



# LACTATION SUPPORT AS DESCRIBED BY UNIVERSITY OF MINNESOTA STUDENTS AND STAFF: RESULTS OF A QUALITATIVE SURVEY

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## INTRODUCTION

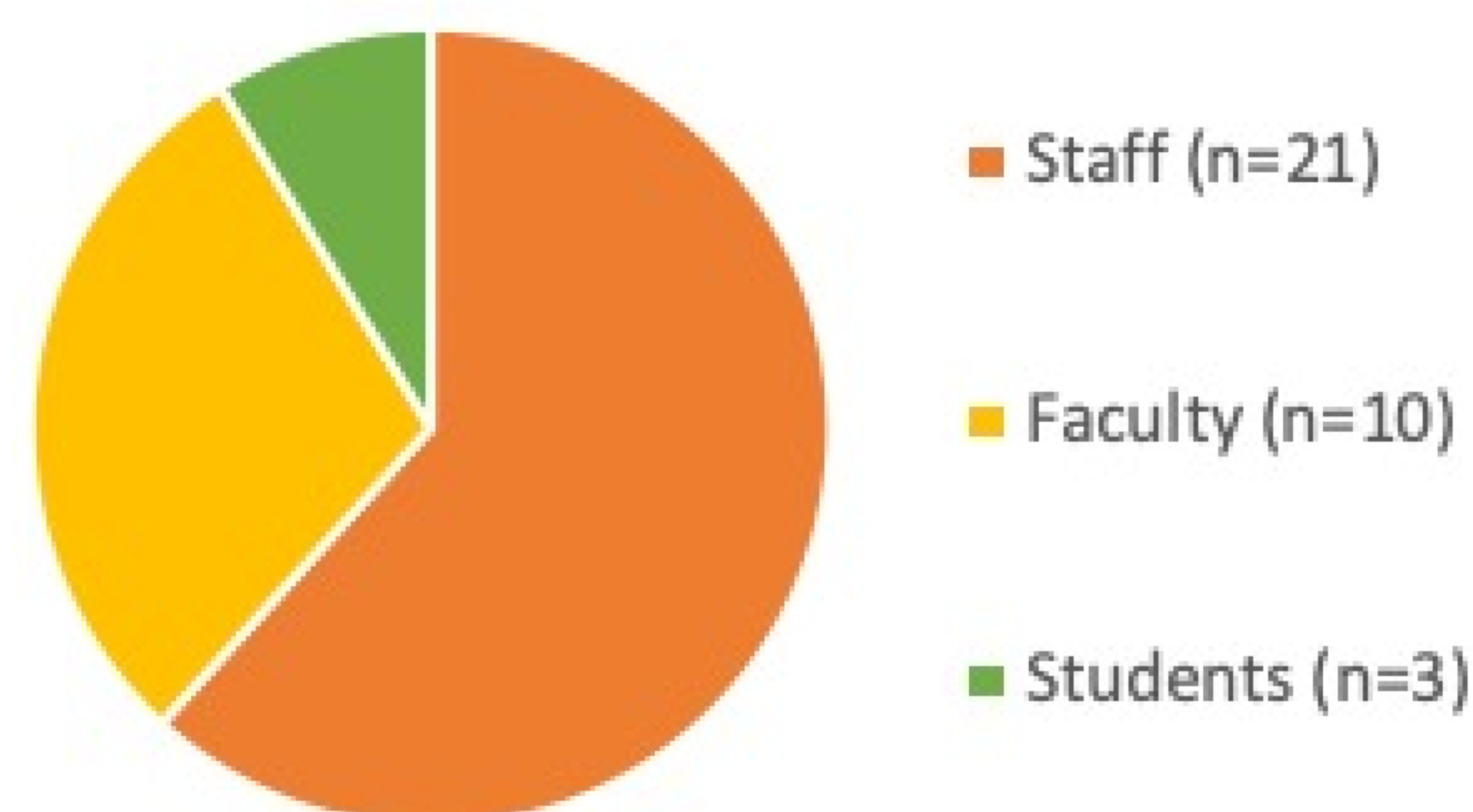
Research has indicated that breast milk is superior than formula in shielding infants from infectious and chronic conditions. Mothers also experience health benefits. As such, the American Academy of Pediatrics recommends exclusive breastfeeding for the first 6 months of life followed by breastfeeding until age 1 year of life with complementary foods. This recommendation is mirrored by the Centers of Disease Control (CDC), World Health Organization (WHO), and the United Nations Children's Fund (UNICEF). This can be particularly challenging when mothers must return to work and must pump breastmilk. The WHO has already identified "return to work" as a significant barrier to breastfeeding and women who work full-time outside the home are a particularly vulnerable subgroup that is at greatest risk of not meeting the Healthy People 2020 goals of breastfeeding initiation, duration, and exclusivity. In 2010, the Affordable Care Act amended the Fair Labor Standards Act to put forth requirements for employers to provide reasonable unpaid break time and a private non-restroom space for breastmilk pumping. Title VII also provides protection for lactating mothers. Despite this legal amendment, many working mothers report unacceptable pumping conditions at work that lead to cessation of breastfeeding prior to that. This survey sought to understand current breastfeeding and pumping experiences of University of Minnesota students, staff, and faculty to determine if these experiences affected the duration of breastfeeding.

## METHODOLOGY

This qualitative online study was conducted via the UMN all campuses portal page in December 2019. Survey questions addressed lactation experiences during 2018-2019. Participants' responses were thematically coded.

## RESULTS

Distribution of Responses



- The *Lactation Space* was described by 27 (79%) responders with 70% reporting the space as poorly equipped.
- 41% reported mental stressors associated with lactation. 18% reported pumping in a bathroom.
- 6% reported breastfeeding cessation due to poor access to lactation spaces.
- Positive responders acknowledged access to private offices (21%) or cordless pumps (6%).

## RESULTS

The following themes emerged from the analysis of responses:



### Mental Wellbeing

Responders noted the associated mental stress

"I distinctly remember feeling very vulnerable and exposed. Shortly after that, I stopped pumping all together."

"Being a breastfeeding mother in itself comes with many difficulties and frankly, inconveniences."

"Being employed in a University setting, I was surprised on how difficult it was to balance being a new mom and returning to work."

"I literally have recurring nightmares about pumping for both my sons."



### Access

Identifying a lactation space but being "locked out"

"I've had to walk labyrinth-like back hallways to find a "secret" pumping room that then turns out to be locked and only accessible to "internal" users"

"I cannot imagine being a student trying to find private space AND a sink AND refrigerator."

"The pumping room in the building is in another set of offices and use of it needs to be coordinated with someone there. No one was even around to let me in."



### Work Environment

Reported as being both protective and prohibitive

"What's working well is having a boss that is understanding"

"My lactation at work success has been completely dependent on the acceptance and support of my boss and co-workers."

"My division administrator (a woman) was appalled and asked "how long are you going to do that?" when I started my position and was still nursing."



### Lactation Space

"I remain grateful for the spaces that ARE available across campus, but I do wish that I didn't need to always be seeking/finding them."

"The UMN lactation rooms are too far away and offer few resources to make the extra travel time worth it."

"I'm fortunate to have a private office, so I pump there."

## CONCLUSIONS

Despite the status of the individual, significant challenges were identified by survey responders. Poorly equipped and unhygienic spaces were most clearly described. Responders with positive experiences acknowledged their privileged access to private office spaces, supportive co-workers or cordless breastmilk pumps. Despite the Birthplace at the University of Minnesota's own designation as "Baby-Friendly," students and employees who access the University campus regularly, do not find a welcoming environment. Although UMN's number of lactation spaces ranks 10<sup>th</sup> out of the 14 "Big 10" universities, it is not meeting the need for lactation spaces as well as its peers.

Although a University resolution was passed in 2013 outlining the necessity for comprehensive campus-wide lactation support, there is still not a campus-wide policy that provides employees or supervisors with clear and distinct language that can guide them about lactation rights or needs.

The UMN has consistently failed to achieve a "Breastfeeding Friendly Workplace" designation as assigned by the Minnesota Department of Health (MDH). In order to become a 'Breastfeeding Friendly Workplace,' the UMN must have a written policy or guideline regarding lactation and lactation spaces that is systematically provided to women requesting parental leave, provide support for breastfeeding mothers, allow time to express breast milk or breastfeed, educate women and supervisors about the policy regarding lactation, and have an appropriate number of lactation spaces meeting specific criteria.

In conclusion, responders, although limited to a small, self-selected sample, suggest the UMN is not breastfeeding friendly. A campus-wide policy is needed to address and provide resources for lactation and set expectations of supervisors.

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This poster was created by a working mother and student who was pumping breast milk during its creation.

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