How to Continue Breastfeeding When You Go Back to Work:
A Guide for Working Mothers

Congratulations! You have decided to breastfeed your baby, and you want to continue to breastfeed when you return to work. More than half of employers today now offer workplace lactation programs to help working mothers. They know that the longer breastfeeding continues, the more mothers and babies benefit—and that's good for working families and for businesses.

**REMEMBER**

The more your baby nurses and the more you pump, the more breast milk your body makes!

WITH THE HELP OF THIS WORKPLACE LACTATION PROGRAM, YOU CAN CONTINUE NURSING YOUR BABY AS LONG AS YOU WISH. HERE’S HOW:

Ask your supervisor about the Workplace Lactation Programs initiative that provides new mothers with workplace support and resources.

Talk to your supervisor before you go on maternity leave, so you can plan your schedule when you return to work—two to three breaks to pump your milk during each 8-hour work period. Each break will require 15 to 20 minutes to pump, and then clean and store your supplies.

Make arrangements to rent or buy a portable electric breast pump (if your employer does not provide an on-site pump), pump supplies, and breast-milk storage containers.

Before returning to work, practice using your pump, so that you are comfortable and able to collect several ounces of milk with each use. Save the milk from these practice sessions in your freezer as your back-up supply.

After returning to work, pump and save your milk each day during the time you are not with your baby. Feed this fresh milk to your baby the following day. Breastfeed when you are with your baby.
Starting to Breastfeed: Tips for New Mothers

TAKE CARE OF YOURSELF
- As soon as you are home from the hospital, lie down and rest with your baby nearby. Give yourself time to recover, and don’t try to do too much too soon. Take a nap every day, and sleep when your baby sleeps. Enjoy your visitors, but don’t encourage them to come often or stay too long. You need to get all the rest you can in the first few weeks.
- Drink plenty of fluids. Drink something and have a snack while your baby breastfeeds. You don’t need to drink milk to produce milk.
- Eat healthy, well-balanced regular meals, just as you did during pregnancy.
- Avoid alcohol and limit caffeine. Remember that what you eat may affect both you and your baby.
- Don’t smoke! Don’t let anyone else smoke around your baby, either.
- Check with your health care professional before taking any medicine or herbal supplement, even nonprescription remedies for headaches or colds.

BUILD YOUR MILK SUPPLY
- Nurse early and often. Put your baby to the breast for the first time as soon after giving birth as possible. Then nurse as often as you can to bring in your milk and to build your milk supply. You will know your milk has come in when your breasts feel firm and full, between days 2 and 4, and you see white drops come out of your nipple or your baby’s mouth.
- Expect your baby to want to nurse at least eight times or more every 24 hours. Some feedings will come a couple of hours apart, but often newborns will want to nurse more frequently. A feeding may last 10 to 60 minutes in these first 2 weeks. Gradually, long feedings become shorter and farther apart, as you and your baby practice and grow in experience.
- Nurse at night and during the day to build your milk supply.

AVOID SORE NIPPLES
Your nipples are sometimes tender in the first week. You can minimize the soreness by following these tips.
- Help your baby “latch on” by waiting for your baby’s mouth to open wide before putting your baby to the breast. You want to have as much of the nipple and the surrounding areola in your baby’s mouth as possible to avoid pinching or pulling on the nipple. Good positioning makes breastfeeding more comfortable for you and gets more food for your baby.
- Allow your nipples to air dry after nursing. Put a few drops of breast milk on your nipples to soothe the skin.
- Use pure lanolin cream, multiple-holed breast shells, or specially designed gel pads to help ease discomfort and keep nipples from rubbing against your bra.
- Nurse on the less sore side or the side that produces less milk first.
- Apply an ice pack before breastfeeding to slightly numb the nipple, causing it to protrude and making it easier for the baby to latch on.

ASK FOR HELP
Don’t wait to ask your health care professional for help if your milk does not come in before day 4, your nipples become sore, or your breasts become too full or “engorged”—or if you experience flu-like symptoms or swollen, tender, or reddened breasts. To find help in breastfeeding, visit these Web sites:
- www.womenshealth.gov/breastfeeding
- www.llli.org/nb.html
- www.fns.usda.gov/wic/howtoapply/default.htm
Resources

**HEALTH CARE AND LACTATION PROFESSIONALS**

- Your primary care **doctor or pediatrician** is a critical resource for you.

- **International Board Certified Lactation Consultants (IBCLCs)** are professional health workers trained to help new families successfully breastfeed. You can contact IBCLCs through local hospitals, physicians’ offices, and the International Lactation Consultant Association at [www.ilca.org/falc.html](http://www.ilca.org/falc.html).

- **La Leche League** leaders, accredited by La Leche League International, are volunteers who provide one-on-one help to breastfeeding mothers on the phone or at monthly group meetings. You can find a local La Leche League leader, links to mother-to-mother forums, online help, and more information at [www.llli.org/nb.html](http://www.llli.org/nb.html).

**GOVERNMENT SUPPORT**

- **MyPyramid** offers nutrition advice to help you and your baby stay healthy when you are breastfeeding. Visit [www.mypyramid.gov/mypyramidmoms](http://www.mypyramid.gov/mypyramidmoms).

- **National Women’s Health Information Center (NWHIC)** offers a breastfeeding help line and Web site. If you have questions or would like more information on breastfeeding, call NWHIC’s Breastfeeding Help Line at 1-800-994-9662; TDD 1-888-220-5446 (9 AM–6 PM, Monday through Friday, EST). If you call when the help line is not staffed, leave a message, and you will receive a call back on the next working day. The help line also offers a breastfeeding packet with pamphlets on basic breastfeeding topics, as well as special breastfeeding situations. The Breastfeeding Help Line is a project of the US Dept of Health and Human Services and is staffed with trained breastfeeding information specialists. You also can find more information on the NWHIC Web site, [www.womenshealth.gov/breastfeeding](http://www.womenshealth.gov/breastfeeding).

- Also see the **US Food and Drug Administration’s** guide to choosing a breast pump at [www.fda.gov/cdrh/breastpumps/choosing.html](http://www.fda.gov/cdrh/breastpumps/choosing.html).

- **WIC** (the federal government’s Special Supplemental Nutrition Program for Women, Infants, and Children) helps safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk. The WIC program provides nutritious foods, information on healthy eating and breastfeeding, and referrals to health care. In addition:
  - WIC offers breastfeeding counseling, including peer counselors.
  - Breastfeeding mothers can participate in WIC longer than nonbreastfeeding mothers.
  - Mothers who exclusively breastfeed receive an enhanced food package.
  - Breastfeeding mothers can receive breast pumps and other supplies to help start and continue breastfeeding.

To find out if you are eligible for WIC, contact your state or local WIC agency. Contact information is available online at [www.fns.usda.gov/wic/howtoapply/default.htm](http://www.fns.usda.gov/wic/howtoapply/default.htm).
The Keys to Successful Pumping

- **CHOOSE THE RIGHT PUMP.** For most mothers who work more than 4 hours a day, an electric, double-sided pump (automatic or semiautomatic) is the best choice. Double-sided means you can pump both of your breasts at the same time, which lets you pump your milk in about 10 to 15 minutes. "Hospital grade" or "industrial quality" pumps often are recommended because these types of pumps are more durable and efficient. A hand pump generally is not recommended for use at work, because it can take much longer to fully empty both breasts with a hand pump. Moms who must travel or move from place to place throughout the day may need an electric pump that also runs on rechargeable battery packs.

- **PRACTICE PUMPING.** To “let down” your milk when you pump, as you do when you nurse your baby, you need to relax. Start by practicing with your pump at home, before you return to work. Keep practicing until pumping becomes comfortable and easy. Store the milk from your practice sessions in your freezer, as a back-up supply for after you return to work. Follow the manufacturer’s directions in caring for your breast pump and supplies. Rinse all of the pump parts that touch you or your milk in hot water or according to the manufacturer’s directions.

- **PUMP REGULARLY DURING YOUR WORK HOURS AND ALSO CONSIDER PUMPING AT HOME.** Pumping earlier in the day tends to produce more milk than later in the day. If you have a portable pump or one pump at home and another at work, consider pumping once in the early morning before your baby wakes up. Then nurse your baby. Don’t worry—you still will have enough milk left for your baby! Or, nurse your baby on one side and then pump the other side. If you work a morning shift and you’ve already pumped at home, you may only need to pump once more in the morning at work and once in the afternoon. If you work a shift for 8 or more hours and can’t pump at home, talk to your manager about how to schedule three (or more for longer shifts) pumping breaks at regular times throughout your shift.

- **PUMP IN A PRIVATE, SANITARY PLACE WHERE YOU CAN RELAX.** Wash your hands before pumping. Stay hydrated, drink water before, during, and after pumping. Bring along a picture of your baby to help you relax and let down your milk. You also may wish to listen to soothing music while you pump, or bring along something to read or work on.

To maintain your milk supply and avoid weaning earlier than you might wish, breastfeed frequently when you are with your baby, especially at night. Keep your baby close by at night, so that you can nurse easily without losing sleep. As your baby grows and begins eating solid food in addition to breast milk, you’ll gradually pump less when you are away from your baby and nurse less at night.
The Keys to Saving and Storing Milk

Breast milk is easy to store. You can save it fresh for several days in a refrigerator or frozen for several months before thawing and using it. This information will help you learn more about how to keep and use the milk you pump.

FRESH MILK

Breast milk has a slightly sweet, sometimes soapy scent and appears thinner than cow’s milk. Breast milk is usually an off-white or pale yellow color, but can vary in color depending on the time of day or what you’ve eaten. All shades are normal and generally do not change the taste or quality of the milk. Like whole cow’s milk, breast milk can separate, with the fat rising to the top. This does not mean the milk has gone bad. A gentle shake of the container will mix the layers evenly. You can keep freshly expressed breast milk safely at room temperature for up to 6 hours at up to 77°F (25°C).* To preserve all the protective benefits of fresh milk, it’s best to keep it in a refrigerator or cooler (a small, insulated soft- or hard-sided cooler with ice packs works well) as soon as it is pumped.

FROZEN MILK

If you do not plan to use pumped breast milk within 5 days, freeze it. You can keep thawed milk in the refrigerator for up to 24 hours. Never refreeze milk that was previously stored in a freezer unit or deep freezer. Freezing it in small quantities (2 to 4 ounces) makes it easier to thaw and use. You can keep milk for 3 to 4 months in a refrigerator freezer with a separate door (at 0°F [-18°C]) or up to 6 months in a deep freezer (with a constant temperature of -4°F [-20°C]). Keep breast milk in the back of the freezer, not in the front or on the door where the temperature varies.*

THAWED MILK

Thaw frozen breast milk by running warm water over the container. Do not thaw breast milk at room temperature. Do not bring it to a boil and never use a microwave to heat breast milk. You can refrigerate thawed breast milk for up to 24 hours. Do not refreeze thawed breast milk.

CONTAINERS

You can store breast milk in:
- Glass or plastic containers—use containers that are freezer-safe if you plan to freeze your breast milk
- Plastic freezer bags designed to store breast milk—make sure they are clean and used only once
- Disposable bottle liners are not recommended for storing milk, because the seams may burst during freezing and the bag can leak during thawing. Don’t fill your container or plastic bag completely if freezing, because liquids expand during freezing. You need to leave room at the top of the container to prevent bursting. Label each container with your baby’s name and the date the breast milk was pumped.

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>TEMPERATURE</th>
<th>DURATION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countertop, table</td>
<td>Room temperature (up to 77°F [25°C])</td>
<td>6–8 hours</td>
<td>Cover containers and keep as cool as possible, covering the container with a cool towel may keep milk cooler</td>
</tr>
<tr>
<td>Insulated cooler bag</td>
<td>5°F–39°F (-15°C–4°C)</td>
<td>24 hours</td>
<td>Keep ice packs in contact with milk containers at all times, limit opening of cooler bag.</td>
</tr>
<tr>
<td>Refrigerator</td>
<td>39°F (4°C)</td>
<td>5 days</td>
<td>Store milk in the back of the main part of the refrigerator.</td>
</tr>
<tr>
<td>Freezer</td>
<td></td>
<td></td>
<td>Store milk toward the back of the freezer, where temperature is most constant. Milk stored for longer durations than in the ranges listed is safe, but some of the lipids in the milk undergo degradation, resulting in lower quality.</td>
</tr>
<tr>
<td>Freezer compartment of a refrigerator</td>
<td>5°F (-15°C)</td>
<td>2 weeks</td>
<td></td>
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<tr>
<td>Freezer compartment of refrigerator with separate doors</td>
<td>0°F (-18°C)</td>
<td>3–6 months</td>
<td></td>
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<tr>
<td>Chest or upright deep freezer</td>
<td>-4°F (-20°C)</td>
<td>6–12 months</td>
<td></td>
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The Keys to Maintaining Your Milk Supply

Breastfeeding works on “supply and demand.” When milk is expressed from your breast, your breast will produce more milk. The more your baby nurses, and the more you pump your milk, the more milk you will make. If you feel that you don’t have enough milk to nurse and pump, do both more frequently to increase your supply. If one side produces less, pump and nurse more frequently on that side to increase milk production.

HERE ARE OTHER WAYS TO ENSURE THAT YOU MAKE ALL THE MILK YOUR BABY NEEDS:

Pump regularly when you’re separated from your baby, at least three times every 8 hours.

Nurse frequently when you’re with your baby, especially at night when milk-making hormones are at higher levels.

Use an electric, double-sided pump (automatic or semiautomatic).

Drink plenty of fluids and eat a healthy diet. During breastfeeding, you need about 500 calories a day more than you did before you became pregnant.

Relax and rest as much as possible. When you’re with your baby, you can rest by lying down while nursing. Remember, working outside the home, caring for your baby, and continuing to breastfeed take energy.

Wait until your baby is 5 to 6 months old before introducing solid food, unless advised to begin earlier by your pediatrician. After your baby begins to eat solid food, you can begin to pump less frequently at work, while continuing to breastfeed at home.

Avoid supplementing with infant formula, unless advised to do so by your pediatrician.

Remember that it is difficult to measure the amount of milk infants receive while breastfeeding. Don’t fall into the trap of assuming your infant needs a certain number of ounces or comparing intake to formula-fed infants. The best way to ensure your baby is getting enough is to watch your baby’s feeding and diaper patterns. After the first few weeks, your baby may have six or more wet diapers and three or more stools per day. If you are feeding 8 to 12 times a day or more and observe these diaper patterns, your baby is getting enough, regardless of how many ounces that equates to. Also, resist feeding your baby on a set schedule. Nurse on demand.

Make sure you keep your regularly scheduled visits with your baby’s doctor or pediatrician, so you can check your baby’s weight. If you feel you are not making enough milk no matter what you do, talk to your baby’s doctor, and ask for a referral to a board-certified lactation consultant in your community for help. You also can find a lactation consultant at www.ilca.org/falc.html.