



FOOD & NUTRITION for Childcare settings

Section 2

Feeding babies in your care

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As a childcare setting, you may be caring for babies in their first year of life. It is therefore vital that you are aware of current guidance and recommendations for breast and infant formula feeding and the introduction of solid foods. Childcare providers have an important role to play in supporting families with the feeding choices they have made and helping them to make informed decisions.

Babies follow individual feeding and sleeping patterns that can change on a regular basis, therefore communication with families is central to best practice in this area. It is essential that the family's preferences and the baby's needs are recorded in their personal care plan.



Breastfeeding

Breastfeeding has many important long-term benefits for babies, mothers and the wider family.

- Babies who are breastfed have a lower risk of respiratory and gastrointestinal infections.
- There is evidence that not breastfeeding may increase the risk of diabetes and being overweight later in life.
- Mothers who breastfeed have a reduced risk of osteoporosis and ovarian and breast cancer and the protection increases the longer the duration of breastfeeding.
- Breastmilk is environmentally friendly, requiring no packaging and leaving no waste.
- Breastfeeding is the natural and holistic way of providing nutritional, emotional and social care for the baby.

As the benefits of breastmilk are increasingly promoted, you may find yourself working with more and more mothers wishing to breastfeed their infant in the childcare setting and / or provide expressed breastmilk for their needs.

Returning to work does not need to stop mothers from breastfeeding and childcare providers have an important role in reassuring

and helping women to continue for as long as they'd like to. Starting a baby in childcare can be a huge step for families and continuing to breastfeed can help mothers and their babies adjust to this big change in their lives. The closeness of breastfeeding can make periods of separation easier for the whole family.

Some mothers may be able to visit the setting to breastfeed their baby during breaks in their working day. Alternatively they may want to offer a breastfeed when they arrive at the childcare setting or when they return later in the day. In addition parents might provide expressed breast milk for staff at the setting to offer. They will usually try this from a cup, bottle or spoon a couple of weeks before starting care, to give the baby time to adjust.

Breastfeeding mothers are protected by law and have the right to feed their baby milk in a public place at any time. Providing a welcoming breastfeeding environment can enhance the care you provide and influence families' choice of childcare. This is also an important step in helping breastfeeding become the cultural norm.

The World Health Organisation recommends exclusively breastfeeding for around the first 6 months of a baby's life and, after that, giving breastmilk alongside solid food to help them continue to grow and develop. Mothers may wish to continue to breastfeed into their baby's second year of life and beyond and should be enabled to do so.

Practice Point

Creating settings and environments which reflect a positive and inclusive ethos towards breastfeeding is a key aim in the All Wales Breastfeeding: Five Year Action Plan³. Practitioners working with families can help them make informed decisions about how to feed and enable breastfeeding mothers to do this successfully.

Visit: gov.wales/breastfeeding-plan-2019-2024

Encouraging and supporting breastfeeding

Childcare settings can support mothers who are breastfeeding with the following actions:

- Develop a policy that encourages and supports breastfeeding. Make sure this is actively used and shared by all staff.
- Provide a welcoming environment for mothers to breastfeed or express their milk. Provide a room / space that is private, comfortable and quiet that works for both the mother and the setting. Ensure an electricity point and handwashing facilities are available. Make sure mothers can access a drink of water if needed.
- Talk about breastfeeding at registration and include fathers and other carers in the discussion. Mothers may want to express their milk or feed during breaks in their working day and / or at drop off and pick up. It may be helpful for them to try out the breastfeeding space before their baby starts in care.
- Use the Personal Breastfeeding Plan for each breastfeeding mother (Appendix 1).
- Assure families that breastmilk will be stored and handled safely in the setting.
- Include information about expressing, storing and transporting breastmilk in registration packs.
- Make links with local breastfeeding support services including Local Health Board infant feeding teams and have details available to families.
- Display a 'you are welcome to breastfeed here' poster available in English and Welsh at www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/welcome-to-breastfeed-here-posters/
- Normalise breastfeeding in day to day

practice for example: using children's books featuring images of breastfeeding (see the further information section); using cups rather than bottles to feed dolls. Children naturally copy what they see at home and may mimic breastfeeding during play.

- Support members of your own staff who have had a baby to continue breastfeeding, if they wish to.

Storing and using expressed breastmilk in childcare settings

Expressed breast milk should be transported to the setting in a sterilised container in a cool bag with an ice pack. Always make sure the milk is labelled with the child's name and the date and used only for that child.

Warming breast milk

Shake the container of breastmilk before using as the cream will rise to the top when left to stand. You can feed expressed milk straight from the fridge if the baby is usually offered it this way at home. Or you can warm the milk to body temperature by standing it in a jug of warm water or holding under running warm water (ensure the cap covers the teat if warming in a bottle).

Test the temperature of the milk by shaking a small amount onto the inside of your wrist. It should be body temperature and feel warm or cool but not hot.

Discuss with the family how to feed their baby e.g. using a bottle and teat, spoon or cup. Refer to the responsive feeding guidance on page 15 when offering milk to the baby. Once the baby has drunk from a bottle or cup of breast milk it should be used within the hour and anything left over, thrown away.

Defrosting frozen breast milk

It's best to defrost frozen milk slowly in the fridge before giving it to a baby. If the milk is needed straight away you can defrost it by putting it in a jug of warm water or holding it under running warm water.

Milk that has been defrosted in a fridge must be used within 12 hours and be kept in the fridge until use. Milk that has been defrosted outside of a fridge must be used immediately.

Never re-freeze milk that has been defrosted.

Families can access information about expressing breast milk from their Midwife, Health Visitor and at www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/expressing-and-storing-breastmilk-bfn/

Exclusively breastfed babies don't usually need additional water to drink, even in hot weather.

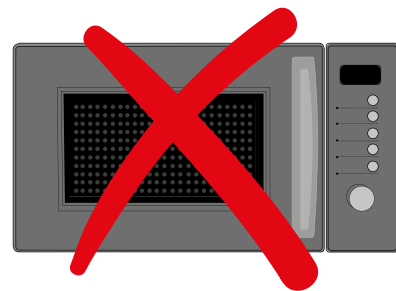
Practice Point

Breastmilk can be stored in a sterilised container or in special breast milk storage bags:

- In the fridge for up to 3 days
- For two weeks in the ice compartment of a fridge
- For up to six months in a freezer (at -18°C or lower)
- For more information on storing breastmilk please see the link below which includes a downloadable leaflet: www.breastfeedingnetwork.org.uk/breastfeeding-information/continuing-the-breastfeeding-journey/expressing-and-storing-breastmilk/

Once the baby has drunk from the bottle of breast milk it should be used within the hour and anything left over thrown away.

Never use a microwave to heat up or defrost breast milk. This can destroy nutrients in the breast milk and cause 'hot spots' and uneven heating, which can scald the baby's mouth.



All infants should be given vitamin D drops from birth unless they are drinking 500ml of infant formula milk or more per day. Breastfeeding mothers are also advised to take a daily vitamin D supplement.

For more information see page 9 (section 4). Families eligible for Healthy Start Scheme can access free vitamins (for mother and the baby) and a pre paid card for money off healthy food.

Visit www.healthystart.nhs.uk for details and bilingual promotional materials which can be displayed in the setting.



Infant Formula Feeding

Some families will have made the decision to feed their baby using infant formula milk. In some circumstances, families may offer their baby a combination of both breast milk and formula feeds (often called partial breastfeeding or mixed feeding). Infant formula milk can be given from a bottle or an open or free-flowing cup. It is important to ask families how they would like their baby to be fed.

Types of infant formula milk

First infant formula (sometimes called first or stage 1 milk) is the only type of formula babies need until they are one year old, unless the family have been advised differently by their Doctor or Health Visitor. All first infant milks (cow's or goat's milk based) are very similar. Infant formula on the UK market must meet compositional regulations, so they are suitable to feed. More expensive brands have to meet the same compositional standards as cheaper brands.



Other infant milks

A number of other infant milks are available to buy such as:

- hungry baby milk
- follow-on milk (sometimes called stage 2)
- 'comfort' milk
- 'toddler' milk
- 'growing up' milk

These milks are unnecessary unless advised by a health professional. However, some families may have decided to use one of these products and bring it to the setting for their child. If families would like impartial information about

infant formula milks, they can be signposted to the First Steps Nutrition Trust website www.firststepsnutrition.org.

Some children may be prescribed a specialist formula by their doctor in the case of a diagnosed medical condition e.g. cow's milk protein allergy. It is important to work with the infant's parent / carer, and health professionals as necessary, to develop a clear plan to manage special dietary requirements. For more information refer to Appendix 5 in section 4.

Government Nursery Milk Scheme

Children under 5 years who attend the setting for two or more hours are entitled to a free 1/3 of a pint of pasteurised cow's milk, whole or semi-skimmed, each day they attend the setting, or for babies up to 12 months, powdered infant formula. See www.nurserymilk.co.uk for details of which formula brands are covered by the scheme and how to claim back provision costs.

How much milk do babies need?

All babies are different and vary in how often they want to feed and how much they want to drink. For healthy babies, be guided by their appetite and follow the responsive feeding guidelines below. As a general guide, most babies will need around 150ml/kg of their weight a day until they are 6 months old. A 7-9 month old infant needs around 600ml infant formula milk a day and a 10-12 month old infant needs around 400ml infant formula milk a day. Parents / carers should be able to provide you with a guide. There is no need to monitor intakes of breastmilk.

During hot weather, formula fed babies 0-6 months may need small amounts of extra water that has been boiled and cooled first.

From 6 months water can be given from an open cup or beaker at mealtimes and tap water no longer needs to be boiled.

Responsive bottle feeding (using expressed breast milk or infant formula)

Tuning in to babies' feeding cues supports steady weight gain in the first year of life and reduces the risk of overfeeding. Responding to babies' needs in a timely and appropriate way makes them feel safe and secure and enhances healthy brain development.

How to bottle feed a baby

- Aim to offer feeds from the same carer / key worker whenever possible. Encourage parents to visit the setting to feed if they are able and would like to.
- Hold the baby close, make eye contact and talk to them during feeds.
- Respond to cues that the baby is hungry.
- Invite the baby to take the teat rather than forcing it into their mouth.
- Hold the baby fairly upright for feeds, with their head supported so that they can breathe and swallow comfortably.

- Keep the bottle horizontal and just slightly tipped, to prevent the milk from flowing too fast.
- Pace the feed so that the baby is not forced to feed more than they want to. They might want to take short breaks and burp during a feed.
- Recognise the baby's cues that they have had enough milk. Don't force them to take more than they want or to finish the bottle.

Talk to families about signs their baby shows when hungry. It is helpful to spot these signs before the baby cries or becomes distressed.

Note: Adopt similar principles if feeding the baby breast milk or infant formula milk from a cup.

For more information about responsive feeding see Appendix 3.



Practice Point

Never add food to a baby's bottle or leave a baby propped up or lying down with a bottle. These are potential choking risks. Babies need to be held during feeds to meet their emotional needs.



Preparation and storage of infant formula milk to keep babies safe and healthy

Supporting breastfeeding and adopting responsive feeding practices will help you to meet the National Minimum Standards for Regulated Childcare – [see Appendix 2 for Standard 12.9 If care is provided for babies and children under the age of 2.](#)
www.gov.wales/national-minimum-standards-regulated-childcare

Preparing infant formula milk

Infant formula is available in two forms:

- Ready-to-feed liquid infant formula, sold in cartons or bottles, which is sterile; and
- Powdered infant formula, which is not sterile.

This means powdered formula milk can contain harmful bacteria even though the packaging is sealed. Although these bacteria are rare, the infections they cause can be life-threatening. All equipment needs to be sterilised, and it is important to know how to make up and store milk safely to reduce the risk to the infant.

If you are providing care for babies it is important to consider the equipment you will need e.g. a fridge with a working thermometer and sterilising equipment.

Practice Point

It is best practice to prepare all feeds freshly when the baby needs it, following the guidance in Appendix 4.

All settings should aim to do this. Appendix 4 can be printed out and kept in the bottle preparation area. It can also be shared with families.

Options available to childcare settings to ensure safe practice

If there are constraints to this, the following options are considered acceptable:

- a. Parents could supply cartons / bottles of 'ready to feed' infant formula milk which are sterile until opened. This option is convenient but less economical and creates extra packaging waste.
- b. For babies in sessional care, parents can prepare feeds at home if there is no other option. These should be cooled at the back of the fridge for at least 1 hour before transporting in a cool bag with an ice pack. These should be placed in the fridge at the setting and used within 4 hours. If the family do not have an ice pack, the feed must be used within 2 hours.
- c. Parents may provide a measured amount of infant milk powder in a small clean and dry container; freshly boiled water in a vacuum flask and an empty sterilised feeding bottle.

The water must still be hot when you use it, otherwise any bacteria in the infant formula may not be destroyed. If the flask is full and securely sealed, the water will stay above 70 °C for several hours. Check with the family the amount of water needed to make up the powder provided and record this in the baby's care plan.

Practice Point

Hot taps and infant formula preparation machines are not recommended for use in childcare settings as evidence shows that they may not be adequately heating water to the minimum of 70 degrees that is recommended. If parents rely on one of these at home, they may need information on how feeds are prepared in your setting.

Sterilisation of feeding equipment

All feeding equipment (e.g. bottles and teats) need to be cleaned and sterilised before use whether using expressed breast milk or infant formula of any type. There are several ways to do this:

- using a cold-water sterilising solution
- steam sterilising
- sterilising by boiling

For full instructions on how to sterilise equipment safely see the UNICEF booklet 'guide to bottle feeding'. Available at www.unicef.org.uk/babyfriendly/baby-friendly-resources/bottle-feeding-resources/guide-to-bottle-feeding/

Storing a feed

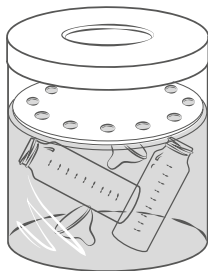
Feeds should be freshly made up to reduce the risk of infection and any infant formula left in the bottle after a feed should be thrown away.

Warming a feed

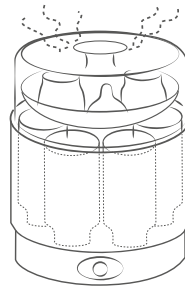
Place the bottle, with the cap on, in a container of warm water to heat it up.

Always test the feed on the inside of your wrist to make sure it isn't too hot before giving it to an infant. Never use a microwave to heat up chilled infant formula milk as uneven heating and 'hot spots' can occur and scald the baby's mouth. Infant formula preparation machines or hot taps are not recommended.

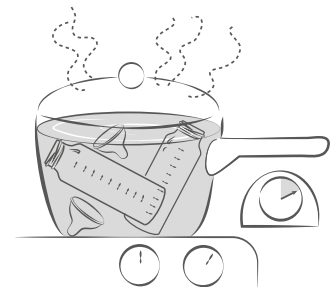
Cold water sterilising



Steam sterilising (electric or microwave)



Sterilising by boiling



Further information

Every Child Wales provides helpful advice for your baby and child –

www.everychildwales.co.uk/parent-information-2/

First Steps Nutrition for impartial,

up-to-date information about feeding babies –

www.firststepsnutrition.org

The National Breastfeeding Helpline

0300 100 0212

UNICEF has a range of resources, leaflets and posters to support parents and staff caring for infants who are being breastfed:

- www.unicef.org.uk/babyfriendly/baby-friendly-resources/relationship-building-resources/building-a-happy-baby/
- www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/welcome-to-breastfeed-here-posters/
- www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/expressing-and-storing-breastmilk-bfn/

When reading stories with young children, use books with positive role models about breastfeeding and healthy food.

Examples include:

Katie Morag and the Two Grandmothers – Mairi Hedderwick

Topsy and Tim – The New Baby – Jean and Gareth Adamson

Little Baa / Fflos a Me Bach – Kim Lewis

References

1. Victora CG, Bahl R, Barros AJD, Franca GVA, Horton S, Krasevec J, Murch S, Sankar MJ, Walker N, Rollins NC (2016). Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. *The Lancet Series: Breastfeeding 1*. Volume 387, No. 10017, p475–490, 30 January.
2. Abdulwadud OA & Snow ME (2012). Interventions in the workplace to support breastfeeding for women in employment. *Cochrane Database of Systematic Reviews*, Issue 10.
DOI:10.1002 / 14651858
3. Welsh Government (2019). All Wales Breastfeeding 5 Year Action Plan. Welsh Government.

Appendix 1 Personal breastfeeding plan

Our setting would like to support you to continue breastfeeding if you would like to. Completing this plan together will help us support you and your baby. If anything changes, please let us know.

Questions to think about	How can we support you to continue breastfeeding?
<p>How does your baby feed at home? How often and for long does your baby feed? <i>This might include exclusively breastfed, having expressed breastmilk from a cup or bottle, being offered infant formula milk in addition to breastmilk.</i></p>	
<p>How would you like your baby to be fed at the setting? <i>Bearing in mind only milk and water should be offered.</i></p>	
<p>If you would like to visit the setting to feed or express milk, how can we support you?</p>	
<p>Does your baby prefer a bottle or cup to feed from? <i>Daytime drinks should only be offered from 6 months onwards.</i></p>	
<p>If stocks of your expressed breastmilk run out before you are due to return, what would you like us to do?</p>	
<p>Are there particular signs your baby shows when they are hungry and when they are full?</p>	

Appendix 2 National Minimum Standards for regulated childcare for children up to the age of 12 years (Welsh Government, 2023)

Standard 12: Food and drink

Outcome: Children are provided with regular drinks and food in adequate quantities for their needs.

The registered person is responsible for ensuring that:

12.1 Information is obtained from parents and recorded about individual children's dietary requirements, including cultural and religious requirements and therapeutic diets for officially diagnosed food allergies and these are complied with.

12.2 If children receive meals and / or snacks, they are safely prepared, nutritionally balanced, of good quality and appropriate in quantity following recommendations in Welsh Government's Food and Nutrition guidance for childcare settings¹. The food and drink offered is varied and nutritious and meets the religious, cultural, and dietary requirements of each of the children.

12.3 Fresh drinking water is freely available to children at all times.

12.4 All food is stored safely. If parents provide food, they are informed of what can be stored safely.

12.5 Food Standards Agency and Environmental Health requirements are complied with.

12.6 In settings where there are set meal and refreshment times, they are arranged to provide sociable opportunities for children, using tables, seating and appropriate crockery and cutlery.

12.7 If care is provided for babies and children under the age of 2:

- feeding and nappy changing takes place in accordance with the child's individual needs and not as part of a nursery routine.
- facilities are available to support mothers who wish to continue to breastfeed, e.g., for safe storage of expressed milk or for visiting in order to breastfeed their baby during the time in which the child is cared for. In exceptional circumstances, where facilities are not permanently available, temporary arrangements are made as required.
- babies are held when being bottle fed, preferably by the same carer or key worker on each occasion.
- an area is provided with access to drinking water and facilities for the hygienic preparation of babies' feeds.
- suitable sterilisation equipment is used for babies' feeding equipment and dummies.
- records are kept of babies' food intake and are shared with their parent(s).

¹ The Food Standards Agency (FSA) have added popcorn to their list of choking hazards for babies and young children. The Welsh Government will update the Food and Nutrition Guidance for Childcare Settings to reflect this and publish guidance on www.gov.wales.

Appendix 3 Responsive Feeding

The term responsive feeding is used to describe a feeding relationship which is sensitive, reciprocal and about more than nutrition. Staff should ensure that mothers have the opportunity to discuss this aspect of feeding and reassure mothers that: breastfeeding can be used to feed, comfort and calm babies; breastfeeds can be long or short; breastfed babies cannot be overfed or 'spoiled' by too much feeding.

Responsive feeding is also acknowledged as the best approach for mothers / carers who are using infant formula.

Responsive bottle feeding explained

Although true responsive feeding is not possible when bottle feeding, as this risks overfeeding, the mother-baby relationship will be helped if mothers are supported to tune in to feeding cues and to hold their babies close during feeds. Offering the bottle in response to feeding cues, gently inviting the baby to take the teat, pacing the feeds and avoiding forcing the baby to finish the feed can all help to make the experience as acceptable and stress-free for the baby as possible, as well as reducing the risk of over feeding. Supporting parents to give most of the feeds themselves (particularly in the early days and weeks), will help them to build a close and loving relationship with their baby and help their baby to feel safe and secure.

Supporting mothers to understand responsive bottle feeding

Babies might feel anxious or confused if lots of different people are involved with feeding them. Supporting parents to use other methods to calm and soothe babies in the absence of breastfeeding such as cuddling, using skin-to-skin contact and generally responding in a timely and appropriate way to their baby's needs for love and attention will enhance parent-infant attachment.



Messages for families are:

- Skin to skin contact is important for babies.
- Holding babies close during feeds makes them feel secure and safe.
- Respond to the babies cues and pace feeds to meet baby's needs.
- Parents only to give most of the feeds.
- Your baby can not be spoilt as responding to their needs will improve brain development, support emotional resilience and future health.

Additional Information

www.unicef.uk/responsivefeeding

www.unicef.uk/happybaby

Appendix 4

Preparation of infant formula milk

Making up powdered infant formula milk safely	
General points	
What should I do?	Why is this important?
Make up feeds freshly, one at a time as the baby needs them. Don't make a batch and store them.	This will reduce the growth of bacteria (germs) in the milk and make it safer to give to the baby.
Sterilise all bottles and equipment to be used.	Babies' immune systems are not well developed. Sterilising kills any bacteria on the bottles and teats, reducing the risk of infection.
Use water from the cold tap to put in the kettle ready for making up a feed. Do not use bottled or artificially softened water.	Bottled water is not sterile (may contain bacteria) and may be too high in sodium (salt) and / or sulphate.
If parents provide a box / tin of powdered infant formula milk, remember to label this with the date opened. Discard any leftover powder in line with the manufacturer's instructions. Store infant formula milk powder in a cool, dry, indoor place.	This will make sure bacteria don't get the opportunity to grow.
Making up a feed using formula milk powder	
What should I do?	Why is this important?
Use a kettle to boil at least 1 litre of fresh water from the cold tap. Do not re-boil water that has been standing in the kettle. Let the water cool a bit before making up your feed but not for longer than 30 minutes (so the water remains at a temperature of at least 70°C).	It is important that the water you use to mix with powdered infant formula is above 70°C. This will kill most of the bacteria that may be in the milk.
Clean and disinfect all equipment and work surfaces and wash your hands using recommended handwashing techniques. Keep the teat and cap on the upturned lid of the steriliser (avoid putting them on the work surface). If you are using a cold-water steriliser, shake off excess solution and rinse bottles in cooled boiled water from the kettle. Don't use tap water to rinse any of the equipment after you have sterilised it.	This will help prevent the bacteria in tap water, on your hands or on work surfaces getting into the milk.
Following the manufacturer's instructions, pour the correct amount of cooled, boiled water into the bottle. Double-check the volume of water before adding the powder.	This is to make sure that the infant formula milk is not too strong or too weak.
Always check the instructions carefully for the powder you are using. Fill the scoop loosely with milk powder. Level off the scoop using the leveller provided, or the back of a clean, dry knife. Always use the scoop you get with the powder you are using. Add the powder to the water in the bottle.	Different types of formula come with different scoops. Make sure that you are using only the scoop that comes with the infant formula that you are using. Making up a feed with too much powder can make the baby ill – for example they can become dehydrated and constipated. Too little powder will not provide the baby with enough nourishment.

<p>Holding the edge of the teat, put it on the bottle and then secure the retaining ring and cap.</p>	<p>This will make sure the teat does not get dirty.</p>
<p>Cover the teat with the cap and shake the bottle until the powder is dissolved.</p>	<p>This will make sure that the milk is mixed properly.</p>
<p>Cool the milk by moving the bottle about under the cold tap to ensure even cooling. Alternatively, place it in a bowl that has cold water in it. Do not allow the tap water to touch the bottle cap.</p> <p>Test the temperature of the milk by shaking a small amount onto the inside of your wrist. It should be body temperature and feel warm or cool but not hot.</p>	<p>This will make sure the milk is the correct temperature for the baby.</p>
<p>Throw away any of the feed that has not been used.</p>	<p>This will make sure the baby is not given old milk by mistake. Bacteria can grow quickly in left over infant formula.</p>