Lactation Spaces/Facilities

Educational level: University, middle, secondary school | **Beneficiaries**: Students, faculty, and staff

Background

It can be difficult for new mothers to be able to breastfeed in the PSE setting. A 2005 qualitative study of McMaster University's family medicine residency program found that many residents had work-related difficulties producing milk, "which they attributed to heavy workloads and sleep deprivation that led to premature weaning." Half of those surveyed would have liked to have been able to breastfeed longer but could not do so due to the demands of their job and to the lack of supportive workplace infrastructure (e.g., scheduled breaks, breast pump, etc.). However, in countries like the US, employers with 50 or more employees are required to "provide a place, other than a bathroom, for the employee to express breast milk."

Description

This review found examples of lactation spaces in several different settings. In Cambodia, "Labor Law Article 186 states that enterprises with at least 100 women are required to provide day-care centers or pay child-care fees, provide one hour of paid time off for breastfeeding mothers, and provide nursing rooms at or near the workplace." In Canada, some residency placements in McMaster University's family residency program provide access to lactation facilities, including private spaces and refrigerators.

In the US, Harvard University and the University of Washington offer lactation rooms for faculty members, staff, and students to use. Supported by the overall Office of Work/Life, Harvard has 20 lactation rooms across the university's campuses and schools, including nine on the medical campus⁴ while the University of Washington has 14 private lactation stations across the university.⁵ At both universities, nursing mothers must register and/or undergo an orientation in order to use the rooms, which contain hospital-grade pumps and, in most cases, refrigerators. Nursing mothers must also provide their own accessory kits to use with the provided pumps.

Lactation spaces have also been documented in middle and secondary school. In Botswana, the UNICEF-funded Diphalana Initiative was established in 1996.^{6,7} The initiative created a flexible learning pilot program at the Pekenene School to enable pregnant students to continue their education. The school has a child care facility for babies up to four months old. During class breaks, student mothers are able to go and breastfeed their child. Diapers and milk are provided.

Results

Reviewers rated this practice as featuring the following gender transformative characteristics:

- Transform family, school, and/or work arrangements so that women are not economically or socially penalized/disadvantaged for caregiving (critical criterion)
- Change or attempt to change an imbalance of power or otherwise level the playing field (*critical criterion*)

P/F Rank: 17 (tied)

• Introduce, make use of, or further the (existing) legal protections for women.

This practice allocates resources to enable working mothers and student-mothers to breastfeed. In so doing, it helps to legitimize caregiving in work and school settings. It is also important to note that without accompanying lactation breaks, the ability of this practice to transform work and school arrangements for breastfeeding faculty and/or students is more limited.

Implementation lessons learned

Program planners should anticipate resistance in their intervention designs and engage the community to create buy-in. Although teachers' and students' attitudes towards the overall Diphalana Initiative changed over time to be generally positive, parents—especially men—and other community members felt strongly against it, possibly due in part to perceptions that the services encouraged girls to get pregnant.⁷

Summary conclusions

Lactation spaces can facilitate the ability of faculty members and students who are also lactating mothers to integrate their professional/educational lives with their personal lives. Reviewers recommend that lactation breaks and lactation spaces are implemented together to more fully realize their gender transformative potential.

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