Improving Lactation Facilities in Academic Centers: How to Drive a Much Needed Change

We read with enthusiasm the perspective "Call to Action: Universal Policy to Support Residents and Fellows Who Are Breastfeeding," published in a recent issue of the *Journal of Graduate Medical Education*.[1] We applaud the authors and journal editors for bringing a substantive challenge faced by female trainees to the forefront of issues afflicting graduate medical education.

As Johnson and colleagues noted, while the need for a supportive breastfeeding environment is not applicable to all trainees, it is of vital importance to the wellness of women faced with this challenge. The authors do a commendable job of outlining discrete, actionable steps departmental leaders must take to provide the time, space, and support female trainees need to accomplish their breastfeeding goals.

We wish to share our experience from a project to improve lactation facilities at our institution—a large academic medical center spanning multiple hospitals—with a structure often seen in training programs.

We found that creating a breastfeeding-friendly environment required motivated trainees who identified these needs, and supportive faculty, mostly women, who amplified their voices at the departmental level. In addition to the websites, occupational health visits, and written circulars the authors recommended, we suggest disseminating information about breastfeeding resources at orientation programs to ensure universal accessibility and transparency.

Importantly, we found creating physical change to provide the privacy, space, and amenities necessary for a comfortable pumping experience a more arduous task than expected. Examples of this included providing privacy curtains, refrigerators, computers, teleconferencing appliances, and lactation rooms in proximity to clinical areas. In this regard, we found collaboration from multiple departments across clinical medicine, nursing, and administration to be instrumental in removing roadblocks and accomplishing physical change at each hospital. Therefore, we suggest engaging medical directors of breastfeeding centers, leaders of employee and trainee wellness programs, and chiefs of clinical affairs at specific locations in the discussion to progress from ideas to actual change.

Finally, we found that focused small group discussions of female trainees were crucial to maintaining and adding to these facilities to meet evolving needs such as restrictions caused by construction work and housekeeping.

We congratulate the authors on this perspective piece and hope our experience will add to the efforts of those actively working on changing conditions at their institutions. We hope that with persistent advocacy and support at individual, institutional, and national levels, we will continue to move forward on the difficult path to reduce gender disparities by acknowledging and resolving challenges specific to women in medicine.

Snigdha Jain, MD
Fellow Physician, Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, University of Texas Southwestern Medical Center

Hetal Patel, MD
Associate Professor and Associate Fellowship Program Director, Division of Pulmonary, Critical Care, and Sleep Medicine, Department of Internal Medicine, University of Texas Southwestern Medical Center

References

1. Johnson HM, Mitchell KB, Snyder RA. Call to action: universal policy to support residents and fellows who are breastfeeding. *J Grad Med Educ*. 2019;11(4):382–384. https://doi.org/10.4300/JGME-D-19-00140.1.

DOI: http://dx.doi.org/10.4300/JGME-D-19-00598.1