



Opinion

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Priming the Pump: A Perspective on Breastfeeding While Working in a Busy Clinical Setting

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Conservative estimates show that one year of breastfeeding equates to approximately 1800 hours of a mother's time. A full time job (40-hour work week) with vacation factored in equates to 1,960 hours. So, it is no surprise that 79% of women start breastfeeding but only 27% continue at 12 months. Keep in mind that there are various reasons why mothers may be unable to or choose not to breastfeed or pump and this does not make anyone less of a mother. This is not meant to stigmatize anyone who does not breastfeed. This article is merely meant to discuss how one can support breastfeeding and pumping in the workplace. This highlights one perspective of how this can be done in busy clinical environment such as the Emergency Department.

Before returning to work, talk with departmental leadership about what is available in terms of resources for pumping in the workplace. All hospitals have some form of a pumping room but proximity to the department is important in Emergency Medicine. Thus, some departments have dedicated rooms for pumping within the emergency center. Ask to see what is available. If you are exclusively breastfeeding, start pumping before returning to work to get familiar with pumping equipment, how to clean it, what all is needed, etc. You can also pump after feeds or between feeds. Most suggest to pump as often as your baby feeds. Extra milk can

be stored in the freezer for future use and milk supply can increase with more frequent pumping.

Your insurance should cover a breast pump. There are so many different varieties that have come to market since I had my first child. These range from the classic, plug-in, pump to the wireless wearable varieties that allow you to be mobile. Figure out what will work best for you and your work expectations. For example, if you work in a single coverage facility, a pump that allows you to be mobile may be the best option. Pumps that allow you to be mobile include the Willow, Elvie, and Freemie (which was actually developed by an emergency medicine physician).

After returning to work, most moms find it is easiest to pump right before the shift and right after shift. Most can fit in one or two pumping sessions during shift depending on how long the shift is. Various companies now make breast pumping handbags that have different compartments for pumps, parts, ice packs, snacks, water etc. to easily organize all equipment necessary to pump. A common misconception is that all pump parts have to be washed after every pumping session. A time saving alternative is to put pump parts in a ziploc bag and place in fridge in between pumping sessions and clean equipment at home or after your shift. This will save 5-10 minutes each pumping session. If you decide to go with a



pump that requires you to be stationary, invest in a hand-free corset that allows you to chart and eat during pumping sessions. There is nothing worse than forgetting pumping parts at home [1]. If this happens, most hospitals have pumping supplies available that you can use. Specimen cups make for great milk storage containers should you not remember to bring them!

The tides are changing as there is growing encouragement to support breastfeeding moms in the workplace by various organizations. The Accreditation Council for Graduate Medical Education [2] has also realized the importance of supporting breastfeeding. Recent changes to the common program requirements state that “programs and sponsoring institutions must ensure healthy and safe learning and working environments that promote resident well-being”, specifically listing a requirement for “clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care” The Patient Protection and Affordable Care Act requires employers to provide “reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child’s birth each time such employee has need to express the milk.” They are also required to provide “a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk.” The American College of Emergency Physicians (ACEP) endorses “the availability of a private, non-bathroom area for breastfeeding emergency department employees, nurses, and physicians to express breast milk during their workday inside or directly proximal to the emergency department.” ACEP also “supports the education of emergency department provider employers and hospitals on the benefits of breastfeeding support in the workplace for infants, mothers, and the business of emergency medicine [3].”

Social media resources serve as a great source of support from other working moms who are breastfeeding/pumping while working. I particularly learned a lot from the Facebook group Dr Milk4 which is an online community of physicians who are interested in lactation knowledge. At the department level, one can support lactating moms by developing policies to address pumping and breastfeeding in the workplace. Our department, developed a policy that delineated handing off clinical responsibilities, places to pump, etc for individuals ranging from learners in the department to physicians [4]. You can also support colleagues by recognizing that they may need to pump during shift and encouraging them to do so (some may be too scared to ask or leave their clinical responsibilities). As a departmental leader, you can have a conversation with moms returning to work about their plans to breastfeed and how she can be supported in this manner. The more we normalize pumping at work, the more we can encourage and support our lactating moms in the workplace.

Conflicts of Interest

None

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