

# Supporting Breastfeeding Employees in the Workplace: Information for Line Managers

**Prepared by Professor Sarah Jewell**

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This guidance draws on research findings from the Nuffield Foundation funded project '[Maternal Well-being, Infant Feeding and Return to Paid Work](#)'

*The Nuffield Foundation is an independent charitable trust with a mission to advance social well-being. It funds research that informs social policy, primarily in Education, Welfare, and Justice. It also funds student programmes that provide opportunities for young people to develop skills in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Nuffield Council on Bioethics, the Ada Lovelace Institute and the Nuffield Family Justice Observatory. The Foundation has funded this project, but the views expressed are those of the authors and not necessarily the Foundation. Visit [www.nuffieldfoundation.org](http://www.nuffieldfoundation.org)*

For brevity we use the terms breastfeeding, women, and mothers, and because most individuals who breastfeed identify as women and mothers. However, we recognise not all individuals that breastfeed or chestfeed identify as women and mothers.

# BREASTFEEDING AND WORK, CAN WORK!



Employers have a duty of care towards breastfeeding employees. It is good practice for line managers and/or HR to arrange to meet with breastfeeding employees to discuss their concerns and needs to facilitate breastfeeding and/or expressing breast milk.



Mothers often worry about unsuitable locations and storage. The Health and Safety Executive (hse.gov.uk) states that toilets are not a suitable place.

More frequent rest breaks and suitable facilities will help allay returning mother's concerns. It is good practice to make available a hygienic, safe space with a lockable door for expressing breast milk, and suitable storage.

Scan for further information about the research study 'Maternal well-being, infant feeding and return to paid work'!

research.reading.ac.uk

With the right workplace support mothers are happier and children adapt quickly.

By putting in place a few simple measures employers will be rewarded with happier and more productive workers.

Produced by Professor Sarah Jewell with the support of The University of Reading Research Endowment Fund.

## **Supporting Breastfeeding Employees in the Workplace: Information for Line Managers**

Some simple steps that line managers can take to support breastfeeding employees include:

- Have a conversation to discuss concerns and needs, the earlier the better
- Signpost to facilities
- Update the new mother's risk assessment accordingly
- Discuss frequency and timing of breaks, if needed
- Check in regularly with the mother

[The Health and Safety Executive \(HSE\)](#) recommends employees provide written notification to inform employers that they are breastfeeding. At the University of Reading, it is recommended employees write to their line manager. However, returning mothers often feel uncomfortable raising the topic and feel the onus is unfairly on them to ask and seek information/workplace support. Our research found women would appreciate a conversation initiated by their line manager to discuss their needs, concerns, and requests (such as flexible working, more frequent breaks), and to inform them what is available in terms of policy, facilities, and support for breastfeeding/expressing breast milk. The earlier the conversation the better (ideally before return to work) as there is often anxiety about returning to work and/or a lack of awareness of what is possible in relation to breastfeeding. Some mothers think it is not possible to continue to breastfeed when they return to work but with the right support it is possible to do so if the mother and/or child wishes to. After return to work, it is useful to have regular check-ins to find out how things are going and whether further workplace adjustments/support are needed, especially as balancing breastfeeding and work can be another stress in relation to returning to work.

In the rest of this document, you will find information on what accommodations breastfeeding mothers may require, facilities available on campus, risk assessments and other considerations.

### **1. What accommodations/adjustments may breastfeeding mothers require?**

There are several possible adjustments that returning mothers may make to continue to breastfeed their child(ren) and hence one size will not fit all. This is why it is important to have a conversation (and regular check ins) to understand their needs and support required, which will likely vary with the child's age. The World Health Organisation recommends that children are fed exclusively with breast milk for the first six months and then fed breast milk alongside solids until 2 years and beyond. For some mothers these recommendations are an important factor in their decisions around how to feed their child and for how long. Those under 6 months will likely solely be fed milk (whether breast milk, formula milk or both) and once children have been introduced to solids (usually around 6 months) milk still remains the primary source of nutrition until 12 months. At 12 months children can be given cow's milk (or alternative) as a drink if wished. Older children will likely have fewer milk feeds and go longer between feeds.

Possible adjustments made by breastfeeding mothers upon return to work include:

- Adjusting the frequency/timing of breastfeeds to fit around work
- Breastfeeding their child during breaks at a nearby childcare provider or at home
- The childcare provider bringing the child to the workplace to be breastfed

- Expressing breast milk during work hours to be later fed to their child by the childcare provider (and/or for comfort or to protect the mother's milk supply)

For those not directly breastfed, the child may be fed in several different ways whilst the mother is at work. Some children may wait until they are reunited with their mother to take on breast milk which may lead to an increase of feeds in the evening and night which may impact the mother's tiredness levels and well-being. Other children may be given expressed breast milk, formula, or cow's milk/alternative (depending on the child's age) whilst the mother is at work.

Often accommodations required are temporary but ways to facilitate continuing to breastfeed may include, where feasible:

- A phased return – this can provide time for mothers (and their bodies) and child to adjust to a new routine/way of feeding
- Flexible working (e.g. altered start/end times, compressed hours, shorter days) - this may help with adjusting the timing/frequency of breastfeeds
- Flexible hours - this may help deal with issues such as tiredness, sick children
- Working from home – this may increase ease and comfort of breastfeeding/expressing breast milk during work hours
- Onsite convenient, private, and hygienic facilities
- More frequent/longer breaks - to allow time to breastfeed/express milk during work hours

More information about flexible working (requests) can be found [here](#).

Expressing breast milk can be difficult and time consuming and can be aided by being in a comfortable, calm, and relaxed setting, and by being given sufficient time to do so. Where feasible, working from home can support this, and/or providing suitable onsite facilities (facilities available on campus are discussed in the next section). Typically, mothers in our research who expressed breast milk reported they needed around 30 minutes to express and clean pumping equipment, with most expressing once or twice during their work hours (with this decreasing as the child gets older). A common issue coming out of our research is the lack of clarity around breastfeeding/expressing breaks i.e. whether mothers are expected to use their scheduled breaks or are allowed additional breaks, in which case are they required to make up the time? There is no formal policy around breaks for breastfeeding/expressing beyond a recognition in the [safety code of practice](#) that a lack of rest breaks is a potential risk to new and expectant mothers. Thus, it is important to discuss frequency, timing, and expectations around breaks. As is discussed in the risk assessment section going too long without breastfeeding/expressing breast milk can lead to health risks of engorgement and mastitis.

## 2. Facilities

The [Health and Safety Executive \(HSE\)](#) states that employers must provide a suitable area for breastfeeding mothers to rest, and this area should (i.e. is strongly recommended) include somewhere to lie down if needed, be hygienic and private (should the employee choose to express milk) and include somewhere to store breast milk (such as a fridge). The HSE specifically state that toilets are not a suitable place to express milk. Here at the University of Reading there are three parent and family rooms (in the library, meteorology and on London Road) available for breastfeeding/expressing breast milk; for more information see the Parent

and Family [Breastfeeding at Work](#) page. For some these rooms may be too far away from their usual workplace, particularly for storing milk, hence there are alternative ad hoc locations and fridges; a list can be accessed from the [Breastfeeding at Work](#) page. Our research has shown there is often anxiety around the fridge: relating to the temperature, regular opening of the door and storing milk with ‘colleague’s lunch.’ Such concerns should be considered when discussing storage facilities. Employees may also need somewhere to wash up pumping equipment.

### **3. Risk assessments and health & safety issues**

The HSE states that any extra risks to breastfeeding employees and their children should be considered in an individual’s risk assessment and that employers must conduct a more specific individual risk assessment when notified an employee is breastfeeding. The HSE explicitly focuses on risks relating to working conditions, particularly biohazards rather than other health related concerns such as engorgement and mastitis. For example, issues relating to engorgement and mastitis (an infection that may require antibiotics) are more common concerns, which may be caused by long periods between breastfeeds/expressing breast milk. Hence a lack of rest breaks is considered a risk. If the employee feels comfortable it is useful to discuss and include breastfeeding in a risk assessment before they go on leave. And their risk assessment should be updated if they notify you that they are breastfeeding. For more guidance on undertaking risk assessments see the [HR Family Leave Guidance for Managers](#).

### **4. Other considerations**

It is worth being aware of and sensitive to some common issues/anxieties faced by breastfeeding employees found in our research:

- Tiredness due to increased feeding over night
- Anxiety over whether the child will be hungry/thirsty
- Anxiety whether the child will be upset/can cope without them
- Concerns over whether their milk supply will reduce (and early weaning)
- Worries (and guilt) over finding time to breastfeed/express milk during work hours
- Engorgement and mastitis

Other considerations worth noting, based on our research, include:

- Mothers may request to bring their child with them on KIT days. If this is possible and they are breastfeeding, they may request to breastfeed their child or they may request to express breast milk if they do not bring their child on a KIT day.
- It may be difficult for breastfeeding mothers to fulfil out of normal hours duties particularly during evenings when children may make up breastfeeds.
- Travel/change of work location may be difficult (particularly if there is less familiarity around available facilities) and some mothers may even need to travel with their child for overnight travel to facilitate breastfeeding.
- Sick children often benefit/derive comfort from directly receiving breast milk which may mean the mother will want to be the main carer when the child is sick and may need to take time off work to care for sick children.