

Lactation Guide for Trainees of Hawaii Residency Programs, Inc.

Disclaimer: Hawaii Residency Programs supports trainees returning from leave who need to lactate upon return to the workplace. The following is prepared by resident peers to help the trainee prepare for her return to the workplace. The trainee is encouraged to carefully consider her decision and plans, well as consult with her physician as needed.

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Please contact any of the above for additional breastfeeding assistance.

Returning to Work

Whether you have had a child before or not, returning to work is challenging. Planning and preparing for how you will perform your work and pump are crucial. Please contact your Program Administrator or Hawaii Residency Programs Human Resources Office to discuss lactation locations available at our major training hospitals.

1. Talk with your supervisor.

Talk with your program director and clinic supervisor about your plan to pump at work and how to fit this in during different rotations. There may be additional faculty or residents who have recently returned after similar leaves who you could speak with about best ways to pump on any given rotation or in any given clinical setting (see contact info above). Program directors may not have first-hand experience with the needs of returning trainees or your particular situation. They can help advocate and support you if you let them know what you will need upon returning to work.

2. Practice at home before you return.

You will want to practice pumping and feeding from a bottle ideally at least a few weeks prior to returning to work. This allows you to get in the practice of pumping which gives you a chance to troubleshoot parts and other necessary things (ex: the flange could be the wrong size; you will get used to the parts you need so you don't forget to take any and know how to correctly assemble them, etc.). It also allows your baby to practice taking milk from a bottle. Babies may refuse a bottle initially if only ever breastfed, so practice with them so you know you both are ready to be away from each other. You should prepare enough pumped milk for at least one day of work, then on the first day of work you will pump milk for the next day and so on. This can be accomplished by pumping an ounce or two a day for the few weeks before returning and storing it appropriately in the freezer. Plan for baby to drink 1-1.5oz for each hour you are apart. This is also a helpful guideline for caregivers to know how much to feed baby!

3. Decide on a location(s) to pump.

If your location at work changes frequently, either because of clinic, rotations, etc., think about multiple locations you could go at each site.

4. Plan frequency and when you will pump.

Pumping frequency required to maintain supply can vary from person to person. When your baby is very young (less than 6 months) pumping every 2-3 hours for 20-30 minutes is ideal but may not always be possible.

Having occasional 4-5 hour long stretches will not ruin your supply, especially if you are able to get in a few more closely spaced pumps in the day. If a window of time arises an hour after pumping, for example, feel free to get an extra pump in. Frequent breast emptying is key in maintaining your milk supply. Longer stretches can lead to clogged ducts and mastitis. If you have had a longer interval between pumping sessions, massaging and applying gentle downward pressure “milking” while pumping and applying warm compresses can help relieve these areas. Contact your doctor if you start to develop a fever and breast pain, and continue to pump and breastfeed to relieve engorgement.

5. Buy additional supplies.

It is helpful to have more than 1 set of pump supplies on hand in case something breaks, gets lost, etc. In addition to the pump and supplies, consider buying bras which make it easy to pump hands-free or undress quickly. Depending on where you pump and your comfort level, you may want to cover with a nursing apron. Invest in a good carrying case for all the supplies you will need to carry back and forth to work every day.

6. Consider safe milk storage.

Know where there will be refrigerators for you to safely store your milk. You may choose to bring a cooler with an ice pack if you will be transferring it to a different location throughout the day. See more under Breastmilk Storage.

Pumping Room Needs

Ideally, you will want to find a space with the following:

- A computer and phone available to allow you to continue to work if you choose (it may be necessary to use a personal laptop in settings that do not currently have a computer)
- Sink close by to wash hands before/after and clean parts after pumping
- Electric outlet (may need a 3-prong outlet depending on pump)
- Desk or table to place the pump
- Chair for you to sit
- Door with interior lock, or bring “Do Not Disturb” sign

Please remember to contact your Program Administrator or the Hawaii Residency Programs Human Resources Office to discuss lactation locations available at our major training hospitals.

When to Pump

Think about the structure of your day and the frequency you want to continue to pump. Decide on an optimal interval with your supervisor and plan your day. On inpatient rotations, it may be best to pump right before coming to work or immediately when you arrive during pre-rounding time. Talk with your team about when you need to have a break to pump, so that they know when to anticipate you leaving. You may experience milk let down in between pumping sessions, particularly if you are stretching the interval between pumps or are around crying babies (an obvious stimulus for your body to think it’s time to feed!). This gets better with time, but it can be helpful to wear breast pads in your bra so you don’t leak through.

What If I Forget Pump Parts?

Refer to site-specific resources, or the list of resources stated below.

If you are unable to use your breast pump due to forgotten supplies, you can still safely

and effectively collect breast milk safely with hand expression. It is important to continue to express milk regularly even if you are not able to use your breast pump to avoid discomforts of engorgement or milk leakage and risk of mastitis or decreasing milk supply. [For a video tutorial on hand expression \(https://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html\)](https://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html)

Breastmilk Storage

It probably goes without saying to make sure to wash your hands prior to starting pumping or handling breast milk. How long is freshly expressed breast milk good for?

- Up to 4 hours at room temperature (due to our tropical climate it is recommended to refrigerate freshly pumped milk after 1 hour at room temperature)
- 24 hours in a cooler (~59 degrees F)
- 4 days in a refrigerator
- 6-12 months in a freezer

Some women will refrigerate their pump parts too, so there is no need to clean between pumping sessions. Ideally, it is best to wash the flange and valve after each pumping session with warm water and soap then air or paper towel dry before storage (CDC recommended guideline). When home, thoroughly sanitize your pumping parts at least once a day via steam (steam bag), boiling water, or dishwasher.

If you are on a long call shift, consider bringing a Nalgene (or other large bottle) to consolidate all pumped milk into, which prevents the need to bring 8+ individual bottles. This also works nicely if you are traveling apart from your baby!

Maintaining Breast Milk Supply at Work

- Hydrate, hydrate, hydrate
- Bring a picture (or watch videos on your phone) of your little one which may help you relax and release more milk.
- Take deep breaths and relax.
- Massaging the breast before and during pumping may help for a quicker let down and help fully drain your milk ducts.
- If available, apply warmth to your breast to help dilate and increase circulation to improve milk flow.
 - Warm the flanges under warm water before pumping
 - Use a warm washcloth
 - Disposable glove filled with warm water
 - Hand massage
- Pump every 2-3 hours. Do some extra pumping when you are home, and/or pump immediately after nursing.
- The greatest challenge is in the first three months of returning to work, when your baby's intake is increasing. Once the baby is 6 months and solids are introduced, the amount of milk needed should remain stable.
- Talk with a certified lactation consultant.

Back to Work Pumping Checklist

- Pumping parts (Flange, valve, diaphragm, tubing, adaptor, charging cable). Pumping parts vary by manufacturer.
- Portable breast pump (hospital grade pumps available at some sites/units)
- Cooler with frozen ice packs

- Storage bottles or bags
- Hands free pumping bra or extra clothes/bra
- Breast pads
- Nipple cream or comfort gel pads if needed
- Water to stay hydrated
- Snacks
- Consider a “do not enter/disturb” sign to hang on the door (depending on the location of your pumping space)

**Community Breastfeeding Resources and Consultations:
(contact numbers are subject to change)**

- Kaiser Lactation Center: 808-432-8518
- Kapiolani Medical Center Lactation Consultants
 - Telehealth/Virtual Consults: 808-983-6007
- Hawaii Mothers Milk: 808-949-1723
- La Leche League: Mother-to-mother support, monthly meetings, phone help: 772-559-4105
- Mahinaona Pediatrics: 808-737-4675
- Mommy & Me Hui weekly breastfeeding support group at Castle: 808-263-5400
- Queen’s Medical Center Lactation Consultants: 808-691-5761
- Women, Infants and Children (WIC): 808-586-8080
- Websites:
 - ilca.org (International Lactation Consultant Association)
 - lila.org (La Leche League International)
 - kellymom.com (Evidence-based breastfeeding information)
 - newborns.stanford.edu/breastfeeding/ (Excellent info, photos, videos)
 - ibconline.ca (International Breastfeeding Centre)
 - bfar.org (Breastfeeding after breast and nipple surgeries)
 - healthychildren.org (American Academy of Pediatrics)

Other Resources:

- American Academy of Pediatrics
- American Academy of Family Physicians
- Office on Women’s Health
- Dr. Milk (Facebook group)

Statement on Legal Protections:

Discrimination and harassment of lactating trainees in any form is unacceptable and will not be tolerated. Refer to the HRP Resident Handbook or JABSOM Institutional Guidelines for Reporting Concerns.

Written by Denica Jacinto, RN, Lindsey Heathcock, MD, and Nina Baker, MD. Portions of this document adapted from “Lactation Guide for the Women of Duke Medicine” Written by Colby Feeney and Suchita Shah Sata and “Community Breastfeeding Resources” written by Kapiolani Medical Center for Women and Children. July 2021.