

# UNC Department of Urology Policy on Lactating Urologic Surgery Residents

The Department of Urology is committed to protecting the health of all residents and recognize the specific needs of new mothers. This document has been put together in an effort to give guidance to all members of the urology department regarding lactating residents.

## **1. Challenges Faced by Lactating Urology Residents**

**Commitment to breastfeeding impacts the health and wellness of a lactating resident, who faces the following challenges:**

Need for frequent lactation breaks: A resident with an infant of less than 6 months needs to pump an average of every 2-3 hours depending on the time of day. The time duration with which it takes to sufficiently express milk varies for each individual.

Longer work hours / reduced sleep: The significant amount of time required for lactation and breastfeeding results in longer time spent at work due to interruption of clinical duties while pumping and less sleep while at home.

Risk of mastitis: Resident commitment to clinical obligations and inability to schedule lactation breaks could result in insufficient time or opportunities to pump. Insufficient / infrequent expression can lead to plugged ducts, mastitis, or decrease in supply, which can be nearly impossible to recover from. If mastitis develops, this likely necessitates time away from work, often periods of at least 24 hours if not greater.

Significant time spent away from infant: Resident hours often mean only seeing their baby while they are sleeping or for middle of the night feeds, possibly resulting in emotional distress for a new parent.

Social isolation: Lactation frequently occurs in an isolated room, without computers, fellow residents, or food resources. This significant time commitment to breastfeeding / lactation at work in addition to clinical duties can be socially isolating, potentially compounding an already stressful period of life.

## **2. Responsibilities of Lactating Residents**

- Ongoing commitment to patient care and careful consideration for clinical continuity when determining appropriate times to express milk
- Advanced notice to program director, attending surgeons, and all residents on the service if lactating resident will require time to express milk upon return from maternity leave, and if there are any specific needs for lactation (time interval, specific concerns, etc.)
- Notification to the attendings and residents on the service can be made directly by the lactating resident or by the Lactation Ombuds if that is preferred by the lactating resident. The lactating resident shall clarify with the program director who will make the notifications.

## **3. Opportunities to Express Milk**

***Resident on ward:***

- Flexibility in location of pumping will be needed based on resident's workload and location (i.e. using the dictation room or other resident workrooms) and there must be understanding that lactation rooms are not always located in close proximity to specific patient care areas

- Clear communication with team members (co-residents, attendings, PA, NPs) regarding pumping needs

***Resident in clinic:***

- Lactating resident will be allowed to leave clinic to pump at reasonable intervals and appropriate locations (but will not leave during a patient encounter)
- Communication with the attending and development of a pumping plan for the day is expected at the beginning of each clinic session and at the times that the resident leaves the clinic to pump
- The resident is not required to arrange for coverage when leaving the clinic to pump

***Resident responsible for consults:***

- Resident responsible for consults will take appropriate breaks for lactation with notification of an alternate resident to cover urgent/emergent consults
- Attending will understand that a different, potentially lower level resident may be calling them with a consult if this occurs

***Resident in operating room:***

- Lactating resident will notify attending surgeons on each service that they will require lactation breaks during procedures.
  - This will be discussed with the attending surgeon before the case starts to assure optimal communication and set clear expectations
- Lactating resident will minimize interruption to operating team by pumping before or after cases whenever possible and will not leave during critical portions of the operation.
  - The critical portion of the procedure cannot be defined as the entire procedure regardless of the case
  - Attending surgeon will understand that required time and schedule will vary between residents
- When feasible, lactating resident will plan to pump before the start of the case and may use the pre-induction time out for milk expression as coordinated with the attending surgeon, who will perform the pre-induction time out.
- Lactating resident will reach out to available team members to serve in their absence and will minimize their time out of operating room. The consult resident should be the default resident to help with coverage. If the consult resident is unavailable, another available team member is expected to assist with OR coverage, including those on research, in locals, or in clinics. The lactating resident is expected to discuss the possible need for coverage and case information with the covering resident at the beginning of the day and, ideally, the day prior.
  - An equivalent PGY level resident will not always be available but will be discussed with the attending before the start of the case and ideally the day prior.

***Resident in conference:***

- Lactating residents are allowed to leave or arrive late for mandatory teaching conference for pumping if necessary or may choose to pump during conference if they desire

***Wearable pumps:***

- Lactating residents should be free to express milk in a discrete manner during any of the above activities (OR, clinic or conference) should they choose and if they have the means to do so (i.e., wearable pumps).
- Residents who choose to express milk during these activities should be excused to remove pumps and manage their milk (i.e refrigerate) during OR, clinic, and conference.

- Residents should not be expected to express milk during these activities if they do not desire to.

#### **4. Departmental Support**

- The Department of Urology strives to create a welcoming and inclusive environment for our diverse work force
- The department commits to distribution and posting of this “Guideline for Wellness of Lactating Urology Residents”
- The department will appoint a Lactating Ombuds to assist lactating members of the Department and to serve as an impartial, informal, and independent resource for residents and faculty within the Urology Department.
- If issues or concerns arise regarding a lactating resident’s ability to express milk, the Program Director will lead conflict resolution to define and meet the lactating resident’s specific needs. The Lactating Ombuds can also act as a resource for the lactating residents and liaison for issues or concerns.
- There will be no tolerance for negative comments/attitudes from attendings, co-residents, APPs, or staff directed toward the lactating resident, including any comments intended in a joking manner.