Lactation Support Guidelines

**Purpose:** **To provide equitable opportunities for lactating providers to take reasonable break times to express breast milk as required by law and in compliance with BUMG Personnel Policies. BUMG policy meets legal lactation break requirements.**

These BUMG guidelines are intended to:

* Provide guidance and additional details regarding what is currently provided under the [BUMG Personnel Policies, Section III. Discrimination and Harassment Policy, sub-section C. Policy Against Discrimination based on Pregnancy and Related Conditions](https://bostonmedicalcenter.policytech.com/dotNet/documents/?docid=3399);
* Promote acceptance, transparency, understanding, and empathy throughout BUMG that lactating providers are allowed and encouraged to take breaks to express breast milk.

**Core Principles**

1. BMC and BU will provide clean, safe, private, non-bathroom space for pumping and storage of milk.
2. Department leadership should recognize the need for schedule flexibility for up to one year after a child’s birth while meeting the operational needs of the department.
3. Department leadership should make efforts to provide lactation breaks without causing undue hardship for colleagues, patients, or the institution.
4. Employees requesting paid lactation breaks will be permitted at least 1 hour for breaks per 8 hours of clinical work for up to six months with salary support and wRVU target reduction.
5. Departments should support providers who choose to take a lactation break and those who choose not to. Providers may choose not to take a break for any reason; those who choose not to take a break will not be eligible for financial support.
6. Communication between providers and department leadership regarding paid break requests should be clear.
7. Department leadership should work with providers to develop a clinical break schedule that allows for timely breast milk expression while minimizing impact on productivity and operations.
8. Providers and department leadership should optimize the use of technology during meetings to allow participation of lactating providers in a way that doesn’t prohibit their ability to express breast milk.
9. Providers may elect to use wearable pumps, take lactation breaks, or use a combination of both strategies. A provider who chooses to use a wearable breast pump should not be restricted from simultaneously performing clinical work, if feasible, and at the provider’s discretion.

Paid Lactation Breaks Request Form

**Purpose: Effective January 1, 2022, this benefit will allow my department to maintain my salary and my reported productivity while blocking 12.5% of my clinical schedule (cFTE) for lactation breaks for a maximum of 6 months. Reported productivity will be protected by a corresponding decrease of 12.5% to the work RVU (wRVU) target.**

**SECTION 1: EMPLOYEE INFORMATION AND ATTESTATION**

**Instructions to Employee**: Please complete all applicable fields, sign, date, and return a copy of this request form to your Administrative Director. This form should be submitted to your Administrative Director as early as possible but at least 2 months in advance of anticipated time of use.

**Employee Information**

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Name

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Department/Section Phone: Home/Cell E-mail Address

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Administrative Director Phone: Office E-mail Address

**Attestation**

1. I understand that this is a request for financial support **only** for lactation breaks at work.
2. I understand that the paid lactation breaks period will be a single, continuous period of time starting on the agreed-to start date and ending after 6 months, the child’s first birthday, or an earlier date I notify the Administrative Director, whichever is sooner.
3. I understand that I am responsible for notifying my Administrative Director and Department Chair in writing of my start and end dates and I will notify them of any changes to these dates.

Start Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Date

**SECTION 2: REVIEW BY ADMINISTRATIVE DIRECTOR**

**Instructions to Administrative Director:** Please complete this section and e-mail a copy to BUMG Finance at [bumgfinance@bmc.org](mailto:bumgfinance@bmc.org).

I have calculated the amount of salary support requested by this employee and have reviewed the requested start and end dates. I am submitting this request for review.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee salary + fringe at 1.0 FTE cFTE Salary support at 12.5% of cFTE

Start Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Director Date

**SECTION 3: REVIEW BY BUMG FINANCE**

**Instructions to BUMG Finance:** Please complete this section and e-mail a copy to the Administrative Director listed above.

I have reviewed the salary support calculation and validated the following:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Salary support at 12.5% of cFTE

**Signature:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Associate Director, Budgeting or Designee Date