

## **Highlights from 2016 SACSW Lactation Accommodation Follow-Up Survey**

**Response rate:** 100 percent (13/13 locations)

- The survey was sent to all 10 UC campuses, as well as the Division of Agriculture and Natural Resources, the Lawrence Berkeley National Lab, and the UC Office of the President.

### **Facilities**

- Wide range in the number of available lactation rooms that meet the basic requirements, from low of 4 to high of 49. Some of this difference can be accounted for by the differences in population at the locations, but not entirely.
- The majority of the lactation spaces meet one of the four Silver standards for the facility itself (private rooms that lock from the inside; hot running water in room or close by; sanitary or disinfectant wipes available for cleaning spills and hands), with 55 percent meeting all four.
- The majority of the lactation spaces meet one of the two Gold Standards, considered best practices (for certain jobs, where time/logistical constraints make it difficult to leave the building, a room equipped at least with basic level requirements located within the building; hospital grade electrical pump available), with 36 percent meeting both.

### **Access**

- Of the rooms reported meeting basic access requirement, 67 percent meet the Silver standard of providing a method to indicate the room is in use.
- Of the rooms reported meeting basic access requirement, 45 percent meet the Gold standard to have a reservation mechanism to ensure room availability. However, comments from more than one location indicate issues with this standard, namely room scheduling unique needs depending on the location and population.
- Most locations offer lactation space usage to faculty, staff, students, and campus visitors.

### **Education/Information/Support**

- 85 percent of the locations meet the Silver standard of providing a website with links to local breastfeeding resources, while 31 percent meet the Gold standard of active campus outreach to promote the program.
- Six locations mention having programs, workshops, and counseling to extend lactation support information. A couple locations mentioned having support groups.

### **Break time for Lactation**

- 54 percent of the locations meet the Silver standard for providing mutually agreeable times (up to three times per day) to pump, while 38 percent meet the Gold standard of a process in place to request additional flexibility if needed.
- Information about break time for lactation is provided in a variety of ways: posted physically and online, through parenting/maternity benefits classes and counseling sessions, and general

benefits orientation. Some locations also include this in supervisor trainings and as updates during staff meetings.

### **Additional Recommended Lactation Support Strategies**

- 62 percent of the locations have a designated administrative home for the lactation support program.
- 54 percent of the locations include a provision in campus standards and design for new construction or renovated construction plans to incorporate designs for, at minimum, a private space equipped with locking door, lighting, an electrical outlet, table and chair.
- 54 percent of the locations use a mechanism to gather feedback from users.

### **Common Barriers Identified by the Locations**

- Lack of funding
- Challenges with maintenance and cleaning
- Space for new rooms
- Lack of standardization between the rooms

Additional funding is needed to be able to open more rooms, for maintenance, purchasing hospital grade pumps, and for décor to make the spaces more comfortable.

Although not required by policy, the University of California Lactation Facilities Standards encourages new construction to incorporate designs for location accommodation. The standard states that at minimum there should be a private space equipped with locking door, lighting, an electrical outlet, table and chair. However, with new construction rooms are often included in the design, but with no accompanying budget to set them up (lock, hospital grade pump, furniture, etc.).

Several locations describe the ongoing challenges to have the spaces cleaned regularly. One location mentioned writing cleaning standards into the custodial building standards but still having a lack of commitment from the custodial staff to clean the rooms. In addition, there is the issue with refrigerator maintenance and cleaning, so one location does not provide refrigerators at all.

One location stated that some of the rooms designated as lactation rooms have been repurposed, and that rooms designated for lactation are interpreted to be available for other "wellness" functions (i.e. napping, eating, phone calls). Another location pointed out that the lack of a centralized administrative home for lactation support makes it challenging to gather information about barriers, as well as making it difficult to fully implement the policies and standards.

## **Best Practice Highlights**

The most common best practices reported by the locations are:

- Hospital grade pumps
- Parenting/maternity programs that include lactation consultation, classes, and support groups

In addition, there were various unique best practices mentioned:

- Special locks for the rooms with unique user codes
- Annual program evaluation, user surveys
- “Back to Work” kit for transitioning back to work after childbearing leave
- Working with departments to help them accommodate employees in their own department, or in close proximity, to make it as convenient and cost effective as possible

Given the reported funding barrier to purchasing these hospital grade pumps, UC Riverside’s partnership approach is worth highlighting. They partnered with the County of Riverside's Department of Public Health Lactation Services Program, which allows them to borrow three Medela Breast Pumps to use in the campus lactation rooms, and includes bi-annual maintenance.

The UC Davis program is notable for its relationship with the campus Child Development centers, and providing access to campus research and development of evidence-based practices in lactation, breastfeeding, infant nutrition and breast milk, as well as bringing translational theory to practice.

In addition, best practices were identified from the responses to the education/information/support question, namely significant outreach to new mothers and supervisors, and clearly stated policies and procedures for supervisors to follow.

## **Questions**

Contact the SACSWE Expectant and New Parents subcommittee that lead this survey effort: Elizabeth Ozer, Professor, School of Medicine, UC San Francisco; Karie Frasca, Director, Office for Faculty Equity & Welfare, UC Berkeley; and Katherine Webb-Martinez, Associate Director, UC ANR Program Planning and Evaluation.