I had wanted so badly to bring my chubby, cooing baby with me, even though I knew that managing breastfeeding and a baby at a conference would not be easy. But I worried about the cost, the lack of social support, and the prospect that senior colleagues wouldn't take me seriously if they saw me with a baby. So I set out on my own. I needed a job. I needed to be seen. I needed to maintain relationships with collaborators and make new contacts. And I needed to feel like motherhood wasn't derailing my career.

I tried to ignore the painful pinch coming from my emergency C-section incision which, now red and warm to the touch, was no doubt infected. Fearful of how a hole in my CV would look come tenure time, I had pushed myself to return to work as quickly as I could, probably compromising my immune system in the process. I opened the growing to-do list on my laptop and typed, “schedule appt with MD.” Another toilet flushed. Stressed, sick, and exhausted, I wiped away a tear and gritted my teeth in defiance.

Finally out of the bathroom stall, I set frantically to work rinsing off my many breast pump accoutrements in one of the scummy restroom sinks, waving my hand under the motion sensor to keep the water flowing. I threw my bulky pump carrying case over one shoulder, the clunky cooler of breast milk over the other shoulder, and my laptop case diagonally over my body, then grabbed my conference tote bag. I shuffled out of the bathroom sideways to fit through the door and booked it to the presentation room.

“Couldn’t attending a conference be easier for a working mother?” I thought. Providing refrigeration space to store expressed milk as well as lockers or cubbies for pumps would literally have been a weight off my back—and I wouldn’t have felt so much like the Junk Lady from the movie *Labyrinth*. But, like so many new moms trying to make it in science, I was scared to voice my needs for fear of retribution.

That was years ago. I’ve attended many conferences since then as I’ve progressed in my academic career. In some cases, I see the situation slowly changing for the better, but there’s still lots of room to improve. In November, I attended a meeting of more than 30,000 people where only three pop-up curtain areas were made available for lactation and child care. In each one sat a small, uncomfortable chair; a changing table; and some electrical outlets. To argue that this is better than nothing is akin to arguing that, despite a hostile work environment, women should be grateful that they are allowed to work in the first place. Nursing and child care, most often provided by women, are not a luxury; they are a biological necessity.

Now that I am more secure in my faculty position and supported by a university that truly values diversity, I feel empowered to speak out for those who hesitate to do so. The face of academia is changing, and we need more allies—not just mothers—to advocate for resources to help level the playing field. By engaging in efforts to help normalize pregnancy, lactation, and child care, we can come closer to creating a culture of equity and inclusion that benefits everyone. ■

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