**Sample Lactation Accommodation Work Note**

[Your professional letterhead]

[Date]

To whom it may concern:

I am the [treating physician, nurse practitioner, etc.] for [Patient] who requires temporary accommodations at work that will allow her to continue breastfeeding her infant.

I have recommended that [Patient] breastfeed for at least the first year of her child’s life, both for her own health and the health of her child. This recommendation is in accordance with the current guidelines issued by the American Academy of Pediatrics. The benefits of breastfeeding, which include fewer illnesses and improved health for both mothers and their babies, impact employers as well by reducing health care costs and absences and increasing employee retention.

In order to continue breastfeeding following return to work, employees who are breastfeeding like [Patient] must pump breast milk regularly throughout the day when they are away from their babies to produce enough milk to meet the child’s nutritional needs and to prevent reduction in milk supply, painful engorgement, and harmful infection.

[Patient] must take breaks every [2-3 hours, adjust based on patient’s needs] as needed to express (or “pump”) breast milk using a breast pump. Each pumping session is expected to last approximately [20-30 minutes, adjust based on patient’s need], not including the time it takes to walk between the pumping location and/or the milk storage location and [Patient’s] work area.

[Patient] also requires a private, clean, secure space where she can pump milk during the workday. Please note that [Patient] should not be required to pump in the bathroom, as breast milk is food that must be handled in a sanitary space. Ideally, the designated location would include a chair, table, running water, and an electrical outlet needed to power the breast pump. [*IF APPLICABLE*][Patient] informs me that a [type of space] may be available for this purpose.

[List any additional requested accommodations here, such as permission to store breast milk in fridge or bring a cooler to the job site].

[List any additional health issues or conditions here]

[Patient] is able to continue working. She will require these medically necessary accommodations for her health for as long as she is breastfeeding. Thank you for your concern and presumed flexibility in providing this temporary accommodation for [Patient].

Sincerely,

[Your Name]