



How to Create a Better Environment for Lactating Anesthesia Clinicians

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Desire for breastfeeding

A majority of new parents report a goal of breastfeeding.¹ This echoes the American Academy of Pediatrics recommendation of exclusive breastmilk for six months after birth.² Unfortunately, most lactating persons in the United States (US) are unable to reach their breastfeeding goals. An estimated 79% of US mothers initiate breastfeeding; however, only 20% continue breastfeeding until six months postpartum. The statistics are similar in Medicine. A recent survey found that just half of anesthesiology trainees met their desired breastfeeding/pumping duration.³

Challenges Faced by Lactating Anesthesia Clinicians

Common barriers to providing breastmilk include the lack of adequate parental leave, work environments that are uncondusive to frequent breastmilk extraction, and the absence of clearly defined policies supporting lactation.⁴

It is even more challenging for lactating anesthesia clinicians who face a variety of barriers:

- long work hours,
- unpredictable and inflexible work schedules,
- undesignated, communal, unclean, or difficult-to-access lactation areas,
- physically demanding work, and
- limited and/or insufficient time for lactation sessions.

Furthermore, lactating clinicians who are anesthetizing children may encounter physiologic triggers for letdown that can be associated with crying and/or soothing children, which can be emotionally and physically challenging to navigate.

Supporting Lactating Anesthesia Clinicians

The American Society of Anesthesiologists recently released a policy statement on lactation among anesthesia clinicians, highlighting the importance of supporting breastfeeding colleagues.⁵ The table below summarizes some suggested interventions for supporting lactation.

	<p>Provide easily accessible and clean lactation rooms. Examples include a comfortable chair, hospital-grade multi-user breast pump, refrigerator to store breastmilk, sink & soap for cleaning pump.</p>
	<p>Normalize wearable breast pumps. These have been approved by both OSHA and CDC. Consider subsidizing these helpful but expensive pumps.</p>
	<p>Design systems that encourage frequent breaks for milk extraction. Lactating anesthesia clinicians will need more frequent and longer breaks than usual. Be mindful of OR assignments that may not be conducive to lactation.</p>
<p>LACTATION POLICIES</p>	<p>Solicit feedback regarding lactation policies, encourage open dialogue, and remove barriers.</p>
<p>EDUCATE STAFF</p>	<p>Educate staff on the issues described above and the importance of supporting lactating colleagues.</p>

References:

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