Storing Breastmilk is Easy

At Room Temperature:

At 60 degrees for 24 hours
At 66-72 degrees for 10 hours
At 79 degrees to 4-6 hours

In the Refrigerator:

At 32-39 degrees for up to 8 days

In the Freezer:

In a freezer compartment contained within the refrigerator: up to 2 weeks.
In a self-contained freezer, above, below or next to the refrigerator: 3-4 months.
In a deep freezer: 6 months to 1 year.

- ***Once frozen milk is thawed it can be refrigerated, but not refrozen.***
- ***Never microwave breastmilk.***

WIC – the Nutrition Program for Women, Infants and Children provides healthy food and support to pregnant and breastfeeding women and children under age 5.

For more information or to learn how to apply for WIC, call:

Family Health Hotline

1.800.322.2588

711 (tty relay) • withinreachwa.org

WIC is an equal opportunity program.

Babies were born to be breastfed!

(Temp. of water for formula)

Elaine Ruhlman

From: Amy Lindholm
Sent: Friday, June 20, 2008 10:17 AM
To: Elaine Ruhlman
Subject: FW: Mead Johnson Nutritionals / 665920

Hi Elaine,
Looks like boiled water should be cooled to about 100 degrees for formula mixing also. Response from Mead Johnson below. Amy

-----Original Message-----
From: mjmedicalaffairs@bms.com [mailto:mjmedicalaffairs@bms.com]
Sent: Thursday, June 19, 2008 1:25 PM
To: Amy Lindholm
Subject: Mead Johnson Nutritionals / 665920

Dear Amy:

Thank you for contacting Mead Johnson Nutritionals about the water used to mix with powdered or concentrated liquid infant formula. I am pleased to have the opportunity to respond.

We advise parents to talk to the baby's doctor about the need to use cooled, boiled water for mixing with infant formulas and the need to boil clean utensils, bottles, and nipples in water before use. If the physician says the water should be boiled or sterilized, bring the water to a rolling boil in a clean pan on the stove. Immediately let the water cool to less than 75° F before mixing. Never use a microwave oven to heat water for infant formula because of the risk of burns.

Unused boiled water may be refrigerated for up to 48 hours. Do not store water in an insulated bottle, because of sanitation concerns.

Water used to mix concentrated liquid or powder formula should be room temperature or cooler to decrease conditions favorable to bacterial growth. Our powdered formulas will mix well with cool water, 35-75°F. If desired, you may use warm water --about 100° F or body temperature -- but only if you feed or refrigerate the bottle right away. After feeding begins, discard any formula remaining after one hour. Another reason to avoid using hot tap water is that the hot water usually contains higher levels of lead, especially in older homes with metal water pipes.

Do not mix our formulas with boiling water because of clumping or separation. In addition, some nutrients are heat sensitive and can be destroyed if mixed with hot water. Do not boil our formulas after preparation, as this may cause a decrease in the level of some nutrients.

I hope this information is helpful to you. If you have additional questions, feel free to let us know.

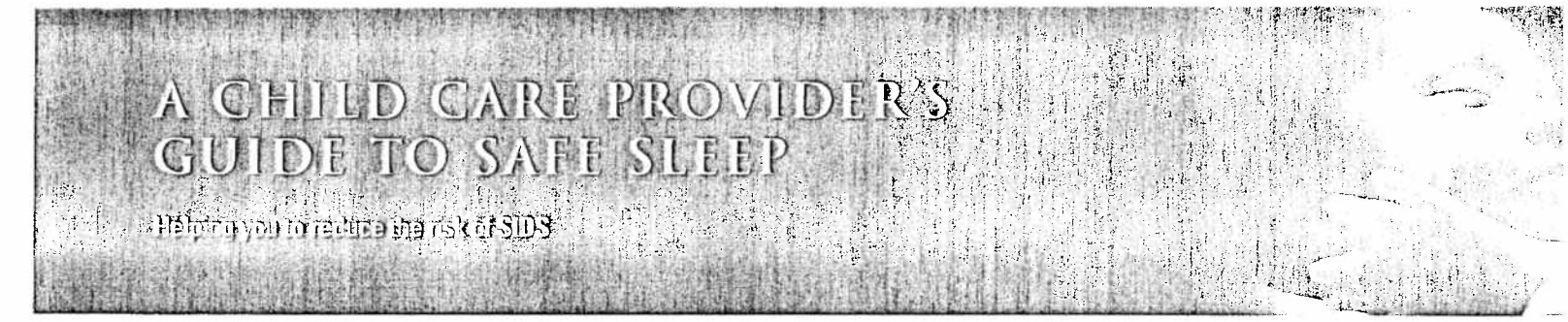
Sincerely,

Mary

Mary Engelland, MEd, RD, CD
Mead Johnson Nutritionals
Phone: 812-429-6399

A CHILD CARE PROVIDER'S GUIDE TO SAFE SLEEP

Helping you to reduce the risk of SIDS



DID YOU KNOW?

- About 20% of sudden infant death syndrome (SIDS) deaths occur while an infant is being cared for by someone other than a parent. Many of these deaths occur when infants who are used to sleeping on their backs at home are then put to sleep on their tummies by another caregiver. We sometimes call this "unaccustomed tummy sleeping."
- Unaccustomed tummy sleeping increases the risk of SIDS. Babies who are used to sleeping on their backs and are put to sleep on their tummies are 6-9 times more likely to die from SIDS.

WHO IS AT RISK FOR SIDS?

- SIDS is the cause of death for nearly 2,500 babies in the United States (in 2000).
- It is the leading cause of death between 1 month and 12 months of age.
- It is most common among infants that are 2-4 months old.
- It is more common during the winter months.
- It is more common in male babies.

But, because we don't know what causes SIDS, safe sleep practices should be used to reduce the risk of SIDS in every infant under the age of 1 year.

KNOW THE TRUTH... SIDS IS NOT CAUSED BY:

- Immunizations
- Vomiting or choking

WHAT CAN CHILD CARE PROVIDERS DO?

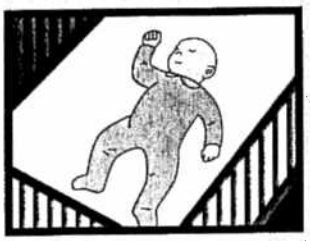
- Create and use a safe sleep policy – *Reducing the Risk of Sudden Infant Death Syndrome, Applicable Standards from Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out of Home Child Care Programs* outlines what should be included in the safe sleep policy. Visit **http://nrc.uchsc.edu/SPINOFF/SIDS/SIDS.htm** to download a free copy.
- Practice SIDS reduction in your program by using the *Caring for Our Children* standards.
- Talk with a child care health consultant about health and safety in child care.
- Talk with families about sleep positioning.
- Don't smoke around babies, especially in the room where they sleep.
- Be able to respond to an infant medical emergency.
- Be aware of bereavement/grief resources.

A SAFE SLEEP POLICY SHOULD INCLUDE THE FOLLOWING:

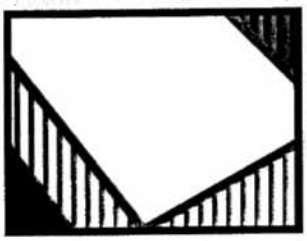
- Healthy babies should always sleep on their backs. Side sleeping is not as safe as back sleeping and is not advised.
- Get a physician's note for non-back sleepers that explains why the baby should not use a back-sleeping position.
- Use safety-approved cribs and firm mattresses (cradles and bassinets may provide safe sleeping enclosures, but safety standards have not been established for these items).
- Keep cribs free of toys, stuffed animals, and extra bedding.
- Place the child's feet to the foot of the crib and tuck in a light blanket along the sides and foot of the mattress. The blanket should not come up higher than the infant's chest. Another option is to use sleep clothing and nothing else in the infant's crib.
- Sleep only 1 baby per crib.
- Keep the room at a temperature that is comfortable for a lightly clothed adult.
- Visually check on sleeping babies often.
- No smoking around babies. Make sure babies are being watched when you go outside to smoke. Child care providers who smoke should do so outside, with an overcoat on. The overcoat will be removed when they return to work. Never allow smoking in a room where babies sleep, as exposure to smoke is linked to an increased risk of SIDS.
- Have supervised "tummy time" for awake babies. This will help babies strengthen their muscles and develop normally.
- Teach staff about safe sleep policies and practices and be sure to review these practices often.

When a new baby is coming into the program, be sure to talk to the parents about your safe sleep policy and how their baby sleeps. If the baby is to sleep in a way other than on her back, the child's parents or guardians need a note from the child's physician that explains how she should sleep and the medical reason for this position. You should only accept a medical reason for a sleep position other than on the back. This note should be kept on file and all staff, including substitutes and volunteers, should be informed of this special situation. It is also a good idea to put a sign on the baby's crib.

If you are not sure of how to create a safe sleep policy, try working with a child care health consultant to create a policy that fits your child care center or home.



Face up to wake up – healthy babies sleep safest on their backs.



Do not place pillows, quilts, pillow-like bumpers, toys, or anything in the crib.

If a light blanket is needed, tuck all sides along bottom half of crib, below baby's arms.

Supervised tummy time during play is important to baby's healthy development.

HOW CAN I REDUCE THE RISK OF INFANTS IN MY CARE?

Follow these guidelines to help protect the infants in your care:

TUMMY TO PLAY AND BACK TO SLEEP

- Tummy time is playtime when infants are awake and placed on their tummies while someone is watching them. Have as much tummy time as possible to allow infants to develop normally. Limit time spent in freestanding swings, bouncy chairs, and car seats. These items all put added pressure on the back of the baby's head.
- Place healthy babies to sleep on their backs to reduce the risk of SIDS. Side sleeping is not as safe as back sleeping and is not advised. Babies sleep comfortably on their backs, and no special equipment or extra money is needed.

SAFE SLEEP PRACTICES

- Always put babies to sleep on their backs during naps and at nighttime.
- Avoid letting the baby get too hot. The infant could be too hot if you notice sweating, damp hair, flushed cheeks, heat rash, and/or rapid breathing. Dress the baby lightly for sleep. Set the room temperature in a range that is comfortable for a lightly clothed adult.
- Don't cover the heads of babies with a blanket or over bundle them in clothing and blankets.

Supported in part by Grant No. U93 MC 00184 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

SAFE SLEEP ENVIRONMENT

- Place each baby in a safety-approved crib with a firm mattress and a well-fitting sheet.
- Put babies to sleep only in a safety-approved crib. Don't put babies to sleep on chairs, sofas, waterbeds, or cushions. Standard adult beds are NOT safe places for babies to sleep in child care settings.
- Toys and other soft bedding, including fluffy blankets, comforters, pillows, stuffed animals, and wedges should not be placed in the crib with the baby. These items can impair the infant's ability to breathe if they cover his face. If bumper pads are used in cribs, they should be thin, firm, well-secured, and not "pillow-like".
- The crib should be placed in an area that is always smoke-free.
- Support parents who want to breastfeed or feed their children breast milk.

AM I A CHILD CARE PROVIDER?

Some child care providers work in child centers or family child care homes, but other kinds of child care providers could be grandparents, babysitters, family friends, or anyone who cares for a baby. These guidelines apply to any kind of child care provider. If you ever care for a child who is less than 12 months of age, you should be aware of and follow these safe sleep practices.

If you have questions about safe sleep practices and back to sleep please contact the Healthy Child Care America program at the American Academy of Pediatrics at **hcca@aap.org** or 847/434-4915. Remember, if you have a question about the health and safety of an infant in your care, talk to the parents, and with their permission, talk to the baby's doctor.

RESOURCES:

American Academy of Pediatrics
www.aappolicy.org
Changing Concepts of Sudden Infant Death Syndrome: Implications for Infant Sleeping Environment and Sleep Position - **http://aappolicy.aappublications.org/cgi/content/full/pediatrics;105/3/650**

Healthy Child Care America
www.healthychildcare.org

Caring for Our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, Second Edition Visit the National Resource Center for Health and Safety in Child Care Web site at **http://nrc.uchsc.edu/** to download a free copy. Hard copies are available from the American Academy of Pediatrics Bookstore at **www.aap.org.**

National Institute for Child and Human Development Back to Sleep Campaign
Order free educational materials from the Back to Sleep Campaign at
http://www.nichd.nih.gov/sids/sids.cfm

First Candle/SIDS Alliance
http://www.sidsalliance.org/

Association of SIDS and Infant Mortality Programs
http://www.asip1.org/

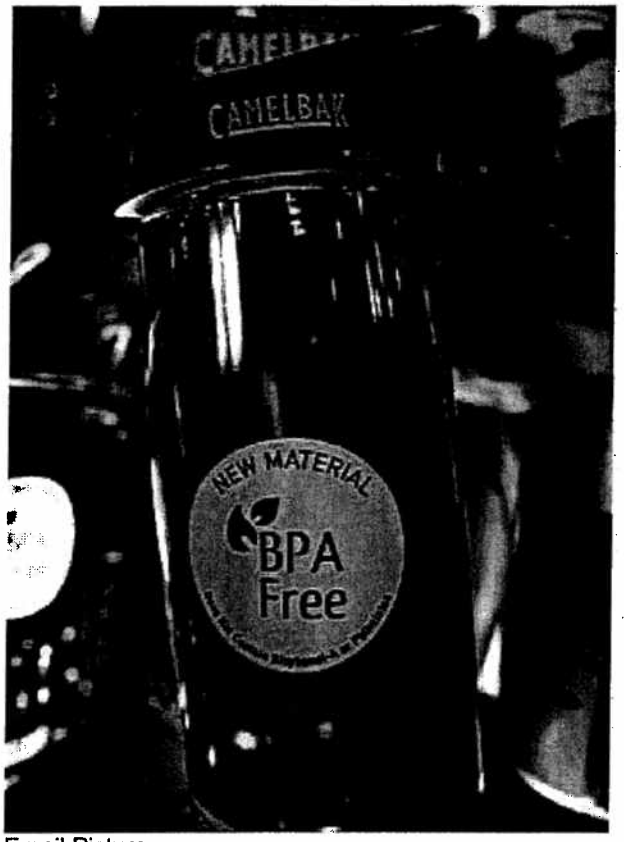
CJ Foundation for SIDS
http://www.cjsids.com/

American Indian and Alaska Native SIDS Risk Reduction Resource
http://www.cjsids.com/resource_kit/CJ_resource.htm

National SIDS and Infant Death Program Support Center
http://sids-id-psc.org/

National SIDS and Infant Death Resource Center
http://www.sidscenter.org/

Subject: plastic bottles



Email Picture

David McNew / Getty Images

Bottle makers including Nalgene and Camelback have begun producing BPA-free alternative containers.

A CLOSER LOOK

Are BPA plastic's claims shatterproof?

David McNew / Getty Images

Bottle makers including Nalgene and Camelback have begun producing BPA-free alternative containers.

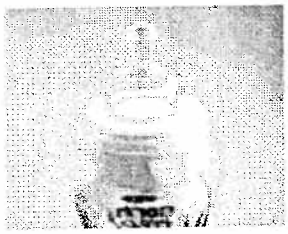
Two views have emerged from the same research on whether the chemical in hard, clear polycarbonate plastics is bad for humans. Regardless of who's right, there are alternatives.

By Karen Ravn, Special to The Times

May 19, 2008

The synthetic chemical bisphenol A has long been found in many household products, but it's just starting to become a household name.

Not to mention a hot topic in the scientific community.



Alternative

"Papers about it are being published at the rate of about one a day," says John Bucher, associate director for the National Toxicology Program, an agency of the National Institutes of Health.

Produced in vast quantities every year -- more than 2 billion pounds in the United States, more than 6 billion pounds worldwide -- bisphenol A, or BPA, is the basic ingredient in hard, clear polycarbonate plastics (No. 7 in the recycling code) and epoxy resins, which are used to make such things as water bottles and baby bottles and the corrosion-preventing lining of cans.

BPA-based products don't weigh much, don't cost much and don't break if you drop them on the floor. That's the good news.

The possibly bad news is that BPA doesn't always stay put. The chemical acts a lot like estrogen if it's introduced into the body -- and evidence now shows that this happens to just about everybody every day.

Especially at high temperatures in, say, microwave ovens or dishwashers, BPA can leach out of those cans and bottles -- and wind up inside the people who consume the contents. More than 90% of people 6 and older have detectable levels of BPA in their bodies, according to a 2003-04 survey conducted by the Centers for Disease Control and Prevention.

A draft report issued last month by the National Toxicology Program raised new red flags -- and consumer alarm -- about the potential harm BPA may do.

The report, based on a review of nearly 1,000 papers, expressed "some concern" that in fetuses, infants and children, typical human exposure may cause changes in behavior, in the brain, in the prostate and mammary glands, and in the age at which females reach puberty. Of the five possible levels of concern the report might have chosen -- from "serious" to "negligible" -- "some" is the third, or middle, level.

The concern was based on evidence from a number of studies with laboratory animals at BPA exposures similar to human exposures. About the same time that the toxicology program released its draft report, Health Canada, Canada's national public health department, released a report of its own calling BPA "a potentially harmful chemical" -- becoming the first regulatory body worldwide to do so. (The toxicology program in the United States is not a regulatory body.) The agency is on course to ban BPA in baby bottles if, after a 60-day period for comment, no one

presents a good reason not to.

Clashing viewpoints

Frederick vom Saal, a biology professor at the University of Missouri-Columbia and one of the leading BPA researchers in the country, would go even further. He believes BPA should be banned from all products that might end up passing it along to people. "If it's hard and clear and doesn't say 'No BPA,' don't use it."

In studies of laboratory animals, Vom Saal says, BPA changes play behavior, weakens gender differences, decreases sperm count, stimulates prostate cancer and causes ADHD symptoms.

"All of this is occurring at exposures in animals that lead to blood levels that I guarantee are below what are in your body," he says. "No level has ever been found in animal experiments that doesn't cause harm."

And though most BPA research so far has been done with animals, a recent laboratory study found that it can encourage the growth of human breast cancer cells.

Babies and young children are most at risk from BPA, Vom Saal says, because once it enters their system, their bodies aren't good at getting it out. Maybe adults can metabolize and excrete BPA very quickly, but there's no question, he says, that babies can't do the same. "BPA has a very slow clearance in babies."

He adds: "There are alternatives to everything made from BPA."

These include glass baby bottles instead of polycarbonate ones -- the Glass Packaging Institute recently reported a surge in demand for these -- and natural resin for lining cans instead of epoxy. Japanese manufacturers started using natural resin in 1997, and two years later a study found that BPA levels had gone down significantly.

When Steven Hentges looks at the same BPA research as Vom Saal, he sees a very different picture. As executive director of the polycarbonate-BPA global group of the American Chemistry Council, which represents 100-plus companies, Hentges says, "There's no reason for the public to be alarmed . . . . People should make their food choices based on nutrition, not on packaging."

Major reviews of the scientific literature "consistently support the conclusion that there's no risk from BPA," he says, adding that the Food and Drug Administration considers BPA safe.

How to avoid BPA

So what to do?

Mel Suffet, a public health professor and environmental chemist at UCLA, doesn't know for sure how harmful BPA is or isn't. But he has no trouble figuring out what to do about it. "Why use something with a potential danger?" he asks. "It's kind of silly. Better safe than sorry."

Here are several ways to reduce exposure to BPA, as suggested by the National Toxicology Program:

* Avoid putting polycarbonate plastic food containers in the microwave or dishwasher. (By that token, you might also want to avoid putting hot food or liquid into polycarbonate plastic containers.) Heat makes BPA leach out much faster than it does otherwise.

Note: Most (but not all) plastics with a No. 7 recycling code are polycarbonates and therefore contain BPA.

* Eat fewer canned foods.

* Use glass, porcelain or stainless steel containers when possible, especially for hot food or drinks.

* Don't use polycarbonate baby bottles.