

Maternal Well-Being Infant Feeding and Return to Paid Work

Technical Report 4: Maternal Experiences Interviews

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The Nuffield Foundation is an independent charitable trust with a mission to advance social wellbeing. It funds research that informs social policy, primarily in Education, Welfare, and Justice. 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.

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1. Maternal Experiences Interviews and Focus Groups

1.1 Interviews

Respondents to our survey were asked if they would be interested in participating in an interview and to give their consent to us contacting them. Any contact email address were kept separate from their survey responses and only used to contact them in regard to interviews. Those who had indicated interest in participating in an interview were contacted in April 2023 and given the option to select if they would like to take part in an interview, focus group or both. We collected some basic information (whether they had returned to work, whether they continued to breastfeed upon work, occupation, sector and some basic demographics) to aid us in selecting participants to ensure we captured individuals from across a range of sub-groups.

Those who were invited to an interview were sent an information sheet and consent form (see Appendix 1). Interviews took place on MS Teams and were recorded for transcription purposes. Recordings were destroyed once transcription had taken place and interviews were fully anonymised and participants were given a pseudonym.

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. We did 6 follow up interviews with those who had not yet returned to work (4 of which were first time mothers) after they had returned to work. Interviews took place between May 2023 and April 2024, and follow-up interviews took place between May 2024 and August 2024.

We collected responses from a range of characteristics:

- 31 first time mothers
- 45 with a University degree
- 8 from a minority ethnic group
- 28 were under 35 (the majority 25-34) and 34 were over 35 (the majority 35-44)
- 9 returned when their child was under 6 months, 18 at 6-8 months, 20 at 9-11 months and 15 at 12+ months

We captured experiences from a range of sectors and also oversampled those in teaching occupations, higher education and health occupations to enable small case studies in these sectors. These sectors were identified as sectors where mothers were more likely to be observed breastfeeding upon return to work, and there was some evidence from the Maternal Experiences survey that those in education and health sectors experience greater difficulties combining breastfeeding and work. We had an over-representation from the public/other sector (36 compared to 26 in the private sector) owing to the fact those who continued to breastfeed were more likely to be

observed in the public sector but also due to over-sampling of the health and education sectors.

The sector distribution was as follows (the full list of occupations can be view in Appendix 5):

- Health sector: 11 interviews
- Education below higher education: 9 interviews
- Higher education: 9 interviews
- Public administration (central and local government): 6 interviews
- Charity and social work sector: 4 interviews
- STEM sector: 4 interviews
- Business and professional services: 12 interviews
- Other services: 7 interviews

Interview were targeted to be around 30 minutes and ranged from 10 minutes to 49 minutes with an average length of 26 minutes. The core questions asked in interviews can be found in Appendix 2.

1.2 Focus groups

To obtain further insight and as a complement, we undertook some focus groups. The interaction component of focus groups can draw out more nuances and hearing from other participants may allow participants to consider/draw on the things they may not have done so in an individual one to one interview. We undertook 8 focus groups in November and December 2023, and respondents who had selected the option of a focus group (see Section 1.1) were given the option of which focus groups they wanted to participate in. Focus groups took place on MS Teams and were recorded for transcription purposes. Recordings were destroyed once transcription had taken place and focus groups were fully anonymised and participants were given a pseudonym We undertook the following focus groups:

General focus groups:

1. Continued breastfeeding upon return to work – 9 participants
2. Stopped breastfeeding before return to work – 4 participants

Themed focus groups:

3. Experiences of single mothers – 2 participants
4. Experience of NHS workers – 1 participant
5. Experience of those in teaching - 2 focus groups (1 and 4 participants respectively)

We also undertook 2 focus on the co-design of resources with 4 and 3 participants respectively.

Focus groups ranged from 21 minutes to 68 minutes with an average length of 45 minutes. The information and consent form can be found In Appendix 3 and the underlying core questions asked in each focus group can be found in Appendix 4.

1.3 Analysis of Interviews and Focus Groups

Interviews and focus groups were coded and analysed through thematic analysis, using the NVIVO software. Interviews were further analysed using linguistic tools (discourse analysis) and the Sketch Engine software. Further details of the applied linguistic (discourse) analysis can be found in Section 2.

1.4 References

Clarke, V., and Braun, V. (2017). Thematic analysis. *The journal of positive psychology*, 12(3), 297-298.

2. Proposal for open, inclusive and productive conversations to support infant feeding decisions upon return to work

2.1. Introduction

A predominant theme emerging from qualitative responses in the survey and the interviews is the lack of clear and effective communication regarding support for mothers on infant feeding decisions upon their return to work. Often, this crucial topic is minimally addressed or overlooked entirely in discussions with employers, including line managers and HR. Consequently, many mothers find themselves without knowledge of available support mechanisms, leading to adverse effects on their mental and physical wellbeing. In some cases, this lack of support has forced mothers to stop breastfeeding or reduce their work hours or exit paid employment altogether, significantly impacting their financial situation and career progression.

Therefore, this report strongly advocates for the introduction of a workplace policy that actively supports breastfeeding mothers. However, instituting such a policy is only the first step. It is equally vital to ensure that the policy is actively communicated at relevant points of time and not merely a document that sits on a shelf. Effective communication about infant feeding and the transition back to work must be integrated throughout the cycle of maternal support. Yet, this is not an easy task as it is often fraught with embarrassment, awkwardness, and unexpectedness which effectively silence the matter as reported by our interviewees (see below).

Based on the analysis of issues around communication reported in the interviews, this section outlines a proposal for more open, inclusive and productive conversations concerning discussions about infant feeding and related practicalities before and after returning to work to assist both returning mothers and managers.

2.2 To Tell or Not to Tell or How to Tell?

Despite breastfeeding being a natural biological function and capacity, it remains a topic fraught with ambivalence and moral judgments - perceived as either insufficient, excessive, or altogether taboo. Typically, when a woman communicates her pregnancy to her employer, a formal process begins where statutory maternity policies are discussed, and health and risk assessments are conducted. While women are generally well informed about their statutory rights and how these are implemented within their specific work contexts, discussions about infant feeding are rarely initiated before or after their return to work.

This analysis focuses on communication aspects related to the transition back to work, especially the challenges women face when discussing infant feeding. Based on the frequent use of specific nouns and verbs used in the interviews to talk about the communication process (see Table 2.1), we explore how issues of breastfeeding and expressing milk are addressed or ignored. We examine the reasons behind this communication gap and the solutions proposed by the women themselves. These insights have informed the development of a Communication Plan designed to facilitate open discussions about infant feeding needs to assist both managers and returning mothers in conducting these important conversations.

Table 2.1: Communication words in the qualitative interviews

Nouns	Verbs* ¹
conversation/conversations (101) discussion/discussions (28)	say (885) tell (222) ask (196) talk (155) speak (79)

One of the most frequently used verbs related to communication in the responses was 'say' (including its forms 'says' and 'said'). This verb inherently requires a speaker (grammatical subject) and often a message and/or a recipient (grammatical objects). An analysis of its most common collocations reveals that the primary speakers in women's narratives were typically managers, bosses, friends, and doctors, as illustrated in Figure 2.1. The content of what was said often involved vague terms such as 'anything', 'something', or 'nothing', and was frequently modified by 'no', 'just', 'probably', and the interjection 'ohh', which is a marker of surprise. This suggests that conversations frequently lacked substantial content and that breastfeeding needs often emerged unexpectedly, rather than being acknowledged as a regular aspect of motherhood.

¹ Some of the verbs were used by the interviewers as well when asking questions (can you tell me more). The analysis focuses only on responses.

Figure 2.1: Visualisation of the most frequent collocations of 'say'²



Infant feeding topics were seldom brought up or were only mentioned in passing, such as during brief encounters in corridors, and discussions about support mechanisms were rare. The following quotes exemplify these points:

1. I think it had been a couple of months and I was still pumping, and my manager said Ohh are you pumping? And I said, yeah, I am, she said. Oh well done. And that was like in those terms, supportive as saying, you know, well done, but it wasn't like did you know you, you could do this, this, and this? It was a yeah.
2. There is a breastfeeding policy and it says the employer will support breastfeeding mothers on their return to work and make arrangements for expressing and so on and so on. But they didn't actually say anything I mean, they didn't say you can't do that but neither did they make it easy for me to say and I felt like I couldn't say I'm going to continue expressing
3. Like my line manager literally said hi and that was it.
4. 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? I know that the law **says** that I have a right to do it so I knew that exists. But the only time it was ever mentioned was when I plucked up the courage to say to the boss in the corridor, when I popped in with the baby to pick up a new laptop, to say will

² The larger the word and the closer it is to the target word ('say'), the stronger the association.

it be okay if I put my milk in the staff room fridge. Will anybody mind that? And she said ohh, I just don't see why anyone would mind that. And that was it.

Women expressed the need for infant feeding to be addressed explicitly upon return to work:

5. And I think if somebody had explicitly **said** to me, like, HR or in the induction or something, like are you breastfeeding, is there anything we can do to support you? I think like if you don't have to be the one that brings up that conversation, that would be so useful.
6. carrying a pump into work as well, it's really awkward and spectra like, they're huge. It would have been incredibly difficult for me to do that. And I just don't think I would have carried on particularly without someone **saying** to me, like, is there anything we can do to help? It wasn't a commonly spoken about thing.

Patterns similar to those found with the verb 'say' also emerged when analysing the use of 'tell', 'ask' and 'speak' in the interviews. A significant revelation was the lack of proactive inquiries about breastfeeding and expressing needs. Even a simple question about a mother's wellbeing or her needs during this period could have alleviated some of the stress and emotional challenges that women have been facing:

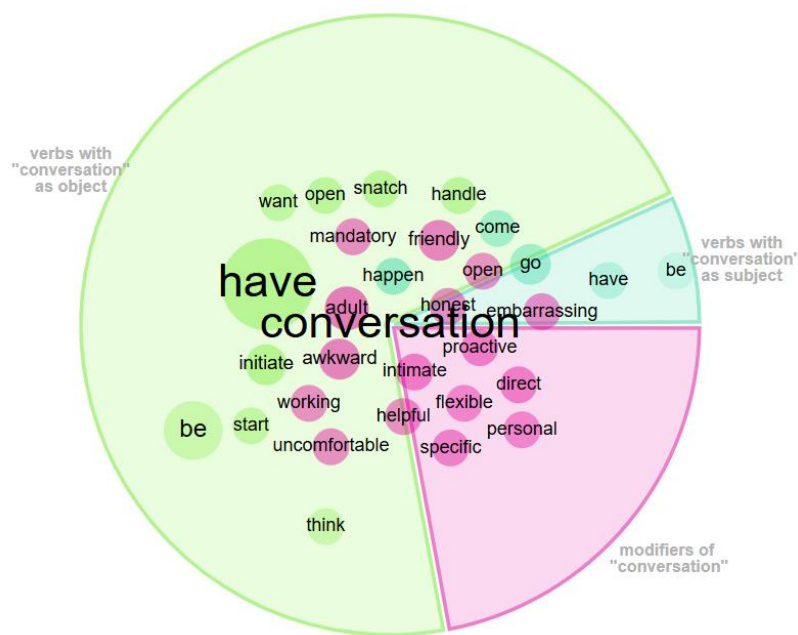
7. I was barely **asked** anything about maternity or how any of it went. And I think even from a breastfeeding point of view, I think it's important to ask a mum how they are, like literally how are you. And yeah, I wasn't asked any of that
8. I was never ever asked. Are you still breastfeeding? Do you need anything put in place? I was never asked any of it at all, so I felt quite a pressure upon returning and I didn't really know what to do, so I purchased the LV pumps and sort of just pumped at my desk when I was either sort of on lunch or just sort of around my workload really. So, I thought, I guess I was paid, but I didn't actually tell my boss that's what I was doing as well.
9. No one ever **asked** me anything. If I needed support, I have a very, very laid back manager so I have no doubt if I'd have asked him for support he would have found a way to accommodate me. 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.
10. if there was just a manager or even if they didn't have a direct conversation, even if they had like a template sheet, they could send you that would, like, **ask** anything that you feel might be beneficial such as base to pump time to pump, you know, possibly going in a bit later so you could feed the baby in the morning before you have to go on the train, just things like that would make such a huge difference.

The communication verbs were often modified by terms such as 'never', 'barely', 'ever' and 'really' highlighting the pervasive silence around the topic of breastfeeding and/or expressing. This silence is not solely due to managers' reluctance to address the issue; returning mothers themselves often feel disempowered and hesitant to initiate discussions due to the awkwardness they anticipate the topic might provoke:

11. You've got to let them know you can pump; you can leave milk. No one really **speaks** about that and then you feel bad for doing it, but actually everyone's doing it. Just no one's telling you about it.
12. I guess I was a little bit embarrassed about it, so I **never** told them. I don't know if they knew

The communicative challenges surrounding breastfeeding and expressing were prominently highlighted by the frequent use of the word 'conversation', mentioned 101 times. Women appreciated the return to work as an opportunity for adult conversations with colleagues. However, discussions about breastfeeding often turned into exchanges that our interviewees described as 'awkward,' 'uncomfortable,' or 'embarrassing' (see Figure 2.2). These situations typically required women to explain to other employees what they were doing, i.e., breastfeeding and why they needed an extra break or private space etc. The need to explain to others the needs of a natural maternal activity demonstrates that breastfeeding is not a normalised practice in the workplace and that it is perceived as out of place in this context.

Figure 2.2: Visualisation of the most frequent collocations of 'conversation'



13. oh this is why she's using the room because I was carrying bottles of milk and putting them in the fridge at work, so it was obvious to some people. They would have guessed why I was doing it so they could have just told everyone or even asked me if I was comfortable for them to tell everybody before they decided not to tell everybody. I just thought it was a bit silly and I ended up having those really awkward **conversations** when really they should have just sent an e-mail and let everybody know, and then I wouldn't have had to do that.
14. To be honest I had quite a few embarrassing **conversations** which made me feel a little bit unsure. I was just embarrassed and I felt a little bit of a pain, to

be honest by certain people, and I think maybe just because they didn't understand or whatever or hadn't been explained why I needed the specific room that I needed. So yeah, It wasn't the most comfortable time.

At the same time, there was a pronounced desire among several interviewees for more open and supportive conversations. These would have made the situation less awkward, more manageable, and more comfortable, helping to normalize the experience of breastfeeding for mothers returning to work, as well as for employers and colleagues.

17. not feel embarrassed about things like storing the milk in the fridge and having that conversation with people. Because I do think it is really important that people see it and understand it. And you know, maybe opens **conversations** with other people in the office if there's breastmilk stored, that kind of opened dialogue
18. I think on the return to work actually having that **conversation** . And. I don't even know what you are entitled if you are breastfeeding. I have no idea.

Several interviewees stressed that returning mothers need to be proactive and articulate their needs early on, whether through face-to-face discussions or in writing:

17. So if you can have that **conversation** before you come back to work before you're already in the middle of it and all stressed out. That's the most important thing to do that you can prepare, and by the time you return to work, you've already got that plan and then it's a lot easier.
19. I'd much rather be like, right? So I want to continue breastfeeding. How are we going to make this work? What's the advice? What's the guidelines for us like? What can I be doing now?
20. And also just having that **conversation** with your manager. And if you feel hideously uncomfortable, you know, if you've got a very uptight male, maybe manager, maybe put it down in an e-mail first and then say you want to talk about it
21. I think having the confidence to ask those questions. Obviously, we expect the employer to do it, but we're still not at that pace where they are asking those questions. So sort of having those **conversations** around, you know I am breastfeeding, I need this, can you accommodate this. Just asking those questions and sort of not being afraid to ask those questions,

Additionally, some suggested that these conversations could be better facilitated by someone other than the direct line manager who might be a designated person to address infant feeding like a buddy system:

1. If you had someone who regularly handles these **conversations**, you'd feel less pressured. It would've been helpful if someone asked me what I needed, like when would be ideal to express milk, or if I needed extra breaks [...] Those kinds of conversations with someone objective would've been wonderful

2.3 Summary and Recommendations for the Conversation

The analysis reveals a pervasive discomfort and lack of open communication about breastfeeding and expressing milk in the workplace. Many returning mothers experience these discussions as awkward or embarrassing, leading to a sense of isolation and secrecy around breastfeeding. Conversations about breastfeeding are infrequent and typically occur only when mothers take the initiative. This lack of proactive engagement from managers or HR staff leaves mothers feeling unsupported and uncertain about their rights and the accommodations available to them. There is a clear need for more open but at the same structured and empathetic communication that normalizes breastfeeding and provide clear, actionable support for mothers returning to work.

Communication Pathway

For workplace conversations about breastfeeding and infant feeding to be productive, respectful, and comfortable, it is essential to consider not only what is discussed but also how, when, where, and by whom the conversation takes place. The tone, setting, and timing all contribute significantly to how the conversation is received and how successful it is in meeting both the employee's and employer's needs. Based on our research, effective communication with employees on return to work should aim to be:

- **Timely:** Conversations should start early, ideally before the employee goes on parental leave and before the employee returns to work.
- **Ongoing:** Regular check-ins help ensure support remains relevant as circumstances change.
- **Structured and recorded:** A degree of formality helps signal that the topic is recognised, valid, and taken seriously. A short written summary can act as a record for follow-up conversations.
- **Empathetic:** Managers should approach the discussion with understanding and openness.
- **Empowering:** Employees should feel safe to express their needs regarding space, time and facilities without fear of judgment or negative consequences.
- **Well-supported:** Both managers and employees benefit from having clear tools, frameworks, and language to guide the conversation, whether spoken or written.
- **Transparent:** All staff should be made aware of relevant workplace policies and available support so that expectations are clear and consistent.

1. Time

A key finding from our research is the importance of starting conversations about breastfeeding and return-to-work plans early, ideally before the employee returns to work. Early dialogue helps to reduce anxiety, enables more effective planning, and signals that the employee's needs are understood and supported.

We recommend a structured, three-stage conversation plan, which can be integrated into existing touchpoints such as maternity leave planning and KIT days.

- *Conversation 1: Pre-Maternity Leave Planning*
A meeting held before maternity leave to explore the employee's initial thoughts and preferences regarding infant feeding, flexible working, and any anticipated support needs. This is also an opportunity to outline available policies and facilities.
- *Conversation 2: Mid-Maternity Leave Check-In*
A supportive check-in during maternity leave, for example as part of a KIT day, to revisit plans, share updates, and discuss a plan of support upon return.
- *Conversation 3: Return-to-Work Discussion*
A more detailed conversation shortly before or just after the return to work, to confirm what support is needed, and discuss and agree on relevant practical arrangements (e.g. breaks, facilities, flexible working hours). A follow-up check-in a few weeks later is also recommended, once the employee has had time to settle back into work and establish a routine with their child.

2. Place

It is crucial that conversations about breastfeeding and expressing milk at work maintain a degree of formality. This formal setting helps clarify the context and the support available, enabling women to understand their options or request additional help as needed. Rather than a casual chat in the corridor, these discussions should take place in a designated office or meeting room. To ensure these conversations are properly documented, minutes should be taken - a brief summary of the key points discussed. This record not only confirms that the conversation took place but also serves as a reference for any agreed-upon actions or support measures.

3. Participants

It is essential that the conversation about breastfeeding and expressing milk is led by someone with line management or HR responsibilities. However, the line manager may not always be the best fit for this role, particularly if they are male or if their experiences and perspectives differ significantly from those of the returning mother. In such instances, an HR representative or a specially designated 'buddy' or a

mentor could provide a more suitable alternative for these discussions. Additionally, maintaining a record of these conversations is beneficial; it not only ensures that the discussions are recognised formally but also helps returning employees articulate follow-up actions effectively, such as addressing specific needs with their line manager.

4. Tools

To facilitate meaningful conversations between managers and employees, it is crucial to equip both parties with the appropriate tools and language. These tools can include a comprehensive workplace policy on breastfeeding and expressing milk, a checklist derived from this policy to guide discussions, and designated contact persons who serve as a trustworthy, empathetic and reliable person. Additionally, developing a flexible plan that is mutually agreed upon by the line manager and the employee can ensure that both parties have a clear framework within which to proceed.

5. Contents

The content or 'what' is discussed will differ according to the point of time and the specific needs of employees and employers as well as the context of the workplace.. Here are some suggestions of the kind of topics that could be raised at each conversation point:

Conversation 1: Pre-Maternity Leave Planning

Timing: Ideally during a pre-leave planning meeting

Purpose: Introduce the topic of return to work and infant feeding plans in a supportive, informative, and open manner.

For the Manager:

1. Inform: Share legal requirements and any workplace policies or support available regarding breastfeeding, expressing milk, or infant feeding more broadly.
2. Invite discussion: Ask about the employee's current plans or preferences related to infant feeding after maternity leave.
3. Explain: Offer to show the designated space for expressing or breastfeeding, explaining how it works, and discussing any potential constraints and how these might be addressed.
4. Reassure: Make clear that this is an open and ongoing conversation, and it's perfectly normal for plans to change. Reiterate that the topic can be revisited during a KIT day or at any point.

5. Signpost support: Identify others the employee can speak to for additional support, this might include a HR representative, or someone from an employee parent network, if available
6. Keep a record: Document the conversation in a simple, agreed format to help track plans and commitments. Share the record with the employee.

Suggested Conversation Starters (Manager):

- Have you given any thought to infant feeding after maternity leave? There's no pressure ...It's completely normal not to have a fixed plan at this stage, we can check in again during maternity leave or a KIT day ...
- We have some support and facilities available if you decide to continue breastfeeding. Would it be helpful if I tell you more about that?

For the Employee:

1. It is okay not to have a clear preference or a plan yet. But if you are considering breastfeeding or expressing milk when you return, it is helpful to mention it, even if the topic is not raised by the manager.
2. Do not hesitate to ask about the support available, including a workplace policy, facilities for expressing or feeding.
3. Ask to see the designated space and learn about how it works in practice.
4. Enquire who you can speak with for more information or support, including peers who have had similar experiences.

Suggested Conversation Starters (Employee):

- I am still not sure about my feeding plans, but I may want to continue breastfeeding after I return, what kind of support is available?
- Could I see the space where I would be able to express milk?
- Who would be the best person to speak with if I have more questions down the line? Is there anyone else I could connect with who's been in a similar situation or has/had similar needs?

Conversation 2: During Maternity Leave

Timing: Ideally midway through maternity leave or in connection with a KIT day

Purpose: Revisit infant feeding plans, offer support, and begin a conversation about practical items in relation to return to work.

For the Manager: Recommended Content

1. Check in on plans: Ask whether the employee has decided how they plan to feed their child upon returning to work. Remain flexible as plans may have changed or still be changing
2. Review support options: Summarise what support is available, including facilities, flexible working, and any relevant policies. Be transparent about what flexibility is possible and any implications (e.g., pay, workload).
3. Offer a 'site visit': Invite the employee to visit the designated space (if they have not done it already) and explain how it works. Ask if they have any concerns or questions about privacy, cleanliness, or storage.
4. Begin planning: Discuss a preliminary plan for returning to work; this might include expressing breaks, shift adjustments, or preferred working patterns.
5. Document the discussion: Keep a simple record of what was discussed and agreed upon and share it with the employee to ensure clarity.

Suggested Conversation Starters (Manager)

- Have your feeding plans become perhaps clearer now? What are you thinking in terms of how that might work with returning to work?
- Let me tell you more about the support we offer
- Would you like to come in for a KIT day and look at the space we have available for expressing or feeding?
- Tell me what a good return to work might look like from your perspective so that we can explore how to facilitate your return; we can always adjust closer to the time.

For the Employee:

1. By this point, your feeding choices may be more defined. If you plan to continue breastfeeding or expressing, ask to review the support and facilities with your manager and discuss any concerns you may have (e.g., privacy, storage, hygiene).
2. Think through your ideal setup; what support or flexibility would help you feel confident (less anxious) about returning to work? Present this as a starting point for a practical discussion with your manager.
3. Ask about entitlements and options, including:
 - Breaks for expressing (are they paid or unpaid?)
 - Adjusted/flexible working hours
 - Flexibility around shift patterns or remote work
 - Any potential financial or workload implications

4. Ask for guidance on how best to prepare, for combining breastfeeding and work.

Suggested Conversation Starters (Employee)

- I have decided I would like to continue breastfeeding when I return; can we talk through what support is available?
- Can I come in to see the space available for expressing/feeding?
- Could we talk about options for flexibility like breaks, hours, or working from home and how that might work in practice?"
- What advice do you have for preparing to return while still breastfeeding?

Conversation 3: At the Return to Work

Timing: On or shortly after the employee's first days back

Purpose: Put agreed plans into action, check how things are going, and make any necessary adjustments.

For the Manager: Recommended Content

1. Review the plan: Revisit the arrangements discussed prior to the return. If the situation has not changed, focus on implementation and monitoring. If it has, make adjustments accordingly.
2. Invite updates: Acknowledge that infant feeding routines often change; ask the employee whether any part of the plan needs to be revised.
3. Check in: Ask how the employee is doing, both mentally and physically. Returning to work while continuing to breastfeed can be a significant and challenging transition.
4. Ensure privacy and support: Make sure other team members are aware (without disclosing personal information) that the designated space is in use and must be respected to ensure the employee's privacy.
5. Document and follow up: Keep a simple record of the conversation and agreed actions and schedule a follow-up check-in to revisit how things are working.

Suggested Conversation Starters (Manager)

- How are you doing both at work and more generally?
- Is the feeding routine working out as planned?
- Have there been any changes to your original plan that we should take into account?

- Is the space meeting your needs, or is there anything we can improve?
- Would you find it helpful to speak with someone else who has navigated this before perhaps a peer or buddy?

Appendix 1: Information sheet and consent form: Interviews

Infant Feeding and Return to Work Experiences Interviews

Thank you for your interest in taking part in an interview for our project exploring 'Maternal Wellbeing, Infant Feeding and Paid Work Decisions'. Please see below for information about the project and your involvement in it.

Project Information

At the heart of this study is an exploration of the wellbeing, opportunities and experiences of new mothers who want to continue to breastfeed on return to paid work. As part of this project, we would like to undertake some interviews to better understand workplace experiences. This will help identify practices that benefit mothers as well as areas of weaknesses and challenges in existing workplace processes. Based on this research, we aim to develop suggestions for best practice with the view to inform workplace policy to better support mothers wanting to combine breastfeeding and paid work.

For brevity we use the terms women, mothers and breastfeeding, but we acknowledge that some individuals may not identify with the identities that those labels evoke and may prefer alternative terms.

Project team

This project is being funded by the Nuffield Foundation and is being led by Professor Sarah Jewell. The project team includes academic researchers based at the University of Reading including experts in economics, law and health communication. For more information about the project please see [here](#).

What am I being asked to do and what information will be collected about me?

Taking part in an interview is voluntary. You can take a break or leave the interview at any point. We will ask questions relating to your infant feeding and return to work experiences, how these made you feel and what kind of workplace support you've received or what kind of support you wish you had received upon return to paid work. If you take part in an interview we will offer you a £10 high street voucher as a thank you.

How will the information be processed and shared?

The interviews will be audio-recorded and transcribed using MS Teams, with pseudonyms used. We expect interviews to last around 30-45 minutes. The recordings

will be destroyed once the transcription has taken place. The anonymity of the participants will be ensured and protected at all stages of the research; transcriptions will be anonymised and any information that could identify an organisation or an individual will be removed. Transcriptions prepared in this way will be stored in a Word document and will be shared with the project team. The transcriptions will be stored securely on the University of Reading network through a secure server.

On completion of the project the anonymised transcriptions will be deposited with the University of Reading research archive where they can be consulted by other researchers. You have the right to withdraw from the study at any point up to the recording of an interview is transcribed. Beyond this point we will not be able to identify your responses anymore as the transcriptions will be entirely anonymous. In the expression of interest form we asked some questions to ensure we capture a range of experiences. This information will not be stored with your name and contact details nor interview data and will be used only to report on the characteristics of our interview sample.

Should you require more information or have any questions, please email X

The Nuffield Foundation is an independent charitable trust with a mission to advance social wellbeing. 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.

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Please sign and date at the end to confirm you have read and understand the following, and consent to take part in the research:

1. I have had explained to me the purposes of the project and what will be required of me and any questions I had have been answered to my satisfaction. I agree to the arrangements described in the Information Sheet above in so far as they relate to my participation.

2. I have had explained to me what information will be collected about me, what it will be used for, who it may be shared with, how it will be kept safe, and my rights in relation to my data.

3. I understand that participation is entirely voluntary and that I have the right to withdraw from the project and to withdraw my response up to their anonymised transcription, and that this will be without detriment.

4 I understand that the data collected from me in this study will be preserved and made available in anonymised form, so that they can be consulted and re-used by others.

5. The University of Reading is registered under the Data Protection Act 1998. Personal data collected within this research project will be processed in accordance with this act and with the University's Data Protection Policy (see www.reading.ac.uk/data_protection). This project has been reviewed by the appropriate Research Ethics Committee and has been given a favourable ethical opinion for conduct.

6. I have received a copy of this Consent Form and of the accompanying Information Sheet.

Name:

Signed:

Date:

Please send the completed form to X, before the start of the interview.

Appendix 2: Maternal Experiences Interview Core Questions

Interviews were semi-structured and questions were adapted for each interviewee based on their experience/previous answers

Continued to Breastfeed Upon Return to Work Questions

	Core question	Prompts
1(a few breastfeeding questions)	Tell me about your breastfeeding journey up to returning to work?	<p>Why did you want to breastfeed?</p> <p>How important was/is breastfeeding to you?</p> <p>If not already mentioned, ask about duration [if it feels appropriate; may come up naturally later], if they are still breastfeeding [if it feels appropriate; may come up naturally later]</p>
2 (return to work)	Tell me about your return to work, how did you find it?	<p>What were the reasons you returned to work [when you did]?</p> <p>How old was your child when you returned?</p> <p>Can you briefly tell me about your job/job role you were doing upon return to work? Did you return to the same job/job role?</p> <p>What worked well/was positive for you/what did</p>

	How did you feel about returning to work?	you enjoy? What did you find challenging?
3 (infant feeding decisions and return to work)	<p>Tell me how you thought combining work and breastfeeding would work? Did you have any concerns? And how did your actual experience work out?</p> <p>Regarding feeding your child, how did the return to work influence your feeding practices? [Or vice versa] [If not already picked up]</p> <p>How did you feel about how your baby was fed upon your return to work?</p> <p>Did you feel continuing to breastfeed upon return to work had any impact on your job [role] [duties] [responsibilities]? [As appropriate]</p>	<p>Did you feel any conflict between returning to work and how you wanted to feed your baby?</p> <p>What did you find positive in this respect? What was perhaps more challenging?</p> <p>Do you feel continuing to breastfeed has disadvantaged [you in the workplace] [your job] in anyway? [if Appropriate]</p>
4 (workplace support)	Did you feel supported upon return to work? What support did you get regarding your infant feeding choices upon return to work?	Who/what offered your most support and what kind of support? Where there any workplace policies or practices that were particularly supportive? [May depend on if they are self-

		<p>employed] What were the challenges?</p> <p>Could ask if they had done any keep in touch days and if so, how their child was fed?</p> <p>Did you know what you were legally entitled to? Was this communicated in any way to you?</p>
5 (Attitudes of others)	How would you describe the position/attitude of your company/employer/line manager/colleagues towards breastfeeding and return to work? [if not already covered; select as appropriate, might not be relevant if the individual is self-employed]	[If relevant] How did these attitudes make you feel?
6 (Wellbeing)	<p>How satisfied were you with your return to work and/or any support you received?</p> <p>Did your return to work/combining breastfeeding and work/breastfeeding journey impact your mental wellbeing/mental health in any way?</p>	If so how?
7	In an ideal world: what would assist you best/better regarding return to work and breastfeeding your child?	

8	What advice would you give to women who are just about to return to work and wish to continue breastfeeding	
9	Is there anything else you would like to add?	

Stopped Breastfeeding Before Return to Work

	Core question	Prompts
1(a few breastfeeding questions)	Tell me about your breastfeeding journey?	<p>Why did you want to breastfeed?</p> <p>How important was/is breastfeeding to you?</p> <p>If not already mentioned, ask about duration</p>
2 (return to work)	<p>Tell me about your return to work, how did you find it?</p> <p>How did you feel about returning to work?</p>	<p>What were the reasons you returned to work [when you did]?</p> <p>How old was your child when you returned?</p> <p>Can you briefly tell me about your job/job role you were doing upon return to work? Did you return to the same job/job role?</p> <p>What worked well/was positive for you/what did you enjoy? What did you find challenging?</p>

4 (workplace support)	Did you feel supported upon return to work?	Who/what offered your most support and what kind of support? Where there any workplace policies or practices that were particularly supportive? [May depend on if they are self-employed] What were the challenges? [These will be general support]
5 (Attitudes of others)	How would you describe the position/attitude of your company/employer/line manager/colleagues towards breastfeeding and return to work? [if feel is appropriate, might not be relevant if the individual is self-employed]	[If relevant] How did these attitudes make you feel?
6 (Wellbeing)	How satisfied were you with your return to work and/or any support you received? Did your /breastfeeding journey/infant feeding decisions [as appropriate] impact your mental wellbeing/mental health?	If so how?
7	In an ideal world: what would assist you best/better regarding return to work and breastfeeding your child? [Only ask if they wanted to continue to breastfeed]	

8	What piece of advice would you give to women who are just about to return to work?	
9	Is there anything else you would like to add?	

Not yet returned to work but plan to continue to breastfeed

	Core question	Prompts
1(a few breastfeeding questions)	Tell me about your breastfeeding journey to date?	<p>Why did you want to breastfeed?</p> <p>How important was/is breastfeeding to you?</p> <p>If not already mentioned, ask about duration to date</p>
2 (return to work)	Tell me about your intended return to work?	<p>What are your reasons for returning to work ?</p> <p>How old will your child be when you intend to return?</p> <p>Can you briefly tell me about your job/job role you will doing upon return to work? Will you return to the same job/job role?</p>

	How do you feel about returning to work?	
3 (infant feeding decisions and return to work)	<p>Tell me how you think combining work and breastfeeding will work? Do you have any concerns?</p> <p>Regarding feeding your child, has/will returning to work influence(d) your feeding practices? [Or vice versa] [If not already picked up]</p> <p>How did you feel about how your baby will be fed when your return to work?</p>	Do you feel any conflict between returning to working and how you want to feed your baby?
4 (workplace support)	<p>Does your employer have any workplace policies or provisions to support breastfeeding employees?</p> <p>Do you know what you were legally entitled to? Has this been communicated in any way to you?</p>	
5 (Attitudes of others)	How would you describe the position/attitude of your company/employer/line manager/colleagues towards breastfeeding and return to work? [if appropriate]	[If relevant] How did these attitudes make you feel?
6 (Wellbeing)	Has your breastfeeding journey to date impacted your mental wellbeing/mental health? [If not already cover/feels appropriate]	If so how?
7	In an ideal world: what would assist you regarding returning to work and continuing breastfeeding your child?	

8	What advice, guidance or resources do you think (or you have used) would be useful to help support you, or mothers in general, continuing to breastfeed upon return to work?	
9	Is there anything else you would like to add?	

Follow up interview questions after returning to work

	Core question	Prompts
2 (return to work)	<p>Tell me about your return to work, how did you find it?</p> <p>How did you feel about your return to work?</p>	<p>How did you find the run up to work? [if not mentioned]</p> <p>What worked well/was positive for you/what did you enjoy? What did you find challenging?</p>
3 (infant feeding decisions and return to work)	<p>How did combining work and breastfeeding work out for you? Was it as expected [or something to that effect – draw on any context from interview 1 e.g. did they have any concerns, if so did they materialise]</p> <p>Regarding feeding your child, how did the return to work influence your feeding practices? [Or vice versa] [If not already picked up or if feel appropriate]</p> <p>How did you feel about how your child was fed upon your return to work?</p>	<p>Did you find your child fed more over night when you returned to work?</p> <p>Did you feel any conflict between returning to work</p>

	<p>Did you feel continuing to breastfeed upon return to work had any impact on your job [role] [duties] [responsibilities]? [As appropriate]</p>	<p>and how you wanted to feed your child?</p> <p>What did you find positive in this respect? What was perhaps more challenging?</p> <p>Do you feel continuing to breastfeed has disadvantaged [you in the workplace] [your job] in anyway? [if Appropriate]</p>
<p>4 (workplace support)</p>	<p>Did you feel supported upon return to work? What support did you get regarding your infant feeding choices upon return to work?</p>	<p>Who/what offered your most support and what kind of support? Where there any workplace policies or practices that were particularly supportive? [May depend on if they are self-employed] What were the challenges? [Discuss if not already mentioned in interview 1]</p> <p>Could ask if they had done any keep in touch days and if so, how their child was fed? [if not already discussed]</p> <p>Did you know what you were legally entitled to? Was this communicated in any way to you? [If not already asked in interview 1]</p>

5 (Attitudes of others)	How would you describe the position/attitude of your company/employer/line manager/colleagues towards breastfeeding and return to work? [if not already covered; select as appropriate, might not be relevant if the individual is self-employed]	[If relevant] How did these attitudes make you feel?
6 (Wellbeing)	<p>How satisfied were you with your return to work and/or any support you received?</p> <p>Did your return to work/combining breastfeeding and work/breastfeeding journey impact your mental wellbeing/mental health in any way?</p>	If so how?
7	In an ideal world: what would assist you best/better regarding return to work and breastfeeding your child?	
8	What advice would you give to women who are just about to return to work and wish to continue breastfeeding	
9	Is there anything else you would like to add?	

Appendix 3: Information sheet and consent form: Focus Groups

Infant Feeding and Return to Work Experiences Focus Groups

Thank you for your interest in taking part in a focus group for our project exploring ‘Maternal Wellbeing, Infant Feeding and Paid Work Decisions’. Please see below for information about the project and your involvement in it.

Project Information

At the heart of this study is an exploration of the wellbeing, opportunities and experiences of new mothers who want to continue to breastfeed on return to paid work. As part of this project, we would like to undertake some focus groups to better understand workplace experiences. This will help identify practices that benefit mothers as well as areas of weaknesses and challenges in existing workplace processes. Based on this research, we aim to develop suggestions for best practice with the view to inform workplace policy and provide resources to better support mothers wanting to combine breastfeeding and paid work.

For brevity we use the terms women, mothers and breastfeeding, but we acknowledge that some individuals may not identify with the identities that those labels evoke and may prefer alternative terms.

Project team

This project is being funded by the Nuffield Foundation and is being led by Professor Sarah Jewell. The project team includes academic researchers based at the University of Reading including experts in economics, law and health communication. For more information about the project please see [here](#).

What am I being asked to do and what information will be collected about me?

We are inviting you to be part of a focus group. Taking part in the focus groups is voluntary. You can take a break or leave the focus group at any point. We will ask questions relating to your infant feeding and return to work experiences, how these made you feel and what kind of workplace support you’ve received or what kind of support you wish you had received upon return to paid work. The exact questions will vary according to the theme of the specific focus group and you will be able to choose which focus groups you would like to participate in.

How will the information be processed and shared?

The focus groups will be audio-recorded and transcribed using MS Teams, with pseudonyms used throughout. The recordings will be destroyed once the transcription has taken place. The anonymity of the participants will be ensured and protected at all stages of the research; transcriptions will be anonymised and any information that could identify an organisation or an individual will be removed. Transcriptions prepared in this way will be stored in a Word

document and will be shared with the project team. The transcriptions will be stored securely on the University of Reading network through a secure server. On completion of the project the anonymised transcriptions will be deposited with the University of Reading research archive where they can be consulted by other researchers. In the focus group you will hear from others, so anything you hear should be considered confidential and should not be shared with anyone else, and you should not make any notes during the focus group. You have the right to withdraw from the study at any point up to the recording of a focus group is transcribed. Beyond this point we will not be able to identify your responses anymore as the transcriptions will be entirely anonymous.

What happens next?

If you are interested in taking part please fill in the expression of interest form which can be accessed from [here](#). We will be running a series of focus groups with different themes. We will ask in which focus groups you would like to take part (for which you meet the criteria) and you may select more than one type. We may not be able to provide a spot in a focus group for everybody who expresses an interest for that focus group. If we invite you to a focus group we will be in touch with further details about the process and a consent form to be completed before the focus group. We are offering a £10 voucher as a thank you for all participants in our research. If you have already taken part in an interview or are taking part in more than one focus group, we are only able to offer you one £10 voucher.

We do hope that you are willing/able to contribute your views/stories/experiences to this study. Should you require more information or have any questions, please email X

The Nuffield Foundation is an independent charitable trust with a mission to advance social wellbeing. 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

Please sign and date at the end to confirm you have read and understand the following, and consent to take part in the research:

1. I have had explained to me the purposes of the project and what will be required of me and any questions I had have been answered to my satisfaction. I agree to the arrangements described in the Information Sheet above in so far as they relate to my participation.
2. I have had explained to me what information will be collected about me, what it will be used for, who it may be shared with, how it will be kept safe, and my rights in relation to my data.
3. I understand that participation is entirely voluntary and that I have the right to withdraw from the project and to withdraw my response up to their anonymised transcription, and that this will be without detriment.
- 4 I understand that the data collected from me in this study will be preserved and made available in anonymised form, so that they can be consulted and re-used by others.
5. The University of Reading is registered under the Data Protection Act 1998. Personal data collected within this research project will be processed in accordance with this act and with the University's Data Protection Policy (see www.reading.ac.uk/data_protection). This project has been reviewed by the appropriate Research Ethics Committee and has been given a favourable ethical opinion for conduct.
6. I have received a copy of this Consent Form and of the accompanying Information Sheet.

Name:

Signed:

Date:

Please send the completed form to X, before the start of the focus group.

Appendix 4: Maternal Experiences Focus Group

Core Questions

Focus groups were semi-structured and questions were adapted in focus groups based on experiences/previous answers, and according to the number of participants in a particular focus group

Continued breastfeeding upon return to work

1. Tell us a little bit about your return to work, how did you find it? How did you feel about it?
2. if you could recommend one thing for employers to help support women with feeding decisions and breastfeeding, what would it be?

Stopped Breastfeeding before RTW

1. Tell us a little bit about your return to work, how did you find it? How did you feel about it?
2. In an ideal world, what would help you most upon your return to work regarding breastfeeding or any other feeding methods? Beyond feeding, what would assist in a smooth transition back to the workplace?

Single mothers

1. Tell us a little bit about your return to work, how did you find it? How did you feel about it?
2. Was there any workplace policy relating to breastfeeding or maternity at your workplace?
3. Thinking from the perspective of a single parent, what do you think would help return to work while breastfeeding
4. Do you think wanting to continue breastfeeding is harder for single parents, or is it just a general challenge for anyone returning to work?
5. What advice would you give to single mothers who are about to return to work and want to continue breastfeeding?

Teachers

1. Tell us a little bit about your return to work, how did you find it? How did you feel about it?
2. How supportive did you find your employer, specifically your line manager, and colleagues? What accommodations did they make if at all? What do you think they did well and could have done better? Was there a workplace policy in place?

3. What suggestions do you have for accommodating breastfeeding in the teaching profession?

NHS workers

1. Tell us a little bit about your return to work, how did you find it? How did you feel about it?
2. How supportive did you find your employer, specifically your line manager, and colleagues? Was there any workplace policy to support breastfeeding mothers?
3. Do you have any suggestions on how the health profession could accommodate breastfeeding?
4. What advice would you give to other healthcare workers returning to work who want to continue breastfeeding?

Co-design of resources

1. Tell us a little bit about your return to work and infant feeding experience, what do you wish you had known that you did not know at the time? You can also think about what you wish your employer had known?
2. Before or when you returned to work, did you look for any resources or information? If you did, were any of them useful?
3. We are thinking about designing resources/guidance for mothers and family as well as for employers? Do you have ideas for useful resources, what information should it contain, is there anything you wish you or your employer had? What format should it be e.g. written resources videos, other ideas?

Appendix 5: Full List of Occupations of Interview Participants

Health Sector (11)

Nurse

Midwife

Nursery nurse

Breastfeeding supporter

GP

Anaesthetist

Paramedic

Optometrist

Dentist

Dental nurse

Secretary

Education sector below higher education (9)

Teacher x 6

Learning support assistant x 2

School nursery manager

Higher education sector (9)

Lecturer x 4

Researcher x 3

Student support

Library assistant

Public Administration (central or local government) (6)

Senior manager

Civil servant x 2

Project manager

Deputy director of safety

Governor clerk

Charity and Social work sector (4)

Social worker x 2

Deputy manager

Charity worker

STEM (science, technology, engineer and maths) sector (4)

Interior designer (architecture)

Civil engineer

Applications technician

Statistician

Business and professional services (12)

Digital Business Analyst

Head of Paraplanning

Journalist

Editor

Project manager

Director

Account development

Chartered Accountant

Communications manager

Event Officer

Solicitor

Photographer

Other services (7)

Sales representative x 2

Customer services representative

Customer services manager

Nanny

Manager

Yoga instructor