Practical Help for Working Mothers

Supporting Breastfeeding When a Mother Returns to Work

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Disclaimer

Author of *Working without Weaning*, published by Hale Publishing

I discuss off-label use of domperidone and reglan

I discuss specific brands of breast pumps
How we can help

• Assume mother will continue breastfeeding
• Vocalize support
• Offer resources
• Provide medical support and information as needed
Resources we can provide

- Business case for breastfeeding
  - http://mchb.hrsa.gov/pregnancyandbeyond/breastfeeding/
  - Empowering mothers
    - BF provides benefits to employers
    - Not asking for “special” treatment
    - Ensuring employee loyalty, expense of retraining

- Creative thinking
  - Alternative scheduling
  - Available spaces

- Information about legal protection
  - Mothers need to know they have a legal right to breastfeeding protection
Federal Health Care Reform

- Requires employers to provide reasonable break time
- Requires a private, non-bathroom place for nursing mothers to express breast milk during the workday
- Provide above for one year after the child’s birth
- Requirements became effective when the Affordable Care Act was signed into law on March 23, 2010

SEC. 4207. REASONABLE BREAK TIME FOR NURSING MOTHERS.

Section 7 of the Fair Labor Standards Act of 1938 (29 U.S.C. 207) is amended by adding at the end the following:

“(r)(1) An employer shall provide—
“(A) a reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child’s birth each time such employee has need to express the milk; and
“(B) 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.
“(2) An employer shall not be required to compensate an employee receiving reasonable break time under paragraph (1) for any work time spent for such purpose.
“(3) An employer that employs less than 50 employees shall not be subject to the requirements of this subsection, if such requirements would impose an undue hardship by causing the employer significant difficulty or expense when considered in relation to the size, financial resources, nature, or structure of the employer’s business.
“(4) Nothing in this subsection shall preempt a State law that provides greater protections to employees than the protections provided for under this subsection.”
Information on the law

• Workplace Support in Federal Law

• [http://www.usbreastfeeding.org/workplace-law](http://www.usbreastfeeding.org/workplace-law)
Vermont Law

Vermont Workplace Support Nursing Moms

Why do Vermont workplaces support nursing moms?

- Saves money: lower health insurance claims and lower medical costs — average is $389 in annual savings per breastfed baby
- Reduces employee turnover
- Lowers employee absenteeism
- Improves employee productivity
- Raises employee morale and company loyalty
- It’s the Law

What can employers do to support nursing mothers in the workplace?

- Develop policy and determine who oversees this program
- Include employees in the new policy
- Provide a clear, private space with access to electric outlet and a chair, consider a “walk-through” with your employees
- Other flexible breaks
- Apply for Breastfeeding-Friendly Employer recognition
- Consider insurance coverage for lactation consultants
- Consider corporate lactation program that staff includes significant numbers of mothers

Understanding the law

In May 2006, Vermont’s labor law was amended to include the following:

(a) For an employer who is a nursing mother, the employer shall for three years after the birth of a child, (1) provide reasonable, either compensated or un-compensated, throughout the day for the employee to express breast milk for her nursing child. The decision to provide compensated time shall be in the sole discretion of the employee, unless modified by a collective bargaining agreement; and
(b) make reasonable accommodation to provide appropriate private space that is not a bathroom stall. An employer may be exempted from the provisions of subsection (a) of this section if providing time or an appropriate private space for expressing breast milk would substantially disrupt the employer’s operations.

In March 2010, Congress extended similar federal protections to some nursing mothers in the workplace. That month, Congress amended Section 7 of the Fair Labor Standards Act (FLSA) which grants certain employees federal rights and protections for expressing breast milk and earning a federal right to express breast milk in the workplace for up to a year after childbirth. Nursing mothers covered by Section 7 also have the right to express milk in a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public. They also have the right to be paid for each break in which the employer pays for employees for other types of work breaks. There are some limited exceptions to this federal right, such as cases where providing a break would present an undue hardship to employers with fewer than 50 employees. Important, however, the FLSA does not replace Vermont’s more generous breastfiding law, but instead provides many employees with an additional layer of legal protection.

Additional protection: nursing in public

Vermont law (Act 137) provides protection for women who breastfeed in places of public accommodation (schools, restaurants, stores and other facilities serving the general public).

For more information, contact the Vermont Human Rights Commission: 902-826-2384, 800-416-2001 or at www.hrc.vt.gov

Resources

Vermont Department of Health
WIC Program
800-646-2341 / 802-863-7333
www.breastfedvermont.info

Vermont Attorney General
Civil Rights Unit (CRU)
802-826-3367 / toll free 800-742-9179
www.civilrights.vermont.gov

U.S. Department of Labor
Wage and Hour Division
800-558-4114
www.dol.gov

This document is a collaborative effort of Vermont’s Commission on Women, Department of Health, Attorney General, Civil Rights Unit and the Vermont Breastfeeding Network.

What can employees do if their rights have been violated?

An employee who believes her right to express milk has been violated should contact the Vermont Attorney General, Civil Rights Unit (CRU) at 802-826-3367 or toll free 800-730-9179. The CRU may investigate, and has the authority to enforce protections of the law by bringing a civil action for injunctive relief and economic damages, including lost wages. The CRU may enter into settlement agreements with employers.

Alternatively, an employee who believes her rights have been violated may make a complaint to the Vermont Judicial Bureau through the Vermont Department of Labor, Wage and Hour Division at 802-828-6067. The Department may, after an investigation by it or the CRU, issue a Vermont Civil Violation Complaint similar to a traffic ticket. Employers may receive the case against them by paying a service fee or may contest the complaint in a hearing before a Judicial Bureau hearing officer. If found in violation of the CRU’s rule or order, the employer may be ordered to pay civil penalties for each violation.

The federal Fair Labor Standards Act providing break time for nursing mothers is enforced by the U.S. Department of Labor’s Wage and Hour Division, which can be reached at 800-558-4114.

MamaVa
When to start?

- Pumping and storing
  - How much do you need stored?
    - 1 day’s worth is sufficient (10-15 oz.)
    - Consider anxiety
  - Freezer stash trap
    - Too much stored milk can lead to unintentional supplementation
When to start?

- Feeding bottles
  - Magical age?
    - When breastfeeding is on “autopilot”
  - Depends on the baby
  - Consider the workload on mother

- Value in de-stressing
  - Babies inevitably figure out how to eat once mother is absent
Starting back to work

• Start on Thursday
• Shorter weeks/shorter days
• 80% position
• Work from home
Storage guidelines

- 3-10 days in refrigerator
- 1-6 months in freezer (what kind of freezer?)
- Hours at room temp? – research is spotty at best

My plan:
- What you need Monday comes from the freezer
- What you pump one day, goes to work the next (24 hour storage)
- What you pump on Friday gets frozen
Storage guidelines

How long to store milk?

- Martinez-Costa, 2007

![Graph showing bactericidal activity over time (hours).](image)

**Table 1** Comparison of the antioxidant capacity of human milk and formula

<table>
<thead>
<tr>
<th></th>
<th>Fresh</th>
<th>4°C (48 hours)</th>
<th>4°C (7 days)</th>
<th>−20°C (48 hours)</th>
<th>−20°C (7 days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human milk (n=16)</td>
<td>1.66 (0.06)</td>
<td>1.58 (0.06)</td>
<td>1.48 (0.05)</td>
<td>1.45 (0.05)</td>
<td>1.34 (0.04)</td>
</tr>
<tr>
<td>Formula (n=5)</td>
<td>1.07 (0.02)*</td>
<td>1.08 (0.04)*</td>
<td>1.05 (0.02)*</td>
<td>1.05 (0.02)*</td>
<td>1.07 (0.04)*</td>
</tr>
</tbody>
</table>

Data are presented as Trolox equivalent antioxidant capacity. *p < 0.05 compared with human milk.

Hanna et al., 2004
Washing pump parts?

• Provide your best clinical opinion.

• Sterilize?

• Wash after every pumping session?

• OK to wash once a day if kept refrigerated between sessions?
Barriers

• Milk Supply
  – Concerns over pumping enough
Pumps

- Ineffective pumps
- Pumps for full time working mothers
  - Medela Pump in Style
    - Rental pumps – symphony and lactina
    - Swing? Maybe…
  - Ameda Purely Yours
    - Available as Lansinoh
  - Hygeia
    - EnDeare
    - EnJoye
- Manual pumps
  - Medela Harmony, Avent Isis, Lansinoh/Ameda
Managing Milk Supply

Teaching the mechanics

– Milk removal = milk production
– Production fastest when empty
  • Avoid “Waiting ‘til I feel full so I get more”
– Changing breast sensations
  • Feeling less full, “drying up”
Managing Milk Supply

Storage capacity

– No set answer for how often to pump
– “One for each missed feeding”
Minimizing Bottles

• Overfeeding requires more pumping
  – Leave milk in small volumes
  – Slow flow nipples
  – Other comfort measures

• Mom gives no bottles
  – “Bookend” days at childcare with breastfeeding
How much milk does my baby need?

- Average is 25 oz. every 24 hours.
- Does not change over time
  - Rate of growth slows as infant mass increases
  - Volume to sustain growth remarkably constant
- 1 oz. for each hour of separation. Add additional ounces for missed feeds at night
- “YMMV”
How to pace feeds

- Try not to feed the baby every time he is unhappy. A nappy change, cuddle or more attention may be what he needs. If he is obviously hungry though, offer a feed.

- Watch for signs that the baby is hungry rather than feeding to a time schedule. The baby will get restless and may start sucking his fingers or moving his head on your chest when you pick him up. If he is past this stage, he may be crying and not stop when you comfort him.

- Hold the baby in an upright position. This stops him taking too much milk at the start of the feed. Support the baby’s head and neck with your hand rather than with your arm (see drawing at right).

- Use a slow-flow teat.

- Gently brush the teat down the middle of the baby’s lips, particularly the bottom lip. This helps the baby to open his mouth wide, allowing you to place the whole teat into his mouth, like he would if he was breastfeeding. Do not push the teat into the baby’s mouth. Let him take it himself.

- Tip the bottom of the bottle up just far enough for the EBM to fill the teat. As the feed goes on, you will need to let the baby gradually lean backwards more and more so that the teat stays filled with EBM. Keep the baby’s head and neck lined up. At the end of the feed the bottle will be almost vertical.

- Let the baby have rests every few minutes to make it more like a breastfeed. This will help stop the baby drinking too much too fast.

- Allow the baby to decide when to finish the feed. He may not need to drink all the EBM in the bottle. It is better to do this than to worry about wasting a small amount of EBM.
Supply Busters

• Ineffective pumps
  – Old, worn out, used

• Stress
Supply Busters

• Fatigue

• Medications
  – Wellbutrin
Getting more milk

• Adding pumping sessions
  – “Placing the order”
  – 3-4 days to increase production

• When to pump?
  – Relaxation
  – Prolactin
  – Practicality
    • Nurse-shower-pump
    • Pump one side
    • Pump on arrival at work
    • Pump on weekends
Relax…

- Oxytocin and the brain’s emotional centers
- Think good thoughts…
- No peeking!
Hands-free pumping

I DON'T THINK I CAN LEAVE FOR AT LEAST ANOTHER HOUR.

WELL, SHE POLISHED OFF THE LAST BOTTLE AND YOU KNOW SHE WANTS YOU AT BEDTIME.

Cartoon by Alison Bechdel, Used by permission

See also www.workandpump.com/handsfree
Galactogogues

• The old wives tales
  – Oatmeal
  – Protein
  – Water

• Herbs
  – Fenugreek, blessed thistle
  – Alfalfa, raspberry leaf, fennel, nettle

• Medications
  – Domperidone
  – Metoclopramide
All or Nothing?

• Meeting mothers where they are
• Daytime weaning
  – Pumping once a day
  – Pumping at home
  – Extra night feeds
• Supplementing
  – Acceptance
  – Avoidance of slippery slope
  – No bottles from mom
All or Nothing?

- Taking the pressure off
- Relieving the pressure of “all” avoids the reactionary shift to “none”.
- Analogy to food choices
- Praise for great efforts!

**Making it easier makes it possible**
Special Challenges

- Breast refusal
- Bottle refusal
- Reverse cycling
Breast Refusal

- Skin-to-skin
- Feeding while sleepy
- Closeness and relaxation
- No bottles from mom
- Weight checks if needed
Bottle Refusal

- Someone else feeds bottles
- Positions
- Temperatures
- Bottle alternatives
  - Cups
  - Syringes
  - Spoons
Reverse Cycling

- Nighttime feeding
  - Make it restful
Other Supports

• Model a breastfeeding-friendly office for your own employees
• Offer supplies for sale?
• Working mother support groups
Vermont Breastfeeding-Friendly Employer Project

- Information for mothers, for employers, for childcare providers
- Three levels of support
  - Gold, Silver, Bronze
Normalize

• Ask about breastfeeding routinely
• Expect breastfeeding unless told otherwise
• Expect that a working mother will continue breastfeeding and may need help figuring out how
• Offer support at every opportunity
Breastfeeding Help for Working Mothers – Additional Material
Flange sizes

- Flange size indicates the diameter of the “tunnel”. Size ranges from 21mm to 36mm. Most pumps come standard with 24 or 27mm sizes.
- For correct size, nipple should move freely in the tunnel without rubbing. Only a little areolar tissue should be drawn into the flange.
- Incorrect size can impair ability to pump sufficient milk.

Pump Valves: replace every 3-6 months, or when pump efficacy is questioned.

• Medela: the “valve” is the yellow plastic piece, the “membrane” is the white flippy thing. One can replace both of them together or replace only the membrane.

• Ameda and Hygeia: the valve is a single “duckbill” piece.
Hands on pumping

• Video presentation prepared by Dr. Jane Morton (Stanford University School of Medicine) found at:

http://newborns.stanford.edu/Breastfeeding/MaxProduction.html
Starting Solids

• Beginning at about 6 months, a mother may have a hard time pumping enough milk.

• A mother can have her child care provider give solids during the day as a supplement to breast milk, while she still exclusively breastfeeds at home to maximize intake of breast milk.

• Remind mom that it will continue to get easier as her baby takes more solid foods.
Domperidone Protocol

• General information and dosing recommendations from Dr. Jack Newman:
  http://www.breastfeedinginc.ca/content.php?pagename=doc-DGS

• Newman/Goldfarb protocol for increasing milk supply with domperidone and the addition of herbs and pumping regimen.
  http://www.asklenore.info/breastfeeding/induced_lactation/increasing_milk.shtml

• http://kellymom.com/bf/can-i-breastfeed/meds/prescript_galactagogue/
The End