

Transcript - Exploring Workplace Barriers Faced by Breastfeeding PAs

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There are several health benefits related to breastfeeding. However, breastfeeding is labor and time intensive and lactating parents often struggle to continue breastfeeding after they return to work. In 2022, the Fair Labor

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Standards Act and the providing urgent internal protections for nursing mothers act or Pump Act set forth protections for nursing and.

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Boys examples include a reasonable break, a place other than a bathroom that is shielded from view to express milk, and that is right available up to one year after the child's birth. This federal legislation was a game changer in several states have enacted similar legislation. Several questions may be coming to mind. One may be how does it apply to me?

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As a PA or a PA student, luckily we have a fantastic guest joining us today, who is going to help us explore barriers experienced by breastfeeding.

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Lindsey, welcome to the podcast. We really enjoyed your recent publication in Jappa. Can you tell a little bit about your past experience, where you work clinically and then what inspired you to do your research?

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Hi, Kim and Martine. It's great to be here. Thank you for the excellent introduction. My past experience with breastfeeding and pumping at work wasn't without its challenges, but also wasn't as difficult as what others have been through during my breastfeeding journey. There were multiple times I had to pump in patient exam rooms that didn't have locking doors many times.

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I was locked in on so. It definitely locked privacy.

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I also didn't have the support of supervisors, but thankfully my colleagues were very understanding clinically. I worked in family medicine for 12 years before recently transitioning into psychiatry. For the past two years, I've found my needs and I am happy to be practicing in the specialty that I truly enjoyed the inspiration for the research actually came during late night.

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Meeting session with my second son, pulling social media trying to stay.

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While doing this, I came across multiple posts from PA Moms asking questions about how they could find the time to pump at work or detailing challenges with work administrators, colleagues, etcetera. And overall feeling very discouraged trying to pump while working. Lindsey, I truly empathize with your experience. I know Martinez as well. We're both moms. I've had many of those middle of the night.

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Pumping sessions or breastfeeding sessions where I just start.

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To think about a lot of.

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I had my first child during the COVID pandemic and so my first experiences in motherhood breastfeeding were very isolating. I would have visited the lactation room at work at least twice a day, spending time alone, feeling that the challenges I was encountering were unseen. Thank you for bringing this conversation to light. I'm impressed by the community of mothers and fathers who are advocating to implement and support.

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Lectures for work.

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Parents, Jamaican Academy of Pediatrics recommends exclusively breastfeeding for six months and complementary breastfeeding for two years. I know myself for my both of my kids, I tried my best to do that and for my first one I did for 18 months while working full time and was challenged and I was working 45 minutes.

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Away from home to an hour in my commute, and I remember pumping in.

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The car I will connect my phone and connect on my way down to work and on my way back, not counting while at work to make sure I could continue keeping up with my supply because if I didn't do that, forget it. So before work in the early morning, I would breastfeed comp in the car on my way while in traffic. So it was very challenging.

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Did I get all that? Because I believe in the benefits of breastfeeding and I thought it was worth the sacrifice or all this. That's not really and never had a break during my break. That's all I did breastfeeding during my lunch break or charting while breastfeeding, where I was seeing patients was also my office, so I would.

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Close the door.

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And between patients miss being. So I remember those.

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Please that was with mine first.

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And so with all that said, I myself believe in breastfeeding. As for as long as you can, although it's challenging for people, if you weren't in the workforce for women in the workforce, and especially if you were in the clinical setting, it's always easy to find a private place to breastfeed like you were mentioning. So what are some of the benefits of breastfeeding?

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You can tell us that makes us jump through all those hoops.

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That's a great question. There are many benefits to breastfeeding, both for baby and for.

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According to the AAP, breastfeeding reduces in infants risk of respiratory tract infections, otitis media, acute diarrhea, asthma, atopic dermatitis, inflammatory bowel disease, obesity, diabetes, childhood leukemia, sudden infant death syndrome and infant mortality.

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In addition, the World Health Organization states that optimal breastfeeding could save the lives of 820,000 children under.

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The age of 5.

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Finally, mothers who breastfeed have a lower risk of type 2 diabetes, hypertension, breast cancer, ovarian cancer, and endometrial cancer.

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As a mom who has breastfed, I can attest that it is hard to continue for any length of time, even women who can do three months, still a very big deal. In your article you said that in the US, less than 1/3 of infants are exclusively breast fed up six months.

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Age and I can understand that because now we are in the workforce, women are not just at home, they not stay at home where you can do all that. So breastfeeding for any length of time while you're working full time and adding to that taking care of other siblings are close to all of those parents were doing it. What are the challenges they face and what are some factors or?

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Teams that can help them to be successful in their efforts, in your opinion.

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Yeah, that's another great question. In my research, there were some common themes in systematic review.

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Involving just working mothers in general about continued breastfeeding after returning to work, women who had access to great lactation rooms and supportive colleagues were more likely to continue breastfeeding women that didn't have those support structures in place had a lot more difficulty continuing to breastfeed when they returned to.

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71% of PAS are women, with a median age of 38. It seems like there is a potential that our profession includes a lot of mothers and fathers prior to your research, what was known about breastfeeding within the PA profession?

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I'm glad you asked in my literature review, there were no.

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Published articles pertaining to Papanicolaou and breastfeeding challenges after returning to work.

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There were, however, some published studies of physician mothers who experienced similar challenges as other working mothers when returning to work. The most common barriers identified among breastfeeding physicians included inadequate time to pump inadequate location to pump on supportive teams, working too many hours.

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Low milk supply dress and inadequate storage for.

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Milk.

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Differing practice specialties and work environments also contributed to the difficulties that physician mothers encountered, and this gap in the literature is what prompted my interest to conduct the study of PA mom.

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Very interesting in your idea is certainly novel, and I'm glad that you're looking into it. We'd love to learn more about the methods behind your research to gather your data.

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Using a survey to PA Moms and ended up recruiting over 700 participants and included 540 moms and an extension 1002 children in your.

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Study PA Moms is a AAPA special interest group at the time of this recording, their Facebook page has almost 17,000 members. Why did you select this platform to

launch your survey, the platform to launch the survey using the sampling method called convenience sampling with the type of sampling.

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Will increase his bowels, but I often for this type of sampling method due to the use of having access to the grade, I was already a member. It is really easy to contact the admins of the group and say hey, can you try to promote.

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But hoping to get to recruit more members to participate in the survey, team moms were my collected population of interest for the body is just an easy way to get this out to as many people as possible to fill out the survey for the research.

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Tell us more about this survey. What questions were included?

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And how did you?

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Develop it so the survey was not my own. It was actually adopted and previously used by Doctor Miriam Sattari and colleagues for a similar study involving physicians.

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Participants in the study completed 40 questions online, evaluating their breastfeeding intentions and their experiences breastfeeding after returning to work.

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A majority of the questions use a Likert scale to evaluate whether PU were allowed, protected break time and private space for presson of breast milk. Questions about the court from colleagues supervising or cooperating positions, employers and staff

will also included further questions evaluated whether PA mothers quit breastfeeding.

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Early because of what place demand?

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And lastly, there were a few open-ended questions exploring underlying themes or patterns that encouraged or discouraged a working PA long from continuing to breastfeed. So we're all curious, what did you find? I found that parameters in the study had high breastfeeding and issues and raped at childbirth based and the healthy people.

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20-30 data and objectives peer loans to cash. The general calculation rates of exclusive dictating to six months and any breast feeding until 12 months. However PM on just fairly sarcastic views objected.

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The barriers identified that impacted breastfeeding duration in the study included lack of time and space to express breast milk.

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As well as.

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Lack of support from colleagues supervising or collaborating physicians and support staff. The most important finding, I think, was that despite TA moms having high breastfeeding initiation rate.

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Of 96.3% only 54.8% were able to breastfeed until at least 12 months.

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Compared to 76.8% of PA Lawns having the intention to breastfeed for this duration, the difference between the breast feeding intent and actual breastfeeding duration, along with the what breast barriers associated with breastfeeding duration suggests that despite our PA education and breastfeeding.

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Intense workplace factors have a sizable effect on this.

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And lastly, 27.6% of PA Moms in the study indicated that they quit breastfeeding because.

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Of the workplace we have.

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Well, I couldn't agree more with your findings, Lindsey, because me personally, my experience concurs with these findings because for my daughter, I breastfed for 18 months.

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I was working outpatient family medicine so I had a private space on my own. It was easier, although I had to be commuting a long time, I was missing my class.

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Well, for my son, I did for a little bit, I think below 12 months, but I didn't go out for 18 months because I was in hospital medicine. So Kim knows also how it is working in hospital medicine, 12 hour shifts. So you would have to spend most of your day pumping instead of breastfeeding. They had a very little time of.

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Really breastfeeding and there's no private space. It's hospitalist. We are all in the same room. The hospital doesn't necessarily have a space where you could

breastfeed. I didn't have that in the hospital where I was at. So I remember I was using those free.

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The cups and as I was trading in the room and I had one hospitalist, he's a male hospitalist.

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As a matter.

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Of fact, and I was breastfeeding like mine. This now I'm thinking about it. I'm like, what are you thinking? It was my mommy brain because you could hear the punk in my time. My son is now nine years old. We didn't have those silent poems, you know, I know now they're all fancy, but you could.

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Well, I'm just.

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I'm charting and you would be like. What's that noise I'm like? Ohh, that's my I'm very speedy. I'm. I'm pooping. That's.

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Come. It's like, OK, because I have my phone connected. You could hear the noise. He's turning. He's like, OK, but I'm not thinking. I'm like, oh, my God, what was I doing? I didn't think about. Ohh. Maybe I shouldn't do it, but because it was free. Those free cups. And after I would go to the bathroom to remove them and pour the milk. I had to go to the bathroom to do that because I always had someone with me.

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So the specialty really, really impacts, especially if you're in a hospital system and you don't have a right. And then it depends on how busy you.

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I know being a hospitalist it was very hard, but one of the hospitals they opened those wounds mother, I think they call them lactation wounds for breastfeeding moms. So they had a recliner and a very small space where you could go and pump. But that happened after I did. So with that set. That's my little experience.

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My kids.

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What role does the specialty within the pay profession play in influencing breastfeeding duration? According to your findings?

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Yeah, this is one of the questions that I had because I had also noticed a very similar pattern among the kind of the social media posts and a lot of it was ERP PAS or surgical pas who would describe not having any time in their shift. How could they do this? And so I had a very similar question.

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Especially if we have an impact on breastfeeding duration, but unfortunately in my study there was no statistical association that was found between specialty and any breast feeding duration. However, there was a significant association between specialty and exclusive breastfeeding.

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Duration was one of the more ambiguous results of the study, but unfortunately the study didn't take into account that PC's are able to switch specialties, so that could explain some of you more ambiguous results and that future studies could probably take some of that into account and delve into the actual specialty piece a little bit more.

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A little ambiguous on that.

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That would be a good study to make. I agree, because I definitely think.

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It will impact.

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How you know we go about breastfeeding? Watch your day-to-day work looks like.

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So how did these framings compare to physicians and other healthcare professionals? It must be in the same boat as us. It cannot be as different, right?

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Yeah. So the findings were very similar to our physician Mom colleagues and that physician moms also had very high initial.

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Relation breastfeeding initiation rate but also they did not meet their breastfeeding goal duration very similar to PA Mom I think they have a bigger population so I think we can extrapolate and think it's probably the same for us. You've had in several areas of opportunity what can employers do to promote.

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Breastfeeding and also how can we start to have these conversations with our employers?

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Now this is such a.

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Great question. To promote breastfeeding, employers should provide all women, including PA mothers.

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With efficient time and an adequate place for it, expressing breast milk, workplaces need to create supportive environments for breastfeeding mothers and flexible schedules that can carve out time away from patients or procedures. So that looking pylons have adequate time to meet their workplace obligations, as well as expressing breast milk.

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I think the first step to having these conversations with employers is to 1st know your rights and know the laws that protect breastfeeding mother.

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After the study was completed was when the Pump Act that was mentioned earlier was passed in December 2022. So before this study was done, the Punk Act was not in effect. The result of this act is that what placed breastfeeding protection is now extended to many employees who were previously not protected by the prior legislation.

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In addition to the protection that Kim mentioned earlier, the legislation now specifically includes informed employees, which means PA moms looking salary exempt positions are now included in these protections.

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It's very interesting. I had a baby before the pump pact and after the pump.

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And while my employer does have very good accommodations for breastfeeding parents, I did notice a difference in the support that I had from my colleagues after the Pump Act. I thought it was more open to talk about. I need to go pump and it's like, OK, let me help you cover your patients.

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Yeah.

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So thinking about that and that the landscape has changed, what do you think the future holds in store for working parents who are breastfeeding? You know, I always think.

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I have a daughter. I want it to be better for her. What are some areas that researchers should look at to be able to further first address the challenges related to breastfeeding and then help to make it better?

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Yeah, so future studies should account for like I had said before, that PC's are able to switch specialties to determine if there's a significant impact on PA specialty and breastfeeding. It would also be helpful if future studies had further delineation between inpatient and outpatient studies. I.

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Think there are.

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Specialties. I think there's a big difference between the two and being able to have that time.

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My study also did not consider state specific, refuting laws which can provide workers refuting protection above and beyond the federal law. So I currently work in Washington and Washington. Breastfeeding laws are over and above what the federal laws are. You have protection up to two years instead of a year.

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So you can pump at work for up to two years, which is fantastic. So future studies could examine how different state laws affect breastfeeding duration.

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Other recommendations for future studies would include to include more raw numerical data to allow for more complex statistical analysis, and definitely hiring an outside statistician would be beneficial because I am not a statistician by any means.

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And lastly, future research would be helpful in determining the impact of the new compact on PAS and breastfeeding duration. Since this was done beforehand, maybe repeating the study or a similar study now that the Pump Act is in effect could help determine how this act has been beneficial or not beneficial for PA.

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That's great. Lindsey, are you telling us all new moms we should move to Washington to work because we're very. And that's very interesting. And I agree with you. I had my kids before. They can't, actually all you to me. I'm really amazed by all the strides we have made so far because I didn't have that at all. Like I said in the hospital where I work.

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They didn't even have this taste dedicated for that. So now too. So everything has changed and.

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I mean Florida.

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Yeah. Can I add too? Like one thing that I learned after the pump act is that we all need to talk about it too. It's not necessarily where the employees are going to wear of it. You bring it to them and say, hey, look, this is what happened. So there's something that we all as PA.

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Moms can gather forward to bring this information to our employer.

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I agree, and this is something I was afraid of talking about. It's like I was breast. I was pumping, I was hiding to pump. If you want. I didn't want people knowing that I was pumping. Except you know, I would go to the bathroom or I would just close my door. It's not something that I voiced. I didn't say any this time. I just was trying to fit it in into my day.

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Into my work day without disrupting the flow. Nobody covered me. I didn't ask for coverage. I didn't say whatever. I just.

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Like to find while I was trading on my own time without even having to mention, I don't even know if you know, everyone knew I was even pumping at work, so now it should be open. We should know. You just had a baby. You gonna have time to come? And I really like that. And I agree with Kim. I have a daughter as well. So hopefully by the time they grow up and are ready to enter the workforce.

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Things will be way different will.

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Be advancing that certain.

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Well, that was a very great conversation. Thank you latency for this important discussion and I can tell we are all excited about this discussion as moms and working moms.

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Or you have.

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Taught us much about the challenges faced by breastfeeding parents. Now Kim, and now we know we're not alone. We were not alone in that battle.

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Because that was very hard. You have to be wanted to be able to do it. It was a big sacrifice for me. I remember it's because I pushed through because that's what I wanted for my kid.

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And we hope our listeners will take this information forward with us as we care for our patients and communities. And I want to mention if we PA's for women empowerment, which is an APA caucus, they have infographics, you will find the link in our podcast summary. I encourage you all to look at those intro.

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Things you can bring them to your workplace, know your rights. You know the point. Actually, you have to know your rights.

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As always, please be sure that you are following jappa on social media. I at J APA online dot all spelled out and let us know your thoughts about the topics we went over today and until next time.

00:21:17

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