Washington University in St. Louis
SCHOOL OF MEDICINE

Operations & Facilities Management

Best Practices for Lactation Rooms at Washington University School of Medicine

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Part I – Lactation Task Team Implantation & Strategic Placement of Rooms

LACTATION TASK TEAM IMPLEMENTATION PLAN – 2013/2014

The purpose of lactation rooms is to reduce barriers to breastfeeding employees, trainees and students by enabling them to transition back to work and continue breastfeeding. In October of 2013, Melissa Hopkins, Assistant Vice Chancellor, Assistant Dean of Operations & Facilities Management at Washington University School of Medicine (WUSM) and Greg Patterson, Vice President of Facilities and Support Services at Barnes-Jewish Hospital (BJH), developed a task team which worked to support the University's commitment to provide ongoing support for students, faculty, staff and trainees through the provision of lactation rooms across the WUSM, BJH and St. Louis Children's Hospital (SLCH) campuses. The goal was to jointly develop a shared model for space identification, proper furnishing and equipment, communications (including education) and room utilization.

The effort was in support of campus efforts and contributed to the overall business needs of the Washington University Medical Campus (WUMC). For WUSM, this was also in support of the Dean's Diversity and Inclusion Program Efforts.

BACKGROUND

Mothers are the fastest-growing segment of the U.S. labor force. Breastfeeding benefits employers as breastfeeding results in decreased health claims, increased productivity and fewer days missed from work to care for sick children. Providing safe, accessible space has also been proven to improve the

morale of nursing mothers which contributes to the overall morale of the departments in which they work.

CUSTOMER NEEDS/REQUIREMENTS

The goal was to provide dedicated space within a reasonable proximity to a mother's work area. This does not have to be in the same building but should be within a 5 minute walk radius.

Lactation rooms should provide, at a minimum, a lockable door and chair; adequate HVAC service, including a thermostat; and well-placed electrical outlets. If a sink is not available, hand sanitizer should be present. Preferred setup would be with a sink, indicator of room use, occupancy sensors if in place turned off, electric pump, small inventory of tubing supplies (if possible), lockable storage area, usage log for recording use and possibly refrigeration.

PROJECT SCOPE

The team identified all current rooms in use for this purpose and accessibility of rooms to determine if they could be part of the campus wide program. The team created a map of existing committed spaces and then conducted a review of gaps in the program, including the interior contents of the room and identified the means to close the gap through a collaborative space review process and developed recommendations for program improvements.

The team gained departmental and administration support, as needed, and then created a master map, website links and a program pamphlet to allow better education and communication of the joint effort. The team submitted these efforts and gained grant funding. In a later phase, the team will review the needs of remote locations and additional outreach and education. The team created an annual review and improvements of the program through continued task force engagement. The team assigned a dedicated Program Manager to serve as a point of contact for all aspects of the Lactation Room Program for WUSM.

SURVEY

On an annual basis, the Program Manager sends out a campus-wide survey to Barnes Jewish Hospital, St. Louis Children's Hospital and Washington University School of Medicine employees, trainees and students (initial survey in 2014 was only sent to women under age 45).

This survey aims to evaluate the perception of current lactation room facilities and to help plan for future needs. Another goal of the survey is to spread awareness about the program and educate the campus on the reasons for the lactation spaces. The survey results generally show positive feedback regarding the physical spaces but the team has identified areas of improvement for supervisor awareness and administration of the lactation room policy.

DESCRIPTION AND PURPOSE OF THE PROJECT

The purpose of the Lactation Room Education & Outreach Project was to provide awareness to WUMC on the importance of breastfeeding while actively reducing barriers to breastfeeding employees, trainees and students by enabling them to effectively return to work and continue breastfeeding their children.

The task team worked to support the University's commitment to provide ongoing support for students, faculty, staff and trainees through the provision of lactation rooms in a collaborative and unified effort working across the Washington University Medical Center campus. This project was unique in that it is supported by a broad range of constituents including administrative departments, students, faculty, staff and trainees and encompasses all WUMC partners. It was an effort that started

with a task group of five and expanded with volunteers to a team and education task force of at least twenty-six.

Selection of the rooms was completed by the committee after studying known utilization and population statistics of the campus female population under the age of 45, which they utilized as a guide to ensure that there would be a room available within a five minute radius of the user groups in need of the lactation space. In addition, the campus has built lactation rooms into their new facility and full renovation standards to ensure adequate supply is planned for and built into all future facilities and applicable projects.

HOW THE PROJECT RELATED TO THE DIVERSITY AND INCLUSION EFFORTS OF WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

It is important to WUSM that mothers feel valued and welcome in our culture and that their needs are recognized, included and supported. Mothers are the fastest-growing segment of the U.S. labor force. Approximately 70% of employed mothers with children younger than 3 year's work full time. One-third of these mothers return to work within 3 months after giving birth and two-thirds return within 6 months. Working outside the home is related to lowered beneficial effects from breastfeeding as the intentions of lactating moms to return to work on a full-time basis is significantly associated with lower rates of breastfeeding along with an overall shorter duration of breastfeeding. Mothers who return to work sooner support the business objectives of all the organizations and reduce overall costs.

Breastfeeding benefits employers as breastfeeding results in decreased health claims, increased productivity, and fewer days missed from work to care for sick children. Providing safe, accessible space has also been proven to improve the morale of nursing mothers which contributes to the overall morale of the departments in which they work.

This team worked to develop, maintain and continually update a program that supports education, outreach, health and wellness as well as community awareness. It will continue to meet post-project on an annual basis to ensure effective program management and upkeep to measure the program's ongoing effectiveness and to ensure continued progress and improvement of our shared efforts and mutual goals as a community. Another outcome of this project will be to document program outline, purpose, design standards and best practices.

EXPECTED OUTCOMES

Supporting breastfeeding mothers who return to work contributes to a sense of belonging and inclusion for a large segment of the WUMC population, including students, trainees, staff and faculty. Providing safe, accessible space has also been proven to improve the morale of nursing mothers which contributes to the overall morale of the departments in which they work. Breastfeeding benefits employers as breastfeeding results in decreased health claims, increased productivity, and fewer days missed from work to care for sick children.

PROGRAM EFFECTIVENESS

The team will provide annual utilization and an annual satisfaction survey. The assigned Lactation Room Program Manager tracks room usage by access control. The Program Manager also inspects rooms and tracks utilization from access control to compile utilization statistics. The Program Manager monitors cleanliness and needs of the rooms through assigned work orders and inspections as well as plan and facilitate annual program meetings for the cross-campus initiative.

PROGRAM MANAGEMENT

The Lactation Room Program Manager manages the rooms by inspecting them on a weekly basis. The Program Manager ensures the rooms are clean and in good working condition, stocked of supplies and collects the log sheets.

ROOM MAINTENANCE

The Program Manager visits each lactation room on a weekly basis and performs a written inspection, which documents that each of the following has been done:

- Floors swept, mopped and/or vacuumed
- Trash can emptied and relined
- Sink (if applicable) cleaned and disinfected
- Furniture cleaned and disinfected
- Walls/doors spot cleaned
- Lighting, electrical and heating/cooling in good working order
- Stocked supplies (hand sanitizer, brochure, log sheets, pump wipes and disinfecting wipes)

If one of the items hasn't been done, the Program Manager will make a note on the inspection sheet and will contact the appropriate Facilities Operations area via the Facilities Integrated Service Center to make a work order. If supplies are missing or low, the Program Manager will replenish.

DATA MANAGEMENT

Nearly all the lactation rooms have access control on the doors. All the rooms have signage with the contact information for the Program Manager in case of questions or comments.

IMPORTANCE OF PROGRAM OWNER AND MANAGER

The lactation room program cannot work without a dedicated owner and manager, which is why the Program Manager is vitally important for the success of the program. In order to ensure the rooms are in good, clean working order, the Program Manager must visit each lactation room on a weekly basis to ensure the room is up to standards and is being used properly and often. The Program Manager is the point of contact for any issues, questions or comments from those using the lactation rooms.

ANNUAL REVIEW OF PROGRAM

Once a year, in the spring, the Lactation Room committee will regroup to review the program and determine if there are any gaps or missing services. The committee will provide recommendations on improvements to the program and steps for the next year.

Part II – Best Practices for Lactation Rooms on Campus

SUMMARY

Individuals who return to the workplace after childbirth are determined to provide for their new babies and also to be productive members of the workforce. Washington University School of Medicine is committed to providing lactation rooms in the workplace to help these employees achieve both of these goals. The following best practices given here will supply lactation rooms that are easy to use, welcoming and comforting to lactating individuals.

BACKGROUND

The increase of women in the workplace starting in the 1960s was partly due to the development of infant formula, which gave nursing mothers added freedom to return to work after childbirth. However, in the past 40 years, research findings overwhelmingly in favor of breast milk over formula have instigated a marked increase in the number of mothers choosing to nurse their children for the first year of life or longer[1].

Today, breastfeeding is a choice many mothers are making, as it results in significant health, economic and environmental benefits for the mother and child. Breast milk is an infant's normal food and contains numerous nutrients that are necessary to help babies grow into strong and healthy toddlers. According to the National Institutes of Health[2], the nutrients in breast milk can also help protect your infant against some common childhood illnesses and infection.

The American Academy of Pediatrics recommends exclusive breastfeeding for the first six months of a baby's life, followed by breastfeeding in combination with the introduction of complementary foods until at least twelve months of age[3].

The remarkable health benefits for mother and infant have prompted these mothers to dedicate long and tedious hours to pumping and storing breast milk when they are not with their babies. Many of these mothers return to work after just 6 to 12 weeks, and they need a dedicated place where they can comfortably and efficiently collect and store breast milk in the workplace[1].

LACTATION ROOM PROGRAM MANAGER

For any new lactation rooms, it is important for the Planner/Project Manager to keep the Lactation Room Program Manager involved throughout the life of the project.

ROOM REQUIREMENTS

Several times a day, a nursing individual needs to retreat to a quiet, closed room to collect expressed milk. She needs a calm restful environment with all the required elements for an efficient and safe pumping session. A typical pumping session includes changing clothes, sitting at a desk in front of a pump for 15 to 30 minutes, placing milk in storage bottles, washing bottles and pump parts and packing them away until the next pumping session, and redressing and returning to work. At the end of the session, the pumped milk must be stored in a refrigerator or cooler. In an eight-hour work day, two or three pumping sessions are normal.

Other considerations for lactation rooms include the need for actual and perceived privacy. Pumps can be noisy so sound dampening is important to achieve auditory comfort in and around the space. Walls, doors, and locks must be substantial and provide a good sense of security.

Lactation rooms should provide, at a minimum, a lockable door; a work surface and chair; a small utility-type sink; storage for cleaning supplies and paper towels; adequate HVAC service, including a thermostat; and well-placed electrical outlets.

Telephone service and network connections for the room are also recommended to increase worker safety and productivity. Accessibility guidelines should be met for all the features of the room.

SIZE

A minimum footprint of 7 feet by 7 feet is recommended as it allows for a 5-foot radius circle with 24-inch deep counters on two walls. Other configurations such as 10 feet by 5 feet work well, too.

FLOORING

Vinyl or other hard surface flooring should be used. Carpet is not the best option due to the impact of cleaning spilled milk.

SIGNAGE

Include appropriate signage on the outside and inside of the room. Contact the Lactation Room Program Manager for the correct signage.

LOCATION

Lactation rooms should be located in a safe area accessible to all. They should not be located in areas that would not be suitable for the preparation and storage of food.

PRIVACY

Install a user-operated deadbolt for privacy. The best locks are indicator dead bolts that display an "occupied" message to discourage interruptions. Install a Lenel stand-alone card reader to each room to allow for additional privacy.

SOUND PRIVACY

Walls should reach up to the structure above to minimize sound transmission over them into adjacent spaces. Install sound attenuation in walls to minimize sound transmission. Install fabric panels, curtains, carpeting, or other sound-dampening materials to minimize echoes.

CHAIR

Provide a task chair suitable for a workstation. Seat, back, armrest, lumbar, tension, and height adjustments are preferable. Casters are also important to allow the user freedom of movement when hands are occupied with bottles of milk and pump parts.

TABLE/COUNTER

Provide a minimum 20-inch deep by 30-inch wide plastic laminate or solid work surface for the pump and bottles to rest on in front of the task chair. Provide a 30-inch wide clear knee space beneath the counter. Provide above counter outlets at the work area. If a telephone is provided, it should be within easy reach of the work area.

SINK

Provide a sink and faucet combination deep enough to wash bottles and pump parts. Goose neck or kitchen type faucets are recommended. If possible, locate the sink adjacent to the work area.

BREAST PUMP

Provide an Ameda Platinum hospital grade breast pump for each lactation space.

LIGHTING AND HVAC

Task lighting should be provided over the sink and the work area. Overhead lighting is also appropriate if light levels at the work surfaces are adequate. Temperature should be maintained year-round at a comfortably warm level such as in a dressing room. Install a thermostat in the room to increase user control and thermal comfort.

MILK STORAGE

Install a midsize or compact refrigerator for milk storage. Under-counter models help conserve floor space but should not take up the knee space beneath the work area.

ACCESSORIES

Include a trash can, a paper towel dispenser, a soap dispenser, a coat rack or coat hooks, a full-length mirror, a bulletin board and a microwave. If many mothers will be sharing the room, installing a clipboard or bulletin board outside the door will help schedule room use. Install lockable cabinets for general storage use and also half-size or quarter-size lockers for women to use to store their pumping accessories throughout the day.

RESOURCES

[1] American Institute of Architects, Lactation Room Design – http://www.aia.org/aiaucmp/groups/secure/documents/pdf/aiap037226.pdf

[2] National Institutes of Health – http://www.nlm.nih.gov/medlineplus/breastfeeding.html

[3] American Academy of Pediatrics, Policy Statement: "Breastfeeding and the Use of Human Milk", 2012 - http://pediatrics.aappublications.org/content/115/2/496.full#sec-1