

Lack of protected time, dedicated spaces to pump, and concern of professional consequences are negative determinants of lactation commonly affecting physicians.¹ Successful chestfeeding requires implementing system level and individual strategies to support continued lactation among clinicians.

System Strategies to Support Lactation

Remove marketing of human milk substitutes in accordance with WHO recommendations.

Implement supportive, visible parental leave and lactation policies.¹

Compensate a minimum of 12-weeks parental leave for birthing parents.²

Advocate for insurance coverage of:

- Reliable, accessible, high-quality childcare
- Consultation with lactation specialists
- Accessible, confidential mental health care
- Wearable electric pumps³

Implement flexibility in professional scheduling, adjust productivity targets accordingly.⁴

Provide lactation breaks aligned with child's feeding routine; initially at least 30 min per break.

Provide support for continued lactation without anticipated limits.

Create Supportive Lactation Spaces¹

- Appropriate in design, location and number to accommodate lactating team members
- Easily accessible, private and can be locked while in use
- Multiple outlets, refrigerator, sink, comfortable seating, tables to place pumping supplies and safe milk handling
- Hospital grade pump for use as desired
- Reliable, high-speed internet and phone service with workspace network and EMR access
- Dictation aids to facilitate engaging in professional duties



Individual Strategies to Support Lactation

Become familiar with milk expression methods

- Wearable electric pump: associated with shorter breaks, decreased time from professional duties, continued lactation; option to continue working; more expensive, limited insurance coverage³
- Standard electric pump: efficient, covered by many insurance plans; can be bulky
- Manual pump or hand expression: affordable, convenient; requires more attention, effort and time
- Passive milk collection—wearable suction pumps, cups, shells: less efficient, option to continue working
- Maintain hydration and nutrition, prioritize scheduled expression to maintain milk supply.
- Facilitate relaxation and breast emptying during expression.
- Understand safe milk collection and storage practices.
- Discuss feeding schedule with child caregivers, expect adjustments as child grows.
- Consider dedicated cooler bag for milk storage and pumping supplies: ice packs, extra pump charger, sanitation needs, breast/chest warmers or massagers, drinking water, snacks, etc.
- If chestfeeding during breaks have contingency for providing stored breastmilk.
- Consider backup plan for milk expression and collection.

Be Aware of Common Pumping Challenges and Initial Troubleshooting Steps

- Sore/cracked nipples → assess baby latch and flange fit, add breast/chest milk or emollient to nipple, areola; reapply often
- Low milk supply → increase hydration, increase frequency of pumping
- Oversupply/frequent leaks → avoid tissue stimulation between pumping, consider hand expression, or manual pump
- Ineffective pumping → utilize hand massage or warming / massage tools, utilize let down mode on pump, adjust pump setting to comfortably mimic chestfeeding
- Persistent pain with pumping → wide differential, continue hand expressing. As with all chestfeeding or milk expression challenges—seek lactation consultation if unresolved

References:

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3. Colbenson GA, Hoff OC, Olson EM, Ducharme-Smith A. The impact of wearable breast pumps on physicians' breastfeeding experience and success. *Breastfeeding Medicine*. 2022; 17(6): 537-543.
4. Jain S, Neaves S, Royston A, Huang I, Juengst SB. Breastmilk pumping experiences of physician mothers: quantitative and qualitative findings from a nationwide survey study. *J Gen Intern Med*. 2022;37(13):3411-3418.
5. Rollins NC, Bhandari N, Hajeebhoy N, et al. Why invest, and what it will take to improve breastfeeding practices? *Lancet*. 2016; 387(10017):491-504.