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Identifying and Improving System Barriers to Promote Successful Breastfeeding in Resident Physicians

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Summary

Successful breastfeeding results in lower medical costs for employees and their infants, lower absenteeism, lower turnover rates, higher productivity, and increased employee satisfaction. The program and sponsoring institutions serve an important role in influencing their trainees' ability to successfully breastfeed. In 2017, the ACGME revised its Common Program Requirements for all accredited residency and fellowship programs to address well-being more directly and comprehensively. The requirements emphasize that psychological, emotional, and physical well-being are critical in the development of a competent, caring, and resilient physician.

System-level barriers are the most common reason for women in medicine to discontinue breastfeeding earlier than one's goals. There is need for innovation at both the residency and hospital levels to minimize barriers. Supporting the residents in breastfeeding serves several purposes, including caring for our caregivers, facilitating mentorship, and improving learning readiness.

After discussion with residents and faculty that have or are currently breastfeeding, we created a list of items that would be most helpful to have in a lactation room. We then provided a dedicated lactation space at the residency clinic and a wearable breast pump to help reduce barriers to breastfeeding. Our objective is for 100% of residents to reach their personal breastfeeding goal duration as a measure of access to resources and support. We surveyed Family Medicine (FM), Internal Medicine (IM), and Psychiatry (Psych) residents prior to intervention and 10 months after.

We found that there was no change in the percentage of residents who met their breastfeeding duration goal, but we did see a significant reduction in residents feeling like their work was negatively impacted by breastfeeding. This is in line with ACGME goals of emphasizing resident well-being, and creating residents who are more ready to learn.

Background

The American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the World Health Organization (WHO), recommend that infants exclusively receive breast milk for their first six months of life, with continued breastfeeding for at least the first year and beyond. The median duration of breastfeeding for residents is 6 months (Frolkis et al). Successful breastfeeding results in lower medical costs for employees and their infants, lower absenteeism, lower turnover rates, higher productivity, and increased employee satisfaction.

System-level barriers are the most common reason for women in medicine to discontinue breastfeeding earlier than one's goals. Additionally, in 2017, the ACGME revised its Common Program Requirements for all accredited residency and fellowship programs to address well-being more directly and comprehensively. The requirements emphasize that psychological, emotional, and physical well-being are critical in the development of a competent, caring, and resilient physician. Supporting the residents in breastfeeding serves several purposes including caring for our caregivers and their families. Medical trainees face work hours and patient care demands that can make continued breastfeeding particularly challenging, but high-quality studies evaluating interventions for women in medicine to reduce barriers to breastfeeding are lacking.

Methodology

A baseline survey was sent in November 2021 to trainees that utilize the training clinic (FMR, IMR, Psych), regardless of marital or parenthood status. At the time of the baseline survey there was not a dedicated lactation space and residents relied on insurance for pump equipment (typically traditional pump). Information on the space and wearable breast pump rental was sent to the program coordinators for the residency programs and is included with orientation materials. A follow up survey was sent in September 2022.

Intervention:

- Two wearable breast pumps
 - Dedicated lactation space
 - Within 10 feet of a bathroom & sink
 - The door can be locked, with a badge-in system
 - Privacy sign
 - There is no access by patients or the public.
- Room has the following supplies available:
 - Docking station for laptop
 - Rocking chair
 - Desk
 - Mirror
 - Fridge
 - Microwave
 - Privacy screen
 - Power strips
 - Storage bins
 - Cleaning supplies



Results

After intervention, the responses were statistically significant for decreased negative impact of breastfeeding on work. Specifically, none of the respondents in 2022 felt their work was negatively impacted, down from 80% of respondents in 2021.

Although not statistically significant, we noted that less residents stopped breastfeeding earlier than planned due to difficulties expressing breastmilk while on duty (from 50% to 33%). Additionally, 50% of residents who were breastfeeding reported that residency limited their ability to breastfeed and express breastmilk. After the dedicated lactation space and wearable breast pumps were initiated, this decreased to 33%. In terms of our SMART goal, breastfeeding duration did not increase and there was not a significant increase in residents meeting their breastfeeding goals.

Data was largely limited by small group numbers and responses. The initial survey was taken by 69% of residents and out of those residents 6 had expressed breast milk (7.6%). The follow up survey was taken by 42% of residents and 6 residents breastfed (7.7%). Of all 90 residents from FM, IM, or Psychiatry, 28 had children. Among the 28 residents with children, approximately 43% of the residents in this survey had children during residency.



Conclusions

There are many barriers to successful breastfeeding. This project focuses on availability and accessibility to space for lactation. Specifically, providing dedicated space and wearable breast pumps resulted in fewer residents feeling like their work was negatively impacted by breastfeeding. This likely demonstrates that breastfeeding support positively impacts resident education.

Although not statistically significant, the results showed improvement in the percentage of residents who stopped breastfeeding earlier than planned and who reported residency limited their ability to breastfeed. Consequently, improving the comprehensive wellbeing of residents who are breastfeeding will ultimately make them more successful in learning and developing as physicians.

Next steps would be to provide convenient, dedicated lactation space in all locations and to all residents within our educational community. Medical trainees face work hour and patient care demands that make continued breastfeeding challenging. It is the duty of the program and sponsoring institution to find and reduce these barriers. With continued follow up research, it can become more clear which interventions provide the best outcomes for residents.



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