

Researcher calls for greater access, equity for breastfeeding surgeons

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UK HealthCare cardiothoracic surgeon Tessa London-Bounds, M.D., led a group surveying the experiences of surgeons who pumped breast milk upon returning from maternity leave. Credit: Hilary Brown/University of Kentucky

Any new mother will tell you that breastfeeding, under the very best

circumstances, is emotionally and physically taxing. While increasingly common in the workplace, accommodations such as private lactation rooms, permissive scheduling and clean, dedicated refrigerators for milk storage, are still the exception rather than the norm. And that's for nursing mothers with regular, predictable work hours.

Surgeons work long, erratic shifts—often on their feet for 18 hours or more during surgical cases, post-op responsibilities and patient rounds. For [surgeons](#) who are breastfeeding, it can feel impossible to find the balance between caring for their patients and providing for their own children, even more so when they are in the early stages of their careers. Tessa London-Bounds, M.D., cardiovascular and thoracic surgeon at UK Health Care's Gill Heart & Vascular Institute, had two vastly different breastfeeding experiences as a resident and later as an attending surgeon.

"In residency, it was so difficult meeting my breastfeeding goals with my first child because I felt unsupported. I was able to make my goal, but it was emotionally painful because I was exclusively breast pumping," she said. "With my second child, I was able to do a combination of pumping and breastfeeding and I realized that it was because of an autonomy I had as an attending physician that I didn't have as a resident."

This experience inspired London-Bounds to survey other surgeons about their experiences. With fellow surgeons Alexandra E. Kejner, M.D., Nikita Gupta, M.D., Amanda F. Saltzman, M.D., and researchers Adam Dugan, Ph.D., and Will Cranford, London-Bounds conducted an [online survey](#), with 862 surgeons responding with their age, career stage at birth of each child and the year when their children were born.

The results of the study paint a grim picture of support for breastfeeding surgeons. More than 40% reported a lack of a dedicated lactation room. For those who did have a room to pump breast milk, 37% did not have an accessible place to store milk. The distance between the operating

room and the lactation room was reported by more than half of respondents to be too far, adding the unnecessary burden of having to factor in [travel time](#) in addition to the time spent pumping.

London-Bounds recalls her experience as a resident surgeon in the early days of her career.

"I would be putting my milk in random refrigerators because there wasn't a designated area nearby," she said. "The designated area would be on the other side of the hospital, so it would take me an extra 30 minutes to get my milk stored because for residents, those kinds of accommodations weren't a priority."

In addition to the logistical challenges of pumping and storing milk, breastfeeding surgeons surveyed reported discrimination and pushback from other surgeons when they asked for accommodations.

"I didn't feel like I could advocate for myself," she said. "It was somewhat stigmatized if you ever asked for any time because it was almost like you were asking to take a break."

London-Bounds concedes that medical residency is a demanding time, with grueling hours and little personal time. But asking for time to pump milk for their children isn't the same as asking for a day off or take an extended vacation.

"You should have some semblance of a balance," she said. "You can breastfeed and not take away from patient care. But there is the culture that if you want to pump, you need to do it on your own time."

The lack of personal time included eating and drinking at infrequent intervals, which adversely affects milk supply. As a result, breast milk had to be supplemented with formula, which lacks the immunological

benefits of [breast milk](#). A third of respondents reported that returning to work after maternity leave affected their milk supply. While physician mothers initiate breastfeeding at above-average rates, many must stop early because of unpredictable hours and lack of access to lactation facilities.

Survey respondents perceived a double standard between surgeons who took maternity leave and those who took weeks off to volunteer abroad or attend a conference. To take time for professional development was celebrated, London-Bounds said, but to take time off to recover from a C-section was seen as shirking their responsibilities. Because of the resistance, many breastfeeding surgeons opted to delay having children until after residency; the median delivery age of respondents was 34.5 years. For those who breastfed in residency, nearly 75% reported missing career opportunities because of breastfeeding.

"There was such a stigma about being pregnant that you just kind of pretended you weren't pregnant," said London-Bounds. "When I was a resident, I attended a conference one morning, did a surgery in the afternoon, all while in active labor. I had an emergency C-section three and half weeks early. Same thing with my daughter a few years later as an attending—I was in active labor, but I finished a case. I didn't want to lose any days or burden anybody."

While almost of those surveyed reported feeling supported by their administration, only 29% felt supported by their colleagues. London-Bounds recalls older female surgeons, those with their own children and were positioned to serve as mentors to younger surgeons, were less accommodating than their male counterparts.

"It was like they were overcompensating for what they had to go through—the feeling of, 'I didn't get this so you don't get it either,'" said London-Bounds. "As a female surgeon, there are barriers you have to go

through, and you feel like you have to do more to get to the same level as the men."

The University of Kentucky and UK Health care offer extensive lactation support for employees, from support classes to cost coverage of breast pumps through health insurance. There are more than 20 dedicated lactation spaces across campus, five of which are in UK Health care hospitals and clinics. While UK has guidelines for accommodating nursing mothers during business hours, the schedule of a surgeon who is nursing rarely takes place during the 8–5 workday. That's what inspired London-Bounds and her fellow surgeons to conduct this study; to highlight the inequity, lack of access, and cultural perceptions within their field and advocate for those who are balancing motherhood and a career.

As an attending surgeon, London-Bounds is determined to give her surgical residents the accommodations she did not have. Things have gotten better in recent years, partly due to the fact that just talking about breastfeeding while advocating for time and access shines a light on the problem.

"The more we talk about it, the more we destigmatize it," she said. "It used to be you were apologizing for having children, but now we're celebrating it."

London-Bounds and her team are working to identify ways to improve access for surgeons and surgical staff around UK Chandler Hospital's operating rooms. Currently, there are informal areas to pump closer to the operating room; however, there are few designated pumping rooms and most tend to be occupied by others in the infrequent times available to pump. The next closest available designated room may end up being multiple floors above the main operating room, making it difficult to be efficient.

Funding initiatives from the UK Department of Surgery Professionalism, Integrity and Equity (PIE) Taskforce, allowed the purchase of four hands-free breast pumps that providers can elect to wear during surgical cases. This way, surgeons can easily take care of business without having to excuse themselves from the [operating room](#), patient rounds or other situations where their absence would be critical. Surgical department staff can use the pumps for as many months as they need them, then return them for the next surgeon to use.

This research survey also inspired another project at UK. The Department of Otolaryngology—Head and Neck Surgery in received a grant from the American Academy of Otolaryngology Head and Neck Surgery Women in Otolaryngology Endowment Fund to create an online tutorial for breastfeeding surgeons. UK surgeons London-Bounds and Gupta and surgical residents Brittany Levy and Carly Clark compiled resources, useful tips and tricks and personal testimonies to aid new and expecting mothers as they balance their breastfeeding goals with their professional obligations. The training module goes live next month and will be available to anyone.

A new vanguard of physicians is determined to make the field more hospitable to working mothers by establishing dedicated pumping spaces and allotting time for pumping without fear of retribution or punishment. According to London-Bounds, no one should be denied professional opportunities just for choosing to have a work-life balance. For too long, surgeons were lauded for not having families, or prioritizing their work over a personal life. To be a martyr to the field was considered the highest level of dedication. But ultimately, such devotion has proven to be a detriment. Excellent patient care, London-Bounds says, starts with self-care.

"We're seeing a cultural shift to be able to have a personal life that you're proud of," she said. "And it's not something that will inhibit you. It

almost makes you more accessible to patients as well and more human. And I think that's really important."

Provided by University of Kentucky

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