

Augusta University  
House Staff Policies and Procedures

Policy  
HS 36.0 Accommodations for Lactating House Staff

Source  
Graduate Medical Education Office

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1.0 Purpose

To provide Medical College of Georgia (MCG) at August University (AU)'s Graduate Medical Education (GME) programs with guidance on the minimum level of support that will be provided to all lactating House Staff.

2.0 Support for breastfeeding House Staff

- 2.1 Postpartum House Staff will be allowed to breastfeed during the entire post-natal course of lactation.
- 2.2 GME programs will not disadvantage House Staff who are breastfeeding by denying certain privileges, positions, or rotations.
- 2.3 House Staff that are pumping breastmilk will be treated the same as House Staff that are directly breastfeeding an infant/child.
- 2.4 Lactation education and support services can be found here: <https://www.augustahealth.org/womens-health/breastfeeding>.

3.0 Protected time for lactation

- 3.1 GME programs will allow breastfeeding House Staff to take a break for lactation no less frequently than every 3 hours during the training day.
- 3.2 Lactation breaks will be no less than 30 minutes plus the amount of time it takes to travel back and forth to the lactation room.
- 3.3 House Staff will not be expected to forgo lunch/meal breaks or protected didactic time to express milk.
- 3.4 Exact scheduling will be arranged on a case-by-case basis to accommodate the milk-expression need of the House Staff. If disagreement were to occur between the Program and House Staff regarding scheduling, the GME office should be contacted.

4.0 Lactation rooms

- 4.1 MCG with the assistance of AUHealth will designate at least one room within the primary hospital as a lactation room. The GME office will help ensure other participating sites also offer lactation rooms (see 4.6). These rooms need not be designated only for House Staff. It is permissible for these rooms to be available to other staff and learners as well. Programs are also encouraged to designate a room within their space as a lactation room if possible.
- 4.2 Lactation rooms must be secure and provide privacy for the House Staff. Doors should either have a key, code lock, or badge access lock. Privacy can be accomplished by doors that can lock from the inside or through curtains that can be pulled to provide privacy.
- 4.3 A refrigerator where breastmilk can be stored must be present within lactation rooms or very close by these rooms. These refrigerators will be designated for breastmilk only. In addition, sinks will be available in the lactation room or near the room to clean pumping supplies.
- 4.4 Lactation rooms should have either a hardwired computer connected to the hospital network or secure hospital Wi-Fi that allows connection via a laptop.
- 4.5 Lactation rooms will be in close proximity appropriate for safe patient care.
- 4.6 Program Directors must work with Site Directors to develop *ad hoc* lactation rooms for lactating house officers on off-site rotations if they do not already exist at the participating site.

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- 4.7 Programs are encouraged to label lactation rooms for House Staff use.
- 4.8 Programs are encouraged to proactively offer lactation support and times to applicable House Staff.

  
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3/23/23  
Date

  
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