OHIO STATE MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution No. 43 – 2025

Introduced by: Medical Student Section

Subject: Support for Medical Professionals and Trainees Who Breastfeed

Referred to: Resolutions Committee No. 2

WHEREAS, Ohio's infant mortality rate is ranked 44th highest out of 50 states in the United States[1]; and

WHEREAS, black children (13.4 infants per 1,000 live births) in Ohio are over twice as likely to die in infancy compared to white children (5.7 infants per 1,000 live births)[1]; and

WHEREAS, breastfeeding has been associated with a decreased long-term risk of chronic maternal disease[2]; and

WHEREAS, breastfeeding benefits infants by reducing the risk of many pediatric illnesses, including ear and respiratory infections, allergies, asthma, obesity, and sudden infant death syndrome (SIDS)[3]; and

WHEREAS, breastfeeding benefits mothers by reducing the risk of breast and ovarian cancer, type 2 diabetes, and hypertension[4]; and

WHEREAS, breastfeeding benefits institutions by reducing absenteeism, turnover rates, and medical costs for employees and their children as well as by increasing productivity and employee satisfaction[5]; and

WHEREAS, breastfeeding individuals generally need to express breast milk every 2 to 3 hours for 20 to 30 minutes at a time in order to provide sufficient milk for the infant and to reduce the chances of developing breast engorgement, pain, or mastitis and to maintain lactogenesis[6]; and

WHEREAS, in 2010, The Fair Labor Standards Act (FLSA) was modified to require that employers, including hospitals, provide basic accommodations for breastfeeding parents at work, such as "reasonable break time" for pumping that acknowledges that individuals need varying amounts of time for mild expression and a private space for lactation that is not a bathroom[7]; and

WHEREAS, a 2017 survey of female physicians found that the most common challenge that residents from breastfeeding was a lack of sufficient time to pump[8]; and

WHEREAS, in a 2020 survey of resident physicians, 73% of participants reported that residency significantly interfered with their ability to lactate, 60% had no place to store expressed breast milk, and 48% were made to feel guilty for pumping by colleagues, and only 21% had access to usable lactation rooms in their hospital[9]; and

WHEREAS, in a 2020 survey of resident physicians, 37% of participants stopped breastfeeding before they intended to and 56% of participants experienced mental health problems due to their inability to breastfeed in residency[9]; and

WHEREAS, a 2015 survey from the American Academy of Pediatrics found that 1 in 4 respondents did not have access to or were unaware of a private room for lactation, 40% needed to extend their training duration to accommodate a longer maternity leave with breastfeeding being a deciding factor among 44%, and 1 in 3 respondents did not meet their goals for exclusive breastfeeding[10]; and

WHEREAS, a 2023 cohort study at the University of California San Francisco (UCSF) School of Medicine demonstrated that a multifaceted approach to improving lactation accommodations (i.e. creation of functional lactation spaces, improving communication regarding lactation resources, establishment of physician-specific lactation policies, development of a program to reimburse faculty for time spent during lactation in the ambulatory setting) in an academic health system can remove barriers to physician lactation, address the impact of lactation time on productivity, and offer a culture of support for lactating trainees[11]; and therefore be it

RESOLVED, the OSMA encourages healthcare organizations to implement policies that allow lactating health care workers and trainees sufficient time to breastfeed and/or pump breast milk, and appropriate resources for them to maintain their work and study responsibilities, including but not limited to:

i. Installation of computer workstations and phones in private lactation rooms
ii. Accommodations for lactation in faculty schedules
iii. Creation and maintenance of facilities for storing expressed breast milk.

Fiscal Note: $ (Sponsor)
$ 100,000+(Staff)

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Relevant AMA Policy:

AMA Support for Breastfeeding H-245.982

1. Our AMA: (a) recognizes that breastfeeding is the optimal form of nutrition for most infants; (b) endorses the 2012 policy statement of American Academy of Pediatrics on Breastfeeding and the use of Human Milk, which delineates various ways in which physicians and hospitals can promote, protect, and support breastfeeding practices; (c) supports working with other interested organizations in actively seeking to promote increased breastfeeding by Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) recipients, without reduction in other benefits; (d) supports the availability and appropriate use of breast pumps as a cost-effective tool to promote breast feeding; and (e) encourages public facilities to provide designated areas for breastfeeding and breast pumping; mothers nursing babies should not be singled out and discouraged from nursing their infants in public places.
2. Our AMA: (a) promotes education on breastfeeding in undergraduate, graduate, and continuing medical education curricula; (b) encourages all medical schools and graduate medical education programs to support all residents, medical students and faculty who provide breast milk for their infants, including appropriate time and facilities to express and store breast milk during the working day; (c) encourages the education of patients during prenatal care on the benefits of breastfeeding; (d) supports breastfeeding in the health care system by encouraging hospitals to provide written breastfeeding policy that is communicated to health care staff; (e) encourages hospitals to train staff in the skills needed to implement written breastfeeding policy, to educate pregnant women about the benefits and management of breastfeeding, to attempt early initiation of breastfeeding, to practice "rooming-in," to educate mothers on how to breastfeed and maintain lactation, and to foster breastfeeding support groups and services; (f) supports curtailing formula promotional practices by encouraging perinatal care providers and hospitals to ensure that physicians or other appropriately trained medical personnel authorize distribution of infant formula as a medical sample only after appropriate infant feeding education, to specifically include education of parents about the medical benefits of breastfeeding and encouragement of its practice, and education of parents about formula and bottle-feeding options; and (g) supports the concept that the parent's decision to use infant formula, as well as the choice of which formula, should be preceded by consultation with a physician.
3. Our AMA: (a) supports the implementation of the WHO/UNICEF Ten Steps to Successful Breastfeeding at all birthing facilities; (b) endorses implementation of the Joint Commission Perinatal Care Core Measures Set for Exclusive Breast Milk Feeding for all maternity care facilities in the US as measures of breastfeeding initiation, exclusivity and continuation which should be continuously tracked by the nation, and social and demographic disparities should be addressed and eliminated; (c) recommends exclusive breastfeeding for about six months, followed by continued breastfeeding as complementary food are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant; (d) recommends the

adoption of employer programs which support breastfeeding mothers so that they may safely and privately express breast milk at work or take time to feed their infants; and (e) encourages employers in all fields of healthcare to serve as role models to improve the public health by supporting mothers providing breast milk to their infants beyond the postpartum period.

4. Our AMA supports the evaluation and grading of primary care interventions to support breastfeeding, as developed by the United States Preventive Services Task Force (USPSTF).

5. Our AMA's Opioid Task Force promotes educational resources for mothers who are breastfeeding on the benefits and risks of using opioids or medication-assisted therapy for opioid use disorder, based on the most recent guidelines.

Burdensome Paperwork for Breast Pumps H-185.928

Our AMA will vigorously oppose unnecessary and burdensome paperwork which presents barriers to lactation support, such as prescriptions to support physiologic functions; and further, to ensure that The Joint Commission and Healthy People 2020 breastfeeding goals are met.

Improving and Standardizing Pregnancy and Lactation Accommodations for Medical Board Examinations H-275.915

1. Our American Medical Association supports and will advocate for the implementation of a minimum of 60 minutes of additional, scheduled break time for all test takers who are pregnant and/or lactating during all medical licensure and certification examinations.

2. Our AMA supports the addition of pregnancy comfort aids, including but not limited to ginger teas, saltines, wastebaskets, and antiemetics, to any medical licensure or certification examination’s pre-approved list of Personal Item Exemptions (PIEs) permitted in the secure testing area for all test takers who are pregnant and/or lactating.