COMMENTARY

A Call to Action for Lactation Support at Colleges of Pharmacy
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Submitted April 16, 2021; accepted October 19, 2021; published October 2022.

Faculty well-being has been promoted and emphasized in recent years, and the Academy has been implored to develop and implement strategies to minimize stress and burnout among its members. Among those at highest risk of succumbing to burnout are female faculty, particularly those with young children. Numerous work-life issues predispose this cohort to stressors. One specific change that could address the needs of this group is providing lactation support in the workplace. Responding to the broader directive to promote faculty well-being, the aim of this commentary is to stimulate conversation regarding providing lactation support at colleges of pharmacy. Establishing such services has the potential to improve the personal and professional well-being of female faculty who are breastfeeding while also creating a more inclusive and supportive workplace. This article discusses the benefits of breastfeeding; highlights the personal, professional, and institutional ramifications of breastfeeding discrimination; and summarizes best practices related to implementing lactation support services.

Keywords: women, faculty, well-being lactation support

INTRODUCTION

A renewed focus has been placed on the well-being of faculty within Doctor of Pharmacy (PharmD) programs, so much so that the Academy has been implored to develop and implement strategies to prevent and reduce stress and burnout among its members.¹ Such an initiative is imperative, as failing to address the underlying causes of burnout has implications ranging from decreased faculty retention and recruitment to higher rates of depression and suicidality.¹ Strategically, efforts have focused on promoting the well-being of faculty at the highest risk of burnout, which includes female faculty and those with young children.² Numerous work-life issues predispose this cohort to stressors, and many considerations could be made regarding implementing key family-friendly support measures. One specific measure that could be implemented is providing lactation support in the workplace.³ Responding to the broader directive to promote faculty well-being, the aim of this commentary is to stimulate conversation regarding providing lactation support at colleges of pharmacy. This article discusses the benefits of breastfeeding, highlights the personal, professional, and institutional ramifications of breastfeeding discrimination, and summarizes best practices related to implementing lactation support services. The terms lactating and breastfeeding are used interchangeably.

For many women, breastfeeding is a critical part of childrearing. The World Health Organization (WHO) and the American Academy of Pediatrics (AAP) recommend breastfeeding as the sole source of nutrition in infants under six months of age and also recommend continued breastfeeding with supplemental nutrition for at least one year (AAP) to two years (WHO) or longer if desired by mother and baby.⁴,⁵ The benefits of breastfeeding extend beyond nutritional needs and include a lower risk of infants developing type II diabetes mellitus, asthma, otitis media, and respiratory infections.⁵ Breastfeeding mothers also experience health benefits, such as a reduced risk of developing rheumatoid arthritis, osteoporosis, and breast and ovarian cancer.⁴,⁵ Benefits for mothers’ mental health include reductions in anxiety, stress levels, and postpartum depression.⁶ Despite overwhelming evidence related to the advantages of breastfeeding, substantial challenges can prevent women from sustaining the process, leading to implications for lactating mothers that are pertinent to women in academic pharmacy. Women comprise a growing percentage of pharmacy graduates entering the workforce, and in 2020 they earned approximately 63% of first professional degrees.⁷ In the academic setting, the most recent data indicate that women make up 37% of professors, 53% of

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associate professors, and 60% of assistant professors. As many of these women may enter motherhood at some point in their careers, it is vital that the challenges they face as they attempt to balance the responsibilities of work and family are appropriately addressed.

Barriers that arise for lactating pharmacy faculty have not been reported but are likely congruent with those of other working lactating mothers. Of primary significance is the lack of mandated paid maternity leave within the United States. Currently, the Family and Medical Leave Act obligates employers with more than 50 employees to offer 12 weeks of unpaid leave for mothers of newborns. Due to this limited leave, a proportion of female faculty may return to work at a time during which they will need to express breastmilk (“pump”) to maintain their breastfeeding relationships. In addition, a lack of paid leave may be a compelling financial reason for mothers to return to work as soon as possible. In some instances, faculty members may find themselves returning to work before their breastmilk supply is well established or regulated, which typically does not occur until six to 12 weeks postpartum.

Upon returning to work, these mothers may face additional hurdles because of inadequate or unavailable lactation support, including a lack of dedicated time and space for expressing milk. Rigid and demanding teaching schedules, attendance at meetings and conferences, and limited access to conducive spaces to express breastmilk may inhibit their ability to do so on a regular schedule. Additionally, mothers may assume that their workplace lacks breastfeeding support and may simply not inquire about the availability of needed resources. For practice-based faculty, these issues may be compounded by the COVID-19 pandemic, with new obstacles related to locating suitable lactation spaces and having adequate time to express breastmilk after removing additional personal protective equipment.

While federal legislation requires many employers to provide time and private space to express breastmilk at work, many workplaces do not offer appropriate accommodations. The Healthy People 2020 program, launched in 2010 by the US Department of Health and Human Services, has recommended increasing the proportion of employers who provide work site lactation programs to 38% from a baseline of 25%. Currently, 30 states have laws related to breastfeeding in the workplace. California boasts some of the most supportive laws, with a requirement for employers to provide all lactating employees, including those who are salaried, both time and private space in which to pump. A summary of state-specific breastfeeding laws with an accompanying ranking scale is available online.

Workplace challenges have the potential to be exacerbated by a lack of support from both peers and administration, as breastfeeding discrimination remains prevalent in many workplaces. Breastfeeding discrimination encompasses denying employees pumping breaks, refusing to provide private space for pumping, and even firing employees for requesting these breaks. Such objectionable practices have the potential to greatly impact affected female faculty. Research has suggested this cohort may be less likely to apply for positions that make it challenging to balance work and the concurrent responsibilities of motherhood, including breastfeeding. Described as “motherhood penalties” or “baby penalties,” the career-related consequences that childbearing responsibilities have for women threaten to limit the number of female faculty in senior administrative positions. The current American Association of Colleges of Pharmacy (AACP) Profile of Pharmacy Faculty supports this trend, demonstrating a decline in female representation as one moves further on the path toward higher promotions, such as to professor or dean. In addition to impacting career advancement, these hurdles also place breastfeeding goals in jeopardy. Without appropriate support from employers, these mothers may choose to abandon breastfeeding prematurely.

**DISCUSSION**

Given the variability in lactation support measures at both state and institutional levels, colleges of pharmacy are strongly encouraged to complete a needs assessment to identify barriers and opportunities for improvement. The following paragraphs offer targeted recommendations that may be implemented at colleges of pharmacy to promote the well-being of breastfeeding faculty and help ensure success as these individuals balance career and breastfeeding demands.

As a first recommendation, employers should develop and implement lactation support policies that ensure compliance with federal regulations and thoroughly articulate support for the well-being of their lactating employees. Such policies may be used to educate all employees about the importance of breastfeeding and assist in preventing and decreasing breastfeeding discrimination in the workplace. When developing lactation policies, employers should refer to Fair Labor Standards Act (FLSA) guidelines and clearly delineate the roles of both administration and faculty regarding lactation support services. They may also choose to include an accommodation request process for faculty, allow them to arrange pumping times in advance, and make provisions that allow for flexibility in teaching schedules. The level of lactation support at colleges of pharmacy may follow legislative
trends for the state, but colleges should strongly consider providing additional resources even in states with support policies. Faculty may not be protected by federal and state laws, because salaried individuals can be excluded from such protections.12

Colleges may find it beneficial to reference policies and resources from universities with strong lactation support systems in place. For example, the University of Northern Colorado’s publication *Toolkit for Establishing Lactation Support on University and College Campuses* provides extensive guidance on lactation support considerations, including sections on how to work with resistance when establishing a lactation support program and how to promote and normalize lactation on campus, a lactation support checklist, and resources for students and faculty.19 Additional helpful resources are referenced in Table 1.

To assist with supporting these initiatives, colleges may consider establishing internal and external partnerships.19 Such collaborations can help to maximize resources and optimize the effectiveness of policies and programs. Examples of external collaborators include local Le Leche Leagues and hospitals, while internal partners could include human resources and diversity, equity, and inclusion offices. Regarding funding, colleges may consider developing a specific lactation support program budget and applying for internal and/or external grant funding where available.19

The second recommendation is to offer flexibility in work schedules, as was temporarily offered in the face of the COVID-19 pandemic, particularly for virtual instruction and meetings. For lactating faculty, this may have allowed for creative breastfeeding and lactating options and enabled these individuals to achieve breastfeeding goals with fewer barriers. As the current focus has become a “return to normalcy,” some academic institutions may be uncertain or undecided about whether they will continue this flexibility. Yet, as a result of the pandemic, faculty are likely familiar with and prepared to work from home, and institutions may choose to modify or adapt successful work-from-home models.

Institutions should consider allowing flexibility in work schedules, giving employees the option to work from home, request reduced teaching loads, or teach online for a predefined time following the birth of a child.3 Employers should also be aware that they must provide time for an employee “each time such employee has a need to express milk”3; this amount of time will vary based on the age of the baby and the mother’s milk supply. Early on, mothers will need to express milk every two to three hours, which equates to two to three pumping sessions during a typical eight-hour workday. The AAP has reported that a typical breastfeeding session lasts an average of 30 minutes.3 Expressing milk takes a similar amount of time, but employers should also account for the time needed to travel to and from the lactation space, to set up and clean equipment, and to store milk. While employers are not required to pay for break time used to breastfeed or pump, it is considered best practice to not reduce pay.16

Finally, the last recommendation is to provide lactation space and resources. The FLSA requires the provision of an appropriate physical space for mothers to express milk until their child is one year of age.3 This space cannot be located within a bathroom and must be shielded from view and free from intrusion by coworkers or the public.3 Table 2 details required and recommended components of lactation spaces. Consideration should be given to creating dedicated lactation spaces near offices and classrooms and ensuring enough space is available should multiple employees need to pump simultaneously. If facilities and/or funding do not allow for reconstructing an existing space, a lactation pod can be purchased to provide more lactation space. Lactation pods range from $9,000 to $22,000 excluding shipping and installation costs.19 A less expensive option is to install a simple privacy barrier, which could be used in multiple settings.19

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**Table 1. Workplace Lactation Support Resources**

| Resource                                                      | Available at                                                                 |
|--------------------------------------------------------------|-------------------------------------------------------------------------------|
| Toolkit for Establishing Lactation Support on University and College Campuses: Using University of Northern Colorado as an Institutional Model, 2nd Edition | https://ksbreastfeeding.org/wp-content/uploads/2021/02/Lactation-Support-on-University-Campuses.pdf |
| Investing in Workplace Breastfeeding Programs and Policies: An Employers Toolkit | https://web.uri.edu/worklife/files/BF_entire_toolkit_FINAL.pdf |
| Breastfeeding Support in the Workplace: Resource Toolkit      | http://www.nhbreastfeedingtaskforce.org/pdf/NHBF_Workplace_Toolkit.pdf        |
| The Business Case for Breastfeeding                          | https://owh-wh-d9-dev.s3.amazonaws.com/s3fs-public/documents/bcfb_easy-steps-to-supporting-breastfeeding-employees.pdf |
Providing institution-wide resources, including creating informational websites, seminars, and social media campaigns, may assist in creating a positive culture around breastfeeding support on pharmacy school campuses. Previous recommendations to mitigate faculty burnout have included providing free or reduced-cost health and wellness programs. Administrations should strongly consider providing lactating employees with breastfeeding references, lactation counseling, and access to a lactation consultant. Institutions may also consider providing on-site childcare services. Once services are established, feedback should be gathered regularly from employees to identify what is working and areas of improvement.

CONCLUSION
Outside of mitigating liability by complying with legal mandates, supporting lactation practices may provide numerous benefits for academic institutions. These include financial incentives related to reduced employee health care costs, decreased absenteeism, and improved faculty retention rates. Additionally, providing lactation support promotes a more supportive workplace overall, with improved employee satisfaction, morale, and loyalty. Finally, institutions may also benefit from improved public relations and a better organizational image.

As the Academy looks to improve the overall well-being of its members, it is incumbent upon academic institutions to consider the physical and psychological needs of its lactating faculty. Prioritizing lactation support is an important initial consideration, and a vital first step in this process is normalizing conversations surrounding lactation and breastfeeding as an important component of faculty work-life balance. By providing institution-wide education on the benefits of supporting breastfeeding mothers in the workplace, breastfeeding discrimination may decrease as a more supportive work environment is promoted. Colleges of pharmacy should then consider completing a lactation support needs assessment to identify barriers to and opportunities for implementing support measures, and the Academy should determine where it stands regarding the Healthy People 2020 work site lactation support goal. Institutions experiencing success may consider sharing ideas and experiences with the larger academic community. Information regarding the needs of breastfeeding faculty and the barriers to implementing lactation services would benefit the Academy as a whole, and successful lactation support campaigns may serve as an impetus to enact other family-friendly support measures that retain talented, vital faculty members. By placing this important issue at the forefront, the Academy can become a leader among institutions of higher education in providing workplace lactation support.

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