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Designated private breastfeeding spaces in the university sector: An audit of one Australian university

ABSTRACT

Our study focuses on designated breastfeeding rooms on campus at a leading Australian university. Universities have a growing female staff and student cohort, including breastfeeding women who are legally protected to breastfeed. As part of a wider university initiative to improve gender equity and family friendliness, our study used a walk-through audit to evaluate 11 designated private breastfeeding rooms on campus. The rooms were benchmarked against criteria derived from the Australian Breastfeeding Association's Baby Care Room award checklist. Eight of the 11 designated breastfeeding rooms were purpose-built with excellent facilities, but the majority were difficult to locate and access. Our analysis found that clarifying access requirements and improving signage to designated breastfeeding rooms would signal the inclusion and valuing of the lactating body on campus. This, in turn, would contribute to a more welcoming organisational culture for breastfeeding women visiting, working or studying on campus. We situate our results within broader feminist perspectives on how 'leaky' embodied practices of reproductive labour challenge prevailing workplace norms about productivity. Our findings may apply to other publicly-engaged and outwardly-facing organisations who provide services or employment and wish to improve their lactation rooms.

Keywords: *workplace breastfeeding; university sector; breastfeeding rooms; feminism*

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INTRODUCTION

There is a growing literature on the barriers to breastfeeding faced by women¹ in paid employment. A common theme in recent studies is that women employed full-time or who use non-parental childcare are less likely to breastfeed and, while breastfeeding, are less likely to be employed (Baxter, 2008; Baxter, Cooklin, & Smith, 2009; Mandal, Roe, & Fein, 2010, 2014; Smith et al., 2013a, 2013b; WABA & UNICEF, 2015). Further, in a North American context, recent studies have explored the experiences of staff and students breastfeeding on university campuses and discussed the barriers this cohort faces (Albrecht, Wang, & Spatz, 2017; Bai, Dinour, & Pope, 2016; Bostick, Albrecht,

Baghdadi, Haley, & Spatz, 2016; Dinour & Szaro, 2017; O'Connell, 2015; West, Power, Hayward & Joy, 2017). These studies identified particular difficulties for university staff and students scheduling breastfeeding around class times and a lack of support for expressing milk on campus. Previous research in the United States of America has found that breastfeeding students do not have the same legal protections as university employees (Albrecht et al., 2017; Bostick et al., 2016). Many universities lack policies on breastfeeding support for students and a lack of awareness has been found among administrators and faculty about the importance of breastfeeding, including the need for adequate lactation breaks and facilities for expressing or breastfeeding (Albrecht et al., 2017).

¹ We wish to acknowledge that not all people who breastfeed are cisgender women (Lee, 2019). Barriers faced by breastfeeding trans and gender diverse groups on university campuses remain a site for further research.

Locally, Australia has only eight universities accredited as 'Breastfeeding Friendly Workplaces' by the Australian Breastfeeding Association (Burns & Triandafilidis,

2019). Australian studies have drawn attention to wider cultural issues discouraging babies and breastfeeding on Australian university campuses and women's equal participation in academic life (Burns & Triandafilidis, 2019; Gilmour et al., 2013; Sinclair & Black, 1999). A 2017 survey of 64 Australian National University staff and users of on-campus childcare, who had babies aged between 0–2 years of age, was conducted to understand the support they experienced for breastfeeding or expressing from their colleagues and management. It found that a third of participants reported having reliable access to suitable facilities for breastfeeding or expressing, while one-quarter of the participants delayed their return to work because of their perceived lack of breastfeeding support (Smith, Javanparast, & Craig, 2017). Thus, a sizeable minority of this university's employees perceived a need for improved support. Barriers identified in this study included insufficient and inadequate coverage of paid maternity leave; lack of access to on-campus child care, time pressures and lack of guaranteed access to paid lactation breaks; and reliance on individual supervisors and work colleagues having supportive attitudes. A more recent study conducted using an online survey and in-person interviews with staff and students at the University of Western Sydney found universities to be perceived as positive and progressive places for breastfeeding (Burns & Triandafilidis, 2019). Yet it highlighted the different barriers faced by professional, academic and casual staff, as well as students, to breastfeeding (Burns & Triandafilidis, 2019). Notably, that private and safe spaces for breastfeeding provided by the university needed to be better signed, more accessible, and better resourced. Additionally, despite the perceived supportive environment, breastfeeding mothers reported feeling self-conscious and unprofessional at times while trying to juggle their personal and professional lives.

We drew inspiration from an in-depth article of one academic's experiences of breastfeeding and expressing milk at a Dutch university, where the author argues that precisely because there was no designated lactation room in her office building, her lactating body disrupted the order, rules and spatial arrangements of her university (van Amsterdam, 2015). Van Amsterdam's (2015) autoethnographic account intricately describes the daily exercise of negotiating access to private space in order to express. She recounts the challenge of being moved between various 'spare', and inadequate, rooms including fellow employees' vacant offices, a library, and the public bathroom. Without access to her own fridge, she describes her embarrassment at having her milk stored in the fridge of the public canteen. Such embarrassment about storing milk in public fridges and washing pump kits in public sinks is also reported on Australian university campuses (Burns & Triandafilidis, 2019).

Similarly, studies conducted by Gatrell (2007) with 20 professional employees, and by Burns and Triandafilidis (2019) with Australian university students and staff members, describe employees' reports of breastfeeding or expressing 'in secret', and how a lack of lactation rooms required them to use ad hoc empty rooms without locks. Breastfeeding mothers reported the need to put additional effort into 'looking smart' in order to maintain others' perceptions of their maternal body as a professional one (Gatrell, 2007). Gatrell found that breastfeeding employees had to engage in 'maternal body work' — that is, strict management of the maternal body to maintain the bodily norms of the 'good' employee — in order to navigate the often-incommensurate requirements of being a 'good mother' and 'good employee' (Gatrell, 2007, 2013; Turner & Norwood, 2014). Another study reports breastfeeding mothers wrestling with their 'professional clothes' in order to express milk or breastfeed, highlighting the need for private spaces with lockable doors (Burns & Triandafilidis, 2019).

The commonality of the findings from the studies outlined above is that they highlight how workplace norms seem to reinforce the differentiation between public/productive 'work' spaces and private/reproductive 'breastfeeding' spaces (Rose, 2014). That is, workplaces are typically spaces where reproductive labour, such as breastfeeding, is undervalued compared to the paid 'productive labour' that is enacted in the public sphere. Within this public sphere, norms of the autonomous, controlled, and self-contained body prevail (Gatrell, 2007; Lee, 2018; Shildrick, 1997). The 'leaky' lactating body challenges these norms of control and self-containment and therefore the dominance and stability of the public/productive sphere over the private/reproductive sphere (Shildrick, 1997). This binary equates the public/productive sphere with the 'good employee', while the private/reproductive sphere is assigned to the ideal of the 'good mother'. That breastfeeding women need to navigate the disavowal of breastfeeding in the public sphere, while also negotiating the privileging of productive labour at the expense of reproductive labour, bears real consequence for both lactating employees and students (Lee, 2018; Stephens, 2012). In fact, one Australian study argues that a 'lack of supportive visible and accepted breastfeeding culture made ... [breastfeeding women] feel they were behaving inappropriately' even in progressive and supportive environments such as universities (Burns & Triandafilidis, 2019).

Following the above literature, our study takes up a feminist perspective on employees' embodied experiences of breastfeeding and lactation within the workplace. The aim of our study was to record both the number and adequacy of the designated private lactation rooms in order to establish a benchmark

for intra-institutional purposes, that is, a benchmark that could be used by this particular university to measurably improve lactation rooms as part of their larger gender equity and family-friendly initiatives. This practical initiative was born from our ultimate aim of reducing the strain on lactating mothers as they enacted the competing bodily norms often required in places of employment or study. Importantly, our study focus is framed by an asset-based approach, that is, on the improvement of existing excellent resources found at the university on an individual, community, and societal level to enhance health and wellbeing (Whiting, Kendall, & Wills, 2012).

METHODOLOGY

We used a walk-through audit to benchmark the facilities in designated lactation rooms on the main campus of a leading Australian university.² The audit consisted of the following three steps. Firstly, in June 2017 we identified the designated private lactation rooms on campus through a list provided by the Human Resources Department. This list was derived and updated by the Human Resources' Diversity Officer in April 2017 after she undertook a 'desktop audit' of the 'parenting' rooms on campus.³ The desktop audit logged ten rooms. However, in our initial walk-through audit, one of the parenting rooms was excluded due to its access requirements and another was 'under construction'. Both have since been audited, as well as an additional room at a smaller campus located a short drive from the university's main campus. As of October 2018, the total number of rooms audited was 11.

Secondly, we created an audit checklist to record observations and create a benchmark in case of future audits (Figure 1). The checklist was a collation of items listed on the university's Human Resources desktop audit template and the items on the Australian Breastfeeding Association's (ABA) (2017) 'Essential criteria for a Baby Care Room' list. The two audit checklists were used to create the penultimate version for the following reasons. Firstly, the Human Resources desktop audit checklist was incorporated into our walk-through audit checklist to build upon what the

university has already achieved for documenting and designing the campus's designated private lactation rooms. Secondly, the ABA Baby Care Room checklist (2017) was deemed an appropriate resource to draw upon because of the ABA's existing expertise in auditing and accrediting parenting rooms in the community.⁴ The ABA uses the checklist to accredit and award rankings to community-based premises for their Baby Care Rooms (2011) that 'enable mothers to feed and change their babies and toddlers when they are away from home.' The ABA checklist details what it considers 'essential criteria' for Baby Care Rooms awards in the community. Essential criteria include: the room being a designated space for breastfeeding separate from general toilets; convenient, quiet and with the option to breastfeed in private; comfortable seating; clean; safe and clean to change nappies; hot and cold water and hand-drying; waste disposal; smoke free; accessible by mums, dads, grandparents and carers; no advertising of artificial formula; and being clearly marked and easy to find. While we acknowledge that feeding a baby is just one task of many associated with parenting more broadly, it was specifically the embodied task of providing breastmilk — through breastfeeding, bottle-feeding breastmilk, or expressing breastmilk by hand or with a pump — that we had at the forefront when assessing the designated private lactation rooms on campus.

Thirdly, the walk-through audit of eight designated private lactation rooms on the main university campus was conducted by one researcher during August and September of 2017. A second audit, of three additional private lactation rooms took place in July to October of 2018 with the same researcher. Our walk-through audits ascertained information on the location, facilities and access requirements of parenting rooms on campus. This added to the initial desktop audit. The researcher visited and photographed the rooms while checking for each item on the audit checklist (Fitzsimmons & Maurer, 1991). The walk-through audit aimed to mimic the experiences of breastfeeding staff and students on campus as potential users of the designated parenting space, which brings their needs to the fore (Fitzsimmons & Maurer, 1991). Photographs were taken to preserve as much information about the rooms as possible from our visits (Dicks, Soyinka, & Coffey, 2006). Panoramas (360° wide-angle photos 'flattened' into a single image) of the internal space and entrance to each room were taken, culminating in a total of 449 photos. Photos of the best rooms were later used to create a benchmark for improving current rooms, planning new rooms and creating resources for staff and students on campus. At the time of the audits, all of the 11 rooms were vacant. The audit did not involve or record any person visiting

2 This university has a lactation policy that denotes flexible work arrangements to accommodate breastfeeding staff and students, has designated lactation and parent rooms, and parental leave provisions of 52 weeks (of which 26 weeks are at full pay), including the option for the partner of a university employee to take paid parental leave in lieu of the birth mother. At the time of conducting this research, the University was not accredited as a Breastfeeding Friendly Workplace by the Australian Breastfeeding Association (ABA). However, at the time of writing it was actively pursuing this accreditation from the ABA.

3 The desktop audit involved the Diversity Officer sending an email to the local administration of each of the university's Schools/ Departments asking about parenting rooms in their respective buildings.

4 The ABA is Australia's largest and premier authority on breastfeeding and provides information, services and assistance for breastfeeding (ABA, 2015).

Figure 1. Walk-through audit template.

ANU Parenting Spaces Facility Checklist		
ROOM:	OVERALL:	
DATE & TIME:	TIME FROM POP-UP:	
FACILITY	PRESENT?	
Essential Criteria from the Australian Breastfeeding Association (ABA):		
Designated room for baby care separate from general toilets		
Convenient, quiet, option to feed in privacy		
Comfortable seating		
Clean		
Safe & clean to change nappies		
Hot & cold water & hand drying		
Waste disposal		
Smoke free		
Accessible by mums, dads, grandparents and carers		
No advertising of artificial formula or toddler follow-on formula		
Clearly marked & easy to find		
Extra features in a Baby Care Room (used to determine no of Stars) from the ABA:		
Easy pram or stroller access, including twin prams		
Doors easily managed (either light to open by hand or push button access)		
Private or lockable feeding areas		
Toddler toilet with low mirror & basin		
Notice board		
Tissues or hand washing lotion or cleansing lotion or cotton balls provided		
Nappies provided or dispenser machine		
Ability for fathers to access without needing to enter private breastfeeding area		
Secure play area for older children		
High chair		
Air conditioned		
Comfortable lighting & ventilation		
Food preparation area separate to nappy change area		
No bottle symbols on signage		
Box of toys for toddlers		
Drinking water or cup dispenser or tea & coffee facilities		
TV		
Access to toilets, but separate from general toilet area		
Change bench within arms' reach of taps		
Public telephone		
Jug or kettle or microwave		
Power point access for breast pumps or charging mobile phone		
Piped music		
Other		

[illegible]

the rooms. For this reason, the project was exempt from an application to the university's Human Research Ethics Committee.

RESULTS

Despite the facilities themselves being excellent, none of the 11 designated private lactation rooms met the ABA essential criteria (Figure 2). The audit found that this was most often due to the poor signage and access requirements for the lactation rooms.

Lack of signage

While the facilities of the parenting-specific rooms are excellent, signage requires improvement. Seven of the nine rooms failed to meet the ABA 'essential criteria' to be 'clearly marked & easy to find' because they were not labelled on external building signs, and thus, the rooms were difficult to locate from any given point of wayfinding on campus. Within the buildings themselves, two designated lactation rooms (Rooms #4 and #8) had somewhat adequate internal signage as the two rooms were marked within their buildings. These

rooms also had entrances that led directly off more ‘public’ interfacing areas of the university. If a potential user already knew that one of these buildings contained a parenting room, the internal signage meant the rooms might not be too difficult to find. The remaining rooms, however, are not marked on internal building signage. While six of eight doors to the lactation rooms themselves are labelled appropriately (Figure 3), this does not correspond to sufficient internal building signage. Figure 3, for example, depicts a map located near the entrance to a building that houses an adjacent designated private lactation space. Of note, nowhere is the parenting space listed on the building’s signage, including on a sign that lists all rooms within the building adjacent to the breastfeeding room itself.

Accessibility

Across all 11 of the rooms it was unclear who was permitted to enter. Five of the designated rooms required users to sign in at reception for access, and one of the rooms was located in a locked building; a call to security or reception was required for access. The remaining two rooms had electronic locks, but we did

Figure 2. Overview of results from walk-through audit of ‘designated’ private breastfeeding rooms (as of October 2018).

Room	1	2	3	4	5	6	7	8	9	10	11
Meets ABA Essential Criteria for Facilities	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
"Designated Room for Baby Care..."	✗	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓
"Accessible by mums, dads, grandparents & carers"	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
"Clearly Marked & Easy to Find"	✗	✗	✗	✓	✗	✗	✗	✓	✗	✗	✗
"Waste Disposal"	✓	✓	✓	✓	✓	✓	✗	✓	✗	✗	✓

Figure 3. Door to parenting room with clear signage and building map without reference to parenting room.



not have to use them to enter the rooms. They may have required a university student or staff ID swipe card to enter, but this was unclear.

Multipurpose rooms as lactation rooms

The two first aid rooms (Rooms #1 and #2) were initially included in the audit as they were both designated lactation rooms *and* designated first aid rooms. However, after the walk-through audit was completed, it was clear these two rooms failed the ABA’s essential audit criteria that they be a ‘designated room for baby care’ in the practical sense that they did not contain breastfeeding facilities.⁵ The rooms were designed for the delivery of first aid and included beds,

first aid kits, sharps bins, and miscellaneous medical equipment, while lacking baby change tables. Like the two first aid rooms, a third designated parenting room was also found to be a ‘multi-purpose’ room (Room #11). However, while it was not solely a ‘designated room for baby care,’ it was designed with baby care in mind. This room lacks baby specific facilities such as a baby change area, yet the space includes comfortable seating and well-thought-out power outlets. Unlike the first aid rooms, this room is intended to be bookable by those who require the use of the space for breastfeeding or expressing and does not conflict with the use of the room for first aid purposes.

A lack of ‘waste disposal’

Three of the nine designated lactation rooms failed to meet the ABA’s essential criteria as they did not have waste disposal facilities.

5 The two dual-purpose first-aid rooms were then excluded from ongoing consideration as lactation rooms as they were first and foremost designated first aid rooms (Rooms #1 and #2).

Figure 4. Room #3 A well-appointed parenting room on the university campus.



Hidden gems

In sum, the walk-through audit found ‘hidden gems’, that is, very well-appointed rooms that are difficult to find and potentially hard to access. For example, Figure 4 shows the most highly appointed breastfeeding space on campus in terms of meeting essential ABA criteria and showcasing extra features listed on the ABA checklist.⁶ The room was well located for mothers with prams or young children as it was near the reception area of the building on the ground floor, and was across from a kitchenette and bathrooms. The room itself was bright, clean, airy, and modern. It had a privacy screen, lounge chair and selection of play equipment for babies and small children. There was great attention to detail in the room: the door was easy to open, all windows could be completely covered, the power points for breast pump/s were well located, there were baby wipes and paper towels, and a small clock was visible from the lounge chair.

DISCUSSION

There are four key findings from the audit of the university’s designated private lactation rooms for the purposes of breastfeeding or expressing breastmilk. Firstly, there are nine purpose-built rooms with excellent facilities based on the ABA’s high standards for Baby Care Rooms in the community. Secondly, and importantly, all nine rooms failed to achieve the essential criteria of Baby Care Room standards due to a lack of signage and clear access requirements. Thirdly, three rooms failed essential criteria due to a lack of

‘waste disposal’ facilities. Finally, two rooms that were initially identified as dual-purpose were ill-suited as designated private lactation rooms because they are first and foremost first aid rooms.

While a lack of signage may seem like a mundane point to stress, through a feminist theoretical lens it suggests a critical point regarding the integration of the lactating body, as employee or student, into the university’s workplace. All nine designated lactation rooms on campus failed the ‘essential criteria’ of being ‘clearly marked & easy to find’ and being ‘accessible to mums, dads, grandparents and carers.’ Therefore, access to them is confused or difficult as they are unsigned and unadvertised. It is doubly interesting that this has occurred on campus where the facilities of the rooms themselves are excellent. Potentially, the lack of signage can be read as part of a broader organisational tendency to make invisible and therefore to deny the needs of the lactating body in the workplace setting (Lee, 2018). A recent study of another Australian university also found that designated breastfeeding rooms were difficult to access, reporting that signage was too small, rooms were locked or closed during business hours, there was limited communication to staff and students about where these rooms were located, and that wayfinding on campus was difficult (Burns & Triandafilidis, 2019). This meant that some breastfeeding employees and students used other areas of campus to breastfeed, including toilets, staff rooms, cars, and outdoors. Burns and Triandafilidis (2019) argue that visibility of breastfeeding — such as signage — contributes to the acceptance of breastfeeding into the culture of the university. Similarly, in her analysis of lactation rooms at a university campus of over 20,000 people in the United States of America, Rose (2014) found only one lactation room was provided, in a hard-to-find

⁶ These extra features are used by the ABA to determine a star rating for baby care facilities. For example, a 5-star baby care room rating designates a room meeting all essential criteria, in addition to having ten extra features. For more information please see Figure 1.

location, away from public view. While the number of rooms at the university in our study is commendable compared to this example, Rose's argument is that the spatially isolated and 'secreted' locality of the room communicated an institutional message about undervaluing caretaking and reproductive work, such as breastfeeding, in the university. Following this, we argue that if the designated private lactation rooms on campus were 'clearly marked & easy to find,' it would normalise the lactating body in the workplace and signal its inclusion and acceptance.

Furthermore, the lack of clarification over access to the rooms compounds this point — not only are the rooms difficult to find, but even when found, it is unclear who can enter. The specifics of the policies and practices of the university as a site of employment, study and public outreach requires work to provide greater clarification of access requirements and signage to designated private lactation rooms. The university must first define the intended users of these rooms to determine, grant and then enable easy access to designated private lactation rooms on campus. Questions that remain to be answered in the university context include, 'Are intended users of designated private lactation rooms solely staff and students, or does it extend to family, affiliates and the general public?' Clarity is needed, as each of these intended users will incur different requirements. For example, do intended users need to be registered with the university to be granted access to a lactation space, such as through having staff and student identification cards? (Smith et al., 2017). How can the university manage parenting and lactation needs in relation to the campus' official opening hours and the parenting facilities contained within? How can it maintain campus and building security while facilitating access by a broader visiting public to the university? What does this mean for intended users who are not carrying university staff and student cards? Addressing inclusivity with regards to making designated private lactation rooms 'accessible' may not be as simple as targeting signage to the intended user and consideration needs to be given to definitions of intended users, public outreach, and campus security.

The issue of waste disposal is clearly an adjunct consideration when considering the provision of breastfeeding rooms. It relates to the additional care work that is undertaken by parents (such as toileting and changing nappies), rather than breastfeeding needs specifically. However, we believe this point is significant, as attending to waste disposal facilities would signal organisational recognition of the regular use of the lactation or parenting rooms and therefore, highlight the important work of caring for infants in the culture of the organisation. There are a couple of potential logistical reasons why three of the designated lactation rooms failed to meet the ABA's essential criteria due to a lack of

'waste facilities.' Firstly, one of the rooms opened within the last year, and perhaps it is not yet part of its building's general waste disposal rotation. Another possibility is that it has been determined that these three rooms are not used enough to warrant regular rubbish collection. Nevertheless, such logistical barriers potentially undermine the sanitary functioning of the room, which in turn impacts upon comfort and convenience in the space for breastfeeding mothers and other care work.

Similarly, greater clarity is required regarding subsuming breastfeeding and parenting rooms into first aid rooms, which, we argue, means that neither space may be 'fit for purpose'. We do not think the inclusion of first aid rooms on a list of parenting rooms was intended to imply that lactating bodies are comparable to sick bodies. Instead, we believe that their inclusion implies a lack of understanding of the needs of the lactating employee or student beyond that perhaps of privacy and the need to sit down. For example, while the first aid rooms are private rooms with lockable doors, they lack facilities specific to ergonomically suitable breastfeeding, expressing and change table facilities, or being child-safe, a point also made by research at another Australian university (Burns & Triandafilidis, 2019).

Study limitations

Our study design faces a number of limitations. Firstly, the items on the ABA Baby Care Room checklist that were incorporated into our own audit checklist were originally intended for use by the ABA (2011) to award parenting rooms in 'community premises' not 'workplaces.' The design and intended users of community premises are clearly different, and more comprehensive, than those for a standard workplace. On the other hand, a public university, with significant community outreach, may not be a 'standard workplace'; as a public sector institution, the university has a large 'community' of staff and students in addition to visitors. Secondly, award of the ABA's Baby Care Room checklist differs from criteria used to evaluate accreditation under the ABA's (2015) Breastfeeding Friendly Workplace scheme. At the time of conducting this audit we consulted the local ABA representatives and were advised to use the ABA Baby Care Room checklist as the BFWA workbooks were not publicly available but were available at a cost. As a result of our benchmarking audit, the university has since paid to have access to, and undertake the BFWA. Therefore, more information will be collected to achieve the ABA Breastfeeding Friendly Workplace accreditation. Thirdly, further research that fell outside the scope of this audit is needed. This includes how the designated private lactation rooms on campus are allocated and subsequently utilised, how these rooms are experienced by users, and the role of university policy and staff and student cards in gaining access to these rooms.

RECOMMENDATIONS ARISING FROM THE AUDIT

The benchmarking that resulted from this study's audit was used by the university to make tangible improvements to their facilities, services and policies. We list the recommendations arising from our audit, while noting that the university is already meeting many of them.

- Clear signage for locating designated lactation rooms on campus.
- Waste disposal facilities in lactation rooms.
- Ensure intended users are granted access to lactation rooms.
- Ensure first aid rooms and designated private lactation rooms are both 'fit for purpose' if they are to be dual-purpose spaces.
- Clarify the intended users of the lactation rooms and their differentiated needs (e.g. students, academic staff, professional staff and campus visitors).

CONCLUSION

Our study utilised a walk-through audit of designated private lactation rooms on the campus of a leading university in Australia. It shows how appropriate rooms for breastfeeding, lactating women and the care work of parents of infants and young children are inadvertently marginalised and 'othered' through a lack of appropriate signage. This confusion over access to, and resulting marginalisation of, designated private lactation rooms and the lactating body challenges workplace notions of inclusivity and gender equity. Although the facilities of all nine sole-purpose designated lactation rooms were excellent, they were largely invisible and inaccessible. Thus, despite significant investment in the design of many of the rooms provided on campus, there appears to be an institutional disconnect between the actual facilities provided and ensuring that staff and students know about and can easily find and access such facilities. Ensuring adequate signage to the rooms on campus signals the inclusion of the lactating body and parents of infants and young children on campus.

This audit has added to the wealth of evidence that there are subtle ways in which women, babies and breastfeeding are excluded from full and equitable access to important sites of employment and study. It has also illustrated how organisational culture could be improved through simple, thoughtful measures that reflect the experience of university students and staff. If the university's designated private lactation rooms were 'clearly marked & easy to find' and 'accessible by mums, dads, grandparents and carers,' as per the essential criteria of the ABA Baby Care Rooms checklist, all of the University's designated private breastfeeding rooms would likely score highly in future ABA Breastfeeding Friendly Workplace accreditation.

Finally, although we have focused on the designated lactation rooms on campus that are private, we wish

to emphasise that a family-friendly policy and campus includes clear communication and positive messaging about both the private facilities for breastfeeding and the right to breastfeed or express milk in public.

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