



Practitioner Researcher

Are early childhood centres breastfeeding friendly?

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The New Zealand Ministry of Health is quite specific on the subject of breast feeding: “The ‘naturalness’ of breastfeeding and emotional bonding with their infant are some of the reasons women intend to breastfeed.” (Arora et al., as cited in Ministry of Health [MoH], 2008). While this topic is extremely important to mothers and infants, how much do teachers understand as to the importance of this start in a child’s life, and do teachers’ have the knowledge or experience to promote the benefits of breastmilk for a child’s well-being? A subsequent question is whether teachers can follow aspirations for children to grow healthy in mind, body and spirit, when they do not have specific training or experience with breastfeeding, or have the support to manage a breastfeeding mother. This paper will look at how breastfeeding can be supported in early childhood centres, the teacher’s role(s) in supporting the child and mother, and the discourse around the use of ‘infant formula’ and feeding in child care.

Is breastfeeding important?

The World Health Organisation reports that, “Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers” (2015, p. 7). However, are teachers within an early childhood setting able to support breastfeeding? With the significant increase in the number of infants enrolled in New Zealand early childhood settings, Duncan (2014) asks if the growth in attendance rate has been the precursor to increased use of formula or bottle feeding for infants. Guendelman, Lang Kosa, Pearl, Graham, Goodman & Kharrazi (2009) note that, if babies are spending more time away from their mothers, they are more likely to receive breast milk substitutes earlier than recommended. Duncan and Bartle (2014), following a survey by Payne and Nicholls (as cited in Duncan & Bartle, 2014), add that mothers are often *advised* to introduce their babies to bottle feeding prior to their return to work. If ‘breast is best’, then how do we, as teachers, resist this pressure and support breastfeeding within our centres?

Breast is best

Within the guidelines for breastfeeding (Bartle & Duncan, 2009), the protection, promotion and support for breastfeeding within early childhood education plays a vital role in a child’s health and well-being. What strategies, therefore, do early childhood teachers need to support breastfeeding? While Plunket New Zealand states that “Breast milk is the only food babies need in the first 6 months,” (Plunket, 2015), many early childhood teachers appear either unprepared or ill-equipped for protecting, promoting and supporting breastfeeding. Consequently, as Farquhar and Galtry (2003) argue, early childhood teachers have an important role to play in welcoming breastfeeding to support and promote child health and development.

Promoting breastfeeding in early childhood centres

The promotion of breastfeeding in early childhood centres through education, visible advocacy and policy development will make a substantial contribution to the overall well-being of infants and toddlers in early



childhood care (Bartle & Duncan, 2009). As stated in the report, *Food and Nutrition Guidelines for Healthy Children and Young People (Aged 2 –18 years)* (MoH, 1997), breastfeeding is regarded as the best nutrition and health preventative measure for all infants. To promote breastfeeding in early childhood settings, Bartle and Duncan (2014) suggest the following strategies:

1. Have a written breastfeeding policy that is routinely communicated to all staff and volunteers.
2. Train all health care providers in the knowledge and skills necessary to implement the breastfeeding policy.
3. Inform pregnant women and their families about the benefits and management of breastfeeding.
4. Support mothers to establish and maintain exclusive breastfeeding to six months.
5. Encourage sustained breastfeeding beyond six months, to two years or more, alongside the introduction of appropriate, adequate and safe complementary foods.
6. Provide a welcoming atmosphere for breastfeeding families.
7. Promote collaboration among health services, and between health services and the local community. (Bartle & Duncan, 2014, p. 29)

In terms of a more holistic approach, Glover writes that breastfeeding should be promoted as “a basic survival behaviour” (2012), seeing breastfeeding as culturally right, best and safe for a family. As a teacher protecting the child’s well-being, this links to the nature of the Treaty of Waitangi, where working in partnership with parents/whānau/iwi to support breastfeeding can be seen as a true reflection of partnership in practice. In *Te Rūroa, Registered Teachers Criteria*, (New Zealand Education Institute, [NZEI], 2011), it is affirmed that teachers should demonstrate commitment to promoting the well-being of all *akonga*.

Protecting breastfeeding in early childhood centres

To protect breastfeeding in early childhood centres, *primary caregiving* can be regarded as a useful strategy. Pariakian and Lerner (2007) write that the relationships within primary caregiving enable an intimate connection in which the child feels safe, secure and loved, especially at feeding time: “Feeding is a time when a caregiver or parent and a young child can focus on each other and share an intimate connection.” (Pariakian & Lerner, 2007, p. 2). As seen on the website Kellymom (2016), practical steps need to be taken by early childhood centres to keep aware of and implement safe breastmilk storage and handling procedures. The New Zealand Ministry of Education (MoE) has documented safe breastmilk practices (MoH, 2015). Another landmark government policy has been the 2008 *Infant Feeding Amendment to the Employment Relations Act 2000*. This amendment protects breastfeeding, as it requires employers to provide facilities and breaks, as far as reasonable and practical, for employees to breastfeed or express breastmilk (EBM) in the work place (Ministry of Business, Innovation and Employment, 2010).

Despite these measures, as Payne and Nicholls (2010) observe, the complex practice around EBM in the centre likens the mother, who expresses milk, as an *invisible* breast feeder/worker. Stockpiling breastmilk and making sacrifices, while maintaining a significant milk supply. It is therefore vital that mothers, when feeding, should work in partnership with the teacher in the early childhood setting, ensuring breastmilk is available, stored and given appropriately. This example lends itself to trust, which a mother must have in the caregiver.

Supporting breastfeeding in early childhood centres

Farquhar and Galtry (2004) suggest that, while materials written to support breastfeeding are generally aimed at mothers, they do not specifically provide information for early childhood practitioners. Farquhar et



al., (2004) stress that this lack of information sharing may be a reason for why early childhood staff may tend to lower the priority of breastfeeding within their settings. In response, associations such as the La Leche League, have produced fact sheets to support practitioners, including *Bottle Feeding a Breastfed Baby – Ideas for Day-care and Others* (La Leche League, 2010).

Supporting breastfeeding in an early childhood setting is about the relationship between the mother and the infant. This is an enabling process for the mother to breastfeed her baby as often as she can, utilising expressed breastmilk in the absence of the mother, with the knowledge of safe handling, storage, and preparation of the EBM. (*While the protection, promotion and support of breastfeeding is fundamental to achieving optimum health of the nation (MoH, 1997), it is admitted there are some medical barriers to breastfeeding, such as mothers who have had breast surgery, cancer or other medical illnesses, and for adopted children, or children in care who may not be breastfed.*)

In advising teachers on how to feed a child, Post and Hohnmann (2000) recommend a strategy of holding and feeding a baby to re-create the familiar closeness and security infants feel in their parents arms. This, Post and Hohnmann (2000) claim, will allow the teacher to give full attention to the feeding child. Morris (2014) also suggests that teachers can accommodate the infants' daily routines to support and promote exclusive breastfeeding by identifying strategies for helping the baby settle, while waiting for the mothers' return. The Ministry of Health outlines other variations, such as cup feeding, for EBM for the child to enjoy as part of feeding (MoH, 1997).

Breast vs bottle

The New Zealand early childhood curriculum accepts that the needs of families in today's society are changing: "The growth of full-day early childhood education services reflects social and economic changes in society as women increasingly move into employment when their children are young" (MoE, 1996, p. 18). Duncan and Bartle (2014) admit that, with the increase in numbers of mothers using early childhood centres, this has put mothering under surveillance by teachers, managers and other mothers. This has had the effect of creating a 'desire' to fit in, and be seen as a 'good mother,' that will influence a mother's choice to fit with the norm. Rosin (as cited in Duncan & Bartle, 2014) suggests that breastfeeding may be best for babies but not for mothers. In reflecting on the experience, Rosin asks whether breastfeeding has become an "instrument of misery that keeps women down" (p. 21). A participant in the Payne and Nicholls study (2010) similarly stated that many of the maternity practitioners had advised mothers to 'introduce' their baby to bottle-feeding prior to their return to work. Does a bottle fed infant become a precursor for a bottle dominated culture of formula? After all, it is not just the dominance of bottle-feeding in society that is being reflected in child care centres (see "Baby Alive" a popular doll in New Zealand, advertised as coming with essential accessories, including a bottle. Fishpond, 2014-2016).

The right to choose not to breastfeed

Pérez-Escamilla, Curry, Dilpreet, Taylor and Bradley (2011) feel that teachers show respect for family choice, including those who decide not to breastfeed, maintaining that breastfeeding, however natural and healthy, can be too hard to maintain (2011). Ludlow, Newhook, Newhook, Bonia, Goodridge and Twells (2012) remind us that breastfeeding researchers need to walk a fine line between promoting breastfeeding and respecting the feeding decisions of individual mothers. Ludlow et al. (2012) look at the discourse of what a 'good' mother is, and how this conflicts with a changing socio-cultural and political environment where there is increasing pressure on women to contribute to the household income. Ludlow et al. (2012) see the balance of a 'good' mother and feeding their babies formula as fitting into 3 categories: family functioning - formula enabling families to manage to juggle other children in the family and having equal responsibility with a partner for feeding a baby; infant health -formula providing all nutrients and minerals;



and personal issues - mothers feeling less tired and formula fed babies generally becoming settled once formula is introduced (2012).

Why, then, is feeding a baby infant formula such a taboo? Should it be? When the normalisation of the bottle in child care centres, and some may say society, is so prevalent, why is this an issue? Amy Sullivan (2012), writing from her own personal experience, outlined the importance of a happy mother having an equitable parenting (feeding) arrangement on all levels with her husband. Sullivan (2012), referring to a study by Wang and Aamodt (2012), argues that, although it has been found that children who are breastfed as babies have a higher intelligence than bottle fed children, the reason for the correlation is illusory. The findings, she explains, rely on perceptions on the part of the mother. This has led to a re-examination of the importance of a mothers' well-being, and, in a sense, the child's well-being, which in Sullivan's situation, took precedence over 'breast is best'.

Within Wang and Aamodt's (2012) study, they hold that babies relate especially well to those who respond to them promptly and appropriately. Perez-Escamilla et al. (2011) remind us that feeding an infant is not just about food or facts; "it's about feelings" (p. 61). In an early childhood setting, this points to the importance of the teacher in the role of primary caregiving - to communicate and respond to the needs of the individual child. This links well to the New Zealand early childhood curriculum, *Te Whāriki* (1996), which clearly states that an infant's ability to thrive is reliant on whether they establish an intimate, responsive, and trusting relationship "with at least one other person within each setting" (MoE, 1996, p. 22).

Conclusion

In this paper, the role of a teacher is seen as to empower, encourage and support parents and whānau in their decisions about feeding their child. To support the optimal development for all children, teachers can promote breastfeeding in their centres by implementing strategies, such as the 7 breastfeeding strategies (Bartle & Duncan, 2014). It is also, however, a teacher's role to support breastfeeding mothers by providing a warm, welcoming place to breastfeed, and by being aware of how to store and deliver breastmilk. However, ultimately, the choice of how an infant is fed is the parents' responsibility and 'everyone's best is different'. The normalisation of a bottle fed/formula fed child maybe a discourse that teachers have to be aware of, but we should not make an overall judgement. Feeding an infant is also about relationships and trust. For teachers working in an early childhood environment, it is the care and well-being of each child that we strive for in our roles as primary caregivers. This, I believe, is the key teaching strategy in supporting breastfeeding and supporting babies.

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