University of Washington  
Faculty Council on Women in Academia  
February 2\textsuperscript{nd}, 2018  
11:00 a.m. – 12:30 p.m.  
OUGL 320

Meeting Synopsis:

1. Call to order  
2. Review of the minutes from January 5\textsuperscript{th}, 2018  
3. Council member update on assigned action items  
4. Class C resolution on nursing stations and data in Tableau  
5. Good of the order  
6. Adjourn

1) Call to order

Paladin called the meeting to order at 11:00 a.m.

2) Review of the minutes from January 5\textsuperscript{th}, 2018

The minutes from January 5\textsuperscript{th}, 2018 were approved as written.

3) Council member update on assigned action items

Members were asked to report on action items assigned in the last council meeting; many items were meant to provide information for improvement of the council’s Class C resolution on Wellness Rooms and associated Tableau campus map infographic.

There was some discussion of the article titled “Daily Experiences of Breastfeeding Women at Work” (Volpone & Gabriel, Spring, 2018) (Exhibit 1). Comments were made about an economic benefit referenced in the article for institutions that have ample support for breastfeeding mothers. A member noted this point that adds strength to the argument to increase the level of wellness rooms at the UW.

Bartelmann explained she visited the wellness room/nursing station within the Husky Union Building (HUB) on the UW Seattle campus, and found to the room to very well-equipped and clean, however an appointment is needed to enter the room, and its hours reflect the Commuter Commons hours in the HUB (8-5). She noted there may be additional barriers to access (e.g. only students can use the room, etc.), though these were not confirmed. Members noted UW nursing stations should be open to all UW community members regardless of their affiliation with the university.

Payne noted she visited a nursing station within Schmitz Hall (UW Seattle), and found the room to be locked and prearranged sign-up required for access. She explained the room did not include a sink.
There was some discussion of access to wellness rooms/nursing stations on the UW Seattle campus. It was noted Husky Card entryway boxes used to access locked doors are roughly $900 per unit. It was noted several lactation room on campus require scheduling into the room, or some kind of authorized access, which greatly reduces their utility to the campus community overall.

4) Class C resolution on nursing stations and data in Tableau

*Tableau infographic*

Discussion of the Class C resolution, Tableau infographic, and planned presentation in the upcoming Senate Executive Committee meeting led to an agreement among members that photos of UW Seattle nursing stations would add to the utility of the Tableau infographic. It was decided different FCWA members would seek out and photograph the 11 nursing stations on the UW Seattle campus to this end:

Paladin – South campus (UW Medical Center) stations (4)
McGlynn-Wright – Schmitz Hall, Henderson Hall
Bartelmann – Hall Health, Sieg Hall
Camber – UW Tower

It was noted there are also two stations at UW Bothell.

*Class C resolution*

The Class C resolution was amended slightly in its first stanza to add information on the need for sharps/biohazards boxes within nursing stations, as well as the need that stations be cleaned and serviced regularly.

There was some discussion of adding information to the resolution on the numbers of faculty, staff, and students who need be served by nursing stations/wellness rooms at the UW. Umphress noted she would seek out additional data to be included with the resolution or in its adjoining rationale statement (some information was already included).

It was noted the resolution utilizes gendered terms in some areas, which should be replaced with gender-neutral terminology. Terms such as “women” and “mothers” were replaced with “lactating individuals.”

There was some discussion of including an additional final sentence within the resolution, the purpose of which would be to request that UW administration report their follow-up on the Class C resolution back to the FCWA.

Umphress, Angotti, Paladin and Payne affirmed they would attend the SEC meeting to present the resolution on February 12th.
A vote was taken for approval of forwarding the amended Class C resolution on to the Senate Executive Committee and Faculty Senate (pending addition of the final sentence on UW administrative follow-up). The motion was approved unanimously.

5) Good of the order

There was some discussion of housing prices in the Puget Sound region and the increasing difficulty of median earners’ ability to afford purchasing houses/property. There was also brief discussion of bias reporting at the UW and a related web-tool in-use at the institution.

Bartelmann explained she would be resigning from the council at the end of winter quarter, as she would be leaving her position at the university. Members thanked her for her contributions to the council’s work during the time she served.

6) Adjourn

Paladin adjourned the meeting at 12:30 p.m.

Minutes by Joey Burgess, jmbg@uw.edu, council support analyst

Present: Faculty: Angelisa Paladin, Robin Angotti, Whasun Chung, Elizabeth Umphress, Geethapriya Thamilarasu Ex-officio reps: Anya Bartelmann, Jennifer Payne, Annie McGlynn-Wright President’s designee: Susan Camber

Absent: Faculty: Sarah Prager, Mariam Moshiri, Michael Fialkow, Bonnie Duran, Margo Bergman, Tyler McCormick Ex-officio reps: Kendra Canton

Exhibits
Exhibit 1 – Volpone & Gabriel SIOP 2018 Symposium 090917

Daily Experiences of Breastfeeding Women at Work

Allison S. Gabriel¹, Sabrina D. Volpone², Rebecca L. MacGowan¹, and Christina M. Moran³

¹University of Arizona, ²University of Colorado, ³Marsh, Berry, & Co.

“In a country where there is no paid parental leave and where most leaves consist of just 12 weeks or less, women are returning to jobs when their bodies (and hearts) might be wanting them to do otherwise: They suffer from painful breasts, leaking milk, the stress of trying to balance a job with new family demands, plus a stigma that a mother can’t excel at work.”

–The Washington Post (Joyce, 2017)

“All the higher-ups are supportive of the idea [of me taking time to pump]. They all have children and my boss had a baby the same week I did. So, we sort of linger in the trenches together. She [my boss] understands and she won't allow me to cut in my pumping times with meetings... she gets it. But, if you talk to my direct coworkers, people who are my level and probably my competitors for a raise or promotion, they are annoyed that I get to duck out for a half-hour [to pump] throughout the day. It is awkward that I am perceived as a threat to them, especially those that don't have interest in having children.”

–Participant 19, 30 years of age, mother of a 6-month-old child and a managing editor at a large e-commerce firm

Working mothers often face competing demands from family and work. Importantly, one vital demand working mothers are increasingly experiencing is determining how to continue breastfeeding and pumping milk for the child while at work. According to Bai, Wunderlich, and Weinstock (2012), more than half of women who have children under one year of age are working in the U.S., with one third of these mothers returning to work when their children are three to six months old (Department of Labor, 2002). Yet, although mothers who return to work
begin breastfeeding at a rate comparable to mothers who do not return to work (Bai, Peng, & Fly, 2008), women are less likely to continue breastfeeding once they return to work (Biagioli, 2003). Critically, the discontinuation of breastfeeding is problematic for mothers, their babies, and their organizations. For the women, breastfeeding yields several health-related benefits (e.g., reduced risk of Type 2 diabetes and ovarian cancer, improved mental health [Bai et al., 2008, 2012]). For children, research shows the benefits of receiving breast milk (e.g., fewer allergies, improved cognitive development, reduced risk of obesity, diabetes, and hypertension [Bai et al., 2012; Greer, Sicherer, & Burks, 2008; O’Connell, 2003]). Finally, for organizations, Ball and Wright (1999) noted that employers save between $331 and $471 in health care costs per baby that is solely breastfed for at least three months, with the U.S. Breastfeeding Committee (2011) noting that organizations can expect a savings of $3 per $1 spent in support of breastfeeding.

Although there are clear health and economic benefits, little is known about how women navigate the complexities associated with breastfeeding once they return to work. Indeed, despite research over the last 30 years that has fostered theoretical knowledge to guide employees and organizations in navigating the work/family interface (Eby, Casper, Lockwood, Bordeaux, & Brinley, 2005; Greenhaus & Beutell, 1985; Netemeyer, Boles, & McMurrian, 1996), there is little to no insight into the spillover experiences that accompany breastfeeding and pumping at work. In light of the limited knowledge that exists surrounding the daily experiences of working women who are breastfeeding, we examine how daily pressure tied to breastfeeding spills over to affect goals at work and home. Specifically, we integrated theoretical ideas tied to strain-based work-to-family interference (Greenhaus & Beutell, 1985; Keeney, Boyd, Sinha, Westring, & Ryan, 2013) with theory tied to stigma in organizations (Goffman, 1959) to posit that affective strain would result from daily pressure to complete one’s breastfeeding/pumping at work. We
then posit that this strain would manifest in three distinct ways: a reduction in daily work goal progress, an increase in the amount of work-family interference occurring daily, and—building from theory and empirics tied to the mind-body connection (Christian, Eisenkraft, & Kapadia, 2015; Descartes, 1964)—lower levels of breastmilk produced at work. Finally, we theorized that the aforementioned relations would be stronger for women who perceived they were stigmatized for breastfeeding at work. Our model and results can be found in Figure 1.4

**Methods and Results**

We posted advertisements with a survey link to motherhood and/or breastfeeding support groups on social media (Breastfeeding Support Group; Work, Pumping, Motherhood). Eligible women (e.g., working full-time; breastfeeding/pumping at work) completed an opt-in survey assessing perceptions of breastfeeding stigma at work. They then were administered surveys three times a day (morning, afternoon, evening) for ten working days; participants could earn up to $100 based on their completion of the daily surveys. This resulted in a final sample of 118 women, who generated 984 days of complete data out of a possible 1,180 (83.39% completion rate; 8.34 days per woman). The women in our final sample were 31.73 years of age on average, largely White (93.7%), and had worked in their current job for 3.89 years on average.

Breastfeeding stigma was measured with three adapted items from James, Lovato, and Cropanzano (1994) asking whether participants experienced stigma tied to pumping or breastfeeding at work (1 = “strongly disagree;” 5 = “strongly agree”). In the morning survey, breastfeeding pressure was measured with three items from Ohly and Fritz (2010) that originally assessed time pressure (“I have needed to finish pumping/breastfeeding faster than usual to get my pumping/breastfeeding done”); women rated each item since arriving at work (1 = “not at all;
5 = “very much”). Affective strain was measured on the same 5-point scale with four items from Van Katwyk, Fox, Spector, and Kelloway (2000; e.g., gloomy, discouraged) in the morning. Ounces of breastmilk produced was captured in the morning and afternoon with a single item that was added together for the day (“…how many ounces of breast milk did you actually pump/breastfeed?”). Goal progress was measured with three items in the afternoon from Wanberg, Zhu, and Van Hooft (2010) that rated the extent to which women made progress on their work goals (1 = “strongly disagree;” 5 = “strongly agree”). In the evening, work-to-family interference was measured with three items from Carlson and Frone (2003); women rated the number of times each item occurred (0 = “never;” 5 = “five or more times”).

We used multilevel path analysis in Mplus 7.31 (Muthén & Muthén, 1998-2015). As shown in Figure 1, breastfeeding pressure increased daily feelings of affective strain, which in turn reduced goal progress and ounces of breastmilk produced, and increased the amount of work-to-family interference that women reported daily. Further, breastfeeding stigma moderated the relation between breastfeeding pressure and affective strain: the relationship between pressure and strain was strong and positive when stigma was high, and non-significant when stigma was low. Monte Carlo simulations of our conditional indirect effects using 20,000 simulated parameter estimates for out 95% confidence intervals further supported our model.
References


Descartes, R. (1964). Philosophical essays: Discourse on method; Meditations; Rules for the direction of the mind.


New Considerations in Research for Women at Work


New Considerations in Research for Women at Work

Figure 1

**Conceptual Model and Multilevel Path Analysis Results**

Note. Level-1 (day-level) = 984; Level-2 (person-level) = 118. AM = morning survey; PM = afternoon survey. Evening = evening survey. Values in parentheses are standard errors. We modeled the direct effect of breastfeeding pressure on goal progress (γ = -.02, ns), ounces of breastmilk produced (γ = -.02, ns), and work-to-family interference (γ = -.003, ns). We also controlled for day of the study on affective strain (γ = -.03, p < .001), goal progress (γ = .009, ns), ounces of breastmilk produced (γ = -.009, ns), and work-to-family interference (γ = -.01, ns). Finally, we controlled for the amount of ounces of breastmilk women planned to produce (γ = .46, p < .001) and the amount time spent pumping/breastfeeding at work (γ = .03, p < .01) on ounces of breastmilk produced.

* p < .05; ** p < .01; *** p < .001
**Figure 2**

*Morning Breastfeeding Pressure and Breastfeeding Stigma Interacting to Predict Morning Affective Strain*

*Note.* The relationship between daily breastfeeding pressure and daily negative affective energy is significant and positive at high breastfeeding stigma (simple slope = .17, *p* < .001) and not significant at low breastfeeding stigma (simple slope = .07, *ns*). The difference between the two simple slopes was statistically significant (estimate = .10, *p* < .05).
### TABLE 1

Primary These and Codes Generated from Study 1 Interviews

<table>
<thead>
<tr>
<th>Secondary Codes</th>
<th>Primary Codes</th>
<th>References (Participants)</th>
<th>Representative Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Barriers to Pumping</strong></td>
<td>Lack of Privacy when Pumping</td>
<td>59 (38)</td>
<td>“I’m sitting here pumping in this bus on the side of the road and the windows are not tinted. I kind of had to throw modesty out the door. We have these old raggedy busses and then we have brand new busses, and the old raggedy busses have no tinted windows so… you know I’m on the side of the road right now. I really could use it and like it’s a low floor so everyone who drives by they look over.” [P29]</td>
</tr>
<tr>
<td></td>
<td>No Dedicated Space for Pumping Room</td>
<td>23 (20)</td>
<td>“We had a mother’s room per se but it was being shared with IT. They actually had their cameras in there for making security badges. So, I was like—that’s not going to work for me. And, they’re in there so you have to wait your turn. You’re like, ‘Uh, I need to use this.’ So, I went to HR and they said, ‘Well, you can go down stairs. There’s a fitness center that’s shared with a couple companies and they have a place that you can use.’ I went down there and they said, ‘You can put the tie on the door and the door will lock and nobody will come in.’ Well one of the male coaches unlocked the door anyways and came in! I was like—oh my gosh.” [P5]</td>
</tr>
<tr>
<td></td>
<td>Not Enough Time to Pump</td>
<td>30 (22)</td>
<td>“My boss wasn’t very supportive and I think it’s because she didn’t have any children. She didn’t understand, and she sometimes would be like, ‘You need to make it 15 minutes.’ I’m like, I can’t make it 15 minutes—I have no control over that, you know? So, I think it was just that lack of understanding on her part.” [P5]</td>
</tr>
<tr>
<td></td>
<td>Pumping Room is Far Away Room</td>
<td>18 (14)</td>
<td>“It’s a good five minute walk … I think what I would like to see is companies say well, I have over 50 employees so I have to buy one room but not only do I have over 50, I have over 900 so maybe I want to do two rooms, maybe I want to do a room per building, maybe I want to do one per however many. And legally they’re doing everything right. But, how can we make that better and one up it because you have over 900 employees and that one room isn’t enough.” [P17]</td>
</tr>
<tr>
<td></td>
<td>Not Enough Pumping Rooms, Overcrowded</td>
<td>8 (7)</td>
<td>“I started to panic because there were like seven women pumping and that had reserved time in this room and there were like no or only like three time slots available. […] I suppose I could have made them work [the available times left] but they were not really convenient. The building I’m in now needs a little more opportunity for rooms. I think there should be one on every floor. I shouldn’t really have to walk like down six flights and over the crosswalk because that’s just more time it takes [away from my work].” [P23]</td>
</tr>
<tr>
<td><strong>Work and Pumping Schedules Do Not Correspond</strong></td>
<td></td>
<td>25 (19)</td>
<td>“I had really long cases—like six hour long case—in the operating room and obviously I can’t go six hours without pumping. I’ll pump right before we start and then I’ll have to take a break and I’ll wait and I’ll stretch it out because it will be a tough part of the case. Then you hate to leave and interrupt and all that. And then finally I’ll get a point where I’m like, ‘Uh, I’m gonna run out and pump.’ […] They understand, but you feel bad leaving.” [P18]</td>
</tr>
<tr>
<td><strong>Pressure to Keep Strict Pumping Schedule</strong></td>
<td></td>
<td>34 (38)</td>
<td>“No later than 9:30[AM]—that’s what time I’ve got to be on the pump. […] I try to get every four hours, so then after you do that you have a few more meetings, try to get some work done, and then you’re back on about 12:30PM or 1:00PM around lunchtime. And then, if I’m lucky, I get one last little one [a pumping break] before I leave around 4:00PM or 4:30PM. […] It’s a busy day. There’s no rest.” [P9]</td>
</tr>
<tr>
<td><strong>Had to Prioritize Work over Pumping Needs</strong></td>
<td></td>
<td>6 (6)</td>
<td>“So basically they said yeah you can pump at work but you have to do it on your own time so the times that my body would normally produce milk I wasn’t able to leave my classroom to go take care of that so I had to retrain my body to produce milk at different times and that was really challenging and I ended up losing a bunch of my supply.” [P1]</td>
</tr>
<tr>
<td><strong>Stigma Surrounding Pumping</strong></td>
<td>Concern about Coworker’s Perceptions</td>
<td>21 (17)</td>
<td>“It is quite nerve rattling at first—very, very nerve rattling simply for the fact that how loud the noise, the pump, is. Thinking: ‘Do people think it’s disgusting that I’m getting this out?’ […] So, like I said, it’s disgusting, and if I leave it in front of me when I go to take it over to the refrigerator so it doesn’t go bad, I’m afraid that people will see that…” [P11]</td>
</tr>
<tr>
<td></td>
<td>Male Coworkers</td>
<td>32 (24)</td>
<td>“The first week I was home for maternity leave … I was promoted to supervisor level and I had a new boss and all new people reporting to me. The whole thing changed the week after I give birth! I felt a little uneasy about that, just because I felt really good about people I was working with at the time and then I was like, well, is my new boss [OK with pumping]… And, my new boss is a man as opposed to a woman. And so I felt weird about that because I didn’t know him and he was male.” [P23]</td>
</tr>
</tbody>
</table>
### Primary These and Codes Generated from Study 1 Interviews

#### Secondary Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Primary Codes</th>
<th>References (Participants)</th>
<th>Representative Quote</th>
<th>Theme 2: Affective Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintaining Professional Image</td>
<td>-</td>
<td>36 (27)</td>
<td>“My husband was saying, ‘Just tell them you need to go and pump.’ And, for some reason—I forget what the reason was—I was like, ‘Nah, I’m not going to tell these men that I have to go pump.’ It’s like I was trying to be professional and by telling them I needed to go pump I would lose all my professional credibility.” [P32]</td>
<td></td>
</tr>
<tr>
<td>Breasts Sexualized in Society</td>
<td>-</td>
<td>11 (9)</td>
<td>“I could see how maybe they’re uncomfortable because [breasts] are so sexualized. And, it’s like, [people think that] ‘This baby is literally sucking a liquid out of someone’s [breasts] that’s not what [breasts] are for.’ I could see how men would think that way, but I just wish it wasn’t so. I wish it was just normal, ‘Oh yeah, you’re breastfeeding? Sure, yeah, go pump. Let us know what you need.’” [P1]</td>
<td></td>
</tr>
<tr>
<td>Community Expectations</td>
<td>-</td>
<td>22 (18)</td>
<td>“When you go to the hospital to deliver they ask you whether you are going to breastfeed or not and then you tell them whether you plan to or not … in Norway, they never ask you that question. You’re having a baby and the baby will be breastfed because that’s what babies eat.” [P14]</td>
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</table>

#### Negative Affect

<table>
<thead>
<tr>
<th>Code</th>
<th>References (Participants)</th>
<th>Representative Quote</th>
<th>Theme 3: Maintaining Work, Breastfeeding, and Family Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-spirited/Depressed</td>
<td>38 (24)</td>
<td>“I feel sad that I won’t even have possibly made it to a year [of breastfeeding], even though I was looking forward to being done. You know, it’s double edged.” [P23]</td>
<td></td>
</tr>
<tr>
<td>Discouraged/Fatigued</td>
<td>40 (21)</td>
<td>“I either feel guilty for neglecting my work because I’m not giving my 20-5-year olds 1,000% like I used to, or I’m neglecting my marriage because I’m just exhausted at the end of the day, or I’m neglecting my friends that I never see. And some days I feel like I haven’t given [name of child deleted for privacy] 100% of my attention. So, that’s hard. There’s just not enough of me.” [P37]</td>
<td></td>
</tr>
<tr>
<td>Grateful</td>
<td>9 (9)</td>
<td>“I used someone’s office for that [pumping]; there wasn’t really a space. And the lady was more than happy to let me use her office and I was grateful for that. And she was wonderful. She nursed her kids as well! So, that was okay, but not ideal. So I told them at the end of the year that I would really appreciate it if he [my boss] would designate a spot so I wouldn’t feel like I was displacing anyone.” [P37]</td>
<td></td>
</tr>
<tr>
<td>Happy/Joy</td>
<td>11 (9)</td>
<td>“I enjoy breastfeeding, but I guess … it’s hard to sometimes live a normal, quote unquote normal life when you’re constantly thinking about it.” [P21]</td>
<td></td>
</tr>
<tr>
<td>Proud/Confident</td>
<td>12 (7)</td>
<td>“So much time … at night and on the weekends he [the baby] was completely on me, so it can be really exhausting. It was definitely a big a big triumph when you get through it.” [P5]</td>
<td></td>
</tr>
<tr>
<td>Relaxed/Content</td>
<td>8 (6)</td>
<td>“I was so relaxed and comfortable that I felt fine. So, I wound up nursing her right there on the deck in front of all the male [colleagues] and no one blinked an eye, no one stared, no one looked uncomfortable. So, that was nice.” [P32]</td>
<td></td>
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</table>

#### Positive Affect

<table>
<thead>
<tr>
<th>Code</th>
<th>References (Participants)</th>
<th>Representative Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ounces Produced - Worried About Enough Output</td>
<td>42 (20)</td>
<td>“You’re constantly worrying about your supply… I’ve seen my supply decrease tremendously from when I first started pumping to now. And I started pumping when he was three months old. I was pumping about 19 ounces a day when I was away. He’s 8 months now; I’m barely pumping 9 ounces. So, my supply has decreased by 10 ounces a day. And, it’s just—it’s a struggle.” [P21]</td>
</tr>
<tr>
<td>Had to Supplement</td>
<td>29 (20)</td>
<td>“It’s been a slowed down health progression ever since I came back to work… it’s just not happening. Like, there is just not—I’m not making [breastmilk] anymore. I had to supplement, and there’s just nothing left. So, I usually give her [formula] at night before bed. I just give her a little bit of formula just to make sure she’s, like, good and full.” [P23]</td>
</tr>
<tr>
<td>Setting Priorities to Accomplish Work Goals</td>
<td>21 (15)</td>
<td>“Sometimes… I had to pump. Then I’d stay at work a little later so I could finish grading papers because that time was taken up by pumping. And, so that’s where, when I quit pumping, it was kind of like a weight taken off my shoulders because I was like, ‘Oh, I have time, I’m going to have more time with my family because I have more time at work [while at work].’” [P1]</td>
</tr>
<tr>
<td>Hard to Focus on Work with so Many Demands</td>
<td>24 (11)</td>
<td>“I still found it challenging mentally to step back into the workspace and to be able to turn and focus and feel like I was really giving my attention to work when it was appropriate, and then transition back to the home life.” [P2]</td>
</tr>
<tr>
<td>Respond to Work Requests while at Home</td>
<td>29 (24)</td>
<td>“I have been checking emails at home a little bit more than I normally would prior to starting a family just so that I am a little more caught up when I do get into the office.” [P2]</td>
</tr>
</tbody>
</table>

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*a Second order codes are broader aggregated categories that explain the patterns found in the first order codes. First order codes describe direct quotations that use the participants’ original language. Quotes provided within the table are distinct from quotes provided in the text.*