The Importance of Supporting Lactation in the Workplace

Andrea McMillin, Director of Accreditation and CLER, Wellness Officer for the University of Kansas School of Medicine, Graduate Medical Education

Corresponding Author

Andrea McMillin, amcmillin@kumc.edu
Graduate Medical Education, University of Kansas Medical Center

In 2019 the Accreditation Council for Graduate Medical Education (ACGME) updated its Common Program Requirements to include requirement I.D.2.c), which supports lactation at work. The requirements state institutions must provide "clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care".[3] The FLSA (Fair Labor Standards Act) had already placed some protections for lactation, employers included under the FLSA must provide lactating persons protected time and space for up to a year.[4] And in 2022 the FLSA was amended to include the Providing Urgent Maternal Protections (PUMP) Act. The PUMP act expands lactation support to cover more workers, states that employers must provide space that is not a bathroom, allow for reasonable break times, and protections against harassment or retaliation regarding lactation time.[4,5] These rules and regulations are critical to supporting women and parents in the workplace and creating an equitable and diverse environment.

As primary caregivers, mothers[1] are often delayed in their professional advancement, committing time and energy to the management of family and house. By taking on the primary caregiver role, there is less time for professional development, academic or scholarly pursuits and activities that translate to promotion. Fathers experience a different set of barriers in this transition, this can include harassment and humiliation for seeking accommodation for parental leave or choosing to co-manage household and family. These continued cycles of the historical gendered parenting structure no longer work in a household where both parents work fulltime.

Mothers that choose to return to work, with the intention to provide breastmilk to their infant, are faced with a common set of barriers. Choosing to breastfeed and pump is a hard decision for any amount of time, but it is so critical to the health of both mother and baby. The health benefits include immunities for the infant, better mental health and attachment outcomes, reduced postpartum depression (Hispanic mothers are two times more at risk for this) and lower risk for breast and ovarian cancers.[1,11] Correlations exist between these benefits and the duration of breastfeeding and providing breastmilk. Hispanic (48.4%), Black (35%) and Native American (37.3%) mothers have a higher percentage of stopping breastfeeding by six months than White (52.3%) or Asian (71%) mothers.[11] Barriers at work are often the reasons that mothers stop pumping and breastfeeding early. Time and access to adequate lactation space are at the top of the list but also included are stress (reducing milk production) and fear of harassment, judgement or humiliation.[1]

Women represent a small percentage, less than 10%, of leadership roles in medicine, beginning in the division leadership to C-Suite, with decreasing rates as roles elevate.[9] Inside of that 10% of leadership less than 1% identify as Hispanic, Latina, Spanish or Hispanic/Multiple Race.[10] One of the barriers to leadership for women is having children, as they often assume the primary caregiver role for children and household.[9] The joy and obligation of having a family mean that women are continuously penalized in their professions for seeking a healthy balance of both. This call to action is that healthcare institutions must advocate for protecting women that choose both and create spaces that allow for those individuals seeking promotion, seniority, and leadership.

At my institution, the University of Kansas School of Medicine, and in my role as a wellness officer for Graduate Medical Education (GME), we have determined that it is vital to meet the recommendations and legal standards but that we work to exceed them. Our institution has dedicated lactation rooms; they are on every floor in patient care areas and administrative

[1] The author would like to recognize that the term "mother" is a binary gendered term and that there are preferred terms such as 'birthing parent' that are more inclusive but not yet part of common nomenclature.

spaces. The problem becomes that in a healthcare setting and as part of a care team, creating a planned schedule for pumping every 3-4 hours is complicated.

Our institution decided to try something different; we gave our residents top-of-the-line wireless quiet pumps and mini-fridges for a year without expectations on how they use the equipment.[6] They don't have to pay for the pumps or the fridges out of pocket; they just return them to us when finished. We started with three pumps and five mini-fridges and are now up to 16 pumps and seven mini-fridges; we have served over 36 trainees with our program in three years. Our residents have reported they feel more supported, and most were able to reach or exceed their pumping goals. This along with our robust wellness program are impacting our wellness and burnout data reported by our residents through our annual wellness survey.

We have conducted this survey since 2015 and using the single burnout question from the mini z our data has reflected consistently higher rates of burnout in our female cohort compared to our male cohort. In October 2019 our female residents reported 5.3% higher burnout that male cohorts. Our 2022 data shows that burnout is statistically insignificant between genders (38% in females and 39% in males), of note we transitioned in 2022 to the Maslach scale for burnout. Our female cohort of residents has increased in our institution from 33% (2019) to 39% (2022). We have residents reaching out to us before they start training to secure a pump, and they trust us with their concerns and bring ideas to us for how we can improve the experience for others. Currently, we are working on finishing a pumping handbook for residents, securing computers for our lactation rooms; we created a quarterly education series for residents planning their families to build a network and resources. Our future goals include easier access to cold storage and backup supplies for pumping needs.

In addition, the state of Kansas and others are providing paid parental leave access. Our GME Office is seeing more of both men and women taking time to bond with their newborn. So far in the 2023 academic year, we have 52 reported parental leaves requested, 19 women and 33 men; before this, we rarely saw men take leave for a newborn. Reducing the stigma for men to take time off to bond with their newborn is critical to the family unit. In addition, another unexpected benefit we have seen at our institution is that programs are adapting schedules to accommodate parental leave as a given, which adds to the reduction of stigma regarding parental leave during training. To support both parents, we also began a quarterly parenting series to provide a space for new parents to talk with other physician parents and content experts around topics such as fertility, mental and sexual health, financial and benefit planning for families and workers' rights.

Institutions that look for a more inclusive environment for parents, starting with planning a family, can build on the success of these initiatives. Creating structures supports flexible schedules (to accommodate childcare schedules), **flexibility regarding tenure and promotion, recognition of soft skills, benefit penalizations for workers classified as "part-time", as well as training to support career advancement and balance.** More women in medicine mean that there are more women mentors, and innovators conducting research and leading from the intuitive skills learned from parenting. Primary caregivers bring a specific set of skills with them to leadership, such as coaching, communication, compassion, and flexibility, ideal skills for transformational leadership in our increasingly diverse workforce.[8]

References

1. *Benefits of breastfeeding for you & baby*. Cleveland Clinic. (n.d.). Retrieved March 30, 2023, from https://my.clevelandclinic.org/health/articles/15274-benefits-of-breastfeeding
2. Centers for Disease Control and Prevention. (n.d.). Centers for Disease Control and Prevention. Retrieved April 5, 2023, from https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-socio-dem-2011.htm
3. *Common program requirements - ACGME*. (n.d.). Retrieved March 30, 2023, from https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2022v3.pdf
4. *FLSA protections to pump at work*. DOL. (n.d.). Retrieved March 30, 2023, from https://www.dol.gov/agencies/whd/pump-at-work
5. *Frequently asked questions – break time for nursing mothers*. DOL. (n.d.). Retrieved March 30, 2023, from https://www.dol.gov/agencies/whd/nursing-mothers/faq
6. McMillin, A., Behravesh, B., Byrne, P., & Unruh, G. K. (2021). A GME wearable breast pump program: An innovative method to meet ACGME requirements and federal law. *Journal of Graduate Medical Education*, *13*(3), 422–423. https://doi.org/10.4300/jgme-d-20-01275.1
7. Norris, T. (2019, February 22). *How to increase milk supply when pumping: 10 tips*. Healthline. Retrieved March 30, 2023, from https://www.healthline.com/health/parenting/how-to-increase-milk-supply-when-pumping#nutrition
8. Preston, C. (2018, October 22). Council post: Why good leaders make better parents and vice versa. Forbes. Retrieved March 30, 2023, from https://www.forbes.com/sites/forbescoachescouncil/2018/10/22/why-good-leaders-make-better-parents-and-vice-versa/?sh=646653ff2818
9. Rotenstein LS: Fixing the gender imbalance in health care leadership. Harv Bus Rev 2018. Available at: Available at: https://hbr.org/2018/10/fixing-the-gender-imbalance-in-health-care-leadership. Accessed October 1, 2019
10. *Total women medical school faculty by Select Race/Ethnicity, 2019-2020*. AAMC. (n.d.). Retrieved April 5, 2023, from https://www.aamc.org/data-reports/workforce/data/total-women-medical-school-faculty-select-race/ethnicity-2019-2020
11. Wouk, K., Lara-Cinisomo, S., Stuebe, A. M., Poole, C., Petrick, J. L., & McKenney, K. M. (2016). Clinical Interventions to Promote Breastfeeding by Latinas: A Meta-analysis. *Pediatrics*, *137*(1), e20152423. https://doi.org/10.1542/peds.2015-2423