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Developing a Breastfeeding Advocacy Agenda through Insight from Breastfeeding Experiences of Faculty Physicians

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BACKGROUND

- Despite forward progress in recent decades surrounding lactation support, physician mothers continue to face challenges in achieving their breastfeeding goals.
- Physician mothers have been noted to have high breastfeeding initiation rates, though this trend does not carry through the first year of life.¹

OBJECTIVES

- We aimed to survey personal breastfeeding experiences of faculty physician mothers who recently breastfed to help formulate a robust breastfeeding advocacy agenda.
- We hypothesized finding high incidence modifiable factors related to lactation support could improve physician breastfeeding goal success and ultimately improve the overall breastfeeding experience.

METHODS/DESIGN

- An anonymous breastfeeding survey containing both quantitative and qualitative items was sent to female faculty physicians at an academic children's hospital in 2020.
- Inclusion criteria included female faculty physicians who had given birth in the past 5 years. Of these, responses endorsing breastfeeding experience were analyzed.
- The survey was sent to 363 faculty; 139 surveys were returned, with a 38% response rate.
- The survey included questions about demographic information, quantitative responses using a 5 point Likert scale, and free text fields. The survey was deployed at the start of an 8-week period from March to May 2020, and 4 reminder emails were sent every 2 weeks until the end of the timeframe.

Table 1. Key Respondent Comments

How the job role that is specific to a physician impacts breastfeeding experience?

- "I dictated notes, read patient records, read articles, made phone calls and did whatever I could while pumping, just to keep up, and only could do this because I had my own office. If I had to go to a lactation room, the time to walk there and back, coupled with the lack of productivity there and lack of available slots would have made it impossible to pump at work and still function as a physician."
- "Stressful to try and pump in between patients. Even with blocked slots, the timing never seemed to work out right. I usually resorted to pumping in my office because of the lack of computer/phone in the lactation rooms."

What was the impact of return to work on breastfeeding?

- "I felt very supported in being able to pump when I needed to; however I didn't produce as much after I started pumping when I went back to work. I would like to see a longer maternity leave."
- "Physicians especially those of us with mostly clinical commitments need more protected time to pump. I had hoped to continue breastfeeding until my son was 1 year of age but my supply plummeted when I got back to work because of stress and going long stretches in clinic without being able to pump."
- "I was unable to find adequate time to pump and had to end breastfeeding much earlier than anticipated."

Ideas for improved lactation support

- "Every clinic should have a designated lactation space, so that offices shared with other staff or empty exam rooms would not have to be used. Having paid maternity leave longer than 12 weeks would also help."

Table 2. Quantitative Survey Responses (n=76)

Factors positively influencing your breastfeeding experience		n (%)
Spousal Support		68 (89)
Self-education and/or motivation		59 (78)
Speaking with other mothers about their experience		47 (62)
Networks of friends/family		43 (57)
Co-workers		39 (51)
Social media		26 (34)
Lactation support including breastfeeding support group and/or lactation consultant		25 (33)
Supervisors		22 (29)
Other		3 (4)
Factors negatively influencing your breastfeeding experience		n (%)
Lack of sleep		44 (58)
Stressors		41 (54)
Employment		41 (54)
Lactation problem		12 (16)
Other		11 (14)
Barriers to lactation support		10 (13)
Lack of knowledge		8 (11)
Postpartum depression or other mental health condition		4 (5)
Lack of spousal or family support		2 (3)
I have not had any negative factors influencing my breastfeeding experience		2 (3)

References:1. Sattari M, Levine D, Bertram A, Serwint JR. Breastfeeding intentions of female physicians. *Breastfeed Med.* 2010 Dec;5(6):297-302. doi: 10.1089/bfm.2009.0090. Epub 2010 Jun 24. PMID: 20575714.

RESULTS

- Fifteen percent of respondents stated that they did not meet their breastfeeding goals.
- In the qualitative analysis, positive themes identified were protected time and space for pumping, positive work environment, social media support, support from individuals at the workplace, flexible work schedule, and access to portable pumps. Negative themes identified were difficulties related to pumping, negative work environment, lack of breastfeeding education, maternal health condition, and return to work.
- Physician mothers provided key insight into how the job role that is specific to a physician impacts breastfeeding experience, the impact of their return to work on breastfeeding, and ideas for improved lactation support.

CONCLUSION

- Our study highlights how differences in pumping experiences have a profound impact on the faculty physician's perception of having either a positive or negative breastfeeding experience.
- Development of a more individualized breastfeeding support plan for each faculty physician, with attention to physical space and time accommodations for pump breaks is needed.
- We believe a direct conversation surrounding lactation support between employer and the faculty physician should occur prior to maternity leave and continue at regular intervals upon return to monitor for changes in needs.
- This study echoes the need for ongoing efforts to improve maternal and infant health by advocating for faculty physicians who are providing breast milk for their child. Future studies should evaluate the benefit of advocacy and a detailed, individualized breastfeeding support plan developed as a result of this study.

For questions, contact the author at ptfrench@cmh.edu.