

# 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)