



Mothers Interested in Lactation Knowledge

Dr. MILK[®]

Mentoring Club

A MENTOR PROGRAM FOR
BREASTFEEDING MEDICAL PROFESSIONALS

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DR. M.I.L.K.[®] MENTORING CLUB

“Mothers Interested in Lactation Knowledge”

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Purpose

To educate, inform, support, and encourage sustained breastfeeding and breast milk expression in resident and faculty physicians.

Background

Physician mothers initiate breastfeeding more often than the general population, but their continuation rates are lower. Working as a physician has been recently defined as a high risk group associated with low breastfeeding maintenance rates.¹ Programs that support breastfeeding physician mothers through the transition back to work can improve their maintenance rates and thus: improve the health of their children, miss less work to care for sick children, impact the physicians’ anticipatory guidance for breastfeeding mothers in their practice², lead to better satisfaction in work-life balance.

Membership

Mentors are current residents and faculty with experience in breastfeeding and breast milk expression after returning to work to nourish their children.

Mentees are current and future female residents and faculty who are pregnant or nursing and expressing breast milk for their children.

Activities

- Pre-natal breastfeeding support by phone, email, informal meetings
- Post-partum breastfeeding support by phone, email, informal meetings
- Breastfeeding resource handbook specific for any hospital work environment
- Return to work support for pumping/expressing milk
- Advocacy for physician mothers to have a breastfeeding-friendly work environment

REFERENCES

1. Sattari M et al, *Physician Mothers: An Unlikely High Risk Group – Call for Action, Breastfeeding Medicine* Feb 25, 2009, p.1-5.
2. Feldman-Winter et al, *Pediatricians and the Promotion and Support of Breastfeeding, Arch Pediatr Adolesc Med*, 162(12):1142-1149, 2008.

Did You Know?



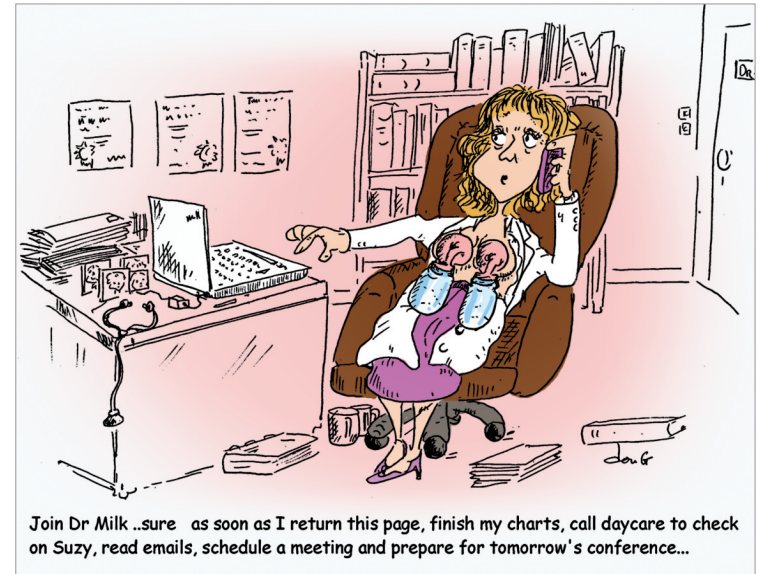
VIDEO

<http://newborns.stanford.edu/Breastfeeding/MaxProduction.html>

- The amount of suckling at the breast in the first 5 days of baby's life predicts your 6 month milk supply (amt suckling = number of prolactin receptors), so don't use formula in the first 2-3 weeks unless medically necessary (which is exceedingly rare).
- Be careful with pacifiers if they are suppressing hunger cues and thus stealing time from the breast in a critical time period. Statistically after 2 weeks, pacifiers have no effect on BF.
- When pumping at work, use compression technique to keep your supply up – [see video on Stanford study](#).

You will extract the most volume of milk when the ducts are maximally dilated during your let-down (you will have 2 to 9 let-downs per feeding/pumping session). So keep pushing the button to alternate from let-down mode to extraction mode when you see your milk streams changing. Don't wait the automatic 2 minutes in let-down mode if you see drops of milk before then – go immediately into extraction mode while your ducts are dilated. If you can feel your let down (tingly electricity sensation) then you will know when your drops are about to start.

- Baby will need 400 IU of vitamin D daily since most mothers do not spend enough time outdoors or use sunscreen. Generic CVS brand is the cheapest (\$4 per month) on infant aisle called "Infant Vitamin D Drops"¹
- The volume of milk you make at ONE month is the same volume you make the entire first year of nursing.² You never make more milk, but the calories vary and change through the percentage fat. That is how human babies were meant to be fed!



FIND MORE TIPS AND INFO IN THE BOOKS LISTED IN OUR RESOURCE SECTION

1. Taylor et al. *J Am Coll Nutri.* 2008; 27(6):690-701
2. Kent JC et al. *Exp Physiol.* 1999; 84:435-447

Dr. Milk[®] Resource List

This program does not promote any resource over another.
Our goal is simply to provide you with places to start.

Phone support

La Leche League
24/7 hotline
877.452.5324

Arizona Breastfeeding
Support line
800.833.4642
Bilingual 24/7

www.dr milk.org

www.workandpump.com ***

www.kellymom.com ***

www.lli.org ***

www.bestforbabes.org

www.milksmile.com

www.babycenter.com

www.momzelle.com

www.bravadodesigns.com

[http://newborns.stanford.edu/
Breastfeeding/MaxProduction.html](http://newborns.stanford.edu/Breastfeeding/MaxProduction.html)

www.exclusivelypumping.com

www.milkmemos.com

*** *Working Without Weaning*

ISBN # 978-0977226863

By Kirsten Berggren

This is a MUST READ for breastfeeding physicians
returning to work.

Hirkani's Daughters

ISBN # 978-0976896920

By Jennifer Hicks

Inspirational stories of mothers who pumped
despite difficult work situations.

Making More Milk

ISBN # 978-0071598576

By Diana West

Good list of reasons for low milk supply and
strategies to fix the problem.

Exclusively Pumping Breast Milk

ISBN # 0-9736142-0-X

By Stephanie Casemore

Even if you are not exclusively pumping,
this book has good tips for maintaining a milk
supply while pumping.

Nursing Mother's Companion

ISBN # 155832304X

By Kathleen Huggins

Practical, trouble-shooting guide to breastfeeding.

Dr. Milk[®] Resident's Corner

By Reena Gogia Rastogi, MD

As residents, our work hours are unlike those of any other working mother. We need to pay extra attention to the little details about pumping at work. Many residents will initiate breastfeeding, but discontinue it early because it is so difficult to keep up with such a hectic schedule. Here are some tips to help you get through those long calls and work hours

30-hour calls

The 30-hour call is long and can drag on for what seems like an eternity. It is even more difficult when you are away from your baby and trying to produce milk for 30 hours without breastfeeding. The key is to pump whenever you can. Talk to your senior resident or attending ahead of time and let them know you will be taking a break to pump every few hours. Have a hands-free set (either a hands-free pump or bra) so you can answer pages and even write notes while pumping. Sometimes it's a good idea to see a patient and then write the note while you pump, because you never know when you're going to get a break next. Take advantage of having the whole 30 hours to pump – even if your baby is sleeping through the night, make sure you pump during the night hours. You may not make as much milk during that time, but it will give you a little extra. You learn soon enough that you can never have too much “liquid gold” in the freezer. Make sure that you have a clean, relaxing environment to pump in. You should never have to pump in a bathroom or closet. There is always a pumping room in the pediatric unit, NICU, PICU, and newborn nursery. They also have hospital-grade pumps and pump parts that

you can use. Get to know the lactation consultants at your hospital; they can help you a great deal and provide you with a room and/or extra parts, too.

Night float

Night float always felt like the longest week of my life. It's hard to adjust to a new sleeping schedule, and it can put a lot of stress on your body. Not to mention if your program is ridiculously busy, it can be even more stressful. We all know stress = decreased milk production. The important thing is to PLAN AHEAD.

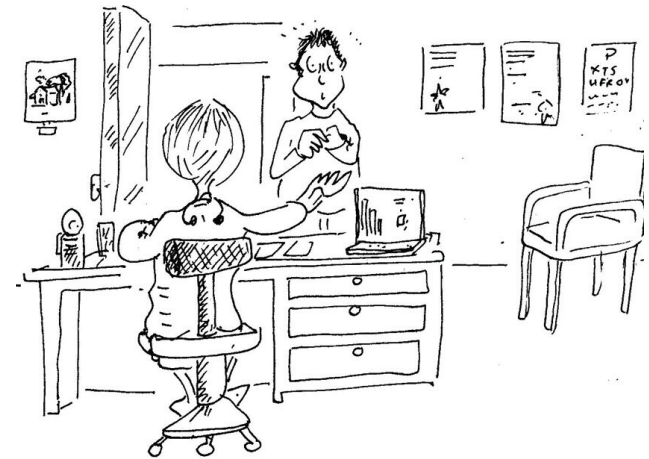
As soon as you know your schedule, find someone to stay home with you that week and help with the baby. If you are at work pumping at night, you need to breastfeed your baby during the day. It is the best way to keep up your supply. You also can't be awake feeding and taking care of baby, then going to work at night. You will eventually need some sleep. If someone is taking care of baby, when it is time for a feeding that person can bring your baby to you and you can nurse lying down. It does disrupt your sleep somewhat, but it still allows you to get plenty of rest during the day. Even if your baby is sleeping through the night, it is still a good idea to pump a few times during the night. Again, it will help increase your milk supply and you will have extra milk to store away for later. See “30-hour calls” above for more details regarding pumping during night hours.

Resident's Corner

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Wards and ICU

No one tells you the little details that you need to sort out when you're on wards or in the ICU and you need to pump. Usually your schedule is jam-packed and it's hard to find time for a pumping session. The good thing is that the schedule is usually a daily routine – i.e. pre-round on patients at 6 a.m., attending rounds at 8 a.m., noon conference at 12 p.m., etc. All you need to do is plan to pump around that schedule, and you will be less stressed. Again, it is important to let your senior residents and attendings know that you will be taking pumping breaks. A hands-free set will also allow you to answer pages and write notes. Write all your notes after pre-rounding since you know all you will be doing is sitting and writing, or looking at a computer. The problem with the wards/ICU schedule is that you may need to go a longer period of time without pumping – i.e. if you pump before attending rounds at 7:30 a.m., the next break you might get is at 12:00 p.m. Make up for this by doing a longer pumping session at noon. The truth is that you will have to forgo some of your lecture time, but it is a price that you will have to pay. Also, be sure you get a feeding in before you go to work and after you get home. It's always a good idea to pump after you feed if you are able to. This will increase your milk supply and give you some extra milk to leave for the day.



Come in .. sit down I'll be right with you as soon as I've finished with the pump

Remember, don't stress out!

Trying to pump at work can be anxiety-provoking, especially if you are struggling with your milk supply. Always remember that some breast milk is better than none for your baby, so no matter what you do, don't give up!

— Reena Gogia Rastogi, MD

Supply Busters:

Top 5 Causes of Low Milk Supply in Physician Mothers

By Laurie B. Jones, MD, IBCLC

The number one reason that women stop breastfeeding is perceived or real low-milk supply. Even mothers who have a great milk supply during their maternity leave may find that they have a fluctuating or low milk supply when they return to WOTH (work outside the home). Some of these issues apply to SAH (stay-at-home) mothers as well.

Check out our [links page](#) for other books and websites that can help find the cause and solution for your supply issue!!

1. Schedule

Schedule refers to both mother's schedule and baby's schedule. Are you able to get in enough pumping sessions while away from home? Do you get in "make up" pump sessions right after arriving to work, right before picking baby up, or just before bed? Do you limit baby's time at the breast when you are home with him on your time off? Are you missing baby's hunger cues to keep her on a timed schedule? Remember that they have growth spurts at 6 weeks, 3 months, 6 months, and other times where they need to nurse more often than usual. It does NOT mean that you don't have enough milk....it just means listen to your baby and feed him when he wants it! Even if you think there's nothing there -- the breast is never empty. Those back to back feeds are almost pure fat since all milk starts out as fat and sugar is added to it over time.

2. Solids

Solid food should be added at the earliest to the diet of a breastfed infant at 6 months. Many mothers start earlier and feel that it is a developmental achievement akin to getting into preschool early or the wait-list for Harvard! However the American Academy of Pediatrics, the World Health Organization, and the Academy of Breastfeeding Medicine all recommend that solids be started around 6 months of age. Solids DISPLACE breastmilk from the diet in calories 1:1 rather than adding to the milk calories. Solids displace breastmilk and lower your milk supply - which is fine after 6 months but not sooner. Don't be surprised to see your daily pump volumes go down when you introduce solids, but it is okay since the calories are now coming from solid food. If you work 5 days a week, consider limiting solids on the weekends when baby is home with you and have more at breast time. If daycare is bugging you about sending more milk it can be helpful to use solids as a distraction and calories at 4 months of age using iron-fortified rice cereals; however do not give solids at home with you until 6 months at the earliest.

Many breastfed babies prefer self-feeding over forced spoon feeding and may delay solids on their own by refusal until closer to 8 or 9 months of age. As long as baby is not anemic there should not be any medical consequences.

Supply Busters

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3. Sleep Training

What is the ultimate bragging right in parenting (besides toilet training!)? Getting baby to sleep through the night, of course! This is a cultural imperative but not a biological one. In fact our bodies make the most milk at night and our prolactin levels are highest at night. Babies prefer to sleep near their parents and to suckle off/on through the night. I won't get into a debate about attachment parenting vs. sleep training, but I will tell you the simple fact that most women's breasts cannot hold 12 hours of milk in them without activating the FIL factor. The FIL factor (Feedback Inhibitor of Lactation) is a substance that builds up as milk is not removed from the breast. When it reaches a critical level it tells the breast to make less milk the next hours and days. Over time supply will drop slowly (there's a chance here to rebuild supply), but then there will be some point of no return when the cells that make milk die and involute.

The point at which your breast can hold a volume of milk without decreasing your supply is called your "storage capacity", and it is different for every woman and not related to size of the breasts but somewhat to shape and genetics. Every woman has a remodeling of the breast and decrease in storage capacity at around 6 months post partum — right around the time you hit the 6 month slump described in the book "Working Without Weaning". You don't know what your storage capacity is until your supply drops — and then you realize how long you go without pumping or feeding.

In general though, breastfed babies should be able to sleep 6 to 8 hours through the night without affecting milk supply. But be in tune with your body! And decide what's most important to you — uninterrupted sleep or your milk supply. Life is about choices — there's no right or wrong.

4. Sex

The sex I am referring to is a mixture of:

- a. You are having sex (good for you!) and you are pregnant which will usually tank your milk supply. Some women ovulate and conceive before getting the first period post-partum and don't realize that they are pregnant.
- b. You are having sex (yee haw!) and you don't want to be pregnant and are on a hormonal contraceptive that can lower your milk supply. Even the progestin-only pills can hurt supply — progesterone blocks prolactin from binding to receptors. Consider a barrier method instead or copper IUD.
- c. You have gotten your period back and your supply is cut in half for the 2 days before and 2 days after the arrival of "Aunt Flow".
- d. You want to have sex but you feel horrible about your body and you are exercising like mad and wearing a tight jog bra for hours and hours and eating less than 1800 calories a day.

5. Stockpiled Frozen Stash

Most women feel a powerful nesting need to stockpile frozen milk in crazy quantities before returning to work. Many abandon breastfeeding entirely for fear that they haven't stockpiled enough before starting back to work. In the book "Working Without Weaning" the author describes the myth of the frozen stash and how it decreases milk

Supply Busters

CONTINUED

supply. When you find your supply is going down and you reach for frozen stash to top off baby — then you aren't getting the root of why your supply is down — you can't get your body to make more — you are probably giving baby too much -- you may create a breast refuser because they will need to be topped off even when they are at the breast!! You need about 10 bags of frozen milk for emergencies and spills, but more than that is unnecessary and may ultimately lower your supply if you use it to compensate for less pumped at work.

"Feed the baby ... not the freezer." It's hard to feed a newborn and that newborn's future self in 6 months by at breast feeds and pumping for frozen stash. What you pump on Monday at work should be given on Tuesday -- what you pump on Tuesday is given on Wednesday -- and on and on. Fresh milk has more vitamins and anti-infection properties than frozen milk anyway. And many babies refuse frozen milk and you've wasted a whole lot of time! (and you might have high levels of lipase too!)

You never make more milk than you make at 4 weeks post partum. Human babies eat human milk in the same volume at one month through 6 months of age. Then the volume of milk needed goes DOWN not up because of introduction of solid foods. WHAT???? Am I nuts???? Seriously - this has been published in 1999, 2003, and 2008 showing that the volume of milk produced at 1 month through 6 months is the same, but the calories change dramatically from day to day and hour to hour. Breast milk changes constantly based on how often the baby nurses - which is determined by their own innate need to grow.

6. Okay there's really 6 if you count the obvious one "Stress"!!

Avoiding stress is really not an option for most mothers juggling many aspects of their lives. However you can make choices that leave your body and mind in better shape to produce the milk that your baby needs. Here are some workplace and social life verbs to help you de-stress your life:

Procrastinate - delegate - defer
accept less than perfection
be average - achieve the minimum
be flabby
wear maternity clothes
for another month
be late - let people down
get a pedicure - call an old friend
skip Facebook - don't answer email!

— Laurie B. Jones, MD, IBCLC

Dr. Milk[®] *Mentor Guide & Bios*

Compiled By

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(Pediatric Faculty)

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Mentor No.1 *Pediatrician*

Child one: term baby born and took 4 weeks maternity leave as faculty. Breast as exclusive source of milk 9 months and partial breastfed 12 months with maternal choice to wean. Used Medela Pump N Style Advance. Pumped at work for 9 months. Pumped 2-3 times per day on a good day and 0-1 times on a bad day.

Child two: term baby born. Home phototherapy made breastfeeding more challenging due to exhaustion (phototherapy device is noisy and the light is bright). Took 8 weeks maternity leave as faculty. Breast as exclusive source of milk for 4 months and partial breastfed 12 months with maternal choice to wean. Used Medela Pump N Style Advance from first baby. Pumped at work for 2 months. Pumped 2 times per day on a good day and 0 times on a bad day.

Tips and advice: Cold gel patches helped with sore nipples. Make it your priority to pump even if you have to go home later than planned. If you can get a 2nd pump to keep at work that helps to continue pumping longer. Stress can impact your milk supply. Drink enough water. Wearing a regular push-up bra is more work to take off to pump but personally it helped my self-esteem. Wearing a sports bra (2nd baby) gave me the perception that decreased my milk supply. Medela disposable breast pads are the best. You can continue to nurse for several months even without

pumping. If you plan to get pregnant after your first baby, nursing may create anovulatory cycles even if weaning (and despite having regular periods). You may have to stop completely to get your ovulation back.

Mentor No.2 *Pediatric Resident*

Child one: term c-section, was a medical student at the time and took 7 weeks maternity leave. Breast as exclusive source of milk for 4 months and partially breastfed 6 months with maternal choice to wean. Used Medela Pump N Style Advanced, pumped at work for 6 months (4 months were as a medical student). Pumped twice a day on a good or bad day. Child had milk protein intolerance/colitis with blood in his stools after mother consumed milk products. Also had a rash when mother ate dairy. Avoiding all soy and dairy during breastfeeding was a very difficult change to make.

Tips and advice: Get a system down that works for you – a specific area to pump, set up, clean up, etc. Buy an extra set of pump shields and bottles. Have a picture of your baby with you while you pump. During pumping sessions I would call and check on my child at daycare. It always made me feel better to know how the day was going.

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Mentor No.3
Emergency Medicine

Child one: term vaginal delivery and took 3 months maternity leave while a staff attending. Saw an outpatient lactation counselor. Never exclusively breastfed but partially breastfed for 8 weeks. Purchased a Medela Pump in Style but did not pump at work. This baby vomited a lot and I had a low supply so many times after breastfeeding he would throw up and I'd have nothing left so he'd get formula. I was never engorged and dried up very easily within 1-2 days.

Child two: term vaginal delivery while staff attending with 3 months maternity leave. I had mastitis that turned into an MRSA breast abscess that required surgery. I couldn't nurse and was on fluoroquinolones which led to me to stop nursing. Child was never exclusively breastfed but was partially breastfed for 8 weeks. I did not pump at work.

Mentor No.4
Pediatric Resident

Child one: term vaginal delivery and was medical student at the time with 6 weeks maternity leave. Breast as exclusive source of milk for 12 months with maternal choice to wean. Used Medela Pump N Style purchased at Babies R Us. Pumped until he was 12 months old at work, and pumped 3 times per day on a good day and 2 times per day on a bad day. When on call I pumped 3-4 times from 5pm to 7am.

Child two: term vaginal delivery St. Joe's and was resident at the time with 6 weeks maternity leave. Breast as exclusive source of milk for 11 months using Medela FreeStyle purchased at Target. At St. Joe's pumped in peds

resident sleep rooms and empty clinic rooms. Pumped 2 times per day on a good day and once a day on a bad day. In private practice for pumping the last 8 months. Stopped at 11 months due to recurrent plugged ducts.

Tips and advice: You have to make time for pumping. As a resident, I would write progress notes while pumping. It helped to think that this was the one thing I was doing for my baby while I was at work. I only got plugged ducts with my first child when post-call.

Tips for private practice: find a private place where you are able to pump. Drink lots of fluids even though you may be running around crazy.

Comparing Pump N Style Adv to FreeStyle (since I used both): I liked the Freestyle better because I could be more mobile, and also pick wherever I wanted to pump- instead of needing to be by an outlet. One downside was that the freestyle was louder than my last pump (not that people didn't already know what I was doing!)

Mentor No.5
Neonatologist

Child one: term baby born and was faculty at the time with 8 weeks full time maternity leave and 8 weeks 50% time. Exclusively breastfeeding for 15+ months. Purchased Medela Pump n Style Advance. Pump in administrative office once on day shift and 2-3 times on night shift, but some times not at all. Pumped at work for 10 months.

Tips and advice: My husband brings my child to me for 1 feeding at lunch or at night – this is a life saver!

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Mentor No.6
Child Neurology Resident

Child one: Term, healthy baby born and was a resident at the time with 4 weeks maternity leave plus 1 month later at 4 months of age. Breast as exclusive source of milk for 12 months and partial breastfeeding for 13 months with maternal choice to wean. Purchased Medela Pump N Style Advance and pumped 12 months at work. Pumped 6 times per day when on call and 3-4 times per day over a 10 hour period. On a bad day I would only pump 2 times per day. I experienced almost every problem with breastfeeding. My child went through a phase of reverse cycle nursing when she was refusing the bottle during the day and would make up her calories at night. I still continued to pump and send milk to daycare.

Tips and advice: Things that helped me keep up my supply: feeding through the night, using breast compression technique during pumping, hitting the let down button more than once during a pumping session, pumping after feedings and in the morning before work. Make sure you take advantage of the lactation department – they come in handy in case you forget a pump part at home! You can always find time to pump, even if it means you're writing notes or answering the phone. Make sure you get a hands free device or hands free bra.

Mentor No.7
Pediatric Surgeon

Child one: term c-section and was a 4th year resident at the time with 6 weeks maternity leave. Used a NP in the pediatrician's office for outpatient lactation support. Breast as exclusive source of milk for 5 weeks and partially

breastfed 4 months. Pumped at work for 8 weeks. Weaned due to low production from sporadic pumping. Used a borrowed pump with purchased personal tubing. Pumped 2 times per day on a good day and 1 time per day on a bad day.

Child two: term c-section and was Chief Resident at the time with 5 weeks maternity leave. Breast as exclusive source of milk for 5 weeks and partially breastfed 5 weeks with maternal choice to wean. Used a borrowed pump with purchased personal tubing. Did not pump at work with this baby.

Child three: term c-section while in private practice with 7 weeks maternity leave. Used telephone advice from outpatient lactation consultant. Breast as exclusive source of milk for 4 weeks and partially breastfed 7 weeks. Maternal choice to wean. Purchased Medela pump. Did not pump when back at work.

Tips and advice: The industrial pumps were great so I didn't have to bring my own to work. Had difficulty with lack of support at work, so I did not feel like I could tell them I needed a break to go pump. The nurses were supportive, but I had too many things to do between cases so had difficulty pumping more than once. Read "Breastfeeding Sucks" book. Busy pace of office with second child prevented me from pumping at work. For the third baby, I spoke to other surgeon moms and decided to wean off prior to returning to work.

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Mentor No.8
OB/GYN Resident

Child one: Late preterm 36 weeks vaginal, lost 12% from birth weight and needed to be supplemented with SNS and had to stay an extra night and got formula by feeding tube before discharge. Was a resident at the time with 7 weeks maternity leave. Breast as exclusive source of milk for 8 weeks and partial breastfeeding 5 months. Purchased Medela Harmony and Medela Pump N Style Advance. Pumped 4 times a day on a perfect day and once per day on a bad day. Pumped at work for 5 months. Have had some arguments with my husband about how nursing / pumping was going when I came back to work and how I dealt with it. I am able to make more milk breastfeeding than pumping. Fatigue is a big factor.

Tips and advice: Even if you think it hasn't been long enough since the last time you pumped, still pump if you have time or else you may not be able to when you think it's the right time. Don't feel bad if you have to give formula. At least that way you know your baby isn't starving. Some people need quiet to pump. I needed noise and distraction or else I'd obsess over how much milk I was getting and then I'd get very little. It was easier for me to pump around people. Situation at work forced me to stop pumping after 5 months, and I was furious.

Mentor No.9
Pediatrician

Child one: term c-section, baby had tongue thrust and I had areolar edema from tons of IV fluids. Went to outpatient lactation nurses for appointments. Those

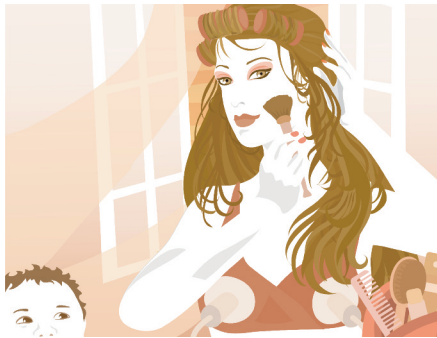
appointments saved me and I wouldn't be breastfeeding without their help. Was faculty at the time with 16 weeks maternity leave. Breast as exclusive source of milk for 19 months +. Purchased Medela FreeStyle pump. Tiny pump that only needs charging once or twice a week, but I don't use all the clips that hold it to your bra. I pumped 3x/day 99% of the time until my daughter turned 15 months then pumped only twice a day. Pumped at work for 19 months. I gave her what I pumped in a sippy cup at daycare. Have continued to nurse 2-3 x per day to age 25 months+. It's so much easier once you don't need to pump anymore. We just nurse when she wakes up and before bed and occasionally before nap. I got pregnant when she was 20 months old and my supply went way, way down, but I am still able to nurse a few times a day even now at 24 weeks gestation.

Tips and advice: Take a breastfeeding class even if you think you know everything. Go see an outpatient lactation support person when nursing isn't 100% perfect for you. Don't wait for a crisis.

I only work 3 days a week – so I feed only at the breast for the other 4 days. I noticed my supply would increase when she would wake up in the night to feed (after she had been sleeping through the night) – so I have not pushed to retrain her to sleep through the night to keep my supply up. You have to put your milk supply ahead of everything and everyone else to make it a year or more of pumping. It's hard to leave meetings early and put work on colleagues, but I try to make up the time I miss pumping by staying late for them in return.

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From www.breastfeeding-art.com with permission

I had to buy bigger shields (standard is 24 mm) as my tissues stretched out a little. I went to 27 mm and then to 30 mm to keep the edge of my nipple from rubbing on the flange edges. I think it's easiest to pump into the bottles you will feed from so I use Medela bottles/nipples.

I've used Fenugreek (Nature's Way brand 3 pills three times a day) twice to rev my supply back up after "hits" – one hit was when I got engorged on day 12 and couldn't get her to stay latched on. The second "hit" was a nursing strike when she had an ear infection at 11 months and I got engorged b/c I didn't understand what was going on and didn't pump soon enough. When my periods came back, my supply would dip dramatically for one day before and two days after. It was scary and I thought I was drying up but I would rebound right back up in two days. I used frozen stash during those times.

Rent a pump for a month if you're not sure how long you will breastfeed or you can't commit to an expensive personal pump. Buy several sets of pump parts for work to save time cleaning, and use the Medela disposable wipes to clean the pump parts when you can't get to a sink. To prevent baby thrush and then nipple thrush – put all your bottle parts and pacifiers in top rack of dishwasher or boil.

I was shocked to learn that your milk volume does not appreciably increase after 1 month of age and so you don't need escalating volumes of milk in the bottle if you're only giving breast milk in the bottles. (Research data supports this.) Breastmilk calories change over time even though the volume doesn't change. It's hard to see the formula babies taking increasing volumes in the daycare refrigerator, and I keep bringing the same volume every day. But I explained it to the daycare and eventually they saw she was growing well and thriving.

Mentor No.10
Child Neurology Faculty

Child one: Term vaginal delivery while a resident and took 6 weeks maternity leave. My mother was an incredible resource for breastfeeding support and helped me every day until it got easy. Breast as exclusive source of milk for 4 weeks and partially breastfed 5 months. Weaning was combination child-led and maternal-led. Purchased Medela pump and pumped at work for a few months. Pumped 2 times per day on a good day and zero times per day on a bad day. I was lucky to have a baby who liked all food. She would take all the breast milk I could express, plus formula and she didn't care which one. I had a hard time finding time to pump before I returned after maternity leave, because she drained me every time, so I could not pump and build up a frozen supply. That worried me initially. But when I returned to work, she would take formula when I was gone, and nurse when I was around, and she did both equally well. If I brought expressed milk home, she drank that too.

Child two: Term vaginal delivery and was between residency and faculty position at the time with 8 weeks maternity leave. Breast as exclusive source of milk for 8 weeks and partially breastfed for 8 months. Child-led weaning. Used a Medela pump and pumped at work for 6 months in her private office. Pumped twice per day on a good day and zero times per day on a bad day. I was not able to store up much milk before returning to work. But she was able to switch between any breast milk in the freezer to formula with ease.

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Child three: term vaginal delivery and had nuchal cord which took a bit of time to recover from before nursing went well. Got help from my mom with breastfeeding. Was a faculty member at the time with 12 weeks maternity leave. Breast as exclusive source of milk for 8 weeks and partially breastfed 12 months. Child-led weaning. Used a borrowed Medela pump and pumped at work off and on for 6 or 7 months.

Tips and advice: Be prepared with all supplies for pumping the night before, and don't worry if you miss one time, just do it when you can. Don't be shy about needing time to pump. If you can't pump during the day, still breastfeed at the breast at night. I was able to do night time nursing for many months after I stopped pumping.

Mentor No.11
OB/GYN Resident

Child one: term vaginal delivery with gestational diabetes, and baby had mild jaundice. Was a medical student in MD/PhD program at the time finishing my dissertation. Took 6 weeks maternity leave then worked from home for 6 months and went in a half a day a week. Attended a breastfeeding support group at local LaLeche League. Breast as exclusive source of milk for 6 months and partially breastfed 44 months. Child-led weaning. Pumped at work for 18 months. Used manual Medela pump for shorter pumping needs, and used a Whisper Wear hands free breast pump that fit inside your bra when I needed longer times of pumping. Pumped 4 times a day of a good day and 1-2 times a day on a bad day.

Tips and advice: Keep up the great work! Keep a baby picture/recent photo with you and think about your little one while you pump. Try to do it where YOU feel comfortable. I

never could pump in front of a lot of people except some of my fellow medical students when a bathroom was not available. Just tell people where you are going and what you are doing and when you are coming back so they know what's going on. I asked my daycare provider how much milk the formula moms brought for my similar aged baby to get an idea of how much to bring each day.

Mentor No.12
Pediatric Resident

Child one: term vaginal delivery and was a resident at the time with 5 weeks maternity leave. Breast as exclusive source of milk for 12 months with child- and mother-led weaning. Purchased Medela Pump N Style Advance, pumped at work from age 2 to 5 months. Pumped 2 times per day on a good day and once on a bad day.

Tips and advice: Try to take time as scheduled as possible to pump. Have a back up plan to cover for yourself at work in case of emergencies while you are pumping.

Mentor No.13
Pediatrician

Child one: term vaginal delivery and was a medical student at the time with 3 months maternity leave. Daughter had tachypnea and went to the NICU. Luckily my pediatrician was a lactation expert and helped both in the hospital and afterwards as an outpatient. Breast as

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exclusive source of milk until 4 months and partial source of milk until 9 months. Rented a Medela pump. Pumped 3 times per day on a good and 0 times per day on a bad day, but the pumping was always done at home b/c the pump model at the time was too heavy and cumbersome to bring to work.

Child two: term vaginal delivery and was a resident for one month and then was in private practice after 3 months maternity leave. Breast as exclusive source of milk until 14 months and then child-led weaning abruptly to whole milk. Purchased a Medela pump. Pumped once per day on good and bad days.

Mentor No.14
Family Medicine

Child one: term c-section and was faculty at the time with 3 months maternity leave. Breast as exclusive source of milk for 3 years with child-led weaning. Used Medela pump and pumped 3 times on a good day and none on a bad day for one year. Needed Reglan occasionally to rev up supply.

Tips and advice: Be assertive with barriers

Mentor No.15
OB/GYN

Child one: term vaginal delivery and was a part-time private practice OB/GYN at the time with 12 weeks maternity leave. A nurse came to my house post-partum for breastfeeding support, and I used my sister-in-laws/sister/friends for breastfeeding advice. Breast as exclusive source of milk until 6 months and partial

breastfeeding for 13 months. Child- and mother-led weaning. Used an electric Ameda pump and a manual pump borrowed from a family member. Pumped for 5 months at work. I pumped once before work, 3 times at work on a good day and would pump 1-2 times on a bad day. It was hard to delay pumping due to engorgement.

Tips and advice: Build your pumping sessions into breaks/schedules. I would double book patients early so I knew I could pump at 10am. Then I pumped over lunch then again about 3pm and then home to feed the baby. The first 6 weeks of breastfeeding are hard! Then it is great. I breast fed through mastitis twice and still don't regret it.

Mentor No.16
Pediatrician

Child one: term c-section and was faculty at the time with 3 months maternity leave. Breast as exclusive source of milk for 5 months and partially breastfed for 9 months. Weaning was not child or mother led – it was because of low milk supply. I would have gone longer if I had made more milk. Used borrowed Medela older electric pump and pumped for 4 months at work. Pumped 3 times per day but occasionally only twice per day. I liked being able to use the computer while pumping because I was less anxious if I could work/be productive while pumping. Need a hands-free system for this. Didn't discover this until the end of pumping. I was very sad I couldn't continue pumping/nursing longer and frustrated by why my body wouldn't produce enough milk.

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Child two: term vaginal (VBAC) delivery and was faculty at the time with 3 months maternity leave. Breast as exclusive source of milk for 8 months and partial breastfed 10.5 months. Ran out of milk again and forced to wean earlier than I wanted. Used older Medela electric pump and free electric pump given to me later on. Pumped for 7 months at work. Pumped 3 times per day 50% of the time and pumped 2 times per day 50% of the time.

Mentor No.17
Family Medicine

Child one: term c-section delivery and took a prenatal BF class. After delivery used the scales at Baby, Mother & More store. Faculty member with 12 weeks maternity leave. Breast as exclusive source of milk until 12 months with child-led weaning. Purchased Medela Pump in Style advance and Medela Swing. Pumped at work for 9 months. Pumped every 3 hours on a good day and every 4 hours on a bad day. I had a babysitter close to work, so often I would feed the baby before work, feed her at lunch, return to work, pump once in the afternoon, then feed when I picked her up (1 pump a day).

Child two: term c-section delivery and was faculty at the time with 11 weeks maternity leave. Breast as exclusive source of milk for 12 months. Rented a Symphony pump and also use purchased Pump N Style Advance. Pump every 3 hours on a good day and every 4 hours on a bad day. Pumped at work for 11 months.

Tips and advice: You can use health savings account money to cover the cost of renting your breast pump. If you have a personal refrigerator, you don't need to wash the pump parts between pumping sessions. Just put all the pump parts into the fridge (flange shield, bladder, etc.).

Mentor No.18
Family Medicine

Child one: term c-section delivery. Started medical school the day after discharge from the hospital!! Breast as exclusive source of milk until 3 months old and partial until 9 months old. Mother-led weaning. Purchased a hand pump. Finding comfortable breastfeeding positions after a c-section was a challenge.

Child two: 30 weeks preterm delivery. Was readmitted three days after delivery with endometritis and baby was in the NICU for several weeks. Was a resident at the time and took 3 weeks maternity leave. Baby was never exclusively breastfed, but did get partial breastmilk for 12 months. Purchased a Holister brand electric pump.

Mentor No.19
Pediatric Resident

Child one: term vaginal delivery and attended a prenatal breastfeeding class. Baby was borderline SGA and hypoglycemic and needed formula supplementation briefly. Was a resident (In Ireland) at the time with 6 months maternity leave. Breast as exclusive source of milk until 6 months old and partial breastfeeding for 9 months (through spare frozen milk). Mother-led weaning. Used Avent manual pump, but did not pump at work – was between residencies.

Child two: term vaginal delivery and was a resident when child was 3 months old. Breast as exclusive source of milk until 4 months old and partially breastfed until 6 months old. Used Avent manual pump and pumped at work for 3 months but my milk dried up. Pumped at work 2-3 times on a good day and once or none on a bad day.

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Tips and advice: When you have to pump – do it, get it done quickly but hygiene is very important too! I found that the manual pump was the easiest because it's small and all you need to do is a few squeezes. It's a tough process but if you have the will to do it, you can do it. I think if residencies could promote and allow breast pumping for women that would be awesome. Buy extra pump parts so you don't have to keep washing them. I remember I used to forget to bring the pumped milk home and would have to drive back to retrieve it!

Mentor No.20
Neonatology

Child one: term c-section delivery. Was a Fellow at the time with 6 weeks of maternity leave. Used extra formula initially some then breast was the exclusive source of milk for 4 weeks and partially breastfed for 8 months. Child-led weaning. Purchased Medela Pump N Style and pumped twice a day on a good day and zero times on a bad day.

Child two: term c-section delivery. Was an attending at the time with 3 months of maternity leave. Gave extra formula initially then breast was the exclusive source of milk for 8 weeks and partially breastfed for 12 months. Mother-led weaning. Used previously purchased Medela Pump N Style and pumped at work for 4-5 months. Pumped 4 times per 24 hours on a good day and pumped 1-2 times per 24 hours on a bad day.

Mentor No.21
Pediatric Genetics

Child one: term vaginal delivery. Was a Fellow at the time with 3 months maternity leave. Breast as exclusive source of milk 6 months and partially breastfed up to 12 months. Attended La Leche League support group. Mother and child-led weaning. Started with a battery operated pump and then switched to a manual pump. Pumped for 9 months at work in various places including some bathrooms, but later on was able to pump in my private office. Pumped one time per day on a good day and 0-1 time on a bad day. Encountered sore nipples, sleepy baby/slow to feed, difficult latch-on, forceful let-down, bottle refusal.

Child two: term vaginal delivery. Was an attending at the time with 6 weeks maternity leave. Breast as exclusive source of milk for 4 months and partial breastfeeding for 12+ months. Mother-led weaning. Used manual pump for 10 months at work in my office. Pumped 1 time per day on a bad or good day. Encountered engorgement, forceful let-down, and mastitis.

Tips and advice: try to find a quiet office, put a sign on the door and lock it. Have pictures of your baby in front of you when you pump. My daughter was having trouble latching on correctly and I didn't know why. It was incredibly painful for me, and my nipples were sore and bleeding. I was a bit stubborn and refused to give up for several weeks until the pain got too severe and she wasn't gaining weight well. I finally found a lactation consultant who observed me and discovered the problem immediately. She was sucking in her lower lip each time she latched on. By simply pulling down her chin her lower lip came out and she latched on beautifully without problem or pain! We then continued successfully nursing until she was 12 months old.

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Mentor No.22 Neurosurgeon

Child one: term vaginal delivery. Was a resident at the time with 10 weeks maternity leave. Received exclusive breast milk for 2 days and then partially breastfed for 14 months. Mother-led weaning. Used Ameda Purely yours pump and pumped at work for 8 months in operating room recovery room, call rooms, and occasionally a bathroom. Pumped 3 times per day on a good day and 1 time per day after 6 months. Encountered sore nipples, slow let-down, plugged ducts, bottle refusal, fluctuating milk supply. I did not get good latch guidance while in the hospital so I developed HORRIBLE fissures and bleeding nipples. It took almost 5 weeks for them to heal.

Child two: term vaginal delivery. Was faculty at the time with 8 weeks maternity leave. Never exclusively breastfed but partially breastfed for 12 months. Child-led weaning. Pumped with Ameda Purely Yours pump for 8 months usually in private office. Occasionally pumped in operating room call room or in the NICU pump room when I forgot my pump. Pumped 3 times per day on a good day and 2 times per day after 6 months. Encountered engorgement, plugged ducts, fluctuating milk supply. This baby was smaller and not as voracious as my first. I was more relaxed about offering formula from the start, and then I wore him in a sling most of the day. I had a good supply and could have exclusively breastfed for two months, but I wanted him to be used to formula so I gave him about 2 oz daily and saved the milk I pumped for later. I was much less nervous about BFing in public and this helped with supply and simplified life considerably.

Tips and advice: Make it a priority or you won't do it. Don't feel the need to explain to people where you are going. I liked to keep both parenting magazines and medical journals in my pump bag to read while pumping. Take water with you.

Mentor No.23 OB/GYN Resident

Child one: Late preterm vaginal delivery. Was medical student at the time with 7 week maternity leave. Baby received breast milk as exclusive source of milk for 6 months and partial breast milk for 14 months. Mother-led weaning. Used Pump in Style advanced for 14 months at work. Pumped 4-5 times per day on a good day and 3-4 times on a bad day. Encountered sore nipples, engorgement, difficult latch-on, nipple shield, post-partum depression, cluster feedings.

Child two: term vaginal delivery. Was a resident at the time with 6 weeks maternity leave. Baby received breast milk as exclusive source of milk for 6 months and partial breast milk for 15 months. Mother and child-led weaning. Used Pump in Style Advance for 14 months at work and pumped in conference rooms, NICU, women's locker room in operating room, call rooms on L&D, in my car. Pumped 4-5 times per day on a good day and 3-4 times on a bad day. Encountered sore nipples, engorgement, mastitis, cluster feedings, contraception and nursing.

Tips and advice: Pump frequently. Learn to pump discretely so that you can pump in other places besides a special room. Drink lots of water. Limit caffeine intake. Pump every 3-4 hours even if your baby at home is on a different schedule.



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