

feeding your baby

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nourishing foods to support breastfeeding



By Jennifer Heinen, MS, RDN, LDN, Founder, Nourish for Life

Even though you're engaging in social distancing, this doesn't mean that you need to disengage completely from other people. In fact, isolating yourself can often increase your anxiety. We are social beings — even introverts — and continuing to find connection and foster a sense of community with others can help us all get through this tough time. Do what you can right now to stay connected to people in other ways, even if you can't be physically close.

Breastfeeding is a journey that includes a lot of questions for many new moms. Among them may be the question, “Does the way we feed ourselves help feed our babies?” A quick search on the internet reveals hundreds of articles about foods that help produce breast milk, or what you “should” and “should not” eat. But before we go judging ourselves based on what we've read online, let's take a look at the current recommendations according to the experts.

Your baby benefits from the nutrients you are getting through your food. Contrary to what you might hear, however, there is no breastfeeding-specific diet. Rather, a generally healthy diet that includes a variety of vegetables, fruits, whole grains, lean proteins, and healthy fats can support your and your baby's health while you're breastfeeding.

You can continue taking a multivitamin, but it does not have to be a specific prenatal supplement, which typically has more iron than is needed. (Your healthcare provider may recommend the additional iron if you had anemia during pregnancy, or a lot of blood loss.)

Healthy fats are important for your baby's development. **Aim for two to three servings of seafood per week**, choosing low-mercury fish like salmon, shrimp, sardines, and tilapia.

You should also be drinking plenty of water, which might not be hard since many breastfeeding moms feel thirstier than usual. Staying well-hydrated provides the extra fluid needed to produce breast milk. You will know if you are drinking enough fluids if your urine is only lightly colored.

Breastfeeding mothers should also focus on **calcium-rich foods**, such as dairy, dark leafy greens, nuts and seeds, and calcium-fortified foods.

Some folks believe that certain foods or herbs (like barley, oats, or fennel) can improve your milk supply. However, the evidence is lacking. Although there is no harm in eating these foods, the best way to make sure you are producing enough milk is to feed your baby on-cue, and try to empty the breast at each feeding.

Certified lactation consultant and registered dietitian Danielle Lavallee says “Feeding frequency and skin-to-skin contact, throughout lactation but particularly early in the postpartum period, go a long way in establishing and maintaining a healthy milk supply.” So continue to pay attention to your baby’s cues while eating a healthy diet to promote lactation.

“Don’t forget that your body needs energy to produce that milk,” Lavallee adds. “Lactation isn’t the time to be dieting or restricting.” Between 300 and 500 additional calories per day are generally needed while breastfeeding, with the exact amount depending on how much milk you are producing and how active you are.

It’s also important to know that some medications and herbal supplements can affect your milk supply, so talk with your healthcare provider if you have concerns about what you are taking.

The bottom line is this — if you don’t have a picture-perfect diet, you will still be able to give your baby everything they need through breast milk, so feel confident that you are doing the best for your little one. If you are having difficulties with breastfeeding, working with a lactation consultant can make a difference.

Go to the International Lactation Consultant Association or La Leche League to find support in your area.

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7 tips for bottle feeding



Whether you're formula feeding, pumping breastmilk for when your child is in childcare, or allowing your partner to get a chance to bond with your little one during feeding time, bottle feeding is a safe and positive feeding option. These tips will make bottle feeding as intuitive and comfortable as possible.

1. Respond to your baby's needs

Even if it feels like all your child does is eat, when they seem hungry, it's probably time for their next meal. Some parents choose to follow a strict feeding schedule, while others prefer to be more guided by their child's hunger cues, but no matter the style of feeding you choose, make sure your child is getting enough to eat.

Babies have little tiny bellies — their stomachs are the size of cherries when they're a few days old, an apricot when they're a week old, and still only about the size of an egg between one and two months old. This means any feeding routine is bound to include lots of little feeding times, at least for a while.

Pay attention to your newborn's reactions — if they stop drinking after a couple of minutes they might be gassy! Make sure to burp them often to bring up those bubbles and relieve their discomfort during feeds.

2. Use the right tools for the job

There are three different grades of nipples, based on the size of the holes in the nipples, which determines the speed at which the milk comes out. When your baby is in their first few weeks, the slowest-flow nipples will probably work best for them. These are often, but not always, the size that bottles come with, though bottles often come with a range of nipple sizes. If your little one is particularly gassy, there are also bottles specifically designed to try to keep them from ingesting too much air.

3. Make sure your baby has a good latch

Much like with breastfeeding, it's important that your little one is well latched onto the nipple of their bottle, but sometimes it can be difficult to tell whether or not your little one is feeding correctly. If you hear noisy sucking, just like with breastfeeding, it may mean that they're taking in too much air. And if your baby can't do more than bite the tip of the nipple or gags when the entire nipple enters their mouth, then it might be time to try a different nipple shape.

4. Cradle your baby

Whenever you are feeding your little one, placement and support are key. Bottle feeding also gives parents a wider variety of positions to choose from. You can place them on your upright knees facing you, or more traditionally hold their head in the crook of your arm. Each of these positions allows the feeder to bond with your baby using eye contact.

Most importantly, feeding your baby when they are lying down can cause the formula to flow into their ears and cause an infection, which is why feeding your baby when they're upright or have their head tilted up, is generally the way to go.

5. Switch it up

Although bottle feeding is certainly different from breastfeeding, mimicking some of the movements from the latter is often a good idea. Switching sides midway through a feed allows for your little one to experience different positions and stimulates eye development.

It also allows for better connection between the feeder and child and prevents your little one from developing a side preference, which could negatively impact a mother whose child is using a combination of breast- and bottle-feeding when they switch back to the breast.

6. Don't push it

Make sure to allow your baby to take the nipple into their own mouth rather than forcing it in. As much as you might want to be in control, Baby should take the lead when it comes to mealtime. Allowing your little one to pace the feed and take breaks is great. (If you plan to go back and forth from breastfeeding to bottle feeding, mimicking the slower pace of breastfeeding can be especially helpful.)

There are, however, little tricks you can use to encourage them to feed, such as stroking their tiny lips to prompt a rooting response, allowing them to latch onto your nipple. And remember — you should generally stop feeding as soon as your little one starts dozing off or squirming away from the bottle, although if they have just started to feed, it's not a bad idea to offer the bottle just one more time, since they could also have just been startled away from feeding by something external, like a noise or change in lighting.

7. Timing is everything

Warnings about “nipple confusion” and what will happen if a newborn is fed with a combination of breast and bottle are often not based in reality. However, if you’re hoping to feed your child with a combination of breast and bottle feeding, it can be a good idea to wait 2 to 4 weeks to introduce the bottle or until you both feel comfortable breastfeeding. This way, your milk supply is fully established. On the other hand, parents who wait longer than a month and a half or so to introduce the bottle can have a harder time convincing their babies to give the bottle a try.

I couldn't produce enough milk, but I am not a failure:

What I wish I knew about breastfeeding when I was struggling to feed my babies



By Sara Lindberg, contributing writer

Hours after giving birth to my first child, I was moved to another part of the hospital, and away from the birthing center. To be precise, I was transferred to a post-surgery recovery wing that had nothing to do with babies.

While the beds were the same and the food still left a lot to be desired, the staff was not trained to work with new moms or babies.

So when my daughter cried all night long, my husband and I were left to figure things out on our own.

But like so many other women, I told myself, no problem, just nurse her, and all will be fine.

Needless to say, she cried all night long while suckling at my breast. We left the next morning and wouldn't find out until five days later at a pediatrician appointment that I was not producing enough milk to feed her.

There are countless lists, articles, and tutorials out in the world that cover everything you need to know about breastfeeding. Trust me, I know. I read every single one of them.

In fact, before giving birth to my first child, I felt prepared for anything that could come my way. And how could I not? If you Google the word "breastfeeding," you'll find everything from tips to soothe cracked nipples to feedback on the best nursing pillows (these are a lifesaver, by the way).

But what many of these lists lack is the truth about the emotional struggles so many women face when breastfeeding doesn't turn out the way they hoped it would.

Here are six truths I wish I would have known about breastfeeding before I had my first child.

It is hard

Breastfeeding is hard. There, I said it. The vision I created in my mind of a peaceful and beautiful experience was nothing like the reality I faced when it came time to put my daughter to my breast. To say I was ill-prepared for the difficulties that could arise is an understatement.

When I learned my daughter wasn't getting enough milk, I tried everything I could to increase my milk production. I tried supplemental nursing systems, spent days in a lactation office feeding and weighing my daughter, and spent countless hours researching supplements and medications that promised to increase milk production.

Trying to make breastfeeding work took over my life. Yes, there are women whose cups runneth over with milk or who have babies that latch on like a pro, but there's also a ton of us who struggle from day one regardless of how many books, videos, or experts we've consulted.

It CAN get better

Notice I didn't say "It WILL get better." With both of my children, there were countless people whose only advice to me was "It will get better." Believing them (because I had to believe in someone), I convinced myself that it must get better. When it didn't, I blamed myself.

But here's the thing: some breastfeeding issues do not magically disappear (more on this later). It was hard with my daughter, and despite all of my efforts, breastfeeding did not get any easier the second time around with my son.

Going 50/50 or 80/20 or 90/10 is okay

If there is one piece of advice I hope will stick, it's this one. The relationship you have with breastfeeding is what you make of it. And the best part? It can be anything you want it to be.

For me, the sweet spot would have been a 50/50 approach: 50 percent breastmilk and 50 percent formula. I wish I would have fed both of my kids using a 50/50 approach from the beginning and NOT beat myself up over the fact that I was physically unable to produce enough milk for my babies.

I didn't know it at the time, but I have a medical condition that prevented me from producing enough milk.

Looking back, I regret that I missed out on so many moments with them because I was hooked up to a pump, researching how to make more milk, dealing with sky-high anxiety because nothing was working, going to appointments with La Leche League and lactation specialists, all while my daughter or son sat on the sidelines.

Bottle feeding is a bonding experience too

At times, I pumped at a pace that would even make an Olympic sprinter nervous.

While the relationship I had with my breast pump was complicated, it did allow me to produce some breastmilk that I could give to my children along with formula — something that helped me make peace with bottle feeding.

After adjusting my expectations, I settled into a rhythm with them of mostly bottle feeding with some time spent at the breast. I also relaxed and finally began to enjoy feeding time — breast and bottle — with both of my children.

It would take years before I would really realize it, but my body did a pretty good job of telling me what I, and my babies, really needed.

There are real reasons your body might not produce enough milk

It wasn't until I had an annual mammogram four years ago that I was diagnosed with hypoplastic breasts, which often results in a medical condition called Insufficient Glandular Tissue (IGT). This condition prevented me from producing enough milk to feed my babies — no matter how hard I tried.

Even though I went to extremes to try and produce enough milk, no one around me thought it could be a medical issue.

In addition to IGT, there are a number of other reasons you may not be producing enough milk, including endocrine or hormonal conditions, previous breast surgeries, hormonal birth control, and certain medications.

Even if you identify with one of the conditions listed, it's important to remember that breastfeeding is more than just producing food. Mothers who don't produce adequate milk can still enter into a nursing relationship with their baby. Give yourself permission to supplement without making it about you failing as a mother.

You get to decide what works

If you're struggling with breastfeeding, it's okay to try and make it work. It's also okay to say "enough is enough." My biggest regret is that I didn't listen to (and trust) my voice. I was so focused on not failing that I wasn't able to see the small successes and milestones that were happening right in front of me.

Looking back on it now, I genuinely believe that I would have still chosen to nurse my children as much as possible. I just would have done so with much less pressure and anxiety.

food allergies in the first two months



Allergies aren't the first thing that jumps to mind when formula-fed babies are having health problems or seem fussier than usual - they're not even eating real food yet, so what do they have to be allergic to?

Unfortunately, the cow's milk that makes up the base of most formulas is one of the most common food allergens.

It's rare for very young babies to have food allergies, since most food allergies emerge later in life, but about 2% to 3% of infants do have milk allergies, so it can be helpful to know what to watch out for.

What is an allergy?

Babies who haven't been introduced to solids yet but are having some trouble with what they're ingesting are much more likely to have an allergy than an intolerance (although a lactose intolerance is still possible, especially for babies with family histories of lactose intolerance), which means that rather than just having trouble digesting certain parts of what they're eating, their bodies actually react negatively against certain proteins or compounds.

Signs of an allergy

Allergy symptoms include:

- **Skin rash:** Rashes that don't go away on their own, especially around joints, in skin folds, or around the anus. Skin rashes that are part of allergic reactions can, but do not always, look like hives.
- **Digestive issues:** Diarrhea, vomiting, gas, and upset stomach that causes fussiness can all potentially be allergy symptoms. These symptoms can put babies in danger of other health issues — like dehydration, weight loss, and failure to thrive — if they occur regularly or arrive and don't go away. It's always a good idea to consult a doctor about such issues, whether they're allergy-related or not.

- **Eczema:** The red, scaly, sometimes oozing skin patches created by eczema commonly overlap with allergies.
- **Ear problems:** Allergies can lead to fluid build-up in the ear, which can lead to hearing problems and ear infections. Ear problems during language development can cause problems with speech and comprehension delays. Babies experiencing ear pain may be fussy or upset and may tug on their earlobes to try to relieve the feeling of pressure.
- **Swelling:** Allergies that cause an immediate response can sometimes cause swelling of the face, mouth, and sometimes throat. Since this swelling can cause airway obstructions, parents who notice it should seek immediate medical attention.
- **Respiratory problems:** Babies with constant runny nose, congestion, or sniffles can also be suffering from allergies. These issues can cause problems with sleeping patterns too.

What might my child be allergic to?

Most babies who experience allergic reactions while formula-feeding and before solids have been introduced are allergic to dairy. Unfortunately, an allergy to milk proteins, which is what most dairy allergies are, often overlaps with soy allergies. Babies who continue to have allergic reactions after both milk and soy proteins have been removed from their diets might also have an allergy to corn. The vast majority of formula brands use some corn products, though there are a few corn-free brands.

What should I do about a formula allergy?

If you suspect your child might be having an allergic reaction to their formula, it's definitely time to talk to a pediatrician. Since allergy symptoms can seem like other health issues — particularly colic — it's a good idea to take careful note of the timing and pattern of any symptoms you notice in the days leading up to an appointment. A pediatrician may recommend switching formulas, speaking to an allergist, or both.

Should I switch to soy?

Though soy-based formula is a good alternative to cow's milk-based formula for many babies who have trouble digesting milk, it doesn't work for all babies with allergies. Some of the proteins in soy are not too different from milk proteins, and so babies who can't process milk proteins may also have trouble processing soy proteins. Formula-fed babies who have trouble with both milk and soy proteins are generally transitioned back to a milk-based formula, but one that is either hypoallergenic or amino acid-based.

Sensitive, hypoallergenic, or amino acid-based?

Formulas designed for sensitive stomachs generally aren't different enough from regular formula to make a difference for babies with allergies or serious intolerances. Hypoallergenic formulas are much more likely to work, but in cases where they don't, a pediatrician may prescribe an amino acid-based formula, which is not available over the counter.

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how to get more milk when you pump



Breastfeeding is a skill, and it takes some time to get better at it. Many find pumping breast milk even less instinctive. Like breastfeeding, pumping is a skill that can take some time to perfect, and some moms don't pump as much milk as they'd like to when they're first starting out.

One of the most common questions about pumping is how to make the most of it, and how to get the most milk from it. This is partially because, unlike when you're nursing, you can see exactly how much milk you're accumulating when you pump, and partially because even the most advanced models of pumps aren't quite as good as a well-latched baby at coaxing milk out.

Luckily, there are a few strategies to get more milk when you pump:

- **Warmth:** Heat can help to stimulate milk production, which is why many nursing moms find that just coming out of a hot shower is a great time to pump. Warm compresses can also help, and can be a more portable option, if you're looking for something to take to work.
- **Try a massage:** Hands-free pumping is great, but putting those free hands back to work can sometimes be exactly what your body needs to effectively stimulate your breasts. Many women find that it helps to gently massage their breasts starting on the outside and then working their way in a spiral pattern, like the one healthcare providers use for breast exams. Research confirms that this sort of hands-on pumping produces more and fattier milk.
- **Be nice to your nipples:** Sore nipples aren't uncommon, especially if you've just started pumping and are now doing it pretty regularly. The first thing to do is to make sure that you're using the right size flange for your nipples, since pumping itself shouldn't hurt. (Keep in mind that you can still have chapping even with the right flange.) Moisturizer or nipple cream and using the lowest setting of the pump for a little while can help give your nipples a little time to adjust.

- **Power pumping:** If you're not producing a lot of milk, more stimulation is generally the answer, or at least part of it. When you're home, your child can be your helper here, since they are the best-equipped to provide it, so breastfeeding whenever you can is part of the puzzle. The other part, though, isn't to pump longer, but to pump more often. If you can, try shortening how long you pump by a little bit, and work in one more time during the day to pump instead.
- **Ask your little one for help:** Your baby is probably already doing their part by breastfeeding, but they can do even more than that! If you're trying to build up your supply, you can try attaching the pump to one breast when your child is nursing on the other. And when your little one isn't around, like if you're at work, keep a picture, video, or even a piece of clothing or soft toy around to remind you of your baby — this will help you relax and can encourage your body to let down your milk.
- **Take care of yourself:** It can be hard to remember to think of yourself when you have your little one to think of, but when you're feeding them, your health is their health. Stress does not hurt your milk supply, but it can impact letdown, so try to think of pumping as your time — when you can read, watch something, listen to music, or even just close your eyes and breathe for a while. This can make a huge difference in helping to make pumping less stressful. Nutrition and hydration are also important for breastfeeding and pumping. Generally, whatever you can do to help yourself feel physically healthy can help boost your supply — and you're the best person to know what that is, whether it's figuring out how to add another hour of sleep to your life or loading up on the leafy greens.

And keep in mind, if you're having trouble producing breast milk when you pump and you're not sure how to address the problem, a healthcare provider or lactation consultant may be able to help.

breast milk storage basics



If you're breastfeeding, for most moms, this probably means that you'll also pump and express breast milk — either when returning to work or just so that loved ones can occasionally feed your baby from a bottle and give you a little break. And if you're going to express breast milk, that probably means you're going to store the milk. You should know how to do so safely, so that you can be confident your child is having milk that's not just tasty and nutritious, but also safe.

How can you store your breast milk?

There are a number of storage options — from glass bottles, to BPA-free plastic bottles, to specially designed plastic milk storage bags. Whichever option you choose, the containers should be clean and properly sealed before they are stored (keep in mind that milk that is frozen will expand).

You might decide to store the milk in just-a-few-ounce servings, several-ounce servings, or a variety of serving sizes — this should be based on what your baby is eating and their feeding schedule, which will change over time. A variety of serving sizes can be helpful in case your little one needs a full meal or a snack, or even just needs to eat quickly.

You'll always want to clearly label the bottles or bags with the date that the milk was expressed. And if you'll be sending the milk off to childcare with your child, you'll also want to make sure their name is on the label.

Just how long does expressed milk remain good for?

How long milk can be stored depends on just where it gets stored.

- **Out at room temperature:** If you've just pumped and are fairly confident that your baby will drink the fresh milk soon, it can sit out unrefrigerated or unfrozen for six to eight hours (at up to 77°F or 25°C), but using or storing the milk in a colder space within four hours is ideal. The milk should be covered and kept as cool as possible, so if it's a particularly hot day, you may want to move the milk to a fridge or freezer right away.

- **In a cooler or insulated cold storage bag:** If you pump and are then traveling with expressed milk, you may very well decide to store it in a cooler or insulated bag as you travel. It's best to keep ice packs against the milk containers and not open the cooler or bag unless necessary. All recommendations suggest avoiding storing milk like this for longer than 24 hours.
- **In a refrigerator:** It's optimal to store milk in the refrigerator for three to five days, although it's acceptable to store there for up to eight. It's also recommended that you store the milk in the back of the fridge (as opposed to close to the front or on a door) where it's a bit chillier.
- **In a standard freezer (meaning a freezer that is part of a refrigerator but has a separate door):** The CDC and La Leche League agree that milk can be stored for between three and six months.
- **In a deep freezer:** Milk can be stored here for up to 12 months (though 6 months is ideal).

Milk that gets stored longer than these recommended times in a fridge runs the risk of spoiling.

Milk that gets stored longer than these recommended times in a freezer is usually still safe, but some of the fats may break down and some of the nutrients may be lost.

You can thaw frozen breast milk by placing it in the fridge several hours before you plan to use it, or thaw it more quickly under warm running water or in a bowl of warm water. Some research shows that milk warmed quickly via a warm water bath retains better fat and nutrient profiles.

And some babies might even prefer that refrigerated milk be warmed up (what refined taste!). Heating it on the stove or in the microwave is not recommended, because the milk might heat unevenly or get a bit too toasty for your little one.

Once frozen milk has been thawed, if it goes unused, it can be refrigerated for later use for up to 24 hours, but it should not be refrozen. However, if frozen milk has been partially thawed (as sometimes happens in the event of a power outage), as long as it still contains ice crystals, it's still considered safe to refreeze.

As you begin to pump and store your milk, you might notice that it's a particular color or that the color changes over time or even depending on what time of day you pump. When chilled, you might also notice that it will separate into milk and cream layers. And once thawed, you may notice the milk looks like it's of a somewhat different consistency or smells slightly different than when it was freshly pumped. As long as the milk has been stored properly, this is normal. But use your judgement; a little sniff should tell you if things have gone bad. (Milk that smells soapy is still safe and nutritious for your baby, it just happens to have excess lipase activity. Lipase is a normal enzyme found in all milk, but your little one might not love the taste. Scalding the milk quickly, for just a few seconds, can fix this issue. You can read more about milk with excess lipase activity and how to scald it [here](#).)

If you ever have questions or are really concerned that the quality of the milk is questionable, it's better to err on the side of caution and toss it.

When it comes to storing milk for long periods of time, keep in mind that the quality and makeup of your breast milk changes over time as your baby gets older and has different needs. This means if you expressed a lot of milk when Baby was first born, it's best to use that when they are still fairly young, and not save it until they're nine months old.

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Continuing to breastfeed when going back to work



If your family is formula-feeding, the transition back to work can be pretty straightforward and your baby's feedings can continue on much like before. But if you've been breastfeeding, there's a little more that you'll need to consider.

If you're breastfeeding and happen to work close to where your little one will be cared for — whether at home or at daycare — or enjoy the benefit of in-house daycare where you work, you might find it relatively straightforward to keep up with regular nursing sessions. You might just need to zoom back home or to the daycare a few times a day for additional feeding. But for most breastfeeding moms, this isn't an option — and so returning to work will mean pumping and expressing breast milk at work. This does mean that there's one more thing on your “back to work” plate, but there's a lot you can do to ensure a successful transition.

Create a “pump at work” plan

A few things that will set you up for success include working out the details of pumping — including exactly where you will pump — with your employer prior to your return. Will you use a dedicated lactation room? A temporary pumping space? And will you have access to an electrical outlet or a fridge?

It's also a good idea to set a schedule for when you'll pump so that all of your coworkers understand that you'll be unavailable when taking breaks to do so. This will help to set up clear expectations in advance of your return, which is helpful for everyone involved. Having this sort of info will allow you to know just what sort of pumping equipment and accessories you'll need to bring and even what you may want to wear to make pumping at work as easy and comfortable as possible. And do make sure that you get familiar with all of your pumping equipment beforehand — you'll want to practice with it so that you're comfortable using it all.

Pump often!

Something else to keep in mind when returning is that you'll want to make sure that you're able to pump often enough at work to keep up your milk supply and meet your baby's feeding needs.

When you first return, you'll essentially want to be pumping just about as regularly as they would be nursing if you were home — so every few hours. Obviously, your little one's needs will change over time, as will your milk supply, so eventually you may pump a bit less at work. But initially, if you're pumping less than your child would feed at home, your milk supply could decrease.

And if you go too long between expressing milk — say, by skipping a pumping session at work — you may suffer from breast engorgement.

Many moms find it helpful to nurse their little ones right before leaving for work and right after returning home to help keep up their milk supply, especially if you'd rather pump a bit less while at work — or if you have to pump a little less than would be ideal based on your job responsibilities or what your lactation space is like.

But just how much expressed milk will your baby need?

If your child has been feeding on demand, you may have a good sense of just how often they'll likely feed during the day when you're apart, but they may also adjust their feeding a bit once you don't spend all day with them. Moms who haven't been pumping and feeding from a bottle already may also be not quite sure of just how much their little ones will eat in terms of ounces and bottles.

It can help your peace of mind to have some extra breast milk stored at home before you return to work. And remember that detail about getting comfortable with pumping before returning to work? It can be helpful to pump a bit between feedings before you return to work not only to get familiar with the pumping process, but also to build up extra stored milk.

You can store breast milk in the fridge for 3-8 days — and in a standard freezer for up to 6 months — so even with just a small dedicated space in your fridge and freezer, you can still stock up! If you have a small supply at home for Baby before you go back, you'll feel good knowing that they'll have the milk they need. But don't feel pressure to have a freezer full of milk to get started. Most working moms might start with 2-3 days worth of milk when they first return to work and will then replenish that supply with pumped milk from their workday.

Call in backup if necessary

Some moms also decide that while they would like to continue to breastfeed and pump, they would also like to supplement that breast milk with formula. Just remember that if you do want to keep up your milk supply, you should continue to breastfeed and pump consistently.

Returning to work is a major transition, but there are ways to continue breastfeeding and make the transition a successful one.

tips for pumping at work



By Gina Nebesar, cofounder and chief of product at Ovia Health

Know your rights. For example, in the U.S., companies larger than 50 employees are required by law to offer breastfeeding moms a private place (other than a bathroom) to pump for up to a year after giving birth per the Affordable Care Act.

Once you have a place to pump, it's ideal to also have a sink and a fridge in the room. If that's not doable, close proximity is the next best thing. You'll need a reliable place to refrigerate your expressed milk and clean out your pump. Even just guaranteeing there will be space in the office fridge for your milk is an important detail. Use an insulated bag (whether a special bag for pumping or a lunch box) to keep your milk cold for the commute home.

Block off time for pumping.

The same U.S. law that requires employers to give you a space to pump also requires them to give you time to pump. That means time to get set up in your pumping room, express your breast milk, organize and date the bags of milk, clean and put away the pumping parts, store the milk in the fridge, and return to work. It takes a lot of time! You'll need to make sure your manager and the people you work closely with understand and respect that when you say you're unavailable, you mean it.

Consider freezing a supply of breast milk before returning to work.

Having a stock of milk can help put less pressure on you to pump multiple times a day, every day. This didn't work for me, but I know moms who did this successfully. Writing the dates on your expressed milk is especially important in this case because you'll want to make sure you're using the oldest milk first to extend the life span of the supply and avoid wasting any milk.

Never apologize.

Sometimes I hear moms apologizing when they need to excuse themselves to pump. No one should expect you to apologize, and neither should you. Being a working mom is hard, and no one needs an apology for you doing something so important as ensuring your child is fed and healthy.

You know yourself and your family best.

Motherhood is different for everyone and can look different even from one child to the next. Maybe pumping at work is a breeze for you — that's great! If it's hard and exhausting and frustrating, that's normal too. For me, it was more realistic to start supplementing at three months. I didn't want to push myself too hard, risking getting frustrated and quitting altogether.

Eventually, I decided that pumping once or twice per day is what I have time and energy to commit to, and if my baby doesn't have enough breastmilk during the day, she gets formula. And I can rest easy because I know my baby won't get hungry.

It's good to know the clinical guidelines for breastfeeding, but whatever you decide works best for your family is the right decision, and no one can tell you differently. At the end of the day, this is a team effort.

Often we put the responsibility on ourselves alone -- to pump, to work, to be a great mom, and to be a great colleague. But what is breastfeeding empowerment if we don't have the power and support we need and deserve in every facet of our lives?

Source

- Reasonable Break Time for Nursing Mothers: A Provision Enacted Through the Affordable Care Act <http://pediatrics.aappublications.org/content/134/3/423>