

A Mother's Guide to Combining Breastfeeding and Return to Paid Work



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About the Mother Toolkit

This toolkit was developed from and draws on evidence from the [Maternal Wellbeing, infant feeding and return to paid work](#) study funded by the Nuffield Foundation. Unless otherwise specified, quotes, examples/ and case studies used in the toolkit come from the study. More about the study can be found in the 'our study' section in this guide. The toolkit was written by Professor Sylvia Jaworska and Professor Sarah Jewell (members of the study team) with Sally Rickard IBCLC, an international board certified lactation consultant (the gold-standard professional qualification in breastfeeding, globally recognised).

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How to Use the Mother Toolkit

This toolkit has been designed as a series of guides, making it easier for individuals to access the information that is relevant to them. The toolkit can be downloaded from the toolkits website (<https://research.reading.ac.uk/workfeed/>) as a single full guide or each guide can be downloaded individually.. There is a corresponding employer toolkit available on the website which you may want to share with your employer.

The toolkit comprises the following:

Our study

And the following individual mother guides:

Guide 1: Benefits of Breastfeeding

Guide 2: How can I continue to provide breastmilk for my child when I return to work?

Guide 3: Solids, Expressed Breastmilk and Combination Feeding

Guide 4: Your Rights at Work

Guide 5: Practicalities of Expressing Breastmilk

Guide 6: Breast Pumps

Guide 7: Expressing / Breastfeeding at Work Considerations

Guide 8: Work Patterns Adjustments

Guide 9: Breastfed Child Policies in Childcare: What You Need to Know

Guide 10: Communicating with Your Employer

Guide 11: How to Prepare?

Guide 12: Common Concerns and Anxieties

Guide 13: Stopping Breastfeeding

Guide 14: Useful Resources

Our Study

The toolkits were developed on and draw from the findings of the [Maternal Wellbeing, infant feeding and return to paid work](#) study funded by the Nuffield Foundation. The study's [full report](#) is downloadable from the toolkit's website.

About the Study

The study aimed to understand how breastfeeding employees could be better supported in the workplace, with an emphasis on maternal wellbeing, and how employers can be better equipped to support their employees. The study drew on a survey and interviews of mothers, the perspective of HR professionals and Line managers, and national datasets.

Key Findings and Implications

The study found that whilst there are general positive intentions among HR professionals and line managers, there is a lack of awareness in many workplaces of what is needed to support breastfeeding employees - both in terms of the legal obligations and practicalities. Further, there is a lack of awareness among returning mothers of what to expect in terms of their own (body) and child adjustments, practicalities and workplace support, leading to pre-return anxiety and concerns.

The current legal framework and guidance is not strong enough to ensure mothers can breastfeed/express breastmilk in hygienic and private places in the workplace or have the time to do so, thereby putting women's physical and emotional wellbeing at risk. Furthermore, this lack of guidance results in an absence of formal workplace policy/structures leading to the onus being placed on mothers and line managers to make accommodations work.

It is clear that when adequately supported returning mothers are able to reach infant feeding goals then the return to paid work can be a positive experience which benefits all parties. Positive emotions were tied to being able to reconnect with their child through breastfeeding and being supported in meeting breastfeeding goals. Whilst some mothers have positive experiences, the lack of formal policy/structures, and awareness led to negative impacts on physical and emotional wellbeing.

This study has shown that mothers, HR professionals and line managers would benefit from greater awareness, information and guidance on the practicalities of combining breastfeeding and paid work, legal obligations and best practice. Therefore we have developed toolkits to support both mothers and employers, reflecting that experiences and the practicalities vary across mothers and workplaces, and the need for open/inclusive communication.

Guide 1: Benefits of Breastfeeding

As children grow, parents may wonder if breastfeeding continues to be valuable. Once children are eating solid food people may hear that breastfeeding is “only for comfort” or even that their milk turns to water! This guide explores evidence based benefits of breastfeeding.¹

The World Health Organization recommends breastfeeding for “two years and beyond” because the benefits don’t stop at six months or one year. While it’s normal for children to take less milk as they grow, breastmilk adapts to meet their changing nutritional and immune needs. Whether for protection from illnesses, vital nutrition, emotional connection, or maternal health, breastfeeding continues to offer value for both mother and child, for as long as both are happy to continue.

Immunity as they explore

When your child begins crawling and explores their environment (often putting anything they find straight into their mouths), starts using daycare or regularly interacts with other children, exposure to new germs is inevitable. Fortunately, breastmilk evolves to meet these challenges.¹ After around six months of age babies can start to eat family foods. At this point their milk intake slightly reduces. After 12 months it often reduces further. As your child's milk intake decreases, breastmilk becomes more concentrated with immunity-boosting properties. It contains higher levels of lysozymes, enzymes that offer antibacterial, anti-inflammatory, and anti-infective benefits. Breastmilk at this stage is particularly rich in targeted immunity factors, helping protect your child from common illnesses like colds and ear infections. This natural defence system can also reduce the number of sick days your child experiences, which means fewer days off work for you.²

Nutritional Powerhouse

Breastmilk remains a vital source of nutrition even after your child starts eating solid foods. Between 12 and 24 months, just 448 millilitres of breastmilk can provide:³



29% OF
ENERGY
NEEDS



43% OF
PROTEIN
NEEDS



36% OF
CALCIUM
NEEDS



75% OF
VITAMIN A
NEEDS



76% OF
FOLATE
NEEDS



94% OF
VITAMIN
B12 NEEDS



60% OF
VITAMIN C
NEEDS

Connection and Emotional Reassurance

“I was relieved that I had breastfeeding to reconnect with my baby”

Breastfeeding offers more than just physical nourishment—it’s a comforting ritual that strengthens the emotional bond between you and your child. As you return to paid work or spend more time apart, breastfeeding provides a chance to reconnect and recharge, both physically and emotionally. For many mothers, these moments of closeness help ease the challenges of balancing work and parenting, while providing a sense of continuity for the child.

Maternal Mood and Health Benefits

Breastfeeding also provides benefits for mothers.⁴ It has been shown to reduce the risk of breast cancer and might protect against type 2 diabetes, hypertension, and ovarian cancer. Furthermore, the act of breastfeeding releases oxytocin, a hormone that promotes relaxation and can help combat stress and anxiety. These benefits make breastfeeding not only an investment in your child’s health but also in your own long-term wellbeing.

References

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2. Cohen, R., Mrtek, M. B. and Mrtek, R. G. (1995). Comparison of maternal absenteeism and infant illness rates among breast-feeding and formula-feeding women in two corporations, *American Journal of Health Promotion*, 10(2), 148–153
3. Dewey, K. G. (2001). Nutrition, growth, and complementary feeding of the breastfed infant. *Pediatric Clinics of North America*, 48(1), 87-104.
4. Victora, C. et al. (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect, *The Lancet*, 387(10017), 475–490

Guide 2: How can I continue to provide breastmilk for my child when I return to work?

This guide provides an overview, and some case studies, of ways mothers may continue to provide their child breastmilk on return to work. There are several ways and it is not one size fits all. As highlighted by the NHS potential ways include:¹

- **Directly breastfeeding during breaks**
- **Adjusting the timing/frequency of breastfeeds**
- **Providing expressed breastmilk**
- **'Combination' feeding**

What might work best for you may depend on the age of your child, your job, your childcare and your infant feeding goals. Every family's situation is different: for example, some may want to continue providing as much breastmilk as possible, whilst some families we spoke to used return to work as a chance to reduce breastfeeding / wean.

Directly breastfeeding during breaks

If your childcare is close to where you'll be working you might be able to breastfeed your child directly during some breaks. For example, if childcare provision is available onsite at your workplace or nearby or if you are able to work from home to facilitate this. Breastfeeding at childcare can also be a lovely way to connect after time apart and limits the time between breastfeeds (so might reduce how often you need to express at work).

Did you Know? Because of the way immunity and breastmilk works, it's thought to be desirable to breastfeed/spend time in your childcare setting. When a breastfeeding mother is exposed to a germ, her breastmilk makes protection against exactly that germ³. Many mothers will tell you that your child will bring them home too!

Case study 1: Aisha, a sales representative, returned when her son was 10 months old. Her son attended the onsite nursery at Aisha's workplace. She would express once a day and give the expressed milk straight to the nursery. This was more to maintain her milk supply as her son never drink the expressed milk. She would directly feed her son at the nursery at lunch time and stopped expressing when her son was 13 months old.

Adjusting the timing/frequency of breastfeeds

You may be able to adjust the timing/frequency of breastfeeds so they take place outside of your work hours which may be facilitated by a flexible working arrangement. This may be possible with an older child and as your child gets older. Note it is recommended that breastmilk or infant formula milk is the main drink until 12 months². If you are separated for only a few days a week or for short/half days, and your child is happy to eat 3 meals a day, you might find your child doesn't need your expressed or infant formula milk while separated. Many children manage the day on solid food and water; they will probably make up for it by

feeding a bit extra when you are together. *Is your child managing without expressed milk when away from you?* Then you might not need to express at work for your child.

A note on engorgement and mastitis: Breastmilk supply is based on a supply and demand system. The more milk you or your child removes from your breasts the more your body will produce. If your feeding patterns change your body may still produce milk whilst you are , separated for you child (anticipating a feed) until it adjusts to new feeding patterns. And, therefore, you may become engorged (breasts become full) whilst away from your child. Becoming engorged can increase the risk of mastitis - the inflammation of breast tissue which can be serious. Advice on mastitis changes and La leche League⁴ provide useful advice and signs to look out for in relation to mastitis, and when you may need to seek medical help. You may find you need to express for comfort whilst your body adjusts (as discussed in the next section). Many mothers in our study were surprised at how well and quickly (often within a few weeks) their bodies adjusted.

Case study 2: Maria, a family support worker, returned when her daughter was 12 months but did not want to express due to difficulties expressing. She fed her daughter in the morning, when she came home, a few feeds before bed and then bedtime, and then through the night (which was common prior to Mira returning to work). Her daughter adapted well to not having any milk whilst they were separated.

Case study 3: Kate, a scientist, returned at 6 months with both of her children. This coincided with her children moving onto solids so they did not have any milk whilst separated. She fed them on demand when they were together and her children continued to feed until 3-4 years

Providing expressed breastmilk /expressing at work

Some mothers express breastmilk for the child to have later; with the child given expressed milk by a caregiver when separated. If you wish to do so, and your child is under 12 months old and doesn't yet accept a range of solid foods in enough volume, you probably need to express your milk at work. Others may need to express during work hours for comfort:

Are you able to complete your shift at work without your breasts feeling uncomfortably full? Then you might not need to express at work. *Are you becoming uncomfortably full when your child is away from you?* You may a need to express breastmilk during work hours for comfort purposes i.e. to stop you becoming full (engorged). Then you might need to gently hand express or use an electric pump just for a few minutes to reduce pressure. Some mothers do this and some don't even keep the milk.

Case study 4: Debra, a project manager, returned when her first child was 7 months and expressed once a day for six months to provide expressed milk for her daughter. With her second child she returned when he was 12 months. With her son she found she needed

to express a few times in the first week for comfort but then her body adjusted and she did not need to do so anymore.

Combination Feeding

If providing expressed breastmilk for your child when separated is becoming challenging (or impossible) some families opt for breastfeeding when together and giving their child infant formula milk while separated. *Maybe your child has already been having both breastmilk and formula?* As stated by the NHS⁵, from 12 months a child can have cow's milk (or an alternative to cow's milk) as a drink, and some families opt to give their children cow's milk (or alternative) while separated.

Case study 5: Mira, a lecturer, returned when her son was 11.5 months old. She could not express enough for him to drink at nursery so opted to give him formula at nursery for 2-3 weeks and breastfeed him when they were together. He then had cow's milk at nursery from 12 months. Maria felt it worked out okay because he was having more solids and did not seem to mind the formula.

Case study 6: Carly, an engineer, returned when her daughter was 4 months old and being looked after by her husband who was taking shared parental leave. Carly spent the first 2 months working from home to exclusively breastfeed her daughter. When her daughter was 6 months she returned to the office and they switched to combination feeding. Her husband gave their daughter expressed milk and topped up with formula milk. Carly would express once during the day in the office until 8 months. Gradually they moved to more formula and until her daughter was just having one breastfeed in the evening before sleep.

References

1. <https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding-and-lifestyle/back-to-work/>
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4. <https://laleche.org.uk/mastitis/>
5. <https://www.nhs.uk/baby/weaning-and-feeding/what-to-feed-young-children/>

Guide 3: Solids, Expressed Breastmilk and Combination Feeding

Mothers in our study often worried about whether their child would get enough to drink and eat whilst separated from them. In this guide we provide some information on solids and providing expressed breastmilk or formula to your child whilst separated.

It is recommended that breastmilk or infant formula milk is the main source of nutrition / drink until the child is 12 months.¹ Children are typically ready to be introduced to solids around 6 months. From 12 months children can have cow's (or alternative to) milk as a drink. Therefore if your child is under 12 months they may need expressed breastmilk or formula whilst separated from you. After 12 months children can often manage on solid food, drinks of tap water. However, there is variation across children, which may depend on the age of the child, how they have taken to solids, and how long you are separated for. Some children under 12 months may manage without expressed milk or formula and have just solid food and water. They then may make up milk feeds when you are together. Whilst some over 12 months may require expressed milk and/or formula whilst separated. **If you are concerned about your child's solid or milk intake speak to your health visitor, GP or breastfeeding support service.**

Introducing Solids

From around 6 months, children can start eating normal family foods, although children still need most of their calories/nutrition from breastmilk or infant formula milk until 12 months. The NHS¹ provides useful resources on introducing solids, and we signpost to further resources in Mother Guide 14. The NHS states there are 3 clear signs which, when they appear together from around 6 months of age, show your baby is ready for their first solid foods alongside breastmilk or formula milk. They'll be able to:

- stay in a sitting position and hold their head steady
- coordinate their eyes, hands and mouth so they can look at the food, pick it up and put it in their mouth by themselves
- swallow food (rather than spit it back out)

Responsive and Paced Bottle Feeding

If your child is given milk (expressed breastmilk or formula) in a bottle it is recommended to use responsive and paced bottle feeding^{2,3} which will help you find the right portion size for your child. Responsive feeding refers to offering milk based on feeding cues. Paced bottle feeding gives your child more control by using breaks to pace the feeds. A useful video on paced bottle feeding: <https://youtu.be/OGPm5SpLxXY?si=oSLdH0Vyd95s0Am>

How much milk to give?

If your child is given expressed breastmilk or formula whilst separated from you, you may wonder how much to provide/offer, especially if you are used to feeding on demand. As discussed above it is recommended that children are fed responsively and when bottle fed a paced bottle feeding method is used. As a guide, from about 4/5 weeks old babies take more or less the same amount of breastmilk per day till 6 months old then they typically take LESS (one they start eating supplementary family foods). A research study (reviewing other studies)³ suggests among children who were exclusively breastfed for 6 months, the average breastmilk intake at 6 months was 729ml per day and at 12 months was 593ml per day. Milk intake will vary across children. Whereas infant formula volumes do continue to go up as babies grow and formula feeds are generally larger and less frequent.⁴

If offering expressed breastmilk a rough calculation is to offer 30ml for every hour you are apart with a maximum feed volume of 120ml-150ml. But again children vary in their milk intake. If offering formula, first steps nutrition trust make excellent research-based resources about formula and baby foods, including how to safely make up formula feeds. Their guide to infant formula milks⁵ provides information on suggested intake ranges and number of feeds, based on age and weight. Again the recommendation is to be guided by your child and follow responsive feeding recommendations..

A note on avoiding the top up trap

When introducing formula to a breastfed child, many parents worry about falling into what is commonly referred to as the top-up trap. This term describes a cycle where supplementing with formula unintentionally leads to reduced breastfeeding, which then decreases breastmilk supply and increases dependence on formula. Suggestions to avoid this include:

- When breastfeeding - work on getting a good latch
- Maximise the feed
- Watch for active feeding: see 2-4minutes of this video - <https://globalhealthmedia.org/portfolio-items/is-your-baby-getting-enough-milk/> - for some good examples of the movement one should look for (of your baby's chin and throat) to help you decide whether your baby is drinking well.
- Once "active feeding" slows you might like to try breast compressions: this video - <https://youtube/TCauJNqkirU?feature=share> - explains how.

References

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Guide 4: Your Rights at Work

In the UK breastfeeding employees do have some basic legal protection and rights relating to health and safety protection, rest facilities, protection against indirect sex discrimination and harassment, and the right to request flexible working. The Health and Safety Executive (HSE)¹ provides information on your rights, as does Maternity Action.² This guide provides an over view of your rights at work if you wish to continue breastfeeding upon return to work.

Health and Safety Protection

Your employer must carry out an individual risk assessment, that covers your specific needs, when you have informed them in writing that you are breastfeeding. Mother Guide 10 provides information on communicating with your employer. Your employer has a duty to ensure you return to a 'healthy, safe and stable environment'². This risk assessment should be regularly reviewed. The HSE focuses on risks³ relating to posture and position, working conditions (long hours, shift and night work) – including work-related stress, noise and temperature - , physical injury and harmful substances (e.g. chemical and biological agents) that could be passed through to the child during breastfeeding and ensuring personal protective equipment is safe and comfortable (e.g. avoiding tight clothing).

The HSE does not directly refer to risks relating to engorgement / mastitis or reduced breast milk supply, or fatigue if a mother feeds overnight. However, if your working conditions put you at risk of engorgement / reduced breast milk supply you may be able to argue this is putting you and your child's health at risk (which the employer has an obligation to protect).

If the risk assessment identifies a significant risk that puts you and / or your child at risk of harm then in these circumstances employers are obliged to adjust your working conditions/arrangements to remove / control the risk. If this is not possible they must provide you with alternative work or suspend you on full pay if they cannot offer you alternative work, for as long as is necessary to protect you and your child's health and safety.

Rest Facilities

The **Health and Safety Executive (HSE) Guidance**¹ states that breastfeeding employees *must* (a legal obligation) be provided with a place to rest, which *should* (strong recommendations) include a place to lie down if needed, a hygienic and private space to express milk if they choose to do so and somewhere to store expressed milk. Toilets are mentioned as being unsuitable. We discuss workplace facilities in Mother Guide 7.

Right to Request Flexible Working

You have the right to request flexible working from day 1 of your job.⁴ It applies to all organisations, regardless of their size but is only a right to 'request'. Hence, whilst employers must consider requests in a 'reasonable manner' and must do so in a reasonable time (within

2 months), there are 8 grounds (on the basis of business needs) upon which a request can be rejected. These grounds include the burden of additional costs and impact on work quality. You have the right to appeal if your employer refuses a request. We discuss the use of flexible working in Mother Guide 8.

Protection Against Indirect Sex Discrimination and Harassment

If an employer's policy / practice disadvantages one sex more than the other than this is classed as indirect sex discrimination. Therefore if your employer rejects a flexible working request without good reason or fails to put in measures to protect your and/or your child's health and safety then this may be indirect sex discrimination. You are also protected against harassment as a result of breastfeeding. **If you have concerns regarding indirect sex discrimination or harassment you should seek legal advice.**

Examples of successful employment tribunals:

McFarlane & Ambacher v Easyjet Airline Co. Ltd (2016):⁵ In a case involving two cabin crew members, an employment tribunal found that EasyJet had indirectly discriminated on the basis of sex and breached health and safety obligations by not offering more flexible rosters to accommodate breastfeeding. Although the company had offered temporary ground duties, the tribunal determined that appropriate support should be ongoing for as long as breastfeeding continues.

Mellor v MFG Academies Trust (2021):⁶ A teacher won her case after being left with no option but to express milk in unsuitable places, including school toilets and the car park. Despite her repeated requests, no proper space was provided, and the tribunal found she had experienced harassment related to sex.

Gibbins v Cardiff and Vale University Local Health Board (2024):⁷ A healthcare worker won her case after not being provided a private space (the room had no lock) to express breastmilk. The tribunal found she had experienced harassment related to sex.

References

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3. <https://www.hse.gov.uk/mothers/employer/rest-breastfeeding-at-work.htm>
4. <https://www.gov.uk/flexible-working>
5. [McFarlane & Ambacher v Easyjet Airline Co. Ltd \(2016\) ET Case No: 1401496/2015 3401933/2015](#)
6. [Mellor v MFG Academies Trust \(2021\) ET Case No: 1802133/202](#)
7. [Gibbins v Cardiff and Vale University Local Health Board \(2024\) ET Case No: 1602976/2023](#)

Guide 5: Practicalities of Expressing Breastmilk

Common pre-return concerns reported by mothers in our study related to expressing breastmilk and whether they would be able to express enough milk for their child. In this guide we discuss some practical considerations in relation to expressing breastmilk. We discuss practical considerations specifically related to the workplace in Mother Guide 7.

Hand Expressing vs Pumping

You might not need a breast pump; many mothers find hand expressing effective and hassle-free. A breast pump is a device for harvesting a portion of milk either to give to your child or, sometimes, just relieve pressure from your breasts. For most breastfeeding mothers using an electric breast pump is the quickest and most effective way to easily harvest a portion of milk to be fed by a childcare giver to the child with a bottle or cup (if over 6 months old). Some mothers prefer to use a manual pump. We discuss different types of breast pumps in Mother Guide 6.

How To hand express

See <https://globalhealthmedia.org/video/how-to-express-breastmilk/>

How to pump

Start by massaging your breasts for a few minutes to help the let-down (the release of milk from your breasts) reflex and to gently feel for congested (heavy) areas.. Note it may take a few minutes for your milk to start flowing. You then place the pump's funnel / flange over your nipple and then start to pump. Note it is important for comfort and to aid the milk flow to get the correct flange size. We discuss more on flange size in Mother Guide 6.

Note many manual pumps have a lever which pumps one way for massage/let-down mode then another way for expression mode. So you pump for 2 mins massage mode (or until you see the drips) then move to pump mode. Most electric pumps start with a massage or 'let-down' mode which is fast with low suction, you should use this until you feel or see the milk flowing for 30 seconds or so, then move to pump mode. Many electric pumps move automatically after 2 minutes. In pump mode, turn the suction up as much as is truly comfortable.

Once you have finished pumping on one breast / the milk flow slows down you can switch to the other breast. You may find you can return to the other breast.

A few tips to get the most out of a pumping session

In order to let-down (release the milk from your breasts) you need to be relaxed and feel warm and safe. Some mothers look at a photo of their child, visualise the milk flowing for their child, or look at a film of their child drinking. There are even "mindfulness for breast pumping" tracks and affirmations on YouTube/Spotify etc. La Leche League GB provide some further tips.¹

A note on milk supply

Breastmilk supply is based on a supply and demand system. The more milk you or your child removes from your breasts the more it will produce. When establishing breastfeeding, in the first 6-12 weeks, for instance, supply can be precarious. It's important at that stage to frequently and effectively remove milk from your breasts in order to build or maintain supply. Later on in their feeding journeys, many mothers find that supply is more stable, and their bodies cope well with the ebbs and flows of altering sleep patterns, growth spurts, illnesses etc which change their child's feeding patterns.

If you are keen to maintain supply or build supply then expressing until there is no milk flowing is probably appropriate. If the milk stops flowing and you haven't expressed the portion you'd like to, some people find that going back into massage/letdown mode might trigger another flow of milk. If you are easily expressing the amount of milk you need, you might stop the expressing session as soon as you have the desired portion, in order to avoid oversupply.

How much to express and how often?

Many mothers are keen to understand in advance how often you're likely to need to express at work. This helps with planning your schedules and understanding how best to balance returning to paid work with maintaining breastfeeding. This info is a rough guide based on professional experience; there is limited research in this area. One method of doing this is the "MAGIC NUMBER" concept, made famous by Nancy Morhbacher IBCLC.² Your "MAGIC NUMBER" is the *minimum* number of breastfeeds or expression sessions you need to meet your feeding goals (in this situation the goal is often making enough milk for your child). Your "MAGIC NUMBER" will be determined by several factors:

- How long you are separated from your baby
- Your breastmilk storage capacity
- Your infant feeding goals (e.g. do you want to make more milk, maintain supply or are you happy to gradually reduce breastmilk supply)?

In brief, you look at how often you usually breastfeed your child or express (towards the end of your maternity leave) and also try to gauge your breastmilk storage capacity (see the graphic on the next page). These things combined give you an approximate number of times in 24 hours that you need to breastfeed or express. This info can be used to find a rough schedule for expressing when your child is away from you. As your child grows your "MAGIC NUMBER" is likely to decrease.

Breastmilk storage capacity




Breastmilk storage is the maximum amount of milk the breasts can hold between feeds / expressions and is explained in the graphic on the next page. Breastmilk storage is

unrelated to breast size or the amount of milk a mother can make but will impact the number of feeds / expressions needed in a day. A mother with a larger storage capacity will need to give fewer feeds / expressions. Storage capacity has a huge range of normal with studies finding figures from 74ml-606ml.³

WHAT IS YOUR STORAGE CAPACITY?

After 6 weeks or so, your baby will let you know if you follow his feeding cues

AVERAGE MILK INTAKE 1-6 MONTHS ABOUT 30 oz. (900 mL) PER DAY

	<ul style="list-style-type: none"> * Baby often takes both breasts * Needs many feeds per day to gain weight well * Must wake often at night to feed * You may never double pump > 4 oz. (120 mL) <p>You may have a SMALL STORAGE CAPACITY ~2.5 oz. (75 mL) X 12 feeds = 30 oz. (900 mL)</p>
	<ul style="list-style-type: none"> * Baby may take 1 or both breasts * Needs 7-8 feeds per day to gain weight well * Needs some night feedings * You may double pump ~4 oz. (120 mL) with missed feed, ~2 oz. (60 mL) ~60 min. after feed <p>You may have a MEDIUM STORAGE CAPACITY ~3.75 oz. (110 mL) x 8 feeds = 30 oz. (900 mL)</p>
	<ul style="list-style-type: none"> * Baby often takes 1 breast, is done quickly * Needs fewer feeds per day to gain weight well * May sleep for longer stretches at night * You often double pump > 4 oz. (120 mL) <p>You may have a LARGE STORAGE CAPACITY ~5 oz. (150 mL) x 6 feeds = 30 oz. (900 mL)</p>

IF FED ON CUE, BABIES CAN THRIVE WITH ANY STORAGE CAPACITY:

But because the amount of milk they get per feed varies by so much, to get the milk they need per 24 hours, their feeding patterns must vary

FAQs

WHAT IS STORAGE CAPACITY?


Determined by the volume of milk available at your fullest time of the day.

May change from one baby to the next.

Baby
1

≠

Baby
2




WHAT DETERMINES STORAGE CAPACITY?

It varies among mothers and is determined by the amount of room in your milk-making glands.

IS IT RELATED TO BREAST SIZE?

No. Breast size is determined mainly by the amount of fatty tissue in your breasts.



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As a starting point, for many this means expressing every 3 hours at work; this number can change (usually reduce) during the first few weeks and months. A typical pumping session is 15/20 minutes, even 30 minutes, of pumping. Monitor how much you are expressing and check if your breasts are feeling uncomfortably full or tight. Over time you can usually leave longer gaps between pumping sessions without becoming uncomfortable or your supply reducing. If you have a large breastmilk storage capacity (see graphic above) you can

probably have longer gaps between pumping and breastfeeding sessions. If you have a small breastmilk storage capacity you might need to pump or breastfeed more frequently.

Case Studies

Sade, a consultant, returned full-time when her son was 6 months and expressed milk, to give to her son, once in the morning around 11am and once in the afternoon around 3pm. After a few months she expressed once during the day around lunchtime. By the time her son was 12 months she no longer needed to express during her working hours.

Louisa, a library assistant, returned when her daughter was 10 months, she worked half-days. She had one expressing break for 25 minutes, which was more to maintain her milk supply as her child did not drink much of her milk at nursery. She expressed at work until her child was 13 months.

Tips for maintaining milk supply

- Continue to breastfeed or express milk as frequently as during parental leave (assuming baby was thriving and exclusively breastfeeding)
- Continue to breastfeed while together.
- Continue feeding overnight and avoid going longer than 8 hours without fully draining your breasts.
- Don't become uncomfortably full. This sends the signal to slow production.
- Are you able to feed your baby just before you start working and as soon as you are together again (or even during a work break if they are close by)?

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Guide 6: Breast Pumps

If you choose to express breastmilk using a breast pump, choices of types of pumps and prices can be overwhelming. This guide provides information on types of breast pump and what to consider when choosing a breast pump.

Types of pumps

Single vs Multi user

- **Single user:** many pumps you buy on the High Street are open system pumps which means they should not be bought or sold second hand or loaned to people.
- **Multi user:** these are closed system pumps, they can in theory be used by several people.

Pumps are also **single** or **double**, pumping both breasts at the same time is more effective and saves time.

Non-electric Pumps

- **Silicone bulb:** this is a simple design. Some mothers find that they work well for them; they can suction them on quite firmly, lean forward and gently massage their breast and achieve an impressive portion of milk. Others get very little milk with them. They can be well suited if you just want to release some pressure from your breast without needing to maximise how much you get out. They are easy to clean.
- **Manual pump:** This is a simple non-electric pump with a lever. You have to actively hold it to your breast and pump the lever with your hand to get the milk out. They cost less than electric pumps and are light to transport and easy to assemble.

Electric Pumps

- **'Hospital grade':** beware this doesn't mean anything, there are no guidelines for this phrase! The most powerful breast pumps are rented, double electric pumps but these need to be plugged to the mains, are cumbersome and expensive, so unlikely to be ideal. With this type of pump you have to actually hold it on to your body (many find they have to sit leaning slightly forward and hunch their shoulders too). Another option is investing in a special bra which holds it. If your milk supply is well established, having a very powerful pump is probably not important.
- **Wearable:** there are now lots of different wearable pumps on the market with a wide price range. Wearable pumps are designed to be quiet and have no cables or hoses. You can wear them under your clothes because they fit in your bra. Some parents use them while they are working, or on a video call for instance, while typing or even driving. Because they are designed to be quiet they are actually not the most powerful pumps, but if your

milk supply is well established, having a very powerful pump may be less important than having a convenient pump. Some find wearable pumps move in their bra and lose seal.

- **Hybrid pumps:** Include in-bra cups plus an air hose to a separate motor. These are often more powerful than a wearable pump, louder & often more visible, but still allow hands-free activities such as typing or driving.
- **Portable:** not the same as wearable! Many pumps labelled as portable pumps, are as large as your head or so small that they can fit in your pocket. Portable means the pump can be used with batteries or charged at a plug socket then it holds the charge so you can bring it with you somewhere. With this type of pump you have to actually hold it on to your body (many people find they have to sit leaning slightly forward & hunch their shoulders too). Another option is investing in a special bra which holds it.

What should you look for when buying a breast pump?

How much do you want to spend? There are some very good pumps at the lower end of the market - the most expensive are not necessarily the best.

Can it be bought and sold second hand? Could be a consideration if you don't plan to use it for long or can't easily afford it.

Do you want a discreet pump? Low profile? Quiet? Can you imagine you'd be able to (and do you want to) pump and do your job at the same time? Some mothers in our study wanted to pump during online meetings and at their desk. However, you should not feel obliged to pump whilst you want work or feel you have to. It is good practice to make sure you have the space and time needed to express breastmilk, should you need to.

Do you plan to use it for a long time or several children? Many pumps are only guaranteed for 1 year.

Can you leave your pump at work? Clean it at work? Will you need to carry it from one workplace to another? Do you have access to reliable power? Some mothers in our study left their pump (the motor/body) at work and had spare sets of bottles/flanges/in-bra cups. This reduced the amount they had to transport between home and work each day and reduced the need to clean the equipment during the working day.

Fitting your pump

At the time of writing most pumps are sold with 24mm flanges (the bit that your nipple goes into) as default but there is research¹ showing that a tighter fit can be more comfortable and effective. One of the authors of this research have produced a helpful guide on flange size.² Many mothers find it useful to use a set of silicone flange liners to experiment, over a few pumping sessions you'll find which size is truly comfortable and gets the most milk. If you find the right size you might like to invest in buying a hard plastic flange in the appropriate size. Note for wearable pumps silicone flange liners are the only option.

Maintaining your machine

“Make friends with your pump” - Barbara Robertson IBCLC .

It is worth putting in the time to get to know your pump including reading the instructions and getting familiar with the different settings as this can drastically change the yield. Many pumps have small parts such as duckbill valves or diaphragms which need regular replacement, flanges come in various sizes to suit, if you have borrowed a pump or obtained one second hand you may not realise this.

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Guide 7: Expressing / Breastfeeding at Work Considerations

Common workplace concerns by mothers in our study included where they might express breastmilk / breastfeed, and whether this place would be hygienic, private and lockable, and whether there would be somewhere to wash pumping equipment. A big source of anxiety was around storing expressed breast milk - where (and whether this would be a communal fridge), would it be hygienic and safe (in terms of temperature) - and transporting expressed milk home. This guide discusses some practical considerations for those wishing to express and/or breastfeed at work.

It is worth remembering that employers and line managers may lack knowledge of their legal obligations or what combining breastfeeding and paid work actually involves. Therefore you may need to explain your specific needs to your employer/ line manager. Such conversations maybe difficult to initiate and/or awkward and we discuss ways to open communication with your employer / line manager in Mother Guide 10. It is useful to consider and discuss the following with your employer if needed – ideally as part of your risk assessment (discussed in Mother Guide 4):

- 1) Where will you breastfeed / express breastmilk?
- 2) Where will you store breastmilk?
- 3) Where will you store your breast pump and parts?
- 4) Where will you wash up any breast pump parts?
- 5) Frequency and length of breaks, will breaks be paid?
- 6) What accommodations can be made if you need to travel outside of your normal workplace?

If you plan to express your milk during the working day you might want to discuss the following

Facilities

“Originally, they were, well, you can go pump in the bathroom. And I said, well, not really, It's so unhygienic. And so then they tried to find a room”

Employers only have to provide breastfeeding employees somewhere to rest. However it is good practice for them to provide a room that is private, lockable and clean, with somewhere to store expressed breast milk. Ideally it should be near a sink with running water for washing hands and rinsing out breast pump parts and have an electrical outlet. If your employer does not offer facilities you may need to request they find somewhere private and hygienic (toilets are not a suitable place) or allow alternative arrangements such as working from home or adjusting your work patterns. We discuss potential changes to working patterns in Mother Guide 8. Your employer may not understand your needs, so in the event of no existing suitable facilities you may need to make suggestions that you are comfortable with.

Storing and transporting expressed breastmilk

"I was concerned about being able to store the milk and travel with it safely and make sure it was still fine on my journey back"

You might need a fridge. Would you prefer a designated fridge? Some mothers use an insulated (cool) bag with ice blocks (sometimes combined with a fridge). At the time of writing the current recommendations for where and how long breastmilk can be stored¹ are (there are significant variations in recommendations for storing expressed breastmilk):

Breastmilk can be stored:

- ❖ At room temperature (freshly expressed) - up to 6 hours
- ❖ In a fridge below 4 degrees - up to 8 days
- ❖ In a fridge 5-10 degrees (or you are not sure of the temperature) - up to 3 days
- ❖ In the Ice compartment of the fridge - up to 2 weeks
- ❖ In the freezer (-18 degree Celsius or lower) - up to 6 months
- ❖ Breastmilk that has been cooled in a fridge can be stored in a cool bag (with ice blocks) for up to 24 hours

Tips for storing express breastmilk

- Many mothers use an insulated bag or specially designed flask with ice blocks to transport their milk.
- Beware breastmilk storage bags are more likely to split or spill than breastmilk containers (bottles).
- Store away from meat products, eggs or any uncooked foods.
- Store at the back of the fridge and not in the door.
- If you don't know the temperature of your fridge, assume it is running at this higher temperature.

Should I have a "stash" of frozen milk?

Refrigeration preserves the unique properties of breast milk more effectively than freezing.² Some mothers deliberately overproduce breastmilk during their maternity leave in order to build up a "freezer stash" to use once they return to paid work. This can take the pressure off if expressing at work is difficult and enables some children to receive breastmilk for longer. However, deliberately over producing is not ideal for your breast health and puts you at risk of mastitis. Frozen milk doesn't have all of the nutrients and anti-infective properties of fresh breastmilk.³

Storing and washing your pump⁴

Depending on the type of pump you have, you might want to store it (or parts of your pump) at work, to save you from having to transport it to and from work each day. You may also need to store it during the day between uses. Therefore you may need to ask your employer

if there is somewhere you can store your pump or suggest somewhere you are comfortable with.

Pumping can be a time-consuming task, but did you know, you may not need to sterilise your pump parts every use?

Because live cells in human milk kill some bacteria⁵ breastfeeding and pumping equipment doesn't always need to be sterilised like formula feeding equipment. Research⁶ suggests it is sufficient to wash equipment with hot soapy water. You may still feel you want to sterilise equipment after every use for extra protection, especially if your child is under six months old.

We know breast milk can be stored at room temperature for several hours, and in the fridge for several days, so some mums who are pumping frequently put pump flanges into a Ziplock bag or plastic sandwich box and put them in the fridge between uses, washing once in 24hrs in a dishwasher or with hot soapy water.

If your baby is healthy then washing with soapy water should be enough. As an alternative some mothers invest in several "Pump sets" (maybe owning one motor & hose but several sets of flanges (depending on pump design), so they don't need to worry about washing them while at work.

Breaks for Expressing breastmilk / breastfeeding

"So I think it's not just about having the space, but it's about having time."

"But I didn't know how they'd be like in terms of flexibility or would I have been able to go at certain times or just as and when I needed."

Breaks for breastfeeding / expressing breastmilk are not a legal entitlement. However, ensuring you have enough time to breastfeed / express breastmilk during working hours may be part of your employer's duty to protect you and your child. As discussed in Mother Guide 4, employers have a duty of care to avoid you or your child coming to harm. Therefore it is important that you are given breaks, if not giving you breaks puts your health at risk (e.g. becoming engorged/getting mastitis, or if having to use existing breaks means you have may leave you less time for other needs such as adequate nutrition/hydration, rest.). Such risks should be identified through a risk assessment. You may need to explain to your employer the importance of breaks for you, as they may not understand / it may not occur to them.

How many breaks will you need and how long? We discuss more on how often you may need to express in Mother Guide 5. You should probably allow 30 minutes for an expression session depending on how long it takes you to get set up (e.g. go to private room, wash hands, assemble pump, express, store milk, wash equipment). However the time you need may depend on your individual circumstances and changes as your child gets older, and you may need shorter breaks if you need to express only for comfort.

Example good practice: Julie was given an hour a day (on top of her standard breaks) to use for expressing breastmilk/breastfeed in any way that suited her specific needs. For example she could use the time for rest, breastfeeding, expressing breastmilk, and split the time up into whatever blocks she needed. She could take this in 15 minutes or 30 minute blocks or take the full hour to go home, say, to breastfeed / express breastmilk. This also meant she could use the time differently as her and her child's needs changed.

Clarify with your employer if breaks are paid or whether you are expected to make the time up. *Do you need a colleague to cover for you during this time? Or do you need other changes such as changes to working patterns?* We discuss changes to working patterns in Mother Guide 8.

Travel

"The biggest thing I found challenging was people expect me to be to go places when I returned to work. I found it quite difficult and challenging at times to be able to have to ask people, look, I'd love to come to this event, but I need space to go and express."

Some jobs may mean you travel throughout the day as part of the regular duties of your job, say, if you need to visit clients or work in emergency services. And, therefore, you may not have a specific/regular work base. As part of the risk assessment (see Mother Guide 4), it is important for your employer to identify any potential risks to you and/or your child. If risks cannot be controlled or removed, your employer should offer suitable alternative work. We saw a few examples of this in our study where mothers who had to travel regularly as part of their duties were given a temporary desk-based job. For some in our study, travel meant more flexibility, particularly around breaks but one of the biggest problems for those expressing breastmilk was safe storage and transportation. Some mothers had a portable fridge that could be plugged into their car.

Some jobs may require occasional or regular travel to a different workplace location or site outside of your usual place of work, which may provide challenges if you need to express breast milk / feed your child. For example, legal professionals may need to attend court or employees may need to travel for a meeting, workshop or training. Here you may want to plan ahead and discuss with your employer. *Maybe your employer can book you a room at the other work setting if you need to express or could you attend a meeting/event virtually?* If you need to express, you will need to consider where you may need to store it and how you can transport it, will you need a cool bag, is there somewhere to store the milk at the other location? Or your employer may permit you not to travel, where possible, whilst you are breastfeeding.

There may be occasions where you need to travel overnight as part of your work. Some mothers in our study, particularly when their child was older than 12 months, reported that travelling overnight and being separated from their child did not impact their breastfeeding journey. Some, however, did find they become engorged given they were not used to be separated from their child for that length of time, and did need to express for comfort. Others

reported travelling with their child and another adult, such as their partner, who could care for their child whilst they worked.

If you are not comfortable with being away from your child overnight, you could first check if travel is essential, *maybe your employer can permit you not to travel overnight whilst you are breastfeeding?* If you wish to travel with your child it will be important to discuss with your employer, as there may need to be a risk assessment. Even if you are not travelling with your child you may still need an update to your risk assessment as it is important that your employer identifies whether travel imposes any additional risks. You may need to consider, if needed, where you might express or if you are travelling with your child, where you might feed. If you need to store and transport your expressed breastmilk it maybe useful to know that you are permitted to travel with expressed breastmilk on planes. At the time of writing you are permitted to travel with up to 2000ml of breastmilk in your hand luggage (no limited listed for hold) and cooling gel/ice packs.⁷ You should check with your airline should you need to travel with expressed breastmilk.

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Guide 8: Working Patterns Adjustments

Making adjustments to working patterns may help if you want to adjust feeds/expressions around working hours and may also help facilitate expressing breastmilk / feeding during work hours. In this guide we suggest ways, where possible, in which adjustments to working patterns / location could help facilitate meeting your infant feeding goals.

Flexible Working Requests

Could you request to work from home – either some or all of the time? Working from home may make it easier to express breastmilk (in the comfort of your own home) or breastfeed your child directly (if your childcare provision is nearby). It will also reduce any time you may need for commuting, potentially meaning you are a while from your child for a shorter period.

Could you request a change to your working patterns such as shorter days or adjusted start and end time? If you work shifts can you ask for shift patterns that suit you. If you work nights can you ask to be on days? Shorter days may mean you miss fewer breastfeeds or require fewer expressions. Adjusting start/end times and shift patterns may make it easier to fit breastfeeds or expressions around your working hours.

If you work part time working alternate days may help so you not away from your child several days in a row? Or some mothers like to use compressed hours where they work longer days (e.g. working 5 days in 4) but have more days with their child at home.

As discussed in Mother Guide 4 you have the right to request flexible working but it can be refused on business grounds. We discuss communicating with your employer in Mother Guide 10.

Case study 1: Mary, a customer services representative, returned to work when her daughter was 8 months. She returned 3 days a week, fed her daughter first thing in the morning, when she got home and just before bedtime with one expression during the day. Although her child would not drink the milk. She was able to feed as normal on the 4 days she was with her daughter at home.

Case study 2: Laura, a teacher, worked 3 days and returned when her daughter was 10.5 months. She chose to split her week up and worked Monday, Tuesday and Thursday. Her daughter did not have any milk whilst separated. This structure meant there were gaps in the week and her daughter would feed more on the days Laura was off and at night to catch up from the days they were separated

Case study 3: Sofia, a Senior Manager, returned when her child was 9 months old and was allowed to work from home for 3 months whilst expressing. This helped her manage pumping during the day but also was able to feed and reconnect with her daughter at the end of her working day.

Case study 4: Jenny a policy analyst returned when her child was 9 months on compressed hours (doing 5 days in 4) and was working from home due to the pandemic.

Her husband was self-employed so took 1 day off during the week to cover childcare. Meaning her child was at nursery for 3 days a week.. On the day her husband looked after their child she breastfeed her daughter directly during breaks which saved her time. On the other days she pumped twice and her employer was very flexible to make sure she did not have meetings during her pumping breaks. She also fed her daughter first thing so was permitted to start work late

Phased Return

Some mothers in our study used a phased return i.e. returning a few days a week to start with and building up to their full days. Using a phased return help you, your body and your children to adjust. If this is not something your employer offers some mothers have used annual leave to facilitate this.

Case study 5: Cora a data analyst returned at 13 months and used one month's worth of annual leave to have a phased return. Returning two days a week to begin with for a couple of weeks, then three days a week and then settled at four days a week. She used her remaining annual leave to book one day a week off to spend with her daughter. In the first week she suffered from engorgement and had to hand express at work for comfort. Her daughter wanted to feed straight away when they reconnected which also helped with the engorgement. Her daughter switched to having more feeds during the night. Cora reported that her body adjusted to making milk at different points of the day after a week and the engorgement stopped. Her daughter fed until 2 years old.

Case study 6: Charlotte, a solicitor returned at 9 months but did a phased return, returning only for two days to start with. She would feed her daughter before she left for work and then express in the morning and afternoon, and feed on return and then before bed. This continued for a few months and then she dropped the expressions during work hours and continued to feed her daughter before and at night

Commuting

If you need to commute with your child you will be separated for fewer hours of the day. This may give you an opportunity to breastfeed on the journey or on arrival at your childcare setting.

Many of these options are very personal with no "one-size-fits-all". Chat with your supporters, your childcare giver(s), and family to help you consider options. Have you any colleagues who have returned to work while breastfeeding - *can they share their experiences and tips with you?*

Guide 9: Breastfed Child Policies in Childcare: What You Need to Know

In the UK some childcare environments may be unfamiliar with the specific needs of breastfed children. It is therefore essential to have a clear understanding of how your chosen childcare setting will support breastfeeding, especially if you are providing expressed breastmilk. Parents may need to ask key questions, consider the responses, and even include specific agreements in a formal childcare contract. In this guide we provide some information on things to consider regarding childcare and to discuss with your childcare provider (even if that's a family member or neighbour).

Questions to ask your childcare setting

1. Milk Storage and Labelling:

How will the childcare setting store and label any expressed breastmilk (EBM) you provide? Clear systems for storage and labelling are crucial to avoid errors.

2. Staff Training:

Are the childcare setting staff trained in handling expressed breast milk and supporting breastfeeding families?.

3. Wrong Milk Procedure:

What is the procedure if the wrong milk is given to your child? For instance, if your child is accidentally fed formula, another family's expressed milk, or if another child is given your milk, how will the nursery address this? Human error is natural, but there should be a clear policy in place to manage such situations.

4. Feeding Methods:

Breastfed babies often take smaller, more frequent feeds compared to formula-fed babies. Does the nursery understand and use paced feeding methods? You can find some resources in Mother Guide 14 on responsive and paced feeding which you could share with your childcare provide. These explain how to feed breastfed babies with a bottle gently, using a slow flow teat, taking breaks, and respecting the child's natural feeding cues.

5. Prioritising Solids vs Expressed Milk:

Would you prefer the nursery to prioritise solids or expressed breast milk during feeding times? Your preference may depend on your breastfeeding goals, the age of your child (breastmilk or formula is recommended to be the main drink before 12 months) and how easily you can express sufficient milk for your child.

6. End-of-Day Feeds:

If your child signals hunger towards the end of the day, but you will soon be collecting them, how would you like the nursery to handle the situation? For example, would you prefer them to offer a small feed to tide the child over, or would you rather they distract the child until you arrive? Alternatively, you might want them to continue with a full feed regardless.

7. Emergency Scenarios:

What should the nursery do if you are delayed, your supply of expressed milk runs out, or there is an issue with the milk (e.g., it is lost or damaged)? Discuss these potential scenarios in advance to avoid confusion.

Planning Ahead for Success

If you want to breastfeed your child on drop-off/pick up or during your breaks at your childcare setting you may want to discuss with your childcare provider if they have arrangements /space for this.

Establishing a clear understanding with your childcare setting or childcare giver about these key issues will help ensure your child's needs are met while supporting your breastfeeding goals. You might it have thought about some of these things yet - maybe this list could be an opportunity to discuss options with your family.

By addressing these topics early on, parents can feel more confident in their childcare arrangements, knowing that their child will receive appropriate care and support tailored to their breastfeeding journey.

Guide 10: Communicating With Your Employer

Our research has shown that many employers and line managers may not have previously supported a breastfeeding mother returning to work and are often unaware of their responsibilities and obligations in this area. In many cases, they simply haven't encountered the situation before or considered what balancing breastfeeding and work actually involves. We also found that both managers and mothers can find it difficult to initiate these conversations, as the topic can feel awkward or unfamiliar. That's why it is essential to establish clear and supportive communication pathways, ones that open up space for open and practical discussions about returning to work and breastfeeding, and we have also created a guide for employers/line managers in Employer Guide 8. This can help ensure that mothers receive the support they need, and that managers feel better equipped to provide it.

Whether you are expecting a baby, currently on maternity leave, or returning to work as a new mother, this guide is here to help you confidently talk about your infant feeding plans and related needs whatever they may be. You don't need to have everything figured out, and it's okay if your plans change. Use this communication guide to start open and constructive conversations with your manager and get the support you need.

Before You Go on Maternity Leave

This is a good time to open up a gentle conversation about your thoughts or questions on infant feeding when you return to work. You don't need to have anything decided yet, and it is completely normal to still be unsure. But mentioning what you might be considering such as continuing breastfeeding or expressing milk can help make future planning easier and more supportive. You can also ask about what support is available at work, such as designated facilities, flexible breaks, or relevant policies. If there is a private space available for expressing or breastfeeding, you may want to see it in advance and understand how it works. It is also worth asking who else you can speak to who has gone through something similar if you would like more information or shared experiences later on.

If you are not sure how to begin, here is a sample email you could adapt and send to your line manager:

Subject: Planning ahead and infant feeding support

Hi John

As I prepare for my upcoming maternity leave, I just wanted to have a conversation about something I've been thinking about in terms of my return to work.

While I haven't made any firm plans yet, I may want to continue breastfeeding once I'm back, and I thought it might be helpful to find out a bit more about what support and facilities are available. Would it be possible to have a quick chat before I go.

And if there's someone else in HR or perhaps another parent in the organisation who's been through a similar experience, I'd really appreciate being connected with them as well just to hear how others have managed things.

Best regards,

Anna

And here are some other useful conversation starters you may like to use during the meeting

Helpful things you could say

"I'm still not sure about my feeding plans, but I may want to continue breastfeeding when I return. What kind of support is available?"

"Could I see the space where I'd be able to express milk?"

"Who would be the best person to talk to if I have questions later on?"

"Is there someone else here who's been through something similar that I could speak to?"

During Maternity Leave

This is a good time to update your manager and start more detailed planning. By now, your feeding patterns may be more established, and you might have a clearer idea of what you will need when you go back. If you have decided you want to continue breastfeeding or expressing milk after you return to work, let your manager know in writing (including by email) in advance of your return to work. As outlined in Mother Guide 4 your employer has a duty of care towards you and your child. To fulfil this responsibility, they are required to carry out a risk assessment and for that to happen, you will need to provide written notification that you are breastfeeding and intend to continue breastfeed upon return to work.

This might be a good opportunity to revisit the feeding space (if you have not seen it yet) and ask any new questions about privacy, cleanliness or storage. It is also helpful to start thinking about the kind of flexibility or breaks you may need, and to discuss whether any adjustments to your hours, workload, or location could make the transition easier. Don't hesitate to ask how this might impact things like your pay or shift responsibilities.

Here is another sample email you could adapt and send to your line manager:

Subject: Planning ahead for my return

Hi John

I hope you are well. As I start thinking more about my return to work, I wanted to get in touch to begin planning ahead and help ensure the transition goes as smoothly as possible for both sides.

I've decided that I'd like to continue breastfeeding after I return, so I'm writing to provide formal notice of this. As I understand from our policies (and Information Guide X), this enables the organisation to fulfil its duty of care and carry out any necessary risk assessments.

It would be really helpful to have a conversation about the support available, particularly in relation to expressing milk at work, any flexibility around breaks or hours, and how the facilities work in practice.

Please let me know a time that would suit you for a short conversation.

I look forward to catching up soon.

Best regards,

Anna

Helpful things you could say

"I've decided I want to continue breastfeeding after I return, can we talk about what support is available?"

"Do you have any advice on how best to prepare for returning to work, especially now that I've made this decision?"

"Could I come in to see the space for expressing and ask a few questions about how it works?"

"Could we talk about flexibility around hours or breaks to help with expressing milk when I'm back?"

"How might this impact things like shift work, scheduling, or pay?"

When You Return to Work

Your first days back can feel like a big adjustment, especially if you are managing feeding or expressing alongside your return. Now is the time to put any plans into action and speak up about anything that is not working as expected.

If your original plans have changed or if something you agreed on is not working for you, it is absolutely okay to raise that with your line manager. You may want to reflect on what has been going smoothly and let them know, as positive feedback helps reinforce supportive practices. If you are facing any challenges, for example, the designated space for expressing is not meeting your needs, feeling rushed during breaks, or needing more time or privacy, it is helpful to be specific so your manager can help find practical solutions. You might also want to check what your options are if you need extra flexibility or adjusted hours, and how that might affect your responsibilities or pay. If you are feeling uncertain or overwhelmed, consider asking to speak with someone else at work who has had a similar experience.

Example Email: When things are mostly going well

Subject: Quick meeting request

Hi John,

I wanted to share a quick update now that I've been back at work for a few days. Overall, the return has gone more smoothly than I expected. Thank you again for your support so far.

However, there are a couple of things I've noticed that may need a bit of adjusting, particularly around how I manage expressing during the day. I would really appreciate a short conversation to talk through what is working well and what might need to be adapted, just to make sure things remain manageable.

Please let me know a good time for a quick meeting. I would also be happy to share any feedback that might help support other returning parents in future.

Thanks again, and I look forward to speaking soon.

Best
Anna

regards,

Example Email: When the return has been more challenging

Subject: Return arrangements

Hi John,

I wanted to share a quick update now that I've been back at work for a few days. It has been a bit more challenging than I anticipated, particularly around managing time and space for expressing during the day, so I would really appreciate the chance to talk through what is currently in place and whether there is any scope for adjustment.

Would you be available for a short meeting sometime soon? I would also be happy to share any feedback that might help inform support for other returning parents.

I appreciate your time and look forward to speaking soon.

Best
Anna

regards,

Helpful things you could say

“My situation has changed a bit since we last spoke. Can we talk about what adjustments might be possible now?”

“Thank you for the support—some parts of the return have been going really well. One thing I’d like to talk about is...”

“I’ve had a few issues with the space for expressing—could we find a solution?”

“I’m finding I need more flexibility than I thought—could we discuss the options and what that might mean?”

“I’m finding it a bit more challenging than I expected; the space designed for expressing is also being used for other purposes, which makes it feel less private. Can we look at other options?”

“I need to store expressed milk in the fridge, and for safety reasons, it needs to be kept consistently below 4°C. I’ve noticed the fridge is opened quite frequently, so I’m not sure the temperature is staying within the safe range. Would it be possible to place a thermometer inside to monitor it?”

Guide 11: How to Prepare?

This guide provides some things to consider prior to your return and ways you could prepare for your return to work.

Important things to consider for pre-return preparation

Many mothers worry about how their child will cope when first separated from them or worry how they'll manage in the childcare environment or with a new routine. Some families think it might be kinder or make the transition easier if they cut back on breastfeeding, schedule feeding times, or alter their child's sleep habits ahead of starting paid work. There is really no evidence that this is beneficial (and might even have negative effects on your baby's or your health). It's important to make your own informed choices, don't feel pressured by others. Returning to paid work is likely to be emotional and some level of disruption is probably unavoidable. Anything which causes upset as maternity leave comes to an end might be unhelpful.

Here are some ways to help you and your child prepare

- If you plan to use childcare, visit the setting or meet the key person (grandparent, childminder or nursery staff for instance) several times with your child in advance.
- Practicing hand expressing or pumping in a relaxed environment might be helpful practice in advance of your return to paid work, if you will be expressing or may need to express for comfort
- Test your breastfeeding and morning routines a few times before your return. This practice helps both you and your baby adjust smoothly
- You might like to offer your child a cup or bottle of expressed breastmilk sometimes to help them get used to drinking that way. We discuss the issue of a child not taking a bottle in Mother Guide 12.

Before resuming paid work, it can be beneficial to conduct a few "trial runs." These might include shorter periods of time away from your child or separations where you remain geographically close. These experiences can help ease the transition for both you and your baby's caregiver, fostering a sense of comfort and preparedness. Keeping in Touch (KIT) Days, offer a structured way to ease back into the workplace during your maternity, adoption, or shared parental leave. While entirely optional, they can provide valuable opportunities to:

- Stay updated on workplace developments.
- Participate in training or attend meetings.
- Complete specific projects.
- Gradually reacclimate to your work environment.

If you haven't finalised childcare arrangements for KIT days, it might be possible to either bring your baby with you or arrange for a family member to stay nearby to facilitate direct breastfeeding during breaks.

KIT Day Case Studies

Lily, a nurse, returned when her daughter was 9 months but had used keeping in touch days (KIT) to get used to expressing milk at work. She started with half days, expressing once and then move to full keep in touch days and expressed morning, lunchtime and in the afternoon. Then she did a phased return returning two days a week until her son was 12 months and then moved to 3 days. She found the KIT days and phased return helped her body adjust and by the time he was 12 months she was only doing one expression at lunch time.

Brenda, a health and safety manager, started KIT days when her son was 6 months. She took her mum and son with her. She fed her son in the office before she started work and Brenda's Mum looked after her son and brought him back around lunch time for a feed, then her Mum took him home. Brenda then was able to feed her son again when she got home.

Preparing for Your First Day Back at Work

Advice from La Leche League¹ recommends starting your return on a Thursday or Friday. Or maybe you are able to do a phased return. This shorter workweek allows for a weekend to rest and address any unanticipated challenges before the next full week begins. Be prepared:

- You might prefer to pack your bag and organise your clothes etc the night before.

Examples of things that mothers have told us they have packed include: ice blocks insulated bag/box, breastmilk storage containers / bags, pump parts / spare parts, breast pads, washing up bowl and biscuits! Some also include a photo of their child or a have a film of their child feeding or being cute, and headphones.

- If you are going to be separated from your child, feeding them when you first wake up, and maybe again before you leave or when dropping to childcare will help them to be satisfied (and hopefully will help your breasts too)!

References

1. <https://laleche.org.uk/working-and-breastfeeding/>

Guide 12: Common Concerns and Anxieties

In our study mothers expressed a number of pre-return anxieties / concerns. Many reported that the reality was not as bad as expected. In this information guide we cover some of these concerns/ anxieties and how mothers managed these.

My child will not take a bottle

“Probably our main concern was that he wouldn't take the bottle. Is he going to get the dairy? Is he going to get the nutrients that you make?”

This was one of the most commonly reported concerns. Your expressed milk can be given in a cup or mixed with solid food. From 6+ months you might find your child can drink your milk in an open cup or sippy cup, or a cup with a weighted straw, but they are likely to take more volume if they drink from a bottle. Some mothers mentioned that introducing a cup worked:

“It was a struggle as my son would not take a bottle. We tried so many different bottles and ways to get him to accept it. I left the house, I would use the bottle teat in my bra, different temperatures etc. I was so happy when I discovered open cup feeding and it worked. I was so relieved that he would be ok when I wasn't there.”

Some mothers mentioned their child would accept a bottle when offered by someone other than them and they (the mother) were not close by. Others mentioned that their child wouldn't drink their milk in their childcare setting and the child adapted and managed fine without milk, making up for it when reunited:

“In the end my kid adapted. Both of them, they didn't even want the milk. The people in the nursery were saying they are not drinking their milk. They were fine eating their normal food”

“She didn't tend to have much to drink when at nursery, even though I supplied breastmilk for months on end. She basically kind of cluster feed when she got home.”

Will my child get enough to drink / nutrition?

If providing expressed milk for your baby is challenging (for instance you are struggling to express enough, or your baby is reluctant to use a bottle), you might ask your childcare provider to focus on offering solid food to your child, if your child is over 6 months. Children should be offered sips of tap water with meals. If your baby is reluctant to drink, it might help to offer foods such as watermelon, tomato, cucumber and soup, which provide fluid.

When dealing with a “fussy eater” many families are advised to reduce/stop breastfeeding in order to encourage the baby to accept more solids. Reducing breastfeeding in this situation might take away a valuable source of nutrients. Beware that there is no evidence that reducing milk feeds will increase solid intake. In this situation, it might also be helpful to know that as you produce less, breastmilk is more concentrated and the ingredients alter to best suit your baby's age and stage^{1,2}.

Mothers also often wonder how do they know if their child is getting enough nutrients? Indicators may relate to poor weight gain, constipation, an unsettled child. **If you have any concerns speak to your health visitor or GP.**

Will my child be able to nap without me?

“My concerns were how are nursery going to get them to sleep and you know, will they cope without milk during the day? How will they get them to sleep as one of the biggest things because they were both fed to sleep babies.”

A common concern for those whose children were fed to sleep was whether the childcare provider would be able to get the child to sleep. However, many reported that this was not a problem, and whilst the child would not nap without being fed to sleep at home they would nap independently at their childcare provision!

Will my child be able to cope without me?

In general mothers were concerned that their child would be upset without them and were worried how they would cope, but again mothers reported the child adapted well. Many children are very adaptable and quickly get used to different schedules and habits on different days. Families often report that their children will nap independently and eat all their vegetables at childcare but not at home! Some mothers even reported that the child ate and slept better at day care than at home.

Breastfeeding offers more than just physical nourishment—it’s a comforting ritual that strengthens the emotional bond between you and your child. Therefore mothers in the study talked about how breastfeeding was a way to reconnect with their child and the child adapted to the new schedule.

Will I be able to express enough, will it impact my milk supply?

“I was really concerned about my milk drying. Because obviously I wouldn’t have the baby all the time with me.”

“I was worried about the potential impact on my supply because you don’t know obviously how much we’re producing when we’re feeding compared to how much we’re expressing.”

Issues relating to milk supply were a common worry. Both in terms of whether they would be able to express enough, and secondly whether return to paid work would impact their milk supply. A related concern was whether returning to work and changes to milk supply would lead to the end of their feeding journey before they were ready.

“I was very, very anxious about returning. I didn’t want my breastfeeding journey to end. I didn’t want anything to scupper my chances of having that end and yes, I was very anxious

“I was really worried about how I’d manage with work and whether my feeding journey would stop as well. I was really concerned as I had worked so hard at it for eight months and I wasn’t ready to give up at that time.”

Some mothers in our study reported that return to work did lead to their child weaning earlier than expected, however, plenty reported it did not.

"I thought that returning to work would end our breastfeeding journey quickly, especially with the long night shifts and juggling sleep. But surprisingly, we're still going, and he's doing fine. I was also worried that he'd struggle with bedtime when I wasn't there, but my husband handles it well, and he settles down without any issues. "

If you are concerned about your milk supply you may need to increase expressions or add more feeds when you are together which may include night feeds. See below for concerns relating to reverse cycling/increased night feeds. If your child takes your expressed milk in a bottle you may find paced bottle feeding may help your child take more milk.

How do I reduce the risk of becoming engorged / getting mastitis?

"And I didn't want to get mastitis and stuff, so I had a lot of worries about just generally how we were going to cope going forward."

Mothers often worry about engorgement (when breasts become full) and mastitis (inflammation of breast tissue). Related to these concerns was the fear of leaking:

"I did feel anxious about leaking through my clothes as well. So just being very conscious of my body and making sure that was in tune with my body, making sure that I knew if something wasn't right, you know, to go and sort it out."

You can reduce the risk of getting engorged by ensuring you do not go too long between feeds / expressions and relieving the pressure if you start to feel uncomfortably full. As discussed in Mother Guide 4, your employer does have a duty of care to your health and physical and mental wellbeing, and why it is important they discuss with you what you need.

It is worth noting that advice on mastitis changes with La leche League³ providing useful advice and signs to look out for in relation to mastitis.

Night Feeds and Coping with Fatigue

"I'm wondering whether when I go back, whether he'll start like reverse feeding and wanting more at night again. So, we'll wait and see whether that happens."

Having to breastfeed at night whilst returning to paid work is a big concern for lots of parents who, understandably, worry about being exhausted. But feeding at the breast frequently (including at night) when you are with your child reduces the amount of milk expression sessions you might need when separated.

Parents are often surprised to understand that babies don't need more and more milk as they grow, in fact after six months when they start eating solid food, they need a little less breastmilk. A baby who feeds just once or twice in the night can intake a considerable proportion of their milk-needs then, reducing pressure to express during the day.

"Despite the social pressure for your baby to sleep through the night as young as possible, for most mothers it is easier to keep long-term milk production stable if they continue to breastfeed at night". - Nancy Mohrbacher IBCLC⁴

Night feeds are normal⁵. A Norwegian study⁶, based on 55,831 reports from mothers, found 69% (27%) of children at 6 (18) months woke at least once during the night, with 20% (3%) waking 3+ times. In a UK study⁵ of 715 mothers with infants aged 6-12 months, 79% reported their child woke at least once a night, with no difference between those given breastmilk and formula milk.

Understandably mothers often worry about how they will cope with night feeds. Some families find lying down breastfeeding to be a helpful way to get more rest, and some find co-sleeping works for them. For evidence-based information about normal infant sleep behaviours see the Baby Sleep Info Source (BASIS) website⁷, and for information on safer sleeping see the Lullaby Trust⁸.

References

1. Perrin, M. T., Fogleman, A. D., Newburg, D. S., & Allen, J. C. (2017). A longitudinal study of human milk composition in the second year postpartum: implications for human milk banking. *Maternal & child nutrition*, 13(1), e12239.
2. Ballard, O., & Morrow, A. L. (2013). Human milk composition: nutrients and bioactive factors. *Pediatric Clinics*, 60(1), 49-74.
3. <https://laleche.org.uk/mastitis/>
4. <https://breastfeedingusa.org/the-magic-number-and-long-term-milk-production/>
5. Brown, A., & Harries, V. (2015). Infant sleep and night feeding patterns during later infancy: association with breastfeeding frequency, daytime complementary food intake, and infant weight. *Breastfeeding Medicine*, 10(5), 246-252.
6. Hysing, M., Harvey, A. G., Torgersen, L., Ystrom, E., Reichborn-Kjennerud, T., & Sivertsen, B. (2014). Trajectories and predictors of nocturnal awakenings and sleep duration in infants. *Journal of Developmental & Behavioral Pediatrics*, 35(5), 309-316.
7. <https://www.basisonline.org.uk/>
8. <https://www.lullabytrust.org.uk/baby-safety/safer-sleep-information/>

Guide 13: Stopping Breastfeeding

This guide provides some information for if you choose to stop breastfeeding/ expressing breastmilk. Or maybe you need to stop for medical (this is very rare - please contact the Breastfeeding Network's drugs in breastmilk service¹ if this is a concern) or other reasons, or your child stops and their 'nursing strike' can't be resolved. Nursing strikes are usually temporary – La Leche League² has a good resource for solutions.

You can continue to breastfeed or provide your milk for your child, for as long as you are both happy and enjoying it. However, if you feel it's time to stop breastfeeding and/or expressing your milk, it's important to stop slowly. Stopping gradually will help protect against common problems like mastitis and low mood.

You might also feel that it's kinder to your child (and yourself?) to reduce gradually, so there is time to get used to the idea. This also "leaves the door open" to finding a middle ground, during the process of reducing you might find yourself in a place which works for your family such as breastfeeding once or twice a day or night weaning or breastfeeding at home without needing to express at work.

If for some reason you need to stop giving your milk to your child (such as for medical reasons) you should seek support from your GP, health visitor or local breastfeeding support service. It might be best to stop breastfeeding then gradually "pump down" your supply.

How to stop

The NHS³ suggest dropping 1 feed at a time. You should watch for any signs of engorgement and keep an eye on your child's mood and nappies. You can drop any feed or expressing session - whatever suits you best. *Maybe you'll prefer to drop a night feed or an expression during your working day?*

If your child is under 12 months you'll need to replace that feed with a bottle of formula or *maybe you have stored expressed milk in your freezer?*

If your child is over 12 months you can try offering water in a sippy cup and providing lots of nutrient-dense foods like avocado, pulses, nut butters, sweet potato, egg yolk, salmon (and fluid rich foods such as watermelon, tomato, cucumber if they are not keen on water). First steps nutrition provide useful resources on solids.⁴

Of course you can also stop breastfeeding more slowly...just gradually offer less breastfeeding or pump either for shorter periods or less often and over time your breastmilk supply will likely slow down.

NOTE: Many Mums experience an emotional dip after stopping breastfeeding their children, there is very little research on the subject⁵ but it seems likely that this is caused by hormonal changes. That said, it's helpful to be aware of this of as something to look out for, be kind to yourself and if you do start feeling low, maybe recognising there may be a hormonal cause could be helpful.

There may be a middle ground. Children breastfeed for comfort as well as nutrition:

Some mothers still put their children to the breast frequently despite not producing much milk. There might be a stage where breastfeeding is a helpful tool to have in your parenting toolbox, you can put your child to the breast to calm them and comfort them, there are analgesic properties in breastfeeding and it releases relaxing hormones - so much more than nutrition.

And remember some of the benefits of breastfeeding come from the *act of suckling* at the breast rather than the content of the milk e.g.: protection against ear infections is thought to be linked to the mouth shape and jaw action of breastfeeding-so the benefit is there when “suckling for comfort”.

If you are concerned about low mood contact your GP or health visitor. The Pandas Foundation⁶ and Maternal Mental Health Alliance⁷ also provide support and information on perinatal mental health. If you find yourself stopping breastfeeding before you wanted to you might find Professor Amy Brown’s work on breastfeeding grief helpful.⁸

References

1. <https://www.breastfeedingnetwork.org.uk/drugs-factsheets/>
2. <https://laleche.org.uk/nursing-strikes/>
3. <https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding/how-to-stop/>
4. <https://www.firststepsnutrition.org/eating-well-resources>
5. <https://laleche.org.uk/after-weaning-what-next/>
6. <https://pandasfoundation.org.uk>
7. <https://maternalmentalhealthalliance.org>
8. <https://professoramybrown.co.uk/articles/f/supporting-breastfeeding-grief---a-collection-of-resources/>

Guide 14: Useful Resources

We'd love to know how you get on - Was there anything which turned out to be especially helpful or is there anything we missed? If you have any feedback please contact Professor Sarah Jewell (s.l.jewell@reading.ac.uk)

In this guide we provide a list of potentially useful resources.

Your rights at work

Health and Safety Executive: <https://www.hse.gov.uk/mothers/employer/rest-breastfeeding-at-work.htm>

Maternity Action: [https://maternityaction.org.uk/advice/continuing-to-breastfeed-when-you-return-to-work/#Your legal rights if you are breastfeeding](https://maternityaction.org.uk/advice/continuing-to-breastfeed-when-you-return-to-work/#Your_legal_rights_if_you_are_breastfeeding)

Right to flexible working: <https://www.gov.uk/flexible-working>

Services and Charities: Breastfeeding and Return to Work

Association of Breastfeeding Mothers: <https://abm.me.uk/breastfeeding-information/breastfeeding-work/>

Breastfeeding Network: <https://www.breastfeedingnetwork.org.uk/breastfeeding-information/continuing-the-breastfeeding-journey/returning-to-work-or-study/>

Health and Safety Executive: <https://www.hse.gov.uk/mothers/employer/index.htm>

NHS: <https://www.nhs.uk/start-for-life/baby/feeding-your-baby/breastfeeding/breastfeeding-returning-to-work/>

La Leche League: <https://laleche.org.uk/working-and-breastfeeding/>

Maternity Action: <https://maternityaction.org.uk/advice/continuing-to-breastfeed-when-you-return-to-work/>

Starting solids

NHS: <https://www.nhs.uk/conditions/baby/weaning-and-feeding/babys-first-solid-foods/> and <https://www.nhs.uk/conditions/baby/weaning-and-feeding/foods-to-avoid-giving-babies-and-young-children/>

La leche league: <https://www.laleche.org.uk/starting-solid-food/>

First steps Nutrition: <https://www.firststepsnutrition.org/childrens-food>

González, C. (2020). *My Child Won't Eat: How to Enjoy Mealtimes Without Worry*. Pinter & Martin.

Introducing Formula

First steps nutrition: First Steps Nutrition Trust, (2024) Infant milks: A simple guide to infant formula, follow-on formula and other infant milks, Available from: www.firststepsnutrition.org/parents-carers

Responsive and paced feeding

UNICEF: <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/bottle-feeding-resources/infant-formula-responsive-bottle-feeding-guide-for-parents/> and <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/relationship-building-resources/responsive-feeding-infosheet/>

NHS: <https://www.nhs.uk/start-for-life/baby/feeding-your-baby/bottle-feeding/bottle-feeding-your-baby/feeding-on-demand/>

Sleep Information resources

Baby sleep info Source (BIAS): <https://www.basisonline.org.uk/resources-for-parents/>

Lullaby Trust (Safer sleep resources): <https://www.lullabytrust.org.uk/>

Resources to Support Mental Health

Pandas foundation: <https://pandasfoundation.org.uk>

Maternal Mental Health Alliance: <https://maternalmentalhealthalliance.org>

Professor Amy Brown's breastfeeding grief resources: <https://professoramybrown.co.uk/articles/f/supporting-breastfeeding-grief---a-collection-of-resources/>

Breastfeeding Support and Information

Find a local breastfeeding support group

Association of Breastfeeding Mothers: <https://abm.me.uk/find-a-local-breastfeeding-support-group/>

Breastfeeding network: <https://www.breastfeedingnetwork.org.uk/drop-in-centres-map/>

La Leche League GB: <https://laleche.org.uk/find-lll-support-group/>

National Childbirth Trust Baby Cafes: <https://www.nct.org.uk/about-us/community-support-programmes/nct-baby-cafe>

Helplines

The [National Breastfeeding helpline](https://www.breastfeedingnetwork.org.uk/chat/): 0300 100 0212 is available 24/7. The National Breastfeeding helpline also offers a web-based breastfeeding support service and social media support: <https://www.breastfeedingnetwork.org.uk/chat/>

[La Leche League](https://laleche.org.uk/call/#leaders): 0345 120 2918; you can contact a local La League Leader if one is available in your area: <https://laleche.org.uk/call/#leaders>

[National Childbirth Trust \(NCT\) Infant Feeding Line](https://www.nct.org.uk/infant-feeding-line): 0300 330 0700

One to one Breastfeeding Support

Search for a IBCLC lactation consultant: <https://lcgb.org/find-an-ibclc/>

Breastfeeding Information

Association of Breastfeeding Mothers: <https://abm.me.uk/breastfeeding-information/>

Breastfeeding Network: <https://www.breastfeedingnetwork.org.uk/>

La Leche League: <https://laleche.org.uk/get-support/#bfinfo>

NHS: <https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding/>

National Childbirth Trust (NCT): <https://www.nct.org.uk/>

Other Useful Resources:

Breastfeeding Networks's Drugs in Breastmilk service:
<https://www.breastfeedingnetwork.org.uk/drugs-factsheets/>

NHS advice on stopping breastfeeding: <https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding/how-to-stop/>

La Leche League advice on mastitis (note advice does change):
<https://laleche.org.uk/mastitis/>

Dad's guide to breastfeeding: <https://www.jpaget.nhs.uk/media/415120/A-dads-guide-to-breastfeeding.pdf>