



# Allaiter à l'hôpital?



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Département Femme-mère-enfant

Symposium d'allaitement du CHUV  
19.09.2023



Credits

**World Breastfeeding Week: 1-7 August**

You shouldn't require superpowers to juggle breastfeeding and work



# Let's make breastfeeding and work, work!

**Allaitement: 6 mois exclusif, minimum 2 ans en complément**

<https://www.who.int/campaigns/world-breastfeeding-week/2023>

# Congé maternité



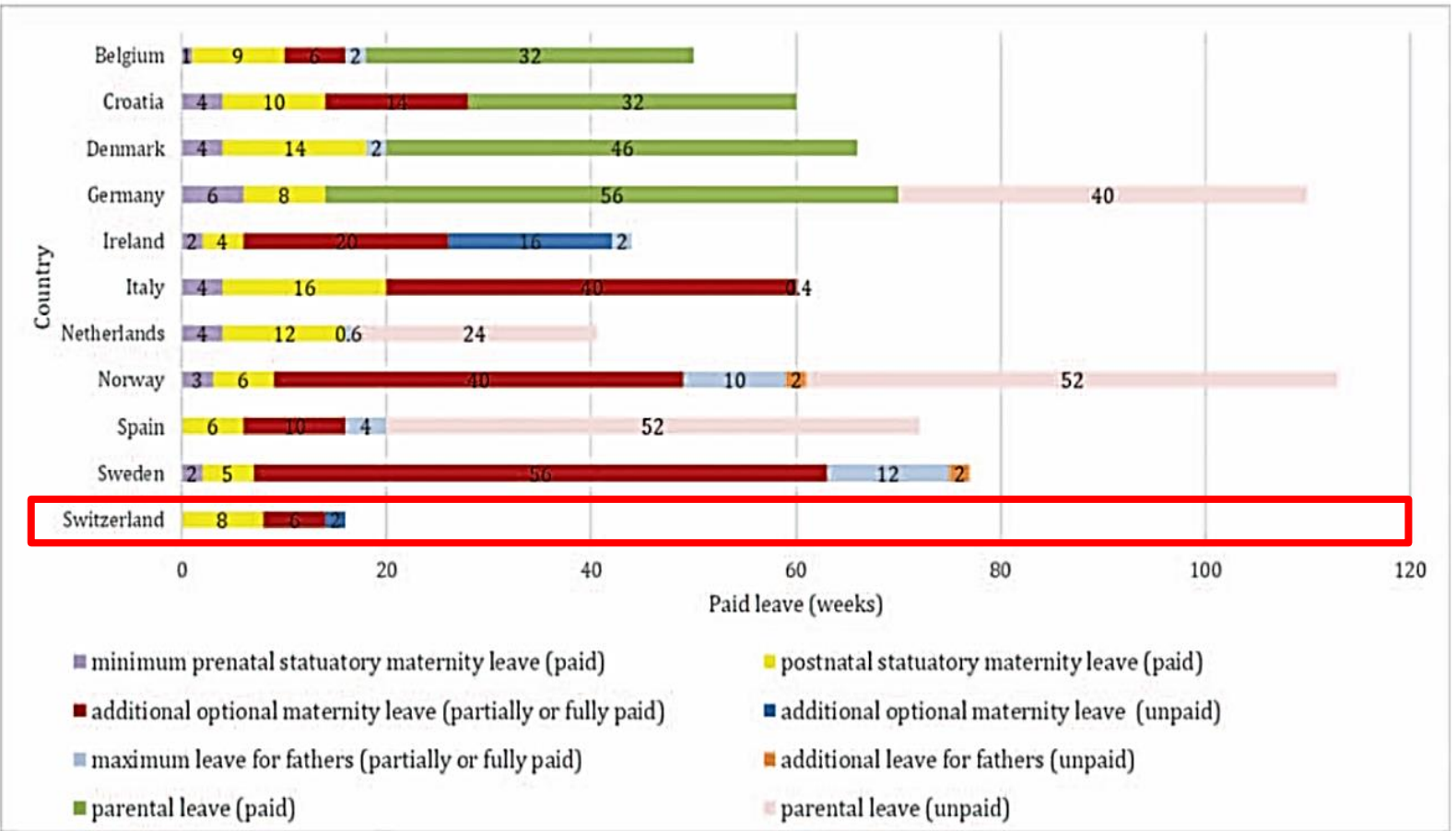
**CH: 14 semaines / Etat de Vaud: 4 mois + 1 mois allaitement**

**Abo Droits des femmes**

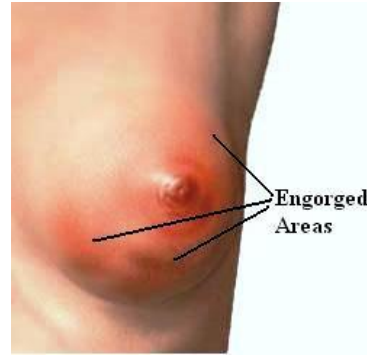
## Voici où la Suisse se fait distancer en matière d'égalité

«L'homme et la femme sont égaux en droit», dit la Constitution fédérale depuis 1981. Où en est la Suisse aujourd'hui? Notre bilan chiffré.

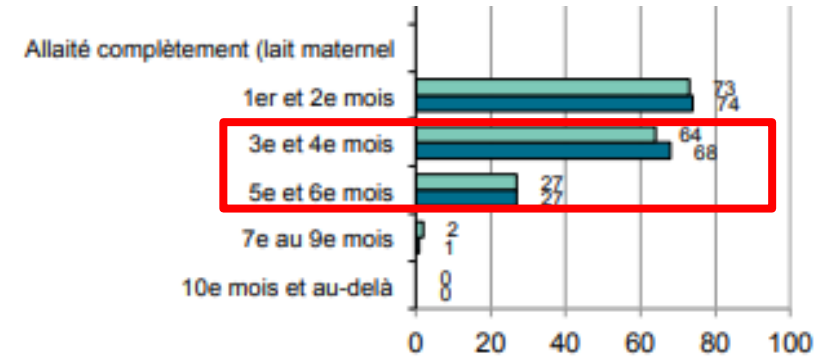
Yannick Wiget, Marc Brupbacher, Mathias Lutz  
Publié aujourd'hui à 16h18



# Reprise du travail et allaitement: un moment critique



Recommandations OMS: 6 mois exclusif



## Facteurs d'arrêt d'allaitement

Epuisement maternel

Exercice d'une activité professionnelle

Faible niveau de revenu

Origine migratoire

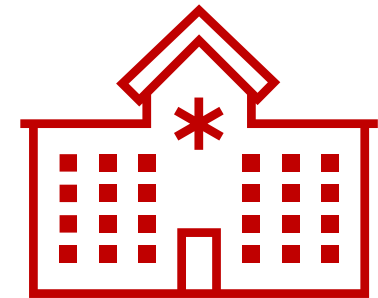
# Impact des difficultés d'allaitement au travail



↑ Stress, insatisfaction  
↓ Equilibre vie prof/privée  
↓ Allaitement et bénéfices



Santé publique  
Economie  
Environnement



Délais retour congé maternité  
Absentéisme (+30-70%)  
Démissions, Turnover  
Pertes financières

# Cadre réglementaire



## Dès 2014: Protection des mères allaitantes [Ordonnance loi sur le travail]

*Durant 1 année*

1. **Pauses rémunérées d'allaitement, 30-90 minutes** [art. 60 de l'OLT 1]
2. **Protection des conditions de travail, horaires max 9h, ≤3 nuits** [art. 60 de l'OLT 1]
3. **Accès à un local adéquat, où les mères allaitantes peuvent se reposer dans un fauteuil confortable** [art. 34 de l'OLT 3 et commentaire sur l'ordonnance OLT 3 Art. 34- Seco, dec 2022 ]

<p><b>Commentaire de l'ordonnance 3 relative à la loi sur le travail</b> Chapitre 2 : Exigences particulières en matière de protection de la santé Section 7 : Vestiaires, douches, lavabos, toilettes, réfectoires, locaux de séjour et premiers secours Art. 34 Protection des femmes enceintes et des mères allaitantes</p>		<p><b>Art. 34</b></p>
<p>Article 34 <b>Protection des femmes enceintes et des mères allaitantes</b></p>	<p><b>SECO</b> Décembre 2022</p>	

# Application de la loi?

Tribune  
de Genève

Opération «Towards Equality»

## L'allaitement facilité au travail, un pas vers l'égalité

Les mères qui allaitent leur enfant au-delà du congé maternité sont un peu mieux soutenues par la loi. Mais les mises en pratique divergent selon les emplois.



Marianne Grosjean  
Publié: 19.06.2021, 19h00

18 commentaires

### L'ONU exemplaire

Certains font figure de modèle. Céline, fonctionnaire internationale à l'ONU et mère d'un bébé de 6 mois, raconte que sa cheffe l'a prévenue de ses droits en matière d'allaitement dès sa grossesse. «Je bénéficie de deux heures payées par jour pour allaiter ou tirer le lait, non pas pendant un an mais jusqu'aux 2 ans de l'enfant.» Un luxe que peu d'entreprises offrent en dehors de quelques organisations internationales.

La Ville de Genève se targue également d'«aller plus loin que la loi» en «n'imposant pas de limite maximum quotidienne à la rémunération du temps consacré à l'allaitement». Une motion de l'ex-députée du Parti du travail et femme transgenre, Annick Ecuyer, déposée en 2020 et demandant la création de salles d'allaitement pour les parlementaires, est d'ailleurs toujours pendante.

Depuis 2014, une ordonnance relative à la loi du travail protégeant l'allaitement au travail est entrée en vigueur en Suisse. Pendant la première année de son enfant, une employée doit bénéficier de 90 minutes payées pour une journée de plus de sept heures afin de tirer son lait ou allaiter, à domicile ou sur place, dans une salle aménagée à cet effet. En plus des bénéfices pour l'enfant, l'allaitement facilité au travail bénéficierait aux femmes qui hésitent à reprendre une activité professionnelle, sachant qu'une femme sur sept quitte son travail après une maternité en Suisse.



### Plus dur dans le milieu hospitalier

Pourtant, dans bien des métiers concernés par l'ordonnance sur l'allaitement, ce droit est difficile à faire valoir. Getsy Mathavan, médecin interne aux HUG, se souvient: «J'ai repris le travail à 100% lorsque mon fils cadet avait 5 mois et demi, en 2020. Je l'allais encore exclusivement, et devais donc impérativement tirer mon lait plusieurs fois par jour. La première semaine, j'ai été sous la responsabilité d'une cheffe de clinique très impliquée, qui pensait à me retirer mon bip pendant ma pause pour ne pas que je doive m'interrompre pour gérer une urgence. J'ai senti toute la différence avec les chefs suivants, des hommes pourtant bienveillants, mais qui ne prenaient pas en compte l'allaitement dans les faits.» Elle a néanmoins réussi à allaiter jusqu'aux 11 mois de son fils.

# Allaitement et professionnels de santé

## ↑ Féminisation

- > 75% de la main d'œuvre en santé
- > 85% en Suisse

- Hétérogénéité des professions/besoins
- Etudes: surtout médecins - pédiatrie, urgences, chirurgie

## ↑ Propension à allaiter

## ↑ Difficultés/Barrières

- X Manque de temps
- X Horaires irréguliers et/ou prolongés
- X Manque d'espaces adaptés
- X Peur du jugement (équipe, hiérarchie)
- X Impact collègues, solidarité/empathie
- X Contraintes légales



Supporting Breastfeeding Physicians Across the Training Continuum: A Call to Action  
 Rebeca Ortiz Worthington, MD<sup>1</sup> [clinical instructor and fellow], Dara R. Adams, MD<sup>2</sup> [resident], Cassandra D. L. Fritz, MD<sup>3</sup> [fellow], Megan Tusken, MD<sup>4</sup> [resident], Anna Volterman, MD<sup>5</sup> [associate professor]



"Frustrated," "depressed," and "devastated" pediatric trainees: US academic medical centers fail to provide adequate workplace breastfeeding support  
 Avika Dixit<sup>1</sup>, Lori Feldman-Winter<sup>2</sup>, Kings A. Sitas<sup>3</sup>  
 Affiliations • expand  
 PMID: 23588882 DOI: 10.1177/0890334414568119  
**Abstract**  
**Background:** Exclusive breastfeeding (EBF) is recommended until about 6 months of age. Pediatricians are at the forefront of encouraging mothers to achieve this goal, yet pediatricians who parent during their training may face substantial barriers in achieving their own breastfeeding goals.  
**Objective:** This study aimed to assess breastfeeding support available to US pediatricians in training and the effect of trainees' personal experiences on their attitude toward breastfeeding.  
**Methods:** An online survey was emailed to American Academy of Pediatric Section on Medical Students, Residents, and Fellowship Trainees members.  
**Results:** There were 927 respondents, of which 421 had children and 348 breastfed their children. Almost 80% agreed that 6 months is the ideal duration for EBF. One in 4 did not have access to or were not aware of a private room to express milk or breastfeed. Forty percent needed to extend the duration of their training for a longer maternity leave, with breastfeeding a factor for longer leave among 40%. One in 4 did not meet their breastfeeding duration goal, and 1 in 3 did not meet their goal for EBF. Negative emotions were common among those not meeting goals. Ninety-two percent felt that their or their partner's experience with breastfeeding affected their clinical interaction with patients' mothers.  
**Conclusions:** A majority of respondents cited problems with breastfeeding support during training, and many failed to meet their intended goals. Not meeting personal breastfeeding goals was associated with negative emotions and influenced how they counsel about breastfeeding as a result of personal and other negative attitudes.  
**Keywords:** breastfeeding; pediatric trainees; residency.  
 © The Author(s) 2015.



General Surgery Faculty Knowledge and Perceptions of Breast Pumping Amongst Postpartum Surgical Residents  
 Devon C. Freudenberger<sup>1</sup>, Kelly M. Herremans<sup>2</sup>, Andrea N. Riner<sup>2</sup>, Vignesh Vaduthala<sup>1</sup>, Kandace P. McGuire<sup>1</sup>, Rahul J. Anand<sup>1</sup>, Jose G. Trevino<sup>1</sup>

Accepted: 18 March 2023 / Published online: 27 April 2023  
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**Abstract**  
**Background:** There is a lack of data regarding the knowledge and perceptions teaching faculty possess about breast pumping among general surgery residents despite breast pumping becoming more common during training. This study aimed to examine faculty knowledge and perceptions of breast pumping amongst general surgery residents.  
**Methods:** A 29-question survey measuring knowledge and perceptions about breast pumping was administered online to United States teaching faculty from March–April 2022. Descriptive statistics were used to characterize responses. Fisher's exact test was used to report differences in responses by surgeon sex and age, and qualitative analysis identified recurrent themes.  
**Results:** 156 responses were analyzed; 58.6% were male and 41.4% were female, and the majority (63.5%) were less than 50 years old. Nearly all (97.7%) women with children breast pumped, while 75.3% of men with children had partners who pumped. Men more often than women indicated "I don't know" when asked about frequency (24.7 vs. 7.9%,  $p = 0.041$ ) and duration (25.0 vs. 9.5%,  $p = 0.007$ ) of pumping. Nearly all surgeons are comfortable (97.4%) discussing lactation needs and support (98.1%) breast pumping, yet only two-thirds feel their institutions are supportive. Almost half (41.0%) of surgeons agreed that breast pumping does not impact operating room workflow. Recurring themes included normalizing breast pumping, creating change to better support residents, and communicating needs between all parties.  
**Conclusions:** Teaching faculty may have supportive perceptions about breast pumping, but knowledge gaps may hinder greater levels of support. Opportunities exist for increased faculty education, communication, and policies to better support breast pumping residents.

**HHS Public Access**  
 Author manuscript  
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*Pediatr Emerg Care*. 2022 July 01; 38(7): e1372–e1377. doi:10.1097/PEC.0000000000002757.

**Breastfeeding Among Pediatric Emergency Physicians: Rates, Barriers, and Support**  
 Marissa Hendrickson, MD,  
 University of Minnesota Masonic Children's Hospital, Minneapolis, Minnesota  
 Cynthia S. Davey, MS,  
 University of Minnesota Clinical and Translational Science Institute, Minneapolis, Minnesota  
 Brian A. Harvey, BA,  
 University of Minnesota Masonic Children's Hospital, Minneapolis, Minnesota  
 Kari Schneider, MD  
 University of Minnesota Masonic Children's Hospital, Minneapolis, Minnesota

Breastfeeding Medicine  
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 https://doi.org/10.1089/bfm.2018.2022  
 Mary Ann Liebert, Inc., publishers

### Clinical Research

#### Barriers to Breastfeeding in Female Physicians

Rebecca M. Cantu, Marie S. Goven, Xinyi Tang, and Kristin Mitchell

**Abstract**  
**Background:** Breast milk is considered the normative nutrition for human infants, and exclusive breastfeeding for the first 6 months of life is recommended by several national and global societies. Female physicians are a high-risk group for early unintended weaning. We aimed to assess and compare the most common barriers to successful breastfeeding perceived by female physicians in various stages of training and practice.  
**Materials and Methods:** Female faculty physicians and trainees (medical students, resident physicians, and fellows) affiliated with a large medical university in 2016 were surveyed via an anonymous web-based survey distributed through institutional e-mail lists. The three-item survey assessed role, breastfeeding experience, and perceived barriers to successful breastfeeding. Comparisons between groups were performed using Wilcoxon rank-sum tests or Fisher's exact tests.  
**Results:** The survey was distributed to 1,201 women with 223 responses included in analysis. The majority (57%) of respondents had never breastfed, of those, 87% reported plans to breastfeed in the future. Ninety-seven percent of women with breastfeeding experience reported at least one perceived barrier to successful breastfeeding. Trainees identified more barriers compared with faculty physicians (median count 5 versus 3,  $p = 0.014$ ). No individual barrier reached statistical significance when comparing between faculty and trainees. The most frequently identified barriers to breastfeeding were lack of time and appropriate place to pump breast milk, unpredictable schedule, short maternity leave, and long working hours.  
**Conclusions:** Physicians and medical students who breastfed face occupation-related barriers that could lead to early unintended weaning. Trainees and faculty report similar barriers. Institutional support may help improve some barriers to successful breastfeeding in female physicians.  
**Keywords:** breastfeeding; barrier; physician; weaning; parental leave



# Soutien adapté en milieu professionnel hospitalier



# Un défi managérial!

**CREATING A CULTURE TO SUPPORT BREASTFEEDING PHYSICIANS AND TRAINEES**

**What Are the Challenges?**

Breastfeeding physicians and trainees often face unique circumstances that impede their ability to maintain breastfeeding, including

- Short parental leave following birth
- Long and unpredictable work schedules
- Lack of clean and private work spaces to express milk
- Fear breastfeeding will negatively affect their performance
- Institutional policies that do not address breastfeeding support
- Social environments that discourage taking leave or pumping at work
- Board exams and testing/conference facilities that do not have lactation accommodations in place

**Why Create a Culture of Breastfeeding Support?**

**It's the Law**  
Lactating employees and nonemployee trainees are protected under state and federal laws to nondiscrimination and break time and space to express milk.

**Provide Work-Life Balance**  
Breastfeeding is the biological norm for infant feeding, and a culture of support for breastfeeding is an integral component of employee and student wellness and work-life balance.

**A Negative Culture Interferes With Breastfeeding Goals**  
A recent study on pregnancy and parenting during surgical training found that more than half of respondents stopped breastfeeding earlier than they wished because of poor access to lactation facilities and challenges combining their work and milk expression.

**Improve Employee Retention and Job Satisfaction**  
Creating a culture that supports and enhances well-being can ensure that physicians and trainees are able to successfully parent and accomplish training without fear, undue burden, and guilt.

**The Number of Women in Health Care**  
More than half of medical students are women. 40% of medical residents plan to have a child during training.

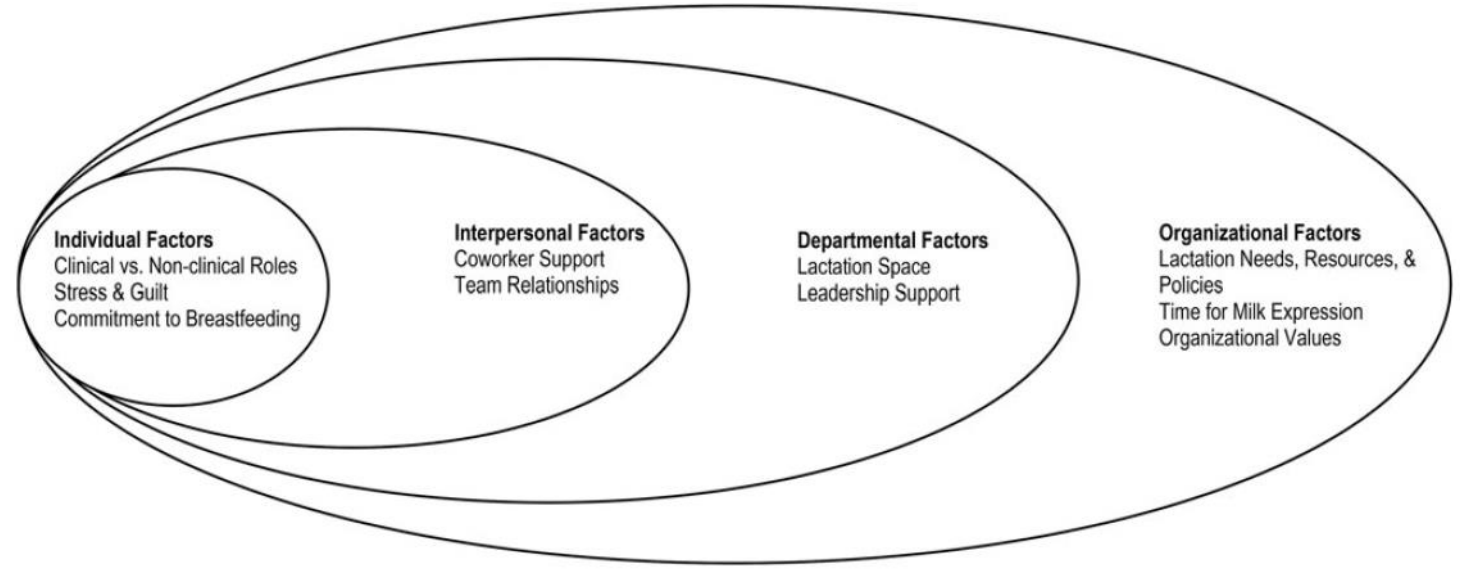
**For more information, download the full culture plan:**  
[aap.org/BreastfeedingCulturePlan](http://aap.org/BreastfeedingCulturePlan)

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®

micro

méso

méta

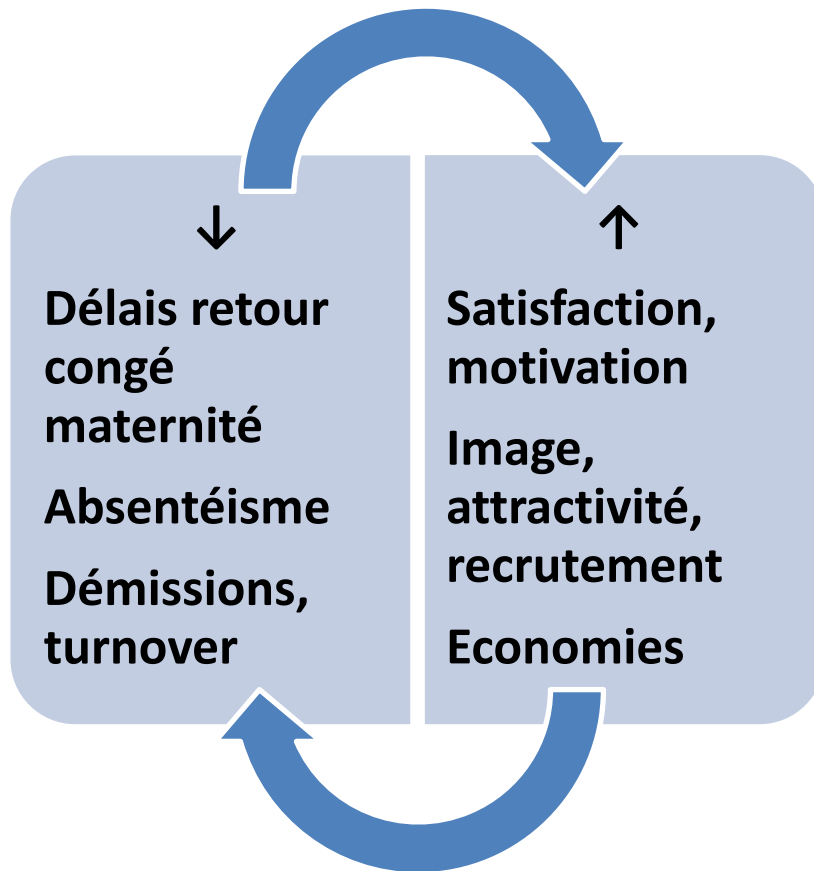
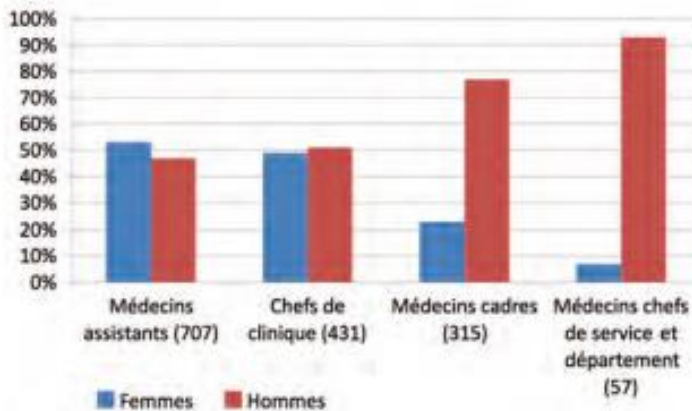


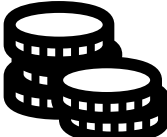
Rapport social et environnemental 2022 > 1 Augmenter l'attractivité du CHUV > 1.3 Soutien à la carrière des femmes

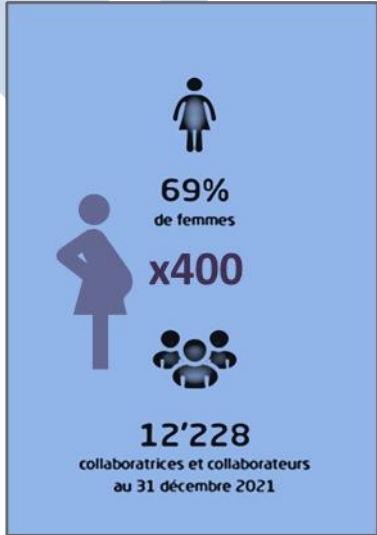
## 1.3 SOUTIEN À LA CARRIÈRE DES FEMMES



Avec 69% de femmes en son sein, le CHUV a la volonté ferme de développer des conditions de travail attractives et favorables à leur carrière.



 **1 dollar investi dans le soutien à l'allaitement par l'entreprise = 2-3 dollars de retour sur investissement pour l'entreprise**



**TRIBU**  
Le CHUV c'est nous

Tout TRIBU

Recherchez dans TRIBU et VDOC

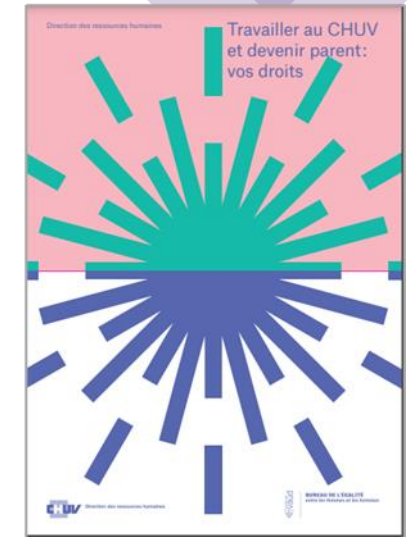
Soins et Médecine | Formation et Recherche | Ressources humaines | Informatique et Communication | Services et Logistique

/ Administration et Gouvernance / Responsabilité sociale et environnementale / S'engager pour les collaborateurs-trices

### Profiter des locaux d'allaitement

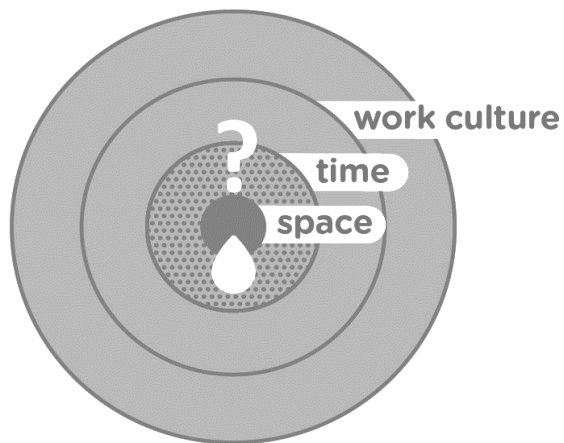
CHUV - Publié le 10.03.2023 08:00 par Vanesa Gashi

Vous êtes maman, vous allaitez et avez repris le travail ? Alors vous pouvez bénéficier du confort des locaux d'allaitement que le CHUV met à disposition ainsi que de prestations de soutien de l'allaitement.



→ Locaux d'allaitement + Soutien et conseils personnalisés pour les collaboratrices

# Faciliter l'accès aux espaces d'allaitement: solutions mobiles de proximité?



NAP  
& U  
... →

espace de repos  
lieu professionnel  
InSiesteWeTrust



Paçhamama

Cocon d'allaitement  
en milieu professionnel  
#Pumpitup



«MobiLait»

**Breastfeeding and Work**



**Let's make it work!**

