

# breastfeeding when you're going back to work or school

Florida Department of Health, WIC Program



pediatricians  
recommend that  
babies be given only  
breast milk for the  
first 6 months of life

Solid foods should be offered at about 6 months and breastfeeding should continue until the baby is 1 year of age or older.

Thousands of new mothers continue to breastfeed their babies while they are working or going to school. Breastfeeding keeps you close to your baby, even when you have to be apart.





while you are pregnant. . .

**Take time to learn about your employer's or school's policies about breastfeeding.** Talk to your supervisor about your plans for breastfeeding. Let them know that breastfeeding mothers usually need less time off for sick babies.

At first, you may plan to go back to work or school on a part-time basis or maybe take off one day in the middle of the week. This can help you and your baby adjust.

Also, take time to find a child care provider who will support your plans for breastfeeding.

## after your baby is born

**Take time to establish a good milk supply.** Give yourself time to get to know your baby, yourself, and how breastfeeding works. The more comfortable you feel with breastfeeding, the easier it will be once you return to work or school. It usually takes about 4 to 6 weeks to establish a good milk supply and to feel confident about breastfeeding.

**Keep track of the times your baby usually wants to breastfeed.** When you go back to work or school, you can try to express (collect) your breast milk or breastfeed your baby around those same times. This will keep you more comfortable by keeping your breasts from feeling too full or leaking.

**Visit the child care provider and leave the baby there for some short periods of time.** Then you can gradually increase the amount of time you leave your baby with the child care provider. This lets you, the child care provider, and the baby get to know each other. Tell your child care provider your baby's usual feeding times so the baby can be fed at those times. Often, the feedings go more smoothly if the child care provider knows the baby's feeding times and offers the baby a bottle before he or she is very hungry.

**Get up a little earlier so you can breastfeed your baby.** Then the baby will be happy while you get yourself ready for the day. Nurse again just before you leave home or when dropping the baby off at the child care provider.

**If you will not be able to breastfeed your baby during the day, you should plan to express your milk.** Express your breast milk at least 3 times a day—mid-morning, lunchtime, and mid-afternoon. Have pictures of your baby, a baby blanket, or toy to remind you about your baby. This can help you relax and make it easier for you to express milk. When your baby is over 6 months old and is eating solid food, you may not need to express milk as often during the work day.

**Wear two-piece outfits to make expressing or nursing easier.** If you leak milk, try to express more often and use nursing pads inside your bra. If leaking is a problem, you can wear clothing with a pattern, a sweater, or a jacket to hide any leak marks.

**Plan on nursing when you pick up your baby from the child care provider or as soon as you get home.** Relaxing together for the first 30 minutes can refresh you and give you some quiet time with your baby. Your baby may awaken more frequently at night to nurse. This is a way your baby can keep up your milk supply and also “touch base” with you when you have been away during the day.

**Breastfeed your baby after work or school and on days off.** This will help keep up your milk supply. Do not be surprised if your baby wants to nurse often when you are together. Do not use bottles or pacifiers when you are with your baby. The more you nurse, the more milk you will make.

days when  
you will be  
working or  
going to  
school



# collecting your milk

**This information applies to mothers who have healthy, full-term babies; who are storing their milk for home use (not hospital use); who wash their hands before expressing; and who use containers that have been washed in hot, soapy water and rinsed.**

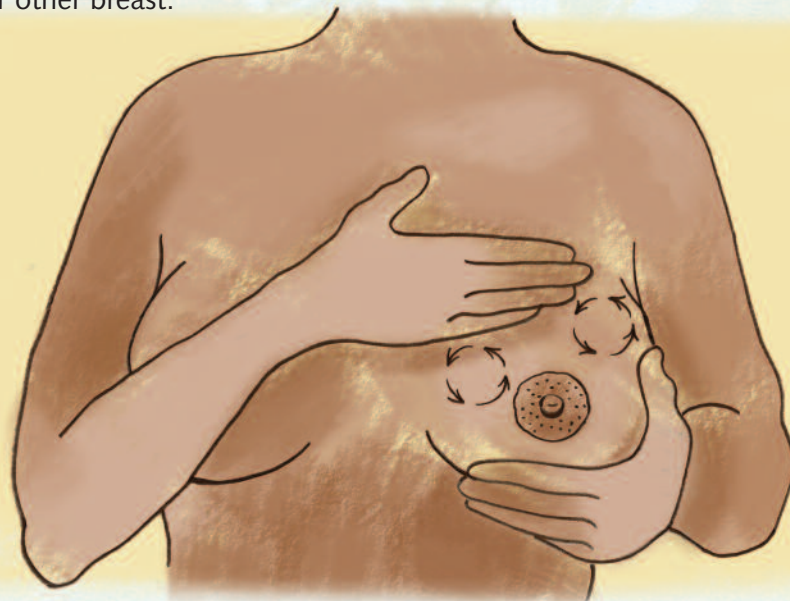
You can collect (express) your breast milk when you are unable to breastfeed your baby. This can be done using hand expression or a pump. Hand pumps work well for many mothers who only need to express milk occasionally. Full-size or single-user electric breast pumps that can pump both breasts at the same time save mothers time and are very efficient.

## hand expression

**Collect your milk in a container that has been washed in hot, soapy water, and has been rinsed well.** A glass or plastic bowl works well.

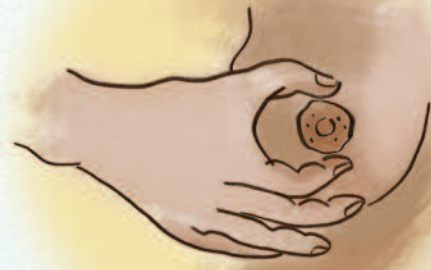
**Begin by washing your hands well with soap and water.** Put a warm washcloth on your breasts to help your milk flow. Note: When you are first learning, you may want to practice in the shower.

**Massage your breasts for a few minutes.** Do this by placing one hand under your breast for support. Apply gentle pressure using a circular motion with your other hand. Massage from several starting points, always working from the chest toward the nipple. Repeat on your other breast.



## position, push and roll

**Step one: POSITION.** Find the right spot that works for you to place your fingers and thumb on the areola behind the nipple. This may be about 1 to 1½ inches back. Position your thumb and first two forefingers on the opposite sides of your nipple.



**Step two: PUSH.** Push straight into your chest wall. (If you have large breasts you will first need to lift your breast with your other hand and then push).



**Step three: ROLL.** At the end of the push, roll your thumb towards your forefingers as if you are making a thumbprint. At the same time, change your finger pressure from your second to your first forefinger, creating a rolling effect with your forefingers.



**Repeat steps one, two and three, rotating the position of your thumb and forefingers around the nipple.** You may need to move your thumb and forefingers closer to or farther back from your nipple to find the best location that empties your breast.

### COLLECT YOUR MILK INTO A CLEAN CONTAINER.

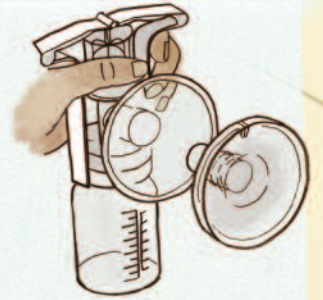
When milk flow slows down, switch to your other breast. Then massage both breasts again and express some more milk. Expressing your milk gets easier with practice and works best when your milk supply is built up. Most mothers get more milk in the mornings. Do not be discouraged if you can express only a small amount at first. The more you practice, the easier it will get!



# choosing a breast pump

## the hand pump

Most manual breast pumps are meant for use by mothers who need to pump once in a while or part-time. Read and follow the manufacturer's instructions on how to best use the pump.



## the electric pump

There are many types of electric breast pumps. Electric pumps are generally the most effective at removing milk from the breast. These pumps adapt so that a mother can pump one breast at a time or both at the same time. Pumping both breasts at the same time (double pumping) usually yields more milk and is more time efficient. Most electric pumps have adjustable suction and a suck-and-release cycle speed so you can imitate your baby at the breast and figure out what works best for you.

**Multi-user electric breast pumps** are the most powerful and effective of all breast pumps and can be used by more than one mother. Each mother gets her own milk-collection kit to eliminate cross-contamination of milk between mothers.

**Single-user electric breast pumps** are designed to help a mother maintain an already well established milk supply when she must be separated from her baby on a regular basis, such as for work or school. Single-user pumps should not be shared between mothers to avoid contamination issues. Single-user electric pumps are used after your milk supply is well established, which takes approximately 3 to 6 weeks of exclusive breastfeeding.

Read and follow the manufacturer's instructions on how to best use the pump.

Ask your WIC breastfeeding educator for suggestions about types of pumps and if any are available through your local WIC office.

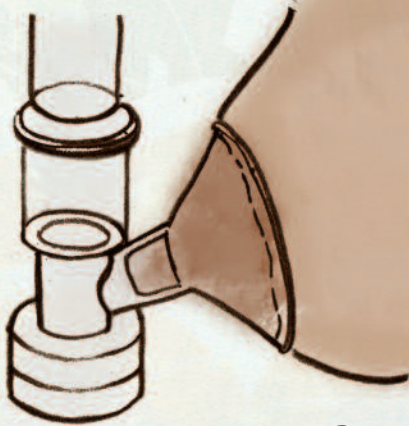




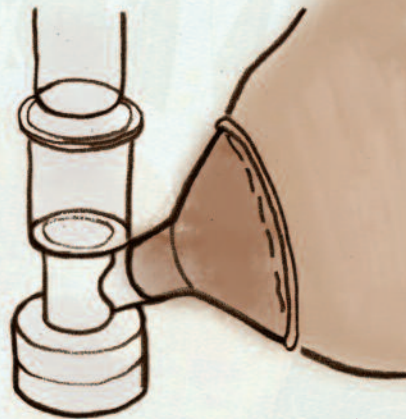
# choosing the right size breast flange (shield)

**During a pumping session your nipples will usually double in length and diameter.** About half of breastfeeding/pumping mothers need a breast flange size larger than the standard flange that comes with the kit. If pumping hurts, even on low suction, you need a larger flange. If the standard flange size is too small, a larger flange should feel better and pump more milk. A flange that is too tight can cause your breast not to be emptied well. It could lower your milk supply over time.

To check your flange fit, check your nipple during pumping. Your nipple should move freely and should not rub against the sides of the tunnel. See the drawings below.



good fit



too tight

# storing your milk

- **Store your milk in a sterile glass bottle, a sterile “Bisphenol-A (BPA) free” polypropylene hard plastic bottle or freezer bags specially made for storing human milk.** Avoid thin bottle liners—they are not meant for freezing or storing breast milk.
- **Put the smallest amount of milk you think the baby will take** at a feeding in each container. You do not want any breast milk to be wasted. Do not overfill.
- **Put a label with the date on each container.** Also, include your baby’s name on the label if he or she is in daycare.
- **Fresh milk is preferable over frozen and thawed.** If the milk is not going to be used within 4 days, it is best to freeze it.
- **Your milk may be stored in a refrigerator at or below 40°F for up to 4 days, or in a refrigerator freezer that stays at or below 0°F for up to 6 months (freezer must have separate door).**
- **If you do not have a refrigerator or freezer close by** when you collect your milk, put your milk in an insulated container with freezer packs.
- **You can add fresh milk to refrigerated milk.** But first the fresh milk should be cooled in the refrigerator for about a half hour before pouring it into the older refrigerated milk.
- **Use the oldest milk first.**
- **Do not heat your milk on the stove and do not microwave it.** High heat destroys the antibodies in your milk. Also, it can make the milk dangerously hot for your baby.
- **Thawing should be done overnight in the refrigerator.** Then, the bottle or the bag can be set in a small bowl of warm water to warm the milk. Do not let water touch the lid of the bottle or the top of the bag because the water may get into the bottle or the bag.
- **Breast milk may separate into layers.** The fat will rise to the top. Gently swirl the milk to remix it when thawed or warmed. Pumped milk may vary in color, consistency and smell depending on your diet.
- **Never refreeze thawed human breast milk.**
- **Newborns need their milk warmed to body temperature.** Cold milk can bring down a newborn’s body temperature. Older, larger babies may be able to handle chilled milk just fine.
- **Expressed milk can be kept in a common refrigerator** at the workplace or day care center.

# suggestions for feeding breast milk with a bottle

## introducing the bottle

When learning to take a bottle, most breastfeeding babies do best with a slow-flow nipple. A nipple with a wider base at the bottom may work better too. This type of base makes the baby open his or her mouth wide. This is more like what the baby does when breastfeeding. The bottle nipple should be long enough so that the baby can draw it into the back of the mouth to where the breast should be during correct latch-on and breastfeeding. A softer nipple may be better than a firmer one.

About 2 to 3 weeks before returning to work, begin to let your baby get used to taking breast milk from a bottle. Babies are smart—they know mother has the “real thing.” They usually learn to take a bottle more easily from someone else. It is best if someone other than the mother offers the baby the bottle.

Every time a baby takes breast milk from a bottle, the mother should express breast milk so she can keep up her milk supply.

## work with your caregiver

Remind the caregiver to have patience—your baby is learning a new skill.

When beginning the feeding, the caregiver should latch the baby onto the bottle in the same way as if the baby were going to the breast. Touch the baby’s lips lightly

with the nipple. Wait until the baby opens wide. Then let the baby pull the bottle nipple well into his or her mouth, rather than the caregiver pushing it in the baby’s mouth.

Remind the caregiver to remove the bottle nipple from the baby’s mouth periodically to let the baby pause and catch his or her breath.

An older baby could be given breast milk directly from a cup instead of from a bottle—probably from about 4 months old and up.

## introducing artificial baby milk

Remember, pediatricians recommend that babies are given only breast milk for the first six months of life. However, if you plan to give your baby breast milk and artificial baby milk (infant formula) do this gradually. Two weeks ahead of time:

- **Slowly begin offering formula** for those feedings that you will be away from your baby.
- **Each week**, replace no more than one daily breastfeeding with formula.
- **Watch your baby closely for any signs of problems with the formula.** If your baby shows any signs of problems with the formula, you can return to fully breastfeeding.

**Whatever time you spend breastfeeding is good for you and your baby. You both will be healthier for having breastfed. You are creating special memories you will always treasure.**

## **Moms Get It Done**

**We can help along the way**

### **For more information on breastfeeding**

**Local WIC office:** They may have an International Board Certified Lactation Consultant (IBCLC) or Certified Lactation Counselor (CLC) on staff or may have a breastfeeding peer counseling program.

**Local hospital:** They may have an International Board Certified Lactation Consultant on staff.

**La Leche League International:** Trained volunteers provide one-on-one help to breastfeeding mothers on the phone and conduct monthly group support meetings. Call 1-800-LALECHE or Website: LaLecheLeague.org

**Breastfeeding Helpline:** Call 1-800-994-9662 or Website: WomensHealth.gov/Breastfeeding

**WIC Breastfeeding Support Website:** WICBreastfeeding.fns.usda.gov

**For more information about the Florida WIC program:**  
Call 1-800-342-3556 or Website: FloridaWIC.org

Artwork on pages 7 and 8 were drawn from images provided by the Texas Department of State Health Services. Artwork on pages 8 and 9 were drawn from images from Ameda®

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.