Do American Colleges and Universities Support the Lactation Needs of Students?

Mary Welsh Bostick,1 Susan A. Albrecht,2 Nadiah Baghdadi,2 Caitlin Haley,2 and Diane L. Spatz1

Abstract

Background: Despite strong evidence for the health benefits of breastfeeding, many mothers cannot continue breastfeeding their infants upon their return to work or school. Students are especially affected by this transition because they do not have legal protection that requires designated lactation space or time to express milk to be provided by places of education. Furthermore, limited research has been completed that specifically addresses the return to school of mothers who are students.

Materials and Methods: One hundred fifty-seven colleges and universities from across the United States were contacted through telephone and/or e-mail, and their websites were searched to assess the support they offer for lactating students. The presence of a formal policy for lactating students and designated lactation rooms, accessible to students, were the key measures.

Results: Information was gathered from 88.53% (n = 139) of the colleges and universities. A mere 3.6% (n = 5) had an official policy for lactating students and/or had the lactation spaces mentioned in the student handbook. However, more than half of the colleges and universities (54.68%; n = 76) had designated lactation spaces accessible to their students.

Conclusion: The vast majority of the sample did not have a policy for lactating students, and almost half of the schools did not have designated space for milk expression accessible to students. Lactating students will likely encounter challenges in simultaneously sustaining breastfeeding and meeting their educational goals in these contexts. To meet the recommendation of the American Academy of Pediatrics of 6 months of exclusive breastfeeding and continued breastfeeding for 1 year or more, American colleges and universities must establish not only designated spaces for milk expression but also policies to support lactating students.

Introduction

Breastfeeding has been identified as a "public health issue" by the American Academy of Pediatrics (AAP) because of the positive impact it has on infant and maternal health outcomes.1 The AAP cites evidence that breastfeeding leads to reduced infection rates, decreased allergic disease, and a reduction in sudden infant death syndrome, as well as obesity, diabetes, and childhood leukemia and lymphoma.1 Furthermore, breastfeeding decreases the risk of type two diabetes, hypertension, and cardiovascular disease, and breast and ovarian cancers in mothers.1 Despite immense evidence for these benefits, breastfeeding exclusivity and duration can be negatively affected by mothers’ return to work or school. Student mothers are especially vulnerable to this transition because of the lack of protection by the Patient Protection and Affordable Care Act (ACA).2 Furthermore, there is limited research regarding how student mothers manage to return to school and continue breastfeeding their infants.

Breastfeeding rates in the United States have increased from 60% of infants in 1993–1994 to 77% in 2005–20063; however, many infants do not meet the AAP recommendation of 6 months of exclusive breastfeeding and at least 1 year of some breastfeeding.1 Young student mothers are especially vulnerable to failing to meet this AAP recommendation because maternal age is correlated with rates of any breastfeeding. For example, between 1999 and 2006, 43% of mothers less than the age of 20 years breastfed, 65% of mothers between 20 and 29 years of age breastfed, and 75% of mothers more than 30 years of age breastfed.3

Returning to school or work impacts breastfeeding outcomes. Women who were employed during pregnancy have been less likely to meet their intentions to exclusively breastfeed.4 Although this research did not include students,
it illustrates the impact that being outside the home may have on breastfeeding outcomes. Dabritz et al. grouped mothers returning to work and school together and found that of mothers who were almost exclusively breastfeeding, meaning feeding infants with breast milk as the principal food source and occasionally or never supplementing with other liquids or solids, 92% were allowed break time for milk expression, compared to only 79% of mothers who were not breastfeeding \((p=0.094)\). Of mothers who were almost exclusively breastfeeding, 78% reported the presence of a lactation room, compared with only 64% of those not breastfeeding \((p=0.22)\). Although these findings are not statistically significant, they point toward a trend in poorer outcomes when fewer supports are provided.

A search in PubMed for articles about breastfeeding and students in the United States over the last 10 years revealed that limited research has been conducted regarding the barriers and supportive factors for students, specifically. We found only three articles that collected qualitative data from individual universities. Taylor et al. concluded that medical student mothers were in need of breastfeeding support, scheduling flexibility, and other supports from the university. Dinour et al. surveyed students and employees associated with a university and found that students most often identified lack of space for pumping as a barrier, even though employees reported sufficient lactation space, showing university supports are not reaching all members of the community equally. Finally, Dinour and Beharie describe the work of two graduate students who created a lactation space accessible to students at a public urban university in the United States. These three studies clearly demonstrate the need for a survey of a national sample of schools to understand the landscape of breastfeeding support for college and university students.

The ACA requires that some employers provide reasonable break time and space for mothers to express milk for their infants, along with breast pumps, counseling, and supplies for mothers; however, this law does not apply to college and university students, nor does it apply to all employers and employees.

The literature supports the importance of human milk for infant and maternal health outcomes; moreover, supports on college and university campuses and places of employment have been identified as relevant in maximizing breastfeeding outcomes. Nonetheless, limited research has been completed about the extent of support for student mothers, and national legislation protecting the needs of lactating students does not yet exist.

Materials and Methods

The objective of this study was to complete a national survey of colleges and universities and assess the level of support and services provided for lactating students. The Institutional Review Board of the University of Pennsylvania approved the design of our study and declared that it does not meet the definition of “human subjects”\note{p.157}; therefore, our study was exempt from ongoing IRB oversight.

We hand-selected a sample of colleges and universities \((n=157)\) in five regions of the United States such that each state is represented at least once. Schools from Washington, DC were not included in the sample. Schools were chosen from regional lists of colleges and universities. Furthermore, schools with a diversity of public and private status, religious affiliations, coeducational and single sex populations, and minority representation were included; information about these school characteristics was gathered from individual schools’ websites. The sample includes 157 schools because this number allowed us to sample each state at least once and to include comparable numbers of large schools (\(>5,000\) students) and small schools (\(<5,000\) students) and equal numbers of public and private schools, while also including single-sex, historically black, and religious colleges and universities.

The websites of these colleges and universities were searched for “lactation” and “breast pump” to identify whether or not each particular school had information about lactation spaces or a lactation policy for students who may need to express milk on campus in the absence of their infants. If information was not present or was incomplete on the websites, the schools were called directly using phone numbers and contact information available on their respective websites. Calls were made to deans’ offices, health centers, women’s centers, directors of facilities, and offices of student affairs to further investigate whether or not official lactation spaces were present on campus and accessible to students and whether or not the school had a policy concerning lactating students. In some cases, multiple offices were contacted at individual schools, so that we could be sure that we had spoken with the individual with the most information. We spoke with a variety of offices at the various schools because of the referrals we received over the phone about which office would have the most information at a particular institution. When individuals were not available by phone, we left voice mail messages and sent e-mails when e-mail addresses were available. Over the phone and in e-mails, we asked questions about lactation policies and designated lactation spaces. A designated lactation space would be a room for the sole purpose of milk expression.

The following data were recorded in an Excel spreadsheet: school name; school characteristics, such as size, public or private status, religious affiliation, and historically black status; presence of lactation space(s); description of space(s) if present; number of lactation spaces per school if present; availability of hospital-grade pumps; presence of a policy for lactating students; details of the policy if present; and the source of the information. For all direct contacts, only departments were recorded; the names of individuals were not. Simple percentages were calculated to quantify the prevalence of designated lactation spaces, official policies for lactating students, hospital-grade breast pumps, and school website information pertaining to lactation. Furthermore, we calculated ratios of lactation space per 1,000 students in cases when the number of spaces was available.

Results

We contacted 157 schools from the entirety of the United States. These colleges and universities represent a variety of sizes and public or private status. Further diversity in the sample came from our inclusion of single-sex, historically black, and religiously affiliated schools (Table 1).

Through the methods described above, we were able to gather information about 88.53% \((n=139)\) of the colleges and universities \((n=157)\). We were unable to assess support for
lactating students at the remaining 18 schools because information about lactation supports for students was not available on schools’ websites and phone calls and e-mails inquiring about supports were not returned. A mere 3.6% (n = 5) of the schools had an official policy for lactating students and/or had the lactation spaces mentioned in their student handbook. Designated lactation spaces accessible to students were reported at 54.68% (n = 76) of schools. Of the schools with one or more designated lactation spaces, only 11.51% (n = 16) had access to hospital-grade breast pumps in at least some of the lactation rooms accessible to students on campus.

Of the schools that reported the total number of lactation spaces (n = 66), there was an average of 0.39 rooms per 1,000 students on each campus. The lowest number of lactation rooms per 1,000 students was 0.02; this represented one lactation room advertised on a campus of 50,000 students. The highest was at the University of Pennsylvania with a total of 32 lactation rooms per 1,000 students. For example, the University of Iowa in Iowa City has 37 lactation rooms, which equate to 1.19 per 1,000 students. The Emory University has 17 lactation rooms, which equate to 1.15 per 1,000 students. Finally, Princeton University has eight lactation rooms available, equating to 1.01 per 1,000 students.

Other notable resources that schools offer lactating students include access to a lactation consultant at Lander University and access to a nutritionist who specializes in the needs of lactating students at Rice University. The Princeton University has a Student Child Care Assistance Program, which provides (1) information about how to prepare for parenthood while a Princeton student, (2) links for child care, and (3) information about breast pump coverage by student insurance.

Many schools expressed to us that they would “bend over backwards” to accommodate lactating students should the need arise, so the desire for this sort of support is present. Nearly all schools said that they work with students on a case-by-case basis, which is admirable. However, to make breastfeeding on college and university campuses the cultural norm, schools should designate lactation spaces designed for students that are publically visible on the school websites. Moreover, promulgating an official policy for lactating students that includes expectations for professors and students will send a strong message to students that not only their health but also the health of their families is valued and highly compatible with the student’s educational goals.

The university and colleges surveyed in this study were hand-selected to represent not only all areas of the United States but also all types of schools. A limitation of our approach is that we were not able to contact every college and university in the United States. A larger sample size would certainly yield more generalizability. Moreover, in future studies, it would be interesting to study how American universities and colleges compare to others worldwide and to the University of New Mexico (Albuquerque, New Mexico). Lander University’s student handbook details the lactation accommodation policy, which applies to employees, spouses, students, and visitors, who need lactation accommodations for breastfeeding or expression of breast milk; moreover, it describes the specific accommodations of the lactation room and the availability of a lactation consultant. Meanwhile, the University of New Mexico has a draft of a policy for members of the community concerning breastfeeding and lactation needs. The policy stipulates that (1) students need not provide medical documentation of necessity to express milk, (2) students should schedule milk expression around class time and cannot expect to be excused for tardiness or absence, except when class exceeds 2 hours, and (3) if a particular class is distant from the lactation stations, the academic unit should try to identify a space within the academic unit. Both of these schools exemplify accommodations for lactating students, and these policies can be used as models for other schools looking to not only better meet the needs of their lactating students but also balance these needs with the academic development of the students.

Our survey also identified exemplars with a large number of lactation rooms per 1,000 students. For example, the University of Pennsylvania has 32 lactation areas available, which equate to 1.49 per 1,000 students. The University of Iowa in Iowa City has 37 lactation rooms, which equate to 1.19 per 1,000 students. The Emory University has 17 lactation rooms, which equate to 1.15 per 1,000 students. Finally, Princeton University has eight lactation rooms available, equating to 1.01 per 1,000 students.

**Table 1. Characteristics of the Colleges and Universities Contacted for This Survey**

<table>
<thead>
<tr>
<th>Region</th>
<th>Total schools (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northeast</td>
<td>19% (30)</td>
</tr>
<tr>
<td>Southeast</td>
<td>17.1% (27)</td>
</tr>
<tr>
<td>Midwest</td>
<td>26.6% (42)</td>
</tr>
<tr>
<td>Southwest</td>
<td>13.3% (21)</td>
</tr>
<tr>
<td>Northwest</td>
<td>24% (37)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Size</th>
<th>Total schools (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5,000 students</td>
<td>53.2% (84)</td>
</tr>
<tr>
<td>&gt;5,000 students</td>
<td>46.8% (74)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Management</th>
<th>Total schools (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>50% (79)</td>
</tr>
<tr>
<td>Private</td>
<td>50% (79)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Total schools (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious affiliation</td>
<td>19% (30)</td>
</tr>
<tr>
<td>Historically black</td>
<td>3.8% (6)</td>
</tr>
<tr>
<td>Women only</td>
<td>0.6% (1)</td>
</tr>
<tr>
<td>Military</td>
<td>1.2% (2)</td>
</tr>
<tr>
<td>Historically Hispanic</td>
<td>0.6% (1)</td>
</tr>
</tbody>
</table>

Discussion

It is quite evident that formalized university and college support for lactating students is insufficient. This deficit in support means that many student mothers will struggle to find a private and convenient place for expressing their milk on campus.

Beyond showing the prevalence (or lack thereof) of lactation policies and lactation rooms, our survey has identified universities and colleges that are exemplars. For example, two schools in the sample had notable formal written policies for lactating students: Lander University (Greenwood, SC) and the University of New Mexico (Albuquerque, New Mexico).
compare access to lactation facilities at schools with and without graduate schools.

Further research is warranted that addresses the impact that returning to school has on the ability of student mothers to reach their personal breastfeeding goals. Further qualitative research to understand the experience of lactating student mothers would enrich our understanding of the needs and challenges of these student mothers.

This research should be a call to action for colleges and universities, especially in the current context, in which the ACA requirements for lactation accommodations do not apply to students. To normalize breastfeeding and make students understand that they can simultaneously continue their studies and be a breastfeeding mother, all colleges and universities should formulate and implement strong policies that provide lactation spaces, designated for the sole purpose of milk expression, which are accessible to all student mothers.

Conclusion

Only 3.6% of the schools in this study had an official policy for lactating students and/or had the lactation spaces mentioned in their student handbook; moreover, only 54.68% had designated lactation spaces accessible to their students. American colleges and universities must establish and implement policies that provide designated lactation spaces for students to fully support the health and educational needs of their students who are also mothers.

Acknowledgments

The authors acknowledge each of the colleges and universities with which they communicated. The authors are grateful for the time and information they shared with them and appreciate their efforts to support their students.

Disclosure Statement

No competing financial interests exist.

References

11. How to find on-campus nursing and lactation space. Available at www.hr.upenn.edu/myhr/worklife/family/nursingmothers/nursingspace (accessed December 14, 2015).

Address correspondence to:
Diane L. Spatz, PhD, RN-BC, FAAN
School of Nursing
The University of Pennsylvania
418 Curie Boulevard
Philadelphia, PA 19104

E-mail: spatz@nursing.upenn.edu