

Lactation Facilities in US Radiology Practices

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Abstract

Purpose: Despite federal and state laws mandating lactation facilities for eligible employers, no reliable data exist regarding the availability of lactation facilities in the radiology workforce. To fill this void, the ACR Commission on Human Resources added new questions to its annual electronic survey to better understand this aspect of the workforce situation for radiologists.

Methods: As done annually, the Practice of Radiology Environment Database was utilized to identify leaders of radiology practices, who were asked to complete an electronic survey developed by the ACR Commission on Human Resources. Among other questions, leaders were asked, “Does your radiology or radiation oncology practice have a dedicated lactation facility?”

Results: Overall, 579 of 1,815 (32%) practice group leaders responded to the survey. Of 579, 394 responded to lactation question. Of 394, 51 (13%) reported affirmatively that they do have dedicated lactation facilities, and 343 of 394 (87%) responded that they do not have dedicated lactation facilities.

Conclusion: The vast majority of radiology and radiation oncology practices in the United States do not have dedicated lactation facilities; given the numerous benefits to breastfeeding mothers and babies, this impacts not only women but also men given that they too would like to have healthy colleagues with minimal absenteeism.

Key Words: Radiology, lactation facility, breastfeeding, maternity

J Am Coll Radiol 2017;■:■-■. Copyright © 2016 American College of Radiology

INTRODUCTION

In 2010, the US Department of Labor amended Section 7 of the Fair Labor Standards Act of 1938 (29 USC 207) by adding that an eligible employer (defined as one with 50 or more employees)

shall provide—

A. a reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child’s birth each time such employee has need to express the milk; and

B. a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk. [1]

Additionally, 24 states and Washington, DC maintain additional workplace lactation accommodation laws [2]. Since 2012, the ACR Commission on Human Resources has conducted an annual radiology workforce survey. To date, no reliable data exist regarding the presence of lactation facilities in radiology practices. To address this void, the ACR Commission on Human Resources added a new question to its annual electronic survey in 2016 to better understand this aspect of the workplace for radiologists.

Furthermore, current clinical health guidelines from the American Academy of Pediatrics (AAP) recommend breastfeeding exclusively for 6 months, with continued breastfeeding for 1 year or longer [3]. The US Surgeon General has identified returning to work as a barrier to successfully achieving the recommendation of the AAP [4]. Data from Listening to Mothers III, a national survey of working women ages 18 to 45 who gave birth

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The authors have no conflicts of interest related to the material discussed in this article.

in 2011 and 2012, showed that women with adequate break time and private space were 2.3 times as likely to be breastfeeding exclusively at 6 months and 1.5 times as likely to continue breastfeeding with each passing month, but that only 40% of women had access to both break time and private space [5]. What this percentage is for women in radiology remains unknown.

Thus, the purpose of this study was to assess the availability of lactation facilities in the radiology workforce and to compare the availability with that in other professional environments.

METHODS

The methodology of the annual ACR Human Resources Workforce Survey has been well documented in previous publications [6-10]. As done annually, the Practice of Radiology Environment Database was utilized to identify leaders of radiology practices, who were asked to complete an electronic survey developed by the ACR Commission on Human Resources. In 2016, the practices that responded represented approximately 32% of the practicing workforce in the United States.

To investigate the availability of lactation facilities in radiology practices, the Commission met, strategized, and added the question: “Does your radiology or radiation oncology practice have a dedicated lactation facility?” The data collection was supplemented with a systematic review of the literature to assess the presence of lactation facilities in other environments.

RESULTS

As previously described in the literature, 579 practice leaders representing 39% (13,074/33,659) of practicing radiologists in the United States responded to the 2016 survey [6]. Of the 579, 394 answered the question “Does your radiology or radiation oncology practice have a dedicated lactation facility?” (lactation facilities question). Of the 394, 51 (13%) answered yes to the lactation facilities question and 343 of 394 (87%) answered no (Fig. 1).

DISCUSSION

The purpose of this study was to assess the availability of lactation facilities in the radiology workforce, and the principle finding was that only 13% of practice leaders responding to the 2016 ACR Commission on Human Resources annual workforce survey reported having dedicated lactation facilities in their radiology or radiation oncology practices. Only a few prior publications have discussed the imperative for and the logistics of lactation

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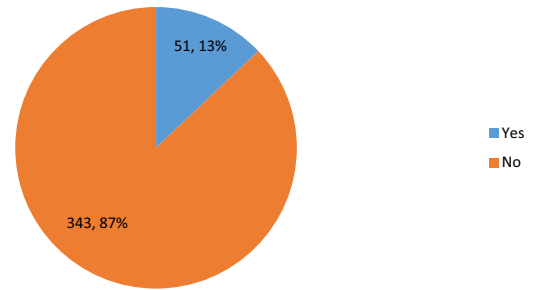


Fig 1. Percent of radiology and radiation oncology practices without and with dedicated lactation facilities.

facilities in radiology practices. For example, Arleo et al “urge radiology and radiation oncology practices, academic or private, to seek financially feasible methods of providing lactation facilities and reasonable time for their eligible employees, including residents and fellows” [11]. Porter et al detail the how-to of setting up a lactation facility in their Radiology Department, complete with a price list [12]. However, this article is the first to provide hard data regarding the actual number of radiology practices with dedicated lactation facilities in the United States.

In certain area of human resources, what is good for an individual may not good for a group as a whole. This is emphatically *not* the case with dedicated lactation facilities in radiology practices. The benefits for the individual breastfeeding radiologist are numerous, directly and indirectly. For the woman, these include lowered rates of breast and ovarian cancers, type II diabetes, rheumatoid arthritis, and postpartum depression [3,13-15]. For her baby, these include reduced rates of sudden infant death syndrome, otitis media, respiratory and gastrointestinal infections, allergic disease including asthma, type 1 diabetes, and obesity [3,15,16]. For the woman and her baby together, another benefit of lactation is facilitating maternal–infant bonding. Many working mothers who employ a caregiver either in- or outside of her home to care for her infant upon her return to work report that breastfeeding is particularly meaningful because it is the one thing that they can do for their baby that the caregiver cannot.

The benefits as a whole of a dedicated lactation facility for a radiology group may be less obvious, therefore they bear delineating here. The primary advantage of having a dedicated lactation facility has to do with coverage and workflow issues. As previously discussed in the introduction, workplace lactation facilities promote breastfeeding. Breastfed infants experience fewer illnesses necessitating

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