

CREATING A CULTURE

TO SUPPORT BREASTFEEDING PHYSICIANS AND MEDICAL TRAINEES

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ACOG

The American College of Obstetricians and Gynecologist



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Vision Statement

Healthcare organizations and medical training organizations ensure that physicians and trainees are supported to achieve their breastfeeding goals by building lactation considerations into all stages of recruitment, training, and medical practice.

Call to Cultural Leadership

“Some people want it to happen, some wish it would happen, others make it happen.”
– Michael Jordan

Organizational culture is woven into the fabric of an organization at all levels and is reflected through policies, physical environments, assumptions, conscious and unconscious behaviors, and the lived experiences of individuals.ⁱ It is frequently unspoken and unwritten, yet widely accepted, and has a tremendous impact on the success of an organization.

An organizational culture that prioritizes work-life (or school-life) balance fosters wellbeing and helps people to thrive. A holistic approach to wellbeing which recognizes the needs of employees, students, and their families at all stages of the lifespan can ensure that these individuals are at their best when caring for patients.

An organization’s leadership plays a monumental role in shaping and maintaining a strong and healthy organizational culture. A sincere commitment from leaders at all levels of the organization to actively support a cultural shift is essential to ensure that these efforts are effective and impactful. This includes authentic engagement with key stakeholders (current and former breastfeeding physicians and trainees as well as their supervisors, colleagues, and advisors, human resources staff, and lactation staff) to ensure that a wide range of perspectives are considered and that the organization’s structures, systems, and processes are brought into alignment with the desired culture.

This document outlines the current landscape as well as the critical steps that leaders must take to ensure that medical practitioners at all levels of training are able to expect and experience support for breastfeeding.

Purpose

Healthcare organizations share a common mission to protect and promote the health of their patients and their communities – and it is critical that this mission also extends to the providers, employees, and students who work and train within the institution.

More than half of medical students are women,ⁱⁱ many of whom can expect to spend a decade or more of their childbearing years



training to become a physician. Pregnancy and parenting are common among physicians and trainees (e.g. medical students, residents, fellows).ⁱⁱⁱ A proactive approach to supporting a healthy balance between these individuals' personal and professional lives is critical to their success, as well as to the institutions they serve.

Unfortunately, research shows a disconnect between the needs of physicians and physician trainees, the expectations of program directors, and recommendations from medical authorities.^{iv} Creating a culture which supports and enhances well-being can ensure that physicians and trainees are able to successfully parent and accomplish training without fear, undue burden, and guilt.

Breastfeeding is the biological norm for infant feeding,^v and support for breastfeeding is an integral component of employee and student wellness. All major medical authorities recommend exclusive breastfeeding for the first six months of life followed by continued breastfeeding as complementary foods are introduced for at least the first year. A culture of support for breastfeeding can improve satisfaction and increase retention^{vi} which may be particularly important as physician trainees transition to employment.

This Culture Plan outlines background information, recommendations, and resources to support the medical community to address these barriers and create a culture of support for breastfeeding physicians at all levels of training. The Culture Plan serves as a resource for hospital and program administrators, human resources staff, as well as champions working to bring their institution's breastfeeding culture into alignment with its mission, and as a counterpart to the American Academy of Family Physicians' Breastfeeding and Lactation for Medical Trainees model policy.^{vii} The model policy outlines the core elements of an institutional policy and can be adopted in full or adapted to suit the particular needs of the organization. Cost-effective strategies for providing time and space for breastfeeding employees in hospitals and health care settings are readily available.^{viii} Implementation of a new or updated policy can be an effective vehicle for creating a cultural shift, so it is recommended that these resources are used in tandem.

Current Barriers Impacting Breastfeeding Learners

Following return to work or school, a breastfeeding parent must express breast milk about as often as the baby would usually feed in order to maintain their milk supply, ensure that they have enough expressed milk to feed their child, and to avoid health complications. As a result, physicians and medical learners are a vulnerable population at increased risk for breastfeeding complications and premature cessation of breastfeeding.^{ix}



Breastfeeding physicians and trainees often face unique circumstances that impede their ability to maintain breastfeeding. Physician trainees often have a very short parental leave following birth, which may not provide adequate time to establish breastfeeding. They often face long and unpredictable schedules and struggle to find a clean and private space to express milk. Many worry that taking the time to express breast milk will interfere with their ability to

complete their duties and make adequate contributions to the medical team, in addition to placing undue burden on other members of the medical team.^x A recent study on pregnancy and parenting during surgical training found that more than half of respondents stopped breastfeeding earlier than they wished because of poor access to lactation facilities and challenges combining their work and milk expression.^{xi} Many medical schools, residency programs, and medical practices do not have policies in place to support lactating physicians or trainees. In addition, board exams and testing/conference facilities often do not have lactation accommodations in place.

It is very challenging for physicians and trainees to educate patients about practical information or relevant laws and protections for breastfeeding employees and students when they themselves do not feel adequately supported.

Case Study:

Consider this typical scenario: Danielle is a first-year medical student who returned to school three weeks after the birth of her child and wants to continue exclusively breastfeeding. Her schedule includes lectures, small group sessions, and working in her “Continuity Clinic” with an Internal Medicine team. Danielle, and other students like her, struggles to address the most basic issues relevant to continuing her education while breastfeeding:



- How does Danielle afford to purchase a quality breast pump and supplies, and the equipment to store her milk?
- If she has a breastfeeding related problem, does she have access to health care providers, lactation consultants, medications, and/or peer counselors?
- Are there lactation rooms in the medical school?
- Does the space have a chair and a flat surface for her to place her pump on? Is there a sink nearby so that she that can keep her hands and pump parts clean?
- Where is the nearest lactation room to her classroom spaces?
- How does Danielle get access to the room?
- Is there a safe space for Danielle to store her expressed breast milk?
- How does Danielle make up the class content that she will miss when she leaves to pump milk?
- Can Danielle pump in class? What if another student in class complains?
- How does she take a pumping break during exams?
- If she attends an externship at another university/hospital, does she have rights to pumping time and space?
- Will she be able to take a break during her licensing exam?

When Danielle progresses to residency, she encounters new struggles on the gynecologic

oncology rotation which requires extremely long hours in the hospital, as well as up to 6 hours at a time in the operating room (OR).

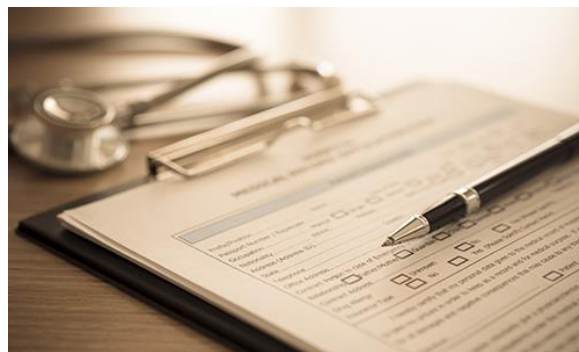
- Can Danielle leave surgery when she must express breast milk? If so, what opportunities are available for making up missed OR time?
- Is she permitted to wear a hands-free pump under her clothing and/or OR attire?

On many campuses, Danielle would not know who to turn to for more information and support resolving these questions. Similarly, her professors or supervisors may not know how to address these issues, or where to turn for guidance. Efforts to provide accommodations in an ad hoc manner do little to advance a supportive culture or inspire confidence, place significant burden on the student, and increase the risk that individuals will fall through the cracks.

Legal Landscape

Not only is creating a culture of support for breastfeeding the right thing to do, it is the sensible choice for ensuring legal compliance. Lactating employees and non-employee trainees are protected under state and federal laws to non-discrimination and break time and space to express milk.^{xii} ¹ Under the Pregnancy Discrimination Act, physician employees are entitled to at least the same accommodations as others who need to take breaks or attend to their health needs while working. For example, if physicians are permitted to take breaks to eat or to self-administer insulin, they should be permitted to take breaks to express breast milk. Most are also protected by state laws, many of which have specific requirements for providing break time and suitable lactation space.^{xiii}

Students and trainees^{xiv} are also legally entitled to non-discrimination and lactation accommodation while they are not working as employees. Title IX of the Education Amendments of 1972 prohibits discrimination on the basis of sex, including pregnancy-related conditions, in educational programs receiving any federal financial assistance.^{xv} The law's requirement for equal educational opportunity mandates reasonable adjustments and excused absences when medically necessary for pregnancy-related conditions (such as lactation and childbirth recovery). While the law does not set standards for lactation space, institutions should provide a clean and private space, as not doing so may impede students' equal access to an education due to their sex, in violation of Title IX and similar state statutes.



¹ Non-physician employees may also be covered by the federal Break Time for Nursing Mothers provision of the Fair Labor Standards Act. Physicians and some other professionals are excluded from this law. For more information, see U.S. Department Of Labor, Wage & Hour Division, Fact Sheet #17D: Exemption For Professional Employees Under The Fair Labor Standards Act (FLSA), https://www.dol.gov/whd/overtime/fs17d_professional.pdf

Creating a Supportive Organizational Culture While Implementing a Breastfeeding Policy

At the core of a culture of support for lactation is the implementation and utilization of a policy that ensures the essential needs of lactating physicians and medical learners are met. While individual actions can help support lactating colleagues, they are no substitute for the accountability, legal compliance, and sense of shared values promoted by a formalized policy.



The American Academy of Family Physicians (AAFP) has laid the groundwork for institutions looking to take this step by publishing a model policy on breastfeeding and lactation for medical trainees.^{xvi} The policy outlines the core elements of an institutional policy and may serve as a template for institutions. But, as the AAFP notes, successful implementation goes beyond adoption of a policy—it takes investment, education, and communication from faculty, colleagues, staff, and administration. **The implementation of a policy is the perfect vehicle to encourage cultural shift, and successfully doing so often occurs in stages, described below.**

Prior to adopting a formal lactation accommodation and support policy for trainees or employees, institutions should **undertake a thorough assessment of the status quo** (“assessment phase”). Through qualitative input (e.g. focus groups, listening sessions) and quantitative input (e.g. time and space surveys or demographic studies) the assessment can analyze the existing culture of support, resources, and envision what success will look like. A well-designed pre-assessment will help institutions understand where to focus efforts, how much lactation space is needed and where, as well as barriers to accessing existing support. Critically, an assessment can help leaders understand who is most impacted by a proposed policy, and who is best suited to make decisions on the new policy.

During the **core policy adoption phase**, institutions can mold the policy to reflect their community by responding to any special needs—or strengths—identified in the assessment phase. In consultation with impacted colleagues, key stakeholders identified in the assessment can be activated to refine the policy and shepherd it through any internal approval process. The stakeholders, guided by the AAFP model policy, should design their institution’s policy and processes for accountability, always bearing in mind who is responsible for any given goal. If during this phase the policy is slow to be adopted, the institution can implement interim measures to ensure support and legal compliance. Ideally, interim measures will come with an expiration date by which the formal policy and procedures will be in place.

The **communication and education phase** begins once the policy is adopted and continues throughout its existence. The goals of the policy, why the policy (and breastfeeding) are

important, and the details of the policy, including responsible parties, should be communicated at every level and department. Ideally, the policy adoption should be accompanied by a strong statement of support from relevant institutional leaders, to set the tone and convey urgency. Communication opportunities include onboarding and orientation, human resources and Title IX trainings, departmental meetings, and personnel milestones (such as upon request for parental leave or pregnancy accommodations). Successful communication often utilizes existing channels, such as adding language to syllabi, student/employee handbooks, policies, websites, and annual non-discrimination announcements.

Finally, the most effective institutions share a **commitment to ongoing reassessment**. Using a pre-established time frame, stakeholders should revisit key questions and assess progress. For example, a staff member may be assigned to regularly analyze lactation room usage logs to see if there is a need for more space, and institutions may conduct an annual survey of lactation room users to understand their experience. Critically, any re-assessment should be coupled with a policy that assigns responsibility for making changes. Ongoing assessment helps sustain the sense of urgency generated with the policy's adoption and ensures the policy and institutional culture will evolve with the needs of the physicians and learners it serves.



Fostering and Maintaining A Supportive Organizational Culture

Following successful implementation of a lactation support policy, including community goal setting, education, and effective communication, the culture and experience for lactating physicians and trainees will look markedly different. Assured of their institution's commitment to supporting breastfeeding, pregnant physicians and trainees can set goals to breastfeed and continue to provide their infant breast milk even after returning to work or school. All lactating parents, including Danielle from page 3, will know where to find lactation resources, ongoing breastfeeding care, and clean and private pumping spaces, all while knowing that their education will not suffer as a result of taking breaks. Their professors and clinical supervisors will know the learners' rights and proactively offer options for accommodations in class, clinics, or other settings. For challenging circumstances, lactating students, physicians, or other community members will know who to turn to for assistance and support. As a result of this new culture of support, lactating physicians and trainees will be more likely to meet their personal breastfeeding goals, benefit from improved maternal and infant health outcomes, and may even be able to provide more robust and informed support to breastfeeding patients.

Project Summary

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This Culture Plan is intended to work in tandem with other components of the [Physician Education and Training on Breastfeeding Action Plan](#).^{xvii} Providing a culture of support for physicians and medical trainees who are breastfeeding can help them reach their personal breastfeeding goals. Enabling physicians and medical trainees to breastfeed successfully can, in turn, have a positive effect upon the patients and families served by these health care professionals. Large scale implementation of this Culture Plan in healthcare organizations has the potential to create important positive shifts in the landscape of breastfeeding support.

Acknowledgements

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- Academy of Breastfeeding Medicine
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- American Academy of Pediatrics
- American College of Obstetricians and Gynecologists
- American College of Osteopathic Pediatricians
- Association of Women's Health, Obstetric and Neonatal Nurses
- Centers for Disease Control and Prevention
- National Hispanic Medical Association
- National Medical Association
- Reaching Our Sisters Everywhere
- United States Breastfeeding Committee

The Physician Education & Training Constellation,^{xviii} Workplace Support Constellation,^{xix} and additional stakeholders came together for a joint learning opportunity and generative discussion to identify the most challenging barriers and promising solutions for eliminating the barriers to breastfeeding success faced by breastfeeding physicians and medical trainees in employment and educational settings. Jessica Lee from the Center for WorkLife Law, Lauren Hanley from the American College of Obstetricians and Gynecologists, Amelia Psmythe Seger from the U.S. Breastfeeding Committee, and Cheryl Lebedevitch from the U.S. Breastfeeding Committee, developed an initial draft of the Culture Plan based on this conversation. Feedback from the Workplace Support Constellation and the Physician Education & Training Constellation was integrated to create the final Culture Plan. The authors are grateful for the cooperation of all those who contributed to the development of this important project.

ⁱ The Culture Factor. Harvard Business Review. <https://hbr.org/2018/01/the-culture-factor>. Published 2018. Accessed May 4, 2020.

ⁱⁱ The Majority of U.S. Medical Students Are Women, New Data Show. <https://www.aamc.org/news-insights/press-releases/majority-us-medical-students-are-women-new-data-show>. Published 2019. Accessed May 5, 2020.

ⁱⁱⁱ *Medical School Graduation Questionnaire 2016 All Schools Summary Report*. Association of American Medical Colleges; 2016. <https://www.aamc.org/system/files/reports/1/2016gqallschoolsummaryreport.pdf>. Accessed May 28, 2020.

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^v AAP.org. (2020). *AAP Policy on Breastfeeding*. [online] Available at: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Breastfeeding/Pages/AAP-Policy-on-Breastfeeding.aspx> [Accessed 22 Jan. 2020].

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- ^{xii} <https://www.pregnantatwork.org/workplace-lactation-laws/>
- ^{xiii} Center for WorkLife Law, Workplace Lactation Law Guide <https://www.pregnantatwork.org/workplace-lactation-laws/>
- ^{xiv} Title IX covers not only those engaged in academic study for the purposes of obtaining a degree, but also in “research, occupational training, or other education program or activity operated by a recipient which receives Federal financial assistance.” 34 C.F.R. § 106.31(a).
- ^{xv} Coverage of this law includes universities, teaching hospitals, and any externships sponsored and overseen by covered entities.
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