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Graduate Poster
Competition

SPILLING THE MILK: Rethinking Hospital Lactation Rooms

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Abstract

As the Artist-in-Residence for Covenant Women's and Children's hospital, I was tasked with redesigning our hospital's lactation rooms in 2022. An intersectional, queer theoretical framework alongside visual culture analysis guides the redesign of the two rooms. In learning how to provide a space for all families who express milk, my own assumptions of what it means to be a breastfeeding person is "queered". I present how theory and praxis intertwine and led the lactation room redesign process. Art—and theory—can be used to critique past inequities while dreaming of future spaces of well-being and cultural understanding.

Theorizing the Space

A Paternal Gaze

Education material on the pathological need and purpose of breastmilk looms over the mother as she pumps breastmilk (seen in Figure 1). What is meant as helpful education can be critically analyzed in how the physical flyers communicate within the space. A woman sits on the old, rolling office chair to pump. She is surrounded by posters on how to make her body more efficient, more nutritious for her baby, and ultimately more into factory machinery. The flyers literally oversee her work. Like Foucault's Panopticon (Foucault, 1982), the flyers serve as an implicit "eye," keeping her within accepted societal structures. The educational flyers seemingly monitor her behavior of expressing milk to achieve capitalist production demands.

Queer Theory:

Queer Theory specifically challenges the categorization of identities, deconstructing binaries and seeing identities as fluid (Oswald, et al., 2005; Allen & Mendez, 2018). While Foucault explains how systems of power enforce certain binaries, Queer Theory unravels them all together. Any label or experience can be queered as we question why we have certain boundaries. A breastfeeding caregiver can be more than a cis female, heteronormative, biological mother. Grandmothers, friends, wet-nurses, and donor milk can all fall under the category of breastfeeding caregiver. When queering the hospital lactation room, we must ask what the space does and how tensions are created in the space by certain bodies and relations. Queer theory has been used by theorists to understand spaces, not just for LG bodies, but for any body that "queers" comfort levels or hegemonic identities. Including a critical queer framework goes on to reimagine spaces that include the particular and the diverse. Ultimately, queering lactation increases support for LGBT families (Giles, 2004) while challenging gender norms and stereotypes more broadly.

Project Components

Wash Space – handwashing station, microwave for sanitizing pump parts and warming heat pads, a basket of free lactation samples, teas, nursing pads. Everything is clearly *labeled in both English and Spanish*, making the room more accessible and useable.

Educational Materials – a space for visible flyers, information, etc will be set aside near handwashing station. *Pamphlets are consolidated*, tidy, and accessible -- not looming over the breastfeeding space.

Breastfeeding – *resources for a better pumping experience*, such as heat pads, easy access to viewing pictures of child, an additional chair for lactation educators or support persons.

QR codes – easy access and encouraging use of NICU camera system to *view child* while using the room.

Ambiance – Many parents expressed a need for better "mood" in the rooms, such as music, white noise, low lighting, etc. A *noise machine* and soft lamp should be provided in each room.

Interacting space - A place to put a family photo or contribute to a rotating community board. Hospitals are full of stagnant imagery and no-touching spaces. The lactation rooms should *invite interactions and personalization*.

Imagery – colors and imagery should be *calm and grounding*, incorporating organic subjects, as many hospitalized families spend days or weeks without being outside. Additionally, images displayed should be diverse and inclusive of a variety of parenting experiences.

Care - Spaces for *self-care* and thoughtfulness. Extra nursing pads, lanolin, coat hangers, charging station, and a mirror for readjusting clothes after pumping.

Chair - To truly meet the needs of lactating families, we need 2 hospital-grade chairs that recline (reclining position is helpful for Lactation Educators to assist with breastfeeding issues and concerns). One of the two chairs should be a bariatric chair, making *comfortable nursing accessible to all families*.

Outcomes

After a year of planning, funding came through to support the redesign process (see Figures 2, 3, and 4). Larger, heated chairs were ordered, as many described the difficulty in trying to pump in a cold room. Earthy, minimalist murals have been painted, and accessories, such as sound machines, coat hangers, mirrors, phone chargers, etc have been installed. Additionally, the rooms are in the process of becoming bilingual in labels and access to accessories. Once the redesign is fully installed, a follow-up process will be conducted to analyze the effect and continued changes needed

Conclusions

Critically queering the lactation rooms allowed me to step outside my own identities and preferences. I was hyper-attuned to the needs and desires of the many stakeholders involved in the space, and took a listening posture to give space for the many diverse mothering and lactating experiences in our specific hospital. Particularly, I became more aware of the many Spanish-speaking families in our hospital, and will continue to seek ways to share stories across language barriers, that all hospitalized families may experience the full benefit of rest and wellbeing through the arts.

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Figure 1

Objective

Offer two distinct rooms for lactating mothers, designed for:

- Family-centered care
- Educational resources
- Relaxation/Mindfulness space
- Meeting diverse mothers' needs



Figure 2



Figure 3

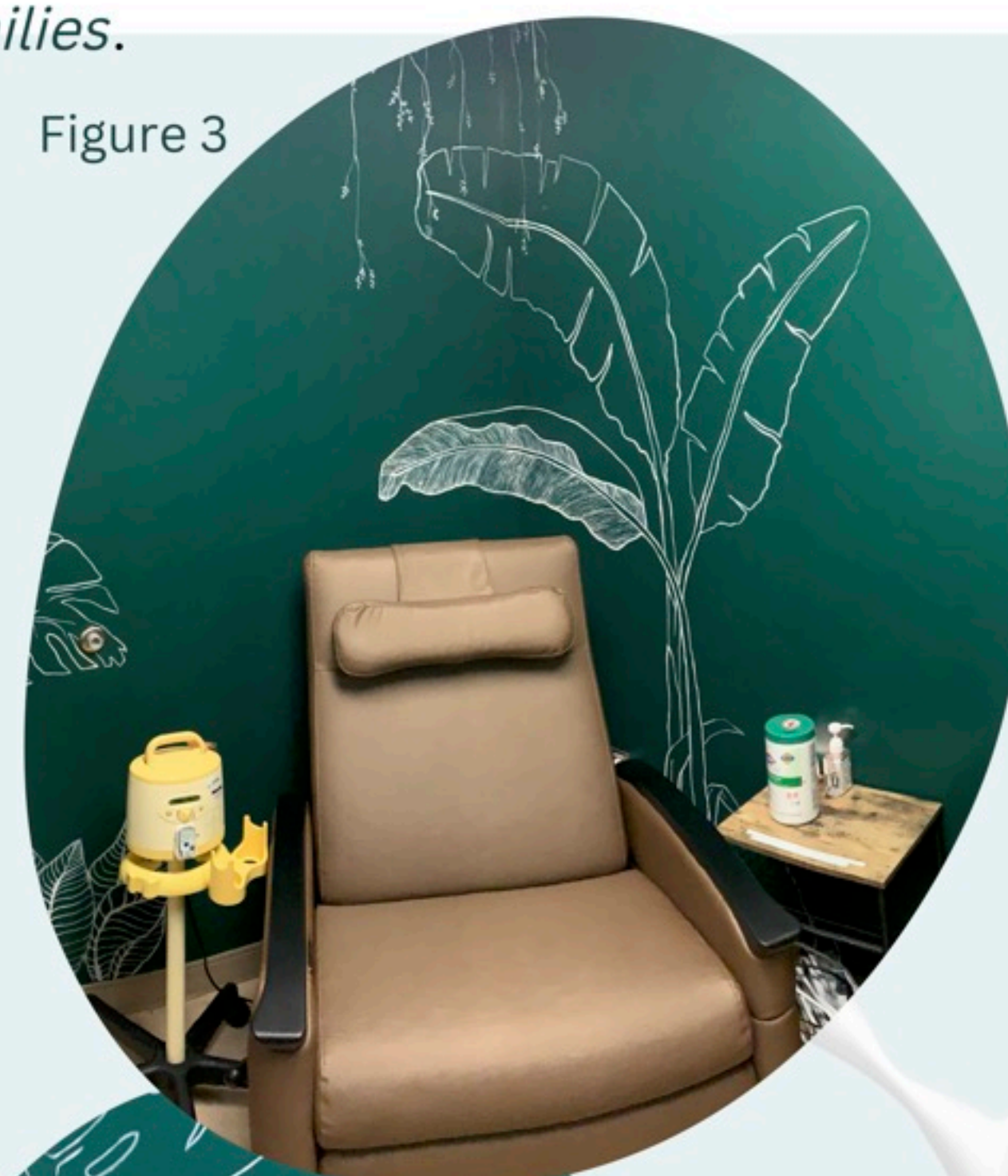


Figure 4

Figure 4