



Crafting and Implementing a Lactation Policy for Residents and Fellows

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ACGME Common Program Requirements

- Updated June 2018
- New requirement, effective July 2019:

“The program... must ensure healthy and safe learning and working environments that promote resident/fellow well-being and **provide for clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care.**”



Project Initiation

- At that time, only a few lactation policies for medical trainees were published or publicly available, and all were at the departmental level
- We aimed to develop an *institutional* lactation policy that met ACGME requirements and could be adapted by other institutions for wide implementation

Our Institution



- Flagship of regional hospital system in Eastern NC
- Teaching hospital with 31 residency/fellowship programs
- Nearly 400 residents/fellows
- Baby-Friendly designation



Project Stakeholder Team

- Resident representative
- Program Director representative
- GME leadership
- Hospital administrator
- International Board-Certified Lactation Consultant (IBCLC)

Methodology

- Six Sigma Define Measure Analyze Improve Control (**DMAIC**) process improvement methodology
 - **D**efine key terms in the ACGME requirements
 - **M**easure the needs of lactating trainees
 - **A**nalyze current resources and identify areas for improvement
 - **I**mprove lactation support via a policy and facility upgrades
 - **C**ontrol for process improvement

Define key terms

- Reviewed terminology used in national and state guidelines
- Defined “clean”, “private”, “facility”, “lactation”, “refrigeration capabilities”, “proximity appropriate for safe patient care
- Examples:

“Refrigeration capabilities”—a refrigerator located within the lactation room (at minimum a compact size, for example, 4.0 cubic feet for a single-user room or a full size for a multiuser room), per CDC recommendations for safe storage of breast milk, the refrigerator should be set to 40°F or below.^{S9}

“Proximity appropriate for safe patient care”—no more than a 5-minute walk from the trainee’s work area, in accordance with ECUs lactation policy.^{S3}

Measure the needs of lactating trainees

- National perspective: review of literature
- Institutional perspective: assembled resident/fellow advisory committee
 - Focus groups
 - Needs Assessment

Time constraints resulting in infrequent expression of breast milk
Desire to multitask while expressing milk
Variable degrees of support from faculty and colleagues
Limited awareness of existing lactation rooms
Difficulty accessing lactation rooms
Difficulty locating a safe place to store personal milk expression supplies and expressed breast milk

Analyze current resources and identify areas for improvement

- Compared general employee lactation policy to ACGME req.
 - No language about refrigeration or proximity to patient care
- Compiled list of current lactation resources
 - Focus group: many trainees unaware of resources
 - Compared with Needs Assessment to identify areas for improvement
- Walk-through
 - Current lactation rooms graded using a scorecard
 - Identified potential spaces for additional rooms

<i>Basic model</i>	<i>Better model</i>	<i>Best model</i>
Keypad access	Same as basic	Badge access
Door locks from the inside	Same as basic	Same as basic
Sign on door indicating whether room is occupied	Same as basic	Online system with real-time occupied/vacant status
Wheelchair accessible	Same as basic	Same as basic
Comfortable chair	Same as basic	Same as basic
Table next to chair	Same as basic	Same as basic
Electrical outlet by chair	Same as basic	Same as basic
Sink, soap, and paper towels	Same as basic	Same as basic
Disinfectant wipes	Same as basic	Same as basic
Trash can	Same as basic	Same as basic
Sign specifying point of contact for maintenance	Same as basic	Same as basic
Employee brings own pump	Employer provides multiuser breast pump	Same as better
Refrigerator in room	Same as basic Hooks on the wall	Employer provides personal pump kit (one per employee) Same as basic Same as better Lockers for storing personal supplies Telephone to enable multitasking Computer with access to EHR to enable multitasking

Sources: U.S. Department of Health and Human Services³⁴ and Beth et al. 2013.³⁵

Overall grade:

One point for each item in “Basic” column, 2 for each item in “Better,” 3 for each item in “Best.”

A: 17+ points

B: 14–16 points

C: 11–13 points

D: ≤10 points.

Improve lactation support via a policy and facility upgrades

- Policy
 - First draft written by stakeholder team
 - Revised by resident/fellow advisory committee
 - Unanimously approved by GME Program Council
 - Considered by GME Committee
- Facility upgrades
 - Plan developed to upgrade current lactation rooms, secure new dedicated spaces, and define temporary lactation spaces



Policy Details

- Follows evidence-based guidelines (CDC, FDA, ABM, AIA)
- Similar to AAFP Model Policy:
 - Delineates responsibilities of administrators, trainees, and supervisors
 - Describes minimum requirements for lactation rooms
 - Specifies necessary time for lactation
 - Emphasizes the importance of a supportive workplace culture

Control for process improvement

- Plans for Plan-Do-Study Act (PDSA) cycles
 - Monitor policy efficacy by eliciting feedback
 - Promote policy adherence through standardized employee education
 - Increase awareness of available resources (brochures, website)



Challenges

- Policy not approved by GME Committee
- Website not updated
- Quality Improvement project to track utilization of current lactation rooms not supported