Policy

When the Department of Children and Families determines that it is necessary to remove an infant from his or her home, social work staff shall determine the type of feeding being used by the infant’s parents.

If the infant is being fed breast milk, DCF shall consider this factor when placing the infant so that breast milk feeding may be continued if practicable. The infant’s safety shall always be the primary goal of the placement decision.

Continuation of Breast Milk Feeding

Breast milk feeding, including breastfeeding by the mother or through stored breast milk, shall continue while the infant is in placement whenever practicable.

The Social Worker shall discuss the infant’s feeding with the parents as soon as the potential for out-of-home placement is being considered.

If the parents want the infant to continue breastfeeding or wish to pump and save breast milk to be fed to the infant, a meeting shall be held to determine an accommodation plan. This meeting should occur during the Considered Removal Child and Family Team Meeting (CR-CFTM), but if that is not possible, there shall be a stand-alone case conference.

Prior to the meeting, the Social Worker shall explore natural family and community supports to see what is available to assist with having the infant continue to receive breast milk. The Social Worker shall also consult with DCF Regional Resource Group staff and outside medical providers (including the infant’s pediatrician and mother’s substance abuse treatment providers if applicable) prior to the meeting and document the details of those consultations in the computer system.

The meeting shall include:

- the parents;
- their representatives or support persons;
- outside medical providers;
- the Social Worker;
- the Social Work Supervisor or Program Supervisor;
- the RRG Nurse; and,
- if the mother is using substances, the RRG Substance Use Specialist.

Discontinuation of Breast Milk Feeding

Breast milk feeding may be discontinued under the following circumstances:

- active substance use by the mother of the infant;
- a refusal by the mother to continue to breastfeed;
- there are medical contraindications to breastfeeding because of the mother’s or infant’s health;
- the unwillingness of the parents to make reasonable efforts to safely collect and store breast milk; or
- the documented inability of DCF to accommodate the continued breast milk feeding.

If it is determined that breast milk feeding must be discontinued, the facts supporting the decision shall be documented in the computer system.

Note: Discontinuation of breast milk feeding when the mother is actively using substances or is undergoing methadone or similar opioid substitution therapy may result in withdrawal symptoms and other health problems for the infant. This possibility must be discussed with RRG staff and the infant’s medical providers and taken into consideration prior to discontinuing breast milk feeding.

Emergency Circumstances

If breast milk feeding cannot safely be continued at the time of removal, DCF shall, in consultation with medical providers, determine an alternative nutrition source and make that available to the foster parents.

In that case, the CR-CFTM or case conference shall occur as soon as reasonably possible so that breast milk feeding may resume if possible.

Role of the FASU Staff

Foster and Adoption Support Services (FASU) staff shall place the infant in a home that is willing to accommodate continued breast milk feeding whenever possible.

At the time of the request for placement, if the infant is being fed breast milk, the Social Worker shall inform the FASU staff immediately so that an informed decision can be made regarding placement.

The FASU Support Worker shall work closely with the foster parent to assist in ensuring that breast milk feeding be continued, whenever possible.