



Statement on Lactation Among Anesthesia Clinicians

Committee of Origin: Young Physicians

(Approved by the ASA House of Delegates on October 13, 2021)

The ASA recognizes the needs of women physician anesthesiologists, anesthesiology residents and fellows, anesthesiologist assistants, and nurse anesthetists who are breastfeeding. Breast milk is the recommended source of nutrition for infants, and breastfeeding has independent benefits for the physical and psychological health of both parent and child. To continue producing an adequate breast milk supply and to avoid complications associated with delays in expressing milk, an individual who is breastfeeding and pumping should have the same freedom in the clinical workplace to address lactation-related needs as any person has to address other medical conditions.

Employers should develop lactation policies that, at minimum, comply with applicable state, local, and federal laws. When possible, the ASA supports the following recommendations regarding lactation:

1. Physician anesthesiologists, trainees, anesthesiologist assistants or nurse anesthetists who intend to breastfeed must be allowed flexibility to support expressing breast milk while at work (“pumping”). Reasonable break time for pumping and a location (other than a bathroom) that is shielded from view and free from intrusion from coworkers and the public to express breast milk should be provided when needed.
2. Lactation rooms should be clean, with a sink and a refrigerator for breast milk storage. They should be located in close proximity to clinical responsibilities and/or the operating room (OR), to allow individuals to be near to clinical care and reduce transit time. If possible, the rooms should have a phone and a computer that may allow the clinician to continue communication regarding clinical care, if necessary, while pumping.
3. Members of the anesthesia care team working in the OR may require break relief and/or coverage to allow for pumping sessions that are adequate in length and frequency, as determined by the nursing individual. Those who require time for pumping must inform their department, program director, and/or break coordinator to allocate personnel and resources for the necessary lactation sessions.
4. Some physician anesthesiologists, trainees, anesthesiologist assistants, or nurse anesthetists may utilize a wearable breast pump in a clinical setting or the OR. According to both the Occupational Safety and Health Administration (OSHA) and the Center for Disease Control and Prevention (CDC), contact with human breast milk is not an infectious hazard. Standard OR attire (scrubs, mask, hair covering, gloves) should be used if the pump is worn in the OR and the wearable pump should be placed and removed in a non-clinical environment. A wearable breast pump is not a source of distraction from patient care nor does it interfere with the individual’s ability to participate in clinical care or respond to an emergency. While a wearable breast pump is convenient, its performance is inferior to traditional pumps and may not be an appropriate device for some lactating individuals.



Additionally, the availability of a wearable breast pump is not a valid reason to reduce or deny sufficient breaks or facilities for pumping or ensuring milk supply.

5. A supportive work culture for individuals who are breastfeeding and pumping must be established by providing education about lactation and the needs of lactating clinicians.

All institutions and practices should evaluate their clinical operations to comply with these recommendations when possible in order to assist breastfeeding individuals. These recommendations are consistent with those from other specialty societies including the American College of Surgeons, Association of Women Surgeons, American Academy of Family Physicians, American College of Emergency Physicians, American Academy of Pediatrics, and Society of Interventional Radiology.

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