Breastfeeding When You're Going Back to Work or School







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 2 years of age or beyond as mutually desired by mother and child.

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.



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.

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.

Days When You Will Be Working or Going to School

- **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 midafternoon.
- 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.



Suggestions for Feeding Breast Milk with a Bottle

INTRODUCING THE BOTTLE

- When learning to take a bottle, most breastfeeding babies do best with a slowflow 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.

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

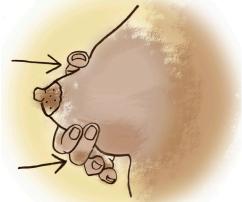
Step 1: POSITION

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 $1\frac{1}{2}$ inches back. Position your thumb and first two forefingers on the opposite sides of your nipple.



Step 2: PUSH

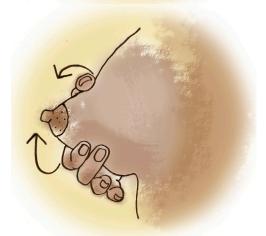
Push straight into your chest wall. (If you have large breasts you will first need to lift your breast with your other hand and then push).



Step 3: 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.



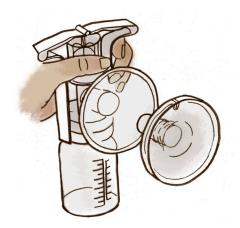
Choosing a Breast Pump

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

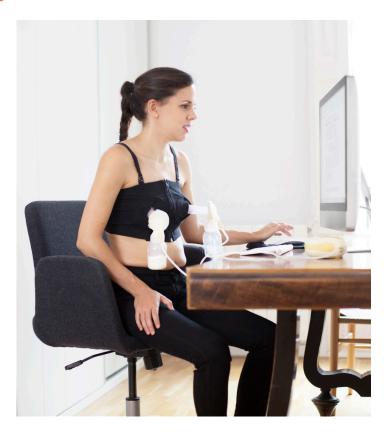
are the most powerful and effective of all breast pumps and can be used by more than one mother. Each mother gets her own milkcollection kit to eliminate cross-contamination of milk between mothers.

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.

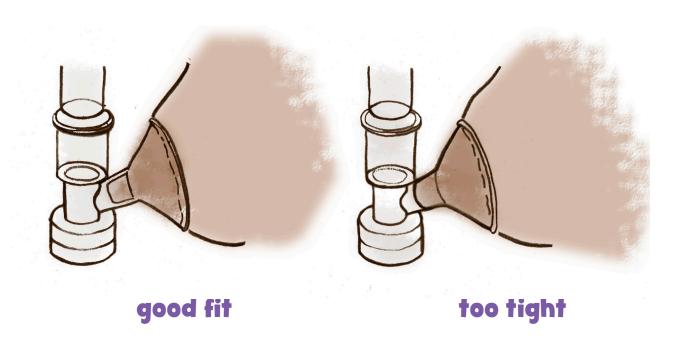


Choosing the Right Size Breast Flange (Shield)

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.



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 davcare.
- 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.

Human Milk Storage Guidelines

STORAGE LOCATIONS AND TEMPERATURES

TYPE OF BREAST MILK	Countertop 77°F (25°C) or colder (room temperature)	Refrigerator 40 °F (4°C)	Freezer 0°F (-18°C) or colder
Freshly Expressed or Pumped	Up to 4 Hours	Up to 4 Days	Within 6 months is best Up to 12 months is acceptable
Thawed, Previously Frozen	1–2 Hours	Up to 1 Day (24 hours)	NEVER refreeze human milk after it has been thawed
Leftover from a Feeding (baby did not finish	Use within 2 hours after the baby is finished feeding		

These guidelines are for healthy full-term babies and may vary for premature or sick babies. Check with your health care provider.

the bottle)

Find more breastfeeding resources at: WICBreastfeeding.fns.usda.gov www.cdc.qov/breastfeeding/







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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: Illi.org
- National 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

Call 1-800-342-3556 or
Website: FloridaWIC.org

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(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: Program.Intake@usda.gov