The Rights of Physicians and Future Physicians who are Lactating, Breastfeeding or Chestfeeding

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Position Statement

The American Medical Women's Association advocates for comprehensive lactation support policies in educational institutions and workplaces to promote the health and well-being of parents within the medical field and their infants. This position paper calls for comprehensive and inclusive approaches that recognize shared responsibilities, facilitate breastfeeding through provisions such as daycares and breastfeeding-friendly spaces, and address challenges that lactating physicians and future physicians face. By initiating conversations, implementing supportive policies, and striving for meaningful change, we can create a medical community that embodies gender equity and supports the diverse needs of all its members.

Inclusivity

In our dedicated community of physicians, doctors-in-training, researchers, students, and health practitioners who identify as women or gender-diverse, our overarching mission is to create an inclusive space that fosters leadership and participation among all. We respect the rights of all individuals who are deeply committed to advocating for underrepresented groups, including Black, Indigenous, and People of Color (BIPoC), LGBTQIA+ individuals, those who identify as transgender or nonbinary, women physicians serving in the military, international medical graduates, and people with disabilities. We recognize the significance of embracing diversity in our organization and within the broader medical community. It is important to acknowledge that not every individual who identifies as a woman may see themselves as a mother, and not every lactating parent identifies as a woman. Moreover, the distinction between lactating, breastfeeding, and chestfeeding is paramount, recognizing that these terms encompass a range of experiences and choices. Some lactating parents may choose to breastfeed their own children, while others may lactate for other purposes, such as providing milk for children in need. As we explore the rights of physicians and future physicians who are lactating, breastfeeding, or chestfeeding to nourish and care for their children in this paper, we aim to approach this subject with a deep commitment to inclusivity

and a recognition of the multifaceted identities and purposes within our community. We are dedicated to ensuring that every voice is heard and every perspective is valued.

Background

Breastfeeding is a biological normal function. Human milk provides a unique blend of nutrients, antibodies, and bioactive compounds that support infant and child growth and development. Human milk is not only a source of essential nutrition but also plays a crucial role in building the child's immune system, protecting against infections, and promoting cognitive and neurological development. Numerous studies have demonstrated the benefits of breastfeeding for both the lactating parent and child.[8] Breastfed children experience overall reductions in morbidity and mortality, including from SIDS, a reduced risk of infections, such as respiratory and gastrointestinal illnesses, and a lower likelihood of developing chronic conditions like obesity, asthma, and diabetes later in life. Parental benefits include faster postpartum recovery, reduced risk of breast and ovarian cancers, improved cardiovascular and metabolic profiles, and improved bonding with the child. Moreover, breastfeeding contributes to environmental sustainability by reducing the need for formula production and associated packaging. Studies have shown that if 90% of breastfeeding parents met current recommendations around breastfeeding, our economy could save $3.7 billion in pediatric health costs, with $10.1 billion being in premature deaths from pediatric disease.[7] Even including paid leave, the net cost of suboptimal breastfeeding rates is still at least $8.7 billion.[7]

Physicians often exhibit a deep commitment to their patients and a strong desire to prioritize patient care above all else, but this dedication can sometimes lead to institutional pressure, with medical institutions relying on these values to encroach upon physicians' personal commitments to their children.

The American Medical Women's Association's mission has always strongly supported policies and programs to improve women's health.[3] The World Health Organization and the American Academy of Pediatrics recommendations include exclusive breastfeeding for 6 months and continued breastfeeding combined with complementary foods for at least 2 years.[1] Given the undisputed benefits of breastfeeding, it is not surprising that many physicians desire to breastfeed, often to meet recommendations for optimal health. And yet, physicians often fall short of their goals. Studies have shown that physicians who become parents during training face significant obstacles to meeting their breastfeeding and pumping needs and goals. In fact, a study of residents found that only 21% of residents reported access to usable lactation rooms, 60% reported not having a place to store breast milk, 73% reported residency limiting their ability to lactate, and 37% stopped prior to their desired goal. In this same study, 40% reported their faculty and co-residents made them feel guilty for breastfeeding.[2] Knowledge and attitudes towards breastfeeding, chestfeeding and lactation in the medical workplace need to change, and a first step includes policy development and implementation.

In addition, many studies have found disparities in breastfeeding on the basis of race and ethnicity. Racial and ethnic minority women continue to have lower breastfeeding rates than non-Hispanic White women and are far from meeting the standards set by the World

Health Organization.[5] Black mothers are 2.5 times less likely to breastfeed than white mothers, and this gap has persisted since slavery.[5] In addition, Black mothers have the lowest rates of breastfeeding initiation, as well as continuation at 6 months and 12 months.[5] These disparities exist even after adjusting for education and income. In addition to racial and ethnic disparities in breastfeeding rates, it's crucial to recognize that transgender and nonbinary individuals often encounter barriers to breastfeeding due to limited access to gender-affirming care, healthcare discrimination, mental health stressors, data gaps, and economic disparities. To promote equitable access to breastfeeding resources and support, inclusive policies are needed, such as ensuring that transgender individuals have access to lactation support and culturally competent care. These persistent disparities in breastfeeding rates highlight the urgent need for comprehensive policies and support systems to ensure equitable access to breastfeeding resources and promote the health and well-being of all parents and children.

Challenges Faced by Lactating Parents in Learning and Workplace Environments

Despite the well-documented advantages of breastfeeding, lactating parents often encounter barriers in learning and workplace environments that hinder their ability to breastfeed or express milk adequately. These challenges include:

1. **Poor access to paid parental leave**: In the context of medical education and training, there is often a glaring lack of adequate paid leave and supportive policies for those who are starting or advancing their careers in healthcare.
2. **Lack of Supportive Policies**: Many educational institutions and workplaces lack clear policies that accommodate the needs of lactating individuals, resulting in limited access to lactation rooms, flexible break times, and overall support.
3. **Limited Facilities**: Inadequate lactation rooms with lack of appropriate amenities, such as privacy, comfortable seating, electrical outlets, plumbing, and refrigeration, can discourage parents from breastfeeding or pumping.
4. **Stigma and Discrimination**: Negative attitudes towards breastfeeding or expressing milk in public spaces can create discomfort and discourage lactating individuals from utilizing these essential practices.
5. **Time Constraints**: Heavy academic or patient-facing workloads can limit the time available for lactating parents to pump milk, leading to decreased milk production and potential health concerns. The concern for a poor patient outcome due to lack of adequate coverage for pump breaks (eg. in an urgent or emergency room setting) should not rest squarely on the shoulders of the lactating parent.
6. **Economic Implications**: Some parents may face financial challenges due to the costs associated with purchasing breast pumps, lactation supplies, and potential decreased work hours or patient volumes. In most states in which pump breaks are supported by law, these are unpaid and parents may be asked to work past their otherwise allocated hours or see additional patients.

In light of these challenges, it becomes evident that comprehensive lactation support policies and initiatives are crucial to enabling parents to breastfeed successfully while pursuing their educational and professional aspirations.

Current State of Lactation Support

The current landscape of lactation support in educational institutions and workplaces varies widely across regions and sectors. While some regions have established comprehensive regulations that ensure lactating individuals' rights to accommodation and support, others lack clear guidance or enforceable policies. In the United States, for example, the federal "Break Time for Nursing Mothers" law mandates that employers with more than 50 employees provide reasonable break times and a private, non-bathroom space for lactating employees to express milk. However, compliance with and awareness of these regulations remain inconsistent.

Legislative initiatives like the "PUMP (Providing Urgent Maternal Protections) for Nursing Mothers Act," signed into law in December 2022, play a crucial role in strengthening lactation support in educational institutions and workplaces by extending protections and resources to lactating individuals, reinforcing the importance of creating breastfeeding-friendly environments, and ensuring consistent compliance with lactation accommodation regulations.[6] However, many of the protections offered by the PUMP Act may not be honored by educational institutions and workplaces due to various challenges, such as inadequate knowledge about the law's requirements, insufficient resources allocated for lactation accommodations (including clinical coverage), and a lack of enforcement mechanisms. This implementation gap results in unequal access to lactation support, leaving many lactating individuals without the necessary facilities and time to express human milk during the work or school day.

Institutions and companies that have implemented lactation support programs often report positive outcomes, including improved employee morale, reduced absenteeism, improved retention, and enhanced job satisfaction.[4] Of note, the United States military has created model policies for employees allowing for significant paid paternal leave, categorized as maternity leave, Mandatory Convalescence Leave (MCL), Primary Caregiver Leave (PCL), and Secondary Caregiver Leave (SCL) allowing the birthing and non-birthing parent time to care for a newborn infant.[9] Policies across the different branches of the United States military direct that employees should be allowed frequent pump breaks, and designated pumping areas.[9] The short-fall of the United States military policies is that they vary across branches of services due to the lack of federal guidelines and standards supporting lactating parents.[9] The effectiveness of these programs is contingent on their comprehensiveness, accessibility, and integration into the overall workplace culture. Lactation support is not solely about providing physical spaces and time/coverage for expressing milk; it also involves creating a supportive environment that recognizes the value of breastfeeding for both parental and child well-being.

Recommended Strategies and Policies

Comprehensive Lactation Support Policies for Medical Learning Environments

1. **Policy Development**: Medical schools, residency programs, hospitals, parent companies, and institutions should formulate well-defined lactation support policies that support the unique needs of lactating parents pursuing medical education.

2. **Dedicated Lactation Spaces**: Establish adequate in number and easily accessible designated lactation rooms within medical school buildings and hospitals, furnished with comfortable seating, electrical outlets that allows computer access, sinks, refrigeration, and privacy features.
3. **Flexible Scheduling**: Recognize the demanding schedules of medical students and residents by allowing flexible rotations and study schedules to accommodate lactation breaks and pumping sessions. Ensure coverage of patient duties by another provider during pump breaks.
4. **Curriculum Integration**: Integrate adequate lactation education via a medical framework into medical and residency training curricula and continuing education for providers and educators to raise awareness among learners about the significance of breastfeeding and lactation support for parent, infant, and child health.
    a. Curriculum Modules: Add modules on lactation anatomy and physiology, medical decision making impact, breastfeeding benefits, challenges, and support within relevant medical courses.
    b. Clinical Training: Include practical sessions on breastfeeding support techniques.
    c. Guest Experts: Invite experienced medically trained lactation consultants for insights.
    d. Research Opportunities: Encourage lactation-related research.
    e. Cultural Competency: Teach cultural sensitivity in breastfeeding decisions. Promote equity and evidence based decision making in relation to lactation.
    f. CME Opportunities: Promote ongoing education in lactation support.

Key Elements of Effective Lactation Support Programs in Medical Workplaces

1. **Well-Equipped Lactation Facilities**: Hospitals, clinics, and medical centers should provide state-of-the-art lactation rooms with advanced amenities, ensuring the comfort and efficiency of pumping sessions.
2. **Customized Work Schedules**: Allow practicing physicians, residents, medical students, and healthcare staff to customize their work schedules, factoring in lactation breaks and ensuring minimal disruption to patient care. Ensure coverage of patient duties by another provider during pump breaks.
3. **Mentorship and Support Networks**: Establish mentorship programs that connect new parents in the medical field with experienced lactating physicians, fostering a supportive community.
4. **Lactation Support in Clinical Settings**: Integrate lactation support into clinical practice by educating patients on breastfeeding benefits and connecting them with resources for lactation assistance.
5. **Research and Advocacy**: Encourage and provide support to medical professionals who engage in research related to lactation support and advocate for policies that better accommodate the needs of lactating parents in medicine.

By tailoring these strategies and policies to the unique circumstances of lactating individuals in medicine, learning environments and workplaces, medical institutions and healthcare providers can ensure that individuals pursuing careers in the medical field receive the necessary support to successfully balance their professional aspirations and patient care values with their commitment to breastfeeding and their children's health.

Conclusion

In the pursuit of fostering an inclusive and supportive environment for lactating parents in medical learning environments and workplaces, it is evident that comprehensive lactation support is essential and an ethical imperative. The integration of effective strategies and policies aimed at accommodating the unique needs of these parents is paramount in ensuring their ability to excel in both their medical careers and their roles as parents.

As medical institutions and workplaces recognize the significance of breastfeeding and lactation support for parental and child health, it becomes imperative to collaborate, innovate, and advocate for change. The success of these efforts hinges upon a shared commitment to creating a landscape where the physiological and psychological well-being of lactating parents is upheld without compromise.

Empowering lactating individuals in medicine involves more than just providing physical spaces and time for expressing milk; it requires cultural shifts, educational initiatives, and policy reforms. By embracing these recommendations and working collectively, medical learning environments and workplaces have the opportunity to become models of support and equity, setting a precedent for other industries to follow.

The American Medical Women's Association (AMWA) stands at the forefront of this cause, advocating for the rights of lactating parents and championing their holistic well-being. The journey towards comprehensive lactation support in medicine is ongoing, but with the commitment of institutions, professionals, and advocates, a future where parents can thrive in both their medical careers and parenthood is well within reach.

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