Breastfeeding and Employment: Making it Work
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Mothers Participation in the Labor Force

The labor force participation rate for single mothers with children under 18 years of age was 74.2% in 2013

BUREAU OF LABOR STATISTICS, U.S. DEPARTMENT OF LABOR,
HTTP://WWW.BLS.GOV/NEWS.RELEASE/FAMEE.TOC.HTM (TABLES 5 AND 6), 2013 ANNUAL AVERAGES
HTTP://WWW.DOL.GOV/W3/BT/RECENTFACTS.HTM

Paid Parental Leave: U.S. vs. The World

The labor force participation rate for single mothers with children under 18 years of age was 74.2% in 2013.
Maternity leave

- Family Medical Leave Act, employers with 50 or more workers must allow parents 12 weeks of job-protected leave annually to care for a newborn. While this means those individuals can take the time off without fear of losing their job, in most cases the leave is unpaid.
- California, New Jersey and Rhode Island offer paid family leave through employee-paid payroll taxes, and Washington state passed a bill to establish paid maternity leave but later reversed course.
- Some employers offer paid maternity leave even though it’s not required. According to the Bureau of Labor Statistics, 13% of workers had access to some kind of paid family leave.
- 5 states have mandated short-term disability that provides for six to eight weeks of partial maternity leave pay - California, Hawaii, New Jersey, New York, and Rhode Island. A woman gets six weeks for a vaginal delivery, and eight weeks for a cesarean section delivery.

Maternity leave

- The International Labor Organization also sets a standard for what countries should provide in a benefits package: 1) women should receive at least 14 weeks off; 2) They should be reimbursed at least two-thirds of their previous earnings; and 3) the benefit should be paid almost entirely by the state through public funds or Social Security.
- All developed countries surveyed by the International Labor Organization mandate at least some paid maternity leave.
- This is not exactly universally enjoyed in parts of the developed world due to restrictions and exclusions on certain workers.
Inadequate work-family policies

- A study by Human Rights Watch interviewed 64 parents documenting the health and financial impacts of inadequate work-family policies. Parents described how negligible work-family supports contributed to delayed immunizations and health visits for babies, postpartum depression and other maternal health problems, and early cessation of breastfeeding. During unpaid leave, many went into debt, and some resorted to welfare. Some were driven out of their jobs.

Effect on children of early return to employment

- An early return to work within 12 weeks was associated with decreased probabilities of a child receiving well baby care, being breastfed, and receiving all DPT/oral polio immunizations.
- Those breastfeeding mothers returning to work prior to 12 weeks were about 13% less likely to breastfeed and breastfed for 41% fewer weeks.
- There is a biological necessity for infants to remain close to their mothers during the early months following birth. Simple regulatory actions, such as touch, warmth, smell, voice, facial recognition, attunement, imitation, and play, have roles in regulating the infant’s affective state. When maternal regulators are withdrawn early, some physiological and behavioral systems could be altered in their developmental paths.

Breastfeeding and child care centers

- Guidelines on out-of-home childcare (Caring for Our Children—National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs) are available from the National Resource Center for Health and Safety in Child Care and Early Education. These guidelines recommend that childcare providers encourage breastfeeding and support it by providing a space for breastfeeding mothers to nurse their infant or express milk. The guidelines provide information on preparing, storing, and handling expressed breastmilk, as well as on feeding infants on cue, rather than on a schedule.
  - [http://nrc Kids.org/StandardWeek 4.3.1.3](http://nrc Kids.org/StandardWeek 4.3.1.3)
- Only Louisiana has a law making it illegal for childcare centers to discriminate against breastfed infants. Mississippi requires licensed childcare facilities to provide breastfeeding mothers a sanitary place that is not a toilet stall to breastfeed their children or express milk, to provide a refrigerator to store expressed milk, to train staff in the safe and proper storage and handling of human milk, and to display breastfeeding promotion information to the clients of the facility.
  - [http://www.louisiana.state.us/leg_doc/03RS/CYTV/OUT/000K60HR.PDF](http://www.louisiana.state.us/leg_doc/03RS/CYTV/OUT/000K60HR.PDF)
Are mothers really ready to return to work?

- Six weeks postpartum is traditionally viewed as the time following childbirth when the reproductive organs have returned to their non-pregnant state and the mother can resume all of her pre-pregnancy activities, including employment.
- However, many mothers continue to be affected by minor to moderate discomferts and pain, as well as more serious complications of childbirth including depression.

Are women really ready to return to work?

- McGovern and colleagues (2006) looked at the effect of delivery type and breastfeeding on women's health at five weeks postpartum in a sample of 716 employed women, some of whom had already returned to work. On average, women reported 6.2 symptoms. Women with cesarean deliveries showed significantly worse physical health than mothers with vaginal deliveries, not having completely recovered five weeks after delivery.
- In a study of 661 mothers that 4.1 childbirth-related symptoms were still being experienced at 11 weeks postpartum, the most common being fatigue. Breast discomfort had not totally disappeared in many mothers, as 19% reported breast pain and 14% continued to experience nipple pain.

Effect of employment on breastfeeding

- A study examined the effect of the federal welfare policy change that occurred with the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 relative to breastfeeding rates.
- This act required recipients of welfare benefits to work varying amounts of time each week. Many states give no exemptions to women with newborns, and a woman receiving welfare benefits through Temporary Aid for Needy Families (TANF) must return to work between 3-12 months depending on the state.
- Mothers with children under 6 years must work 20 hours per week.
- If this act had not been enacted, the breastfeeding rate would have been 5.5% higher.
**Full time vs part time work and breastfeeding**
- Infant Feeding Practices Study II (IFPS II) between 2005 and 2007 studied over 1400 mothers to assess the effects on breastfeeding of mothers returning to work full time compared with those working part time.
- Mothers expecting to work full time (>35 hours/week) had decreased odds of initiating breastfeeding.
- Mothers with greater than six weeks available maternity leave were significantly more likely to initiate breastfeeding compared with non-working mothers.
- Negative effect seen on breastfeeding duration in mothers who returned to work in the first 12 weeks for ≥ 20 hours/week.
- Any level of part-time employment (<35 hours/week) increased breastfeeding duration relative to full-time employment.

**Short maternity leave and breastfeeding**
- Guendelman et al. (2009) found that a maternity leave of ≤ 6 weeks was associated with fourfold increased odds of not establishing breastfeeding, while a leave lasting between six and 12 weeks showed a twofold increased risk of not establishing breastfeeding.
- Roe, Whittington, Fein, and Teisl (1999) found that each week of work leave increased breastfeeding duration by almost one half of a week.
- Mothers make decisions about employment first, and then structure infant feeding decisions and mechanics around their work constraints.

**Workplace characteristics**
- Jacknowitz (2008) found that the availability of employer-sponsored childcare increased the likelihood of breastfeeding six months by 47%.
- The option of working an additional eight hours at home per week increased the probability of breastfeeding initiation by 8% and of breastfeeding for six months by 16.8%.
- Having childcare at or near the workplace has been reported by mothers as helping them to succeed at both working and breastfeeding (Thompson & Bell, 1997).
- Mothers who have access to their infants during the work day (either through on-site or nearby childcare or by bringing the infant to work), have been reported to have a longer duration of breastfeeding than those mothers without such access (Morse, Bottorff, & Boman, 1989).
Workplace culture: supporting or devastating

- Mothers may face numerous barriers where they are employed
- Lack of a private place to pump milk; inability to bring the baby to work; childcare that is far from the site of employment; lack of time to be able to pump; co-worker hostility, suspicion, and ridicule; lack of support from supervisors; gender equity issues; inflexible work hours; employer discomfort with the idea of breastfeeding; issues when having to travel for work and irregular hours of work, such as long and/or rotating shifts

Work that requires long separations

- Strain the ability of mothers to maintain milk production through pumping.
- Miller, Miller, and Chism (1996) studied 60 resident physicians, 45 (75%) of whom were routinely separated from their infants for ≥25 hours when on call. Mothers who had contact with their infant during those call shifts breastfed for longer periods of time than mothers with no infant contact.
- Breastfeeding mothers in the military can encounter unplanned or very long separations, such as war exercises, long training assignments, temporary duty assignments, or deployment that impact the ability to pump milk and have it transported home for the infant. Military mothers' advancement in rank make it more difficult to find time to pump milk (Stevens & Janke, 2003).

Employer barriers

- Unaware of benefits to employer
- Unaware of need
- Personal choice, not their responsibility
- Lower productivity
- Co-worker jealousy
- Bathrooms were acceptable certain jobs were too difficult—bus drivers, machine operators, police officers, nurses
- Financial burdens on facility
- Liability for stored milk
- “Take care of that before coming to work”
A survey of 534 human resources professionals conducted by the Society for Human Resources Management (SHRM; 2010) showed that:

- 28% of companies offered a lactation/mothers room in 2010, up 3% from 2008.
- 4% offered lactation support services (lactation consulting and education), down 2% from 2008.
- 1% offered a babies at work program for employees to bring children under one year of age with them to work.
- There was a difference in lactation accommodations between large, medium, and small employers:
  - 26% of small employers (1-99 employees) offered a lactation room; 3% offered lactation services.
  - 33% of medium sized employers (100-499 employees) offered a lactation room; 4% offered lactation services.
  - 42% of large employers (500 or more employees) offered a lactation room; 10% offered lactation services.
- Accommodations and support also differed by organization sector:
  - 15% of privately owned for-profit organizations offered lactation rooms; 3% offered lactation services.
  - 20% of non-profit organizations offered lactation rooms; 10% offered lactation services.
  - 20% of publicly owned for-profit organizations offered lactation rooms; 3% offered lactation services.
  - 20% of the government sector offered lactation rooms; 1% offered lactation services.

Stress

- Mothers identified twice as many negative aspects of the return to work than positive aspects:
- Role conflict/role overload: problems were described with balancing time, guilt about leaving the infant, and how they had not anticipated how difficult it would be to juggle employment and parenting.
- Family stress: competing demands were difficult to address.
- Family/child issues: insecurity regarding childcare options, lack of family to help out.
- Financial issues: unresolved financial strains, pressure from the dependency on maternal income.
- Psychosocial issues: regret at not being able to breastfeed longer, depression, no time for herself, lack of sleep.
- Stress can impede milk ejection reflex making it more time consuming and difficult to pump at work under time constraints.

Federal legislation

- Until the 2010 Patient Protection and Affordable Care Act was passed, no United States Federal legislation dealt directly with breastfeeding among employed women.
- Prior to this, four poorly adapted laws were used to address worksite protection for breastfeeding women (Christrup, 2001). These laws are the Pregnancy Discrimination Act (PDA) of 1978, Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA) of 1990, and the Family and Medical Leave Act (FMLA) of 1993.
State laws for worksite protection of breastfeeding employees

- Since any type of Federal worksite protection legislation for breastfeeding mothers was absent until 2010, many states passed their own laws regarding lactating mothers in the workplace.
- Oregon provides strong support for employed breastfeeding mothers by allowing women to have unpaid 30‐minute breaks during each four‐hour shift to breastfeed or pump and allows certain exemptions for employer [http://www.leg.state.or.us/ors/653.html](http://www.leg.state.or.us/ors/653.html).

The Affordable Care Act

- The Patient Protection and Affordable Care Act ("Affordable Care Act") requires employers to provide reasonable break time for an employee to express breast milk for her nursing child for one year after the child’s birth each time such employee has need to express the milk.
- Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.

The Affordable Care Act

- Amends the Fair Labor Standards Act (FLSA), also known as the federal wage and hour law. The FLSA applies to approximately 130 million workers.
- Companies with less than 50 workers must also comply, unless they can demonstrate that complying with the law would cause “an undue hardship.”
- The law, however, does not apply to all employed breastfeeding mothers because the law is an amendment to existing federal minimum wage and overtime laws.
- It only covers the workers subject to those laws, which are the “non-exempt employees.” This term usually means hourly workers, for example, those who work in retail sales, on an assembly line or in a factory, restaurant workers, such as waitresses, and any other employees who work on an hourly basis.
The Affordable Care Act

- “Exempt” workers are those on a salary and are exempt from having to be paid when they work overtime. These employees are often in managerial or professional positions.
- They are not covered by this law.
- Many of these workers, may already have access to worksite lactation benefits, as more large employers tend to have such accommodations.
- Employees who work for certain businesses or organizations are covered by the FLSA, including those working in hospitals, businesses providing medical or nursing care for residents, schools and preschools, and government agencies
- New legislation has been introduced to cover exempt employees

Making the $$$ case to employers:
Cost savings

- The number of incidental unplanned absence days per employee per year averaged 5.3 days across all employee classes in 2008.
- One study estimated that the average annual cost of unscheduled absenteeism per employee was $755 in 2001.
- Cohen and colleagues (1995) studied 101 employed mothers (59 breastfeeding and 42 formula-feeding) to gather data on infant illnesses and related maternal absenteeism to care for a sick child. Of infant illnesses causing one day’s absence from work, 75% occurred in formula-fed babies and 25% in breastfed infants. In the breastfeeding group, well babies (those who were never sick or who experienced only mild illnesses requiring no maternal absence from work) were six times more prevalent.
- One day absences occurred more than twice as often among formula-feeding mothers. A $15 per hour employee who is absent for just one day cost a company $160 in 1994 (Faught, 1994) or $256 in 2015.

Not supporting breastfeeding costs employers money!

- Also reported were 2,033 excess office visits, 212 excess days of hospitalization, and 609 excess prescriptions for three common childhood illnesses per 1,000 never-breastfed infants compared with 1,000 infants exclusively breastfed for at least three months.
- If a parent misses 2 hours of work for the excess illnesses attributable to formula feeding, more than 2,000 hours, the equivalent of 1 year of employment, are lost per 1,000 never-breastfed infants.
- Reduced numbers of health claims saves employers money.
- If employed mothers’ breastfeed their infants for 100 days, 41% of these infants never get sick in their first year of life compared to only 10% of formula-fed infants
What do pumping breaks really cost?

• The actual cost of pumping breaks would be negligible because most of the time the breaks would be unpaid.
• Even if the employee was paid for break times, this would be offset by the reduction in maternal absenteeism, lower infant medical costs, reduced need for temporary employees to fill in, reduced staff turnover, and the resulting lower recruitment and training expenses for new employees.
• Employee turnover is extremely expensive to an employer, ranging in cost from $3,500 to $25,000 per new hire compared with $1,411.20 to pay breastfeeding employees for pumping breaks.
  
http://www.sashacorp.com/turnframe.html

Smoking breaks, but why not pumping breaks? Pumping breaks are cheaper!

• Smoking is one of the largest causes of lost worker production time.
• Lost worker production time increased in relation to the amount of cigarettes smoked per day. Lost production time for workers who reported smoking one pack of cigarettes or more per day was 75% higher than that observed for nonsmoking employees or employees who had previously quit smoking (Stewart, Ricci, Chee, & Morganstein, 2003).
• It costs employers $1,897 in lost productivity per smoking employee each year (Centers for Disease Control and Prevention, 2005).
• Businesses pay an average of $2,189 in workers’ compensation costs for smokers, compared with $176 for nonsmokers (Musich, Napier, & Edington, 2001).
• On average, smokers miss 6.16 days of work per year due to sickness (including smoking-related acute and chronic conditions), compared to nonsmokers, who miss 3.86 days of work per year (Halpern, Shikiar, Rentz, & Khan, 2001).
• Employees who take four 10-minute smoking breaks a day actually work one month less per year than workers who don’t take smoking breaks.
  

Finding a place to pump

The Pentagon
<table>
<thead>
<tr>
<th>Worksite or Job</th>
<th>Suggested Pumping Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail sales, mall store, fast food business</td>
<td>Small storage closets or utility closets with a light, manager’s offices, storage areas, shared space used by various tenants in a mall, changing rooms</td>
</tr>
<tr>
<td>Airport</td>
<td>Airline lounge, little used offices and storage areas, sectioned off corner of a room with either permanent walls or portable partitions</td>
</tr>
<tr>
<td>Restaurant</td>
<td>Manager’s office, some months with a split shift to avoid having to pump and return home to breastfeed the baby directly during slow work times</td>
</tr>
<tr>
<td>Transportation workers</td>
<td>May find pumping areas in sections along their route or in municipal buildings along their route</td>
</tr>
<tr>
<td>Law enforcement officers</td>
<td>Municipal buildings may provide spaces for pumping</td>
</tr>
<tr>
<td>Emergency medical technicians</td>
<td>May not pumping accommodations in the emergency room of a building, but ask if available</td>
</tr>
<tr>
<td>Military</td>
<td>可能在医疗紧急情况下的治疗区域提供挤奶设施，如果有的话，请询问</td>
</tr>
<tr>
<td>Hospital workers, physicians, nurses, doctors</td>
<td>Hospital (including ward, maternity ward, private rooms, changing rooms, conference rooms)</td>
</tr>
<tr>
<td>Migrant workers, field workers, agricultural workers</td>
<td>Portable tents set up in the fields or under trees to provide shade; battery operated pumps, pedal pumps, or hand pumps can be available in each tent</td>
</tr>
<tr>
<td>Assembly line, factory workers</td>
<td>Dedicated room(s) in sections of the facility, sectioned off corner of locker room, administrative offices, conference rooms, sectioned off corner of little used areas on a manufacturing floor</td>
</tr>
<tr>
<td>Teachers</td>
<td>Unused office of a speech pathologist, school psychologist, or guidance counselor; nurse’s office or dispensary; mother’s car; unused music or art room</td>
</tr>
</tbody>
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**Flexible space**
Reasonable break time

- The time it takes to walk to and from the lactation room or space and to wait if necessary to use the space.
- Assure that lactation rooms or spaces are close to the work area of the employees who need them. This reduces the amount of break time needed and is more cost efficient to the employer.
- The time it takes for an employee to retrieve her pump and/or supplies from an area that is not in close proximity to her work station. Mothers may not always be able to keep their pumping equipment near their work station and may need time to collect it from wherever it is kept. Employers can help decrease this time requirement by providing a secure space for mothers to store their pumping supplies in or near the lactation room or space.
- Whether or not the employer provides a multi-user electric pump determines if mothers need extra time to set up their own pump.
- A pump that is ready to be immediately used reduces set up time needed by mothers. If this is a multi-user pump, mothers should clean it with anti-bacterial wipes or spray prior to and following each use.

So how much time is reasonable?

- The time it takes for the actual expression of milk will vary from mother to mother.
- It may take mothers several minutes just to achieve milk letdown when using a pump, which will extend the time needed for actual milk expression. An infant at the breast can take a minute or less to elicit the milk ejection reflex (Kent, Ramsay, Doherty, Larsson, & Hartmann, 2003) while a pump can take from 1.5 minutes to over 2.5 minutes to establish abundant milk flow (Kent et al., 2008; Kent et al., 2003). This adds to the time necessary to pump the breasts as thoroughly as possible.
- Is there a sink and running water for hand and pump part washing that is in close proximity to where the mother expresses milk. Unless the mother has multiple pumping kits, she will need to wash the pump attachments after each use.
- The time it takes for a mother to label and store her milk in either an employer-provided refrigerator or her own personal cooler.

Cleaning pump parts

- Pump parts can be washed in hot soapy water with the bottles either wiped dry with a paper towel or inverted on a paper towel for drying
- Pump parts can be placed in special bags designed for microwaving them and microwaved according to the instructions if mothers have access to a microwave appliance.
- Mothers can also place pump parts in a dishwasher when they return home or boil the parts daily after use.
- Mothers with no access to facilities for cleaning pump parts after expressing milk on the job frequently have two or three collection kits for use during their work period, avoiding the need for cleaning pump parts until they are home.
- Placing pump parts in refrigerator between pumping sessions has never been studied
Prenatal preparation

- Space
  - Is there designated private breastfeeding/pumping space in the workplace?
  - Does the space have a sink, chair, electrical outlets?
  - Are pumps available there
  - Where is the space in relation to the mother’s workspace?
  - How long does it take to get from workspace to NMR?
  - Where will the mother store her milk?
  - If there is no designated space, where will mother pump?
  - Can she use the same space every day?
  - Are there electrical outlets there?
  - Where is the nearest sink?
  - Where will the mother store her milk?
- Supervisor
  - Must the supervisor be consulted regarding making time and/or space available to pump/breastfeed?
  - What is the relationship between the mother and her supervisor?
  - Has the mother addressed this issue with her supervisor?
  - If so, what was the response?
  - If not, what are her concerns about doing so?

Prenatal preparation

- Are there any policies in the workplace regarding nursing mothers?
- Are there any policies regarding flexibility for new mothers?
- Does the mother have access to any of the following programs?
  - Earned time, part time, job sharing, phased back, flex time, compressed work week, telecommuting, on-site or near-site day care
  - If so, has the mother thought about taking advantage of any of these?
  - What is the procedure for doing so?
  - If not, with whom would the mother speak to arrange one or more of these programs?
  - Supervisor, human resources officer, benefits officer, employee relations officer, other

Physician letter

- Ms. __________ birth on __________. I have recommended that she continue breastfeeding until at least her child's first birthday. It is important for her health and the health of her baby to be able to express milk during the workday.
- Research shows that the earlier a baby stops breastfeeding, the greater the baby's risk is of many diseases, including obesity, ear infections, diarrhea, and pneumonia. My patient needs to express milk several times a day in order to provide milk for her baby and maintain her milk supply. Initially, she will need to have 20 minute breaks about every three hours in a private, clean space. If she is using an electric pump, she will need access to an electric outlet and a small table or desk. It is not sanitary for her to express milk in a restroom.

Securing a pump

- In addition, the ACA requires new private health insurance plans, including those available in the new health insurance marketplaces, to provide coverage for specified women's preventive health services with no cost sharing (e.g., copayment, coinsurance, or deductible). Breastfeeding support, supplies and lactation counseling are one of these specified preventive services.
- “Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.”
  - http://www.hrsa.gov/womensguidelines/
However……
1) Breastfeeding Support is interpreted differently by each insurance company; it may be done at the drs appt all the way up to 6 visits with an IBCLC after the birth of the child.
2) Breast pump issuance was supposed to make breastfeeding easier and increase duration.
3) What we learned: Without standardized requirements, insurance companies offer a wide variety of pumps (one insurance company gives a double electric personal pump and another will give a manual hand pump).

National Breastfeeding Center Payer Scorecard
http://www.nbfcenter.com/payer-scorecard.html
“policies vary from covering the bare minimum required to comply with the law – coverage of only a manual hand pump and care rendered by existing in-network providers (who may have no training in lactation care) during well care exams – to policies that recognize the importance of improving breastfeeding and cover fully qualified lactation care providers and the purchase or rental of efficacious pumps.”

Checklist for the hospital stay
• I can position my baby correctly at both breasts.
• It does not hurt once the baby starts sucking.
• The baby can latch to each breast.
• I can tell when the baby is swallowing milk.
• I know how many times in 24 hours to feed the baby.
• I know how long to feed the baby on each side.
• I know when it is time to feed my baby.
• I know the five feeding cues to use if my baby is sleepy.
• I know how many diapers baby should have each day.
• I know how to tell if a disposable diaper is wet.
• I know how much weight baby should gain weekly.
• I know that artificial nipples and pacifiers can confuse my baby and have been shown other ways to feed him.
• Someone will visit me a day or two after I get home, or……
• I will see my pediatrician or family doctor in two days.
• I know when and who to call for help with nursing.
The early days

• Any breastfeeding problems should be addressed immediately, as ongoing problems cause stress and should be resolved before the mother returns to work.
• The first fourteen days postpartum are critical to the calibration of the milk supply and the continuance of breastfeeding beyond two weeks.

Making a plan

• Mothers returning to work when the baby will be six-months-old may find that expressing milk once or twice each workday meets the breast milk needs of the infant and maintains good milk production because infants usually start solid foods around this age.

3 month maternity leave

• aim to have breastfeeding well established, would have worked through any early breastfeeding problems, would have an infant gaining weight appropriately, and would consider pumping milk several times per week prior to the return to employment to have a milk reserve in the freezer for times of fluctuating milk supply.
• Mothers can pump this milk after feedings or in between feedings, whichever gives the best results.
• Milk can be stored and/or frozen in amounts that the baby typically takes at a feeding. Mothers should avoid storing large amounts of milk in a bottle to avoid wasting milk if the baby does not consume the entire amount.
• Mothers will generally need to pump milk at work about two to three times, depending on the length of the workday, her infant’s needs, and her own comfort.
2, 4, or 6 week maternity leave
(or return to school)
• may experience a more difficult course, especially if early breastfeeding problems have not been resolved by the time the mother returns to work.
• Breastfeeding management for these mothers may be somewhat different than for mothers with a longer maternity leave.
• Dwindling milk production and/or insufficient milk supply are often pressing problems if a mother starts back to work so soon after giving birth

A preventive approach
• Use the model of initiating and maintaining abundant milk production in the preterm mother.
• Promotes a high milk production by 10-14 days postpartum, such that the mother is producing 50% more milk than what the infant actually needs (Hill et al., 1999).
• This overproduction ramps up milk production quickly and serves as a buffer to compensate for any milk volume decrease when the mother starts back to work or school, a situation that is not an uncommon side effect.
• This excess milk is frozen for use on the first day back to work or school and anytime the mother experiences a fluctuation in the amount of milk she pumps while separated from the infant.

Overproduction
• To achieve a 50% overproduction or to at least produce more milk than the baby requires, mothers will need to hand express and/or pump milk several times each day in addition to nursing the baby.
• Morton and colleagues (2009) demonstrated that in pump-dependent preterm mothers, those that used hand expression greater than five times per day, as well as using an electric pump five times per day during the first three days postpartum produced significantly larger volumes of milk than mothers who only used an electric pump.
• Massaging each breast while using an electric breast pump significantly increased the amount of milk pumped at each session (Morton et al., 2007).
Sample Plan for a Mother Returning to Work or School Two to Six Weeks Postpartum

• During the first three days, aim to breastfeed the infant approximately eight times each 24 hours. Hand express milk five times each day, making sure to massage and compress each quadrant of the breast during the expressing process.

• After the first three days and during the time prior to returning to work or school, hand express or pump milk following as many breastfeedings as possible. If a pump is used, massage and compress each quadrant of each breast during each pumping session. For mothers returning to work at six weeks, even starting to pump at four weeks in most situations should be sufficient to preserve an abundant milk supply unless any breastfeeding problems remain unresolved.

Sample plan (con’t)

• Store the expressed milk in the freezer, labeling it with the date it was expressed, so the oldest can be used first.

• Pump or hand express milk once during any long gaps between the infant’s feedings.

• Aim to drain the breasts as thoroughly as possible.

• A bottle can be introduced at seven days if returning to work or school at two weeks; at three weeks if returning to work or school at four weeks; and at five weeks if returning to work or school at six weeks.

Provide effective pumping instructions
Pumping more effectively

- Increasing the frequency of pumping beyond a certain number of times or lengthening the duration of pumping sessions may be less effective than increasing the degree of emptying of the breast.

Warmth

- The warming of tissues is a known therapeutic intervention that has the effect of increasing local blood flow and metabolism in tissues, facilitating excretion of tissue waste materials and phagocytosis, and enhancing tissue nutrition.
- Warm compresses placed on the breasts have long been recommended to aid the let down reflex.
- Kent et al (2011) found that warmed pump flanges resulted in a larger amount of available milk removal.

- Yigit et al (2012) studied if warming the breast prior to pumping would increase the volume of milk expressed from a warmed breast compared with the other breast which was not warmed.
- Mothers placed a warm compress (40.5°C/104.9°F) on one breast prior to pumping with an electric breast pump.
- The amount of milk obtained from the warmed breasts was significantly higher than that obtained from the non-warmed breasts.
- Warming probably has an enhancing effect on the milk ducts or milk flow, allowing more milk to be pumped, rather than increasing actual breastmilk production.
Music

- Keith et al (2012) found that pump dependent mothers who listened to music while pumping produced significantly more milk with a higher fat content.

Adding a little incentive to pumping!

Photo courtesy of Barbara Wilson-Clay

http://www.newbornconcepts.com/products#pumping_cd
Summary towards more effective pumping

- Elicit the milk ejection reflex prior to pumping – Oxytocin nasal spray
- Massage each quadrant of the breast while pumping to help drain the breast as thoroughly as possible.
- Express milk following each breastfeeding of the infant.

Summary towards more effective pumping

- Warm the pump flange and the breasts prior to pumping
- Listen to soothing music while pumping
- Check that the flange is not too small
- Sometimes changing to a different pump altogether may help with increasing milk expression.
- Different suction curves may provide a better fit between mother and pump

Pumping problem pearls

**Diminished milk production**

- Pumping every 45-120 minutes for several periods of time during the day is called “power pumping,” “cluster pumping,” or “super pumping.”
- A modification of this can be suggested where a mother pumps for as long as it takes to elicit the first milk ejection reflex and removes the milk made available during the time the milk ducts stay dilated.
- Up to 45% of the milk available in the breast is released during the first milk letdown (Ramsey et al., 2006). This may take no longer than five minutes.
- The mother can pump again in 15 minutes or so to once again take advantage of the first and largest milk ejection reflex during a pumping session.
- She may repeat this pattern for an hour several times a day when she has time or during her days off.
More problems

- Overfeeding by childcare providers
- Galactogogues
  - Herbal preparations
    - Micronized Silymarin (extract of milk thistle)
- Medications
  - Metoclopramide (Reglan)
  - Domperidone
- Acupuncture
- Auricular points sticking pressure (acupressure)
- Baby refuses the bottle
- Baby refuses the breast

Time saving ideas for pumping at work

- Listen to the sounds of the baby by recording them. Mothers can make a slide show with photos and sounds of their baby recorded on an iPhone, iPod, mp3 player, Smartphone, or other electronic device used with earbuds (Roche-Paull, 2010). This provides a relaxed atmosphere and a mechanism to condition the letdown reflex.
- Use mental imagery or one of the baby’s blankets to facilitate letdown.
- Use of a hands-free bra allows mothers to continue working while pumping if the mother has an office job and dedicated pumping space.

Time saving ideas for pumping at work

- Have 2 or 3 pump collection kits for which can be cleaned once they are home instead of having to wash pump collection parts after each use.
- Or for mothers who have access to refrigeration, place the pump collection parts in a ziplock bag in a refrigerator between uses.
- Use sanitizing wipes to quickly clean pump parts if the mother does not have access to running water.
- Pump directly into the bottles that will be used the next day. This eliminates having to transfer milk into other containers.
- Keep nursing pads at work to avoid stains on clothing, especially if the mother is in long meetings or has a long duty assignment that takes her past the regular time she would be pumping. Some mothers keep a change of clothing in their bag, just in case.

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The real challenge!

- Efforts to pay for pumps and secure break time obscure a fundamental challenge for breastfeeding families.
- Policies to enable breastfeeding have focused on pumping and bottle-feeding, rather than keeping mothers and babies together.

Resources

- Business Case for Breastfeeding
- State Breastfeeding Laws
- US Department of Labor
- Office on Women’s Health