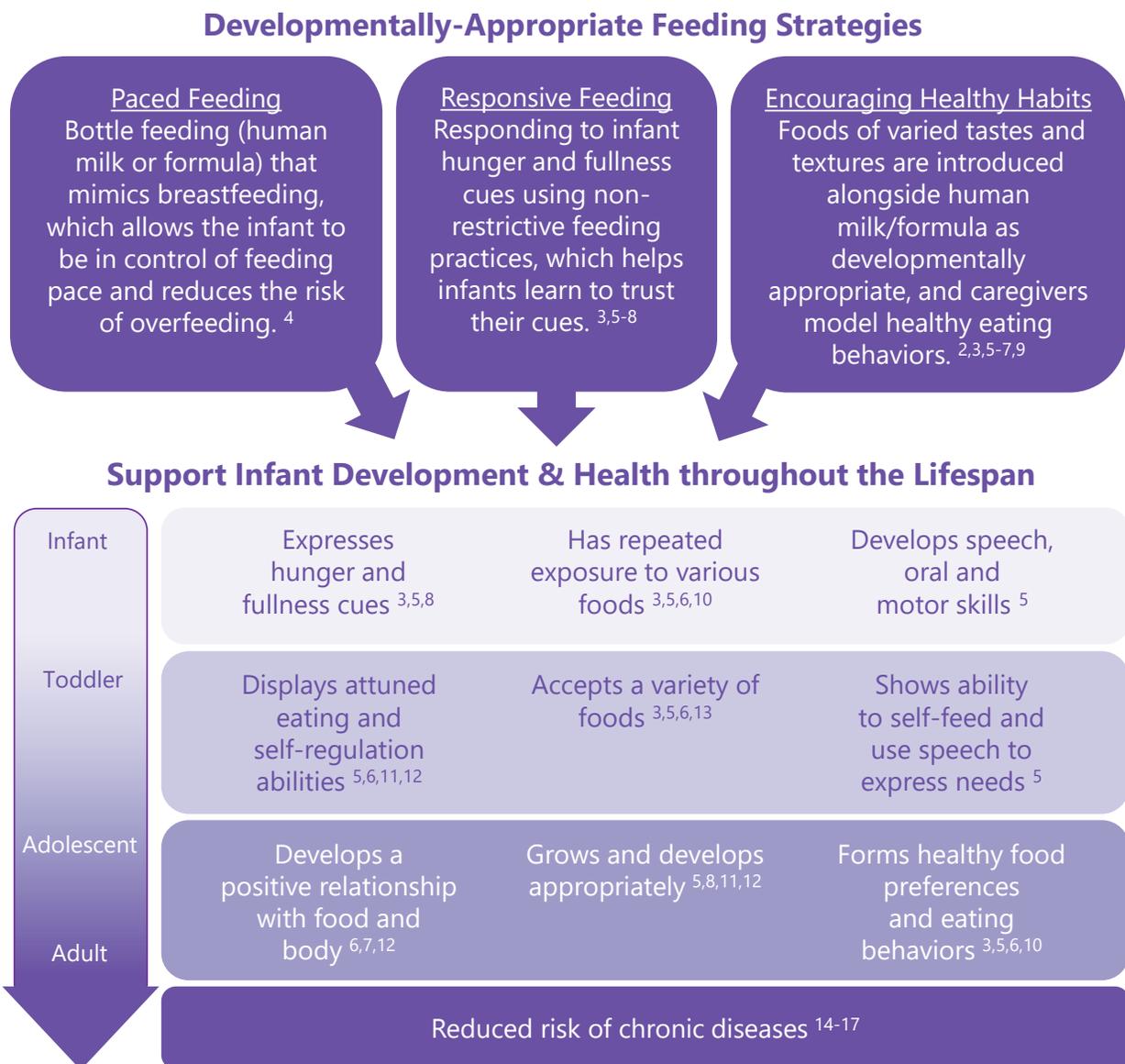
- Provide resources, incentives, and trainings to support adoption of breastfeeding best practices in early learning programs.
- Explore opportunities to promote outdoor activities and responsive feeding education for infants in early learning programs.



## Infant Feeding and Breastfeeding in Early Learning Programs

From learning to use a bottle, to starting solids, to mastering the pincer grasp, infancy is full of “firsts” and milestones.<sup>2</sup> Infancy is also a critical time for good nutrition and eating environments that support development and encourage healthy habits.<sup>3</sup> An infant’s diet around 9 months is representative of the foods they will eat when they are school aged, so it is important to introduce infants to a variety of fruits and vegetables before they turn 1 year old. Exposure to varied tastes and textures will help infants learn to accept healthy foods as they grow, including vegetables with bitter tastes.<sup>3</sup> Figure 1 illustrates recommended feeding strategies for infants and some of the ways feeding in the first year of life can affect eating habits, development, and health throughout the lifespan.

Figure 1: How feeding strategies support development and health throughout the lifespan



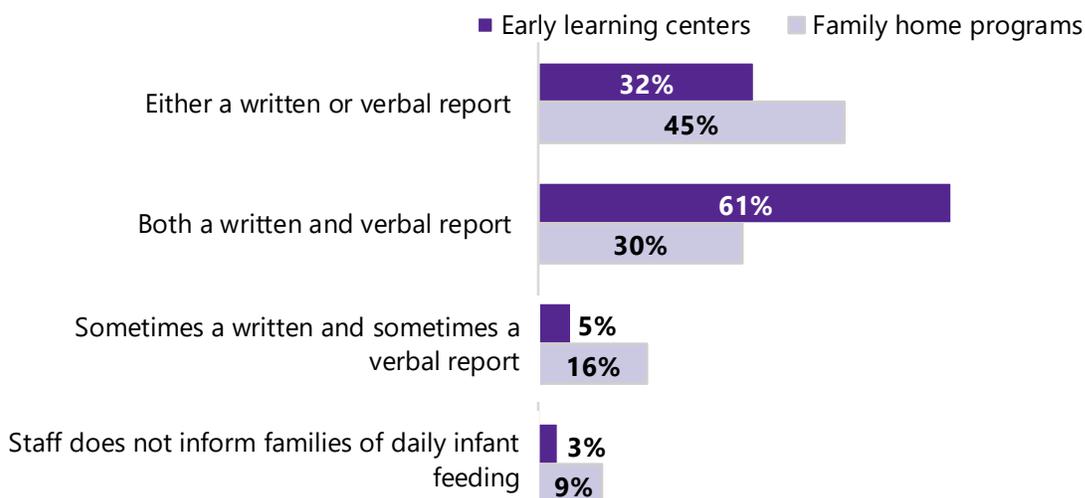
### Foods Provided to Infants

Early learning providers have an important role in providing a variety of nourishing, developmentally appropriate foods to infants, and this often includes pureed or mashed foods. CFOC4 recommends offering foods with little or no added sugars or salt.<sup>1</sup> When early learning programs were asked about how they provide pureed or mashed foods to infants, 12% of **early learning centers** and 35% of **family home programs** reported preparing these foods on site. Other programs purchased foods from retail or a caterer, or had families bring foods from home. When asked about the salt and sugar content of pureed or mashed foods purchased or prepared by programs, 79% of programs reported foods rarely or never contained added salt, while 73% of programs reported foods rarely or never contained added sugar.

### Infant Feeding Plans

Programs were asked how they communicate and work with families to develop infant feeding plans. At the time the survey was conducted, only **early learning centers** were required by licensing regulations to develop written feeding plans. This is why questions on infant feeding plans were only asked of **family home programs**. New regulations adopted in 2019 require all licensed programs to work with families on written feeding plans. According to CFOC4, infant feeding plans should include a number of best practice concepts, such as solid foods introduction and responsive feeding. Figures 2-4 describe how programs communicated with families and developed infant feeding plans.

Figure 2: How do early learning programs inform families about what, when, and how much their infants eat each day?



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Figure 3: What best describes **family home programs'** approach to working with an infant's parent or guardian to develop a plan for infant feeding?

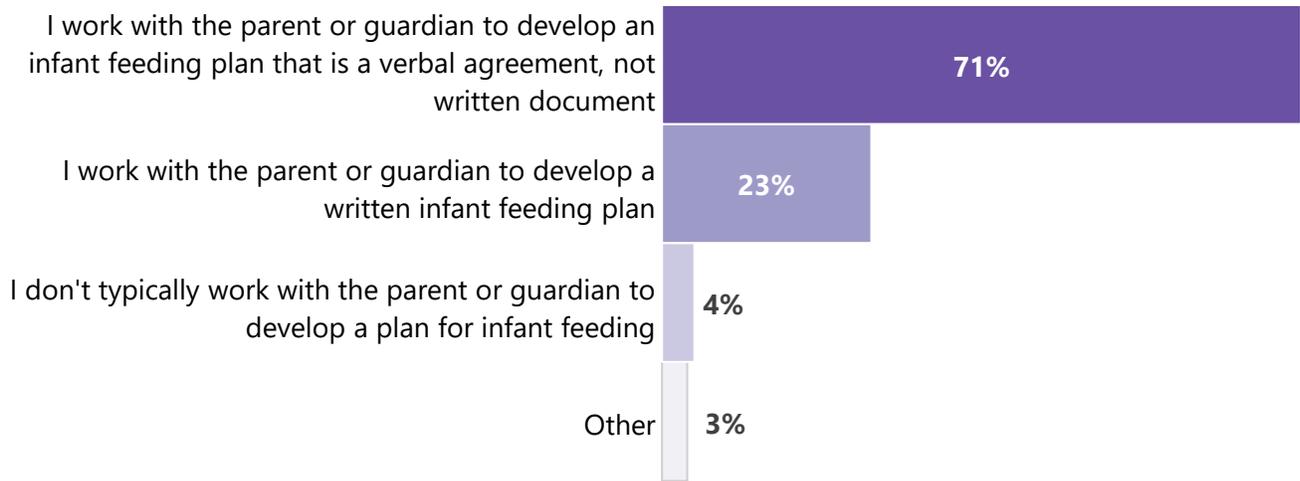
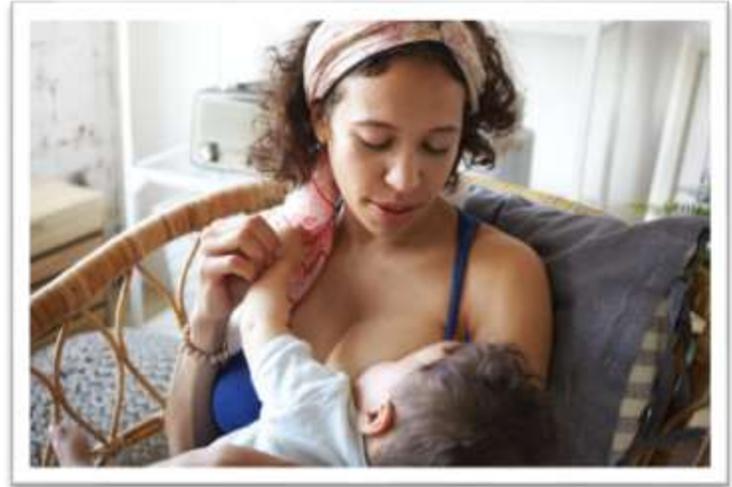


Figure 4: For **family home programs**, what is included in the plan developed for infant feeding?



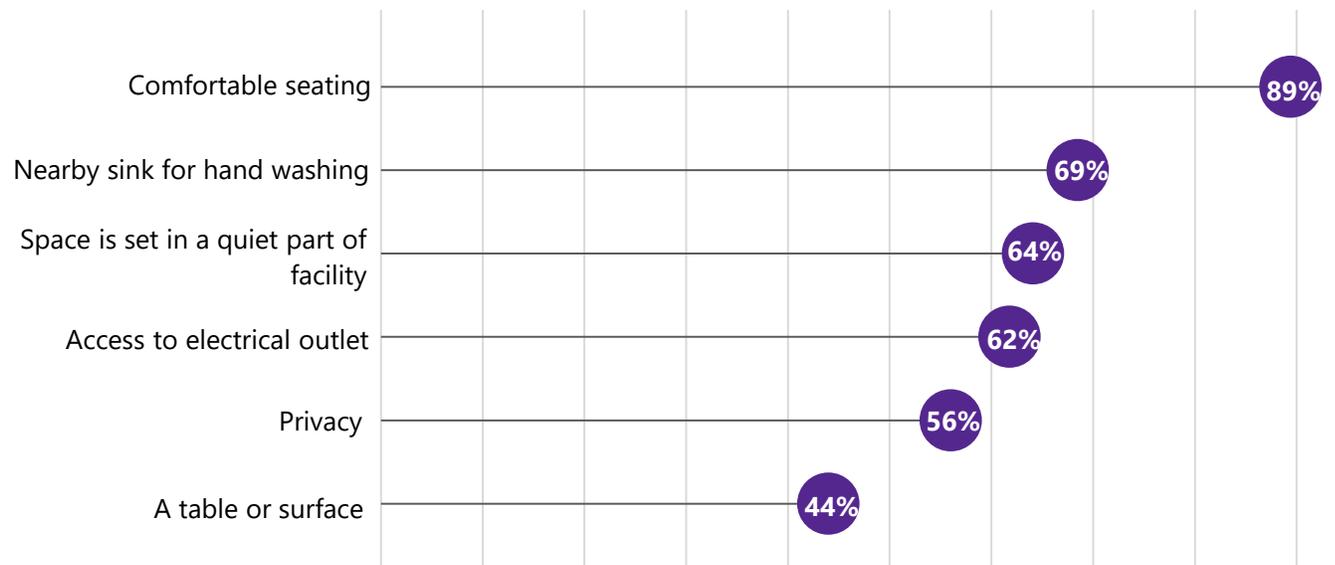
## Breastfeeding

Human milk is the most biologically natural option for infants, and it is best suited to meet infants' health and nutrition needs. The American Academy of Pediatrics recommends breastfeeding exclusively for the first 6 months, and then alongside complementary foods for 1 year or longer as mutually desired by mother and infant. When breastfeeding is not chosen or possible, iron-fortified infant formula is the only safe alternative to human milk.



Support from early learning programs and providers can encourage continued breastfeeding as parents return to work or school. According to CFOC4, it is best practice for facilities to provide space for parents to visit and nurse, as well as a comfortable, private area (not a bathroom) for nursing. The private area should have an outlet for a pump and access to water or hand hygiene. Having a place that families feel they are welcome to nurse, pump, or bottle-feed can create a positive and supportive environment for infant feeding. When asked whether they provided a space for breastfeeding on-site, 84% of programs responded "Yes". Figure 5 describes how providers arranged spaces for breastfeeding parents.

Figure 6. Among early learning programs that provide space for breastfeeding, what is included in the space available for mothers who choose to breastfeed?



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CFOC4 recommends programs develop breastfeeding promotion policies and provide resources to support breastfeeding families. As early learning providers are trained on breastfeeding and discover resources they can share with families, they can feel more comfortable encouraging, supporting, and advocating for breastfeeding. Figures 6 and 7 describe respondents' progress towards these best practices.

Figure 6: Early learning providers' opinions and practices on being a breastfeeding resource for families

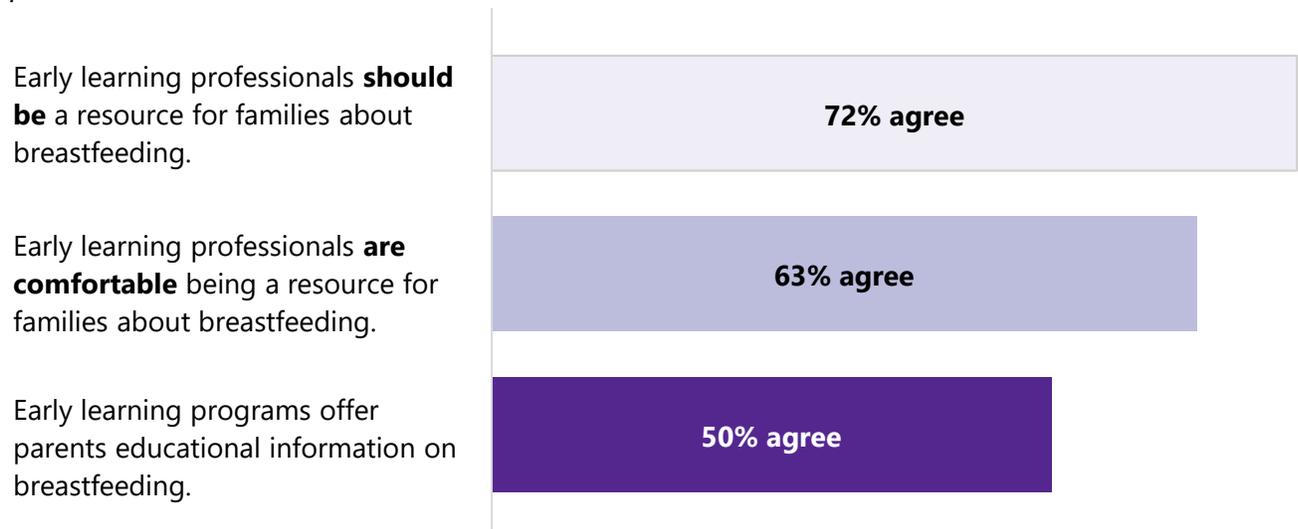
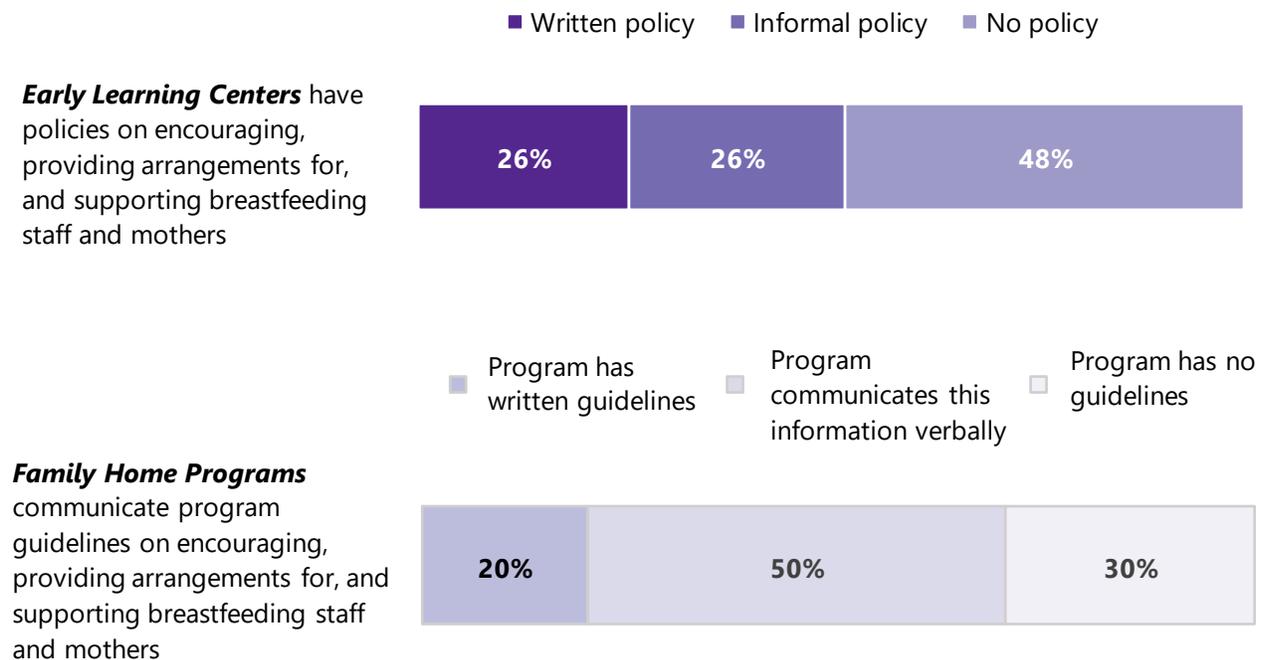


Figure 7: Do early learning programs have a policy or guidelines for encouraging, providing arrangements for, and supporting breastfeeding staff and mothers?



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When asked about challenges to infant feeding and promoting breastfeeding, the majority of early learning programs (75%) identified none. The three most common challenges were a lack of space or resources to support breastfeeding moms (6%), food or infant formula costs (8%), and that parents/caregivers instruct providers to feed in a way that doesn't meet licensing regulations or program policies (13%).

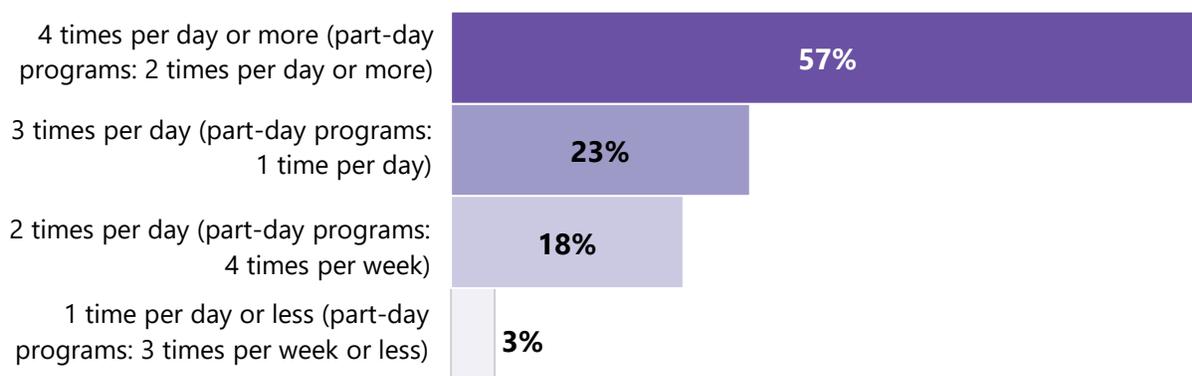
### Movement and Play for Infants

Movement helps infants build strength, develop skills, and explore their environment. Through tummy time, infants can develop muscle coordination and see their world in new ways. Caregivers are in trusted positions to provide opportunities for both tummy time and outdoor play, which create new and valuable sensory experiences.<sup>1</sup> Additional health benefits of outdoor play include fewer illnesses, balanced sleep rhythms, and vitamin D production through safe exposure to sunlight.<sup>18</sup>



CFOC 4 recommends tummy time with infants every day while they are awake, and outdoor play 2-3 times per day as tolerated (weather permitting). Figures 8 through 11 describe how centers and family homes encourage infants to be active and play outside.

Figure 8: How often do **early learning centers** require or encourage providers to provide tummy time for non-crawling infants?



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Figure 9: During supervised tummy time, how often do early learning providers interact with the babies?

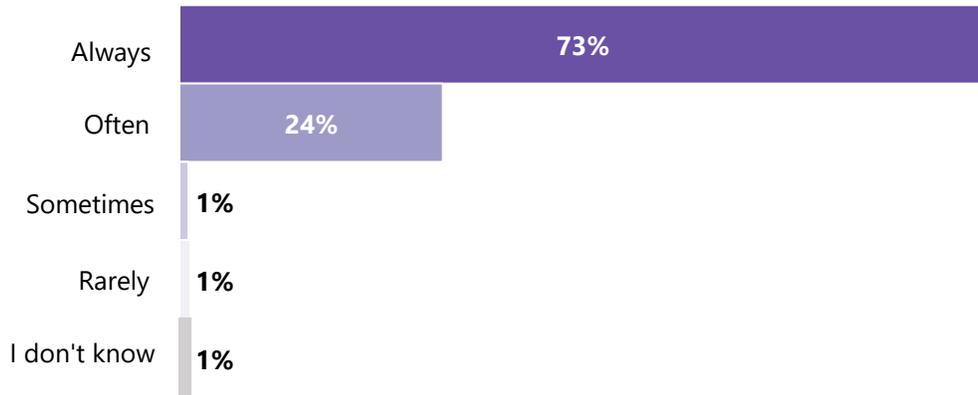
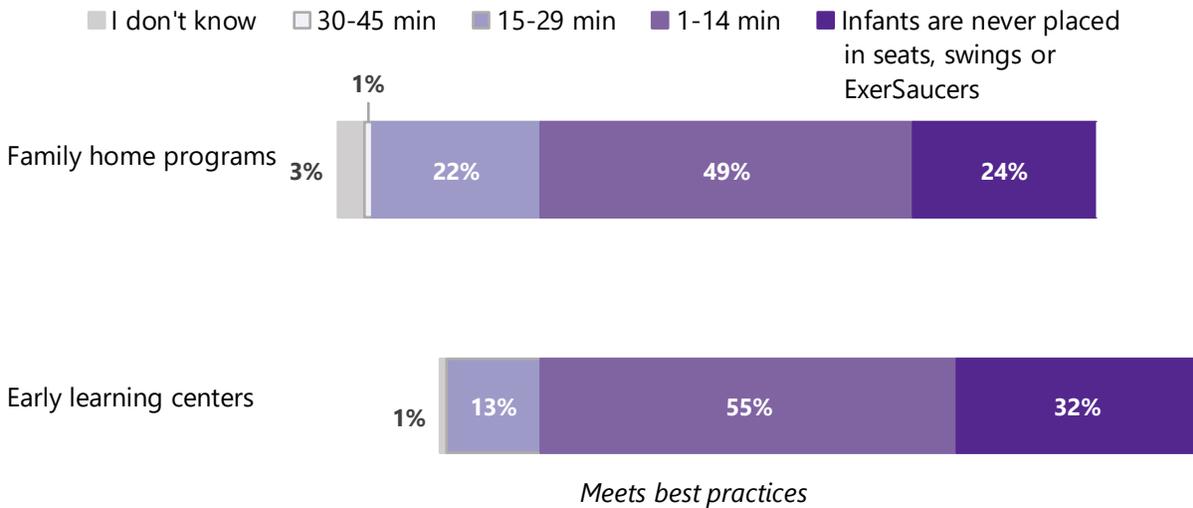
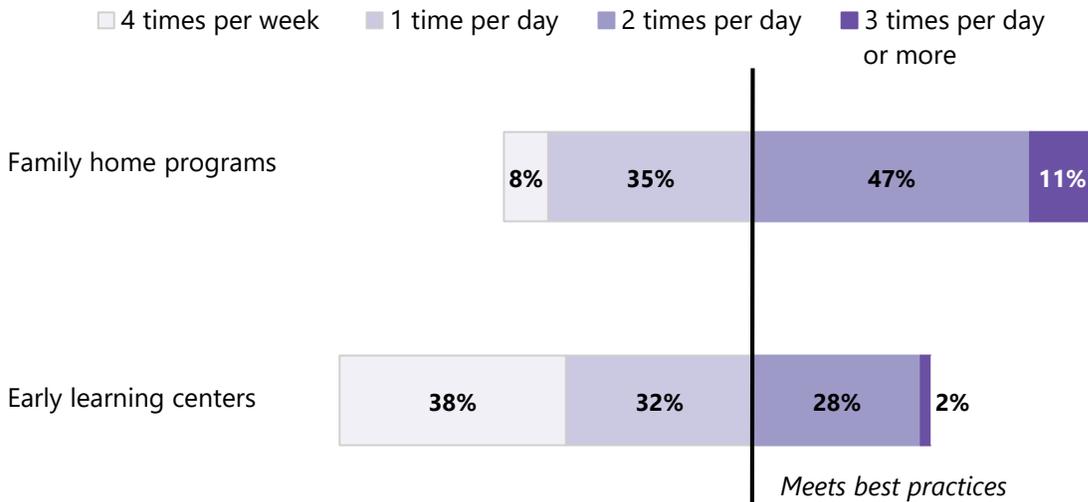


Figure 10: Outside of nap and meal times, the longest infants spend in seats, swings, or ExerSaucers at any one time is:



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Figure 11: How often do infants get outside, except during extreme weather that poses a health or safety risk?



### Provider Training and Role as Community Resources

Early learning providers are in trusted positions to be resources for families needing or wanting information, and trainings can empower providers to feel comfortable in this role. Figures 12 and 13 show how often training topics were completed or required in **family home programs** and **early learning centers**, respectively. These questions were phrased differently for each type of program to accommodate differences in program structure. Figures 14 and 15 presents providers' opinions and practices on being a resource for families. While providers believe early learning professionals should be a resource for families on responsive feeding and introducing solids, not all providers are comfortable in this role. Even fewer programs reported providing educational information to families on these infant feeding topics.



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Figure 12: In the last 3 years, have **family home programs** completed trainings on the following topics?

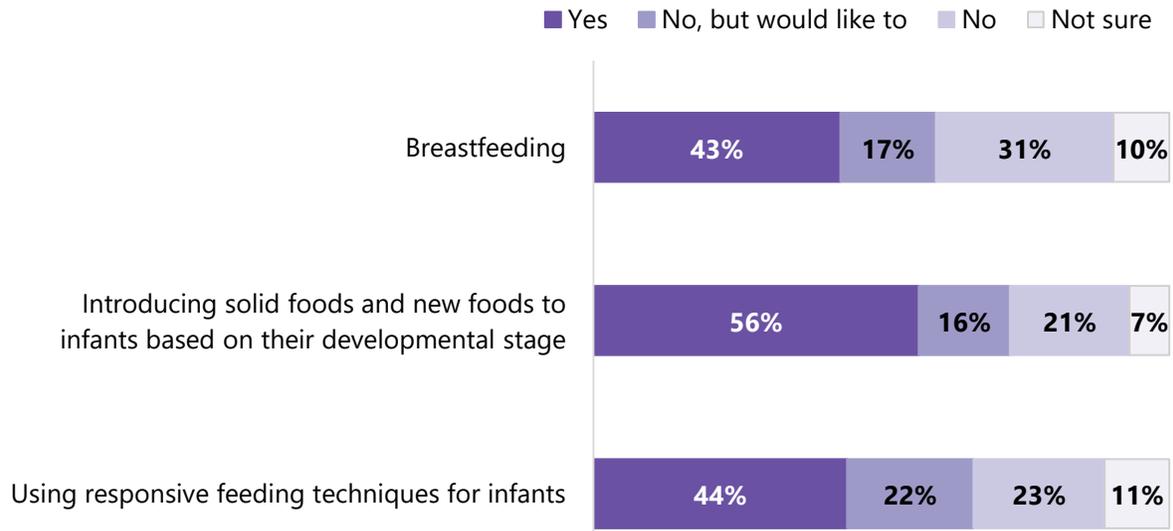
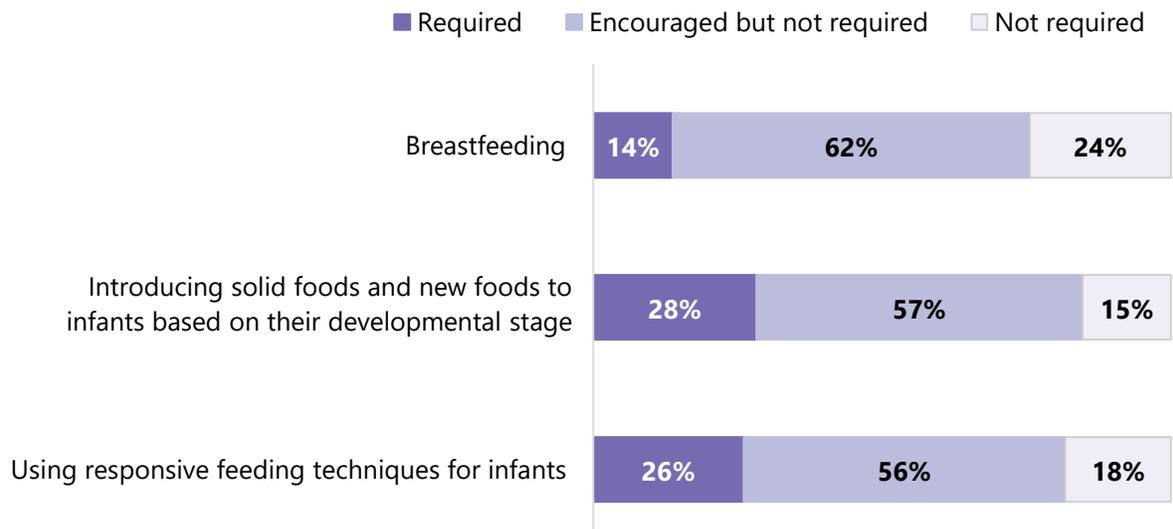


Figure 13: What are the training requirements for **early learning center** providers?



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Figure 14: Early learning providers' opinions and practices on being a resource for families on **responsive feeding techniques for infants**

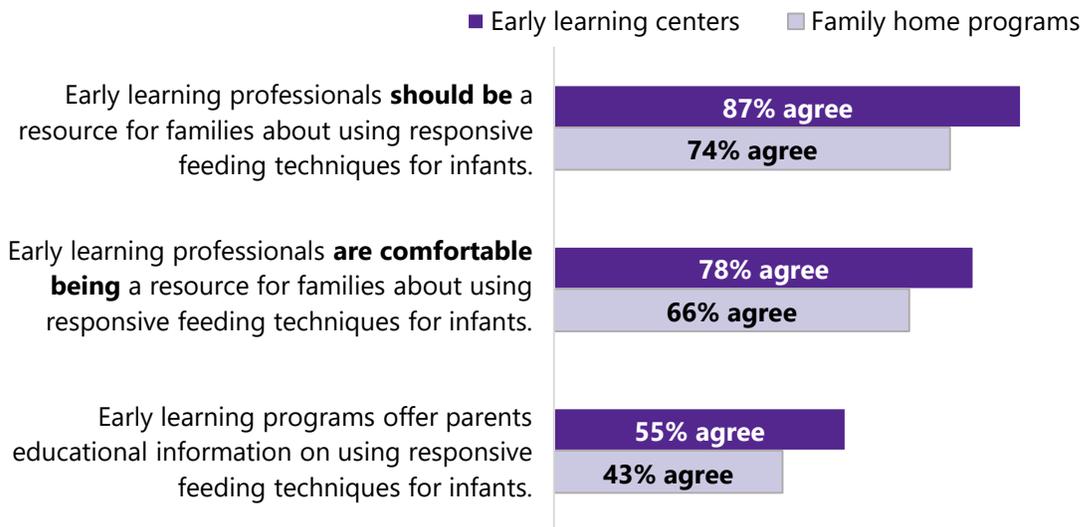
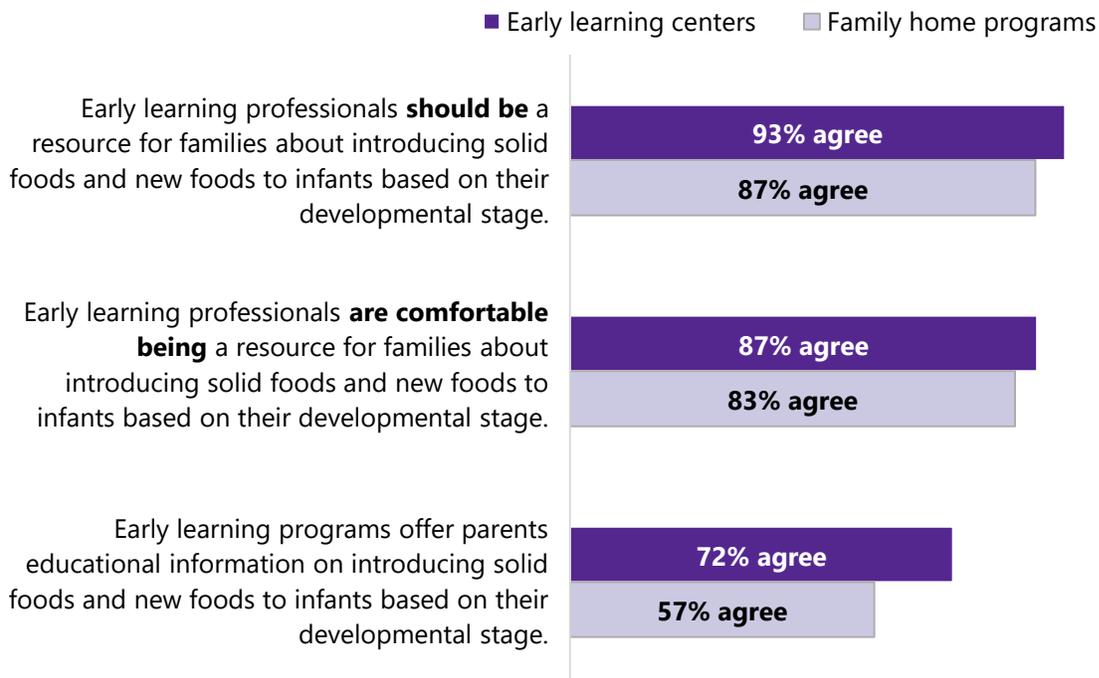


Figure 15: Early learning providers' opinions and practices on being a resource for families on **introducing solid foods and new foods to infants**



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### Recommendations:

**Provide resources, incentives, and trainings to support adoption of breastfeeding best practices in early learning programs.** Materials should be inclusive of all types of families who choose to provide human milk for infants.

- Suggested strategies:
  - **State agencies and organizations** can develop a breastfeeding toolkit for early learning programs that compiles resources, trainings, and policy suggestions for supporting breastfeeding in ways that align with best practices and licensing regulations.
  - **Washington state** can create or expand a [breastfeeding recognition program](#) (such as Breastfeeding Friendly Washington) for early learning programs committed to establishing a welcoming breastfeeding environment that supports breastfeeding families.

**Explore opportunities to promote outdoor activities and responsive feeding education for infants in early learning programs.**

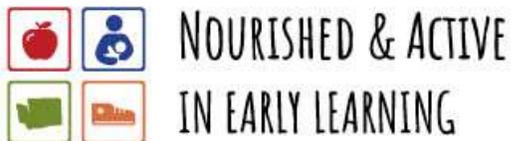
- Suggested strategies
  - **State agencies and statewide organizations** can investigate barriers and facilitators to bringing infants outdoors and incorporate targeted suggestions into existing infant trainings, technical assistance and resources.
  - **State agencies and organizations** can conduct environmental assessments to understand how responsive feeding is currently represented in existing trainings and resources on infants in early learning, and how best to increase education on responsive feeding topics for providers and families.

### Resources on infant feeding and breastfeeding:

- USDA Food and Nutrition Service – “Feeding Infants in the Child and Adult Food Care Program” (<https://www.fns.usda.gov/tn/feeding-infants-child-and-adult-care-food-program>)
- Head Start Early Childhood Learning & Knowledge Center – Supporting Outdoor Play and Exploration for Infants and Toddlers (<https://eclkc.ohs.acf.hhs.gov/learning-environments/supporting-outdoor-play-exploration-infants-toddlers/supporting-outdoor-play-exploration-infants-toddlers>)
- Healthy Eating Research – Feeding Infants and Young Toddlers: Using the Latest Evidence in Child-Care Settings ([http://healthyeatingresearch.org/wp-content/uploads/2017/05/her\\_ece\\_051817-FINAL.pdf](http://healthyeatingresearch.org/wp-content/uploads/2017/05/her_ece_051817-FINAL.pdf))
- US Department of Health and Human Services, Office of Women’s Health – “Your Guide to Breastfeeding” (<https://www.womenshealth.gov/files/documents/your-guide-to-breastfeeding.pdf>)
- Zero to Three – “Healthy From the Start” (<https://www.zerotothree.org/resources/352-healthy-from-the-start>)
- National Perinatal Association – Inclusive language and graphics ([https://www.nationalperinatal.org/feeding\\_our\\_babies](https://www.nationalperinatal.org/feeding_our_babies))

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