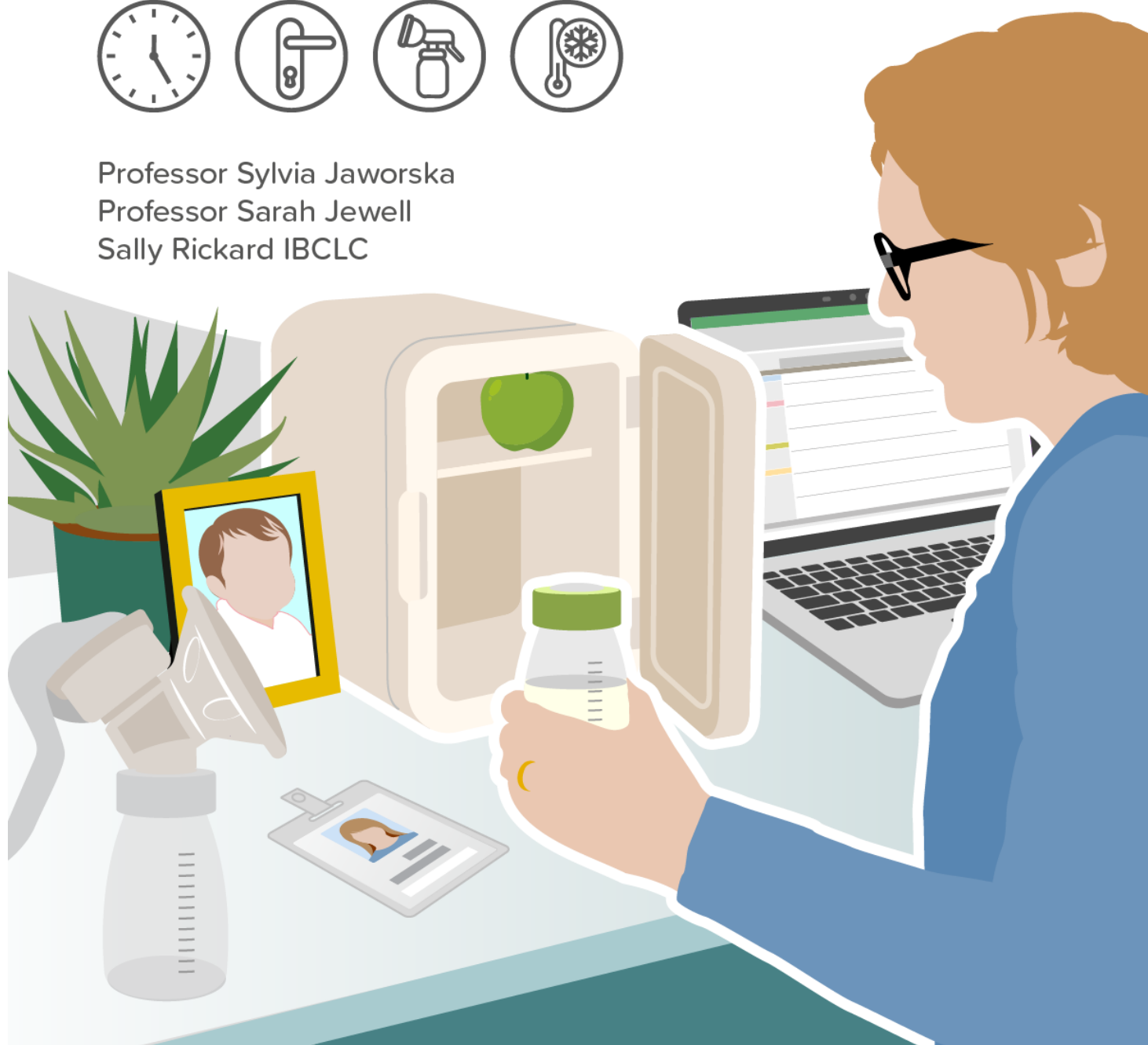


Supporting Breastfeeding Mothers in the Workplace

An evidence-based guide for employers



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About the Employer Toolkit

This toolkit was developed from and draws on evidence from the [Maternal Wellbeing, infant feeding and return to paid work](#) study funded by the Nuffield Foundation. Unless otherwise specified, quotes, examples/ and case studies used in the toolkit come from the study. More about the study can be found in the 'Our Study' section in this guide. The toolkit was written by Professor Sylvia Jaworska and Professor Sarah Jewell (members of the study team) with Sally Rickard IBCLC, an international board certified lactation consultant (the gold-standard professional qualification in breastfeeding, globally recognised).

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How to Use the Employer Toolkit

This toolkit has been designed as a series of guides, making it easier for individuals to access the information that is relevant to them. The toolkit can be downloaded from the toolkits website (<https://research.reading.ac.uk/workfeed/>) as a single full guide or each guide can be downloaded individually. There is a corresponding mother toolkit available on the website which you may want to signpost your employees to.

The employer toolkit comprises the following:

Our study

And the following individual employer guides:

Guide 1: Benefits of Supporting Breastfeeding Employees

Guide 2: Breastfeeding and the Workplace

Guide 3: Employer Legal Obligations

Guide 4: Best Practice – How can you help?

Guide 5: Common Workplace Challenges

Guide 6: Example Breastfeeding Policy

Guide 7: Health and Safety Risk Assessments

Guide 8: Communication Pathway

Guide 9: Useful Resources

Our Study

The toolkits were developed on and draw from the findings of the [Maternal Wellbeing, infant feeding and return to paid work](#) study funded by the Nuffield Foundation. The study's [full report](#) is downloadable from the toolkit's website.

About the Study

The study aimed to understand how breastfeeding employees could be better supported in the workplace, with an emphasis on maternal wellbeing, and how employers can be better equipped to support their employees. The study drew on a survey and interviews of mothers, the perspective of HR professionals and Line managers, and national datasets.

Key Findings and Implications

The study found that whilst there are general positive intentions among HR professionals and line managers, there is a lack of awareness in many workplaces of what is needed to support breastfeeding employees - both in terms of the legal obligations and practicalities. Further, there is a lack of awareness among returning mothers of what to expect in terms of their own (body) and child adjustments, practicalities and workplace support, leading to pre-return anxiety and concerns.

The current legal framework and guidance is not strong enough to ensure mothers can breastfeed/express breastmilk in hygienic and private places in the workplace or have the time to do so, thereby putting women's physical and emotional wellbeing at risk. Furthermore, this lack of guidance results in an absence of formal workplace policy/structures leading to the onus being placed on mothers and line managers to make accommodations work.

It is clear that when adequately supported returning mothers are able to reach infant feeding goals then the return to paid work can be a positive experience which benefits all parties. Positive emotions were tied to being able to reconnect with their child through breastfeeding and being supported in meeting breastfeeding goals. Whilst some mothers have positive experiences, the lack of formal policy/structures, and awareness led to negative impacts on physical and emotional wellbeing.

This study has shown that mothers, HR professionals and line managers would benefit from greater awareness, information and guidance on the practicalities of combining breastfeeding and paid work, legal obligations and best practice. Therefore we have developed toolkits to support both mothers and employers, reflecting that experiences and the practicalities vary across mothers and workplaces, and the need for open/inclusive communication.

Guide 1: Benefits of Supporting Breastfeeding Employees

Did you know that evidence finds supporting breastfeeding employees also benefits employers?^{1,2} Research shows that employers who support breastfeeding in the workplace benefit from a happier, healthier workforce. By making a few simple adjustments, employers can foster greater job satisfaction, increase employee loyalty, and reduce absenteeism. Yet, in the UK, many employers fall short of doing all they can to support breastfeeding employees. Employees who feel valued and heard are happier, more productive and more loyal.

| Benefits to Employers | Benefits to Employees |
|---|--|
| Retain and attract talent | Meeting breastfeeding goals |
| Increasing staff physical and mental well-being and hence productivity | Improved physical and emotional well-being |
| Reduce staff absence as breastfed children tend to be sick less often | Health benefits for the mother and their child |
| In showing commitment to family-friendly policies, you enhance your reputation as an employer of choice | Feeling valued |

Our study shows that often employers, HR and line managers lack awareness and guidance of what is involved in combining breastfeeding and how best to support their breastfeeding employees. You may want to think about developing a breastfeeding policy in your organisation (see Employer Guide 6), introducing guidance for line managers, staff and for your (future) breastfeeding employees, and facilitating good lines of communication (see Employer Guide 8). Hopefully this guide / toolkit will break things down and make you feel less overwhelmed.

References

1. Cohen, R., Mrtek, M. B. and Mrtek, R. G. (1995). Comparison of maternal absenteeism and infant illness rates among breast-feeding and formula-feeding women in two corporations, *American Journal of Health Promotion*, 10(2), 148–153
2. Del Bono, E., and Pronzato, C. (2022). Does breastfeeding support at work help mothers, children, and employers at the same time? *Journal of Demographic Economics*, 1-28

Guide 2: Breastfeeding and the Workplace

If you have no experience with breastfeeding or support breastfeeding employees, you may understandably not realise what is involved in balancing breastfeeding and paid work, and what support breastfeeding employees may need. In this guide we provide an overview of breastfeeding and its benefits, ways a mother may continue to provide breastmilk for their child upon return to work, and why it is important to support breastfeeding employees.

What do we mean by breastfeeding?

Breastfeeding is providing human (breast) milk for a child either directly (baby/child feeding at the breast) or indirectly such as expressing with hands or an electric pump and feeding the baby via bottle (or via a cup or feeding tube). Breastmilk is produced on a supply and demand system: the more milk is removed from the breasts the more is produced. Therefore a change in the frequency of feeds / expressions, say as a result of return to work, can impact a mother's milk supply. A change in milk supply can impact an infant feeding journey, even leading to stopping breastfeeding earlier than desired, which can negatively impact maternal wellbeing.

The World Health Organisation recommends that children are fed exclusively with breastmilk for the first six months and then fed breastmilk alongside solids until 2 years and beyond. For some mothers these recommendations are an important factor in their decisions around how to feed their child and for how long.

Children under 6 months will likely solely be fed milk (whether breastmilk, infant formula milk or both) and once children have been introduced to solids (usually around 6 months) milk still remains a key source of nutrition until 12 months. At 12 months children can be given cow's milk (or alternative) as a drink if desired. Older children will likely have fewer milk feeds and go longer between feeds. Natural term weaning or child-led weaning is the process when children reduce and eventually stop breastfeeding of their own accord without any intervention from their parents. Natural term weaning typically happens between aged 2 and 7 but can be earlier or later.¹ There is not a specific upper limit on breastfeeding, and it is good practice to support a breastfeeding employee for as long as they and /or their child wishes to breastfeed. It is worth noting that older children are likely to have only one or two breastfeeds so necessary accommodations are likely to be minimal – but there may be constraints such as travel and working outside of normal working hours.

Benefits of Breastfeeding for Mothers and Children

Breastfeeding provides benefits for both the child and mother.² Benefits for the child include health and cognitive developments. Breastfeeding also provides important connection and emotional reassurance for children. Breastmilk has immunity properties so can help reduce (length of) child illness. Breastfeeding provides lasting benefits for mothers and has been shown, for example, to reduce the risk of breast cancer, and potentially the risk of type 2 diabetes and ovarian cancer.

Our study has shown that supporting mothers with their feeding choices can have a huge benefit in terms of their mental and physical wellbeing. The act of breastfeeding releases oxytocin, a hormone that promotes relaxation and can help combat stress and anxiety. For many mothers, these moments of closeness help ease the challenges of balancing work and parenting, while providing a sense of continuity for the child.

How might mothers continue to provide their child breastmilk?

Many of the adjustments are likely to be short term as the needs will likely change as the child grows older. As highlighted by the NHS³ there are several ways a mother may continue to provide breastmilk upon return to paid work:

- **Directly breastfeeding during breaks:** If your organisation has onsite childcare or the mother's childcare provision is nearby (e.g. near their workplace or home if they are able to work from home) the mother might be able to breastfeed during breaks.
- **Adjusting the timing/frequency of breastfeeds:** A mother may adjust the timing/frequency of breastfeeds so they take place outside of work hours which may be facilitated by a flexible working arrangement. This may be easier with an older child or as the child gets older. Adjusting feeds may lead to an increase of feeds in the evening and overnight which may impact the mother's tiredness levels and wellbeing.
- **Providing expressed breastmilk:** Some mothers express breastmilk (by hand expressing or using a breast pump) for the child to have later; a child can be given expressed milk by a caregiver when separated from the mother. Some mothers may then need to express breastmilk during work hours for this purpose. Others may need to express milk for comfort reasons (discussed in the next section) or to help maintain their supply. Mothers may then require additional breaks to allow then time to express milk.
- **'Combination' feeding** – some may opt to provide infant formula milk when separated from their child. If the child is at least 12 months they can have cow's milk or alternative when separated from their mother.

Importance of supporting breastfeeding employees: Health and Safety

Whilst there are benefits for mothers, children and employers for supporting breastfeeding employees, it is worth mentioning it is important to support breastfeeding employees from a health and safety perspective. Breastmilk is comprised mainly of water and producing breastmilk requires energy; mothers may require up to 500 extra calories⁴ a day whilst breastfeeding. Therefore, good hydration and nutrition is very important for mother's milk supply and health. Breastfeeding employees will need sufficient time during their working day to ensure they have adequate nutrition and hydration, as well as for breastfeeding / expressing breastmilk if they are doing so.

Changes to feeding patterns can lead to changes in milk supply and bodies may need to adjust to new feeding patterns. Therefore some breastfeeding employees may become engorged (breasts become full) which requires them to express (by hand or using a pump) for comfort to relieve the pressure. Becoming engorged increases the risk of getting mastitis (which is a painful inflammation of the breast tissue and can be serious). Therefore it is

important that employees can express for comfort purposes when needed and where they are regularly expressing for their child do not go too long between expressions, which can increase the risk of engorgement /mastitis.

Some employees may need to express milk to maintain their milk supply (i.e. signal the body to keep producing breastmilk) as otherwise they may not be able to produce enough milk for their child which may impact their infant feeding plans/goals. Further being able to maintain supply is important from an emotional wellbeing perspective.

Many mothers and their children in our study adapted to changes in feeding patterns well and within a few weeks or so. Therefore the need to express for comfort reduced after the first few weeks. For some a change to feeding patterns led to the child making up feeds in the evening and overnight which led to increased fatigue. Therefore some employees may need additional rest breaks or accommodations to manage fatigue.

Case Studies

Jane returned to work when her child was 6 months and she continued breastfeeding. For the first 3 months after her return to work (until her child was 9 months) Jane needed 2 x 30min breaks during her working day (one mid-morning and one mid-afternoon). After the first 3 months she needed only one break (around the middle of her working day). After 6 months (when her child was 12 months) she needed no additional breaks but was unable to attend evening events as she fed her child to sleep.

Ayda returned to work when her child was 9 months old and her child attended Ayda's workplace's onsite nursery. Ayda fed her child at the onsite nursery when dropping off her child, during her lunch break (extended by 30 minutes) and upon picking her child up. When her child was 11 months she no longer needed the extended break.

Sade returned to work when her child was 12 months. She did not need to feed or express milk for her child during work hours. However, in the first 2 weeks after returning she needed an additional 20 minute break to express for comfort. Her child fed overnight so she was not able to travel overnight for work until her child was 30 months and slept through the night.

A note on other breastfeeding circumstances

There may be less typical breastfeeding circumstances that are useful to be aware of which may require the need to express breastmilk intensively for several weeks, requiring more regular breaks. It will be particularly important to discuss the specific needs of the employee with them. Examples include:

- If a child is sick
- Relactation – the process of restarting / initiating breastmilk having previously breastfed

- Induced lactation – the process of stimulating breastmilk production without pregnancy – examples may include a mother who has adopted a child, who used a surrogate, or the non-birthing partner in a same sex couple
- Breastmilk donation – some mothers choose to donate breastmilk to a breastmilk donor bank, typically given to premature and sick children

Such circumstances may not arise but If you want to understand more about these, especially if such a situation does arise, we have provided links to some useful resources in Employer Guide 9.

References

1. <https://abm.me.uk/breastfeeding-information/breastfeeding-beyond-infancy-a-gp-guide/>
2. Victora, C. et al. (2016) Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect, *The Lancet*, 387(10017), 475–490
3. <https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding-and-lifestyle/back-to-work/>
4. Thomson, A. M., Hytten, F. E., and Billewicz, W. Z. (1970). The energy cost of human lactation. *British journal of Nutrition*, 24(2), 565-572.

Guide 3: Employer Legal Obligations

Supporting breastfeeding in the workplace ensures compliance with UK laws and regulations regarding maternity and breastfeeding rights. In this guide we cover some of the key employer legal obligations.

The Health and Safety Executive (HSE) Guidance

The HSE¹ states that breastfeeding employees *must* (a legal obligation) be provided with a place to rest, which *should* include a place to lie down if needed and a hygienic and private space to express milk if they choose to do so and somewhere to store expressed milk (such as a fridge). Toilets are specifically mentioned as being unsuitable.

The HSE Guidance also states that employers *must* carry out an individual risk assessment covering specific needs when informed in writing by an employee about a pregnancy or breastfeeding or that they have given birth in the last six months. Employers have a duty to ensure returning employees return to a 'healthy, safe and stable environment'. This risk assessment should be regularly reviewed.

The HSE focuses on risks² relating to posture and position, working condition, physical injury and harmful substances and ensuring that could be passed through to the child during breastfeeding and ensuring personal protective equipment is safe and comfortable (e.g. avoiding tight clothing). It does not, however, explicitly mention risks to physical health specific to breastfeeding such as engorgement (breasts becoming full) or mastitis (inflammation of the breast tissues), changes to milk supply, fatigue related to increased overnight feeding, or factors that may impact time for proper nutrition and hydration (which are important for breastfeeding mothers).

If the risk assessment identifies a significant risk that puts the employee and / or child at risk of harm then the employer must adjust the employee's working conditions to remove / control the risk.³ If this is not possible then the employer must provide the employee with alternative work or suspend employees on full pay, for as long as is necessary to protect them and their child's health and safety. We provide more details on risk assessments, common risks and what might be covered in a risk assessment in Employer Guide 7.

Right to Request Flexible Working

The right to request flexible working⁴ is relevant to breastfeeding employees, since flexible working may help facilitate the balancing of breastfeeding and paid work. We discuss how flexible working may help support breastfeeding employees in Employer Guide 4. However, the ability to offer flexibility may vary across organisations and job roles, and we discuss this among common challenges in Employer Guide 5.

Protection Against Indirect Sex Discrimination and Harassment

Employers have a key role in supporting mothers who return to work while continuing to breastfeed. Providing appropriate support is beneficial for employee wellbeing and retention.

It also ensure compliance with relevant legal obligations. Through the equality act breastfeeding employees are protected against indirect sex discrimination and harassment.

Recent employment tribunal cases have highlighted the importance of responding sensitively and appropriately to the needs of breastfeeding employees. For example, In a case involving two cabin crew members, an employment tribunal found that EasyJet had indirectly discriminated on the basis of sex and breached health and safety obligations by not offering more flexible rosters to accommodate breastfeeding. Although the company had offered temporary ground duties, the tribunal determined that appropriate support should be ongoing for as long as breastfeeding continues. A teacher in West Yorkshire won her case after being left with no option but to express milk in unsuitable places, including school toilets and the car park. Despite her repeated requests, no proper space was provided, and the tribunal found she had experienced harassment related to sex.

References

1. <https://www.hse.gov.uk/mothers/employer/rest-breastfeeding-at-work.htm>
2. <https://www.hse.gov.uk/mothers/employer/common-risks.htm>
3. <https://www.hse.gov.uk/mothers/employer/risk-assessment.htm>
4. <https://www.gov.uk/flexible-working>

Guide 4: Best Practice – how can you help?

In our study mothers reported a number of common pre-return anxieties and concerns in relation to their own and child's physical and emotional wellbeing / adjustments, the practicalities and workplace support. Balancing breastfeeding and work responsibilities can add a level of stress during an already challenging period of transition to work. Whilst you cannot alleviate all concerns, there are some steps employers can take, many which are small and simple which can make a big difference. We discuss some examples of best workplace practice in this guide.

Communication and Policy

“They exceeded my expectations. My employer initiated those talks, they did risk assessments and reviewed everything during each pregnancy, checking in regularly, especially when I did my KIT days.”

Mothers in our study expressed the need for open and supportive communication and often felt uncomfortable, themselves, raising the topic of breastfeeding. They felt the onus was unfairly on them to ask and seek information/workplace support. Further our research suggests line managers often lack necessary knowledge and guidance to support breastfeeding employees. Thus a good place to start is to introduce a formal workplace policy to provide transparency and clarity for both line managers and employees. This policy should outline available workplace support in the organisation, and the responsibilities of employers/employees. We provide an example breastfeeding policy in Employer Guide 6.

Our research found that many mothers would welcome a conversation initiated by their line manager/employer to discuss: their needs, concerns, available workplace support, and any adjustments that they may require (such as flexible working, more frequent breaks). This conversation can go a long way to making the employee feel valued and supported; signalling that their wellbeing is important to the organisation and that breastfeeding at work is both understood and accommodated. The earlier the conversation the better (ideally before return to work) as there is often anxiety about returning to work and/or a lack of awareness of what is possible in relation to breastfeeding. While such discussions can feel awkward, having a clear policy in place can open up space for such a conversation and help normalise the topic. Following an employee's return to work regular check-ins can be helpful to understand how they are managing and whether any further workplace adjustments/support are needed. To help employers engage in relevant and open conversations, we provide an example communication pathway in Employer Guide 8.

Facilities

Expressing breastmilk can be difficult and time consuming. The process can be significantly aided by being in a comfortable, calm, and relaxed setting, and by being given sufficient time to do so. It is good practice to provide a space that is private and hygienic. It is important to consider the setup of the room, *for example, are there any windows, glass doors or other ways to see in, is it lockable, can others gain access whilst it is in use?*

Example good practice: Where possible, facilities for expressing breastmilk/breastfeeding should be equipped with comfortable seating, electrical outlets, and safe (cool enough) refrigeration (with a thermometer) for storing breastmilk. There should be somewhere clean to wash up and store breast pump equipment. Facilities should be in a convenient location and private (lockable, no risk of interruptions, no way of seeing in) and hygienic.

Providing suitable facilities ensures that mothers do not have to resort to inappropriate locations such as toilets or their cars. Where space is limited, alternative arrangements (e.g. working from home, extended breaks, changes to shift patterns/work location) could be made to ensure mothers, who wish to, are able to breastfeed/express breastmilk in a safe, private and hygienic place and ensure their health and wellbeing are not compromised. Space can be a challenge for some organisations and we discuss this in Employer Guide 5.

Our research found that storage of expressed breastmilk is a common source of anxiety for returning mothers. Concerns often relate to the reliability of shared fridges such as fluctuating temperatures due to frequent opening, or discomfort with storing milk alongside colleagues' food as well as no access to a clean sink. Simple steps such as placing a thermometer inside the fridge or investing in a small portable fridge for breastmilk storage which can also be used by future employees returning from parent leave, can go a long way in reducing stress and helping employees feel respected and supported.. Some employees may prefer to use a cool bag which they may or may not wish to put in a fridge.

Recommendations for where and how long breastmilk can be stored are:

- ❖ At room temperature (freshly expressed) - up to 6 hours
- ❖ In a fridge below 4 degrees - up to 8 days
- ❖ In a fridge 5-10 degrees (or you are not sure of the temperature) - up to 3 days
- ❖ In the Ice compartment of the fridge - up to 2 weeks
- ❖ In the freezer (-18 degree Celsius or lower) - up to 6 months
- ❖ Breastmilk that has been cooled in a fridge can be stored in a cool bag (with ice blocks) for up to 24 hours

Source: <https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding/expressing-breast-milk/>

It is also important to consider the convenience of facilities, for example, that their location is not too far away from the employee's usual workspace, and employees' preferences. Some may prefer to express breastmilk / directly feed in a private room away from their workspace whilst others who have a private office/workspace, may prefer to use this space. Where feasible, working from home can also support employees who wish to express breastmilk/ breastfeed during working hours, alongside providing suitable onsite facilities.

Paid Breaks for Breastfeeding/Expressing Breastmilk

“So I think it's not just about having the space, but it's about having time.”

For many mothers time for breastfeeding/expressing breastmilk during working hours was really important. As a rough estimate, a mother who needs to express breastmilk /breastfeed

their child during work hours might need to have a break every 3 hours to start with. Typically, mothers in our research who did so, reported they needed around 30 minutes to express and clean pumping equipment. Most mothers started off needing to express/feed once or twice during their work hours, with this decreasing as the child gets older. Often by the time the child was over 12 months mothers found they no longer needed to express/feed during working hours. A common issue was a lack of clarity around breastfeeding/expressing breaks, specifically whether they were expected to use their standard breaks, or if additional time was available and whether this time needed to be made up. A lack of additional breaks is a potential risk for breastfeeding employees. Thus, it is important to discuss frequency, timing, and expectations around breaks and have regular check-ins.

Example good practice: Julie was given an hour a day (on top of her standard breaks) to support breastfeeding in any way that suited her specific needs. For example, she could use the time for rest, breastfeeding, expressing breastmilk, and split the time however she needed. She could take this in 15 minutes or 30 minute blocks, say, or take the full hour to go home, say, to breastfeed / express breastmilk. This also meant she could use the time differently as her and her child's needs changed. Julia needed this adjustment for 3 months only as her child stopped breastfeeding around the age of 15 months.

Flexibility

Not all mothers may need to express breastmilk or feed during the working day. However, many may still need to adjust working patterns to help facilitate a change in the timing and frequency of breastfeeding. Employers are encouraged to explore flexible working arrangements that can support this transition. This can involve adjusted start or finish times, modified shift patterns to avoid late or night shifts or the option to work from home either full time or for part of the day.

Offering a phased return

When returning to work many mothers may need to make changes to their feeding patterns and/or the way their child is fed (e.g. introducing expressed breastmilk, infant formula) which may require a period of adjustment for the mother, their body and the child. During this period mothers may be at greater risk of engorgement/mastitis and changes to their milk supply. Our research has shown that a phased return when mothers return for a few days a week to start with and then build up over several weeks to their full days, can help with this adjustment. Keeping in Touch(KIT) Days may also help with this adjustment. Often mothers in our study used annual leave to enable them to do a phased return which meant they had less time off prior to return than they may otherwise had. You may want to consider offering a phased return as a way to support employee's transition back into the workplace without them having to use their annual leave. This will allow employees to return when their child is slightly older which may also help make adjustments/transitions easier.

Phased return case study: Lisa's employer offered her a phased return and she returned to work 2 days a week for 2 weeks when her son was 12 months old. In the first week, she found that she became engorged so she hand expressed but this was manageable as she was only working 2 days. By the second week, she no longer got engorged and was able to feed her son before she left for work, once in the evening and during the night. She then gradually worked up to 5 days over the next few weeks. She found that by the time she was working her full days her son was only feeding once in the night which was easier to manage and did not require any additional adjustments at work.

Peer Support

Many mothers in our research shared that they would benefit from informal conversations with colleagues who have had similar experiences, particularly around returning to work while breastfeeding and wishing to continue breastfeeding. Being able to share tips and discussing challenges can provide reassurance and a sense of solidarity during what can be a difficult transition. Employers can support this by facilitating a peer support network for employees returning from maternity leave or setting up a buddy or mentoring system, pairing new returners with colleagues who have recently gone through the transition and offering informal drop-ins where experiences and advice can be exchanged. Such initiatives do not require significant resources but can have a positive impact on employee wellbeing, confidence, and connection to the workplace.

Other considerations

.Keeping in Touch Days (KIT) Days: Breastfeeding employees may request to bring their child with them on KIT days. If this is possible. They may request to breastfeed their child or if attending without the child, they may need time and space to express breastmilk. In our study, most of the examples of children being brought to the workplace occurred during KIT days. This reflects that often childcare arrangements are not yet in place and/or children are younger and need more frequent feeds. In several cases, KIT days were kept short enough so the mother did not need to bring her child in.

KIT day examples.

Zara started KIT days when her son was 5 months old. She only worked a couple of hours on her KIT days so she could go home to feed her son.

Laura started KIT days when her daughter was 3 months old. She brought her child to the office and fed her during meetings.

Seema started KIT days when her daughter was 6 months. She needed to express twice during the day and she was offered a private and hygienic space to do so.

Brenda started KIT days when her son was 6 months. She took her mum and son with her. She fed her son in her office before she started work and her Mum looked after her son and brought him back around lunch time for a feed, then her Mum took him home. Brenda then was able to feed her son again when she got home.

Out-of-hours duties: It may be difficult for breastfeeding mothers to work outside normal work hours particularly evenings and night shifts, when children may make up breastfeeds or feed to sleep. Flexibility around shift allocations/schedules can be helpful during this time.

Case studies

Faith, an event manager, led events and had two events on the same day. Her work colleague was able to cover for the evening event so she could go home and feed her child. She was able to do evening events again in a few months when her child stopped breastfeeding.

Georgia, a teacher, was initially unable to conduct parent evenings due to her child feeding to sleep. A colleague was able to cover for her and by the next parent evening her child no longer needed the bedtime feed so she was able to do this.

Shirley, a healthcare worker, regularly did night shifts prior to her pregnancy. Whilst pregnant and breastfeeding she was given day shifts. She resumed night shifts when her child slept through the night at 2 years.

Travel for work: Travel/change of work location may be difficult (particularly if there is less familiarity around available facilities) and some mothers may even need to travel with their child for overnight travel to facilitate breastfeeding. Offering flexibility in travel requirements can ease some of these concerns. We discuss travel more in Employer Guide 5.

Caring for sick children: Sick children often benefit/derive comfort from directly receiving breastmilk which may mean the mother will want to be the main carer when the child is sick and may need to take time off work to care for sick children. Supporting parental leave for sick children can help families manage these needs effectively.

Guide 5: Common Workplace Challenges

This guide covers some common workplace challenges faced by organisations, as identified in our study, and offers practical examples and solutions. One common challenge was a lack of awareness and guidance on employers' legal obligations and how to support breastfeeding employees. We hope this toolkit provides helpful information to improve awareness and support for breastfeeding in the workplace.

What if our workplace does not have enough space / suitable space?

It is important that breastfeeding mothers have access to a private and hygienic space (ideally lockable) where they can express breastmilk / breastfeed, if required. However, a common problem, particularly in some industries, is a lack of suitable space. The first step should be to have a conversation with the employee to understand their needs. This might help to identify a suitable solution that they are comfortable with. You do not have to offer a breastfeeding room if this is not practical but there may be alternative spaces that are private, lockable and hygienic, and where there is no risk of being disturbed. Examples include a private office or a meeting room.

Where it is not possible to provide private and hygienic space, alternative solutions should be considered. These can include shorter working days, changes to start/end times, changes to shift patterns or the option to work from home for part of the day. In some cases, working from an alternative location may be an appropriate solution.

Example solutions from our study:

The room provided was a multi-purpose room and room divider was added to ensure privacy, should more than one person be using that room. However, such a solution would rely on the individual being comfortable with this. Some mothers may be conscious, if for example, they have a noisy breast pump.

There were no suitable facilities so the employee was temporarily moved to another site where a room was available/was close to her home.

What if we do not have safe storage space for expressed breastmilk?

A common concern raised by mothers in our study related to the safe storage and transportation of expressed breastmilk. Many reported having to use a communal fridge but were worried whether it maintained a safe temperature. As mentioned in Employer Guide 4, buying a thermometer or a small portable fridge are two practical solutions that can alleviate concerns about safe storage. If your employees need to travel, a portable fridge may be especially useful. This was a solution seen in several cases in our study.

If the employee's home or childcare provision is nearby, it may be possible to allow extended breaks for mothers to transport the milk, or to adjust working patterns to reduce

the time between the storage and transportation. As always, an open conversation with the employee is helpful to understand what they are comfortable with.

What if it is difficult to offer flexibility, additional breaks or find cover for breaks?

In most cases changes to work patterns are only temporary and become less necessary as the child grows older. A lack of flexibility, particularly around breaks, was one of the most common challenges identified in our study. This was particularly true in jobs that, for example, involved direct interactions with clients, customers, and others such as patients and students. A conversation can help find solutions that suit both the employee and employer. It is good practice to allow for up to an hour (depending on the employee's individual needs) of additional breaks for breastfeeding/expressing breastmilk. In some cases, the individual may not need to use the full time at once, for example, if they need to express only for comfort, and may benefit from spreading shorter breaks over the working day. Others may prefer to take the time in one go or use it to have shorter shifts. This may make it easier to arrange appropriate cover.

Example solutions from our study

Judith, a receptionist, regularly worked an evening shift when she was the only person at the front desk, so offering breaks would mean leaving the desk unattended. A colleague from elsewhere in the organisation was able to provide 20 minutes of cover to allow her to have a break.

Ruby, a teacher, arranged for a colleague to take over afternoon registration giving her time to express breastmilk for comfort purposes without comprising her scheduled teaching.

Rosa, a GP, was temporarily given fewer patients, to ensure there would be time in the day for additional breaks if needed.

What happens if my employee needs to travel?

Some jobs involve travel as part of regular duties such as visits to clients or work in emergency services. As part of the risk assessment (see Employer Guide 3), it is important to identify any potential risks to the employee and/or their child. If risks cannot be controlled or removed, the employer should offer suitable alternative work. We saw a few examples of this in our study where employees who had to travel were given a temporary desk-based job. For some, travel meant more flexibility, particularly around breaks but one of the biggest problems for those expressing breastmilk was safe storage. In our study, some employers provided a portable fridge that could be plugged into a car to support breastfeeding employees who travel as part of their day to day job.

For jobs where employees may need to occasionally or regularly travel to a different workplace location or site, careful planning may be required. For example, legal

professionals may need to attend court or employees may need to travel for a meeting, workshop or training. A first consideration should be whether the travel is essential – *could the employee attend the meeting or event virtually?* If an employee needs to travel to another work location, it is good practice to check whether suitable facilities (including storage facilities) for breastfeeding and expressing are available and bookable. As always, it is important to discuss this with the employee.

For employees who need to travel overnight, being away from their child for an extended period of time may be particularly challenging, especially if the child feeds to sleep or has several breastfeeds during a 24 hour period. As with other travel, it is worth considering whether the overnight stay is essential. If travel is essential or the employee wishes to travel, they may need to travel with their child and possibly a partner/caregiver.

What happens if my employee does not feel comfortable talking to their line managers?

One issue identified in our study was that employers may not know an employee is breastfeeding. As outlined in Employer Guide 3, employees are required to provide written notification that they are breastfeeding in order for their employer to act and provide support. It was not uncommon in our study for mothers to feel embarrassed or awkward telling their employer, or not know the process to inform their employer, with some not disclosing breastfeeding for these reasons. Some felt their employers did not need to know. To help address this problem, we provide an example communication pathway in Employer Guide 8. There are many simple steps employers can take to make it easier and more comfortable for employees to discuss their needs. For example, you may want to consider reviewing the process of how employees should notify you. *Could all communication be done via email if the employee prefers? Could a support person or a mentor be available for employees who are not comfortable speaking to their line manager directly?*

Guide 6: Example Breastfeeding Policy

It is good practice to have a breastfeeding policy to help provide a formal structure to support both employees and line managers. In this guide we provide an overview of an example breastfeeding policy which you may want to use in conjunction with our example communication pathway in Guide 7.

It is good practice for a breastfeeding policy to include:

- 1) An introductory statement that the organisation is committed to supporting their breastfeeding employees and acknowledges the benefits of breastfeeding.
- 2) The policy aims and scope which also clarifies that breastfeeding covers both direct breastfeeding and expressing breastmilk.
- 3) The responsibilities of the organisation and line managers (or alternative) and support offered
- 4) The responsibilities of employees
- 5) Link to any relevant resources

The exact wording and what support is available will vary across organisations, but we have provided some example wording below:

Policy Introductory Statement

Insert name of organisation acknowledges the health and wellbeing benefits of breastfeeding for mother and child and supports employees who wish to breastfeed their child for as long as they wish to do so, as set out in this policy. Further it acknowledges that breastfeeding benefits the organisation through staff retention, reduced absence due to child sickness, increased employee wellbeing and productivity.

Policy Aims and Scope

This policy aims to set out a transparent and clear framework to support employees who want to breastfeed for as long as they wish to. It sets out what support is available, and the responsibilities of employees and line managers. Breastfeeding includes both directly breastfeeding children and expressing breastmilk (to give to the child and/or for comfort. While an employee is breastfeeding, they and their child have health and safety protection under the Health and Safety Executive (HSE) 'Protecting pregnant workers and new mothers' regulations and have protection from indirect sex discrimination and harassment.

Organisation and Line Manager Responsibilities

1. It is the responsibility of HR/the line manager/other [adjust to who is responsible] to communicate this policy to employees.
2. Once the employee has provided written notification that they are breastfeeding / intending to breastfeed, it is the line manager [or other suitable alternative individual] responsibility to carry out a risk assessment, and have a discussion with the

employees, which will consider the employee's job role and any health conditions. [Insert link to any risk assessment documents/forms]. Line managers should be aware that feeding plans can change so they could receive written notification at short notice.

3. If necessary, and in consultation with the employees, adjustments/accommodation will be made to working patterns and/or conditions to ensure the health, wellbeing and safety of the employee and child. Examples adjustments include [adjust according to organisation's available accommodations/adjustments]:
 - a. Changes to working patterns e.g. changes to shift patterns, start/end times, working from home, flexible working requests, no (overnight) travel. If this requires a flexible working request see [include links to any flexible working policies/forms]
 - b. Paid rest breaks e.g. to ensure proper hydration/nutrition, for expressing breastmilk, to breastfeed the child directly. Breastfeeding employees will be entitled to additional paid breaks totalling [insert the number of minutes]. The frequency, length and timing should be discussed with the employee. Paid breaks can be used in the form of shorter working days.
 - c. Adjustments to working conditions that reduce risks identified in the risk assessment e.g. relating to posture, fatigue, physical health (e.g. engorgement/mastitis, changes to milk supply)
4. Employees will have access to a private and hygienic space for breastfeeding and expressing breastmilk, should they need a space:
 - a. [Provide location and details (e.g. is it lockable, does it have a chair, a sink, storage facilities, electrical outlets), of any specific space]
 - b. If an employee prefers they may use a private office/workspace if they have one/one is available
 - c. Employees can discuss alternative options with their line manager such as alternatives space or working from home
5. Employees will have access to the follow facilities [add/delete accordingly]:
 - a. Storage space for expressed breastmilk: [Provide location and details (e.g. is it a communal fridge, a fridge specific for breastmilk, does it have a thermometer?). If there is a scheme for loaning out fridges for breastmilk include details on who to contact]
 - b. Washing up facilities for breast pump equipment: [Provide location and details (e.g. is it a communal space)]
 - c. Storage space for breast pump equipment: [Provide location and details – if there is no specific space provide details on where employees should store breast pump equipment]
6. To support breastfeeding employees and parents the following are available [delete if not applicable/add additional measures]
 - a. Peer support/parent and carer networks
 - b. Mentoring/coaching
 - c. Add link to any additional resources

Employee Responsibilities

1. The employee should provide written notification that they are breastfeeding/intending to breastfeed in advance of return to work and/or before any Keep in Touch Days (KIT) or Shared Parental Leave in Touch (SPLIT) days. This ensures that an individual risk assessment can take place and appropriate accommodations can be put in place. It is recommended the employee provides any medical evidence, recommendations or requirements when notifying their line manager that they are (intend to) breastfeeding/expressing breast milk.
2. Employees are responsible for leaving any space/facilities for breastfeeding /expressing breastmilk, clean and tidy.
3. Employees are responsible for maintaining and storing of any breast pump equipment and the storage and transportation of their own expressed breastmilk. It is recommended that any breastmilk that is stored in a communal fridge is labelled and/or placed in a cool bag

Include links to other relevant organisation level policies e.g. relating to flexible work, parental leave policies, health and safety risk assessment policy/forms, and any(external or internal) links/resources relating to breastfeeding and work you may want to signpost employees to (see Employer Guide 9).

Guide 7: Health and Safety Risk Assessments

The Health and Safety Executive (HSE) states that when an employer has received written notification from an employee that they are breastfeeding, that they must undertake an individual risk assessment to consider the breastfeeding employee's specific needs. This is to ensure you as the employer can put in appropriate measures to ensure that breastfeeding employees return to a safe environment. In this guide we cover some of the key things that you might like to cover in a health and safety risk assessment for a breastfeeding employee.

When should a health and safety risk assessment take place?

Employers are legally required to undertake an individual health and safety risk assessment when an employee notifies that they are pregnant, have given birth in the last 6 months and/or are breastfeeding.¹ This risk assessment must consider the individual's specific needs and should be regularly reviewed as circumstances change. For example, in the context of breastfeeding, the specific needs of the mother may change as the child gets older and/or they make changes to their feeding patterns.

A health and safety risk assessment should take place as soon as possible after being informed by an employee that they are breastfeeding / intend to be breastfeeding upon return to work. This could be a review / update of an existing risk assessment they received as a result of informing you they were pregnant, as long as you consider any potential risks related to breastfeeding.

What should a risk assessment cover for breastfeeding employees?

The Health and Safety Executive¹ lists some common general risks for pregnant and new mothers relating to posture and position, working conditions (long hours, shift and night work) – including work-related stress, noise and temperature - , physical injury and harmful substances (e.g. chemical and biological agents) that could be passed through to the child during breastfeeding and ensuring personal protective equipment is safe and comfortable (e.g. avoiding tight clothing).

It is worth noting there are risks that are not explicitly mentioned by the HSE that are good practice to consider. These relate to factors that may lead to an increased risk of getting engorged (breasts becoming full) and developing mastitis (inflammation of the breast tissue, which can be serious and painful), and factors that may affect milk supply (which could impact infant feeding plans/goals and hence mother and child's wellbeing). Common contributors relate to lack of time to breastfeed/express when needed such as lack of additional breaks and suitable facilities. It is also worth recognising some mothers may suffer from fatigue due to overnight feeding, and the importance of ensuring time for proper nutrition and hydration for breastfeeding employees.

The following are examples of questions that are good practice to include in a risk assessment to ensure you can protect against risks specifically related to breastfeeding

(such as engorgement/mastitis, changes to milk supply etc.), as opposed to just general risks for pregnant and new mothers (that will likely be in general risk assessments for pregnant and new mothers):

1. Where can the breastfeeding employee rest if needed?

Specify where

2. Will the employee need to directly breastfeed or express breastmilk (including for comfort, their child or both) during work hours?

If yes, where can the employee breastfeed or express breastmilk that is private and hygienic e.g.

- a) In a designated breastfeeding room
- b) On-site/nearby childcare provision
- c) Private office / workspace
- d) At home
- e) Other [must be private and hygienic]

3. Will the employee need to store expressed breastmilk?

If yes, where can the employee store expressed breastmilk?

- a) In a fridge available for breastfeeding
- b) In an alternative (communal) fridge
- c) The employee wishes to use their own cool bag / box
- d) Other

Ensure that any provided storage facilities are safe (in terms of temperature: ideally has a thermometer) and hygienic

4. Will the employee need to use a breast pump?

If yes is there a place where can they wash up and/or sterilise breast pump equipment and parts?

Specify where

If yes is there a place they can store breast pump equipment if needed?

Specify where

5. Will the employee need breaks for expressing breastmilk or breastfeeding? Or will they need to adjust start/end time and / or shift patterns to accommodate this?

Agree on frequency/timing of breaks, changes to start/end time, other adjustments and put in a temporary flexible working request if needed. Ensure that the employee has enough time for adequate nutrition/hydration.

6. Are there any risks related to increased fatigue e.g. as a result of feeding the child during the night?

Consider if increased fatigue imposes any risks, based on the nature of the job role. Can these be removed/controlled by, for example, changes to start/end time, changes in work location, more regular breaks.

7. Will the employee need to travel (overnight) or work outside of their normal place of work?

If yes consider availability of facilities in alternative workplace and any adjustments that need to be made

If travelling overnight, consider whether the mother would need to travel with their child and whether this is feasible. Consider if any adjustments need to be made.

8. Will the employee need to work outside of normal hours or work late or overnight shifts?

Consider if this will impact breastfeeding and/or expressing breastmilk and any resulting adjustments that need to be made

A risk assessment may be part of a general communication pathway and we have provided an example communication pathway in Employer Guide 8.

References

1. <https://www.hse.gov.uk/mothers/employer/risk-assessment.htm>
2. <https://www.hse.gov.uk/mothers/employer/common-risks.htm>

Guide 8: 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. This guide provides an example communication pathway to help facilitate open and productive conversations regarding infant feeding.

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:** Line 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 line 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 keep in touch (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 keep in touch (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 employees 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 it is good practice to produce a summary of the key points discussed and share those with the employee. 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 conversation, 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; this can ensure that the discussions are recognised formally and helps returning employees articulate follow-up actions effectively, such as addressing specific needs with their line manager.

4. Tools

To facilitate meaningful conversations between line 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.

Recommended Content

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:

- 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?

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.

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

- 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.

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.

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

- 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?

Guide 9: Useful Resources

We'd love to know how you get on - Was there anything which turned out to be especially helpful or is there anything we missed? If you have any feedback please contact Professor Sarah Jewell (s.l.jewell@reading.ac.uk)

In this guide we provide a list of potentially useful resources and some useful resources to signpost your employees to, if you wish.

Employer/Organisation Resources

Employer legal obligations

Health and Safety Executive (HSE) Guidance on pregnant and new mothers:

<https://www.hse.gov.uk/mothers/employer/index.htm>

HSE guidance on rest and breastfeeding at work:

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

HSE information on risk assessments: <https://www.hse.gov.uk/mothers/employer/risk-assessment.htm>

HSE information on common risks: <https://www.hse.gov.uk/mothers/employer/common-risks.htm>

Maternity Action toolkit: <https://maternityactionemployers.org.uk/toolkit/>

The Breastfeeding Network has a Breastfeeding Friendly Scheme:

<https://www.breastfeedingnetwork.org.uk/get-involved/bfn-breastfeeding-friendly-scheme/>

with information on becoming a breastfeeding friendly employer:

<https://www.breastfeedingnetwork.org.uk/get-involved/bfn-breastfeeding-friendly-scheme/more-information-for-employers/>

Information on less typical breastfeeding circumstances:

Sick children: Lyndsey Hookway IBCLC has done a lot of research on breastfed sick children (particularly medically complex children), her provides a suite of resources on breastfed sick children: <https://breastfeedingthebrave.com/>

Relactation and induced lactation : La Leche League <https://laleche.org.uk/relactation-induced-lactation/> and the Association of Breastfeeding mothers

<https://abm.me.uk/breastfeeding-information/relactation/> provide a useful overview of relactation and induced lactation

Donating breastmilk: The UK Association For Milk Banking <https://ukamb.org/> and The Human Milk Foundation <https://humanmilkfoundation.org/> provide useful information on breastmilk donation

Useful Resources to Signpost Employees to

Services and Charities: Information on Breastfeeding and Work

Association of Breastfeeding Mothers: <https://abm.me.uk/breastfeeding-information/breastfeeding-work/>

Breastfeeding Network: <https://www.breastfeedingnetwork.org.uk/breastfeeding-information/continuing-the-breastfeeding-journey/returning-to-work-or-study/>

Health and Safety Executive: <https://www.hse.gov.uk/mothers/employer/index.htm>

NHS Guidance for mothers: <https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding-and-lifestyle/back-to-work/> and <https://www.nhs.uk/start-for-life/baby/feeding-your-baby/breastfeeding/breastfeeding-returning-to-work/>

La Leche League: <https://laleche.org.uk/working-and-breastfeeding/>

Maternity Action: <https://maternityaction.org.uk/advice/continuing-to-breastfeed-when-you-return-to-work/>

Breastfeeding Support and Information

You may wish to signpost employees to sources of support regarding breastfeeding and information, and any support provided in your organisation such as any parent and carer network or peer support.

Find a local breastfeeding support group

Association of Breastfeeding Mothers: <https://abm.me.uk/find-a-local-breastfeeding-support-group/>

Breastfeeding network: <https://www.breastfeedingnetwork.org.uk/drop-in-centres-map/>

La Leche League GB: <https://laleche.org.uk/find-lll-support-group/>

National Childbirth Trust Baby Cafes: <https://www.nct.org.uk/about-us/community-support-programmes/nct-baby-cafe>

Helplines

The [National Breastfeeding helpline](https://www.breastfeedingnetwork.org.uk/chat/): 0300 100 0212 is available 24/7. The National Breastfeeding helpline also offers a web-based breastfeeding support service and social media support: <https://www.breastfeedingnetwork.org.uk/chat/>

La Leche League: 0345 120 2918; you can contact a local La League Leader if one is available in your area: <https://laleche.org.uk/call/#leaders>

National Childbirth Trust (NCT) Infant Feeding Line: 0300 330 0700

One to one Breastfeeding Support

Search for a IBCLC lactation consultant: <https://lcqb.org/find-an-ibclc/>

Breastfeeding Information

Association of Breastfeeding Mothers: <https://abm.me.uk/breastfeeding-information/>

Breastfeeding Network: <https://www.breastfeedingnetwork.org.uk/>

La Leche League: <https://laleche.org.uk/get-support/#bfinfo>

NHS: <https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding/>

National Childbirth Trust (NCT): <https://www.nct.org.uk/>

You may wish to signpost employees to the following charities who support perinatal mental health and resources:

Pandas foundation: <https://pandasfoundation.org.uk>

Maternal Mental Health Alliance: <https://maternalmentalhealthalliance.org>

Professor Amy Brown's breastfeeding grief resources:

<https://professoramybrown.co.uk/articles/f/supporting-breastfeeding-grief---a-collection-of-resources/>