

# CREATING A CULTURE TO SUPPORT BREASTFEEDING PHYSICIANS AND TRAINEES

## What Are the Challenges?

Breastfeeding physicians and trainees often face unique circumstances that impede their ability to maintain breastfeeding, including

- Short parental leave following birth
- Long and unpredictable work schedules
- Lack of clean and private work spaces to express milk
- Fear breastfeeding will negatively affect their performance
- Institutional policies that do not address breastfeeding support
- Social environments that discourage taking leave or pumping at work
- Board exams and testing/conference facilities that do not have lactation accommodations in place



## Why Create a Culture of Breastfeeding Support?

### It's the Law

Lactating employees and nonemployee trainees are protected under state and federal laws to nondiscrimination and break time and space to express milk.



### A Negative Culture Interferes With Breastfeeding Goals

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.

### The Number of Women in Health Care

More than half of medical students are women. 40% of medical residents plan to have a child during training.



### Provide Work-Life Balance

Breastfeeding is the biological norm for infant feeding, and a culture of support for breastfeeding is an integral component of employee and student wellness and work-life balance.



### Improve Employee Retention and Job Satisfaction

Creating a culture that 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.



**For more information, download the full culture plan:**  
[aap.org/BreastfeedingCulturePlan](http://aap.org/BreastfeedingCulturePlan)

American Academy  
of Pediatrics



All rights reserved. The information contained in this publication should not be used as a substitute for medical care. This publication is supported by Cooperative Agreement Number [5 NU380T000282-02-00] funded by the Centers for Disease Control and Prevention (CDC). Its content is solely the responsibility of the authors and does not necessarily represent the official views of the CDC or the Department of Health and Human Services. You may download or print from our website for educational purposes only. To reproduce in any form for commercial purposes, please contact the American Academy of Pediatrics.

The American Academy of Pediatrics supports the value of this document as an educational tool, July 2020. © 2020 American Academy of Pediatrics.

DEDICATED TO THE HEALTH OF ALL CHILDREN®

# 4 PHASES FOR IMPLEMENTING A BREASTFEEDING POLICY & CREATING A SUPPORTIVE CULTURE

Breastfeeding is the biological norm for infant feeding, and support for breastfeeding is an integral component of employee and student wellness. However, many institutions do not have a formal policy. **Large-scale implementation of a breastfeeding policy in health care organizations has the potential to create important positive shifts in the landscape of breastfeeding support for current physicians and medical learners.**

Successful implementation goes beyond adoption of a policy—it takes investment, education, and communication from faculty, colleagues, staff, and administration.



## 1 Assessment Phase

Undertake a thorough assessment of the current culture around breastfeeding and barriers at your organization.

If you do not have a policy, refer to the AAFP model policy, “Breastfeeding and Lactation for Medical Trainees.”



## 2 Policy Creation, Adaptation, or Adoption Phase

Institutions should mold the policy to reflect their specific situation including policy approvals and assigning key roles and responsibilities.

If the policy is slow to be adopted, create interim guidance with a set expiration date.



## 3 Communication and Education Phase

Details of the policy should be communicated at every level and department.

Communication opportunities include

- Onboarding and orientation
- Human resources and Title IX trainings
- Departmental meetings
- Personnel milestones (ie, upon request for parental leave/pregnancy accommodations)



## 4 Ongoing Reassessment Phase

The most effective institutions frequently reassess the policy and cultural progress on a preestablished time frame.

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 lactating physicians and learners.

For more information, download the full culture plan:  
[aap.org/BreastfeedingCulturePlan](http://aap.org/BreastfeedingCulturePlan)

American Academy  
of Pediatrics



All rights reserved. The information contained in this publication should not be used as a substitute for medical care. This publication is supported by Cooperative Agreement Number [5 NU38OT000282-02-00] funded by the Centers for Disease Control and Prevention (CDC). Its content is solely the responsibility of the authors and does not necessarily represent the official views of the CDC or the Department of Health and Human Services. You may download or print from our website for educational purposes only. To reproduce in any form for commercial purposes, please contact the American Academy of Pediatrics.

The American Academy of Pediatrics supports the value of this document as an educational tool, July 2020. © 2020 American Academy of Pediatrics.

DEDICATED TO THE HEALTH OF ALL CHILDREN®