

Public Pumping: The Nursing Mom's Support Program at Virginia Tech

Jennifer Lynn Porter

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Robert D. Oliver, Chair
Korine N. Kolivras
Barbara E. Smith

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ABSTRACT

The Lactation Support Program at Virginia Tech, renamed the Nursing Mom's Support Program, was established in 1999 when a group of women through the Women's Center and Work/Life Resources publicized a private concern about expressing milk. While the basic goal was to create a universal opportunity for women seeking to express milk during the workday, university administrators also saw the program as a way to advance the progressive goals of the university and increase the recruitment of competitive faculty and students. Lack of awareness about the program and struggles of women today reflect the original abandonment of an education component that would have maintained a collective conversation about the needs of working women, mothers, and caregivers in general. Even though many of the women in this study did not use the spaces, or were unaware of their existence, most participants felt that the program represented a significant success for the university and stated that they felt supported because of the mere existence of these spaces. Viewed in this manner, it is possible to see how the production of space and its symbolic value masks over any residual injustices and replaces concerns about milk expression on the individual. Yet, the permeable nature of lactation (scheduling, cleaning pump parts, storing milk, etc.) means that the women expressing milk will always be visible. This visibility creates an opportunity to continue to address milk expression as a public concern and shift social expectations of what it means to be a worker.

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1. Introduction

The Nursing Moms' Support Program at Virginia Tech consists of 20 lactation rooms across the Blacksburg campus, several with hospital grade pumps, and a website with information on the benefits of breastfeeding, legal protection for pumping during work hours, and local support groups. Lactation space at Virginia Tech preceded both state and federal mandates¹ for space and time to pump during the workday and can be read as a unique success for gender equity in the workplace.² However, even as these spaces create new opportunities for women as workers they also render specific maternal bodies invisible. The presence of a place to pump does not dismiss the critical importance of a continuing dialogue about the place of the body in the workplace, the rights of women as workers, and the work/life relationship. If the construction of lactation spaces replaces this dialogue, there exists a potential to reinforce the ideal of the disembodied worker and culture of individuality (Fraser and Gordon, 1994, Winter; Gibson-Graham, 1996; Baron and Boris, 2007). The negotiation between the production of lactation space and how women actually use or relate to space on campus for milk expression, ultimately allows us to renegotiate the substance of politics and the scale at which the civic body operates in order to shift understandings of what it means to be a worker.

Much of the literature that addresses breastfeeding in public or workplace support for milk expression is dependent upon support for breastfeeding as a best practice (Stearns, 1999; Sheeshka et al., 2001; Li et al., 2002; Forbes et al, 2003; Scott and Mostyn, 2003; Shealy et al., 2005; Johnston-Robledo et al., 2007; Suyes et al., 2008; Acker, 2009; Tuttle and Slavitt, 2009).

Breastfeeding is championed at the international and national levels as a sustainable public

¹ VA House Resolution 145 (2002) encourages employers to provide unpaid break time and an appropriate space for milk expression. The Patient and Affordable Care Act and the Healthcare and Education Reconciliation Act of 2010 requires employers to provide reasonable break time and space that is not a bathroom for female employees seeking to express milk during the workday.

² Kobayashi et al. (1994) argue that women's movements have been less successful at changing gender roles in the workplace than in other areas such as suffrage and reproductive rights because of historically sexualized spheres.

health measure that can contribute to decreased infant mortality rates, improved maternal health outcomes, and reduced impact of infant feeding on the environment (July; Shealy et al., 2005; The United Nations Children's Fund, 2009, November 13; World Health Organization, 2009; American Academy of Pediatrics, 2011; U.S. Department of Health and Human Services, 2011). As a result there are efforts to analyze popular opinions of breastfeeding in general, (Li et al., 2002; Forbes et al., 2003; Johnston-Robledo et al., 2007), as well as breastfeeding in public (Sheeshka et al., 2001; Li et al., 2002; Acker, 2009) to evaluate the acceptance of breastfeeding in the U.S. and devise strategies to increase breastfeeding initiation and continuation. Regardless of State and public health support for breastfeeding, media portrayal of public breastfeeding as deviant causes many women to feel disconnected from larger social networks that support breastfeeding (Stearns, 1999; Scott and Mostyn, 2003; Boyer, 2011).

Concern over negative readings of public breastfeeding often results in a reduction of breastfeeding in public spaces. The perception of hostile environments while nursing leads to feelings of anxiousness in navigating “correct” and “incorrect” behaviors, embarrassment, vulnerability, and worry over implied sexual invitation (Stearns, 1999; Sheeshka et al., 2001; Li et al., 2002; Johnston-Robledo et al., 2007). Women who breastfeed outside of the home often adapt to perceived hostility by creating “safe” space. Practices include “tuning out” (ignoring other people and distractions, focusing solely on the baby, etc.), exercising discretion, or finding a private space (Sheeshka et al., 2001; Scott and Mostyn, 2003). Beyond supporting public health initiatives, these studies help us to understand how women relate to their bodies and breastfeeding when visible and reinforce the significance of large movements such as “nurse-ins.”

Occasionally, when an individual woman is confronted for nursing in public, a group of breastfeeding mothers and advocates (often non-breastfeeding women, men and children) will come together to form a “nurse-in” in that space to legitimize a collective right to breastfeed in public. While a single woman breastfeeding may react to perceived hostility by using discretion or finding another space, a greater presence alleviates this pressure and transforms a private, individual concern into public discourse. Some scholars identify public breastfeeding, especially large-scale organized moments, as a political performance that challenges discourses that construct breastfeeding as merely an intimate and private act. From this perspective, the performance is not politically neutral since it aims to redefine breastfeeding as legitimate public care-work (Bartlett, 2002; Smyth, 2008; Boyer, 2011). Public breastfeeding becomes an act of resistance to the gendered boundaries that limit the maternal body to domestic spaces (Stansell, 1986; Butler, Dec. 1988; Stearns, 1999; Bartlett, 2002; Carpenter, 2006). These acts mean to claim space for the female body, alter public perception of the space of motherhood, and seek to change state or local policy.

Lactation spaces are not merely about breastfeeding policy or expanding the place of motherhood, but can be situated within a larger struggle for gender equity in the workplace. Since the 1970s the provision of support for work/life balance has been increasingly privatized (Berggren, 2008). In the early 1990s private industry began installing lactation rooms as a way of progressing family-friendly initiatives and recruiting competitive female employees. More recently, there has been a demonstrated effort by politicians and legislators in the United States to place formal responsibility on employers for providing breastfeeding support (National Conference of State Legislatures, 2011 May). Although limited, research on lactation support programs has found that aiding breastfeeding in the workplace through lactation spaces increases

workplace efficiency and attracts workers looking for progressive family-friendly workplaces (Tuttle and Slavit, 2009). Suyes et al. (2008) examined the acceptance of a workplace lactation support program and found that even though coworkers responded more favorably to the program if they already knew a breastfeeding woman, the program increased general acceptance and support for breastfeeding. Research on lactation space centers on the benefits of breastfeeding for a competitive workplace, but their production and use can be tied to a broader political conversation. Like “nurse-ins,” creating lactation space is an action that expands, or at least seeks to expand, the place of motherhood beyond domestic boundaries and asks for public legitimating of private concerns.

The development of the Lactation Support Program mirrors Jürgen Habermas’ (1989) tripartite model for determining what is political, how the civic body politic arises, and how it functions (Image 1). Habermas identifies civic organizations as “a forum in which private people, come together to form a public, readied themselves to compel public authority to legitimate itself before public opinion” (Habermas 1989: 25-26). Individuals collectively determine which private concerns are of public importance and should be recognized by the State. Many scholars have critiqued Habermas’ model for excluding marginalized groups and oversimplifying the scale of politics, but it remains an efficient way to understand a complex process (Pateman, 1989; Fraser, 1990, 2005; Young, 1990; Barkley Brown, 1997; Yuval-Davis, 1997). None of these scholars argues against the principal element that private concerns must be publicized through a collective conversation. Yet, if we are to extend Habermas’ model to the Lactation Support Program it is crucial to explore two major concerns that would place lactation space outside the realm of civic organizations: the bracketing of inequalities and absolute interaction with the State.

<p>Civil society (realm of commodity exchange and social labor)</p> <p>Conjugal family's internal space (bourgeois intellectuals)</p>	<p>Public sphere in the political realm</p> <p>Public sphere in the world of letters (clubs, press)</p> <p>(market of culture products) "Town"</p>	<p>State (realm of the "police")</p> <p>Court (courtly-noble society)</p>
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*Figure 1: Habermasian model of the public sphere (Habermas, 1989: 30).
Used under fair use, 2013.*

Nancy Fraser's (1990) major revisions to Habermas redefine the subject matter and constitution of the civic body to recognize difference, include subaltern publics, create counter discourses, and expand the "common good" to include marginalized voices. Similarly, Carole Pateman (1989) argues that in Habermas' model it will always be men in the reading public. She suggests the neo-liberal conception of public, as formal politics, and private, as industry, leads to the double exclusion of women through their association with the domestic (Pateman 1989). Pateman and Fraser do not move against the basic model, but instead suggest a revision of politics and the "common good" for greater inclusion and interaction with marginalized or subaltern groups.

For this thesis, I start with the assumption that the private concern over expressing milk during the workday is of political importance and public concern. Although milk expression is ultimately a concern that affects a relatively small population, for a short period of time, arguments to support breastfeeding center on its economic and health benefits for the entire population. These arguments reflect both the Habermasian model of "common good" and the Arendtian model that political life is the condition of plurality (Arendt 1958, Habermas 1989). Hannah Arendt extends beyond the concept of the "common good" to create a network of dependence between labor (the biological processes of human life), work (the artificial processes

of human life), and action (the condition of plurality, politics) (Arendt 1958). Although Arendt opens the field of political concern, she maintains the ideal of unity. Iris Marian Young (1990) argues that politics centered in the ideal of unity are built on the constructionist view of groups, which assumes that groups are homogenous and blinds politics to the structures of oppression. Instead, Young posits an “ideal of politics as deliberation in a heterogeneous public which affirms group differences and gives specific representation to oppressed groups,” where the private is not what is excluded, but rather “what the individual chooses to withdraw from public view” (1990: 260, 120). Pateman extends the idea of specific representation so that the civic body, or public sphere, operates to protect the autonomy of individuals and is “grounded in the interrelationship of the individual to collective life” (1989: 135). The production of lactation space is not merely political because of the common benefits of breastfeeding to the functioning of an efficient workplace or public health system, but because it is the collective recognition of autonomy.

Politics of unity continue to be troublesome for groups and bodies that do not “fit” the idealized norm, beyond the separation of spheres, because they have been restricted to interactions with the State. Redefining the worker through recognition of the female body in a lactation space is a uniquely situated negotiation to specific workplaces. The Oxford English Dictionary defines politics as the, “[a]ctivities or policies associated with government, esp. those concerning the organization and administration of a state, or part of a state, and with the regulation of relationships between states.” Warren Magnusson (2011) criticizes the dominant political ontology, suggesting that the universal conception of politics as a mechanism of the state is not complete as politics are “ultimately about how people organize themselves in order to

live” (35).³ Human agency and the ability to change the way our lives function are central to politics and are reflexively related, but not reducible to, the way we are ruled (Magnusson, 2011). Therefore, in order to redefine the subject matter of politics, many scholars have argued that it is crucial to reevaluate of the scale of politics.

Young (1990) and others (Magnusson, 2011; Fraser, Nov Dec 2005) suggest reimagining and multiplying the scales at which the civic body operates. Civil society is not always acting to intervene at the state level and often forms in response to politics in the workplace, community, city, or global environment. Individual or group actors often work between and among scales to enact goals and desires that do not always culminate in state approval (Marston, 2000; Magnusson, 2011). Lactation space may help us to rework conceptions of where politics happen.

Spatial allotment for the act of pumping allows us to imagine the use of space in mediating a political conversation about the identity of women as workers and the relationship between productive work and social reproduction. The basic objectives of this thesis are to explore how the Lactation Support Program came to be, and how women today use these and other spaces on campus for milk expression in order to evaluate the political possibilities present in their construction and use. When secluded spaces house the private concerns of breastfeeding women, can there be a political conversation about the place of the female body and what it means to be a worker (Image 2)?

³ Magnusson suggests that this view of politics represents “radical critics over the last half-century” (35). He specifically mentions urbanists, but it is unclear what other fields he means to encompass in his expansion of “politics.” Radical feminists in the 1970s and 80s also sought to expand the definition of politics through the mantra, “The personal is political and the political is personal,” meaning traditionally private/female concerns that are not directly related to matters of state governance are political and open to public challenge. This goal remains a central tenant of third wave feminism, see Echols A. (1989) *Daring to Be Bad : Radical Feminism in America, 1967-1975*, Minneapolis: University of Minnesota Press.

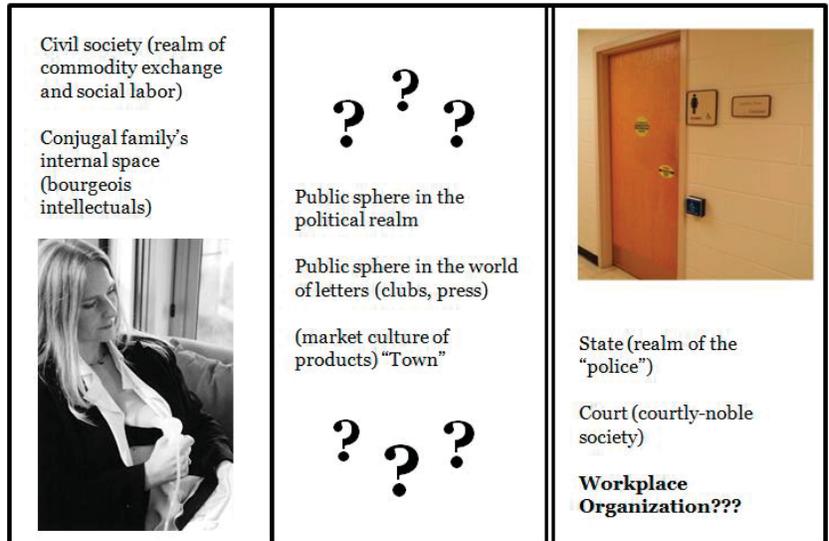


Figure 2: Habermasian model of the public sphere applied to lactation space.

The second chapter explores the production of lactation space as a part of The Lactation Support Program at Virginia Tech through the analysis of interviews with key administrators involved in their development. These interviews are used in combination with an analysis of a number of primary documents as well as secondary literature to help explain how the lactation program was developed. The initiative began when a woman brought her struggle to create a lactation space to the Women's Center. As more voices added to her concern the Women's Center, Coordinating Council of Women's Concerns, and Work/Life Balance petitioned major university officers to fund the creation of private spaces for milk expression. The petition centered on the argument that breastfeeding is good for business (ex. reduced leave time due to illness, lower health insurance costs, and increased morale) and for the recruitment and retention of competitive faculty. Ideally, these spaces would provide an alternate arrangement for those women who were relying on bathrooms, stairwells, cars, meeting spaces, private offices and other locations to express milk. The program would also provide the necessary information and education to supervisors and department heads about lactation and the needs of breastfeeding mothers, and facilitate university support for schedule flexibility. While an architectural

directive institutionalized the spaces, the education program was never implemented. Even though the spaces accomplished a particular form of inclusion of the female body in the workplace, analysis of their production alone leaves the effects of the spatial allotment unexplored.

The third chapter addresses the impacts of creating the Lactation Support Program (renamed the Nursing Mom's Support Program). Of concern is to what extent the program was successful in creating a universal opportunity for women across campus seeking to express milk and, as an institutionalized strategy, if the Nursing Mom's Support program contributes to shifting understandings of the working body and what it means to be a worker. The narratives of 21 women at Virginia Tech who have expressed milk during the workday since the program was developed are analyzed. What becomes clear is that there is no singular strategy or narrative of pumping employed by women at Virginia Tech. The lactation spaces are neither used by the majority of women nor are they known by many of the women who might potentially use them. In addition to creating space, the program also sought to mediate schedule flexibility. However, the spaces reprivatized conversations about pumping and crystallized the concerns of breastfeeding mothers into physical form. Even as women continue to struggle to find the time to pump and negotiate working responsibilities, the spaces seemingly replace the need for a continued conversation about what it means to be a working mother at Virginia Tech. Nevertheless, the visibility of pumping outside of lactation space means that women's needs as workers cannot be contained within the boundaries of lactation space. The permeable nature of lactation into the working environment (i.e. scheduling meetings around pumping times, excusing oneself from meetings, entering/exiting lactation space, washing pump parts out in common areas, storing milk in common fridges, etc.) creates the necessity to continue to address

lactation space as a public concern, and the opportunity to (re)negotiate working bodies and lives.

2. Locating Lactation Space

In 1999, an employee at Virginia Tech established a small space in the library to express breastmilk during the workday. She soon brought her story of struggle to express milk comfortably to the Women's Center as a potential narrative that may concern other women on campus. Several meetings and informal surveys, and support from the Coordinating Council of Women's Concerns (CCWC), the Office of the Provost, the Office of the President, and Montgomery Regional Hospital helped to establish a new Lactation Support Program at the university. According to Interim Provost James R. Bohland, the program "respond[ed] to a clear and present need for female faculty, staff, and students who were having to nurse or express [breastmilk] in places that are unsanitary, uncomfortable, and lacking in privacy..." (Garon, 2001: para. 3). In April 2001, a dedication ceremony commemorated the creation of the first three lactation rooms and celebrated the new directive to the University Architect for the inclusion of lactation spaces in new capital construction or major renovation projects. By the fall of 2012, there were 19 lactation spaces around campus in the renamed Nursing Moms' Support Program.

The creation of multiple lactation spaces can be read as a strategic success for the university. The program provides evidence of Virginia Tech's commitment to family-friendly policy and the recruitment and retention of female employees. Although the implementation of the program has merits, we argue that its management fails to reflect a meaningful engagement with the daily realities of employed mothers. While these spaces may meet a specific material need of women who choose to pump during the workday, there is a larger question about what these spaces mean for the individual as well as the construction of gendered roles and identities in the workplace. For instance, what does it mean when we create private, exclusionary spaces

for a performance in which the necessity of seclusion is assumed? How do lactation spaces influence our perceptions and assumptions about the space of the female body and the associated agency and access of women to the public sphere?

The creation of lactation spaces to support nursing women in the workplace can be viewed as a unique success in an ongoing struggle to value women as both workers and mothers. We are cognizant of Kobayashi et al.'s (1994) argument that women's movements have been less successful at changing gender roles in the workplace than in other areas such as suffrage and reproductive rights because of historically sexualized spheres. Since the start of the 20th century women's movements have struggled for equal pay, access to proscribed "male" jobs, state provided childcare, freedom from pregnancy discrimination, and greater family and maternity leave rights (Kelly and Dobbin, 1999; Pyle and Pelletier, 2003; Stoltzfus, 2003; Berggren, 2008). Although lactation spaces are only one manifestation of a larger political conversation in the United States about women's rights to and in the workplace, we argue that they are instructive because they help us to reimagine how a seemingly simple spatial allotment—a lactation room—can contribute to the reevaluation of what it means to be a worker.

On the other hand, lactation spaces can contribute to an ongoing double exclusion, where the female body is rendered not only physically invisible, but hidden by the rhetoric of university policy. Much of the logic supporting the creation of lactations spaces rests on the notion that breastfeeding is a best practice for health and business. While it is possible to question the function and efficacy of these spaces by examining the dilemmas related to the physical access to these spaces (i.e. how far does a woman need to travel to reach a lactation room?) or the public health impacts of the program (i.e. how have these spaces affected breastfeeding initiation and duration?), considerably less research has focused on the place of the female body, and the value

of social reproduction to the workplace. Focusing on the clinical benefits of infant feeding practices alone ignores that these spaces are also about the replacing the female body in workplace and shifting definitions of what it means to be a worker. The present research seeks to investigate the broader implications of these spaces in the negotiation of public and private space and the production of gendered identities. Of interest is whether the construction of lactation spaces at Virginia Tech represents a significant achievement in the renegotiation of gender roles in the workplace.

What follows is an examination of the development and implications of the Lactation Support Program at Virginia Tech. We used primary documents and information collected through a series of semi-structured interviews with key administrative officers from the Women's Center, Work/Life Resources, the CCWC, and the Offices of the President and Provost to reconstruct the conversations that led to the development of the Lactation Support Program. Documents included communications and memos shared between major university officers, minutes of the CCWC, anecdotes collected from early meetings with Virginia Tech employees at the Woman's Center, project proposals, and press releases. These documents were primarily used to support the information provided by interviews. We conducted five semi-structured interviews with university administrators and officers directly involved in the development of the Lactation Support Program: Jessie Meltsner, Special Programs Coordinator for the Women's Center; Cathy Jacobs, previous director of Work/Life Resources; Pat Hyer, Associate Provost Emerita of Academic Administration and member of the CCWC; Peggy Meszaros, Provost Emerita; and Minnis Ridenour, former Executive Vice President and Chief Operating Officer. The interviews sought to reconstruct the timeline and arguments that produced the Lactation Support Program, and role the lactation spaces played in the major university plan (Appendix A).

Ultimately, we question whether these spaces have helped expand the possibilities for reconsidering what it means to be an employed mother and investigate their relationship to possibilities for women, generally, in the workplace: (1) describe the development and implementation of the lactation support program; and (2) examine the dual benefit and risk posed to women by the production and maintenance of these spaces.

Development and Implementation of the Lactation Support Program at Virginia Tech

The strategic conversation surrounding the development of the Lactation Support Program at Virginia Tech centered on breastfeeding as a best practice for health and business. Much of the literature and policy surrounding lactation space, including the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, is based on the support of breastfeeding as a health initiative and business best practice, for healthier mothers and babies, a lower strain on the medical system, greater worker efficiency, less time lost to sick leave, and the attraction of competitive employees (Shealy et al., 2005; The United Nations Children's Fund, 2009, November 13; World Health Organization, 2009, July; Tuttle and Slavitt, 2009; HHS Office of Women's Health, 2010, August 1; National Conference of State Legislatures, 2011 May; U.S. Department of Health and Human Services, 2011). While lactation spaces can be temporary and nonexclusive, their ultimate goal is to support practices that increase the health of U.S. citizens and businesses without undue strain on social support systems. The point is that at their core, lactation spaces may rely on the logic of supporting breastfeeding, but they are not simply about breastfeeding.

For certain members of the Women's Center and Work/Life Resources at Virginia Tech, the Lactation Support Program was a triumph because it supported the dual maternalist and feminist goals of making breastfeeding a viable choice and recognizing the importance of

women in the workplace, regardless of its actual use. Provost Emeritus, Peggy Meszaros, Executive Vice President/ COO Emeritus, Minnis Ridenour, and other university stakeholders celebrated the program because it created a more favorable environment for attracting competitive faculty and it placed Virginia Tech on the leading edge of progressive policy (Ridenour, 2012; Meszaros, 2012). They credited the program with enabling employed mothers to return to work and to continue breastfeeding without undue stress or difficulty, meeting the progressive goals of the university, and demonstrating the importance of women and families to the university (Ridenour, 2012; Meszaros, 2012).

As noted above, the impetus for the project began as an informal meeting and a collection of anecdotes from female faculty, staff and graduate students struggling to find a comfortable, private space and time to express milk. Many of the anecdotes and proposals state that women had "...been forced to use closets, stairwells and toilet stalls, which are uncomfortable, unsanitary and inconvenient. Some women have gone to their cars in public parking lots. Even those who have private offices, primarily faculty members, have reported problems with privacy and intrusion" (Meltsner and Jacobs: para. 3). Women who chose to breastfeed found that there were no suitably private (i.e. secluded and free from interruption) nor appropriate (i.e. sanitary and comfortable) places to express milk.

Jessie Meltsner, Special Programs Coordinator for the Women's Center, and Cathy Jacobs, former Director of Work/Life Resources, brought the proposal for the lactation program to the Coordinating Council of Women's Concerns (CCWC) in order to gauge support from a diverse group of academics, administrators, and activists across campus who worked with women's issues. While the CCWC is no longer active, Associate Provost Emerita Patricia Hyer notes that during its tenure the CCWC had two major projects developed and implemented

without significant financial or political resistance: (1) the Women's Center, established in 1994; and (2) the Lactation Support Program, launched in 2001. In this case, a network of supportive individuals across campus expedited the connections within the Offices of the Provost and President that needed to be made in order to approve and fund the lactation rooms, even overcoming initial discomfort with the subject: "We ended up teasing that we could never get the word breastfeeding on anybody's calendar for one of the major university officers because the secretaries couldn't deal with having the word breast on their calendars" (Hyer, 2011).

Regardless of perceived difficulty, unanimous support for the project was voiced once the idea was presented to university stakeholders, deans and department heads (Hyer, 2011; Meszaros, 2012).

Meltsner and Jacobs articulated the program in various proposals as a means to demonstrate commitment to women and families and to increase the recruitment and retention of competitive female faculty members and their partners. Initial notices boldly summarized, "A permanent network of lactation facilities would be a relatively simple and cost effective demonstration of Virginia Tech's commitment to recruitment and retention of female staff and faculty" (Meltsner and Jacobs, 2000: para. 3). A later study by Tuttle and Slavit (2009) substantiates the claim made by Meltsner and Jacobs that competitive employees, able to contribute to the quality and prestige of an institution, are attracted to family-friendly policies that allow them to successfully balance both work and family life. Moreover, programs that increase quality of life help to improve the workplace environment and employee morale. In several early documents, Ridenour claims that the Lactation Support Program would "create a supportive campus environment for new mothers who choose to breastfeed after returning to work" (Ridenour, 2000). He continues to view the lactation rooms as one project among many

that supported the advancement of university goals to build “recognition for the quality of its programs” (Ridenour, 2012).

The Lactation Support Program kept the university at the leading edge of progressive goals, such as diversity and affirmative action. The contemporaneous VT Advance Grant encourages the employment of female faculty and graduate students in science and engineering, allows tenure pauses for pregnancy and other personal demands, and facilitates the acquisition of daycare for employees. Ridenour also suggested that he saw the lactation program in the ranks of such mid-90s initiatives as Title IX⁴ and stated that in the same way Virginia Tech supported equitable programming and female athletes before the federal mandate, it was also one of the first universities without a medical school to implement permanent lactation spaces (Ridenour, 2012). The university went above the legal expectations for the time, when there was no federal mandate to support lactation in the workplace.

The discourse for supporting lactation spaces may have rested on the benefits of breastfeeding to health and business, but it is clear that key academic officers saw these spaces as part of a broader strategic plan to advance the image and prestige of Virginia Tech. Without question, the initial project conception and dissemination were widely accepted. Nevertheless, it remains imperative to pause and reflect on the later struggles to find appropriate spaces and to implement a complementary education program.

Making Space

“There is nothing more precious than space at Virginia Tech.”
-Patricia Hyer, Associate Provost

Finding appropriate, uncontested spaces proved to be one of the most substantial challenges during development of the program. Rather than see the struggle to find space as a

⁴ “Title IX is a law passed in 1972 that requires gender equity for boys and girls in every educational program that receives federal funding,” see www.titleix.info.

detriment to the program, the administrators from the Women's Center, Work/Life Resources and the CCWC saw the challenge as critical evidence of the importance of the program to the university because finding space for anything (classrooms, offices, storage, etc.) on campus was, and remains, a significant undertaking. Actually claiming space to create places specifically designed for the use of nursing mothers implied a commitment to breastfeeding women and demonstrated that those mothers and their families were valuable to the university.

The original proposal included a spatial plan to identify high concentrations of women under 45 and place lactation rooms according to that data. Ultimately, only six of the 22 rooms⁵ are retrofits into buildings. No spaces were placed according to the spatial data because, according to Jacobs, finding space for new rooms in existing buildings was “always difficult, amazingly difficult” (Jacobs, 2011) due to departmental needs for office space, ventilation and lighting standards, and the requirements of the Americans with Disabilities Act (ADA). The first three rooms, as well as other retrofits, were typically in bathrooms and bathroom antechambers.

The most obvious victory, in terms of claiming space, came in the form of a new directive to the University architect. In 2000, Ridenour sent a directive to the University Architect to “begin the inclusion of dedicated lactation facilities into new capital construction or major renovations on campus wherever appropriate” (Ridenour, 2000). The directive meant that at the very least all new office and research buildings would have lactation spaces and implied sustained growth. It would ensure that the expansion of the lactation support program kept pace with the expansion of the university. The directive also rendered any need to collect or analyze spatial data on female employees less critical because spaces would be included in any new buildings or major renovations regardless of who occupied the building. Meltsner notes,

⁵ This number includes the 20 official spaces listed at hokiewellness.hr.vt.edu, and spaces that are currently under construction/ not officially recognized (revealed through interviews).

We started out with what we hoped would be meaningful, but seemed a little bit like window dressing because it was just a start, but meaningful window dressing. It turned very quickly into an institutional directive that really just meant that it was very quickly a part of the plan, the major structural plan of the university (Meltsner, 2011).

Meltsner's quote reveals that she saw the initial proposal of three spaces as a significant symbolic success, but that the directive transformed their efforts into a recognized and legitimate resource. The directive institutionalized lactation spaces in a way similar to bathrooms—as an understood necessity for both employees of the university and visitors to the campus. The institutionalization of lactation spaces, their incorporation into long-term plans for the university, demonstrated the university's recognition of mothers who chose to breastfeed or pump on campus.

The institutionalization of lactation spaces, not only represents a turning point in social expectations of gender at Virginia Tech (i.e. What aspects of a worker's life are valued in the workplace?), but also implies a shift in the support for breastfeeding as a practice (Meltsner, 2011; Ridenour, 2012; Meszaros, 2012). Meltsner argues that having permanent lactation spaces normalizes the request to express milk during the workday, making it an activity that would be free from shame and difficulty, and thus breastfeeding practices generally. When asked about the importance of lactation spaces, Ridenour linked the significance of lactation spaces to breastfeeding practices as well as progressive gender relations:

Well if you believe in the concept of breastfeeding, then lactation spaces have to have a relationship to that, and if you want to attract women and retain women in the workplace, then you have to provide resources for that quality of life to remain in place, it's the right thing to do. To me that's the right thing to do rather than say, "Well my mother didn't have it, so why should you?" (Ridenour, 2012).

Today, Ridenour and Meszaros implied their continuing concern for what was at stake in developing the program by applauding the private, discrete design of the rooms for increasing

access, but suggested that if presented with the project again they would insist on a more rigorous application of mapping techniques to identify places that reflect where users actually work. Both criticized the use of bathroom space and bathroom antechambers for lactation rooms because it sends the wrong message about breastfeeding practices and the women who requested these spaces. Bathrooms, and other scavenged space, could imply mere accommodation, rather than a true effort to incorporate these practices into the university landscape and culture. The institutionalization of lactation spaces indicated, to the administrators, a concrete change in what was possible for Virginia Tech employees: working parenthood and breastfeeding as a viable choice.

The directive to the University Architect indicates that several administrators and major officers recognized the need for an identifiable strategy that supports mothers at Virginia Tech who breastfeed. Yet, those responsible for the creation of the Lactation Support Program also recognized that the physical existence of these spaces would not suffice since women had struggled to find the time as well as the space to express milk. The initial proposal included plans for a complementary education piece that would continue a conversation about collective support for these spaces and ensure a more thorough reflection of women's workplace needs (i.e. time to pump, the stress of parenthood and meeting deadlines/work expectations, etc.).

Education as a space of conversation

Once the actual lactation rooms were established, there was a concentrated effort to inform women on campus of the new service. Announcements were released through the Virginia Tech magazine, Spectrum, the working mom's listserv, departmental listservs, Work/Life Resources, new employee packets, and local OB/GYNs and lactation consultants. It was crucial that the rooms' locations were broadly advertised because of their discrete nature and

because the spaces were secured with individual door locks to ensure the security of expensive hospital grade pumps provided as part of the program. Registration also ensured accurate record keeping and continued maintenance of the program through Work/Life Resources. To aid these efforts, and to make the transition back to work for new mom's easier, initial proposals from the Women's Center and Work/Life Resources included education for supervisors and department heads.

Part of the education program involved informing supervisors and department heads about the Lactation Support Program, its purpose and the rights of their employees to access these spaces. Rather than place sole responsibility on individual women to seek out these spaces and negotiate break time with their supervisors, the education program was designed to ensure a continuing conversation about lactation spaces in particular and the needs of employed mothers more generally. An online short-course ending with a competence quiz, much like the common training for Institutional Review Board (IRB) ethics approval, would facilitate the dissemination of information on lactation space and the needs of employed mothers to supervisors and department heads.

The program never implemented these short courses and largely abandoned the broader education program. According to Jacobs, there was a perceived intrusion on the rights of supervisors to insist on mandatory education about lactation (Jacobs, 2011). Meszaros also offered that the spaces may be seen as independent, self-sustaining resources, especially with the directive to the University Architect, so that continued intervention through an education program seemed superfluous (Meszaros, 2012). The loss of an education program is troubling because without institutionally mandated education, the responsibility for negotiating what could

be a difficult and uncomfortable conversation with a supervisor, who may know little to nothing about the needs of mothers, was placed on the individuals who sought out these spaces.

Precisely why the education program was abandoned remains unclear; more certain is that many people around campus are not aware that the program or that lactation rooms exist at all. When explaining the current research to local audiences, a few people have responded by asking if the lactation rooms are related to the Dairy Science Program. In addition, while endeavoring to take photos and map the location of the lactation rooms for this research, we found that few people could give clear directions to these spaces. It may be expected that a student or employee who is not pumping would not know where the spaces are located, but interviews with women pumping on campus also reveal that awareness and use are low even for the target population.⁶ The lack of geographic awareness of the lactation rooms is problematic, and yet the ultimate failure of the lactation program is less a problem of design or siting, but rather stems from their inability to challenge the gendered layerings of public and private space on campus.

The lack of a continued conversation combined with the semi-private, enclosed design of the spaces, has rendered the political act of creating the Lactation Support Program less meaningful and has served further to entrench the invisibility of the female body. Instead of highlighting the presence of nursing, employed mothers, we propose that the lactation spaces may actually contribute to the ongoing “double exclusion” of women even as they are promoted as sites of inclusion.

Rethinking the “Right” of Lactation Space

The Lactation Support Program, by creating spaces for mothers to express milk during the workday, clearly created an opportunity for the female body in the workplace that otherwise

⁶ Discussed in the next chapter, “Placing Lactation: renegotiating working identities.”

did not exist. The formal network of spaces sought to replace a disparate variety of approaches using stairwells, bathrooms, private offices and cars. Yet, the initial program design was not merely focused on the production of space alone, but incorporated a broader intention to create a more progressive workplace. The program would support breastfeeding mothers, but also produce a conversation that revalued the family to the university and underlined that women generally were a significant piece of the university community. Thus, what is at stake in producing private lactation space is far greater than the act of expressing milk alone. Collective conversation, or lack thereof, surrounding lactation space may help us to reimagine not only what it means to be an employed mother, but at a more basic level, resituate the civic body in the workplace and redefine the subject matter of politics.

Carole Pateman has stated that the, “dichotomy between the private and the public is central to almost two centuries of feminist writing and political struggle; it is, ultimately, what the feminist movement is about,” because their distinction in a liberal-patriarchal society determines who and what is the subject of politics (Pateman, 1989). Feminist political theorists have identified a double exclusion of women from the public realm through the liberal identification of private as civil society and public as political, with the domestic sitting outside of both society and politics (Pateman, 1989; Kymlicka, 1990). Various facets of feminist politics have sought entry for marginalized groups into the realm of society and politics by expanding the definitions of both and their relationship to one another for greater inclusion (Fraser, 1990; Young, 1990; Barkley Brown, 1997), but others have criticized this approach arguing that it prefaces equality on the inclusion to a set of standards that are already exclusionary (Kymlicka, 1990; Young, 1990). For radical geographers, the double exclusion identified by Pateman is overcome in part by seeking and claiming persistent visibility in public space—collective

responsibility for the protection of individual choices and the right to spatial inclusion is maintained through representation in public.

Public nurse-ins in the United States, the UK and Australia seek to expand the space of domesticity and the public responsibility for mothering practices by blurring the divide between a private act and public space (Bartlett, 2002; Carpenter, 2006; Smyth, 2008; Boyer, 2011). These authors suggest that visible breastfeeding alters social expectations of gendered spheres and the place of the female body. Bartlett (2002) specifically argues that the exposure of the breast in public is dangerous for the stability of gendered expectations, which seeks to remove the female body from public gaze. Public nurse-ins seeking to deterritorialize space through the performance of identities, traditionally private and domestic, in places that are associated with the public and civil society have the ability to, using Nancy Duncan's (1996) sentiment, deconstruct the spatial oppressions of sexuality and gender. By challenging the notion of the naked breast as sexual or restricted to private and domestic places, these collective performances can make a powerful political statement.

The lactation spaces at Virginia Tech cannot deterritorialize or disrupt space like public nurse-ins because they do not challenge the gendered script associated with the "rightness" of the female body's invisibility. Administrators situate the power of lactation space in their discretion. Rather than ask why women sought out small private spaces, the Lactation Support Program reinforces the supposed "rightness" of such privacy and exclusion of lactation behavior from public gaze. While lactation spaces create an opportunity for the female body that may contribute to a general change in how we perceive working bodies—not only as individual, disembodied and male, but perhaps as a mother with bodily needs—the bodies remain invisible. When these

performances remain invisible, it remains uncertain if the gendered script can really be transformed.

Administrators and university officers did not ask women at Virginia Tech to be spatially complacent in their exclusion from common space; rather women asked the university to recognize their inclusion through secluded spaces. This distinction is significant because while the act of pumping and the women using these spaces remain invisible, the challenge to lactation spaces is not in design, but in their broader implications. Lost in the attempt to accommodate nursing mothers was a more nuanced reflection on the place of the female body and the relationship between the body and work. Without an extended conversation about the purpose of these spaces, the result is that while these spaces may rightly be celebrated because they do create an opportunity for mothers who choose to nurse to remain in the workplace, they are removed from general support for all mothers, and employed women's desire for a more socially and spatially accessible workplace. Discretion and privacy have been favored over a more focused attempt to deliver on the broader policy of creating an accepting campus for women, pregnant, nursing or otherwise – risking the production of spatial domination that reinforces the female body as secluded and “different.”

Conclusion

The Lactation Support Program at Virginia Tech can be read as a unique success in a long struggle to expand the place of motherhood without restricting the autonomy of individual women. These spaces are a physical expansion of the field of possibility for working identities: lactation space supports the potential for women to be workers, mothers, and breastfeeders in a concrete way. University administrators have acknowledged through the support of a strategic program that women on campus have identifiable needs when it comes to expressing milk. Still,

without broad conversation about the ‘why’ of lactation spaces through an education program, not just as sites that promote breastfeeding but also as places for the inclusion of the female body, women become more exposed, not as a private group with public interests, but as individual women. To date, the university administrators have not engaged with what lactation spaces mean for individual working mothers or how the ideal worker is constructed.

The consequence of seeing lactation spaces as catering to a few nursing mothers is the reification of assumptions about privacy, motherhood, and the female body. In the absence of an ongoing education program, discussion of what lactation spaces represent is largely muted. This silence may lead to further isolation of individual women who are solely responsible for the conversation that would allow them to use the space, and the general lack of awareness about the location of these rooms. Much more work needs to be done to reveal, as Kobayashi et al. (1994) put it, a history of sexualized spheres, especially as they continue to manifest themselves on university campuses. Lactation spaces have the potential to create a more expansive definition of the material needs of women as workers; however, the invisibility of the body in these spaces, heightened by their invisibility in university rhetoric (through the loss of an education program) about lactation spaces, makes it imperative to consider how the program functions today.

Since 2001, 205 women have accessed these spaces by contacting the Work/Life Resources or HokieWellness (Agud, 2012). The next chapter asks if the program meets the needs of individual women. Further, it addresses how women negotiate incorporating milk expression into a productive schedule and how they perceive the way others see them as workers. Ultimately, I explore how women value the production of lactation space and what an ideal Nursing Mom’s Support Program would look like. Answers to these questions force us to think beyond the matter of design and distribution, and help us to consider the function of these spaces

both practically and politically. *Placing Lactation* seeks to reweave lactation rooms on Virginia Tech's campus into the collective conversation about the challenges of being a working woman, a working parent or both.

3. Placing Lactation: (re)negotiating working identities

Referring to the Lactation Support Program, Interim Provost James Bohland stated, "What we are hoping to accomplish university wide, however, is a sense that each individual mother does not need to negotiate or depend upon the good will of a supervisor in order to be assured that suitable facilities and flexible scheduling will be available when needed to support her decision to continue breastfeeding her infant while returning to her role at Virginia Tech" (Bohland, 2000: para. 3). The institutionalization of lactation rooms from both policy and spatial perspectives acknowledged a need to address disparate (and often uncomfortable, unsanitary, and discouraging) strategies to express milk during the workday. The Lactation Support Program recognized the importance of a clean, comfortable *private* space to express milk. Yet, the failure to implement a complimentary education policy limited the potential for a more nuanced conversation about the relationship of nursing women, and working mothers generally, with their colleagues and supervisors. As such, this chapter begins with a simple empirical question: Did the provision of lactation rooms actually meet the goals laid forth by Bohland, and other administrators, for a cohesive strategy that supports all women seeking to express milk during the workday? Put another way: Was the construction of physical spaces enough?

Beyond meeting the specific material needs of breastfeeding women, these spaces may offer a shifting understanding of the female body in the workplace and what it means to be a worker. Edward Soja (Jun. 1980) argues that the built landscape reflects and obscures social values and power. It is instructive to consider the value of lactation rooms as symbolic spaces that serve to create new places for women as workers, but also reinforce the ideal of an individual and disembodied worker. In 1999, a public conversation of private needs led to the spatial inclusion of women (as breastfeeders and pumpers) into university policy. The inclusion

of spaces for milk expression into the physical and policy structure of the university legitimizes the choice to express milk during the workday and thus recognizes the roles and responsibilities of workers as mothers, parents, and caregivers. Further, the structure of the conversation that produced lactation space reflects the possibilities for a political system that recognizes difference situated within the workplace.⁷ Although the production of lactation space provides these opportunities, the reprivatization of milk expression through seclusion and limited outreach is of concern.

Several authors have argued for a (re)negotiation and (re)evaluation of privacy as a political tool, source of agency, and place of power, thus challenging the primacy of publicity and visibility for political action (Squires, 1994; Staeheli, 1996; Hubbard, 2001; Hubbard, 2005). Women's movements in the United States have a long history of manipulating gendered spheres to argue for public recognition of domestic roles (Baker, June 1984; Kerber, 1985; Stansell, 1986; Skocpol, 1992; Staeheli, 1996; Dorsey, 2002; McCurry, 2010). Since the 1960s, US feminism (primarily upper-middle class, white feminism) has worked within, between, and outside of dominant conceptions of public and private to achieve political and bodily autonomy (Echols, 1989; Staeheli, 1996; Enke, 2007; Wells, 2010). Carole Pateman (1989) argues that theorist and activists cannot simply add women and new political concerns into the existing political system built on gendered spheres, rather understandings of public and private must shift so that privacy is individual autonomy and the public is protection for the flourishing of individual choice. Public and private must be untied from specific roles (Pateman, 1989). Similarly, for Judith Squires (1994), the right to exclude, privacy, is the prerequisite of being public. She states,

⁷ See the "Introduction," pages 6-9.

For the body can be viewed as one of the core territories of the self: control over one's own body is crucial to the maintenance of a sense of self and hence the ability to interact openly with others. To have control over one's own bodily integrity (to regulate access to it) and to have this integrity recognized, is a minimal precondition for free and equal social interaction (Squires, 1994: 399).

It is impossible to be political without first having a basic level of privacy, control over one's own body and the right to exclude others from body spaces. The power to develop and articulate private concerns is essential to publicizing those concerns (Squires, 1994). Revaluing the political uses of privacy acknowledges the fluid nature of public/private and recognizes the potential risk of exposure to the violence of a rigid system while attempting to destabilize it.

The use of both publicity (the right to access or visibility) and privacy (the right to exclude or invisibility) in women's movements has contributed to a recognized balance between social conditions and individual agency in relation to political action (Staeheli, 1996; Hubbard, 2005; Butler, 2006). The mediation of risk associated with deviance reinforces the success of working within social expectations. Violence may accompany individual visibility in politically unpopular movements (Staeheli, 1996; Hubbard 2001). Through an analysis of the variety of actual resources (i.e. identity, law, physical space) used by women's activism Staeheli (1996) seeks to address the social construction of public and private and separate the content of action from the material space of action. She argues that public acts can occur in private and vice versa. For example, kiss-ins and nurse-ins publicize private behaviors. Conversely, organizing for a public campaign in a private home privatizes public behavior. Ultimately, Staeheli argues that politics are not limited to public action in public places. Women's action often manipulates theoretical, social and legal constructions of privacy to achieve public recognition of private concerns (Staeheli, 1996). Following from reconsiderations of the use and power of privacy, the two underlying questions driving the empirical investigation were: (1) Do lactation spaces help

us to reimagine a way in which publicity can arise from a network of private spaces that help to conceal the body? (2) Can a private act in private space be public? Put another way, can milk expression in secluded spaces, accessible only to lactating women, be part of a collective conversation at Virginia Tech about what is important in a full life that includes both production and reproduction?⁸

This chapter utilizes 21 semi-structured interviews (see Appendix 1) with mothers employed at Virginia Tech to investigate the implications of lactation space. Study participants were recruited through the Working Mother's Listeserv, AdvanceVT, the Graduate School's weekly announcements, La Leche League Blacksburg, Virginia Tech Housekeeping administration, and through snowball recruitment. All of the interviews were digitally recorded. The length of interviews averaged 40 minutes with a range of 17 minutes to 82 minutes. All of the interviews were transcribed and coded. All of the women in the study sought to pump on campus. While several of the respondents started at Virginia Tech before the implementation of the Lactation Support Program in 1999, all of the women interviewed were pumping after the program's establishment (between 2007 and 2012). Of the 21 women, there were seven faculty members, six graduate students, two private employees at the Corporate Research Center, and six staff members including lab technicians.⁹

After testing the question structure using five pilot interviews, the interviews focused on three major topics: (1) information or materials consulted or offered by peers or administrators/university offices prior to having children; (2) post maternity leave concerns over challenges of returning to work; and (3) knowledge and relationship in connection to the Nursing Mom's Support Program. Since the loss of an educational component is of principle

⁸ See the discussion of the workplace as a site of the civic body in the "Introduction" section of this thesis (pg 9).

⁹It is significant to note that there were no hourly wage employees included in the study; though I made specific efforts reach out to housekeeping staff, there were no respondents from these groups.

concern, the first series of questions was designed to address what women knew of the program and policies that protect certain reproductive choices. In addition, these questions sought to establish a basic assessment of the conversations women had with their supervisors about their reproductive choices. The second section of the interview inquired about the women's actual approach to expressing milk during the workday. These questions were used to determine if the program met its initial goal to create a universal opportunity for all employees expressing human milk at Virginia Tech, regardless if they used the spaces or not. The final section addressed the theoretical questions of the project about the political implications of lactation space. The questions addressed how women feel about the program, what an ideal program would look like, and what role the university should play in supporting working parents. Ultimately, they were designed to address the political imaginations of women expressing milk to evaluate the continuing relationship between private concerns and their public reflections. Answers to interview questions were organized using a spreadsheet so that each response could be isolated from the narratives of individual women and used to get an overview of general themes. These themes were then placed into a web with quotes from respondents and their connections to one another. Finally, individual responses within themes were reevaluated using the complete narrative to address outlying factors and unique concerns. Although lactation rooms serve as an act of legitimation, this analysis asks whether these spaces can contribute to or accommodate a broad renegotiation of the relationship between privacy, space, and workplace politics.

Pumping and Working

There is no singular narrative of pumping and working shared by the women in this study. Participants held a variety of positions within the university including administrative staff, graduate students, laboratory associates, and faculty. Of the 21 women interviewed, 11

women had private office space. Three of these respondents used the lactation spaces occasionally. Ten women worked in a shared office or lab space, but only three of these women used the lactation spaces regularly. Only two study participants used the lactation spaces exclusively, the others moved between spaces based on the physical location and composition of spaces, the availability of information and resources, work constraints, and individual needs for privacy and comfort (Table 1). Since the strategic goal for the Nursing Mom's Support Program is to create a universal opportunity—every woman who wants to express milk can do so comfortably—the variety of opportunities may represent support for women to adapt the spaces around them to meet their needs. However, the inconsistency of information related to milk expression and internalized pressure to maintain productivity in spite of pumping reveals that there is no simple explanation for how women approach making space for milk expression. This section seeks to address two questions: (1) where women obtain information about lactation spaces and policies related to milk expression during the workday; and (2) how women negotiate pumping and working.

	Why use lactation space?	Why not use lactation space?
Physical	-convenient location -traveling outside of normal workspace	-inconvenient location -have a private office/convenience of another space -dark and windowless -cold
Amenities/ Information	-fridge for milk storage there -sink for cleaning pump parts -wireless internet access -hospital grade pump	-lack of knowledge -multiple women need the space/ not enough spaces -can continue to work
Work demands	-free from distraction - professionalism (i.e. cannot interact as a service provider while pumping, lab work cannot be done while pumping, etc.)	-pressure to stay at workspace/desk -personal interest in continuing to work (i.e. pumping is boring, can get home sooner, pressures of tenure, etc.)
Personal comfort	-comfortable -chance to get up and walk around -privacy/security -space to relax/ eat/ help milk-flow	-question of visibility, space labeled “lactation” -prior bad experience with lactation spaces -physical burden (books, work, pump, milk, etc.)

Table 1: Reasons listed for choosing a space to express milk; why use a lactation room over another space (Bolded text indicates primary themes explored below).

Information

The Nursing Mom’s Support Program includes a website (at HokieWellness.vt.edu) detailing the benefits of breastfeeding, current federal, state and university policies related to milk expression during the workday, tips for talking with supervisors and incorporating milk expression into a workday schedule, as well as local support resources. The website also provides a list of the spaces available, indicates which spaces contain hospital grade pumps, and instructs users how to register for the program. The Human Resources (HR) department provides most, if not all, the information a woman returning to work from maternity leave may need; however, it is not the primary resource accessed by the women in the study and several of those who had visited the main HR site did not realize there was a specific page dedicated to lactation. Those who knew about the program often accessed informal channels such as word-

of-mouth, networking with other mothers and friends, and seeing the spaces during campus activities (Table 2). The result is that many participants have limited knowledge of the Nursing Mom’s Support Program. Further, compared to maternity leave, childcare and schedule flexibility (ex. modified duties and tenure pauses), pumping is not a priority before returning to work. Evelyn¹⁰ had researched and planned extensively for leave flexibility and childcare, but lactation was a topic where, “you don’t know what you don’t know.” This statement is reflective of why many women did not actively investigate milk expression in the workplace before returning to work. Another respondent¹¹ noted that as a young mother she felt disconnected from informal networks. She had seen a space in another building where she had worked before having a child, but did not know who to ask about it or where to go for more information. In the absence of knowing the source (who provides information) and site (where to obtain key information), many participants noted a struggle to create a plan that could include lactation space.

Received information about the Nursing Mom’s Support Program?	Source of the information/ Reason
Yes Used the spaces (7) Did not use the spaces (9)	-HokieWellness (6) -Official handouts/materials (4) -Communication with the director of the program (2) -Working Mother’s Listserv (2) -La Leche League (3) -Supervisor/advisor (2) -A coworker or other working moms (6) -Have seen the spaces (3) -Helped to develop a space in a new building (1) -Through this research (1)
No Did not use the spaces (5)	-Office space worked – no impulse to look for information -shared space with organized schedules (2) -private office (1) -Not currently pumping (1) -Mere existence (1)

Table 2: Sources of information about the Nursing Mom’s Support Program.

¹⁰ Name changed (Interview I3-1)

¹¹ Interview I5-2

Several study participants indicated that they would have used lactation space exclusively had they known about it; however, the present research was the first time they heard of the Nursing Mom's Support Program. Janet¹² became pregnant during her graduate work and accessed both the Graduate School and the university's medical clinic for information, support and care. While she contacted these programs, her advisor and lab-mates about incorporating her new responsibilities into her dissertation schedule, the conversation never led to a discussion of options for milk expression. She used her cubicle in her lab space to pump –she let her lab mate know what was going on, covered herself, and then continued to work. Janet indicated that after contacting me about the research announcement she searched the university website for lactation rooms and discovered the nearest one to her supplied a hospital grade pump, which could help her with milk supply. She also mentioned that the space would encourage her to get up and move around during her day and afford her a bit more privacy. She noted that had she been aware of the space, she would have used it from the beginning. When another graduate student, Liz,¹³ became pregnant, her advisor told her to take a semester off from her studies. She stopped breastfeeding when she returned to school because she lacked a space to pump and did not have the flexibility to be with her baby several times a day. She noted that had someone told her about the program, she would have used the space and continued to breastfeed for a full year or beyond. While Liz's experience is rare and she is the only participant who could not find any space or time to pump, it is instructive of the larger concern presented here. Without an active conversation about milk expression women who may want or need to incorporate the program into their plan may not be aware of the resources available.

¹² Name changed (I3-4)

¹³ Name changed (I4-4)

Thirteen years after the establishment of the Lactation Support Program, construction of lactation spaces, and inclusion of lactation space into the major university plan, the critical concern is information. Between 1999 and 2001, there were notices for meetings, announcements and memos about the program. Today, materials are less common. Formal information is limited to a single webpage and is constrained by who you know and if you know what to look for. Of concern for evaluating the success of the Nursing Mom's Support Program is not if the university provides support in addition to space or the quality of that support, but if people are aware the support is available at all. The lack of awareness is instructive of the passive nature of the program, and leads us to question if/how the program has influenced the work culture in which women negotiate pumping.

Scheduling

After maternity leave, a woman seeking to breastfeed or provide human milk will need to pump for approximately 20 minutes every few hours in order to maintain a milk supply. Typically, this pattern will mirror her infant's feeding schedule. The immediate and fixed nature of lactation conflicts with many productive schedules that include meetings, courses, or project development. Sixteen of the 21 women in this study stated that they worked while pumping because of a personal preference or it was difficult to justify being away from work. While no woman was explicitly told that she could not take the time to pump or had to work while pumping, the pressure to keep working is indicative of an internalization of productive culture where work is valued over personal responsibilities. It is important to note that internalized pressure is not a reflection of specific university policy nor the Nursing Mom's Support Program, but is instructive of how women relate to the working culture and may ultimately dictate how they negotiate milk expression in the workplace.

Five women in this study did not work while pumping. Two have never pumped on campus, either because they were prevented through lack of information or because they went home to nurse. The others held positions in which the work they performed could not be done while pumping (ex. lab work), or it would be unprofessional. Mary¹⁴ planned to use a lactation space because as a service provider whose job requires her to meet with students, leaving her space is a clear way of staying professional and saying, “I am not accessible.” Mary tied the ability to go to a lactation space with her need to demarcate boundaries between work and pumping activities. For her, these boundaries are necessary to fulfill her job and maternal responsibilities.

A personal preference to work while pumping blurred the boundary between milk expression and work, but the decision was not universal and often included leisure activities. These women suggested that pumping is boring or uncomfortable, and distractions helped to pass the time, encourage relaxation, and assist milk flow. Occasionally this meant answering e-mails, making phone calls, running computer-based experiments, grading or reading academic literature, but it could just as likely include eating, listening to music or reading for entertainment. Further, working while pumping opened other opportunities for work/life balance. Several women noted that when they were pumping colleagues and students left them alone. Without these distractions, respondents suggested they could complete work that was often taken home otherwise. A few women also mentioned that working while pumping meant they could go home earlier to be with their families or leave to nurse their baby during lunch. These women tended to be in supportive environments or more autonomous positions with greater schedule flexibility:

¹⁴ Name changed (I3-8)

As long as I'm getting the work done, the hours can be whatever they are just as long as [my supervisor] knows what the hours are... It was pretty clear that I'm going to work these certain hours and I'm going to pump during that time, so I won't be in the lab but I will be around... It was more me telling him my schedule rather than asking for permission because he's confident that I'm going to get my work done (I2-6).

These narratives are indicative of what is possible when lactation is the subject of an ongoing conversation. Nevertheless, feelings of professional guilt and an internalized pressure to be productive complicate this possibility.

It was common for interviewees to note an initial peak in stress while they adapted to a new schedule. Stress links back to the availability of information and ability to make a plan that could include lactation space, but it also stems from the interruption of productive work:

When I first started pumping at work, I felt like it was taking up so much time, which I mean it kind of was, but, sometimes I'd be like, "Oh, I just want to keep working and get through my day," but I mean I'm going to have ... to stop and do that, and it's nice once you stop and you know can kind of relax while you're pumping, but um like before you actually start it, it can be like, "God I don't want to have to do this right now" (I2-7).

Early on, pumping may be difficult because women must fit it into a routine that previously did not include milk expression. Ideally, it could be expected that over time stress from a new schedule would alleviate; however, several respondents described a continuing internal pressure to "keep up" or "make up" for time lost pumping. For these women working while pumping helps to relieve feelings of stress caused by taking the time to pump and off-sets feelings of guilt in a team setting:

I'm sorry, I just feel like I need to work... there's six of us on staff who have nursed, so they think it's hilarious; they're like, "Really? Just let it go, stop sending e-mails." So, no, it's more for me to feel like I'm contributing still ... I don't want them to ever think I'm not fulfilling my commitment, I don't want to be a burden on them (I4-6).

Megan's¹⁵ comments are instructive because her coworkers encouraged her to take the time to pump and even teased her gently so that she knew they supported her choice to pump. Yet, Megan still worried about being a contributing member of the workplace and continued to work while pumping. For graduate students and faculty members the pressure to work while pumping arose from the time-sensitive constraints of dissertation schedules and tenure:

I mean it's a tenure track job so there's a lot of pressure to get research done. I know that my colleagues, male and female, those who don't have tenure yet are probably working 60 to 80 hours a week and so I kind of feel like I can't afford to take that time out. I mean the personal end it's just a habit engrained in me, that I should always be working, and there's always more work to do (I4-1).

Again, this quote demonstrates that there is no specific external pressure acting on women, telling them that they cannot pump. Still, it is indicative of a tendency for respondents to compare themselves to non-pumping employees. Many women perceived milk expression as an additive to normal working activities rather than an integrated, essential part of their daily routine. This construction heightens the strain associated with pumping and further individualizes the choice to express milk during the workday.

While the above quotations reflect a difficult internal conflict between the desire to be professional and fulfill family responsibilities, for most women it did not prevent milk expression. One story is illustrative of how the internalization of specific work demands can ultimately prevent the successful incorporation of milk into a working schedule. Lucy¹⁶ is a point of contact for new students and families on campus. The lactation room she would have used is in a nearby building and while conveniently located, it remained inaccessible because she never felt that she could leave her office without upsetting her boss. Lucy noted that her physical presence in the office made everyone more comfortable because they knew she was accessible

¹⁵ Name changed (I4-6).

¹⁶ Name changed (I2-5)

by email. Despite pumping for a year with her first child (and breastfeeding for a total of 2), she stopped pumping at work for her second child after 2 months because there was no one else to fill in for her while she pumped, and she felt that she could not keep people waiting. When asked what her ideal program would look like she articulated a satisfaction with the physical elements of the program, but suggested she would have preferred more support from her workplace for the time to pump without complicating an already uncomfortable process. In more detail she notes:

That was something I should have worked it out with my boss and that probably came from me being a little uncomfortable talking to him about it, and him being uncomfortable a little bit with it, I mean it wasn't like he ever said, "No, it can't be done," or you know, ever begrudged me to do it, it was more just the expectations of [what my time should look like] never shifted around me (I2-5).

Lucy suggested that she would have preferred for her responsibilities to reflect her need to pump, but it was her responsibility to speak with her supervisor about pumping. Her narrative highlights an internal expectation of independence: integrating pumping into work was her responsibility, and was always only an added piece accommodated when possible but never central to organizing daily routines. Lucy suggests that it would have been possible to continue pumping if her schedule and responsibilities had shifted to acknowledge the time she needed to do so, but she did not feel the university needed to be a part of that negotiation. She supported the university acting as an advocate for women who do not have an office space to use, but felt that because she had the resources it was a personal failure. The contradiction underlying Lucy's narrative heightens the importance of ongoing education about lactation space and work/life balance in general. The factors that contribute to a woman making time to pump, and whether she continues to work during that time or not, are far more complex than a single exterior force (ex. a supervisor telling a woman she cannot take the time or must answer emails while pumping) and are not mediated by the production of specific lactation space.

Access to information about the program – whether it is the physical existence of the spaces or legal rights to the spaces – is tied into how an individual woman approaches integrating pumping into her workday. Without a comprehensive strategic approach to informing women who many need or want to use the spaces about the resources available, the result is a wide range of approaches and responses that does little to bridge the gap between productive work and the reproductive labor of milk expression. While federal and university policies mandate two 20-minute breaks for pumping that are not conditional on a woman working through that break, the priorities and pressures of a productive culture have not been mediated, nor mitigated, by the Nursing Mom’s Support Program. The next section continues to illustrate this gap through examples of women outside of their normal, established pumping space.

“Mommy Survival Mode”

Employees at Virginia Tech may need to leave their “normal” workspace for a number of reasons: fieldwork, conferences, classes, office hours, trainings, meetings, etc. In addition to the questions considered above about awareness and how individual women negotiate incorporating time for milk expression into the workday, when women travel they must also consider the acuity of other people in the “new” space. Each narrative in this section is from a woman with an established pumping space. Individually each woman may have had some minor difficulty finding information or accommodating pumping time, and while not every woman struggled to pump outside of her normal routine, many highlighted these moments as more troubling or stressful than normal.

Off campus

It is important to consider the stories of pumping off-campus alongside those of women moving within Virginia Tech’s Blacksburg campus. While the Nursing Mom’s Support

Program cannot directly influence or mediate these experiences, the way women navigate pumping off campus alters their perceptions of the program and experiences on-campus. The experiences also reveal nuanced emotional aspects of pumping that influence how a woman evaluates success and the value of any given resource.

One interviewee, Regina,¹⁷ spent research time at Johns Hopkins University (JHU) in Baltimore, Maryland. She described lactation rooms there as being located in the women's bathroom antechambers on every other floor of the building where she was working. Regina's "normal" pumping space at Virginia Tech is in her cubicle in a graduate office. She hangs a curtain across the entrance and continues to work while pumping so that she can go home earlier to be with her family. Although she does not use the lactation space at Virginia Tech, when asked what her ideal lactation room would look like she repeated her description of the spaces at JHU. She noted that the design at JHU allowed for privacy, discretion (the entrance to the lactation room is within the women's bathroom and it would be difficult for anyone outside of the bathroom to know that you were pumping), and the development of a support network between the women who shared the space. Conversely, Kate¹⁸ had used dingy and uncomfortable breastfeeding rooms in commercial spaces. When she came to Virginia Tech, she chose not to research lactation space further because she thought they would be like the others she had experienced. In the end, Kate negotiated a teaching schedule that would allow her to nurse at home. The lactation space women encountered in other places influenced what they expect to see at Virginia Tech.

¹⁷ Name changed (I3-7)

¹⁸ Name changed (I3-2)

Mallory¹⁹ needed to pump while conducting field research at an isolated site. There was no private space for her to use, so she pumped in a vehicle because it allowed some privacy and a power source for her pump. Another PhD student accompanied Mallory on fieldwork. She explained what she needed to do and asked him to wait outside the vehicle. She indicated that since her colleague's wife also breastfed and has had to pump in a car, she was more comfortable with the experience. Although the actual site and situation were not ideal, the familiarity of her colleague with pumping helped to mediate any stress or discomfort.

Julia²⁰ went to a conference in Europe while exclusively pumping for her child. The extended nature of the trip and bathroom spaces she used, led her to dump most of the milk she had pumped. The act of discarding breastmilk still troubled her and was obvious during the course of the interview. Her anger at having to throw away what she had produced elucidates the emotional and physical investments of milk expression. Pumping it is not an isolated act, restricted to finding space and negotiating a new schedule, but is linked to infant feeding. The ability to store milk and use it later is as significant as the ability to pump at all, especially when travelling because it is more difficult to find fridge space or to maintain the temperature of a small cooler.

On Campus

As a graduate student, Tina²¹ had diverse responsibilities (research, course work, and teaching) that regularly required her to use multiple lactation rooms across campus. Even though the lactation rooms became an integral part of her plan, the information came to her in a circular way. While visiting the lab before she started her graduate program, she asked other students if they knew of a space where she could pump. The collective response was vague, but they had

¹⁹ Name changed (I2-7)

²⁰ Name changed (I3-6)

²¹ Name changed (I4-5)

noticed a “Lactation Room” in the building and helped her to locate it. Tina used the lactation room in her research building for a few weeks, only to one-day find it locked. Having been shut out, she contacted the building manager who directed her to HokieWellness. She then registered to use multiple spaces across campus that ultimately allowed her to express milk while making her daily rounds to class and office hours. The presence of multiple lactation spaces across campus made incorporating milk expression in Tina’s highly mobile schedule simpler. However, it is unclear how she would have known about the Nursing Mom’s Support Program if she had not been locked out of her normal space.

Evelyn,²² Anna,²³ Lauren,²⁴ Megan²⁵ and Veronica²⁶ all described a supportive environment in their ordinary workspace. Each of them had a private, comfortable space to pump, and held positions that required them to conduct meetings across campus. They primarily scheduled meetings around their pumping time, so that it would be a non-issue; however, each faced circumstances where they would have to be away from their offices for a full day and would not have the option to return to pump. For example, Anna mentioned having to use bathroom spaces at the Inn at Virginia Tech and in the Owens Dining Hall during all day conferences. She noted that she had not heard of the Nursing Mom’s Support Program, had never used a lactation room, nor did she ask the staff at the Inn if there was an option available. She did describe these situations as overwhelming, but she highlighted the problem of milk storage as a greater concern than the actual space. Lauren echoed Anna’s concern over milk storage. Unlike Anna, Lauren had used the lactation room in her ordinary building and did know of their existence, but was unaware of the registration process and the resources available

²² I3-1 (Discussed above, pg 34)

²³ Name changed (I3-5)

²⁴ Name changed (I3-9)

²⁵ I4-6 (Discussed above, pg 39)

²⁶ Name changed (I5-1)

to her through the program. During training in a new hall, she used the lactation room in a nearby building, not realizing there was a space in the new building until she stumbled upon it later. In addition to milk storage, Lauren explained that she was often worried that someone else would be present in the room when she needed it and noted that she had no way of determining if the lactation room was occupied. While she shared her normal pumping space with another woman, each was aware of the other's schedule and visits to the lactation room were not loaded with uncertainty.

Evelyn and Veronica reported having used a bathroom space in the Squires Student Center during conferences because the nearest lactation room was inconvenient and neither woman had the flexibility to go there to pump. While both women sought out information before attending their events and while each was confident that there would be something available, they mentioned that staff members at the student center demonstrated little recognition for the need to express milk. Although each woman opined that the experience was terrible, both noted that they were at least glad to have space to do it:

So, I just stood in [the bathroom] and pumped as well, and you just kind of have to make it work ... I'd rather have a private space and have to stand then not have an option at all (I3-1).

I feel my face even getting red even thinking about it and looking back on it. I guess I was in mommy survival mode because I just did it, because ... it didn't feel like there was much of a choice, but moms have had to do a lot worse things than that back in the day when breastfeeding wasn't so supported so, just suck it up (I5-1).

The success of pumping outside of normal accommodations is often dependent upon the information a woman receives about the availability of designated pumping spaces as well as the knowledge of other employees in that place.

Megan²⁷ expressed feelings of anxiety when considering pumping amongst colleagues who are not familiar with it. When she started in her current position, the director of her program was cognizant of the problems that could arise if Megan's job took her away from their building. Megan remembered her director telling her about the existence of other spaces she could use; however, she never accessed them, preferring instead to schedule meetings around her pumping time because:

As long as I know that I have a friend or an advocate in the meeting with me I feel fine, but if it's a group of strangers or men that I'm not used to working with then it can be really scary and feel like, I hate to bring it up (I4-6).

For Megan the choice to pump outside of her "normal" space was determined by the familiarity of other people with pumping. Rather than confront potential criticism she scheduled meetings carefully around her pumping schedule so that she would not need to pump in unfamiliar places.

In the absence of knowledgeable identification with nursing women's needs and suitable pumping spaces, it is reasonable to expect that some milk expression stories will reflect stress and anxiety. Several interviewees articulated discomfort associated with the dissemination of information, storing expressed milk, and introducing new people to pumping. Although there is a working/workable program in place, the real issue is in dissemination and extending the conversation about milk expression beyond the boundaries of a lactation room. The sub-heading of this section, "Mommy Survival Mode," hints at these concerns. The utilitarian nature of producing lactation space without an active education program that highlights the material needs and emotional process of pumping women, leads women to struggle with milk expression independently. This is especially true when moving to an unfamiliar place, where there is the potential risk of aversion to milk expression. "Mommy Survival Mode" implies just getting it done, regardless of how difficult or unsanitary it may be. Its use is instructive because it occurs

²⁷ I4-6 (Discussed above, pgs 39, 47)

alongside a program meant to help mediate this response. What we risk in seeing pumping as a task to be performed instead of an act to be recognized within the broader context of working-motherhood, is losing the linkage to a broader conversation about workplace culture. Silence about what it means to use lactation space and be a working mother, created through poor dissemination of information and limited education, forces women to consider social distancing between themselves and colleagues, supervisors, or students, and effectively increases the distance between a woman and a lactation room. Extending concerns about the dissemination of information and negotiating pumping while working to address milk expression outside of “normal” space complicates the space of milk expression by considering how pumping women relate to coworkers, colleagues and other people.

Action from Mere Space

Partial information that impedes the use of resources provided by the Nursing Mom’s Support Program, internalized pressure to maintain a productive working identity, and the complication of “Mommy Survival Mode” lead us to question the efficacy of the program. While it should not be expected that every women would approach milk expression in the same way, the divide between the resources provided by the university and the knowledge of potential users is concerning. If the program has not met the material needs of pumping women specifically, to what extent do lactation spaces contribute to broad progressive goals: valuing women as workers, shifting ideas about working bodies, and renegotiating the relationship between work and family life/roles. This section shifts from examining individual efforts to find space and accommodate pumping into a work schedule to exploring how women experience visibility and interactions with colleagues. I attempt to place pumping women in conversation

with their environment and uncover a discussion of privilege and desire to answer questions about the political implications of lactation space.

Visibility

In 1999, a group of women publicized individual desires for private pumping space. Through conversations that produced the Lactation Support Program, private concerns became visible to the larger Virginia Tech community. The privatization of pumping through the production of secluded space may serve to render these concerns invisible; however, the physical signifiers of pumping (i.e. scheduling meetings around pumping times, excusing oneself from meetings, entering/exiting lactation space, washing pump parts out in common areas, storing milk in common fridges, etc.) remain visible. Responses to visibility and fear of individual exposure as a mother or person expressing milk affect how respondents perceived being “seen” physically and discursively by supervisors, coworkers and students. While some women saw exposure as a teachable moment, to help situate milk expression in the workplace, others responded by acting independently to obscure their identities as mothers and minimize friction. In several interviews, women noted a general refrain from volunteering any information about pregnancy, children or family life because of the risk of discrimination or judgment. Experiences of visibility and legibility in the workplace as a mother ultimately dictate how women relate to lactation space and their identities as workers, and structure particular desires for how the university should steward lactation policy, if at all.

Initial conversations about the Lactation Support Program centered on the need for seclusion, to be protected from the gaze of others, and to be free from the risk of intrusion. The spaces produced are windowless, with a plain wooden door and a small label reading, “Lactation

Room.”²⁸ One of the original organizers for the project, Jessie Meltsner, celebrates the design as a way to raise awareness of the program (Meltsner, 2011). She suggests that if people see a space they may begin to question why that space is there, learn its purpose, and come to accept milk expression as a given part of the university landscape. While this research is not able to corroborate Meltsner’s position, there are several examples of women whose impulse to research the program arose from seeing the spaces. However, there is tension in making the spaces both remarkable and discrete, to straddle the boundary between visibility for the Nursing Mom’s Support Program and invisibility for individual women.

For many respondents, the label, “Lactation Room,” is clinical and exposing. Several women expressed discomfort at the idea of other people seeing them walk into a room labeled “lactation” because “[they] want to be thought of as scholars and professionals, not as milk making machines” (I3-6). For these respondents the appropriate degree of visibility remains a challenge:

There’s a label that says lactation room, so when you walk in it there are other people walking by, and everybody’s like, “Oh there she goes, there’s that lady like pumping milk.” I don’t know, so I want them to be more known about, but maybe the actual room, if it was called something other than lactation room ... lactation just sounds so clinical and sounds like cows or something (I4-1).

It should be easily located yet discrete. You don’t want a big sign saying “lactation room” where everybody sees that you’re walking in to pump. It should be easily located, and well known throughout the university, but be discrete where you can walk in and people who are walking down the hall wouldn’t realize ... main of all it has to be known by the ones who need it (I4-4).

These narratives reveal a conflict in the design of the program. While celebrating the discrete design of the spaces as a way to protect individual privacy, they also relate the problem of awareness, in part, to design. Perceptions of the signage for lactation rooms reveals the specific

²⁸ There are a few deviations where the room is sited in a bathroom stall or bathroom antechamber (though still a separate room).

desires of working mothers to expand the place of motherhood, renegotiate the working body, and to remain illegible as pumping women.

The physical nature of lactation space creates the perception of exposure for individual women and further distances the act of pumping from its situation in a full narrative about being an embodied worker and mother. Julia²⁹ notes that while she was generally uncomfortable with the visibility associated with entering the spaces, she would not consider it an issue in a building where she was familiar with the people who work there. In this case, visibility is troublesome when there is no ongoing conversation to place pumping in the larger context of a woman's life as both a mother and a worker. Milk expression is a single piece of a personal narrative that includes breastfeeding, motherhood, family and friends, hobbies and interests, and professional responsibilities. Many women suggested a desire for a greater degree of ownership over their representation as mothers and workers, especially to alleviate some of their internal worries and concerns. These narratives hint at the ability to structure conversation about lactation in familiar contexts, and so it is crucial to explore how the act of pumping extends beyond the boundaries of lactation space and becomes visible to coworkers and students.

Several women shared stories of curiosity in younger graduate or undergraduate students, and older male colleagues towards the actual pump while cleaning or storing. Each woman suggested that they understood the curiosity: pumps are weird looking things, with alien shapes and tubes, foreign to most people's everyday experience. Some women felt that they did not encounter these interactions because their workplace was already familiar with pumping. Other women had pumped and so most people were accustomed to seeing the pump and stored milk. In some cases, questions about pumping were ambivalent because they stemmed from mere curiosity or occurred in spaces among lab apparatus. Other respondents saw sharing the pumping

²⁹ I3-6 (Discussed above, pgs. 44, 50)

experience with younger women as a way to support breastfeeding. A common response framed these young people as potential mothers (or young men as potential fathers, supporters or coworkers) who may one day choose to breastfeed and will need to navigate pumping in the workplace. Finally, for some interviewees questions about pumping were too personal and therefore inappropriate for the workplace. One respondent³⁰ explained that it is not her job to explain the details and necessity of the process to her colleagues. Visibility of the pump often led to questions about pumping that serve to expose individual women as pumpers.

Most women chose to store milk in a personal cooler, private fridge, or in a lunch bag in a communal fridge. In most cases, women sought out fridge spaces with low traffic, but suggested that if milk was kept in a sealed lunch bag it was left alone. There was no broad narrative to suggest disgust of breastmilk or issues storing milk in communal places. Only one respondent³¹ suggested that people avoided the fridge where she stored her milk. While she suggests this is because of an aversion to human milk, without interviewing the people in her office their motivations remain unclear. Nevertheless, her perception is instructive because it informs how she understood support for pumping and ultimately could help to explain why she did not seek out conversations with her supervisor or colleagues about schedule flexibility. Generally, milk storage was not a major source of friction for women expressing milk unless they were outside of their “normal” space; however, one story of finding a space to store milk is reflective of the need to express milk without being reduced to the singular identity of a lactation mother.

³⁰ I4-2

³¹ I2-5 (Discussed above, pgs. 40,41)

Lacey³² established a committee to obtain a full-size refrigerator for her department because she had neither the space to store her lunch nor her pumped milk. Her conversations with coworkers about the fridge centered on general food storage because there was not enough space in the communal mini-fridge for anyone's lunch. Though several other women in the department had purchased private mini fridges to store milk in their offices, she chose not to discuss human milk in her arguments for the communal fridge. When asked why she would omit human milk from her arguments Lacey stated that she was not worried that her colleagues might react negatively to her pumping. Instead, she suggested that she only felt support from her department for breastfeeding, pumping, and being a mother in general, but she "didn't want to be a single issue person." Lacey did not worry that her colleagues would dismiss her as a worker, but she was concerned that her identity as a mother would totalize her professional identity if she made a place to store her personal breastmilk a public issue. Discussing her private concerns related to milk expression would publicize *her*, not her concern, in a way that would be undesirable.

Narratives of crossing the threshold into lactation space, washing pump parts and storing milk demonstrate that the accessories of pumping expose individuals to communal discourse that is at times benign, instructive or potentially offensive. The reactions of coworkers and students to the visible effects of expressing milk during the workday (i.e. scheduling meetings around pumping times, excusing oneself from meetings, entering/exiting lactation space, washing pump parts out in common areas, storing milk in common fridges, etc.) ranged from curiosity, to jokes and general ease of conversation, to avoidance or disdain. Often colleagues used jokes, including nicknames and songs, to recognize that a woman was going to pump without expressly

³² I4-1(Discussed above, pgs. 40, 50)

stating that that was what she is doing. Megan³³ noted that she struggled to justify taking the time out of her workday to pump, until:

My colleague, who's really fun just said, "Pump it up, go pump it up," and I was like, exactly, that's what I got to go do, ... it made me feel better that we're acknowledging, like I'm not just leaving for the next 15 minutes just to go hang out by myself (I4-6).

Jokes are a way for coworkers to communicate to a women expressing milk, "We know what you are doing and we accept that as a normal part of our workday," without specifically calling attention to the act of pumping, or being too invasive. Jokes could also be derisive. Quinn's³⁴ coworker used jokes to belittle and draw negative attention to the time she used to pump. The coworker would make statements like, "I wish that I could go take a nap in the middle of the day." Quinn suggested that the comments made her feel guilty and on those days would use a conference space rather than walking to the lactation room as she usually did. Coworker response varied and could either serve to alleviate the fear of being exposed as a mother in the workplace, by reworking parenthood into normal workplace practice, or exploit that fear, by reifying the normalcy of a disembodied, highly productive worker.

While the visibility of lactation could lead to fears about exposure and discrimination, it also led to the development of informal support networks. Many participants were part of formal networks, like the Working Mother's Listserv and La Leche League. These groups helped facilitate the use of lactation rooms and support for working moms; however, several respondents were completely unaware of them. Informal networks, between people in the same workplace and women sharing lactation space, formed because of the imminent visibility of lactation. Rather than reaching out to already organized groups, these networks arose from

³³ I4-6 (Discussed above, pgs. 39,45,47)

³⁴ Name changed (I5-3)

everyday experience. Rachel³⁵ returned to work, planning to pump in her office, but had not considered initial training meetings. She expressed relief at having an advocate in her workplace that would stop training activities to give her a reminder and opportunity to pump. Rachel stated that her colleague reinforced her confidence and made sure that she never felt like she was inconveniencing anyone. When Lauren³⁶ began pumping at work, she already had an idea of what to expect and what the environment would look like because several other women had gone through a similar experience. She notes,

I think the only thing that resonated with me afterwards was ... how often they had to go and ... the urgency sometimes when they were saying I have to go pump and then ... I remember ... that it seemed like a very common, ok thing to do, so that was what I got from watching other people (I3-5).

Lauren's experience with pumping as a common occurrence in the workplace is rare, but reveals that in places where other women have pumped the task less daunting. Similarly, for women using the lactation spaces, seeing other mother's pictures, notes, and belongings in those spaces created threads of support even if the people using the same space did not know one another. Knowing that other women used the space helped to overcome feelings of being "unique or alone" because "if someone else is doing it, I can do it" (I3-7). These experiences suggest that the presence of advocates or other women expressing milk help to alleviate feelings of stress or guilt and make the task of pumping easier.

The variety of responses to pumping signifies the permeable nature of lactation. The physical signifiers of lactation (i.e. scheduling meetings around pumping times, excusing oneself from meetings, entering/exiting lactation space, washing pump parts out in common areas, storing milk in common fridges, etc.) maintain the visibility of the act of pumping in public discourse. And yet, the disparate and isolated nature of these conversations is troublesome and

³⁵ Name changed (Interview I5-2)

³⁶ Interview I3-5

often places responsibility for mediation on individual women. Conversely, visibility also allows for the formation of informal support networks that help to overcome feelings of isolation and creates shared responsibility for lactation. The visibility of lactation through and beyond the institutionalized spaces of the Nursing Mom's Support Program either exposes an opening to reinscribe ideas about the disembodied worker and maintain Western binaries (life/work, production/reproduction), or it can serve to inscribe a new value system into the workplace civic body. The next sections explore this tension through the political desires of women expressing milk at Virginia Tech. How do respondents describe the value of lactation space (as real or symbolic)? What do women want the university to provide, or what is an ideal Nursing Mom's Support Program? How do descriptions of value shape political desire?

Privilege and Desire

At the end of each interview, the respondent was asked to comment on an ideal lactation support program – what would the spaces look like, where would they be, and what role would the university have in managing the program and supporting milk expression. The responses fell into two categories: acceptance of what is currently in place, and a desire to strengthen the education aspect of the program. Most respondents (18 of 21) gave some indication that the current program is not enough – only three women stated that they felt the spaces are sufficient because each individual should be responsible for and proactive in personal matters. Although a majority of interviewees felt that the program did not completely meet their needs, most also suggested that they were lucky to have anything at all.

Many women were hesitant to ask for more because, “It could be worse.” These women knew a friend or neighbor in another workplace who struggled more or encountered greater resistance in her efforts to express milk. The anecdotes recounted of other places mirror the

narratives of women who contributed to the conversation that produced Virginia Tech's program in 1999 (Unspecified). In other places, women struggle to find time to express milk, and still pump in their cars, borrowed offices, or closets. Compared to other places the Nursing Mom's Support Program is a clear improvement. All 21 women suggested that the spaces at least demonstrate a level of support that made them feel it was possible to express milk at Virginia Tech, regardless if they used the spaces or not. Unfortunately, the utility of the program has been reduced to what exists (the presence and location of lactation rooms) and not what they represent, although there remains the belief that improvements can be implemented.

Interviewees who suggested they would alter the Nursing Mom's Support Program focus on how it disseminates information and the University's role in shifting the working culture. Some suggested a passive change where the university should ensure that any information a parent may need is available and accessible. This would include university, state and federal policy on parental leave, childcare, lactation spaces and insurance information. Referring to the complexity of this information, Diana³⁷ explained:

I don't have time to research them and they confuse me so I guess if there was a resource that was updated online... that kind of thing would be really valuable, because sometimes that's all you need to send in an email to your supervisor, like, "Hey, I'm coming back from maternity leave, I'm going to pump at 10 and 2, and here's the law that covers me to do this," and then I think there would be no issue (I4-2).

A passive approach rests on the assumptions that individual women are responsible for educating themselves and that the university's responsibility is to ensure that the information is compiled and made available. A university administrator from HokieWellness or Human Resources does not necessarily need to be involved in the conversations between individual women and their supervisors or coworkers. The irony, however, is that this particular desire is a reality.

³⁷ I4-2 (Discussed above, pg. 53)

Hokiewellness.vt.edu already provides information in a central location. Therefore, this desire is more instructive of the program's inability to communicate to women where and what type of information is available than a change in what the program should provide.

An alternate approach would be for the university to take a more active role to facilitate an environment that is safe and welcoming of breastfeeding mothers and the needs of parents generally. There should be space for lactation, accessible information about university, state and federal policy, as well as formal education for supervisors and outreach to potential users. Here the role of the university would be to advocate for nursing moms specifically and parents in general in order to change workplace scenarios that have left many women feeling anxious and even alienated. The following quotations capture the sense that more advocacy or outreach would be welcomed:

Reach out and say, these are the things that women will feel: they're going to feel guilty for having to leave... these are the kind of spaces they might need, this is ... how often it occurs, so they're not making excuses just to slip out of meetings because they're bored, you know just to make it more acceptable (I3-5).

I don't want people to think that they shouldn't hire me or they don't want to work with me on a project because I can only commit to a certain number of hours before I have to excuse myself... so I think it's the university's role to support, to verbally even, support women in saying ... we will wait for you to come back, we will make room for this, and we will not make it seem like it's a problem for you to do that (I4-6).

I wish that they were more open in supporting, for example if you could see advertisements through the email or on the webpage or in the newspaper or in the hallways, saying families can breastfeed at Virginia Tech, you're ok to breastfeed your child, so I wouldn't feel afraid for my colleagues to know, so that they would know it's my right to breastfeed and that it's good and then I wouldn't feel uncomfortable letting people know. I think it would be good if the university took a more active role in creating the culture for people to feel safe doing it (I3-2).

These quotes suggest that the university should mediate the relationship with a woman seeking to express milk and the rest of the university, so that she does not feel uncomfortable or unsafe

accessing her rights. The university may also consider sending out an e-mail to notify the woman, colleagues, mentors, department heads, and supervisors about a woman's right to pump when she registers for maternity leave. In addition, several women called for greater progressive action from the university:

The problem is that workplaces are still set up with a male worker in mind, somebody who is free from the hours 8 to 5 and who has somebody else taking care of all the details of life (I4-1).

It's not really a disability of course, it's something wonderful, but it's a unique situation, it's a special situation that should be looked at, like you would look at a student with a disability where they need extra support, a student with a baby should be given the support, not treated different, like they should still work hard, but they need the support in order to work hard (I4-4).

These last quotes extend a conversation about mediating between a woman and the general work environment for pumping to an analysis of the entire working culture. Having a baby is not a disability or a special circumstance, being a woman is not different or unique, but should be enveloped into the identities recognized by the dominant workplace culture. The desire to create a program capable of changing a working culture that magnifies personal responsibility while marginalizing the pressures on individual women is also an articulation of interest in shifting what constitutes a communal or political issue. These women suggest a system shift to include public responsibility or collective response to private concerns in the workplace. Comments about collective visibility with individual protection and the desires of women to change the existing Nursing Mom's Support Program can shift how we construct politics and the site of civil body.

Permeable Space, Permeable Politics

The Lactation Support Program, now the Nursing Mom's Support Program, was designed to meet the needs of a group of women at Virginia Tech for private space and time to express

milk during the workday. The program and policy precede both state (2002) and federal (2010) legislation that mandates employers provide time and space for employees to express milk (National Conference of State Legislatures, 2011 May). Similar to state policy, the Nursing Mom's Support Program is a passive force that ensures there are at least space and the opportunity to use that space. Neither seeks to engage directly with the employer or potential users, thus resulting in inconsistent knowledge and use of the spaces. Further, the lactation spaces at Virginia Tech, while altering the actual place of milk expression, have not significantly changed the relationship of working women to pumping or the university. Milk expression and working are bifurcated: pumping is an accommodation rather than an integrated part of what it means to be a worker. Lactation space simultaneously creates an opportunity for women to express milk during the workday and overwrites a conversation that could possibly recreate working identities that are embodied and considerate of the full material reality of a worker's life.

By adopting a passive approach to pumping, the university's construction of lactation rooms can be equated to Georges Benko's (1997) notion of creating postmodern non-spaces. As Benko (1997) notes, non-space is a condition of, "solitary individuality and non-human mediation between the individual and the collective" (26). The spaces themselves are symbols emptied of meaningful politics. They arose from and replaced concerns about women's rights as workers with what Richard Sennett (1994) may describe as a design that ensures speed, escape and passivity and "appears to guarantee individual freedom of action" (310). If we return to the comment by Bohland – "each individual mother does not need to negotiate or depend on the goodwill of a supervisor" – the lactation rooms appeal to the concept of non-space because serve to reduce the friction or distress described in the initial narratives that led to the Lactation

Support Program. In 1999, women described pumping in stairwells and bathrooms or having trouble finding time to pump because supervisors were not supportive. The logic of lactation space replaces the need to have a conversation with supervisors because the physical spaces represent and ensure an individual right to pump without involving other parties.

While respondents were generally successful expressing milk, the cases where lack of information and inability to talk with supervisors led to uncomfortable situations or lactation failure indicate that the spaces did not universally solve the issues raised in 1999. Partial or absent knowledge of the Nursing Mom's Support Program, difficulty negotiating a new schedule, concerns with navigating conversations with coworkers and supervisors, and the risks associated with visibility are instructive of how a mere spatial allotment has not addressed the goals of the program. Instead of becoming the substance of an ongoing public negotiation, many of the initial concerns have become reprivatized. In Habermas' (1989) model of public and private spheres he argues that private concerns must be made visible through collective conversation and then legitimated before the State (or before the workplace, in this case major university officers and administrators). The lactation spaces are a single manifestation of this process; however, in reprivatizing concerns in secluded space, the conversation was truncated and the risk of a greater injustice produced. While major university officers and administrators recognized the legitimacy of women's claim for pumping space, the allocation of space alone does not account for the everyday interactions between a woman and her responsibilities, supervisor or coworkers. Further, the privilege many women feel towards the spaces represents a mythic inoculation (Barthes, 1957). The spaces rectify a greater injustice of inclusion-at-all, and so mask the less imminent concerns related to work culture and the relationship between reproductive bodies and productive work.

Rosalyn Deutsche (1999) argues that once a space is created, it condenses the political implications from a conversation fecund with possibility to a singular expectation. She summarizes Heidegger to suggest that space is “made room for,” its meanings are socially constructed with no natural pre-given grounds – “space is the effect of marking off boundaries, which generate the sense of an interior, are inseparable from the interior” (5). In effect, the creation of lactation space, the act of marking off space for pumping, tied the success of a strategy for working mothers to the concrete construction of boundaries. Once the spaces materialized, success was a given. Viewed this way lactation space constrains the tension and resistance that Sennett (1994) identifies as pre-requisites for reaction, political negotiation, and the moral opportunity of living communally and democratically.

Masculinist definitions of space, as described by Gillian Rose (1996) and Elizabeth Grosz (1995), depend on frozen boundaries and rigid meanings. These definitions fix the meaning of space as a container for specific actions, placing and making specific forms and bodies through design (Lofland, 1998; Shields, 1997; Rose, 1996; Grosz, 1995; Foucault, 1977). For Grosz and Rose these boundaries and the meanings they legitimate are overcome by creating new space, using space in new ways, and “oozing” meaning through the boundary. Lactation space occupies a crucial place between spatial control and the creation of alternatives for “new” identities and practices. Even as lactation space may reify the rightness of invisibility, contain the act of pumping to a particular place, and cover over the need for further conversation about the working body, it also expands the possibilities of what it means to be a worker. The space “made room for” creates a new gendered landscape that extends the place of motherhood and family beyond the domestic sphere. In the end, meanings of lactation space can be unbounded if we view it as a continuous spatial process rather than a singular moment of production (Lee,

2009; Shields, 1997). The Nursing Mom's Support Program, as spatial process, creates a new possibility for working mothers (creating space to meet material needs) and, through persistent visibility (in the physical signifiers of lactation), a radical change in the relationship of production and reproduction to a greater recognition of the interrelatedness of all facets of Life's Work (Mitchell et al., 2003).

Milk expression includes conversations about schedule flexibility, organizing events and meetings around pumping time or excusing oneself from these activities, carrying the pump and milk to and from work, entering and leaving designated or appropriated spaces, making noise, washing out pump parts and maintaining sanitation, and storing milk. As such it is possible to create a space to meet a woman's individual need for privacy and comfort, but implausible to expect that pumping can be rendered totally invisible or entirely spatially contained. An overflowing of activity creates the necessity and opportunity to continue to address the material needs of working mothers. It also demonstrates that the production of lactation space alone ignores the process of space, how people move between spaces, and how people negotiate working and pumping or working and family responsibilities.

As a spatial process, in which boundaries are continuously made, transgressed, and remade, lactation space at Virginia Tech can transcend immediate uses as a tool for individual women to express milk and the university to promote itself as a progressive institution. Because it is impossibly contained, there is a possibility for the private act of pumping in private space to produce linkages between the people that necessarily interact in their use, and potentially incite a broad reevaluation working bodies and what it means to be a worker. The Nursing Mom's support program has the potential to transcend the limits of the spaces themselves to produce a politically active conversation.

Conclusion

Prompted by a single individual, a civic body formed in 1999 to call for the university to take action to support milk expression in the workplace. The result was a production of space that served to seclude and silence the nursing body. Although the spaces create the possibility for some women to continue to breastfeed (through milk expression) after returning to work, the connections between the Nursing Mom's Support Program and these women are weak. Partial and absent information about the program and the (ironic) desire for Virginia Tech to create a central source of information for lactation policy demonstrate that a mere spatial allotment cannot replace the collective conversation that occurred in 1999. Further, while many women struggle to incorporate pumping into their working schedules and maintain an acceptable level of visibility as a mother, the spaces often emerge as a symbol of support that serves to overcome these struggles. Lactation space serves as both an opportunity and a barrier for addressing shifting notions of what it means to be a worker.

Lactation space, as it exists and is used by women today, simultaneously creates a place for the maternal body in the workplace and replaces a conversation about why that space is significant. Occupying a liminal space between using space to create new possibilities and render other identities legible within the workplace, and marking off specific boundaries to reduce interaction, these spaces may help us to reimagine the working body and the relationship between productive work and reproductive labor. Lactation space and the permeable physical signifiers of lactation place the maternal body in the workplace – thus challenging what Pateman (1989) identifies as the double exclusion of women from civil society and politics. In the neoliberal model of public/private, women are situated in the domestic and therefore outside of the civic body politic and invisible to the State. The Nursing Mom's Support Program blurs

these boundaries and incorporates mothers, and the female body, into the university landscape as valued workers. However, there remains the challenge presented by the perception of space as a singular, finite production. Meeting the needs of lactating workers and renegotiating the place and value of women and parents in the workplace cannot be satisfied by the singular act of demarcating boundaries, but must be engaged in a continual conversation, where private worries can continue to be negotiated publicly and politically.

4. Conclusion

“...take pleasure in jumbling the order of space, in disorienting it, in changing around the furniture, dislocating things and values, breaking them all up, emptying structures, and turning property upside down.” -Hélène Cixous

As a central organizing force in our lives, the workplace is an essential site of politics to reconsider meanings of merit and the value-laden relationship between productive work and reproductive social labor. I have struggled to analyze a single action meant to produce spaces that would accommodate reproductive labor into the fabric of the university landscape and productive schedule. Lactation space was produced to meet the material needs of some working mothers who wanted to continue breastfeeding or provide human milk for their infants after returning to work. If the success of milk expression during the workday is measured by a woman's ability to continue to breastfeed or provide human milk to her infant after returning to work, the majority of women in this study were successful. However, the weak connections between the Nursing Mom's Support program and potential users limited the ability for individual women to incorporate lactation space into their plan or access information about discussing lactation with their supervisors and creating a flexible schedule. This silence was reflected in how women incorporated pumping into their schedules and responded to being seen as pumping women or mothers. Many women perceived a risk to their identities as workers and productive members of the workplace if others knew about their milk expression, even though there was little reported evidence of negative reactions. Tension, between the visibility of lactation and how women perceive their visibility, reveals significant challenges and possibilities to engage the workplace as a site of political action.

The most troubling challenge that emerged through this work is the internalization of a working culture where productivity is central. In this scenario personal responsibility, especially

reproduction, is marginalized. Lactation spaces become a privilege rather than a necessary piece of the university infrastructure. This perspective and the existence of spaces at all allows for a level of complacency concerning not only lactation, but also support provided for other care-work such as childcare, daycare subsidies, high-chairs in dining halls, changing tables in both women's and men's restrooms, comfortable places to nurse, caring for sick family members, or emotional stress. While lactation space has value as a sign of support from the university, this symbolic nature combined with feelings of accommodation and privilege allows the conversation about lactation, and social reproductive concerns in general, to be reprivatized. The Lactation Support Program was built on the collectivization of individual concerns, but the institutionalization of lactation space disjointed from a conversation about the needs of working mothers, individualizes the initial dilemma.

On the other hand, the day-to-day spatial process enacted by women through and outside of lactation space presents an opportunity for institutional change to republicize a conversation that could replace the body in the workplace, reimagine "new" corporeal working forms, and reconsider the relationship between work and family. At least some of the concerns surrounding lactation can be addressed by a simple spatial allotment, but we should question if this is enough. All of the women in this study recognize and appreciate the effort, but there are concerns that cannot be addressed through the production of physical space and have become silenced political desires for a more integrated workplace. At the very least respondents suggested that there needed to be a more active conversation about what information and resources are available. Beyond support for lactation, the Nursing Mom's Support Program offers a unique material opportunity to address the body in the workplace and a starting point to shift where the civic body forms, the content of politics, and the working body. More than activating a specific group

of workers who seek to provide human milk or breastfeed, lactation space allows us to make radical claims about particular notions of merit and the relationship between productive work and social reproduction.

What does it mean to do feminist geography or approach a geographical question with feminist methods? It means questioning essentialized meanings of space, politics and subject positions, and being skeptical of over-produced binaries such as real/non-real, man/woman, etc. It means recognizing the important link between academics and activism in Feminism. Feminist theory means to be transformative, not merely explanatory. Feminist method and theory expose the weak points in our society that produce political action. This means recognizing the link between feminist academics and activism and continuously questioning the usefulness and relevance of theoretical frames and subjects produced by Feminism, Postmodernism and Poststructuralism because of this link (Hartsock, Fall 1987; McDowell, 1992; Pratt, 1993). Hartsock (Fall 1987) challenges feminism to create transformative theories from the resistance/rejection theories produced by the postmodernist thinkers Rorty and Foucault, arguing that feminism and marginalized subjects cannot afford the luxury of escapism. An appropriately feminism postmodern theory would attempt transformation based on an acknowledgment of our plurality (Hartsock, Fall 1987). Pratt (1993) similarly questions the usefulness of poststructuralism for activism and goals outside of a research paper. She argues that there is a necessary balance between the creation of subjects and recognizing the nuanced experiences of position (Pratt, 1993). Feminism walks a fine line between descriptive theory and transformation.

There is a general recognition that more needs to be done to support workers as individuals will full lives and private concerns. If all we do to address milk expression during

the workday is to create a secluded space and privatize an individual responsibility to maintain that space, what does that mean for how we will address all other ancillary concerns about being a worker, person, care-provider, or partner? The conversation at stake in reprivatizing lactation concerns reaches beyond lactation. Spatial boundaries cannot possibly contain or replace the entire conversation about lactation, but they are necessary to meet the needs of women as workers. Rather than interrogate the existence of the spaces at all or the significance of breastfeeding, this work has sought to create a new narrative of how women relate to these spaces and their experience as workers. Understanding this relationship moves us closer to a broad renegotiation of our experiences as workers and people.

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Appendix

A. Semi-structured interview questions with university administrators and major officers involved in the development of the Lactation Support Program at Virginia Tech.

- Where did the idea for/ inspiration for lactation rooms at Virginia Tech come from?
- How did the advocacy process begin? When did it begin? How long did it take?
- What kinds of resistance, if any, did you encounter? From whom and for what reasons?
- Who do lactation rooms support? Who are the intended users?
- Who paid for the Lactation Support Program? Who maintains or oversees the program?
- What is the goal of a Lactation Support Program? Or advocating for one?
- Does the current program resemble your initial ideas?

B. Semi-structured interview questions with potential users of lactation space/ women employed at Virginia Tech.

- What is your position at the University? When did you start working here?
 - What did your workspace look like?
- When did you/do you plan to have children? Basic family structure while working at Tech.
 - When did you have children?
- Did you bottle feed/bf, human milk/formula? For how long?
- What kind of information did you receive about balancing family and a career at Virginia Tech when you first arrived?
 - Did you ask any specific questions about services? When you arrived vs. later?
- What did your conversation with your supervisor about schedule flexibility/space look like?
 - Did you receive leave time/schedule flexibility?
- Did you have any conversation or interaction with coworkers about having children?
- What do you know of lactation spaces/ The Lactation Support Program/ The Nursing Moms Support Program at Virginia Tech?
 - Have you or anyone you've known used these spaces?
 - Have you encountered one of these spaces or information about them? Where?
- How have you handled space and milk storage?
- How do you feel about/ what do you think of these spaces? Why?
 - Do you like using them? Is there somewhere else you would prefer?
 - If you could have designed the program, what would you do?
- What role does the university/workplace have in supporting women?/ PACA implementation.
- Would you recommend them to a friend or colleague? Here/ at a different university?
- How did you hear about this research? Did you have prior knowledge of the work beforehand?
 - Would you be willing to share this work with your friends/coworkers? Participate in snowball outreach?