



Mother's Information

Breast Pumps and Milk Supply

Going back to work or school after the birth of your baby can be a challenging time. By providing breastmilk for your baby when you are separated, you can experience a special closeness with your baby throughout your day. You will also give your baby the best possible nutrition and protection against illness and disease.

This handout contains tips for expressing milk for your baby, introducing bottles, and dealing with common issues that can arise after you return to work or school.

Meeting your baby's nutritional needs

You can meet your baby's nutritional needs while working and breastfeeding.

Consider the following options:

- ♥ While at work, express and refrigerate your breastmilk for the next day's feedings. Continue to breastfeed whenever you or your baby are together; or
- ♥ Visit your care provider during your lunch break for feedings or have your care provider bring your baby to your worksite; or
- ♥ If your baby is older and you have established your milk supply, you can breastfeed when you and your baby are together and have your childcare provider feed your baby iron-fortified infant formula while you are at work. Pumping even once a day helps keep up your milk flowing so that you can nurse your baby when you are together, even if you supplement with formula. Any breastmilk is better than none, and any amount helps to protect your baby's health!

Choosing a Breast Pump

Breastmilk can be expressed by hand or with the use of a breast pump. There are many pumps to choose from, but only a few are designed to support your milk supply during a full day apart from your baby. A double electric pump is usually the best choice. A lactation consultant, La Leche League Leader or WIC counselor may be able to help you find the right pump for your needs. If you qualify for WIC, you may be eligible to receive an electric pump. A WIC directory can be found at the department of health website: http://healthvermont.gov/local/district/district_office.aspx or by calling (800) 464-4343.

Electric: If you plan to pump 2-4 times a day, an electric pump is the best choice. A double-sided electric pump is faster and more efficient as it allows you to pump both breasts at once and feels most like a baby's suck, which is important to maintain your milk supply. You can rent or purchase these pumps. Single-sided electric pumps have a weaker suction and are not designed for full-time use.

Battery: This type of pump may work well for occasional use but isn't recommended for the mother who returns to work full time. The suction lessens as the battery gets weaker.

Manual: A manual pump operates by pushing and pulling a piston or squeezing a handle. The ones that operate by squeezing a handle usually imitate a baby's suck more closely. Because manual pumps involve a repetitive movement, your hands may tire and this method can take longer.

Hand expression: Some mothers prefer to express milk by hand because it feels more natural. Manual hand expression is convenient as there is nothing to buy, break, wash or carry. With practice some women become very efficient with this method.

Type of Use	Manual Pump	Personal Use Electric Pump	Hospital Grade Electric Pump
Occasional Use Example: part time work or school	X	X	
Daily Pumping <i>Established milk supply, breastfeeding when mother and baby are together</i> Example: full time work or school		X	X
Exclusive Pumping <i>Infant not at the breast / non-latching baby</i>			X

Tips for Pumping

Some mothers are able to express only a few drops of milk their first try. Others express a few ounces. The amount of milk you express can change depending on many things: how long it has been since you last breastfed your baby or expressed your breasts, how comfortable you are expressing, the time of day, your diet, the amount of sleep or rest you are getting and if you are going through a stressful time.

Practice makes perfect: Remember, pumping and hand expression improve with practice. You may pump only a few ounces when you first start, but remember that pumping gets easier the more you do it. A nursing baby is more effective than any pump, so if you only express a small amount it doesn't mean your baby isn't getting enough at the breast.

Avoid medications that can decrease your milk supply: If you plan to use birth control pills or the longer-acting Depo-Provera shot for birth control, be sure to tell your healthcare provider that you are breastfeeding. Some types of contraceptives work better with breastfeeding than others. Your provider can help you choose the best one for you. Over-the-counter decongestants for allergies and cold viruses, like Sudafed, can reduce your milk supply so avoid these while you are breastfeeding.

Encouraging let-down: The milk ejection reflex or "let-down" occurs many times during a feeding or while pumping. Having a "let-down" is important because it contracts the glands in your breasts and helps the milk flow faster. Some mothers feel a let-down when they hear a crying baby or at the thought of their own baby. Because pumping and hand expressing feel different compared to a nursing baby, you may need to do a little work to encourage your milk to flow. This can be done in several ways:

- ♥ Find a comfortable, private or semi-private setting such as an unused office, storage room or dedicated lactation room. Sit in a comfortable position with your shoulders relaxed. Relax your mind by turning off your phone, imagining a peaceful setting, or listening to calming music.
- ♥ Your pump doesn't have to be on the highest setting to get milk out effectively. Choose settings that feel the most like your baby. Stimulating a let-down is the most important part of effective pumping.

- ♥ Gently massage your breasts right before expressing. Stimulate your nipples by rubbing or rolling them.
- ♥ Relax by taking a few deep breaths and imagine a pleasant place. You can imagine your baby at your breast, look at a photo of your baby, or feel and smell one of your baby's blankets.
- ♥ Don't watch the bottles or count ounces while pumping – worrying about getting enough can actually decrease the amount that you pump. Think of the benefits to your baby of any breastmilk you can provide, and feel proud of yourself doing this for your baby.
- ♥ To encourage multiple let-downs, massage your breasts once in a while as you pump. Research shows that “hands-on pumping”, when mothers use a combination of hand expression with an electric breast pump, results in higher volume of milk expressed. If using a single electric pump, switch breasts when the flow of milk lessens, expressing from each side several times during a session. Pump for 10-20 minutes per breast. Some breasts release milk more quickly than others, so don't worry if you take longer to pump than a co-worker.
- ♥ Complete emptying signals your breasts to make milk faster. Milk left in the breast does not go bad, but it does signal the breasts to make less milk. You don't need to wait for your breasts to feel “full” to pump – in fact, pumping more often will stimulate your breasts to make more milk, while waiting for them to feel full signals them to slow down production.
- ♥ Information and video clips of hand expression and hands-on pumping are available at newborns.stanford.edu/Breastfeeding

How often to pump

If you are returning to work more than six weeks after your baby was born and you are working eight hours a day or more, you will need to pump your milk at least once for each feeding missed while you are separated from your baby – generally 3 times in an 8-hour day. Each pumping session will take approximately 20 minutes.

If you are returning to work earlier than six weeks, you may need to express more often at first to establish your milk supply, either at work or at home after feedings. Pumping is a skill that takes time to develop. Whichever method(s) you choose, allow time to practice before returning to work.

Where to pump

Before you start your maternity leave, tell your supervisor or human resources that you will need a private place to express milk for your baby when you return to work. This can be an unused office or conference room, a converted storage closet, or a dedicated lactation room. Employers are required by law to provide time and space for nursing mothers to express milk. More information is available at the Department of Labor website

If your employer is reluctant to provide this for you, remind them that providing breastmilk for your child means a healthier baby – meaning that you will miss less work in the first year. More information on why an employer should support breastfeeding mothers can be found at the Breastfeeding Friendly Employer Project home page, accessed from www.breastfeedvermont.info.

Protecting your milk supply

Limit artificial nipples: Using a pacifier could decrease your milk supply by limiting the number of times your baby sucks at the breast. Remember, the more you nurse, the better your milk supply. It is alright

to have your baby use a pacifier while you are away if you think he is getting overfed when he wants to suck for comfort – just leave it with your care provider. Use slow-flow or “newborn” nipples on bottles so your baby doesn't get used to being fed more quickly than your breasts can flow.

Pump frequently: If you need to pump more milk than you are getting during the work day, you can add a pumping session before your baby wakes up, right when you get to work, or after your baby has gone to bed. For many women their milk supply is highest first thing in the morning, so some women pump one breast while nursing their baby on the other before work. Remember that frequent nursing and/or pumping sends your body the signal to produce more milk. You may not see more milk right away, but the stimulation of pumping increases your supply within a few days.

Nurse your baby at the first signs of signs of hunger such as rooting, mouthing and sucking on fingers or hands or bending arms and legs. Crying is a late sign of hunger or may mean that your baby needs something to be different. A crying baby may be too fussy to eat easily and may not have the patience to wait for a let-down, especially if your baby is used to the rapid milk flow from a bottle.

Mom is for nursing: Try to avoid bottles and formula when you are at home and can breastfeed. Consider providing extra nursing time after work, at night, on days off, and before work. If you think your supply is low, nurse more frequently when home.

Take care of yourself: Get plenty of rest, and eat nutritious food and drink to maintain your health. Your diet should be well balanced and include lots of fruits, vegetables, carbohydrates and fluids.

Consider sleeping near your baby: This helps some moms get more rest and makes night nursing easier. It is normal for babies to nurse during the night. This provides valuable calories and comfort. Unlike taking a bottle to bed, it does not increase the risk of cavities. (Visit your dentist to fill any cavities you may have – bacteria can pass from your mouth to your baby.) Putting your baby to sleep on his back and sleeping in the same room as your baby, but not on the same sleep surface, decreases the risk of SIDS.

Milk Storage Guidelines

Information about safe storage and handling of expressed breastmilk can be found in the handout “Milk Storage Guidelines”. (Found in the section for Childcare Providers at www.breastfeedvermont.info)

Troubleshooting breast pump problems

A breastfeeding baby with a good suck can remove most of the milk from one breast in about 10-20 minutes. A good pump should do the same. If you are having problems with your breast pump you can:

- ♥ Clean all parts of the pump that touch the milk with warm soapy water. If a part is gummy with dried milk, it will not suction well. Soak it in water, then wash and rinse well.
- ♥ Check all parts for cracks. Are the parts attached properly and tightly? Hairline cracks can affect suction. Double-check the pressure settings to be sure they haven't been turned down too low.
- ♥ Replace the valves – the thin valves that create suction in a pump are meant to be replaced at least every six months. Replacing old valves is a low-cost way to improve suction.

If you are still having problems, contact the pump manufacturer for advice.

Introducing a Bottle

Introducing a bottle is easy for some babies but requires more time for others. Practice time with a bottle can begin anytime after breastfeeding has been successfully established, usually after the first four to six weeks. The amount of milk you produce is determined by how much milk is removed from your breasts and the stimulation of frequent suckling, so be sure to pump each time a bottle is given so that you keep making as much milk as your baby needs.

- ♥ Bottle-feeding requires less effort from a baby than feeding at the breast. Use nipples with small “slow-flow” holes to help keep your baby from preferring the faster flow of some bottle nipples.
- ♥ Ask a family member, friend or neighbor to help introduce the bottle. An occasional bottle with 2-3 ounces of expressed breastmilk is enough to familiarize your baby with the bottle. If your baby has a difficult time accepting a bottle, be patient; continue to offer the bottle every few days and allow the baby to explore it at her own pace. Babies can be fed from cups, spoons or medicine droppers if they won't take a bottle.
- ♥ When bottle feeding, don't push the nipple into your baby's mouth – instead wait for feeding cues and rooting to begin, then allow him to gape widely for the bottle just like when breastfeeding. Other tips for bottle-feeding the breastfed baby can be found in the handouts for child care providers at the Breastfeeding Friendly Employer Project section of www.breastfeedvermont.info.

Bottle-Feeding the Breastfed Baby – “Paced Bottle Feeding”

- ♥ Feed the baby in a way that mimics breastfeeding. Hold the baby in an upright position, and never put a baby to bed with a bottle. Switch from one side to another midway through a feeding – this provides eye stimulation and development, helps pace feedings, and keeps the baby from developing a preference for one side.
- ♥ Begin feeds gently, allowing the infant to gape widely for the nipple rather than pushing it in so that baby controls when the feed begins. Stroke baby's lips with the nipple to illicit a rooting response and a wide open mouth, and then allow the baby to "accept" or draw in the nipple.
- ♥ Feed Slowly. An infant's system needs time to recognize that they are full – rapid feedings can lead to overfeeding and can cause discomfort in the baby. Pause frequently during feedings to burp, switch sides, or talk to the baby, and avoid holding the bottle in a vertical position.
- ♥ Stop feeding when the baby shows signs of fullness. Do not encourage a baby to finish the bottle. If baby is drowsing off and releasing the bottle nipple before the bottle is empty that means baby is done; don't reawaken the baby to finish.

Nursing Strikes

Sometimes a mother will think that her baby is weaning when, in fact, the baby is becoming more interested in her surroundings. This is typical around four months of age, and again around eight or nine months. Nursing strikes may have several causes, all of which can be handled with patience and understanding of your baby's needs.

- ♥ **Teething or gum soreness:** allow your baby to chew on a cool teething toy before nursing.
- ♥ **Over stimulation from sights or sounds:** nurse in a quiet place and when your baby is sleepy.
- ♥ **Reaction to a change in routine:** spend as much quiet time with your baby as you can.
- ♥ **Normal developmental stage of being distracted and interested in other things:** nurse in a quiet place whenever you can, and realize that this stage will pass.

- ♥ **Preference for the faster flow from a bottle:** use only newborn flow nipples no matter your baby's age.

Spending time in skin-to-skin contact with your baby, such as in a bathtub or in bed, is often the best way to work through a nursing strike. The close contact stimulates their nursing instincts and helps them feel safe and secure against the breast.

If your baby refuses a feeding and your breasts are full, pump, and offer the breast when your baby is calmer. Do not force your baby to the breast.

If your baby is impatient at the breast, you can pump until the milk just starts to flow before nursing so that your baby does not have to wait for the let-down.

Breast Problems

Some breast problems are more common in mothers who are separated from their babies.

Leaking: Use direct pressure over the nipple if you are unable to pump. Crossing your arms over your chest is a discreet way to do this. Breast pads can be used inside your bra, but you should avoid plastic coated breast pads that can trap moisture or change them frequently. Wearing patterned clothing, a jacket, vests, sweaters or a long scarf can hide leaks. Keep an extra blouse or sweater at your workplace just in case. Leaking gets to be less of a problem the longer you breastfeed.

Engorgement: This can occur if your baby skips feedings or you and the baby are separated. Breasts may be warm and hard. You may need to pump more often while at work. Warm compresses before feedings or pumping and gentle breast massage toward the nipple may help release your breastmilk and provide relief.

Plugged Ducts: Plugged ducts can happen when engorgement is not relieved, or if your breast does not drain well because of tight clothing or a restrictive bra. You will feel tender or hard lumps in your breast. Keep nursing frequently to drain the plugged area. Warm compresses before feedings can help the breast to drain, as can gentle breast massage. Massaging the plugged area in a hot shower can be especially helpful. A plugged duct can develop into mastitis if it is not cleared. A plug is the first sign to get some extra rest and give your body the time to heal.

Mastitis: This is an infection due to incomplete emptying of the breast, fatigue and stress. You are sick and need time to recover, so take a day off and get the rest you need. If you feel achy or have flu-like symptoms call your healthcare provider. You may need to take antibiotics. Repeat bouts of mastitis mean that you may need to make more time to express your breasts at work or that you just need more rest. Remember to eat well and drink plenty of water. *It is very important to continue to breastfeed if you have mastitis.*

Adapted from a handout created by the Healthy Mothers, Healthy Babies Coalition of Washington State.