GRADUATE MEDICAL EDUCATION

POLICY ON LACTATION SUPPORT

Purpose

To ensure a safe and supportive environment for lactating residents/fellows, enabling them to meet their personal and professional goals without compromising their health, education, or patient care responsibilities.

Policy Statement

University of Iowa Health Care is committed to fostering a supportive environment for lactating residents/fellows. This policy ensures access to time, space, and resources necessary for expressing breast milk, in alignment with University of Iowa policy, ACGME requirements, and the recommendations of national and international medical governing bodies.

1. **Responsibilities of lactating resident/fellow**

   Clear communication with program director about lactation needs in anticipation of return to training after parental leave.

   Ongoing commitment to patient care and consideration for clinical continuity when determining when to express milk.

   Clear communication with attending staff, advanced practice providers, and co-residents/fellows on the service regarding specific needs for lactation (including planned frequency and timing).

   Clear communication with program director if there are concerns or impediments.

2. **Responsibilities of the training program**

   Unless a resident/fellow prefers to coordinate directly with rotation directors and faculty regarding their individual needs, a programmatic point person within the department will update rotation directors of the resident/fellow's specific accommodations and provide support to the lactating resident/fellow. The programmatic point person could be the program director, program coordinator, administrative chief resident, etc. They should understand institutional policies and federal laws regarding lactation and the workplace.

   Programs will educate their faculty and other residents/fellows on the responsibilities of the program toward residents/fellows who are lactating. These responsibilities include providing information about protected time for lactation, access to lactation spaces, and the scheduling needs of lactating residents/fellows, as well as fostering a supportive environment.

   A. <u>Protected Time for Lactation</u>

   Maintaining milk supply requires frequent expression of milk. The needs of individual mothers are variable. Residents may take lactation breaks of up to 30 minutes as often as every 3 hours

(measured from the start of the previous break). Less frequent breaks may be taken as needed, and additional time will be accommodated when necessary. For example, when establishing a supply, sometimes pumping as often as two hours is necessary. This applies across all clinical settings (including inpatient floors, ICU, outpatient clinics, and operating rooms), educational settings (conferences and didactics), and administrative tasks. See section 3 for flexibility in scheduling. Time taken for lactation will not by itself determine whether a trainee meets clinical training requirements.

Programs must ensure coverage plans are in place to avoid penalizing lactating residents/fellows or overburdening colleagues.

Clinic and operating adjustments will be made without bias or penalty. Residents/fellows will not be required to "make up" time spent expressing milk unless necessary to meet ACGME or board eligibility requirements.

B. Access to Lactation Space

Clean, private, and accessible lactation rooms must be available within a 5-minute walk from clinical areas. Bathrooms, closets, and spaces shared with patients or hospital guests are not considered appropriate.

Rooms must include:

- A locking door
- Comfortable seating
- Temperature control
- Flat surface
- Electrical outlets

Cleaning supplies, a sink with soap and running water, and refrigeration or secure storage for expressed milk must be available within reasonable proximity.

Additional considerations:

- Access to a computer workstation with EMR access
- Hospital-grade pump (if available)
- Hospital-connected phone (if feasible)

Some residents/fellows may elect to use wearable breast pumps in lieu of a private lactation room. Lactation via wearable pumps is regarded as equivalent to breastfeeding, which is protected by federal and state laws in public spaces. Residents/fellows performing sterile procedures may either scrub out to pump or may remain in the operating/procedure room and utilize an FDA-approved wearable breast pump. The decision to do either is made by the resident/fellow based on their individual needs.

C. Flexibility in Scheduling

Programs must make reasonable efforts to accommodate residents'/fellows' lactation needs through flexible scheduling. This includes:

- Adjusting rotations, call schedules, and educational activities
- Arranging for adequate intraoperative coverage
- Allowing remote participation in didactics when feasible
- Providing flexibility during procedural or operative rotations

Any schedule adjustments will be made without penalty to the trainee's academic progress or evaluations.

For off-site rotations: Unless the resident/fellow prefers to coordinate with external sites directly, the program director will notify external sites of lactation needs in advance and work with them to secure lactation accommodations.

D. Education and Culture

Programs are responsible for providing faculty, staff, and residents/fellows with annual reminders of lactation rights and support practices.

Lactation policies will be included in orientation materials and posted in common areas.

Efforts should be made to foster support and open communication:

- Faculty and co-residents/fellows are encouraged to:
  - Help plan pumping times and provide pager/patient coverage
  - Avoid stigmatizing language (e.g., "finally back," "that took forever")
  - Support pumping in shared spaces (if resident/fellow chooses) to avoid missed learning
  - Remind lactating colleagues to eat, hydrate, and rest
- Program directors or their designee should:
  - Avoid assigning high-intensity rotations immediately post-leave
  - Communicate lactation needs to clinical teams in advance
  - Contact residents/fellows before and after parental leave to discuss anticipated lactation needs
  - Designate a programmatic point person for lactation
  - Make lactation resources and policies easily accessible
  - Solicit resident/fellow input on barriers and improvements
  - Educate supervising faculty

Program directors will handle any concerns of noncompliance with accommodations or intimidation regarding pumping.

3. Non-Discrimination and Confidentiality

Residents/fellows who require lactation accommodations are protected from discrimination, harassment, retaliation, or negative evaluations related to lactation needs.

All lactation-related accommodations will be handled with respect for resident/fellow privacy

4. **Feedback and Continuous Improvement**

   The Graduate Medical Education Committee will conduct assessments to understand the effectiveness of lactation support and is available to dialogue with residents/fellows and program directors regarding how to address and resolve challenges around lactation needs and supports.

5. **Institutional Support and Resources**

   - University of Iowa Resources for Nursing Parents: https://hr.uiowa.edu/livewell/work-life/family-services/lactation-facilities-resources
   - Lactation consultants and breastfeeding support is available at: https://uihc.org/services/breastfeeding-care
   - Breastfeeding Clinic:
     - Located in the Women's Health Center: Elevator M, Third Floor Pomerantz Family Pavilion
     - Call for an appointment: 319-356-2294

References:

Johnson HM, Mitchell KB, Snyder RA. Call to action: Universal policy to support residents and fellows who are breastfeeding. Journal of Graduate Medical Education. 2019 Aug 1;11(4):382-384. doi: 10.4300/jgme-d-19-00140.1

Johnson HM, Torres MB, Möller MG, Cannada L, Nosanov LB, Riner AN, et al. Association of Women Surgeons' Comprehensive Initiative for Healthy Surgical Families during residency and fellowship training. JAMA Surgery. 2023 Mar 1;158(3):310. doi:10.1001/jamasurg.2022.6334

Ortiz Worthington R, Adams DR, Fritz CDL, Tusken M, Volerman A. Supporting breastfeeding physicians
across the educational and professional continuum: A call to action. Academic Medicine. 2023 Jan 1;98(1):21–28. doi:10.1097/acm.0000000000004898

This policy aligns with:

Federal and Iowa labor laws
ACGME Common Program Requirements
American Academy of Family Physicians (AAFP) Policy on Breastfeeding and Lactation for Medical Trainees
American Academy of Pediatrics (AAP) Policy Statement: Breastfeeding and the Use of Human Milk
American College of Surgeons (ACS) Revised Statement on the Importance of Workplace Support for Pregnancy, Parental Leave, and Lactation for Surgical Trainees
American Medical Association (AMA) Policy on Supporting Breastfeeding Physicians

American Society of Anesthesiologists (ASA) Statement on Lactation Among Anesthesia Clinicians
Society of Women in Urology (SWIU) Sample Lactation Policy

Graduated Medical Education Committee Approved	*11/3/2026*