

Returning to Work Plan

(Date)

To Whom This May Concern:

_____ is currently enrolled as a breastfeeding
(Participant's Name)

participant in the Women, Infants, and Children (WIC) Program of

_____ County. In order to maintain an adequate milk supply,
(County Name)

breastfeeding mothers typically need to pump their milk throughout the

work day when separated from their infants. _____
(Participant's Name)

nutritionist and breastfeeding peer counselor recommended that she pump

for about _____ every _____.
(Minutes) (How often?)

Thank you for your support of breastfeeding women and all mothers in the

workplace! If there are any further questions or concerns,

please call _____

or email _____.

Sincerely,

(Signature)

(Printed Name)