

# A Tutorial Series for Breastfeeding Surgeons: Tips and Pearls for Success



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## Introduction

Childbearing surgeons face many barriers to family planning due to the intense years of medical training and concerns for lack of support during pregnancy and breastfeeding. Generally, physician mothers report significant barriers to breastfeeding such as limited access to lactation rooms or breastfeeding equipment. However, a larger number of work-related barriers, as well as decreased feelings of support are reported by those in surgical fields compared to those in medical specialties.<sup>1</sup> Otolaryngologists face unique difficulties due to higher clinic demands as well as a wider breadth of operating procedures that range from short, quick turnover to multi-hour procedures. Overall, more insight is needed to fully evaluate the specific struggles of breastfeeding surgeons so that appropriate support structures can be implemented.

## Key Findings

- We surveyed 633 survey breastfeeding surgeons, 95 of which were otolaryngologists
- Return to work affected milk supply
- Barriers to pumping included lack of lactation spaces, no accessible storage for breast milk, and lack of support by colleagues and administration
- Out of pocket costs varied, with 95% of births requiring over \$100
- We developed an online module for breastfeeding surgeons that includes short videos, text, and articles with evidence-based recommendations.
- The module received 1,200 views from 647 individual users.

## Methods

An IRB approval was obtained (#63463) for the development of an online survey. The survey regarding surgeon characteristics, breastfeeding practices and goals, workplace support, and availability of lactation equipment was distributed via social media groups and national organizations. Using the information gained from survey responses, an educational module was developed. The module included tips and pearls for meeting breastfeeding goals as well as several short videos addressing commonly faced workplace breastfeeding issues including lactation room locations, pumping in the operating room or between cases/clinic patients, breastmilk storage, etc. The module was published on an online forum for easy access and review.



Check out our module here!

## Results

There were 633 survey participants from various subspecialties, 95 of which were otolaryngologists. Within those 95 participants, data showed a median age of 35 at delivery with nearly half of pregnancies having complications (46.2%). The median length of maternity leave was 8 weeks (IQR 6-12 weeks). Breastfeeding goals were reported as met for 65% of the births with the median goal being 12 weeks of breastfeeding/pumping (IQR 7-12). 93.4% of the surveyed otolaryngologists reported breast pumping after returning to work. 20.3% of these respondents exclusively pumped after returning to work. 41.2% of births utilized supplementation after returning to work. 72.2% of births reported affected milk supply upon returning to work. Lactation spaces were available less than half (47.5%) of the time. For known lactation spaces, 59.3% of participants noted a 1–5-minute walk from the operating room. 30.9% of the time, the walk was reported as greater than 5 minutes. The perceived distance was reported as too far nearly half the time (47.5%). Pumping sessions lasting 15-30 minutes were reported for 69.2% of births with 19.5% lasting over 30 minutes. Only 11.2% of births reported a pumping time of less than 15 minutes. Breast milk storage accessibility was reported for 61.8% of births. Between \$100 and \$500 were reported as out-of-pocket expenses for breastfeeding surgeons. Otolaryngologists felt supported in their breastfeeding goals by colleagues/partners following 69.0% of births but only 56.7% felt the same support from administration. 27.7% of respondents reported feeling they were missing career opportunities due to their breastfeeding needs.

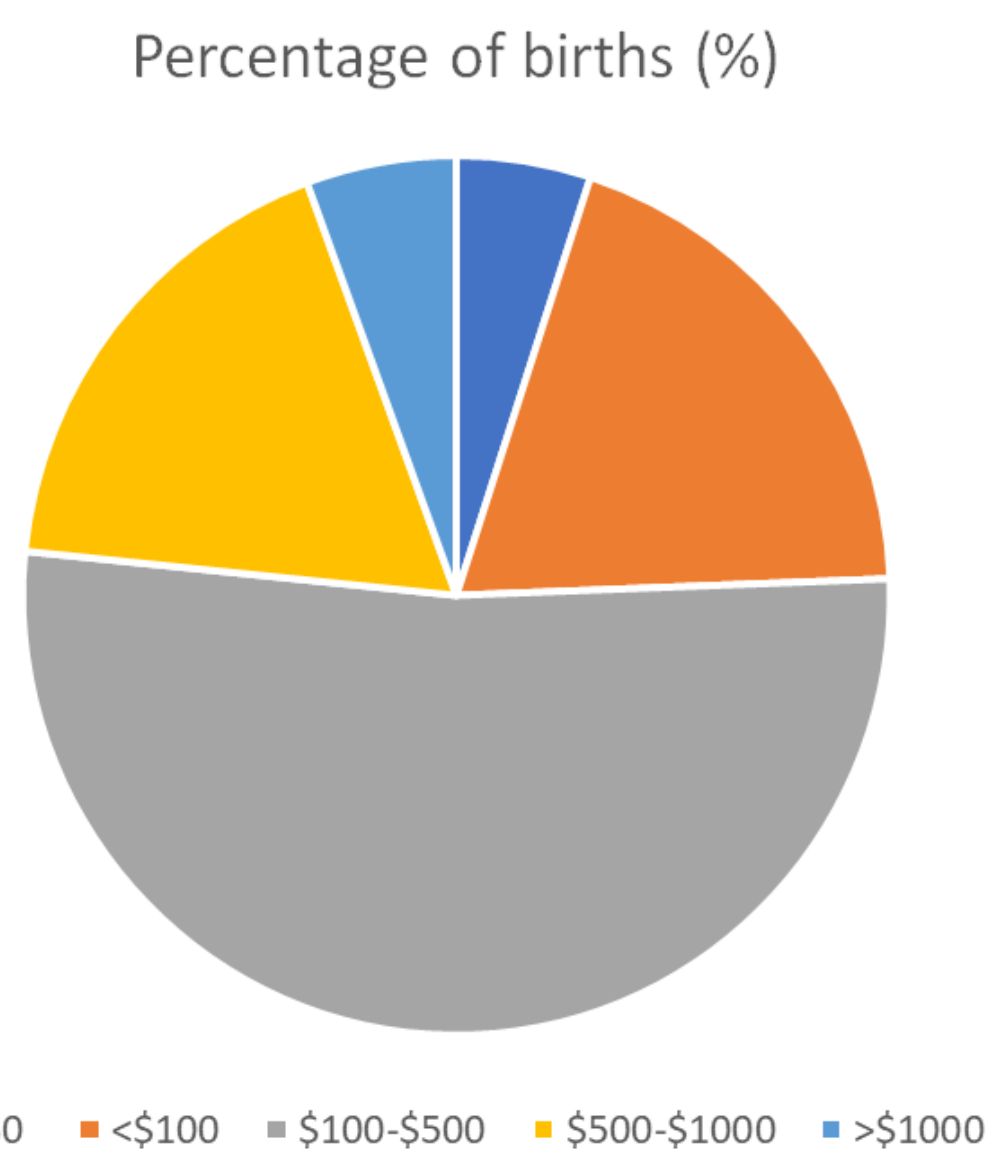


Figure 1. Out of Pocket Cost for Breastfeeding Equipment

## Conclusions

Surgeon surgeons face a variety of barriers to reaching their breastfeeding goals after returning to work. Milk supply was affected by a return to work 72.2% of the time with supplementation utilized in most cases. Further, obstacles to pumping accessibility (52.5%), breastmilk storage (38.2%), and administrative support (43.3%) were shown to be limiting. Despite the overwhelming evidence that shows the benefit of reaching breastfeeding goals, there is little investigation put into developing strategies and support for breastfeeding surgeons. Our online module consisting of short videos, text, and evidence-based recommendations filled with information and pearls for reaching breastfeeding goals, received overwhelming positive responses from its 647 participants. While this informational module is a good starting point, additional changes are needed to fully support breastfeeding surgeons, particularly during residency.

Key Findings related to goals and barriers to breastfeeding	% of births affected
Breastfeeding goal met	65%
Returning to work affected breast milk supply	72.2%
Lactation room at work	47.5%
Accessible location to store breast milk	61.8%
Perceived distance between OR and lactation space to be too far	47.5%
Felt supported by administration in breastfeeding	56.7%
Feel like missed career opportunities due to breastfeeding	27.7%

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## References

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