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The 'Pumpgate' Incident: Stigma against Lactating Mothers in the U.S. Workplace

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Abstract

Studies conclude that breastfeeding for six months is associated with better lifelong health for mother and child. Mothers in the U.S. returning to work after maternity leave report difficulty with the need to take frequent breaks to pump breastmilk so many stop breastfeeding. Factors discouraging pumping breastmilk in the workplace motivated a content analysis of public comments posted in response to a legal deposition that occurred in January of 2011 in which an attorney who was a new mother was challenged about taking a break to pump breastmilk. A total of 899 public comments posted on Yahoo in 2015-2016 in response to this earlier incident were analyzed for content. Of these, only 336 mentioned breastfeeding. Overall, 148 comments showed support for breastfeeding or pumping breastmilk at work, while 182 comments showed

moderate to strong disapproval (6 unclassified). The majority of disapproving comments were critical of pumping breastmilk in the workplace. Implications of these findings for the duration of breastfeeding after returning to work are discussed.

Keywords: Breastfeeding and health, Pumpgate, Pumping breastmilk at work, Breastfeeding stigma, Mother-friendly workplace

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Introduction and Background

Breastfeeding confers numerous health benefits for mother and baby including greater immunity from infection and allergy (Haider, Chang, Bolton, Gold, & Olson, 2014; Sankar et al., 2015), reduction of mortality from diarrhea and other gastrointestinal conditions (Horta & Victoria, 2013), possible higher intelligence in breastfed children (Kanazawa, 2015), and reduction in obesity and type 2 diabetes later in life for both mother and child (Horta, Loret de Mola & Victoria, 2015).

The optimum recommended duration of breastfeeding is exclusive breastfeeding for the first six months (Sankar et al., 2015). The duration of breastfeeding in the U.S. often falls below this recommended level (Bartick & Reinhold, 2010). While the initial breastfeeding rate of American mothers is approximately 80%, the overall rate drops to 50% at 6 months and only 27% at 12 months (CDC Report Card, 2014). Breastfeeding rates in the United States are lower than in many other developed countries (*Save the Children*, 2015). A critical barrier to the continuation of breastfeeding is returning to work after maternity leave (Anderson et al., 2015).

Foss (2013) described maternal inexperience and lack of breastfeeding support, limited maternity leave, difficulty of pumping breastmilk in professional settings, and lack of public support for extended breastfeeding and negative reactions to breastfeeding in public as impediments to continuation of breastfeeding. Several factors affect the decision to continue breastfeeding including producing adequate breastmilk, maternal intention to breastfeed, availability of breastfeeding support from personal social networks, and support in the workplace from employers, supervisors, and coworkers (Atabay et al., 2015; Stearns, 2009). To understand the relationship of public attitudes to continuation of breastfeeding after returning to work, the current study conducted content analysis of online comments describing perceptions of acceptability and professionalism of pumping breastmilk in the workplace in response to a publicized incident involving an attorney who was a new mother during a legal deposition.

The Communication of Stigma about Public Breastfeeding

In the seminal work on stigma, Goffman (1963) described stigma as “abominations of the body, blemishes of character, and tribal stigma of race, nation, and religion, transmitted through lineages and equally contaminating all members of a family” (p. 3). Smith (2007) described stigmatization as “messages spread through communities to teach their members to recognize

the disgraced and to react accordingly” (p. 464). Smith identified four elements undergirding the social communication of stigma, including marks (some obvious sign of stigma), labels (evaluative descriptions), etiology (the means by which people come to be stigmatized), and peril (perception of danger or challenge to community norms) (Smith, 2007). Communication of stigma is not just to the person with the marked status but is also directed to everyone else who does not have this marked status as a guide for who may be stigmatized and why they ‘deserve’ stigma.

In an online context, stigmatization can be intensified, because of the extensive reach and permanence of negative online messages (Foss, 2013). Pescosolido and Martin (2015) observed “Media images, which reify or counter popular stereotypes, and community-based social networks, which function as a mechanism to magnify or dilute larger cultural stereotypes, are also part of the stigma complex” (p. 104). Previous studies have reported that negative emotions, such as anger and fear, may be triggered by messages about stigmatized conditions and lead to exclusion, ostracism, and lack of willingness to show support to stigmatized individuals (Van Alphen, Dijker, Bos, Van den Borne, & Curfs, 2012). While it may be clear why stigma is directed at deadly, contagious diseases or pernicious, socially unacceptable behaviors, it is less clear why stigma is directed at ostensibly health-giving behaviors, such as breastfeeding (Acker, 2009).

Despite the importance of breastfeeding to maternal and infant health (Khoday & Srinivasan, 2013), three breastfeeding practices have been linked to controversy, including breastfeeding in public, extended breastfeeding, and pumping breast milk at work. In the United States, the negative attitude toward *public* breastfeeding crosses gender, socioeconomic, and educational lines (Mitchell-Box & Braun, 2013). Some women have even been ordered to stop

breastfeeding in public spaces, such as parks (Thomas, 2014), or have been bullied for breastfeeding in public as in a recent incident which occurred at a Target store in which an angry man accosted a woman who was breastfeeding her baby at the snack bar.

(<http://www.usatoday.com/story/news/nation-now/2016/06/16/new-mom-verbally-attacked-breastfeeding-public-target-connecticut/85972164/>).

In a study conducted in New York City in 2014, over half of surveyed adults were not supportive of public breastfeeding (Mulready-Ward & Hackett, 2014). Grant (2016) similarly reported that many people viewed breasts as private sexual organs that should not be displayed in public for any reason. Many people also do not support extended breastfeeding or breastfeeding a child older than one year (Brockway & Venturato, 2016).

In addition to negative attitudes toward public and extended breastfeeding, many women have faced barriers when attempting to pump breastmilk at work (Anderson et al., 2015). Lack of receptivity to pumping breastmilk in workplaces and inadequate accommodating facilities for working mothers to express breastmilk have contributed to early termination of breastfeeding (Baker, Sanghvi, Hajeebhoy, Martin, & Lapping, 2013); conversely, providing support at work facilitated greater breastfeeding duration (Anderson et al., 2015; Tsai, 2013). Yet, some workplaces have only minimally accommodated lactating mothers who return to work and who need to express breastmilk several times during the workday (Hirani & Karmaliani, 2013).

The Incident that Generated Comments on Breastfeeding

In January 2011, Attorney Elizabeth Beck, during a deposition against a Donald J. Trump real estate development company, requested a break, as she urgently needed to pump breastmilk. She had negotiated these 'medical breaks' prior to the deposition, but the opposing attorneys showed resistance to her request at this point in the deposition. Finally, she pulled out

her breast pump and said, “No I really need to pump breastmilk.” Beck said it was not her intent to pump there in the room, just that she needed to take a break to do this. She said, “Trump got up, his face red, and he shook his finger at me and screamed ‘You’re disgusting! You’re disgusting,’ and he ran out of there” (quoted in Bertsche, 2015). Beck said it was clear to her that ‘disgusting’ was directed toward pumping breastmilk, whereas Mr. Trump contended he was addressing her attempt to use her condition to stall the deposition for her own advantage (Bertsche, 2015). Media focus on this incident afforded a unique opportunity to examine online public responses to pumping breastmilk at work.

This 2011 story re-emerged on July 29, 2015 in a *Yahoo! Parenting* online news story that generated over 11,000 public comments, not only because it involved Trump, but also because breastfeeding remains somewhat stigmatized in the United States (Graveman, 2012). A federal statute requires businesses to provide lactating mothers with adequate time and space to pump breastmilk (Hill, 2010). Yet, many mothers have reported negative reactions to requests to pump breastmilk during work and absence of comfortable, well-equipped facilities to pump breastmilk (Graveman, 2012). Breastfeeding rates have decreased when attitudes are negative or the workplace does not accommodate lactating mothers (Foss, 2013). It is within this context that this particular incident—nicknamed ‘Pumpgate’—struck a chord with numerous people who posted comments in response to this story.

The present study investigated messages posted online in response to this story to understand public attitudes and characterizations of this incident by asking three research questions (RQs):

RQ1: Does public opinion reveal stigma toward breastfeeding in general?

RQ2: Does public opinion show stigma toward pumping breastmilk in the workplace?

Attitudes toward breastfeeding differ by gender (Nelson, Li, Perrine, & Scanlon, 2016); however, gender differences in the perception of breastfeeding in general and pumping breastmilk in the workplace are less clear in response to the Pumpgate incident. Therefore, two research questions were asked:

RQ3: Do males and females show attitudinal differences toward breastfeeding in general and pumping breastmilk in the workplace?

RQ4: Do members of the public show greater approval (use of thumb-up icon) or disapproval (use of thumbs-down icon) for the comments posted by males and females on this site?

Method

Sampling of Comments

Our rationale for selecting this story which broke in January of 2011 was that it generated more than 11,000 public comments when the story was re-published in 2015. Other similar stories at the same time from different online news sources had fewer public comments (e.g., 194 public comments on <http://dailycaller.com/2015/07/29/trump-says-lawyer-lied-wanted-to-breast-pump-in-front-of-him/>; and 187 public comments on <http://www.dailymail.co.uk/news/article-3179223/Donald-Trump-hammers-whack-job-attorney-tried-pump-breast-milk-gave-legal-deposition-saying-knocked-box-Twitter.html>).

The present analysis focused on 899 comments posted during the third week of January 2016, just after the earlier story was reposted as one of the top stories from 2015. Inclusion criteria were that any part of the message had to mention at least one of the following: 1) the breastmilk pumping incident; 2) discussion of breastfeeding or breastmilk pumping at work; or

3) any mention of breastfeeding, even if no reference was made to the incident. Of the 899 comments posted, 563 did not mention breastfeeding or the workplace incident. The majority of these 'off-topic' comments were posts that disagreed with a previous post. The second most frequent kind of irrelevant comment was to criticize journalists for being too liberal and for using unscrupulous media tactics. In addition, a certain amount of venting against liberal politicians occurred, and these types of comments were excluded. After excluding irrelevant comments, 336 comments about breastfeeding and pumping breastmilk at work constituted the final corpus of data.

It was not possible to obtain informed consent from people who had already posted messages on this site in 2015 and early 2016 as the site was closed to further posts. This was an open online site that did not require prior registration before comments could be posted. The institutional review board at the researchers' university approved this project, as all information was not individually identifiable.

Content Analysis Procedures

Codebook Development

An excel codebook was developed that included three sections. The first section described the basic characteristics of each comment, including length of message and commenter's gender if this could be identified. The second section assigned the message to one of 10 coding categories, including: (1) Incident disgusting/Anti-Breastfeeding (BF) in general, (2) Incident disgusting/Anti-BF in the workplace (3) Incident disgusting/Pro-BF in general/Anti-BF in the workplace (4) Anti-BF in general/No reference to incident (5) Anti-BF in the workplace/No reference to incident (6) Incident not disgusting/Anti-BF in general (7) Incident not disgusting/Pro-BF (8) Incident not disgusting/Anti-BF in the workplace (9) mentions

breastfeeding but shows no attitude and (10) Pro-BF/No reference to incident. The third section coded the number of thumbs-up/thumbs-down icons showing approval or disapproval for the post.

Data Analysis

Coders used the immersion crystallization content analysis procedure (Sharifi et al., 2015) to identify emergent themes about breastfeeding in general, public breastfeeding, and pumping breastmilk in the workplace. These data were initially analyzed for whether the respondent was in favor of pumping breastmilk in the workplace. Many posts extended the discussion to breastfeeding in general, especially public breastfeeding. Three authors independently coded the same subset of comments to refine the coding categories and to establish acceptable intercoder reliability (three pairs of Krippendorff's alpha measured intercoder reliability and all exceeded 0.80). Coders discussed and resolved disagreements in coding before continuing to code the rest of the comments. The authors trained three coders using a subset of the comments and then coders independently coded the full set of comments according to these categories.

The coding criterion for Pro-Breastfeeding comments (Pro-BF) was the following: Any comment that expressed the commenter's positive belief, attitude, or orientation regarding a woman's right to breastfeed without restrictions or reprimand. The coding criterion for Anti-Breastfeeding in general comments (*Anti-BF general*) was the following: Any comment that expressed the commenter's negative belief, attitude, or orientation regarding a woman's right to breastfeed without restrictions or reprimand that did not mention the workplace or the pumping breastmilk incident. The coding criterion for Anti-Breastfeeding comments in the workplace (*Anti-BF workplace*) was to follow the same criterion as *Anti-BF general*, except that it

referenced a workplace or professional context including references to the situation described in the *Yahoo* article. We also coded whether the comment supported Mr. Trump's characterization of the breast pump incident as disgusting or whether it supported the attorney's explanation of what happened. The findings of this study are presented as numerical percentages and chi square distributions of data across coding categories.

The gender of people who posted comments was identified using information embedded in their comments. For example, if a comment stated "I breastfed my two daughters," the poster was identified as female. The sample included comments from 114 males, 140 females, and for 82 we were unable to discern.

Results

In total, the final data set mentioning the incident included 336 comments, with an average length of 62.51 words ($SD = 43.77$). The first two research questions addressed stigma toward breastfeeding in general as well as stigma directed toward pumping breastmilk in the workplace. Overall, 148 comments (44%) showed support for breastfeeding or pumping breastmilk at work, while 188 comments (55%) showed moderate to strong disapproval (6 were indeterminate, 1%).

Approval results

Eighty comments (24%) showed approval for breastfeeding in general and disapproval for the treatment the attorney received in the incident as described in the news story. Sixty-eight comments (20%) showed general support for breastfeeding without mentioning the incident.

Disapproval results

Eighty-five comments (25%) indicated disapproval for pumping breastmilk in the workplace and lack of support for the attorney in the incident. An almost equal number of comments ($n = 66$, 20%) revealed disapproval of pumping breastmilk in the workplace in general without mentioning the Pumpgate incident. Thirty-seven comments (10%) showed disapproval of breastfeeding in general apart from this incident. Thus, a statement such as “Beck behaved unprofessionally by showing her breast pump,” specifically referencing the incident, was coded in a different category from a more general statement such as, “Women should not breastfeed at work.”

In response to RQ3, chi-square tests were conducted and showed that males and females differed in the valence of comments posted ($\chi^2(1, 10) = 20.64, p < .05$). Males and females differed significantly in three categories (see Table 1). In particular, females ($n = 33$) posted more comments disapproving workplace pumping of breastmilk and favoring the negative response to pumping during the deposition incident ($n = 19$). Males ($n = 34$) posted more general comments opposing lactating mothers in the workplace without mentioning the Pumpgate incident compared to females ($n = 17$). More females ($n = 32$) than males ($n = 13$) posted comments in favor of breastfeeding in general.

In response to RQ4, we analyzed thumbs-up icons (approval) and thumbs-down icons (disapproval) for each comment with respect to the most frequent themes (Table 2). Comments were regrouped as either pro- or anti-breastfeeding; two original categories of comments that did not indicate clear approval or disapproval of breastfeeding were excluded from the current analyses. Two-way ANOVAs were conducted to examine the extent to which approval and disapproval for each comment was related to the tone of each posted comment

and/or the gender of the person who posted it. A significant interaction emerged between the gender of the person who posted an online comment and tone of comments on the number of disapprovals (i.e., thumbs down) ($F(1, 244) = 8.08, p < .01, \eta^2 = 0.03$). Comments posted by females that were anti-breastfeeding received more disagreements in response than posted pro-breastfeeding comments; the difference was smaller for males who posted anti-breastfeeding comments. By comparison, the number of thumb-ups icons selected was not a function either of participants' gender or the tone of the comment ($F(1, 244) = 0.57, n.s.$).

Discussion

Findings from the current study were largely consistent with findings from a similar online study by Grant (2016). Roughly, half of the comments in both her study and ours showed public disapproval and opposition to breastfeeding in public, and in our case to pumping breastmilk at work, even if this was done discreetly. Phelan, Link, and Dovidio (2008) discussed three functions of stigma, including exploitation and domination (to keep people down), norm enforcement (to keep people in), and disease avoidance (to keep people away). Negative online posts confirmed one function of stigma, 'to keep people in' when a woman's behavior is seen as questionable or inappropriate for the norms of professionalism and the meaning of what is involved in being a good mother. By criticizing Beck's lack of professionalism and effort to take care of her baby, people posting messages in response to this story reinforced negative consequences of non-conformity.

Even though we had no demographic information about the participants, where possible we noted the gender of the person posting the comment and the number of thumbs-up or thumbs-down icons for the opinion expressed in the comment. It seemed to be the case that online responders were more disapproving when females exhibited anti-breastfeeding attitudes than

when males posted anti-breastfeeding comments. However, the number of females posting anti-breastfeeding comments was similar to that of the males. Public response to Pumpgate revealed strong polarization in attitudes toward breastfeeding in general, and more specifically, stigma toward pumping breastmilk in the workplace.

Longer maternity leave has been associated with continuation of breastfeeding (Cooklin, Rowe, & Fisher, 2012; Guendelman et al., 2009). Often nursing mothers returning to work are given insufficient break time to pump breastmilk as needed (Rojjanasrirat & Sousa, 2010). In addition, Nguyen and Hawkins (2013), in their analysis of state laws regarding breastfeeding, found that “Nineteen states had laws encouraging or requiring provisions for break time and private accommodations where an employee can express milk or breastfeed, often specified as other than a bathroom or toilet stall. However, 15 of these states did not require such provisions if doing so would unduly disrupt operations. Thus, only four states (Maine, New Mexico, New York and North Carolina) required employers to provide break time without including an exemption for undue hardship” (p. 4).

Johnson Kirk and Muzik (2016) described the need for regulation and enforcement of workplace breastfeeding support policies. Women in their sample described “jobs insensitive to their breastfeeding needs” and “companies that are not nursing friendly...the bathroom is not an option for pumping” (p. 5). One woman called it the “nastiest place—I’m not going to pump there” (Johnson et al., 2016, p. 7). Women in the Johnson et al., study reported that in a vulnerable job they are often afraid to bring these issues up with employers for fear of being fired. Many women reported that they chose formula feeding for convenience in returning to work but then discovered it became relatively expensive as the infant grew in size (United States Department of Health and Human Services, 2008). These barriers hampered continuation of

breastfeeding after returning to work especially for working mothers of lower socioeconomic status.

In the specific case analyzed in this content analysis, Elizabeth Beck was a successful, highly educated, affluent attorney who negotiated 'medical breaks' during a deposition, but she still encountered difficulty. The situation of a minimum wage, less-educated woman in a service industry or manufacturing job provides fewer degrees of freedom (McCarter-Spaulling, Lucas, & Gore, 2011). Previous studies have shown that often the workplace is an unaccommodating, unwelcoming environment to lactating mothers returning to work (Atabay et al., 2015; Johnson et al., 2015; Spitzmuellar et al., 2015). Maternity leave, though guaranteed by law, is often unpaid and terminated before twelve weeks by women who need the salary. When nursing mothers return to the workplace, they often do not have sufficient break time and calm, clean, private places to pump or refrigerate breastmilk (Payne & Nicholls, 2010).

Limitations

No study is without limitations. We arbitrarily selected all messages posted during the third week of January 2016, as they were the most recent posts. This group of messages may not be representative of earlier messages posted on this topic in 2015. The sample only included people who posted messages on *Yahoo* in response to this incident during this one-week period, a small subset of the total number of comments. Further, we only analyzed a portion of the comments. Thus, our sample may not have been representative of the entire corpus of comments posted on this topic so that the findings are not generalizable. Another limitation was that information was not available regarding any other demographic information about the participants, such as age or level of education, race/ethnicity, employment, socioeconomic status, marital or parental status, etc. A further limitation was that our coding scheme was based upon

global coding of the overall meaning suggested by the full post. Our unit of analysis was the full post, rather than thought units within each post. We chose not to code for follow-up responses as most of these response threads were off-topic rants against other political candidates or insults directed to the previous post. Instead, we coded for the number of thumbs-up icons (approval) and thumbs-down icons (disapproval). Yet another limitation was that though we coded for gender, gender could not be determined for about one-third of people who posted comments in our sample. We made the determination of gender of participants based both upon the screen name of the person posting the message as well as gender references within the content of the comments, e.g., “I breastfed my children.” We acknowledge that this might not accurately reflect the poster’s gender but thought that it still was useful to include this information, which was consistent with previous approaches in the literature on gender and breastfeeding (Acker, 2009; Dinour, Pope, & Bai, 2015). This information would have been informative and would have enlarged the sample size for analyses of gender differences, which would have provided greater statistical power to detect modest but meaningful differences as statistically significant.

Implications and Recommendations of this Study

The preponderance of evidence concludes that breastfeeding is healthier for babies than bottle-feeding (Bartick & Reinhold, 2010). Physical, psychological and social obstacles often impede continuation of breastfeeding for women returning to work. A further barrier to continuation of breastfeeding was based on stigma directed at public breastfeeding and pumping breastmilk at work in both professional and unskilled minimum wage jobs. For example, Dinour, Pope and Bai (2015) showed that both faculty and students at a large university continued to experience stigma in the form of barriers to pumping breastmilk on campus, including negative attitudes toward breast feeding, non-availability of places to comfortably

pump breastmilk, and time/scheduling conflicts that discouraged continuation of breastfeeding for them. This study illustrated that even universities have not consistently promoted breastfeeding-friendly environments. As a further case on this point, Dixit, Feldman-Winter and Szucs (2015) found that new mothers studying to be pediatricians in medical school found negative attitudes and barriers to pumping breastmilk while they were in medical training. Atabey and co-authors (2014) reported that in the 15-year time frame between 1995 and 2014, only modest gains were made worldwide in the willingness of workplaces to be more accommodating to lactating mothers. Our results similarly showed a need for both attitude change and greater accommodation in organizations for mothers who need to pump breastmilk during the workday.

Even people with positional power and greater financial resources for infant care, such as attorneys, college professors, and pediatricians-in-training, experienced stigma as lactating mothers in the workplace. Other studies have shown that the cost of stigma was even greater for new mothers returning to minimum wage jobs as soon as they could after unpaid maternity leave often with fewer financial resources to care for their infant than women in professions (Johnson et al., 2015). They may encounter stigma from a supervisor who thinks of them as a non-performing worker or standing in the way of task completion for taking too many breaks on the job to pump breastmilk. Co-workers might show resentment and stigma toward lactating mothers who are seen as having special privileges that other people on the job do not receive. A co-worker might have to fill in for someone on maternity leave and do additional work, further contributing to a negative attitude. New mothers returning to work after maternity leave need a sanitary, comfortable facility, apart from the restroom to be able to pump breastmilk during the workday with dignity (Anderson et al., 2015; Lennon & Willis, 2015; Spitzmueller et al., 2015).

Conclusion

The current study showed that stigma is associated with public breastfeeding and with pumping breastmilk during the workday, as evidenced in online public comments about the ‘Pumpgate’ incident. The experience of stigma may discourage lactating mothers from continuing to breastfeed for maximal health of mother and child. While some inroads have been made with employers, this study showed that public response was often critical of a woman who needed breaks to pump breastmilk during the workday. This stigma needs to be changed by working with corporate partners and small businesses to create breastfeeding friendly workplaces and a climate of support among coworkers for lactating mothers in the workplace.

References

- Atabay, E., G. Moreno, A. Nandi, G. Kranz, I. Vincent, T.M. Assi, and S.J. Heymann. 2015. Facilitating working mothers' ability to breastfeed: Global trends in guaranteeing breastfeeding breaks at work, 1995-2014. *Journal of Human Lactation*, 31 (1): 81-88. doi: 0890334414554806.
- Acker, M. 2009. Breast is best... but not everywhere: Ambivalent sexism and attitudes toward private and public breastfeeding. *Sex Roles*, 61 (7): 476-490. doi: 10.1007/s11199-009-9655-z
- Anderson, J., R. Kuehl, S.A.M. Drury, L. Tschetter, M. Schwaegerl, M. Hildreth, C. Bachman, and J. Lamp. 2015. Policies aren't enough: The importance of interpersonal communication about workplace breastfeeding support. *Journal of Human Lactation*, 31(2): 260-266. doi: 10.1177/0890334415570059
- Baker, J., T. Sanghvi, N. Hajeebhoy, L. Martin, and K. Lapping, K. 2013. Using an evidence-based approach to design large-scale programs to infant and young child feeding. *Food and Nutrition Bulletin*, 34(3): S146-155. doi: 10.1177/15648265130343S202
- Bartick, M., and A. Reinhold. 2010. The burden of suboptimal breastfeeding in the United States: A pediatric cost analysis. *Pediatrics*, 125 (5): e1048–e1056. doi:10.1542/peds.2009-1616
- Bertsche, R. 2015. Trump to breastfeeding mom: 'You're disgusting'. <https://www.yahoo.com/parenting/trump-to-breastfeeding-mom-youre-disgusting-125350815777.html>

- Boyer, K. 2012. Affect, corporeality and the limits of belonging: Breastfeeding in public in the contemporary UK. *Health & Place*, 18 (3): 552-560. doi: 10.1016/j.healthplace.2012.01.010
- Brockway, M., and L. Venturato. 2016. Breastfeeding beyond infancy: a concept analysis. *Journal of advanced nursing*, 72(9): 2003-2015. doi: 10.1111/jan.13000
- CDC Breastfeeding Report Card. 2014. <http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>
- Cooklin, A. R., H. J. Rowe, and J.R. Fisher. 2012. Paid parental leave supports breastfeeding and mother-infant relationship: a prospective investigation of maternal postpartum employment. *Australian and New Zealand Journal of Public Health*, 36 (3): 249-256. doi: 10.1111/j.1753-6405.201200846.x
- Dinour, L. M., G.A. Pope, and Y.K. Bai. 2015. Breast milk pumping beliefs, supports, and barriers on a university campus. *Journal of Human Lactation*, 31 (1):156-165. doi: 10.1177/0890334414557522
- Dixit, A., L. Feldman-Winter, and K.A. Szucs. 2015. “Frustrated,” “depressed,” and “devastated” pediatric trainees: US academic medical centers fail to provide adequate workplace breastfeeding support. *Journal of Human Lactation*, 31 (2):240-248. doi: 10.1177/0890334414568119
- Foss, K.A. 2013. “That's not a beer bong, It's a breast pump!” Representations of breastfeeding in prime-time fictional television. *Health Communication*, 28 (4):329-340. doi: 10.1080/10410236.2012.685692
- Goffman, E. 1963. *Stigma*. Englewood Cliffs, N.J.: Spectrum Publishers.

- Grant, A. 2016. “# discrimination” The online response to a case of a breastfeeding mother being ejected from a UK retail premises. *Journal of Human Lactation*, 32 (1):141-151. doi: 10.1177/089033441559240
- Graveman, D. 2012. Changing times: The controversy over breastfeeding in public. *The Baby Corner.com*. <http://www.thebabycorner.com/page/2767/>
- Guendelman, S., J.L. Kosa, M. Pearl, S. Graham, J. Goodman, and M. Kharrazi. 2009. Juggling work and breastfeeding: Effects of maternity leave and occupational characteristics. *Pediatrics*, 123 (1): E38–E46. doi: 0.1542/peds.2008-2244
- Haider, S. J., L.V. Chang, T.A. Bolton, J. G. Gold, and B.H. Olson. 2014. An evaluation of the effects of a breastfeeding support program on health outcomes. *Health Services Research*, 49 (6): 2017-2034. doi: 10.1111/1475-6773.12199
- Hill, P. D. 2010. Update on breastfeeding: Healthy people 2010 objectives. *The American Journal of Maternal/Child Nursing*, 25 (5):248-251. doi: 10.2105/AJPH.2009.185280
- Hirani, S. A. A., and R. Karmaliani. 2013. Evidence based workplace interventions to promote breastfeeding practices among Pakistani working mothers. *Women and Birth*, 26 (1):10- 16. doi:10.1016/j.wombi.2011. 12. 005
- Horta, B.L., and C.G. Victora. 2013. *Short-term effects of breastfeeding: A systematic review of the benefits of breastfeeding on diarrhea and pneumonia mortality*. Geneva: World Health Organization, 22 Bowatte
- Horta, B. L., C. Loret de Mola, and C.G. Victora. 2015. Breastfeeding and intelligence: A systematic review and meta-analysis. *Acta Paediatrica*, 104 (S467):14-19. doi: 10.1111/apa.13139

- Johnson, A. M., R. Kirk, and M. Muzik. 2015. Overcoming workplace barriers: A focus group study exploring African American mothers' needs for workplace breastfeeding support. *Journal of Human Lactation*, 31 (3):425-433. doi: 10.1177/0890334415573001
- Kanazawa, S. 2015. Breastfeeding is positively associated with child intelligence even net of parental IQ. *Developmental Psychology*, 51 (12):1683-1689. doi: 10.1037/dev0000060
- Khoday, A., and A. Srinivasan. 2013. Reclaiming the public space: Breastfeeding rights, protection, and social attitudes. *McGill Journal of Law & Health*, 7 (3): 147-168.
- Lennon, T., and E. Willis. 2015. Commentary on workplace lactation-support. *Review of Public Administration and Management*, 3 (2): 162-164. doi: 10.4172/2315-7844.100016
- Mitchell-Box, K. M., and K. L. Braun. 2013. Impact of male-partner-focused interventions on breastfeeding initiation, exclusivity, and continuation. *Journal of Human Lactation*, 29 (4):473-479. doi: 10.1177/0890334413491833
- Mulready-Ward, C., and M. Hackett. 2014. Perception and attitudes: Breastfeeding in public in New York City. *Journal of Human Lactation*, 30 (2):195-200. doi: 10.1177/0890334414524988
- Nelson, J. M., R. Li, C.G. Perrine, and K.S. Scanlon. 2016. Public opinions about infant feeding in the United States. *Birth*, 43(4), 313-319. doi: 10.1111/birt.12248
- Nguyen, T.T., and S.S. Hawkins. 2013. Current state of US breastfeeding laws. *Maternity and Child Nutrition*, 9 (3): 350–358. doi: 10.1111/j.1740-8709.2011.00392.x
- Norwood, K., and P. K. Turner. 2013. The Breast Is (Always) for Sex: Breastfeeding Discourse in Response to May 21, 2012 TIME Magazine Cover. *Qualitative Research Reports in Communication*, 14 (1): 79-86. doi: 10.1080/17459435.2013.835345

- Payne, D., and D.A. Nicholls. 2010. Managing breastfeeding and work: A Foucauldian secondary analysis. *Journal of Advanced Nursing*, 66 (8):1810–1818. doi: 10.1111/j.1365-2648.2009.05156.x
- Pescosolido, B. A., and J.K. Martin. 2015. The stigma complex. *Annual Review of Sociology*, 41 (1): 87-116. doi: 10.1146/annurev-soc-071312-145702
- Phelan, J. C., B.G. Link, and J. F. Dovidio. 2008. Stigma and prejudice: One animal or two? *Social Science & Medicine*, 67 (3): 358-367. doi: 10.1016/j.socscimed.2008.03.022
- Rojjanasrirat, W., and V. D. Sousa. 2010. Perceptions of breastfeeding and planned return to work or school among low-income pregnant women in the USA. *Journal of Clinical Nursing*, 19 (13-14):2014–2022. doi: 10.1111/j.1365-2702.2009.03152.x
- Sankar, M. J., B. Sinha, R. Chowdhury, N. Bhandari, S. Taneja, J. Martines, and R. Bahl. 2015. Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. *Acta Paediatrica*, 104 (S467):3-13. doi: 10.1111/apa.13147
- Save the Children on Breastfeeding*. 2015. http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0df91d2eba74a%7D/SOWM_MOTHERS_INDEX.PDF
- Sharifi, M., G. Marshall, R. Goldman, C. Cunningham, R. Marshall, and E. M. Taveras. 2015. Engaging children in the development of obesity interventions: Exploring outcomes that matter most among obesity positive outliers, *Patient Education and Counseling*, 98 (11):1393-1401. doi:10.1016/j.pec.2015.06.007
- Smith, R.A. 2007. Language of the lost: An explication of stigma communication. *Communication Theory*, 17 (4):462-485. doi: 10.1111/j.1468-2885.2007.00307.x

- Spitzmueller, C., Z. Wang, Z., J. Zhang C. L. Thomas, G. G. Fisher, R. A. Matthews, and L. Strathearn. 2015. Got milk? Workplace factors related to breastfeeding among working mothers. *Journal of Organizational Behavior*, 37 (5): 692-718. doi: 10.1002/job.2061
- Stearns, C. A. 2009. The work of breastfeeding. *WSQ: Women's Studies Quarterly*, 37 (2): 63-80. doi: 10.1353/wsq.0.0184
- Stearns, C. A. 2011. Cautionary tales about extended breastfeeding and weaning. *Health Care for Women International*, 32 (6): 538-554. doi: 10.1080/07399332.2010.540051
- Thomas, T. 2014. Breastfeeding rates in the UK: How can we improve? *Community Practitioner*. http://go.galegroup.com/ps/i.do?id=GALE|A369219781&sid=googleScholar&v=2.1&it=r&linkaccess=fulltext&issn=14622815&p=AONE&sw=w&authCount=1&u=msu_main&selfRedirect=true
- Tsai, S-Y. 2013. Impact of a breastfeeding-friendly workplace on an employed mother's intention to continue breastfeeding after returning to work. *Breastfeeding Medicine*, 8 (2): 210-216. doi:10.1089/bfm.2012.0119
- United States Department of Health and Human Services. 2008. *The Business Case for Breastfeeding: Steps for Creating a Breastfeeding Friendly Worksite*. Rockville, MD: Health Resources and Services Administration..
- Van Alphen, L. M., A. J. Dijker, A. E. Bos, B. Van den Borne, and L. M. Curfs. 2012. The influence of group size and stigma severity on social acceptance: The case of people with intellectual disability moving into neighborhoods. *Journal of Community & Applied Social Psychology*, 22 (1): 38-50. doi: 10.1002/casp.1094

Table 1

Gender differences in posting comments varying in valence

Gender	Disapproving		
	Breastfeeding and In favor of incident	Approving Breastfeeding in General	Opposing breastfeeding in general
Male	19	13	34
Female	33	32	17

Note: The numbers of males and females who posted comments in each category are displayed in the cells. Only numbers for males and females in the cells that significantly differed from each other were displayed in this table. The number of males presented in this table counted for 57.8% of the entire male sample, and the number of females presented in this table counted for 58.8% of the entire female sample.

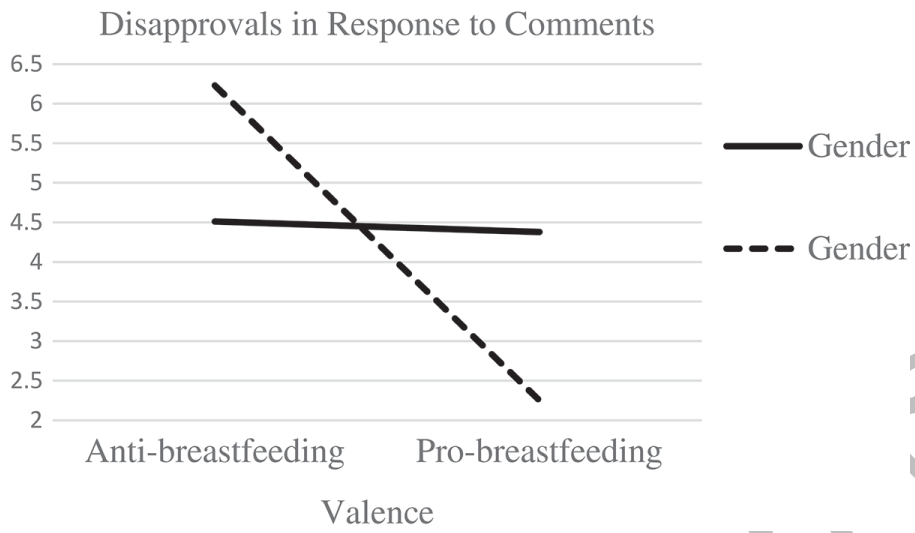
Table 2.

Approval and Disapproval in Follow-up Comments Grouped by Comment Themes

Comment Theme	<i>n</i>	Approval (Thumbs-up icons)		Disapproval (Thumbs-down icons)		Paired- Sample <i>t</i> - test <i>t</i>
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Pro-pumping in workplace/Not disgusting	80	5.83	6.26	3.10	0	6.26***
Anti-pumping in workplace/Disgusting	70	9.36	2	6.85	6	2.63*
Anti-pumping in workplace/No mention of incident	66	4.89	6.88	4.56	7	0.52
Pro-breastfeeding in general/no mention of incident	64	6.72	2	2.30	3	3.94***
Anti-breastfeeding general/no mention of incident	37	6.49	1	5.19	2	0.84

Notes: * $p < .05$, ** $p < .01$, *** $p < .001$. Mean scores are based on the actual number of thumbs up and thumbs down posted. The number of thumbs up and thumbs down range between one and twenty.

Figure 1. The number of disapprovals in response to comments as a function of gender of poster and tone of comments.



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