

# Maternal Well-Being Infant Feeding and Return to Paid Work

## Report 1: Preliminary Findings

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## Executive Summary

Infant feeding decisions are personal and emotive. Past research has shown that not meeting individual breastfeeding goals can negatively impact mother's well-being. There are many reasons why a mother may not be able to feed their child in the way that they want for as long as they and/or their child wants, and we focus on return to paid work as a potential barrier to meeting breastfeeding goals. This study explores the lived experience of mothers who wish to continue to breastfeed upon return to work, focusing on the impact on maternal well-being and health. It is interested in understanding how breastfeeding mothers can be better supported and employers can be better equipped to support their breastfeeding employees. In this report, we predominately draw on our maternal experiences survey and interviews, to explore the lived experience of the group of women who combined breastfeeding and paid work and consider implications for policy and workplace support.

### Main Findings

- Our analysis of the UK Household longitudinal study suggests around 26% of women are breastfeeding when they return to work. This group of women are more likely to be older, highly educated women from a higher economic background, working in a professional/managerial job and in the public/other sector. There are also some differences by ethnic group.
- There are a lot of anxieties and concerns prior to return in relation to continuing to breastfeed, negatively impacting maternal well-being. These concerns relate to the practicalities in the workplace and the 'unknown' relating to 'how things will work' and how their body and their child will adjust.
- The majority return to work for financial reasons, and for some this leads to a conflict and lack of choice/agency around feeding their child. Shared parental leave can also potentially compromise feeding decisions for some.
- There are a variety of different adjustments made to feeding on return to work, which are partly determined by the age of the child. Some adjust feeding practices around working hours whilst others express breast milk for their child and/or directly breastfeed their child during work hours.
- Often the anticipation of returning to work was worse than the reality, but there was a lot of variation of how easy/difficult mothers found combining breastfeeding and paid work. Mothers returning when their child was younger typically found combining breastfeeding and paid work more difficult.
- Common challenges faced by breastfeeding employees related to lack of information and communication in the workplace, lack of/poorly executed workplace provisions and lack of time/breaks for breastfeeding/expressing breast milk during work hours.
- Supporting women, who wish to, to combine breastfeeding and paid work can have some positive well-being impacts. For example, it can help women reduce the guilt of leaving their child, provide comfort that they could still provide breast

milk for their child and allow them to reconnect with their child. Returning to work is also important for some women in terms of worker identity.

- Effects from lack of workplace support for breastfeeding employees included physical impact relating to reduced milk supply and engorgement/mastitis, giving up on feeding plans and negative impacts on mental well-being.
- Key factors that contributed to a positive experience of combining breastfeeding and return to work included support from charities and breastfeeding support groups, a transparent breastfeeding policy, flexibility and breaks, well paid leave, a phased return and a supportive line manager.

## **Key recommendations**

### **Legal/policy recommendations**

- ❖ Better legal protection for mothers wishing to combine breastfeeding and paid work, to reduce risk of reduced milk supply and engorgement/mastitis
- ❖ Encourage employers to have a formal breastfeeding policy
- ❖ Better regulation of workplace provisions
- ❖ Longer paid parental leave provisions
- ❖ Greater training and awareness for line managers/employers

### **Employer best practice**

- ❖ Have a clear transparent breastfeeding policy
- ❖ Share workplace information on provisions for breastfeeding employees and facilities as early as possible e.g. before parental leave
- ❖ Initiate a conversation with the breastfeeding employee rather than waiting for employee to approach them – the earlier the better
- ❖ Ensure individual risk assessments are taking place for breastfeeding employees
- ❖ Ensure there is somewhere private and hygienic that employees can express breast milk/breastfeed their children – if this is not possible consider alternative arrangements
- ❖ Provide safe storage facilities – ideally a separate fridge for storing expressed breast milk but at the very least include a thermometer on the fridge
- ❖ Provide greater awareness/training/information for line managers to support them with managing breastfeeding employees

# 1. Introduction and Study Overview

The study explores the well-being, opportunities and experiences of new mothers who want to continue to breastfeed on return to paid work. It is focused on investigating the lived realities of return to paid work and mental well-being of this particular group of working mothers. The study aims to understand how mothers can be better supported in the workplace, and how employers can be better equipped to support their breastfeeding employees. In this preliminary report we focus on some early findings and implications drawing on the lived experience of mothers.

Our study takes a mixed method approach, drawing on both secondary data and primary data. Our primary data brings together the mother and employer perspective. In these early findings we concentrate on finding from our mother's survey and interviews. For more details about the data, methods and data samples see our corresponding supplementary technical reports (available on our [outputs webpage](#)).

*\* 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.*

## 1.1 Context and Policy Background

Breastfeeding decisions are very personal and emotive decisions, but past evidence suggests many mothers stop breastfeeding earlier than intended and not meeting personal breastfeeding goals can be detrimental to maternal mental health (Borra et al., 2015; Brown, 2019). There are many reasons why a mother may stop breastfeeding and we focus specifically on the role of return to paid work which has been shown as potential barrier for those wishing to continue to breastfeed (Adams et al., 2016; Baker and Milligan, 2008; Skafida, 2012).

It is worth mentioning that The World Health Organisation (WHO, 2023) recommend babies are exclusively breastfed until 6 months and then fed breast milk alongside solids until 2 years and beyond. And meeting these recommendations are important to some women. It is well documented that breastfeeding provides benefits for children's health and cognitive benefits, mothers health and wider society (Belfield and Kelly, 2012; Borra et al., 2012; Rollins et al., 2016; Victora et al. 2016). Despite these benefits, breastfeeding rates and duration rates are lower compared to other countries and breastfeeding rates at 12 months in the UK have previously been reported as one of the lowest in the world (Victora et al., 2016). Evidence suggests supporting breastfeeding mothers to breastfeed for as long as they and/or their child wish to not only benefits the mother and their child, but also benefits employers (Del Bono and Pronzato, 2022).

### Box 1: Legal Requirements of UK Employers Regarding Breastfeeding Employees

The Health and Safety Executive (HSE) in the UK state that employers must provide breastfeeding employees a suitable place to rest, and this place should:

- Provide somewhere to lie down if necessary
- Be hygienic and private, stating toilets are not a suitable place
- Provide somewhere to store expressed breast milk, such as a fridge

If a breastfeeding employee provides written notification to their employer that they are breastfeeding, the employer must consider risks to breastfeeding employees in an individual risk assessment. The HSE provide a list of common risks from working conditions to pregnant and new mothers.

Source: <https://www.hse.gov.uk/mothers/employer/rest-breastfeeding-at-work.htm>

The legal obligations for employers in the UK in relation to breastfeeding employees are outlined in Box 1. Compared to some other high-income countries<sup>1</sup> the legal obligations of employers in relation to breastfeeding employees are limited. There are no requirements to provide breastfeeding/expressing breast milk breaks as recommended by the International Labor Organisation. There are recommendations around facilities for expressing breast milk/breastfeeding (which should be private and hygienic, with somewhere to store expressed breast milk) but these are not legal requirements, but these are not statutory, as is also the case in most countries<sup>1</sup>.

In the UK mothers are entitled to take up to 12 months of maternity leave but as reported in box 2 paid leave is not particularly generous with only the first 6 weeks of leave guaranteed to be generous. Fathers and partners have very limited paternity pay. Mothers also have the option to share some of their leave with the baby's father/their partner, however, uptake of shared parental leave is very low<sup>2</sup>.

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<sup>1</sup> For an overview of how parental leave and breastfeeding legislation varies by country see Addati, L., Cattaneo, U. and Pozzan, E.(2022) Care at work: Investing in care leave and services for a more gender equal world of work, Geneva: International Labour Office, available at [https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@dcomm/documents/publication/wcms\\_838653.pdf](https://www.ilo.org/sites/default/files/wcmsp5/groups/public/@dgreports/@dcomm/documents/publication/wcms_838653.pdf)

<sup>2</sup> See Department for Business and Trade (2023) Shared Parental Leave Evaluation report, BEIS/DBT Research Paper Series Number 2023/010, available at <https://assets.publishing.service.gov.uk/media/649d54be45b6a2000c3d4539/shared-parental-leave-evaluation-report-2023.pdf>



Some employers do offer more generous paid maternity and paternity leave beyond the statutory minimum but enhanced paid leave is not guaranteed

## Box 2: Leave Entitlements in the UK

### **Maternity Leave Statutory Maternity Pay (SMP)**

The statutory maternity leave period is 52 weeks and mothers must take at least 2 weeks off (4 weeks if classed as a 'factory worker'). Maternity pay is offered for 39 weeks with employees entitled to take the last 13 weeks off as unpaid. In the first 6 weeks pay is 90% of the employees average weekly earnings (pre-tax) and for the remaining 33 weeks of the SMP pay period pay is paid at the statutory rate.

### **Paternity Leave (Childbirth Support Leave) and Statutory Paternity Pay (SPP)**

Fathers/partners can have 1 or 2 weeks of Statutory Paternity Leave and since April 2024 this does not have to be consecutive weeks. Statutory Paternity pay is paid at the statutory rate.

### **Shared Parental Leave and Statutory Shared Parent Pay (ShPP)**

Maternity leave/pay can be shared with a mother's partner of which up to 50 weeks can be shared (37 paid, and 13 unpaid), this can be taken in blocks or in one go. Parents can take the leave at the same time or at alternate times.

### **Qualifying Rules and Statutory Pay Rates**

SMP, SPP and ShPP are paid at the statutory rate which is at the time of writing is £184.03 per week or 90% of average weekly earnings (whichever is lower). There are some qualifying rules to be able to obtain SMP, SPP and ShPP. The individual should be classed as an employee and have been continuously employed with the employer for 16 weeks up to the qualifying week (15<sup>th</sup> week prior to expected birth) and be earning at least £123 per week (for ShPP in an 8 week period). The individual should still be with the employer when they start ShPP, with some additional rules for partners who wish to take ShPP.

Source: <https://www.gov.uk/browse/benefits/families>

## 2. Who Breastfeeds and Returns to Work in the UK?

Our primary interest is in the group of women who wish to continue to breastfeed upon return to work but it is useful to understand more generally breastfeeding and return to work behaviour in UK, and the characteristics of the group more likely to combine breastfeeding and paid work. There are no recent reliable statistics on breastfeeding initiation and duration rates in the UK, since the discontinuation of the infant feeding survey back in 2010<sup>3</sup>, which only followed mothers up to 10 months postpartum. We, therefore, use the UK Household Panel Longitudinal study (UKHLS, commonly known as the Understanding Society) to explore recent patterns of breastfeeding and return to work in the UK.

We focus on the UKHLS's general population sample (excluding the ethnic minority and immigration boost samples) who have given birth since 2017 (this was the cutoff point used in our mother's survey). We chose births since 2017 to capture before and after the pandemic, given the impact the pandemic had on home and hybrid working (which could help facilitate combining breastfeeding and work). We utilise the sample in the UKHLS that has full information on return to work and infant feeding behaviour which includes 773 births from 703 women. See our supplementary UKHLS technical report (available on our [outputs webpage](#)), for more on how we utilise the UKHLS.

### 2.1 Return to Work Patterns

We class return to work as returning within 15 months of giving birth, which includes the 12 months of permitted leave in the UK (see box 2) plus allowance for annual leave (since women can add any annual leave accrued whilst on parental leave). In our UKHLS sample 18% did not work before or after birth, 70% returned to work within 15 months of giving birth, 2% who were not employer prior to birth started a job and 11% did not return within 15 months of giving birth. For those who returned to work the average of child in months at return is 9.6 months.

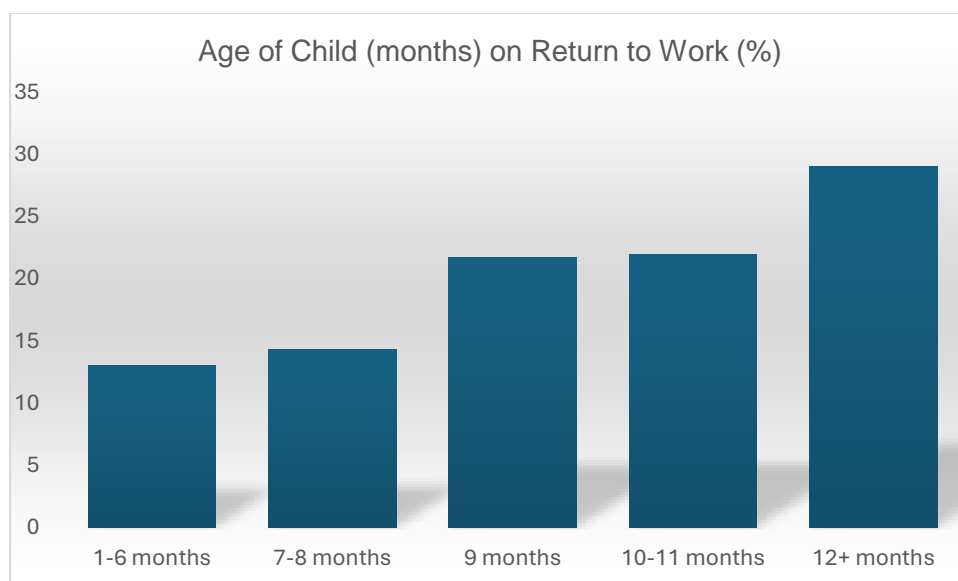
As shown in figure 1, the most common points to return to work are when the child is 9 months (21%) and 12 months (23%). 71% return before their child is 12 months. It is worth noting that breast milk or infant formula milk is recommended as the main drink prior to 12 months by the NHS<sup>4</sup>, and at 12 months children can be introduced to cow's milk (or an alternative to cow's milk). Hence adjustments needed/made by mothers may vary according to the age of the child upon return, and hence the age of the child upon return may matter for a women's experience of combining breastfeeding and paid work, and their well-being.

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<sup>3</sup> A new Infant Feeding Survey for England is taking place in 2024, and Scotland ran an Infant Feeding Survey in 2017.

<sup>4</sup> See <https://www.nhs.uk/conditions/baby/weaning-and-feeding/babys-first-solid-foods/#:~:text=It%20can%20take%2010%20tries,drink%20during%20the%20first%20year>.

Figure 1: Age of Child upon return to work



Source: UKHLS 2017-2022, own estimates Includes 552 births from 505 mothers. Return to work is defined as being employed within 15 months of giving birth.

## 2.2 Breastfeeding Behaviour in the UK

73% in our UKHLS sample reported ever having breastfed their child (see table 1), with a reasonable drop off by 1 month with 56% breastfeeding at 1 month and a fairly steady decline in the proportion breastfeeding up to when the child is 12+ months. Around 41% are breastfeeding at 6 months, which is higher than the proportion of women (34%) who were breastfeeding at 6 months in the 2010 infant feeding survey.<sup>5</sup> and similar to the 43% breastfeeding at 6 months in the 2017 Scottish maternal and infant nutrition survey.<sup>6</sup> 27% in the sample breastfeed for 12+ months which is not out of line with the 22% breastfeeding at 13-15 months in the Scottish maternal and infant nutrition survey 2017.<sup>6</sup>

Although not reported in table 2, the UKHLS data shows that breastfeeding initiation and duration rates have increased over the time period of the UKHLS (between 2009 and 2022) and were higher among those who had children born during or after the pandemic (see table 1). Only a third of women in our sample are breastfeeding at the point women typically start to return to work (from 9 months onwards).

<sup>5</sup> See <https://digital.nhs.uk/data-and-information/publications/statistical/infant-feeding-survey/infant-feeding-survey-uk-2010>

<sup>6</sup> <https://www.gov.scot/publications/scottish-maternal-infant-nutrition-survey-2017/pages/3/>

Table 1: Breastfeeding Initiation and Continuation Rates in the UKHLS 2017-2022

	All	Have Child	Breastfed	Pandemic period
Ever breastfeed child	72.5	100.0		75.8
Breastfeeding at:				
1 month	55.6	76.8		60.6
3 months	48.3	66.6		53.8
6 months	39.8	55.0		44.7
9 months	32.6	45.0		40.2
12 months	27.2	37.5		35.6
<b>Observations</b>	<b>773</b>	<b>560</b>		<b>132</b>

Source: General population sample of UKHLS 2017-2022, own estimates. Using births that had full information on breastfeeding and return to work were included. Includes 773 births from 703 mothers.

In our sample 26% of women who had returned to work were observed as breastfeeding (although we have no information about whether this was exclusive breastfeeding or mixed feeding) upon return to work, 10% had stopped breastfeeding around return to work (within 2 months). It is worth mentioned among those who returned to work after the pandemic 34% were breastfeeding (which does partly reflect higher breastfeeding rates as seen in table 1). Of those who were breastfeeding at 3 months 56% continued to breastfeed and 21% stopped around return (64% and 18% respectively in post pandemic period). 22% (and 29% during the post pandemic period) of all women in the sample were breastfeeding upon return to work and whilst the majority of women are not breastfeeding when they return to work, the proportion combining breastfeeding and paid work is not trivial.

Although we will not focus on differences by sub-group in this report, it is worth noting that there is variation in both breastfeeding and return to work behaviour by sub-groups, summarised in figure 2. Consistent with past evidence (Belfield and Kelly, 2012; Chabrol et al., 2004; Del Bono and Pronzato, 2022; Skafida, 2012; Simpson et al., 2019) breastfeeding (and duration) rates are typically higher among older, more highly educated mothers and those from a higher socio-economic family background and vary by ethnic group. Breastfeeding rates and duration are lower among the white group and highest among the Black ethnic group, followed by the Asian ethnic group. Those who are older, white and highly educated are more likely to be employed 15 months after birth, with the Asian ethnic group the least likely to be employed (but when are employed they on average return when their children are older).

Generally, the factors that impact the likelihood of breastfeeding and duration of breastfeeding are similar to those who are more likely to be employed 15 months after giving birth i.e. highly educated, older women from higher socio-economic backgrounds, and hence these women are more likely to also be breastfeeding upon

return to work. However, there are some ethnicity differences with the black ethnic group the most likely to continue breastfeeding upon return to work and the Asian group the least likely.

*Figure 2: Typical Characteristics of Breastfeeding and Work Behaviour*

Who is more likely to breastfeed?	Who is more likely to be employed 15 months after birth?	Who has average longer leave (conditional on)	Who is more likely to continue breastfeeding upon return to work?
<ul style="list-style-type: none"> <li>• Older</li> <li>• Highly educated</li> <li>• Higher socio-economic family background</li> <li>• Ethnic minorities (Black, Asian)</li> </ul>	<ul style="list-style-type: none"> <li>• Older</li> <li>• Highly educated</li> <li>• White</li> </ul>	<ul style="list-style-type: none"> <li>• Older</li> <li>• Highly educated</li> <li>• Asian</li> </ul>	<ul style="list-style-type: none"> <li>• Older</li> <li>• Highly educated</li> <li>• Higher socio-economic family background</li> <li>• Black</li> </ul>

Source: own analysis from the UKHLS 2017-2022. Ethnicity analysis uses ethnicity boosts.

We will not consider differences by job characteristics in this report, but it is worth highlighting differences by job characteristics. Rates of women continuing to breastfeed upon return to work is higher in the public/other sector than the private sector, higher among professional/managerial jobs, highest in the education sector and lowest in the retail, hospitality and other service sectors (where accommodating breastfeeding may be more difficult). We will explore differences by characteristics in later research.

## 3. The Lived Experience

In this report, drawing on our mother's survey and interviews, we focus on the lived experience of those who continued to breastfeed upon return to work. Our maternal experiences survey was undertaken between November 2022 and February 2024 and focused on mothers in the UK who had given birth since 2017 (capturing before and after the pandemic), and captured questions related to return to work, infant feeding, workplace experiences and demographic questions.

Our maternal experiences survey received 1,865 responses, and in this report, we focus on the sample of 905 mothers who continued to breastfeed upon return to work (returning within 15 months of giving birth). We also utilise the sample of 207 mothers who said they were planning on continuing to breastfeed upon return to work (and planning to return within 15 months of birth) who provide further insight into pre-return anxieties and concerns. Reflective of patterns in the UKHLS general population sample our survey respondents are more likely to be older, highly educated and from higher socio-economic background. Whilst respondents are more likely to be white, we observed similar patterns with respondents from black ethnic group more likely to be breastfeeding upon return to work and the Asian ethnic group least likely.

We undertook 62 semi-structured interviews, 46 (our main group of interest) had continued to breastfeed when they returned to work (46 interviews), 11 had yet to return to work but were planning to breastfeed upon return and 5 had stopped breastfeeding before return to work. For more details on our maternal experiences survey and interviews see our supplementary technical reports (available on our [outputs webpage](#)).

### 3.1 Pre-return Anxieties

Our research highlights women face a lot of anxiety before returning to work in relation to continuing to breastfeed. In both our mother's survey and the interviews women were asked what their concerns are/were about combining breastfeeding and return to work. In this section we highlight some of the key concerns raised by participants in our survey and interviews. These fears/anxieties are multi-faceted and inter-related, often related to the 'unknown' of how 'things were going to work' both in terms of the workplace practicalities/logistics and how their child/body would adjust.

#### *Concerns around how the child will adapt and the child's well-being*

Given that a child in many cases will need to be fed expressed breast milk or infant formula milk by their childcare giver whilst the mother is at work, one a common concern is: '*will my child take a bottle?*' This is a particular anxiety among mothers of exclusively breastfed children. Worries about their child not taking a bottle led to further

anxiety about whether the child would get enough *dairy, fluids* and *nutrients* during the day. Other related concerns included ‘*how will my child cope without me?*’, ‘*will my child be upset?*’ Anxiety about how their child will adapt is heightened when the child is breastfed to sleep.

“

*Probably our main concern was that he wouldn't take the bottle. Is he going to get the dairy? Is he going to get the nutrients that you make?*

Daphne, customer escalation manager

*My concerns were how are nursery going to get them to sleep and you know, will they cope without milk during the day? How will they get them to sleep as one of the biggest things because they were both feed to sleep babies.*

Noreen, statistician

### Concerns related to milk supply

Women worried around whether they would be able to *express enough milk for their child* and if returning to work *would affect their milk supply*.

“

*But so my first worry was, would he accept a bottle? And my second worry would I be able to express enough milk for him.*

June, student study support

*I was expressing a lot as well to have frozen milk to send it in case I couldn't express at work. I was really concerned about my milk drying. Because obviously I wouldn't have the baby all the time with me.*

Nora, office administrator

Concerns around milk supply were intensified by the fact the amount of breast milk a woman can express is not an indication of how much milk they are producing

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*So, I was worried about the potential impact on my supply because you don't know obviously how much we're producing when we're feeding compared to how much we're expressing*

Theresa, solicitor

Women were further worried about how reductions in milk supply might impact their breastfeeding journey. For example, whether this reduction may cause their child to *wean early* (than they otherwise might have done), and/or will affect their *bond with their child*.

““

*I was very, very anxious about returning. I didn't want my breastfeeding journey to end. I didn't want anything to scupper my chances of having that end and yes, I was very anxious.*

Maise, deputy manager

*I was really worried about how I'd manage with work and whether my feeding journey would stop as well. I was really concerned as I had worked so hard at it for eight months and I wasn't ready to give up at that time, so I was really worried that it might impact and then how you get around it as well.*

Edith, secretary

### *Concerns around how their bodies would adjust and the physical impact*

Related to concerns around milk supply, there was a lot of understandable anxiety about what the physical impact may be if they are unable to feed in the way their body is used to. Many worried about getting engorged (becoming uncomfortably full) and getting mastitis (an inflammation of the breast tissue which can involve an infection that can make one quite unwell), since becoming engorged increases the risk of getting mastitis.

““

*And I didn't want to get mastitis and stuff, so I had a lot of worries about just generally how we were going to cope going forward.*

Edith, secretary

Some were concerned about leaking breast milk, particularly in jobs where it might be difficult to 'leave the room' as and when needed.

““

*I did feel anxious about going back to work base and knowing when to pump and having these strict times of being able to pump or leaking through my clothes as well, you know, and teaching teenagers, maybe it's a bit embarrassing. So just being very conscious of my body and making sure that was in tune with my body, making sure that I knew if something wasn't right, you know, to go and sort it out.*

Bryony, teacher

### *Concerns around workplace provisions and facilities.*

There were some concerns about *where they might express breast milk* (in some cases breastfeed) in the workplace, and whether the place would be hygienic and private (as recommended by the Health and Safety Executive, see the earlier box 1):



“

*I would say a little bit nervous and anxious, mainly one of the things was the practicalities of you know, finding somewhere to pump and that kind of thing. There wasn't really anything very clear and set up. So, it was kind of each day, you just have to see if there was somewhere or if there wasn't somewhere, so I was quite nervous about that, to see if how it would work.*

Tabitha, anaesthetist

*It was one big one with privacy. Would I be in a room where other people could just get in, or would it be locked?*

Ros, applications technician

Further there were anxieties about if and where they would be able to store expressed breast milk, and whether they would be able to store this breast milk safely.

“

*I was concerned about being able to store the milk and travel with it safely and make sure it was still fine on my journey back.*

Stacey, research fellow

*And then another thing was actually storing milk. Because I wasn't allowed to put it in the main fridge where everyone has their normal cow's milk. So, what I would do about that? whether I would have to pay for that or whether I'd have to be relying on cool bags or anything like that.*

Ros, applications technician

### *Concerns around finding time to express breast milk/breastfeed during working hours*

Women worried about whether they would be permitted to take necessary breaks/time to express breast milk/breastfeed, and as and when needed. Further women were concerned if they were permitted breaks whether they would actually find the time to express breast milk/breastfeed during work hours.



*There is no time even to fit it. It's really hard to go to the toilet.*

Diane, learning support assistant

*I was worried about finding time to pump*

Terri, senior manager

*It was tough. I was nervous. I knew that my workplace were gonna set up a room for me and everything. But I didn't know how they'd be like in terms of flexibility or would I have been able to go at certain times or just as and when I needed.*

Ros, applications technician

### Concerns around reverse cycling and fatigue

Several women were concerned about reverse cycling (when the child makes up breastfeeds by feeding more in the evening and overnight) and the resulting fatigue.



*I'm wondering whether when I go back, whether he'll start like reverse feeding and wanting more at night again. So, we'll wait and see whether that happens.*

Orla, teacher

Women face a lot of anxiety and worry in relation to feeding in the run up to return to work, and part of the anxiety may relate to the fact there is often little precedence in their workplace of women continuing to breastfeed upon return to work, and hence it is hard to know what to expect.



*They were really shocked I was doing it because none of them had done that before and I think they're kind of respected me in a way.*

Irene, dentist

*I was the first one that did it in my office and so far.*

Nora, office administrator

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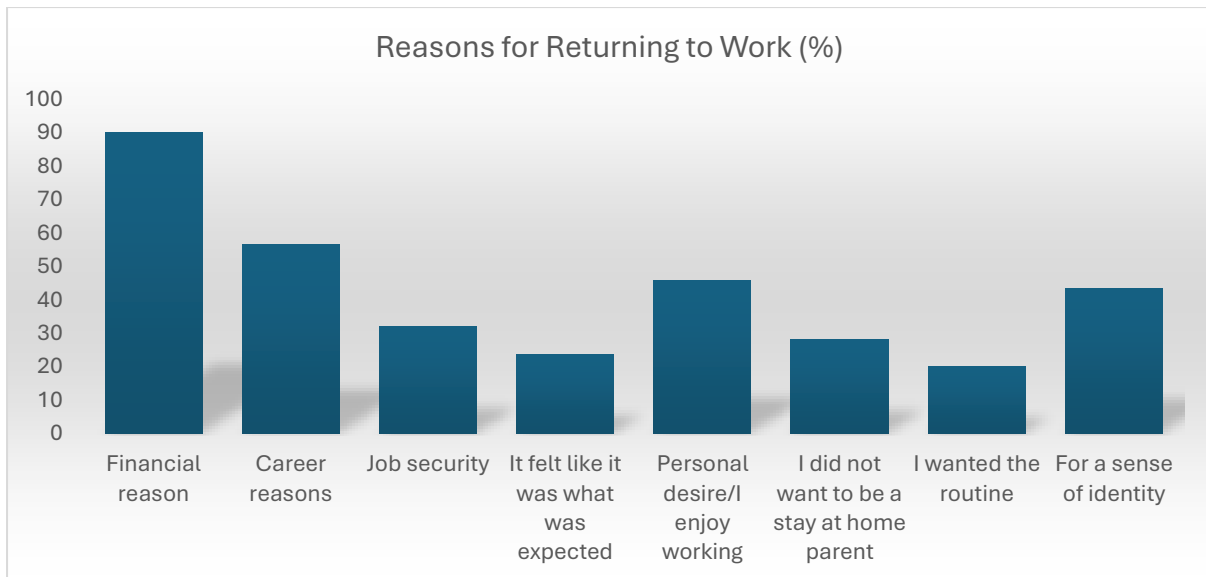
Many concerns mentioned are linked to a lack of knowledge / experience of what to expect on return to work and exacerbated by a lack of timely information and communication in the workplace as discussed in section 6.1. Concerns relating to provisions in the workplace can be discussed before return to work. Whilst women cannot foresee how their bodies and their child will adjust, early discussions can help

to put in measures to help reassure women should such issues arise. More broadly women benefit from hearing experiences of others and more information on what to expect in terms of physical side. As we will see in section 8, information from charities and support groups were a key source of support for some women.

## 4. Return to Work: Timing and Reasons

As mentioned in section 2.2, most women in the UK return to paid work before their child is 12 months old (in our maternal experiences survey sample of women who were breastfeeding upon return to work, 63% returned prior to 12 months), when breast milk or infant formula milk is recommended as the main drink.

Figure 3: Reasons for Returning to Work



Source: own maternal experiences survey. Includes 905 mothers who continued to breastfeed upon return to work

90% in our mother's survey (see figure 3) said they returned to work for financial reasons and for some this caused conflict with the way they wanted to feed their child:



*I completely felt like a failure that I was having to go back to work and leave him, that I was having to send him to nursery, and he was the youngest baby there. Because how can these other people afford to be at home with their children's still, and I should be able to be at home especially feeding and I am absolutely knackered. I cried so many times at that job..... But financially we didn't have another option*

Daphne, Customer escalations manager

*I just want to be with my baby and exclusively breastfeed. But due to financial reasons, have had to continue working*

Survey respondent

If women need to return to work for financial reasons, they may return earlier than they would have liked which may impact their feeding choices. In our survey 26% of our

sample who had continued to breastfeed upon return to work said, “*I was not able to feed my child in a way I would have liked for as long as I would have liked as a result of returning to work*”. In contrast 5% said “*I returned to paid work later than I would have liked so I could feed my child in the way I wanted*”. In some cases, women felt a lack of choice/agency:

“

*But also there was a sense of loss as actually this isn't really my choice completely. Like I can try what I want to do, with the combination of feeding but I have to go with the flow because I don't really have a choice.*

Ethel, lecturer

*So, she was just under six months because I took the first six months leave and then my husband took the second six months leave because he had a lot better benefits from his work. So, he got full pay for six months, whereas I only got statutory leave. And so, I was kind of financially forced into it.*

Carla, financial services

Carla above took shared parental leave, with 11% in our survey (who were breastfeeding upon return to work) saying they shared leave with their partner, and whilst for some shared parental leave helped with their transition back to work:

“

*Not related to breastfeeding specifically, but because my husband was on shared parental leave it was really nice to go back for those first few weeks and have him at home and not have to worry about getting home for bedtimes or worrying about baby at nursery.*

Freda, GP

One key point is that shared parental leave policies do not consider what sharing leave could mean for feeding choices, with some women feeling it is the right thing to do to allow their partner to have some of their leave. However, sharing leave often came with a feeling they, the mother, were returning too early and potentially compromised their breastfeeding journey:

“

*When I was pregnant, I planned the shared maternity. So, it sounded like a wonderful option, but actually it was too soon I believe. I think he was still very young at six months but we'd kind of signed the paperwork and that's how it was going to be. So, I was dreading returning to work and sort of managing everything, especially breastfeeding as my job is breastfeeding support, so I have the knowledge how difficult it is, especially with expressing.*

Mandy, breastfeeding support worker

Other common reasons included (see figure 2) returning for career reasons (57%), and personal preference (46%). It is important to recognise that paid work is part of the mother's identity and having a baby can bring that to the surface, with 43% in our sample stating they wanted to return for a sense of identity. And hence return to work can bring positive well-being effects, not directly related to infant feeding.

“

*I enjoyed going back to work because it's help with my sense of returning to who I was in terms of having, a job I enjoyed and having intellectual challenges*

Iris, civil engineer

*It kind of feels like you've lost your identity a bit when you're at home all the time. I did want to go back, but you can't have everything.*

Irene, dentist

However, returning to work can lead to some conflict between mother and worker identify, and balancing these two identifies can be difficult for some women.

“

*I did feel torn when I did return...I **felt torn** a lot. I was trying to do something here and there and I was also trying to look after my daughter*

Terri, senior manager

## 5. The Practicalities: What changes do women make?

No two experiences are the same and women make different adjustments upon return to work to continue to provide breast milk for their child. In our mother's survey we asked women who continued to breastfeed upon return to work "Did you make any changes to the way your child was fed/the type of milk given as a direct result of your return to work?". 55% said they had made changes. Making no changes to the way their child was fed/the type of milk were more likely when the child was older (12+ months upon) at return to work. Typically, the older the child is the more established the mother's milk supply is and the longer a child can go between feeds. Common adjustments made to how/when the child is fed are presented in table 2 which includes a break down by the age of the child upon return to work.

Table 2: Adjustments to feeding type/type of milk upon return to work

	Age of child on Return to Work (months)					
	All	1-6	7-8	9	10-11	12+
Adjusted the timing/frequency of breastfeeds	32.9	19.6	29.7	32.1	42.2	31.5
<i>Adjusted the timing/frequency of breastfeed only</i>	11.5	3.7	8.9	11.3	10.8	15.3
<i>Adjusted the timing/frequency of breastfeed and gave expressed breast milk</i>	14.5	12.2	15.8	16.0	22.3	8.5
<i>Adjusted the timing/frequency of breastfeed and gave formula/cow's milk/other</i>	7.0	3.7	5.0	4.7	9.2	7.7
Introduced expressed breast milk	21.0	28.0	39.6	25.5	23.9	10.0
Introduced infant formula	11.1	27.1	23.8	19.8	9.2	0.9
Introduced cow's/other milk	14.5	1.9	8.9	7.6	18.7	19.1
<b>Observations</b>	<b>905</b>	<b>107</b>	<b>101</b>	<b>106</b>	<b>251</b>	<b>340</b>

Source: own maternal experiences survey. Includes 905 mothers who continued to breastfeed upon return to work

33% (and 60% of those who had made changes) reported adjusting the timing and frequency of breastfeeds. Among those who adjusted the timing/frequency of breastfeeds 35% did not make any other adjustments to how their child was fed, in terms of the type of milk provided, and fitted feeds around their work.

For some adjusting the timing/frequency of breastfeeds around work, worked well and the child adjusted to the new 'routine' which was more likely if the child was older upon return to work.



*I was able to time a feed before work and on my return to work which worked brilliantly for us*

*I breastfeed at bedtime and overnight and during the day at weekends.*

*Managed okay to just feed when I was home*

Survey responses

For others adjusting feeds, led to more evening/overnight feeding, known as reverse cycling.



*Both times my children were fine through the day without my milk but would feed more in the evening/overnight which was tiring while also adjusting to a return to work*

Survey respondent

43% who adjusted timing/frequency of breastfeeds did so alongside providing expressed breast milk and 21% also provided infant formula or cow's/other milk.

21% introduced expressed milk due to returning to work with this less common as the child reaches 12 months upon return to work. Introducing formula was more likely among younger children and introducing other milk types was more likely the older the child. The latter reflects that children are not recommended to have cow's milk as a drink prior to 12 months.

Respondents were asked if they had ever expressed breast milk or had directly breastfed their child during 'working hours'/at their workplace. Results are presented in table 3. 53% had expressed milk at their workplace with the majority (39%) doing this to provide breast milk for their child (including those also expressing breast milk for comfort), with 14% having expressed breast milk for comfort only. The proportion expressing breast milk is lower the older the child upon return to work with the proportion expressing only for comfort increasing with the age of the child. But even among those returning when their child was 12+ months 25% said they had expressed breast milk for their child at their workplace.



Table 3: Breastfeeding and Expressing Breast milk during the working day

	Age of child on Return to Work					
	All	1-6	7-8	9	10-11	12+
Breastfed baby during breaks at an onsite nursery/childcare facility	2.7	9.3	5.0	1.9	1.6	0.9
Breastfed child during breaks at a nearby location (e.g. at home, childcare provider)	9.6	18.7	12.9	13.2	6.8	6.8
Worked from home so you could breastfeed your child	22.1	36.4	31.7	21.7	17.9	17.9
Expressed breast milk at work	52.6	62.6	65.3	62.3	55.0	40.9
<i>Expressed breast milk at work for child</i>	<i>38.6</i>	<i>55.1</i>	<i>55.4</i>	<i>50.9</i>	<i>37.5</i>	<i>25.3</i>
<i>Expressed breast milk at work for comfort only</i>	<i>14.0</i>	<i>7.5</i>	<i>9.9</i>	<i>11.3</i>	<i>17.5</i>	<i>15.6</i>
Brought your child to work and breastfed at work	7.7	18.7	10.9	11.3	6.8	2.9
<b>Observations</b>	<b>905</b>	<b>107</b>	<b>101</b>	<b>106</b>	<b>251</b>	<b>340</b>

Source: own maternal experiences survey. Includes 905 mothers who continued to breastfeed upon return to work

There was a lot of variation in how often and for how long women needed to express at work for. For some it was only a few weeks, whilst for others it was a number of months. The younger the child upon the age of return the more often a woman would typically need to express breast milk. Gail's example below shows the typical trajectory, of needing to express more in the beginning, the number of times needed dropping until a point where the mother no longer needed to express. The other thing Gail mentions is some women build up a stash of expressed breast milk in advance of returning to work, to reduce the need (frequency of) to express breast milk at work.

“

*So, when I went back to work, I expressed milk. And I managed to express a little bit before I went back to work. So, we kind of had a stash. But then when I was at work, I would express milk twice a day for the first six months and then after that it went down to just once a day for about 3 months. And I think for the last three months I breastfeed him; I didn't need to express milk at work.*

Gail, lecturer, returned when her child was 6 months

Some women in our survey sample had been able to directly breastfeed their child during breaks, either because their child was at an onsite childcare facility (3%) or at a nearby location (10%). These women often described themselves as 'privileged'. A few women mentioned (and this was more common during KIT days) that the child's caregiver had brought their child to them at their workplace so they could directly breastfeed.

22% said they had worked from home so they could directly breastfeed their child with 37% of those stating they had done this returned when their child was 6 months or younger.



*I worked from home when I returned to work so was often able to breastfeed during breaks rather than having to express.*

*Working from home meant I was able to do KIT days online so I could still breastfeed during breaks*

Survey responses

8% said they had breastfed their child at work with these incidences tending to be during keep in touch (KIT) days.

In terms of the adjustments made to the way the child was fed, this was not as often as bad as anticipated



*The reality was easier than my anticipation.*

Survey respondent

Many of the pre-return concerns and anxieties relating to how the child was fed/the child's well-being mentioned in section 3 did not materialise or were more manageable than expected.



*Actually, when I wasn't there she seemed to be OK as in she didn't expect milk for my husband because like she doesn't associate him with milk.*

Tabitha, Anaesthetist

*And in terms of breastfeeding, I had done a huge amount of research. I was very anxious about how breastfeeding would work when my daughter went into nursery because she was fed on demand and she was still breastfeeding at a year old and I was worried how that would work because she fed during the day, but she just adjusted and I also adjusted.*

Noreen, statistician

And some women were surprised at how well their body adjusted.



*My boobs just magically adjusted to the fact that I was all over the place as I had been away from daughter over many nights*

Tabitha, Anaesthetist

*My body really quickly adjusted and I pumped once a day when I was at work, and I was away from my child for probably 10 hours for four days a week.*

Anita, project manager

32% in our sample stated their child would not take a bottle (increasing to 38% among those who had expressed breast milk at work), a key pre-return concern. However, often this concern was less of a worry in reality.



*My main worry was that he wouldn't take a bottle. He used to when he was a little when he was a tiny baby, he took bottle no bother. But my main worry was, what if he doesn't take any milk and I went armed into nursery with about 6 different bottles for them to try and he would take a little bit. But I think that my anxiety probably, calmed down a little bit in terms of that once he was settled into nursery. But yes, that was my biggest concern and I think that's part of the reason that I went to feed him on my lunch break at nursery as well was to continue obviously that bond with him that he could continue with feeding.*

Judy, customer services representative

And when in reality the child did not take a bottle, often they found a way round the issue that worked, such as using an alternative to a bottle such as an open cup or providing alternative dairy sources (such as yoghurt).



*It was a struggle as my son would not take a bottle. We tried so many different bottles and ways to get him to accept it. I left the house, I would the bottle teat in my bra, different temperatures etc. I was so happy when I discovered open cup feeding and it worked. I was so relieved that he would be ok when I wasn't there.*

Survey respondent

Survey respondents were asked 'How easy or difficult did you find combining breastfeeding and/or expressing breast milk with paid work?'. For those who had not yet returned to work but planned to continue to breastfeed they were asked 'How easy or difficult do you expect to find combining breastfeeding and/or expressing breast milk with paid work?'

Table 4 shows that before returning to work 65% expect to find combining breastfeeding and paid work difficult (very or somewhat) compared to only 36% of those who had returned. Only 16% expect it to be easy (very or somewhat), compared to 44% of those who have returned finding it easy. Table 4 is therefore consistent with the qualitative findings that the ‘reality’ is often not as bad as the ‘anticipation’.

Again, it is important to consider ways to reduce the pre-return anxieties and concerns were possible, as these anxieties/concerns may be a barrier to continuing at all (and we plan to focus on those who stopped before returning in future research) or a barrier to continuing breastfeeding in the way a women may want for as long as they want. Some measures may be workplace based and we will discuss information and communication in section 6.1. We will discuss sources of support in section 8, as again hearing experiences of others is one way to help reduce some anxieties.

*Table 4: Perceived Ease/Difficulty of Combining Breastfeeding and Paid Work*

	<b>Not yet returned to work</b>	<b>Have returned to work</b>
Very easy	4.4	13.9
Somewhat easy	12.1	29.9
Neither easy nor difficult	9.7	20.2
Somewhat difficult	45.4	28.0
Very difficult	20.3	8.0
Don't know	8.2	
<b>Observations</b>	<b>207</b>	<b>905</b>

Source: own maternal experiences survey. Includes 905 mothers who continued to breastfeed upon return to work and 207 mothers who had not yet returned to work but planned to breastfeed upon return

The perceived difficulty/ease of combining breastfeeding and return to work varies by the age of child on return. 49% (30%) of those who returned when their child was 12+months said they find it easy (difficult) compared to only 34% (44%) of those returning when their child was 6 months or under

## 6. Common Challenges

Despite the variation in how women adjust to continuing to breastfeed on return to work, there are several common challenges faced by women and we cover some key challenges in this section.

### 6.1 Lack of Information, Communication and Policy

A strong theme that came out of our maternal experiences survey and interviews was the onus was often on the woman to find out the information about availability of support in the workplace, their rights, and to ask for what they need/raise any concerns in relation to combining breastfeeding and work.

“

*When I first asked HR when I was returning, they told me that they didn't have a policy on breastfeeding at work. They didn't really give me any information, so it was just for me doing research myself to find out what I was entitled to, and I had to like, ask for those things. Because there wasn't, like a designated place for me to go and do it, they had to go find somewhere for me*

Lesley, learning support assistant

And there was typically little initiative from the employer side

“

*...at no point did anyone actually say to me, 'would you like to, will you be expressing? What's your plan? How can we support you with this'?*

Freda, GP

*But no one ever came to me and suggested talking about it or asked what I might need returning to work. It wasn't mentioned by anyone.*

Sally, director

And the onus was often on the women to push for what they needed to make breastfeeding work upon return to work:

“

*But I didn't feel particularly supported. I didn't feel like anyone had taken my needs into consideration. It felt like I needed to make it work, in order to achieve my goal of continuing to breastfeed post returning to work.*

Stacey, research fellow

This lack of discussion/initiative at work about infant feeding needs could reflect that typically employers feel it is the employee's responsibility to sort/find out what they

need. Some women felt they were the ones doing the accommodating when it should be the other way round.



*And so, it was a lot of pressure on me rather than actually someone else sorting it for me.*

Cassandra, teacher

*Even though I was quite accommodating, I do think that I shouldn't have been.*

Nora, office administrator

This lack of initiative from the employer side is further highlighted by the fact only 27% (31% among those who had expressed breast milk at work) of our sample who had breastfed upon return to work said their employer had a breastfeeding policy. 37% (31%) did not know if they had one, so even if the organisation did have one it was not always very transparent.



*There's nothing written in any policy when you go back to work about any adjustments that could be made for breastfeeding during that time.*

Jackie, teacher

*They have a family friendly policy. But it's very vague and it doesn't really cover breastfeeding rights.*

Poppy, paramedic

There is also often a lack of awareness and understanding by employers/line managers of what is needed to support breastfeeding employees.



*So, it's not that as though anyone was ever unkind or unsupportive, but just didn't really know what to do*

Jackie, teacher

*The industry I'm in is quite heavily male dominated and I think like some people didn't really understand although the HR lady at my work was very accommodating, she didn't really explain it to other people, so I had a couple of tricky situations where I had to tell people why I wanted the room.*

Carla, financial services

Others felt that the employer simply did not consider/anticipate any needs of breastfeeding employees, again linked to a lack of awareness.

““

*I think I work in a very supportive place, and it's not even been a topic of conversation, but then maybe that's partly the issue is that I feel it wasn't something that they anticipated as a potential request that I'd have and accommodations that they'd have to make*

Stacey, research fellow

There were some examples where there was no empathy/surprise that the respondent was still breastfeeding.

““

*The job is very male dominated and a lot of them are like, why do you even breastfeed? Why don't you just give them a bottle?*

Flora, Sales representative

*I had a couple of people kind of surprised that I was still breastfeeding beyond six months*

Debbie, editor/writer

And breastfeeding is seen as a taboo subject in the workplace:

““

*with regards to the breastfeeding stuff, I simply remember it being a taboo subject like no one could have mentioned it to me.*

Tabitha

## 6.2 Lack of Facilities/Poorly Executed Facilities

As mentioned earlier in box 1, one key requirement, stated by the Health and Safety Executive (HSE), is that employers must provide breastfeeding employees somewhere to rest. However, only 14% of our sample who had continued to breastfeed upon return to work (18% among those who had expressed breast milk at work) knew of a designated place to rest at their workplace. However, 46% said there was a designated room (increasing to 56% among those who had expressed breast milk) for breastfeeding/expressing which will likely meet the 'rest' place requirement, but as we will discuss shortly this 'place' is not necessarily adequate.

Table 5: Where have you ever expressed breast milk/breastfed in your workplace?

	Expressed	Breastfed
A private breastfeeding room	19.5	10.0
Private office/workspace	40.3	31.4
Other private space	21.2	18.6
Shared office/workspace	16.2	35.7
A communal area	10.7	48.6
The toilets	25.8	7.1
<b>Observations</b>	<b>476</b>	<b>70</b>

Source: own maternal experiences survey. Includes 476 mothers who expressed breastmilk and 70 who directly breastfed at their workplace

As highlighted in Table 5, 68% have said they have ever expressed breast milk in a 'private' place (44% among those who have had breastfed) but only 20% said they have expressed in a room intended for breastfeeding (10% among those directly breastfeeding). However, when spaces were provided for expressing breast milk/directly breastfeeding they were often described as inadequate. For example, we heard stories of them not being fully private e.g. people being able to see into them, being interrupted.



*My workplace offered me a manager's office to pump in but I kept getting interrupted, so I ended up pumping in the toilets which was embarrassing.*

Survey respondent

*But, you know, that wasn't a breastfeeding room. It just is a small office room that they let her have with a glass door that she had to turn her back to the door when she was pumped but that was at manager discretion. It wasn't a formal thing. So, if someone booked that meeting room then you'd have to find somewhere else.*

Sally, director

Beatrice's example below is an extreme case but reflects the downsides of not providing a suitable and well thought through place for expressing breast milk.



““

*...pumping at work was quite tough. I had a really bad experience the first day...What I hadn't been aware of was there was a CCTV camera in that room... and then basically I became aware of not quite shouting, but fairly loud raised voices complaining about me using the room and said it was inappropriate use of the room.... So, I basically just hid in the corner pumping.*

Beatrice, journalist

Somewhat concerningly, despite the HSE stating toilets are not a suitable place, 26% (see Table 5) reported they had expressed breast milk in the toilet and 4 respondents even stated they had breastfed their child in the toilet.

““

*I literally used to pump in the toilet. It was terrible...you know it wasn't hygienic. I wasn't saving the milk either, I was dumping the milk, because there was nowhere to store it, really. So, it wasn't a pleasant experience*

Bryony, teacher

In some cases, toilets were even recommended by the employer

““

*Originally, they were like, well, you can go pump in the bathroom. And I said, well, not really, it's so unhygienic. And so, then they tried to find a room*

Ros, applications technician

*Originally they told me I had to use a toilet, but my manager escalated it and they provided a first aid room instead*

Survey respondent

Facilities are not always well executed, potentially reflecting a lack of awareness and understanding of what is needed and what is involved in expressing breast milk. For example, some facilities were inconvenient, geographically spaced out, locked, not easy to access or a multipurpose room (e.g. doubling up as a prayer room/wellness room or a first aid room).



*In theory there are facilities for resting, breastfeeding and storing milk, but these are limited, geographically spaced out and often already in use when you need them*

Survey respondent

*You could use the first aid room. There's like a cubicle with the thing around it but then if a child ever has an incident that you just have to come out which obviously doesn't really work for breastfeeding.*

Bianca, teacher

The inconvenience led to some having to find alternative and less suitable places to express breast milk, such as the car or the toilets.



*I used to pump in the toilet which was more convenient for me and just more discreet for me just to go and do that but was I comfortable doing it, no, you know it wasn't hygienic*

Bryony, teacher

*I was told the toilet is private enough. (Unhygienic) so I pumped in my car on my break.*

Survey respondent

There was also a lack of consideration for those who may need to work outside of their normal place of work and where they may need access to a suitable place to express breast milk/breastfeed.



*The biggest thing I found challenging was people expect me to be to go places when I returned to work. I found it quite difficult and challenging at times to be able to have to ask people, look, I'd love to come to this event, but I need space to go and express. I went to a meeting in London and I had to be very proactive pushing to get a room made available for me to go and express*

Iris, civil engineer

### 6.3 Storage Facilities Concerns

Storing of breast milk and storing it safely is a big source of anxiety. Among those who had expressed breast milk at work, only 13% had stored it in a fridge specifically for breast milk with the majority stating they had stored it in a communal fridge (63%) and 32% having used a cool bag. 10% stated they threw it away.

Some did not feel they understand how to store it properly and even threw it away, as they feared 'poisoning' their child. Therefore, more reliable information is needed on how to store expressed breast milk e.g. how long can it be kept at room temperature,

how long can it be stored in the fridge/freezer, with advice often described as conflicting

“

*Well, obviously with the pumping I was doing it but then I was getting rid of it because of the anxieties of storing the milk. So there needs to be something there to help support woman to know how to store it correctly and what they need to do in advance.*

Ethel, lecturer

There were concerns about the temperature of the fridge and worried about the door regularly being opened.

“

*I actually went and bought my own thermometer because I'm not convinced that the fridge is maintaining its correct temperature*

Gabriella, architect

*The staff room fridge can be opened, you know, 20 times in 10 minutes as everyone comes in and gets their sandwiches. So, I was always a bit concerned about the temperature.*

Freda, GP

Others felt uncomfortable storing it in a communal fridge and more comfortable storing it in a cool bag than in a communal fridge.

“

*I always felt like I had to put it in an opaque box at the back of the fridge and it was always fine, but it just made me feel slightly lcky other people knowing that my breast milk was in the fridge with everyone's sandwiches.*

Freda, GP

*I just used a cool bag, so I didn't have to use the communal fridge.*

June, Student services

*But when I was in the office, I put my milk in the cool bag in the fridge so that it wasn't just on display for anyone to think: Well, what's that?*

Theresa, solicitor

Having a thermometer on the fridge or buying a small separate fridge for storing breast milk our simple ways to alleviate common concerns relating to storing breast milk.

## 6.4 Lack of Time/Breaks

Only 33% (37% who had expressed breast milk at work) said their employer formally offered more or longer break for breastfeeding/expressing breast milk. This may reflect that breaks are not a legal requirement and hence breaks for expressing breast milk and breastfeeding are not normalised. Employers may also not realise how much time is needed to express breast milk (women typically mentioned they required around 30 minutes). A lack of additional/longer breaks put pressure on women to find time to express.



*Difficulty managing time and work responsibilities to ensure I had time to express during the day.*

Survey respondent

*Just because the way that my schedule worked, I didn't have the time to go to walk 20 minutes to where the parenting room was, express for another maybe half hour, then walk back 20 minutes and I don't think anyone ever really considered that.*

Nina, lecturer

Some women commented that they were expected to use their existing breaks which put further pressure on them and their well-being, e.g. they had to fit it round 'eating their lunch'. Ensuring proper nutrition and keeping well hydrated is very important for breastfeeding women and be asked to use existing breaks can compromise this..



*My priority is that to make sure I pump in that time because I haven't got any additional breaks or any additional sort of time. So, it's my lunch hour. Well, it's a lunch 50 minutes. I need to pump in that time, but I also need to make sure that I'm eating and that I'm having the nutrition that I need so that I can fulfil my role as a teacher and be able to do my job, but also enough food and nutrition for myself to be able to breastfeed and to sustain my body. So, it's really hard and I don't have that time and I find it really difficult.*

Cassandra, teacher

*I would need to use my 30 minute lunch break, which would then mean eating became rushed.*

Survey respondent

Even when breaks were permitted some women felt guilt over taking breaks which again may be linked to breastfeeding/expressing breaks not being normalised.



*...even though there was basically no one in the office, I still felt that kind of almost guilt of I've got to take a break because I've got to go and express. And there's no one here and I've worked hard for many hours today but even that 10 minutes. I felt a bit guilty just having 10 minutes or 15 minutes*

*Belinda, social worker*

*there was some guilt for me. It certainly wasn't put on me by my team or where I work. It was on me that I was well, I'll take this as my lunch break because I'm not working, even though work were totally fine with me taking that time to go and express and didn't expect me to take it as my lunch break. To me, it was like I need to because I need to fit all this working into my day still, so that was sort of my own personal choice and guilt that I put on myself, I guess.*

*Anita, project manager*

There are other ways that employers can provide time for expressing breast milk/directly breastfeeding beyond additional breaks (which may be harder in some occupations). For example, they can offer shorter working days (29% stated that their employer did offer shorter working days) allowing mothers to leave early or start late to facilitate breastfeeding/expressing breast milk. More generally 64% said their employer offered flexible working which may support breastfeeding employees as discussed in section 8.

## 7. Impact

We now reflect on some of the physical and mental impacts of combining breastfeeding and return to work reported by our maternal experiences survey and interview respondents.

### 7.1 Health and Safety Issues

The Health and Safety Executive (HSE) state employers must provide employees an individual risk assessment if an employee provide written notification that they are breastfeeding (see box 1). Somewhat concerning, only 31% of those who had informed their line manager that they were breastfeeding had said they then had an individual risk assessment. A lack of risk assessment could put mother's (and their child's) health at risk. Two 'physical' problems that were among the concerns reported in section 3 are reduced milk supply and engorgement/mastitis. Neither of these are explicitly mentioned among the HSE's common list of risks from working conditions for new expectant and new mothers.

30% of our sample reported having had engorgement/mastitis since returning to work, with this increasing to 33% among those who had expressed breast milk in the workplace, A key contributor to engorgement (which increases the risk of developing mastitis) is too long a gap between feeds/expressions, with a lack of time/workplace support barriers to being able to express breast milk/feed when needed. Mastitis can occur at any point but is more common when children are younger, with 35% of those returning when their child was 6 months of below reporting they had experienced engorgement/mastitis compared to 26% among those returning when their child was 12+ months old.



*When I was doing my kit days, we were **so busy**, and we were getting 8 or 9 hours into the shift and we hadn't had break yet, but that meant I was going 10 hours without expressing, so I was in agony. And like my boobs were really full. They were **so painful** and it was just **really uncomfortable**.*

Poppy

*I'd be doing some work, and I could feel it would get increasingly uncomfortable I would be like I just want to finish this thing and then obviously by the time I was like okay, now I need to take a break now... And I did have about, I think 3 bouts of mastitis...*

Belinda

24% reported having experience a reduced milk supply with which is particular a concern and more likely (increasing to 30%) among those who were expressing breast milk for their child (and needed to do so frequently/did not have enough time to do so) and those with younger children

““

*My concern was my supply. And because even though she was six months, she wasn't eating anything solid, so she was reliant solely on milk and at the beginning it was fine, I still had enough. But I found that towards the end my supply did dip because I wasn't able to pump for long enough or frequently enough. I am teacher so obviously break time was my opportunity, and then lunchtime was my opportunity. But the timing didn't quite allow for it. No time to actually do it properly, if that makes sense.*

Violet

*So, really had an impact because I would have days where I would be like breastfeeding all the time and at work, I could really express only once or twice a day. So, it really had an impact. One of my breasts completely, almost no milk in one side*

Janet

Reduced milk supply, other pressures and lack of confidence led to some women giving up on infant feeding plans altogether before they were ready.

““

*I think I was - I don't really want to give up breastfeeding completely. And then there was anxiety as well. So, it's a bit of a mixture of the situation, but also what I wanted ...I didn't really want to give up completely. But I had to in the end because it didn't really work. I tried a few times to pump and my supply just dwindled quite quickly*

Ethel, lecturer

*So, I just had to stop expressing to be able to go to meetings and to go into the office when needed...it's just causing me so much stress and so I stopped that a lot earlier than I would have liked to, but yeah, which was a bit disappointing.*

Lorna, digital business analyst

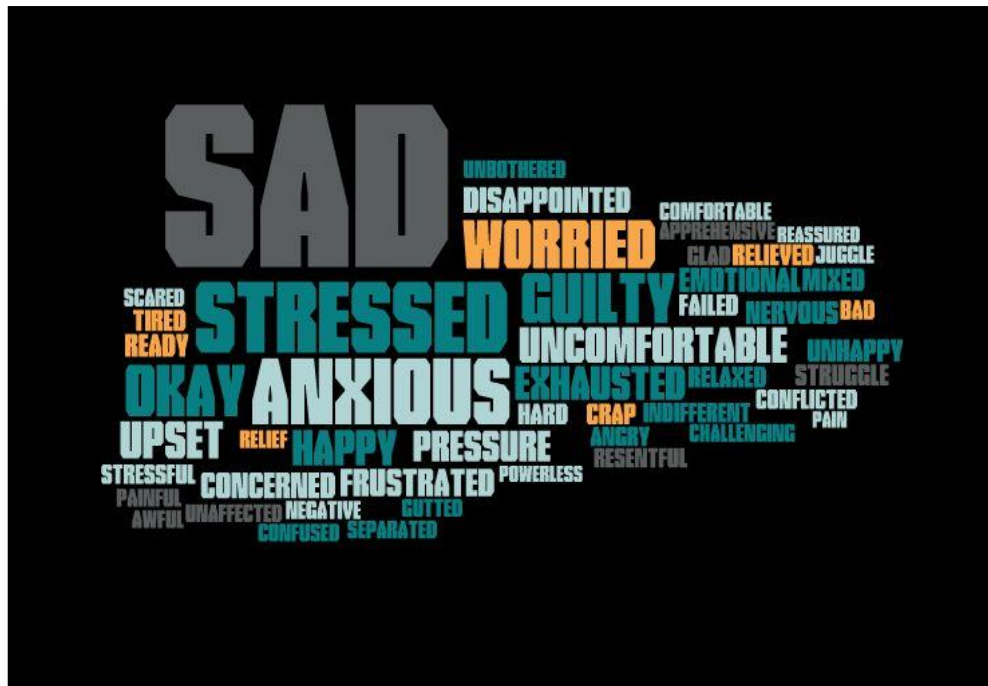
*And eventually we also switched to bottles sort of completely and I stopped because I just felt like I wasn't producing enough for him. And I don't know if that was true or not, ...but returning to work definitely kind of, changed my confidence in my ability to like feed him because I didn't feel like I was doing a good enough job anymore.*

Madeleine, research analyst

## 7.2 Mental Well-Being

We asked women in the maternal experiences survey who had made changes to the way their child was fed how it made them feel. The key emotions are summarised in the word cloud in Figure 4. Whilst there are some positive emotions and for some they were 'fine', 'okay', the vast majority reported negative emotions.

Figure 4: Word Cloud of how changes to the way their child was fed made women feel



Source: Own maternal experiences survey, responses from 456 women who changed their way their child was fed

The most frequently reported emotion was sad followed by stressed and anxious. All emotions which may be naturally tied to returning to work, regardless of infant feeding decisions but may be worsened by the added stress of making changes to feeding practices.

### *The Breastfeeding Journey*

Some in the survey felt relief/comfort that they could continue providing their child breast milk and that it was a way to reconnect with their child when reunited. Demonstrating the importance and potential benefits for mother and child well-being of supporting women to continue to breastfeed should they wish to.

“

*I'm relieved that he can have breastmilk still whilst I'm at work I breastfeed at bedtime and overnight and during the day at weekends.*

*Relieved that I had breastfeeding to reconnect with my baby*

Survey responses



Whilst others in the survey felt returning to work helped with their breastfeeding journey as it provided a routine/goal

“

*I wanted to stop feeding at 12 months so going back to work at 9 months helped me gradually do this.*

*I was happy that going back to work gave me a goal to have my child weaned onto 3 meals with only a bedtime feed remaining*

*I was happy to make these changes as it worked for me and felt like the right time. But I likely wouldn't have made them if I hadn't returned to work.*

Survey responses

For others it was just a welcome break from breastfeeding or helped established a more 'manageable' routine.

“

*I was happy to be breastfeeding less.*

Survey respondent

*It's good to have a break from the baby because it's very intense breastfeeding*

Gabriella, interior designer

Which for some even prolonged their breastfeeding journey for longer than if they had not returned to work:

“

*Yeah, because I was 100% getting to the end of my tether by a year in with my first child. And it may be because he was very demanding in that sense. Like I said, my second child wasn't anywhere near as much, but second baby as well was just ready to get back to work anyway because I knew what kind of routine it would bring. But yeah, I would say that it allowed me to carry on rather than feeling like I've got to stop, can't cope with this anymore.*

Kayleigh, sales representative

Guilt was a frequently reported emotion in relation to changes made to the way their child was fed/the type of milk given:



*I felt guilty for not giving my baby the best like exclusively breastfeeding for 6 months*

*I felt guilty for wanting to feed with a bottle*

*I feel guilty that my child goes without feeds for 9 hours whilst I am at work and has to rely on food and water.*

Survey responses

*So maybe sometimes I felt like I wanted to compensate a little bit for not being there and not getting her to have had breast milk during that time and something maybe for the first one to two months, I did feel guilty.*

Nina, lecturer

### *Strain of Expressing Milk*

Many felt expressing breast milk was a chore, and they would have preferred to provide breast milk directly, and added further pressure to returning to work:



*Expressing milk was a chore, I hated it*

Survey respondent

*Expressing is just not fun. I'm a dairy farmer's daughter, but you do literally feel like a cow when you're hooked up to a pump that's making the noise. I know there's wearable pumps and all that fancy stuff, may well be better, but who knows. Being plugged into the wall and having to sit there like you literally a cow is not fun at all for anybody.*

Anita, project manager

*I'd much rather be breastfeeding her straight from the source. I really hate pumping. I detest it, I find it so frustrating because I kind of find hard because I'm kind of doubling up the work.*

Cassandra, teacher

Continuing to breastfeed and/provide expressed breast milk led to women putting pressure on themselves in order to make things work, ensure their child was getting enough breast milk.

““

*So, I think there was a lot of pressure on me that he would continue to be breast fed. For me it was a little bit stressful because I put all of this pressure on myself and but now, I'm really proud of myself.*

Mandy, breastfeeding support worker

*I think it did put a little bit of pressure on me because I found that I had to probably feed more often than I would normally feed when I was with her because I didn't probably get as much milk pumping as I would if I'd just been there and fed her*

Carla, financial services

### Reverse cycling

Balancing expressing breast milk within the working day was one source of tiredness, but another source is reverse cycling where children make up breastfeeds in the evening and night. And for some who were feeding around working hours they were 'invisible' to their employer, as their line manager/employer were not aware they were breastfeeding. 84% of those who had expressed breast milk and/or directly breastfed during breaks had informed their manager they were breastfeeding, compared to only 47% who had not. The main reason why respondents did not inform their manager (reported by 72%) was 'they did not think their manager/employer needed to know'.

““

*Was exhausting feeding overnight multiple times and being at work*

Survey respondent

*Initially it was hard because she was reverse cycling and feeding more at night to make up for missing me during the day. And that was just an adjustment period that we had to go through. But yeah, it was hard*

Anita, project manager

*And when you are getting broken night's sleep and you are very tired, it's hard and it affects your emotional wellbeing because your resilience is less because you're just exhausted the whole time. And then you've got a classroom full of children who are also demanding and need you.*

Jackie, teacher

## 8. Positive Experiences: What worked well?

Among women who described their experiences as generally positive overall there were some factors that made a difference which we discuss in this section.

### *Charities and breastfeeding support groups*

Several mentioned they had attended workshops, support groups or received advice/support from charities to help them to prepare for return to work and to understand what to expect, the 'logistics' and how to manage combining breastfeeding and paid work. All frequently mentioned worries prior to return.



*What really helped was I did a returned to work Breastfeeding Workshop with the lactation people, it was the lactation centre, I think. That really did help me a lot, and it was like a little workshop we did on zoom and that gave me a lot of useful information about sort of going back to work like sort of getting used to expressing and things like that. So that definitely helped.*

Lydia, dental nurse

*I joined a few of the La Leche league like kind of group meetings that they do for my area and there were quite a few people that kind of did their return to work experiences which were quite helpful about, you know, the ways in which you kind of manage it.*

Terri, senior manager

*I got support from elsewhere about feeding and continuing to feed. Like the Breastfeeding Support Network, I approached them when I was thinking about returning to work asking questions about the logistics of returning to work and the challenges.*

Iris, Civil Engineer

Others obtained support from online groups, particularly Facebook group. Hearing experiences of others can give some mothers confidence, and again can reduce the pre-return anxieties mentioned in section 3.



*But I was confident after reading all these experiences from other mums from this group called breastfeeding Berkshire and the other group, another Facebook group called Breastfeeding Older Babies and again everyone had so much advice about what to do that I felt fairly confident that it would work out okay.*

Noreen, statistician

### *An official workplace policy*

Mothers felt having a formal workplace policy helped both them and their line manager. The policy in Mandy's example below incorporates breaks, workplace provisions, as well as allowing flexibility, which we discuss next. Importantly the policy mentioned for the 'length of time breastfeeding' which is important as there is a wide variation in the length of time breastfeeding. In our survey the duration of months breastfeeding for those who continued to breastfeed upon return to work ranged from 6 months to over 5 years.



*So, we have an official breastfeeding policy, so the policy states for the length of time you are breastfeeding, I have an hour a day paid and I can use that however I want so I could use it 15 minute blocks, half an hour blocks or the full hour to express or breastfeed. So, to go home and breastfeed, if you wanted to or just to rest. We have a room available if wanted a private room and fridge available for the milk.*

Mandy, breastfeeding support work

### *Flexibility and Breaks*

Being allowed time and flexibility to express breast milk/breastfeed as and when needed were very much valued. Examples included being allowed to work from home, leave early/come in late and be able to take a break whenever needed. The key thing was being able to make the decisions themselves to suit their needs.



*Work was brilliant, they let me have a break for expressing which was great*

Daphne, customer service manager

*My employer allowed me to decide what worked for me in terms of breastfeeding/expressing/breaks and home working*

Survey, respondent

Gail's case below is an example where the employer went above and beyond by paying for and allowing her child to travel with her so she could continue to feed him. Not being able to travel for work purposes was often mentioned as a drawback of combining breastfeeding and paid work.



*I went to two conferences and kind of an international workshop, but because my husband was able to travel, and I was able to get work to contribute towards the additional cost of my husband and my son coming with me and he just came with me, and I just fed him*

Gail, lecturer

### *Enhanced paid leave*

We know from section 4 that most women return to work for financial reasons. And several women mentioned that what really helped them was enhanced paid leave (including in some cases for both parents) as this gave them the time and breathing space to be able to feed their child in the way they wanted.



*Shared parental leave with equal enhanced pay for both parents, both me and my husband took 26 weeks full pay*

*I was lucky to have maternity pay enhanced 3 months and then stat pay. 10 months off to be with my baby is amazing really. I couldn't think of leaving my baby after a few weeks and going back to work quickly for finance reasons. Must really impact on how you feed your baby*

Survey, responses

### *A phased return*

Some mothers returned using a phased return (returning a few days a week and then increasing to their full days) which they mentioned give them time for their body, themselves and their child to adjust. However, most were required to use annual leave to do this which could reduce the amount of full time leave they could take.



*I came back to work when he was about nine months old. Mainly because I wanted to do a really gradual phased return to work. Because I was still breastfeeding, I was nervous about being away from him so much. I used KIT days and holiday and stuff to spread out my return to work so that it was kind of a slow and as long and as gradual as possible.*

Thersea, solicitor

*I think I did 2 days and used annual leave and then kind of went up to my full three days to try and stagger a bit the supply adjusted and I kind of got more used to it.*

Flora, sales representative

## *A supportive line manager*

On the whole survey respondents felt supported by their line managers with 71% saying they felt (fully or fairly well) supported by their line manager/employer. 80% felt supported by their colleagues. Often line managers can make the difference and can contribute to a positive experience



*I found that my firm has relevant policies in place and on paper looks like it would be supportive but in reality it depends on your individual team/line manager.*

Survey respondent

*My line manager was very supportive of that and I primarily worked from home, so that's quite straight forward. My line manager said just let me know what time you need block it out in your diary. You know, just let us know if you need anything else. So, I found that you know, she was a really good support.*

Terri, senior manager

*I think people understood. My line manager at the time had had babies just a couple of years before me. I don't think she breastfed actually but she knew a lot about it, and she was a very good line manager and I think she could see that it was important to me to do this. I didn't feel that I had hide where I was going from anyone. Everyone knew what I was doing when I got the key and went off for my break.*

Olive, library assistant

## *Self-resilience, confidence, assertiveness*

For some women, it was clear that they relied on themselves and their own strength / determination to 'make it work'.



*I was very determined and stubborn, which is needed to make it work there was no question in my mind that I'd carry on breastfeeding when I returned to work.*

Anita, project manager

*I was just really eager to make sure that my milk supply didn't suddenly drop because I was overly stressed with work. I'm just quite an assertive person and my manager knew that*

Paula, civil servant

However, there was recognition that others may have less confidence or assertiveness to ask for what they need:

““

*I am quite confident. I wouldn't let anything get in the way of my baby needing milk. Even if I had to stop and just sit on the curb side, I would do that. But not everybody would.*

Sheila, yoga instructor

*I feel like I was too casual about, in hindsight now, looking back, it's crazy to say, well, why didn't I demand this? Why didn't you demand that? But I didn't know, I was just so anxious about going back to work. You just want to go under the radar. You just want to get on with it and not make a fuss.*

Bryony, teacher

### 'Luck'

The words 'lucky' and 'fortunate' were often mentioned in both the interviews and maternal experiences survey. Potentially infant feeding distances an individual for the so call 'ideal worker' norm (a worker who is perceived as committed to their job and long hours without the distraction of other responsibilities), and hence a feeling that they should feel grateful that they are not being penalised. Again, this implies that the responsibility is on the employee rather than the employer.

““

*I count myself as lucky. I know I shouldn't have to use the word lucky, but I do still. My direct line manager and the senior management above her were massively understanding, they've got young children themselves. My line manager is also a mum of young children who breastfeed, so it wasn't an issue for me to raise it as a return to work question at all. It was just I'm still breastfeeding so it was a non-issue really.*

Anita, project manager

However, there was a recognition that luck should not be involved and breastfeeding and combining work should be normalised.

““

*Well, I already know the legal requirements of the workplace because of my job and so my manager wrote our breastfeeding policy as well. I guess there will be some people in other types of jobs that are maybe reluctant to support breastfeeding, but I'm very lucky. But I shouldn't be lucky, this should be normal.*

Mandy, breastfeeding support worker



## 9. The Wish List

We asked women in both the survey and the interviews what would have helped support them better with combining breastfeeding and return to work and what would they have liked. The most common responses were:

- ❖ A workplace conversation, initiated by their employer/line manager
- ❖ A formal workplace breastfeeding policy
- ❖ More flexible working options
- ❖ A phased return to give time for them (and their bodies) and child to adjust
- ❖ Better workplace facilities and provisions
- ❖ Longer better paid leave
- ❖ Greater awareness for employers of what is involved in breastfeeding /expressing breast milk
- ❖ Training/awareness of the law in relation to breastfeeding and the workplace
- ❖ Mentoring and greater emotional support in the workplace

## 10. Recommendations and Next Steps

In this section we discuss some recommendations to help improve the experience of women wishing to continue to breastfeed upon return to work, with the aim to improve maternal well-being, health outcomes and the workplace experience of mothers.

### 10.1 Legal/policy recommendations

#### *Better legal protection*

To limit risks to breastfeeding employees' health, safety and well-being effective legal protection should be put in place. Potential areas for improvement include introducing entitlement to breastfeeding/expressing breaks (adhering to the International Labor Organisation standards) and ensuring risk assessments are adequately conducted. The Health and Safety Executive (HSE) should explicitly include reduction in milk supply and engorgement/mastitis among their list of common risks to expectant and new mothers.

#### *Encourage a formal breastfeeding policy*

To support both line managers and employees, organisations should be encouraged to have a formal breastfeeding policy which outlines robust procedures (relating to facilities, breaks, flexible work options etc.) to support breastfeeding and provides timely information and communication. Guidance should be provided to organisations to help draw up such a policy.

#### *Better regulation of workplace provisions*

Better regulation is needed to ensure firms provide adequate facilities and provisions, in line with the recommendations by the HSE. This regulation should ensure women are not breastfeeding/expressing breast milk in the toilets and are provided with somewhere that is fully private and hygienic (or alternative arrangements are made) and have somewhere safe to store milk.

#### *Longer paid parental leave provisions*

More generous and longer paid leave gives families more choice and allows mothers to return when child is older if they wish, as many return for financial reasons. Combining breastfeeding and return to work is often easier when the child is older upon return. Breastfeeding should be considered when reviewing shared parental leave policies

#### *Training and raising awareness for line managers/HR decision makers*

Line managers and employers have a duty of care to their employees but often organisations do not have the knowledge, awareness and guidance to be able to fully support their breastfeeding employees. Therefore, it is important that organisations

and line managers are given adequate information, training and guidance on how to support breastfeeding employees.

## 10.2 Good Workplace Practice

Whilst better legal protection (such as legislation around breaks and better health and safety protection, regulation of facilities) would provide a foundation to support breastfeeding employees, there is more that employers can do to further support breastfeeding employees and their well-being. In most cases what is needed is not a huge burden on employers and is likely to apply to small number of employees/will only be temporary. And at the same time is likely to also benefit the employer. Examples of good practice employers can adopt include:

- ❖ Have a clear transparent breastfeeding policy which provides information to both the employee and line managers. For example, this policy should consider possible adjustments/changes to working conditions, breaks, flexible working options, facilities available, all which can help facilitate combining breastfeeding and paid work
- ❖ Share workplace information on provisions for breastfeeding employees and facilities as early as possible e.g. before parental leave, to allow employees to make informed choices and to help reduced pre-return anxiety in relation to infant feeding
- ❖ Initiate a conversation with the breastfeeding employee rather than waiting for employee to approach them to discuss needs/concerns – the earlier the better
- ❖ Ensure risk assessments are taking place for breastfeeding employees – and consider adjustments/measures to safeguard employees
- ❖ Ensure there is somewhere private and hygienic that employees can express breast milk/breastfeed their children – if this is not possible consider alternative arrangements to allow breastfeeding employees to express breast milk/breastfeed their child should they wish to e.g. allow working from home/shorter working days/longer breaks
- ❖ Provide safe storage facilities – ideally a separate fridge but at the very least include a thermometer on a fridge
- ❖ Provide greater awareness/training/information for line managers to support them with managing breastfeeding employees

### 10.3 Next steps

This report has introduced some early findings from our Maternal Well-Being, Infant Feeding and Return to Paid Work. There are some important areas to explore in more depth and we plan to explore the following in future analysis:

- ❖ Understand how experiences differ by sub-groups and job characteristics such as sector (public, private), industry and type of job (occupation)
- ❖ Explore the lived experience of those who stopped breastfeeding before they returned to work
- ❖ Explore the employer and line manager perspective (based on HR decision maker and line manager surveys, alongside employer focus groups)

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