University of Reading

Maternal Wellbeing, Infant Feeding and Return to Paid Work

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Executive Summary

1. Study Context and Aims

Existing research has shown that not meeting individual infant feeding goals (feeding in the way that a mother wants for as long as they and/or the child wishes to) can negatively impact the mother's health and emotional wellbeing. Evidence has shown many mothers in the UK stop breastfeeding earlier than intended, with one barrier to continuing to breastfeed and meeting infant feeding goals being return to paid work.

Children can be given breastmilk either directly via the breast or expressed breastmilk in a bottle or suitable cup. A mother may continue to provide their child breastmilk during work hours by utilising breaks to express breastmilk/directly feed a child if they are nearby or adjusting their feeding schedules. They may instead provide a child with alternative sources of milk that are age-appropriate. What options are available to the mother, and the resulting impact on the mother's wellbeing, will depend on provisions available in their workplace and the mother's infant feeding goals.

Supporting breastfeeding employees also benefits employers, with prior evidence suggesting this increases retention, productivity and reduces absence of returning breastfeeding mothers. However, the legal framework for provisions for breastfeeding employees in the UK is limited. The Health and Safety Executive (HSE) state that employers:

- Must provide breastfeeding employees somewhere to rest
- This place should be private, hygienic and have somewhere to store expressed breastmilk if needed, specifically stating toilets are not a suitable place
- Must provide an individual health and safety risk assessment if the mother provides written notification they are breastfeeding

There are no legal obligations to provide additional breaks for employees for breastfeeding or expressing breastmilk. The provision of facilities are strong recommendations rather than legal requirements. Mothers also have some protection under anti-discrimination laws (the Equality Act 2010).

The topic of breastfeeding and return to work, workplace experiences and the resulting impact on mother's wellbeing has previously been under-explored in the UK. Little attention had been paid to the employer perspective and any barriers/constraints they may face to supporting breastfeeding employees. This study aimed to fill these gaps.by investigating the wellbeing, opportunities and experiences of mothers who wish to continue to breastfeed on return to paid work, and how employers could be better equipped to support their employees. Further we aimed to understand how workplace attributes may constrain or facilitate combining breastfeeding with paid work, with an emphasis on maternal (physical and emotional) wellbeing. The following research questions were addressed:

1. How do decisions about infant feeding and return to paid work, and their intersection, vary by sub-groups?

2. What attitudes and awareness exist regarding breastfeeding and breastfeeding in the workplace and how do these vary by sub-groups?
3. What are the workplace barriers and facilitators to breastfeeding and returning to paid work, and do these vary by industry/occupation?
4. What are the maternal wellbeing implications of mothers not meeting their infant feeding goals and/or combining breastfeeding and return to paid work?
5. What workplace practices and policy can facilitate combining breastfeeding and return to paid work, and support maternal wellbeing?

2. Methodology

The study used a mixed method approach, combining quantitative and qualitative analysis, drawing on several data sources to explore both the mother and organisational perspectives:

1) UK Household Longitudinal Study Data

We utilised a UK nationally representative household survey, the UK Household Longitudinal Study (UKHLS) to explore pattens of breastfeeding and return to work and analyse differences by sub-group. The UKHLS analysis included 3,568 births and we focused on those that had breastfed for at least 3 months (established breastfeeding) which included 1,599 births.

2) Attitudes Survey Data

We funded a module in the nationally representative 2022 British Social Attitudes Survey to explore attitudes to breastfeeding relating to views on the benefits of breastfeeding, breastfeeding in public and breastfeeding in the workplace. The module received 2,102 responses.

3) Maternal Experiences Survey and Interviews

To understand the lived experience of returning mothers we conducted a Maternal Experiences survey (1,865 respondents) and interviews (62 interviewees). The survey and interviews captured experiences of return to paid work and infant feeding decisions, workplace experiences and resulting impacts on physical and emotional wellbeing. Interviewees were recruited through our Maternal Experience Survey.

4) Human Resources (HR) and Line Manager Surveys

To investigate the organisational perspective, we conducted a HR (652 respondents) and a Line Manager (479 respondents) survey. The HR and Line Manager surveys captured attitudes, workplace provisions, information and communication, workplace barriers/facilitators, and the Line Manager survey experiences of managing breastfeeding employees.

3. Key Findings

Based on our analysis of the UKHLS around 21% of working mothers were breastfeeding when they returned to work. This group of mothers were more likely to be highly educated, from a higher socio-economic background, from the Black ethnic group, and working in managerial and professional jobs, reflecting general patterns of return to work and/or establishing breastfeeding.

Attitudes to and Awareness Surrounding Breastfeeding and the Workplace:

- The British Social Attitudes Survey (BSA) showed that most respondents (80%) thought combining breastfeeding and paid work would be difficult; coupled with a view that infant formula feeding was perceived to be more convenient/ practical and putting less strain on the mother
- 71% of HR professionals and 88% of Line Managers agreed that it was the employer's responsibility to accommodate breastfeeding employees
- Despite the positive intentions, a lack of awareness was identified in the HR and Line Manager surveys of:
  - How long a mother may breastfeed for
  - Ways in which mothers may continue to provide breastmilk
  - Health and safety, legal and practical considerations

Specific Challenges in the Workplace Faced by Mothers

Common key challenges identified included a lack of:

- Private and hygienic facilities - concerningly 26% of those who had expressed at work in our mother's survey had done so in the toilets
- Safe storage space for breastmilk
- Time to breastfeed/express breastmilk
- Internal workplace policy and communication/information/guidance
- Health and safety risk assessments – despite these being a legal requirement

Mothers in the survey and interviews tended to find combining breastfeeding and work more difficult when the child was younger upon return to the workplace and when they needed to express breastmilk during work hours. Those in jobs and industries where flexible working/working from home was not available/feasible found it more difficult.

Barriers to Supporting Breastfeeding Employees Faced by Organisations:

- Barriers faced by organisations related to lack of space, and the nature of the job making it difficult to provide additional breaks/flexibility, a lack of awareness/ guidance of legal obligations
- Challenges were particularly faced by smaller organisations, as well as those organisations in the Education, Health & Social Work and Other Services industries where it was reported the nature of the job made it harder to accommodate breastfeeding employees

Impact on Mother's Wellbeing: Positive Experiences:

- Common facilitators for a positive experience included working from home, flexible working, a phased return, an open discussion and a supportive line manager
- Positive experiences related to regaining a sense of identity, relief at being able to continue to provide breastmilk, the opportunity to reconnect with their child and meeting infant feeding goals

Impact on Mother's Wellbeing: Negative Impacts:

- Pre-return anxiety relating to managing breastfeeding and paid work, and not knowing what to expect – particularly relating to the child's wellbeing, bodily adjustments and the workplace practicalities
- Physical impacts: reduced milk supply, engorgement (breasts becoming full)/ mastitis (inflammation of breast tissue), fatigue related to changing feeding patterns
- Emotional impacts: difficulties balancing motherhood and worker roles leading to: feelings of sadness, anxiety, guilt, isolation, lack of choice/agency; stopping breastfeeding before ready

Conclusion

The findings indicate current legal requirements and HSE guidance are not strong enough to protect breastfeeding employees nor support employers in their own support of breastfeeding employees. There is a lack of awareness of what is needed and relies on informal process, with the onus on the mother and line manager to make accommodations work. A lack of adequate facilities, flexibility/time and communication /information negatively impact the mother's physical and emotional wellbeing. Positive experiences often relied on mothers being adept at making adjustments /compromises independent of workplace support. One size does not fit all as experiences varied across mothers and by industry/occupation, and hence open and inclusive discussions between mothers and their line managers/employers are key. It is clear when adequately supported returning mothers can meet their infant feeding goals then return to paid work can be a positive experience which benefits all parties.

4. Key Recommendations

Policy Recommendations

1. In order to ensure women's physical and mental wellbeing is supported we recommend strengthening the current employer legal obligations and Health and Safety Executive (HSE) guidance by mandating that all breastfeeding employees, whilst breastfeeding:

❖ Have access, during working hours, to a suitable private and hygienic space for rest/breastfeeding/expressing and access to a safe and cool storage space for the breastmilk
  - Where space is limited, alternative arrangements (e.g. working from home, extended breaks, changes to location and/or working patterns) must be made

❖ Are entitled to paid breaks for breastfeeding/expressing during working hours if required

Further it is recommended that the HSE:

❖ Enforce that all breastfeeding employees have an initial health and safety assessment, and then at regular intervals whilst breastfeeding
❖ Extend the list of common risks for pregnant workers and new mothers to include risks relating to engorgement/mastitis and changes to milk supply

- ❖ Refer to the importance of ensuring adequate hydration/nutrition for breastfeeding mothers and recognising fatigue related to feeding adjustments

2. We recommend The Department of Work and Pensions consider:

- ❖ Mandating the existence of an easily accessible and transparent workplace breastfeeding policy/action plan

Best Workplace Practice Recommendations

We recommend encouraging employers through relevant guidance (including through our toolkit discussed below) to consider the following examples of best practice:

- ❖ Offering a phased return to paid work to breastfeeding employees
- ❖ Increasing the availability of adequately paid extended leave where possible
- ❖ Facilitating open and inclusive conversations around infant feeding – ideally starting before employees goes on parental leave
- ❖ Including training/guidance regarding supporting breastfeeding employees for line managers, HR and colleagues
- ❖ Where feasible, returning mothers who are breastfeeding could be offered peer support and/or mentoring to facilitate their individual breastfeeding/return to work journeys
- ❖ Signposting returning mothers to sources of support, to organisations that offer support regarding breastfeeding and/or return to paid work

Practical toolkits

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, and to support the best workplace practice recommendations above, as part of the study we have produced complementary toolkits for mothers and employers.

1. Introduction and Study Overview

Breastfeeding decisions are personal and emotive ones. Past evidence suggests many mothers stop breastfeeding earlier than intended (Brown, 2017) and not meeting personal infant feeding goals (feeding in the way that mother wants for as long as they and/or child wishes to) has been shown to be detrimental to maternal mental/emotional wellbeing (Borra and Sevilla, 2015; Brown, 2019). One barrier for continuing to breastfeed and meeting infant feeding goals, among those who wish to do so, is return to paid work (Adams et al., 2016a; Baker and Milligan, 2008; Skafida, 2012) which is the focus of this study.

The topic of breastfeeding and return to work, workplace experiences and its resulting impact on maternal wellbeing has been underexplored in the UK. Further, little attention has been paid to the employer or line manager perspective in the UK (Adams et al., 2016b a noticeable exception). The study aimed to fill these gaps and was interested in the wellbeing, opportunities

and experiences of new mothers who wish to continue to breastfeed[1] on return to paid work. We focused on investigating the lived realities of return to paid work and physical and emotional wellbeing of this particular group of working mothers. The study aimed to understand how mothers can be better supported in the workplace, and how employers/organisations can be better equipped to support their breastfeeding workers.

1.1 Breastfeeding and The Workplace

It is recommended by the World Health Organisation (WHO, 2023) that infants are exclusively breastfed until 6 months and then fed breastmilk alongside solids until 2 years and beyond, which is past the point when most mothers have returned to paid work. These recommendations reflect the well-documented population level breastfeeding benefits for children's health and cognitive benefits, mothers' health and overall societal benefits (Belfield and Kelly, 2012; Borra et al,.2012; Rollins et al., 2016; Victora et al., 2016). The World Health Organisation (WHO) states that breastmilk provides all the nutrients and energy that an infant needs for their first 6 months, half or more of their nutritional needs between 6 and 12 months and up to one-third in the second year of a child's life[2]. The NHS, therefore, recommends that breastmilk or infant formula milk be the main 'drink' (and hence main source of nutrition) for infants up until 12 months; and at 12 months children can be introduced to cow's milk (or an alternative to cow's milk)[3].

Children can be fed breastmilk directly from the breast or via expressed breastmilk provided from a bottle or alternative such as a cup. Expressing breastmilk (also known as pumping breastmilk) involves removing milk from the breast which can be done by hand or using a breast pump. Mothers may express breastmilk for them or another person to give to their child, but other reasons (physical wellbeing aspects are discussed in Section 5.1) include for comfort when breasts are full (engorged), and to help boost or maintain breastmilk supply[4]. As highlighted by the NHS[5] there are several ways a mother may continue to provide breastmilk on return to paid work:

- **Direct breastfeeding:** it may be possible to continue to directly breastfeed during work hours if the mother is close to the child e.g. if childcare provision is available onsite at the workplace or nearby (in some cases, where possible, working from home could help facilitate this)

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

[2] See https://www.who.int/health-topics/breastfeeding#tab=tab_1

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

[4] For more on expressing breastmilk see the information provided by the NHS: https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding/expressing-breast-milk/

[5] See https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding-and-lifestyle/back-to-work/

- **Adjusting the timing/frequency of breastfeeds:** a mother may be able to adjust the timing/frequency of breastfeeds so they take place outside of work hours which may be facilitated by a flexible working arrangement
- **'Partial' breastfeeding:** where the mother directly breastfeeds (or gives expressed breastmilk) and the child is given expressed breastmilk by a caregiver when away from their mother. With 'partial' breastfeeding the mother may need to express breastmilk for their child during work hours
- **'Combination' feeding:** similar to 'partial' breastfeeding except the child is also given alternative sources of milk such as infant formula milk, and/or cow's (or cow's milk substitute) milk (the latter is not recommended before 12 months) when away from their mother

Which options are feasible for a mother and how they impact a mother's wellbeing may be affected by the age of their child upon return (the number/frequency of feeds typically fall as the child gets older), provision in their workplace (e.g. flexible working, facilities, breaks) and their infant feeding goals. Supporting working mothers with their infant feeding goals not only benefits children and mothers (Hauck et al., 2020), but also benefits employers by increasing the likelihood of mother's returning (earlier) to paid work (Del Bono and Pronzato, 2022; Hatamyar, 2024; Heckl and Wurm, 2024) and reducing absence due to child sickness (Cohen et al., 1995; Del Bono and Pronzato, 2022), thereby increasing worker productivity. Del Bono and Pronzato, 2022 found specifically for the UK that woman had longer breastfeeding duration and highly educated mothers had shorter maternity leave spells when employers provided breastfeeding facilities.

1.2 UK Context and Legal Framework

Context

The economics literature has focused on the (negative) relationship between breastfeeding and return to paid work (Roe et al., 1999; Chatterji and Frick, 2005; Mandal et al., 2014) but has not explored workplace factors in detail, the lived experience of mothers, nor the resulting impact on physical and emotional wellbeing. The focus has tended to be contexts in Northern America where mothers on average return to paid work earlier due to the lack of widespread mandatory maternity leave, and there is an expressing breastmilk ('pumping') culture with legal protection for mothers 'pumping' at work[6]. In the UK, mothers return to paid work much later which is likely to impact infant feeding decisions for those continuing to breastfeed rather than the decision to breastfeed.

There is existing research that indicates a significant relationship between reaching breastfeeding goals and the availability of breastfeeding support in the workplace (e.g. Bruk-Lee et al., 2016; Jantzer et al., 2018; Sattari et al 2013) but again this literature typically focuses on the US context. Therefore, the topic of breastfeeding and work has been underexplored in the UK with previous quantitative work in the UK based on older data (e.g. Del Bono and

[6] See for example https://www.dol.gov/agencies/whd/pump-at-work

Pronzato, 2022; Hawkins, 2007; Skafida, 2012) collected up to 2010 using previous infant feeding surveys and cohort studies.

Legal Framework

In the UK mothers are entitled to 12 months maternity leave, however, only the first 9 months (39 weeks) are paid, with often only the first 6 weeks at 'full' pay, unless their employer offers more generous provisions. There is also an option of Shared Parental Leave (SPL) where mothers can share their leave with partners, but the uptake of SPL is low (Clifton-Sprigg et al., 2024). Mothers often return to paid work before their full leave entitlement (i.e. before 12 months)[7,8], when breastmilk or infant formula milk is still recommended by the NHS as the main 'drink' and a key source of nutrition. This return to paid work behaviour is against a backdrop of relatively low breastfeeding rates in the UK: rates at 12 months have previously been reported as amongst the lowest in the world (Victora et al., 2016).

In the UK mothers who wish to continue to breastfeed after returning to paid work following maternity or parental leave do have some basic legal protection and rights under health and safety (Workplace (Health, Safety and Welfare) Regulations 1992 and the Management of Health and Safety at Work Regulations 1999), the Employment Rights Act 1996 and anti-discrimination laws (the Equality Act 2010).

As outlined in Box 1.1 the **Health and Safety Executive (HSE) Guidance** states that breastfeeding employees *must* (a legal obligation) be provided with a place to rest, which *should* (and hence only strong recommendations) 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. 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. Such reviews, it suggests, ought to be regularly reviewed.

[7] Research from Maternity Action suggests that mothers on average take 39 weeks of leave (9 months) and only 45% take more than 39 weeks, see: https://maternityaction.org.uk/2021/07/shared-parental-leave-the-marathon-continues/#:~:text=More%20generally%2C%20we%20know%20that,take%20more%20than%2039%20weeks.

[8] In our analysis of the UK Household Longitudinal Survey the average age of the child upon return was 9.3 months, with 76% returning before 12 months. 55% returned by 9 months and 14% returned by 6 months.

Box 1.1: Legal Requirements of UK Employers Regarding Breastfeeding Employees

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

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

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

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

Section 25 Workplace (Health, Safety and Welfare) Regulations 1992

Regulations 16 and 18 of the Management of Health and Safety at Work Regulations 1999

In contrast to many other high-income countries[9] the legal obligations of employers in the UK in relation to breastfeeding employees are limited. There are no requirements to provide additional breaks (or shorter days) for breastfeeding/expressing breastmilk during work hours despite this recommended by the International Labor Organisation[10]. There are recommendations around facilities, which should be private and hygienic, with somewhere to store expressed breastmilk, but again these are only strong recommendations and not legal obligations.

Whilst 'breastfeeding', per se, is not a protected characteristic under the **Equality Act 2010**, maternity is a protected characteristic, alongside pregnancy, under Section 18, and it is also unlawful to discriminate against a worker because of their sex (Section 11). Hence, whilst there may be no explicit protection for breastfeeding mothers, refusal to accommodate a nursing mother's needs might count as unlawful discrimination, if a claim can be made. The legal framework for breastfeeding employees is limited by the lack of effective enforcement mechanisms and the likelihood of raising a complaint is likely low given the pressures associated with combining breastfeeding with return to paid work. Although low, there have been a few successful claims brought to employment tribunals[11].

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

[10] See article 10 of the International Labor Organisation's (ILO) Maternity Protection Convention 2000 (No. 183). Geneva., available at https://normlex.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C183

[11] For example: McFarlane & Ambacher v Easyjet Airline Co. Ltd (2016) ET Case No: 1401496/2015 3401933/2015; Mellor v MFG Academies Trust (2021) Case No: 1802133/202; Gibbins v Cardiff and Vale University Local Health Board (2024) ET Case No: 1602976/2023

Under the Employment Rights Act 1996 Section 80, the **right to request flexible working** is also of potential relevance to returning mothers. If eligible, mothers may be able to request some flexibility (e.g. in terms of work patterns, location or hours) as they navigate a transition back to paid work that could enable them to meet infant feeding goals. It applies to all organisations, regardless of their size but is only a right to 'request' not a right, per se, and there are 8 grounds upon which a request can be rejected, which include the burden of additional costs and impact on work quality. Hence, whilst employers must consider requests and must do so in a reasonable time, they are ultimately in control of whether/how far they are willing to accommodate the mother's needs. It does however provide a formal means of highlighting what flexibility/ accommodations might help them better manage their return to paid work/infant feeding choices and, related, overall wellbeing.

1.3 Study Framework

Figure 1.1 outlines the study's framework which brings together the main ideas and components of the study. We expand on existing frameworks in the economics literature (Roe et al., 1999; Chatterji and Frick, 2005; Mandal et al., 2014) which consider trade-offs between paid work and breastfeeding in terms of costs and benefits. We utilise a framework of balancing breastfeeding and return to paid work in terms of mother's physical and emotional wellbeing. The technical details can be found in Aftab et al., 2025.

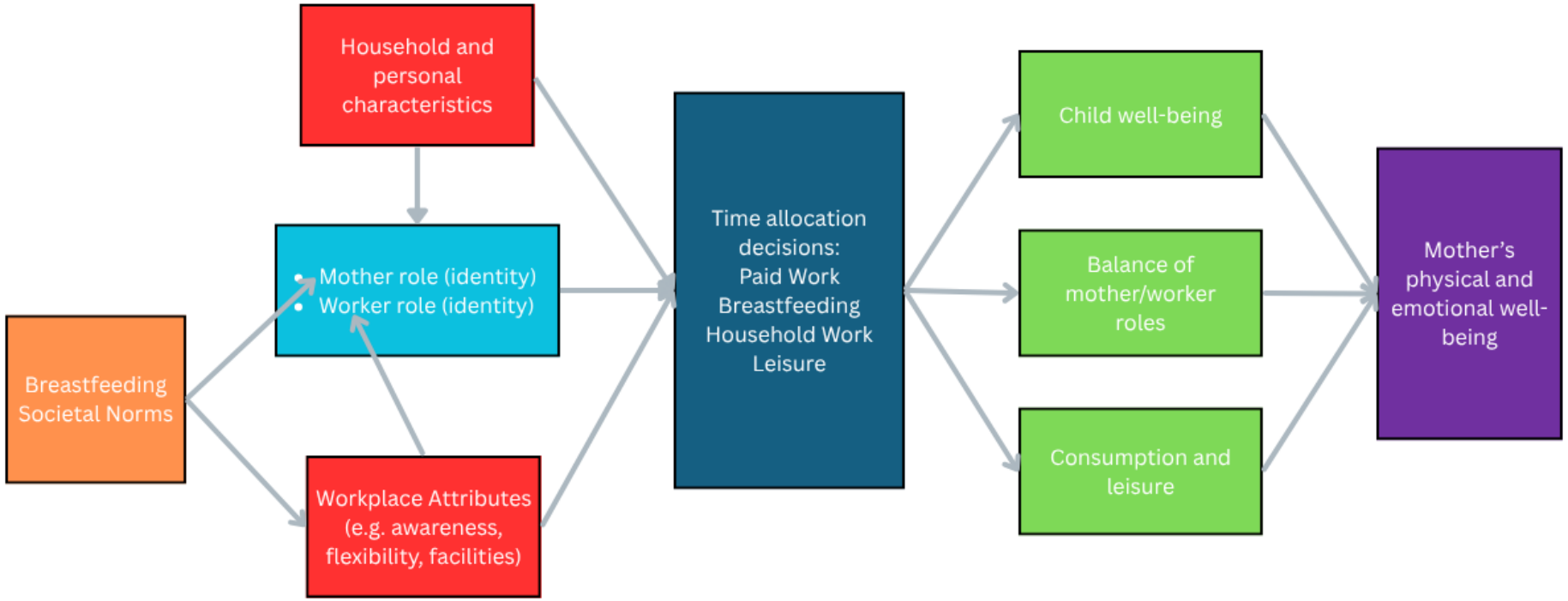
Central to our framework is the fact that we consider breastfeeding as a form of work which involves the investment of time and energy, which is performed alongside paid work that women do in the workplace and unpaid care work in the household (including household chores and childcare). The mother's wellbeing, our key outcome of interest, is determined both by their own consumption of goods and services (including leisure), the child's wellbeing, and how the mother is able to reconcile their mother role (mother identity) and worker role (worker identity). Earnings from work affect the mother's and child's consumption and hence both the mother's and child's wellbeing directly. The mother role captures infant feeding goals (how the mother wants to feed their child and for how long), and the worker role captures how important work is to her in terms of her sense of self and job-related goals. Time spent at work, in addition to earnings, also affects both worker and mother identity. Societal norms underpin our framework as they often determine what is 'viewed' as the 'right' balance between these two roles and mothers may feel this pressure which they factor into their decision process. Past research has shown that attitudes of mothers and others influence infant feeding decisions (Brown, 2017). Furthermore, societal norms may impact workplace attributes and hence workplace constraints/facilitation.

In our framework, a mother decides how to allocate their time between 3 types of work: paid work, breastfeeding and household work (which includes childcare), and leisure time. A women can choose to allocate zero time to any of these. We focused on the group of mothers who breastfed for at least 3+ months (when breastfeeding is likely to have been well established by) to avoid conflating factors that impact initiation with those that impact continuation.

Breastfeeding is typically considered ‘established’ when the breastmilk supply is stable and mother and child are comfortable breastfeeding.

Mothers’ time allocation decisions will be impacted by their worker and mother identity, and household and workplace constraints. Household constraints may include whether they have a partner, household income, and other caring responsibilities. Workplace constraints include factors such as awareness around breastfeeding and work, flexible working opportunities, and availability of facilities/provisions. Awareness will be impacted by societal norms, and we are interested in awareness of ways a mother may continue to provide breastmilk and what is needed in the workplace to help facilitate this. We focus on the substitutability between breastfeeding and work, and how it is impacted by workplace attributes (constraints and facilitators) and societal/workplace norms, considering other factors (e.g. personal and household characteristics, age of the child). Then we explore how decisions around infant feeding and paid work, and the resulting lived experience, impact maternal wellbeing; particularly the impact of balancing the mother and worker roles.

Figure 1.1: Mother's Decisions and Wellbeing Outcomes Framework



1.4 Study Research Questions

Our study's key research questions (RQ) are outlined in Box 1.2 and draw from our framework presented above in Section 1.3. We started with RQ1 which documented patterns of breastfeeding and return to paid work, and their intersection i.e. combining breastfeeding with return to paid work. We also explored differences by sub-group to better understand our groups of interest. Our demographic sub-groups of interest include age, education, socio-economic background and ethnicity. Evidence has shown these factors affect breastfeeding rates and duration (e.g. Simpson et al., 2019). We further explored differences by industry and occupation which provided a foundation for RQ3, given constraints may vary across industry/occupation. We concentrate on RQ1 in Chapter 2.

Box 1.2: Research Questions (RQ)

RQ1 How do decisions about infant feeding and return to paid work, and their intersection, vary by sub-groups?

RQ2 What attitudes and awareness exist regarding breastfeeding and breastfeeding in the workplace and how do these vary by sub-groups?

RQ3 What are the workplace barriers and facilitators to breastfeeding and returning to paid work, and do these vary by industry/occupation?

RQ4 What are the maternal wellbeing implications of mothers not meeting their infant feeding goals and/or combining breastfeeding and return to paid work?

RQ5 What workplace practices and policy can facilitate combining breastfeeding and return to paid work, and support maternal wellbeing?

General attitudes to breastfeeding and those in the workplace are a key component of the study framework. Attitudes tend to be collected through small scale studies, and/or qualitative studies, and focus more on the attitudes of mothers. Therefore, general attitudes and perceptions had not been explored using UK representative data, and we aimed to fill this gap in RQ2. RQ2 explored attitudes and awareness in relation to breastfeeding and breastfeeding in the workplace. Attitudes to and awareness of breastfeeding and the workplace are discussed in Chapter 3.

RQ3 was interested in understanding the role of the workplace in supporting breastfeeding (goals) and the potential workplace barriers and challenges. We explore RQ3 through the lived experience of mothers and drawing on the Human Resources (HR) and line manager perspective in Chapter 4. RQ3 is further interested in differences by workplace characteristics such as industry and organisation size, to understand employer constraints and sensitivities.

Our key outcome of interest was maternal wellbeing, and maternal wellbeing captures both emotional and physical wellbeing. RQ4 was interested in both the impact of not meeting infant

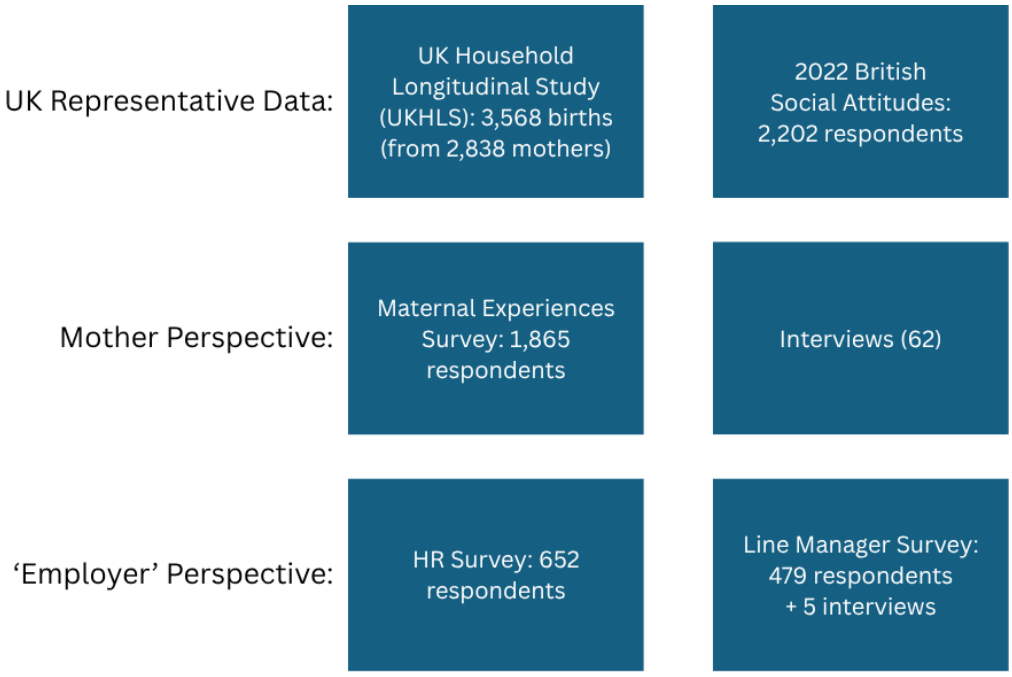
feeding goals and the balancing of paid work with breastfeeding ('lived experience') on mother's wellbeing. We address RQ4, drawing on mothers' lived experiences, in Chapter 5. RQ5, addressed in Chapter 6, draws together the findings to consider policy and workplace implications and recommendations to better support breastfeeding employees, with a focus on supporting maternal wellbeing. This includes how employers can be better equipped to meet the needs of breastfeeding employees.

1.5 Data Sources

To answer the research questions, the study undertook a mixed method approach, combining quantitative (statistical and regression analysis) and qualitive analysis (thematic and discourse analysis), drawing on both secondary data and primary data. The study's key data sources are summarised in Figure 1.2.

For more details about the data, methods, data samples, and underlying estimations/analysis see the corresponding supplementary technical reports. We provide a corresponding technical report for each data source.

Figure 1.2: Key Data Sources



UKHLS Data

At the time of this study (2025) there were no official statistics on breastfeeding initiation[12] and duration rates in the UK, since the discontinuation of the UK infant feeding survey fifteen years earlier in 2010[13], which only followed UK mothers up to 10 months postpartum. We

[12] With the exception of quarterly breastfeeding rates at 6-8 weeks postpartum for England, compiled by The Office for Health Improvement and Disparities, see for example https://www.gov.uk/government/statistics/breastfeeding-at-6-to-8-weeks-quarterly-data-for-2023-to-2024

[13] A new Infant Feeding Survey for England was started in 2024, and Scotland ran an Infant Feeding Survey in 2017.

therefore used the UK Household Panel Longitudinal study (UKHLS, commonly known as the Understanding Society) to explore patterns of breastfeeding and return to paid work in the UK, and to model the relationship between breastfeeding and return to paid work, thereby addressing RQ1. The UKHLS collects information on social and economic variables at the individual and household level. Importantly for us the UKHLS collects information on new births including breastfeeding behaviour (whether breastfed and duration), information on economic activity (including maternity leave and return to paid work) and job characteristics, alongside demographics. We focus on singleton births, due to the different issues relating to multiple (e.g. twins, triplets) births. We utilise a sample that has full information on return to paid work, infant feeding and characteristic of interests. This sample consisted of 3,568 births from 2,838 mothers. For more information about the sample and how we utilised the UKHLS see Jewell et al., (2025a).

Attitudes Survey

To address RQ2, we collected general population attitudes regarding: breastfeeding in public, breastfeeding in the workplace, and beliefs around the benefits of breastfeeding, through funding a module as part of the British Social Attitudes 2022 survey. The British Social Attitudes (BSA) Survey is a long running UK representative (on age, sex, education, tenure, ethnicity, economic activity and region) annual survey which collects information on people's social, political and moral attitudes. 2,202 respondents completed the breastfeeding module. In April 2022, prior to the BSA module, we also undertook a Pilot Attitudes Survey using the online research platform Prolific[14] which targeted a UK representative sample (based on sex, age and ethnicity) of 1,000 respondents (we obtained 1,013 response) which had space for more questions than in the BSA module. For more information about the attitude surveys, the questions asked, and the analysis of the attitudes survey see Jewell et al. (2025b).

Maternal Experiences Survey

To gather the mother perspective and workplace/lived experience we undertook a Maternal Experiences Survey. The survey data provided insights to help address RQ3 and RQ4. The first round of the survey ran from November 2022-March 2023 and then the survey was reopened in September 2023 to try to increase diversity of respondents and kept open until February 2024. The survey was shared through our networks, via social media, via national charities supporting infant feeding and families, and to local community groups. The survey received 1,865 responses.

The survey was open to mothers in the UK who had given birth since 2017 (we wanted to capture experiences before and after the COVID-19 pandemic) and included questions related to return to paid work, infant feeding, workplace experiences (particularly around combining breastfeeding and paid work), wellbeing, plus demographic questions. The survey was

[14] Prolific is an online research platform that connects researchers with research participants, from among Prolific's pool of potential participants. Researchers can select participants based on characteristics or select a representative sample (based on sex, age and ethnicity). For more information about Prolific see, https://www.prolific.com/researchers

predominantly targeted to mothers who had breastfed, including those who were currently on maternity leave. We were particularly interested in those who had lived experience of combining breastfeeding and paid work, or who were on maternity leave and planning to continue breastfeeding on their return to the workplace.

Compared to the UKHLS sample, respondents were more likely to be older, highly educated and from a high socio-economic background, and working in managerial and professional occupations. These characteristics reflected those (based on our UKHLS analysis) who were more likely to establish breastfeeding and return to paid work after giving birth - our group of interest. There was also an over-representation of those in the health/education industries and occupations, again reflecting that these are the industries/occupations that had the highest documented proportion of returning mothers breastfeeding (see Section 2.2). As is common in surveys relating to breastfeeding experiences in the UK (e.g. Morse and Brown, 2021), there was an under-representation of those from minority ethnic groups, who are more likely to establish breastfeeding, but also less likely to be employed after giving birth (see Figure 2.5)[15].

We focus on the sample in the survey who had returned to paid work/started a job within 15 months (1,288 respondents) and are particularly interested in the 905 respondents who continued to breastfeed upon return to paid work. Other samples of interest include the 207 respondents who had not yet returned to work but expected to continue breastfeeding upon return to paid work. Of those who stopped before returning to paid work, our interest is in the group who stopped breastfeeding before return to paid work and would have like to have continued (65 respondents).

The survey was analysed using statistical and regression analysis and the free text boxes analysed using discourse analysis. For more information about the survey, the survey sample, the questions asked, and how the survey was analysed see Jewell et al (2025c).

Maternal Experiences Interviews

We undertook interviews with mothers to provide further insight into RQ3 and RQ4, particularly in relation to mothers' lived experiences and wellbeing. Respondents to the Maternal Experiences Survey were asked if they would be interested in participating in an interview and those who were gave their consent to us contacting them (we contacted those who expressed an interest in April 2023).

We undertook 62 semi-structured interviews, 46 (our main group of interest) had continued to breastfeed when they returned to paid work, 11 had yet to return to work but were planning to breastfeed upon return, and 5 had stopped breastfeeding before return to paid work. We did 6 follow up interviews with those who had not yet returned (4 of which were first time mothers) after they had returned to paid work. Interviews took place between May 2023 and April 2024, and follow-up interviews took place between May 2024 and August 2024.

[15] It is beyond the scope of this analysis in this report, but we undertook listening groups and interviews with local community groups to try and understand the experience of under-represented groups such those from minority ethnic groups and lower socio-economic backgrounds. Insights from this data will be discussed in a separate report.

Interviewees were asked questions related to their infant feeding and return to paid work decisions/experiences, workplace support, attitudes of others, wellbeing, what would have helped and what advice they would give to others returning to paid work. For those who had not yet returned, questions focused on expectations and any concerns rather than workplace experience.

Interviews were analysed using thematic analysis (Clarke and Braun, 2017) and discourse analysis. For more information about the interviews, the questions asked, and how they were analysed can be found in Jewell et al.(2025d).

HR and Line Manager Surveys/Interviews

To collect the 'employer'/organisational perspective we surveyed both HR professionals (i.e. those who influence HR policy) and line managers (i.e. those who typically would have day to day dealings with employees, and hence any conversations with employees going on/returning from maternity leave). For brevity we use the term 'organisation' to cover both business and other organisations (such as public sector and non-profit organisations).

The HR Survey was conducted by YouGov Plc as part of their weekly HR Decision Maker panel survey. 508 adults completed our survey. Fieldwork was undertaken between 21st-26th March 2024. The survey was carried out online, and covered HR decisions makers from a range of industries and across organisation size (defined by the number of employees). Since YouGov's Decision Maker panel does not cover the public sector, we supplemented the survey with one undertaken on the Prolific[14] research platform, collecting a further 144 responses from HR professionals from across the public administration, education, and health and social work (including from charity and not for profit/voluntary organisations) industries. The HR Survey focused on workplace provisions, information and communication, views and barriers/ facilitators to supporting breastfeeding employees.

To understand the line manager perspective, we conducted a separate and more detailed survey. We were interested in line managers who had managed employees in the last 3 years (regardless of whether they had managed breastfeeding employees). We shared the survey through our networks (28 responses) and then supplemented this through a survey run via the Prolific[14] research platform (451 responses). The Line Manager survey collected information on views, awareness of breastfeeding and the workplace (see Section 3.3 for more details), workplace provision, information, communication and training, and experience of managing breastfeeding employees. 458 had managed employees in the last 3 years, with 42.4% having managed employees who had returned from parental leave and 22% having managed an employee they were aware was breastfeeding. Our respondents came from a range of industries. We also conducted 5 interviews with line managers, to gain further insight.

1.6 Report Overview

The rest of the report is organised as follows. We start by documenting the bigger picture in Chapter 2 to understand general patterns of breastfeeding and return to work behaviour, and differences by sub-group. We then explore attitudes to and awareness of breastfeeding and the workplace in Chapter 3, utilising the Attitudes surveys, and the HR and Line Manager surveys. In Chapter 4 we explore the anxieties, realities, obstacles and opportunities of returning to work and combining breastfeeding. This chapter brings together the lived experience of mothers (using the Maternal Experiences Survey and Interviews) and the 'employer' perspective, drawing on the HR and Line Manager Surveys. In Chapter 5, we explore the impact of workplace and infant feeding experiences on mother's wellbeing, drawing on mothers' *lived experiences.* We conclude in Chapter 6 with an overview of key findings and some recommendations for policy and workplace practice.

2. Breastfeeding Behaviour and Return to paid work in the UK: The Bigger Picture

In this Chapter we document general patterns of breastfeeding and return to work behaviour in the UK using a national level dataset, the UKHLS. We then explore whether return to paid work impacts breastfeeding behaviour in the UK and how this varies by sub-group to address Research Question 1 (see Section 1.4). More details about the UKHLS can be found in Section 1.5.

2.1 General Patterns of Breastfeeding Behaviour and Return to paid work in the UK

We begin by painting a general picture of breastfeeding and return to paid work behaviour in the UK using the full sample of births (3,568 births). Since there are many factors that impact breastfeeding cessation, particularly in the early months, we then focus on those who breastfed for at least 3 months (1,599 births), to avoid conflating factors that impact establishing breastfeeding with those that impact continuation.

General Patterns of Breastfeeding Rates/Duration in the UK

71.4% reported ever having breastfed their child (see Figure 2.1), with a reasonable drop off by 1 month with 54.8% breastfeeding at this point and a fairly steady decline in the proportion breastfeeding up to when the child is 12+ months. 34.1% were breastfeeding at 6 months, which is consistent with the proportion of mothers (34%) who were breastfeeding at 6 months in the 2010 Infant Feeding Survey[16].

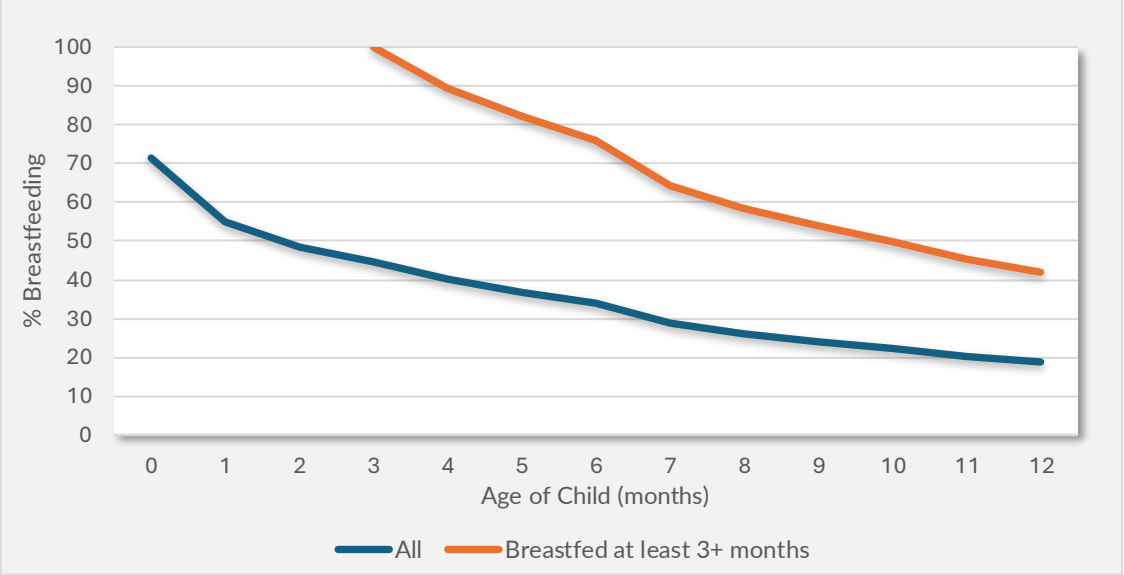
Note, within the UKHLS sample, breastfeeding rates have increased over time with 48% breastfeeding at least 6 months in the later waves, which is consistent with an increase in breastfeeding rates indicated by the 2017 Scottish Maternal and Infant Nutrition Survey (which reported 43% breastfeeding at 6 months)[17]. 18.8% in the UKHLS sample breastfeed for 12+ months which is not out of line with the 22% breastfeeding at 13-15 months in the Scottish Maternal and Infant Nutrition survey 2017 (given that breastfeeding rates have increased across time with our sample)[17].

The main interest was in the group (44.8% of the UKHLS sample) reached at least 3 months and by 12 months 42% of this group are breastfeeding.

[16] See https://digital.nhs.uk/data-and-information/publications/statistical/infant-feeding-survey/infant-feeding-survey-uk-2010

[17] See https://www.gov.scot/publications/scottish-maternal-infant-nutrition-survey-2017/pages/3/

Figure 2.1: Breastfeeding Behaviour in the UK



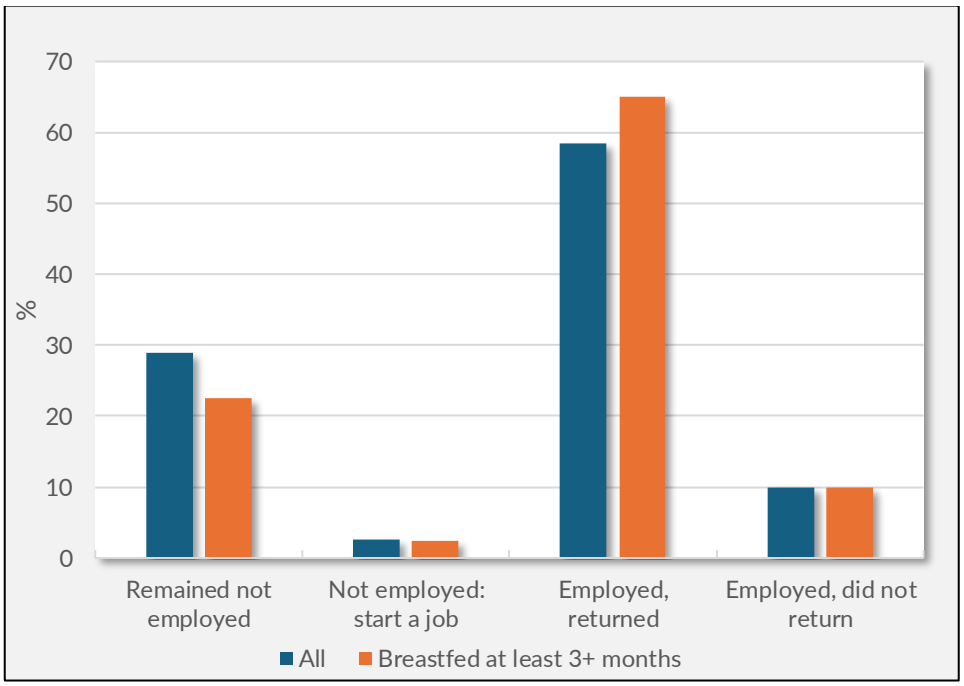
Source: UKHLS, waves 3-13: Own estimates. Using singleton births that had full information on breastfeeding, return to paid work behaviour and personal characteristics. The graph captures the % breastfeeding for at least the number of months. Includes 3,568 births from 2,838 mothers. The sample who breastfed for at least 3+months includes 1,599 births from 1,322 mothers.

After the initial drop off in the first month there were other points where women are more likely to stop breastfeeding: 7.5% stopped at exactly 6 months and 6.7% stopped at 12 months. One consideration is that an individual's return to paid work and breastfeeding goals could coincide - this is not something we could observe directly in the UKHLS data, but we took into account the age of the child upon return to paid work in our modelling.

General Patterns of Return to paid work in the UK

We class return to paid work as returning within 15 months of giving birth, which includes the 12 months of permitted leave in the UK plus allowance for annual leave (since mothers can add any annual leave accrued whilst on parental leave). We categorise our sample based on their activity status in the month prior to giving birth/the point of going on maternity leave. 28.9% were not employed and remained so. 61.1% returned to paid work/started a job (2.66% started a job) within 15 months. 10.01% did not return to paid work. It is worth noting that employment rates are higher among the group who breastfed for 3+ months (Figure 2.2).

Figure 2.2: Return to paid work Behaviour

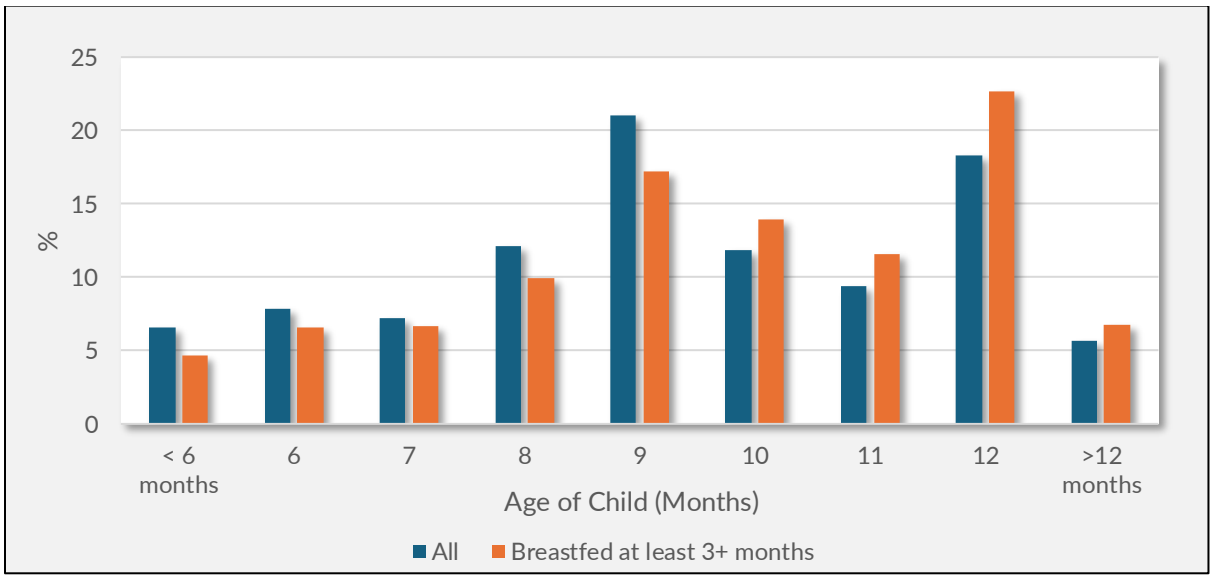


Source: UKHLS, waves 3-13: Own estimates. Includes singleton births that had full information on breastfeeding, return to paid work behaviour and personal characteristics. Includes 3,568 births from 2,838 mothers. The sample who breastfed for at least 3+months includes 1,599 births from 1,322 mothers.

The average age of the child upon return was 9.3 months (9.7 months for those who breastfed for at least 3 months). As shown in Figure 2.3 the most common points to return to paid work were when the child was 9 months (21.1%) and 12 months (18.3%). Only 24.1% of mothers (see Figure 2.1 were breastfeeding at the point mothers typically start to return to paid work in this sample (from 9 months onwards). 76.1% returned before their child was 12 months when breastmilk or infant formula milk is still considered a main contributor to child's nutritional needs. 14.4% returned before or at 6 months which is the point advised at which infants can begin to be introduced to solids[5]. Hence, adjustments needed/made to how the infant is fed by mothers may vary according to the age of the infant upon return (as seen in Section 4.2), and the age of the infant upon return may be an important determinant of a mother's experience of combining breastfeeding and paid work, and thus their resulting wellbeing. We take into account the age of the child upon return to work in our modelling.

Those who breastfed for at least 3 months tended to return later, with higher rates of return at 10 months or later compared to those who do not breastfeed for at least 3 months (see Figure 2.3). This finding reflects that the typical characteristics of those who establish breastfeeding are similar to those who return to paid work later.

Figure 2.3: Age of Child (Months) Upon Return to paid work



Source: UKHLS, waves 3-13. Own estimates: Includes births where the mother returned to paid work/started a job within 15 months of birth. Includes 2,180 births from 1,794 mothers. The sample who breastfed for at least 3+months includes 1,080 births from 899 mothers.

Breastfeeding Behaviour and Return to paid work in the UK

Paid work may impact both the method of feeding (e.g. changes to partial or combination feeding, adjustments to the number/frequency of feeds) and duration, but we only know the duration of any breastfeeding in the UKHLS. We now move onto using the UKHLS sample (1,599 births) who breastfed for at least 3+ months to model whether return to paid work impacts breastfeeding behaviour.

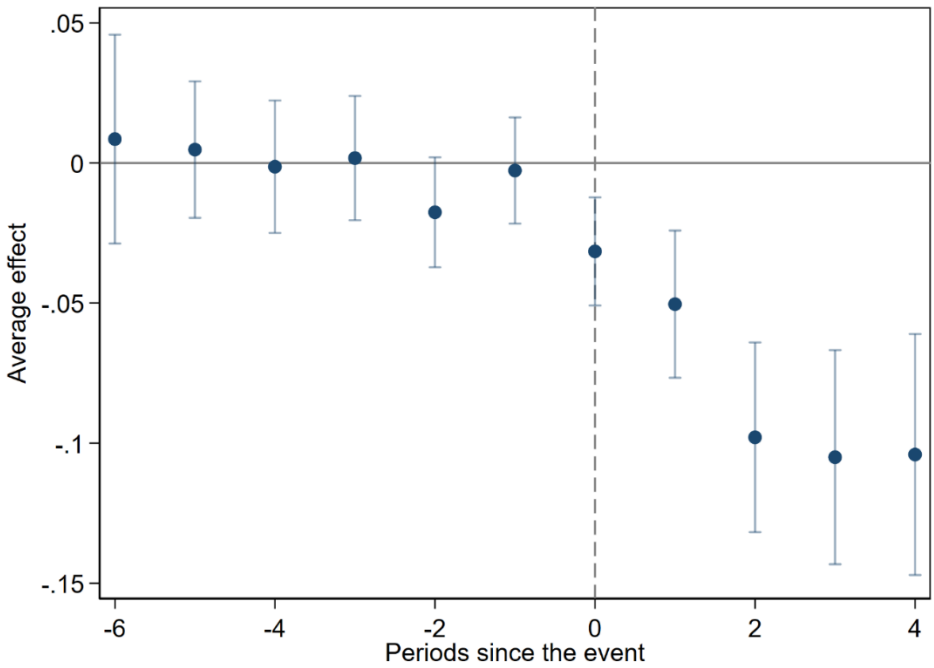
For the employed (within 15 months of giving birth) sample who breastfed for at least 3 months, we test if the probability of continuing breastfeeding decreases around the point of return to paid work, considering the age of the child upon return to paid work[18]. The comparison group are those mothers who have not returned by the same point or did not return/start a job, and we compare mothers with similar characteristics (on the basis of education, age, ethnicity and partner status). The results are shown in Figure 2.4. We find evidence of anticipation effects - i.e. adjustments to breastfeeding in the run up to return to paid work - emerging up to two months before return to paid work We find no evidence of an increased likelihood of stopping prior to two months before return to work. We therefore correct for these anticipation effects. Overall, we found the probability of continuing to breastfeed decreased by 10 percentage points (the average effect) during the period around the return to paid work (starting at 2 months prior to return). The biggest fall in the probability of continuing to breastfeed is at the point of return to paid work and then the effect levels off after the return to paid work.

24.3% in the sample who breastfed for at least 3 months stopped within 2 months of returning to paid work. 42.7% (21.2% of the full employed sample) continued to breastfeed upon return to paid work. For those continuing to breastfeed, the median months they continued to

[18] We use the Callaway and Sant'Anna doubly-robust estimator (Callaway and Sant'Anna, 2021). For details on the methodology and full results see Aftab et al., 2025.

breastfeed after return is 4 months, and 49.3% stopped within the first 3 months (17.9% within the first month, 19.3% in the second month and 12% in the third month) of return. This illustrates that only temporary accommodations are needed to support breastfeeding for an individual, with many only continuing for a few months after return.

Figure 2.4: Impact of Return to paid work on the Probability a Mother Continues Breastfeeding



Source UKHLS, waves 3-13, own estimates. Notes: Figures show results from the Callaway and Sant'Anna, 2021 doubly-robust estimator. Controls for whether the mother is highly educated (has a university degree), her partner status, age and ethnicity. Sample includes 1,599 births from 1,322 mothers and focuses on those who breastfed for at least 3 months. We account for anticipation effects of up to 2 months before return and hence 0 refer to 2 months prior to the point the mother returned to paid work. The average effect is the effect on the probability of breastfeeding at that point.

These findings indicate that whilst the majority of mothers stop breastfeeding (or do not initiate breastfeeding) some time before return to paid work, there is a group of mothers (around a third of working mothers in the UKHLS sample) whose infant feeding decisions may be impacted by return to work. It is this group of mothers who continue to breastfeed upon return to paid work and those who stop around their return to paid work and would like to have continued that are the interest of this study. We explore the impact of return to paid work in much more detail by exploring the lived experience, obstacles and opportunities in Chapter 4.

2.2 Breastfeeding and Work Behaviour by Sub-Groups

We also explored differences by sub-groups using the UKHLS, as there may be variations in mother/worker identities, constraints and opportunities (key components of the framework set out in Section 1.3) faced by different groups. We modelled return to paid work, breastfeeding behaviour and continuing to breastfeed upon return to paid work to explore how these vary by

sub-group. Figure 2.5 summarises the key factors identified as impacting breastfeeding and work behaviour.

Figure 2.5: Typical Characteristics by Infant Feeding and Work Behaviour

Breastfed for at least 3 months	Employed 15 months after birth	Older Average Age of Child (months) on Return	Breastfeeding upon return to paid work
• Older • Highly educated • High socio-economic background • High income • Black and Asian ethnic groups	• Older • Highly educated • High income • White ethnic group	• Older • Highly educated • High income • Asian ethnic group	• Highly educated • High socio-economic background • Black ethnic group

Source: Own analysis from the UKHLS waves 3-13, using all available data with information on breastfeeding and return to paid work. We used regression analysis to identify factors associated with the return to paid work and breastfeeding behaviours of interest, see Appendix 1 in Jewell et al., (2025a) for more details on the underlying estimates.

Consistent with past evidence (Belfield and Kelly, 2012; Chabrol et al., 2004; Del Bono and Pronzato, 2022; Skafida, 2012; Simpson et al., 2019) breastfeeding (and duration) rates in the UKHLS were typically higher among older, highly educated (has a university degree) mothers and those from a high socio-economic background, and varied by ethnic group (higher among the Black ethnic group followed by the Asian ethnic group).

When we focus on the group who established breastfeeding (breastfed for at least 3 months) only the factors of being highly educated and from the Asian ethnic group remain as significant. This indicates that personal characteristics tend to impact establishing breastfeeding more than the continuation rates, thus illustrating why it is important to focus on the group who established breastfeeding to avoid conflating barriers to establishing with those for continuing breastfeeding. Exploring the determinants of establishing breastfeeding was beyond the scope of this study.

Generally, with the exception of ethnic group, the factors that impact the likelihood of breastfeeding and duration of breastfeeding were similar to affecting the likelihood of being employed 15 months after giving birth i.e. highly educated, older mothers from high socio-economic backgrounds. Focusing on those who had breastfed for at least 3 months we find highly educated mothers, those from high socio-economic backgrounds, and those from the Black ethnic group were more likely to continue breastfeeding upon return to paid work (see Figure 2.5).

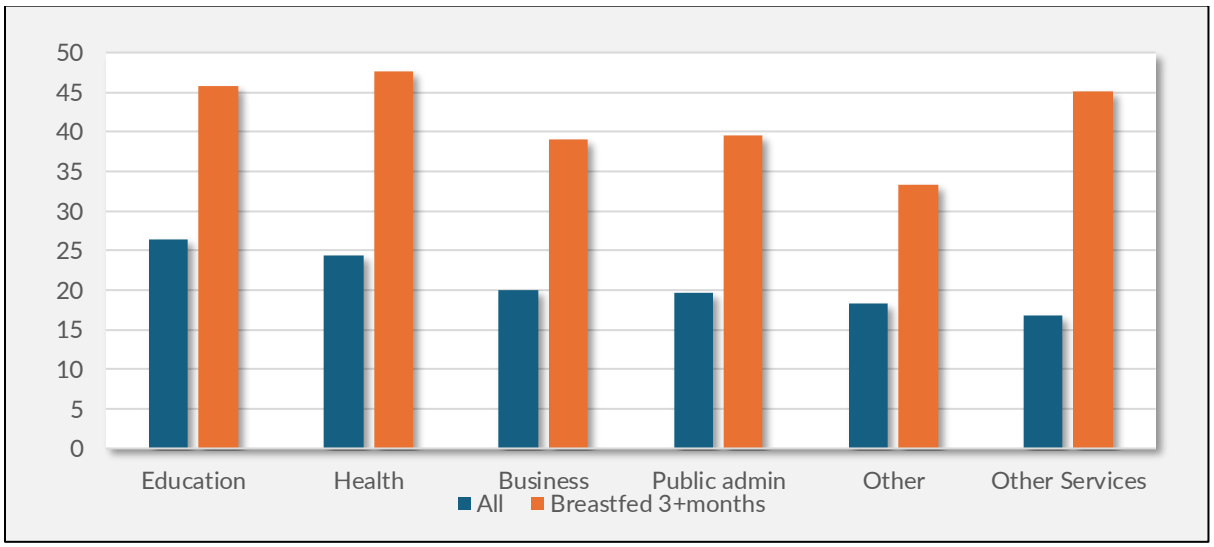
Job Characteristics

A key component of the study's framework (Section 1.3) and interest is the impact of workplace attributes on breastfeeding behaviour and the resulting lived experience and wellbeing outcomes. We therefore explore differences by job attributes. We focus on job characteristics (industry, occupation, availability of flexible working) prior to return to avoid conflating effects with changes in job due to breastfeeding behaviours, and because our modelling method requires characteristics captured prior to birth/return to paid work. Industry and occupation definitions can be found in Jewell et al., (2025a). On some occasions some industries were grouped into an 'Other' category when sample sizes were too small (namely Primary and Secondary Industries, Transport and Communication).

In the UKHLS sample, mothers worked across a range of industries and occupations. 55.5% worked in the private sector, 35.4% in the public sector and 9.1% in the 'other' sector (e.g. voluntary, non-profit sector). The most common industry mothers were employed in was the Health and Social Work (29.8%, the latter includes charities and non-voluntary organisations) followed by Other Services (including Retail, Accommodation and Food, and Other Services) (20%) and Education (16.8%). 15% worked in Business and Professional Services, 7% in Public Administration, with 11.5% across other industries. This is in line with recent statistics (Francis-Devine et al., 2025) that show the most common industries that women are employed in are Health and Social Work (22%), Education (12%) and Wholesale and Retail (12%). The most common occupations group was Services (24.4%, including caring, personal, leisure and sales occupations), and 40% worked in managerial and professional occupations, with the most common professional occupations as: Teaching (12.7%) and Health (11.2%). The occupation groupings mirror the most common industries.

If we break down by industry (Figure 2.6), we see that the Education and Health & Social Work industries had a higher proportion of mothers who breastfed upon return to work. Results are driven by the fact that the industries that tend to have a higher proportion of mothers breastfeeding on return to paid work tend to have a higher proportion of their workforce that are highly educated, and higher rates of breastfeeding for at least 3+ months. When we account for those who breastfed for at least 3 months we get a slightly different picture. Other Services has the lower proportion of mothers breastfeeding for 3 months (37.8%), but among those who breastfed at least 3+ months, this industry included a greater proportion of women more likely to continue to breastfeed (after the Education and Health & Social Work industries). There are likely differences in terms of constraints/facilitators by industry and hence it is important to explore differences/sensitivities by industry (as we do in Section 4.3 and below).

Figure 2.6: Breastfeeding Upon Return to paid work (%), by Industry



Source: UKHLS, waves 3-13. Own estimates, includes 2,376 births from 1,947 mothers who were employed prior to birth with information on industry, and 1,167 births from 972 mothers for those who breastfed for at least 3 months

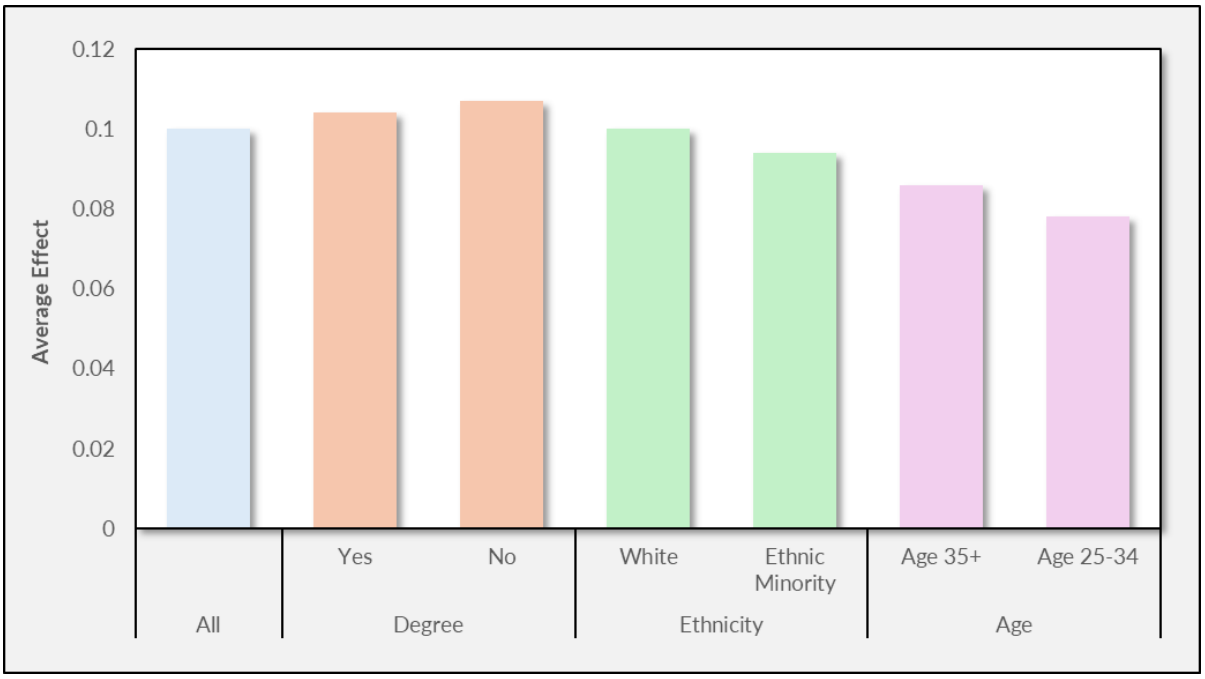
Those in managerial and professional jobs were more likely to continue to breastfeed upon return to paid work (28.6% vs 17.2% in non-managerial and professional jobs), partly driven by those in these jobs more likely to establish breastfeeding. But if we look within those who breastfed for at least 3+ months, those in managerial and professional jobs are still more likely to continue to breastfeed (47.0% compared to 39.8% of those in non-professional jobs). Teaching and Health occupations have the highest proportion of mothers breastfeeding upon return to paid work (30.8% and 26.4% respectively). However, the Health occupation has a lower proportion than would be expected based on the proportion (47%) who breastfeed for at least 3 months in managerial and professional jobs (50.6% of those in Teaching occupations continue compared to 41.7% in Health occupations).

Probability of Continuing Breastfeeding by Sub-Group

We undertook sub-group analysis of the impact of return to paid work on the probability of continuing breastfeeding, following on from Figure 2.4 In particular we explored how the impact of return to paid work on the probability of continuing breastfeeding varied by different characteristics. The effects of the return to work on the probability of continuing breastfeeding are similar (close to the general effect of 10-percentage points seen in Figure 2.4) for sub-groups when splitting by education, ethnic or age[19] groups (Figure 2.7).

[19] It was not possible to include the youngest age group of 18-24 years old due to a small sample size – reflecting this group was less likely to both be employed 15 months after birth and breastfeed for at least 3 months.

Figure 2.7: Impact of Return to Paid Work on the Probability a Mother Continues Breastfeeding, by Personal Characteristics

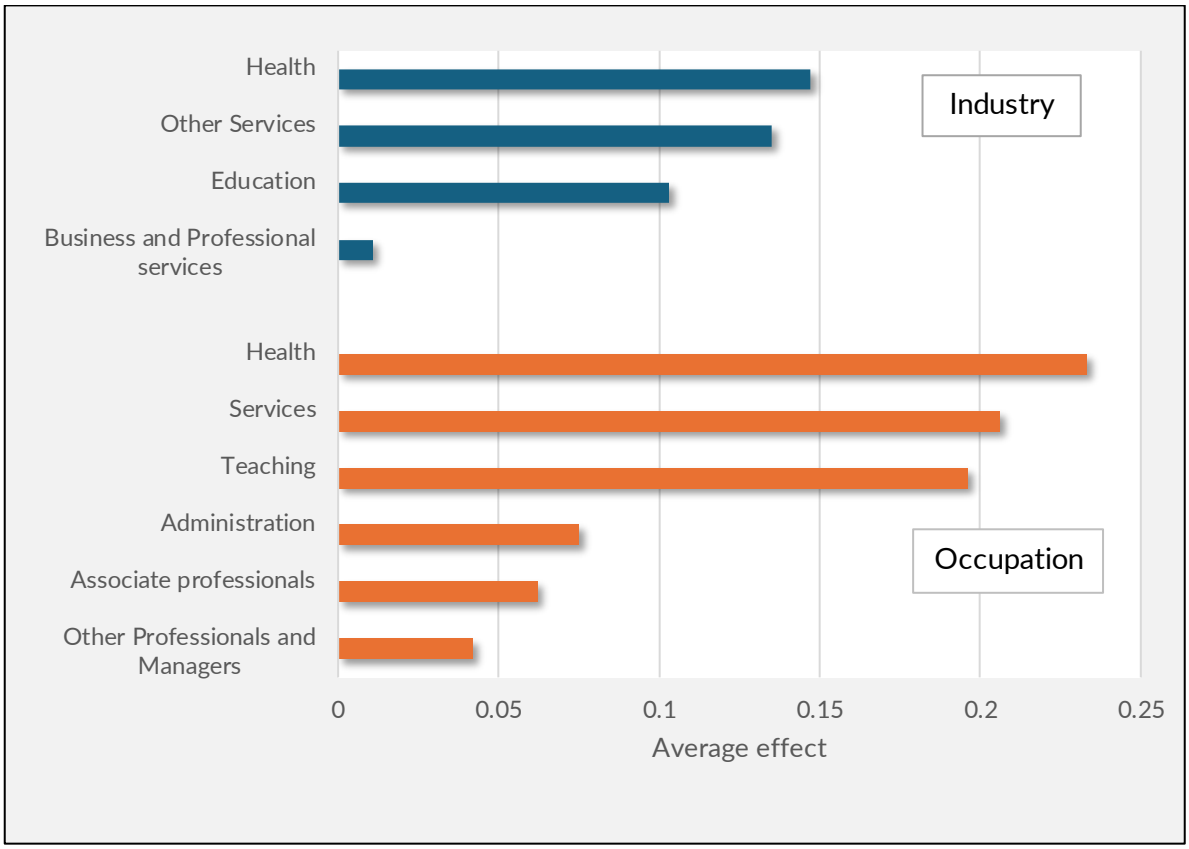


Source UKHLS, waves 3-13, own estimates. Notes: Figures show aggregate results from the Callaway and Sant'Anna, 2021 doubly-robust estimator. Controls includes whether the mother is highly educated (has a university degree), her partner status, age and ethnicity except when sample split by that characteristic. Sample includes 1,599 births from 1,322 mothers and focuses on those who breastfed for at least 3 months. The average effect is the effect on the probability of breastfeeding at that point. The underlying results can be found in Aftab et al., 2025.

We saw more variation (on the overall impact with a 10-percentage point decrease) of the impact of return to work on continuing breastfeeding by work characteristic. When we explore by industry (Figure 2.8), we see that the impact was greatest in Health (a reduction by 14.7 percentage points), followed by Other Services and Education, and the smallest impact was in Business and Professional Services (an insignificant decrease of 1.1-percentage points)[20]. In terms of occupation, we find the greatest reduction in Health (23.3 percentage points), Services (20.6 percentage points) and Teaching occupations (19.6 percentage points) – mirroring the industry impacts[21].

[20] Results were statistically significant for all industries except for Business and Professional Services, suggesting return to paid work has no impact on continuing breastfeeding for those working in this industry.
[21] Results were statistically significant for these occupations, but not for other occupations (other managerial and professional occupations, administration and associate professionals).

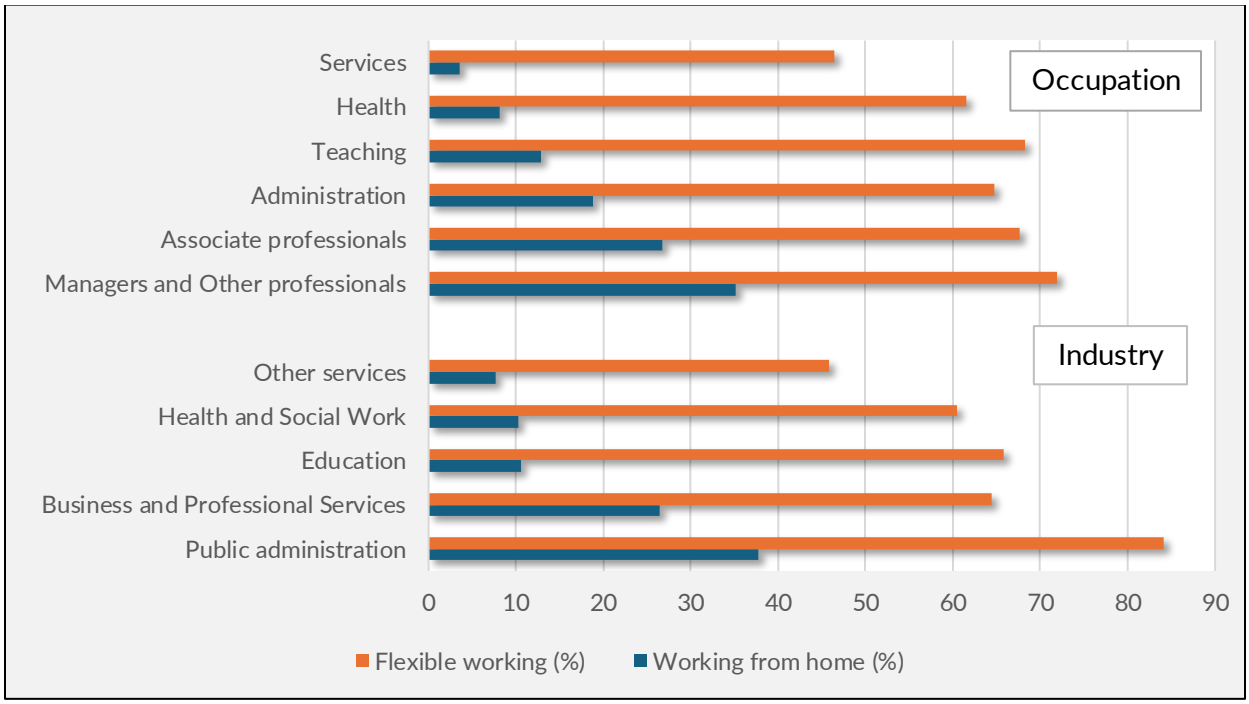
Figure 2.8: Impact of Return to Paid Work on the Probability a Mother Continues Breastfeeding, by Industry and Occupation Group



Source UKHLS, waves 3-13, own estimates. Notes: Figures show aggregate results from the Callaway and Sant'Anna, 2021 doubly-robust estimator. Controls for whether the mother is highly educated (has a university degree), her partner status, age and ethnicity. The industry sample includes 1,167 births from 972 mothers, and the occupation sample includes 1,179 births from 985 mothers. Sample focuses on those who breastfed for at least 3 months, and where information was available on industry and occupation respectively. The average effect is the effect on the probability of breastfeeding at that point. The underlying results can be found in Aftab et al., 2025.

Figure 2.9 shows that those industries/occupations where availability of working from home (e.g. relating to health, education and services) is lowest correspond to those industries/occupations that have the largest impact of returning to paid work on breastfeeding behaviour.

Figure 2.9: Availability of Flexible Working / Working from Home, by Industry and Occupation



Source UKHLS, waves 4-12 (even waves only), own estimates. Questions on the availability of flexible working options[22] at the respondent's workplace was only asked in even waves. Includes a sample of 1,171 from 1,065 mothers for industry and 1,173 from 1,064 mothers for occupation. Includes those who were employed prior to birth and had full information on industry and occupation, respectively.

We further explored the impact by whether their employer offered flexible working[22] in our modelling. The impact on the probability of continuing breastfeeding was much greater for those whose employer did not offer flexible working (a decrease of 18.5- percentage points) compared to those where this was available (a decrease of 4.5- percentage points). We also found those who had longer commutes (where there may be more time pressures) experienced a greater impact on their breastfeeding behaviour: long commutes reduce the probability by 16.9-percentage points compared to 7.3-percentage points for those with a shorter commute. These findings indicate the importance of workplace attributes/time constraints for the continuation of breastfeeding around the return to paid work. We have only been able to explore some time and flexibility elements with the UKHLS data, but we do explore in more detail workplace attributes such as facilities in Chapter 4.

[22] Flexible working included any of the following arrangements: job sharing, compressed hours, annualised hours, flexitime, working from home on a regular basis and other flexible arrangements

2.3 Chapter 2 Key Findings

Analysis of the UKHLS found:

- Mothers who are older, highly educated (has a university degree), from ethnic minority backgrounds (Black and Asian ethnic groups), older and from high socio-economic backgrounds were more likely to establish breastfeeding (breastfeed for at least 3 months)
- Around 21% of mothers who had returned to work were breastfeeding upon return to paid work. This group of mothers were more likely to be highly educated, from a high socio-economic background, from the Black ethnic group, and working in managerial and professional jobs (particularly in the Education, and Health & Social Work industries)
- Among the group who breastfed for at least 3 months return to paid work reduced the probability of continuing to breastfeed
- Those in Health and Social Work, Other Services and Education industries (and in Health, Teaching and Service Occupations) saw a bigger fall in the probability of continuing to breastfeed around return to work
- In particular those jobs that did not offer flexible working, and had longer commutes, had a greater reduction in the probability of continuing breastfeeding around return to paid work

3. Attitudes to and Awareness of Breastfeeding, and Breastfeeding and the Workplace

As outlined in Section 1.3, our study is underpinned by societal norms which may impact the workplace environment and infant feeding goals/decisions. Attitudes to breastfeeding in the UK had not previously been captured using a UK representative sample. To address Research Question 2 (see Section 1.4), we firstly documented general attitudes to breastfeeding using the British Social Attitudes (BSA) Survey responses. The BSA focused on attitudes to benefits of breastfeeding, breastfeeding in public and breastfeeding in the workplace. We then explored attitudes in the workplace drawing on the HR and Line Manager surveys. In particular we focused on attitudes to breastfeeding in the workplace and the awareness of why supporting breastfeeding workers is important and what workplace support is needed.

3.1 General Population Views Regarding Infant Feeding

a) Pilot Attitudes Survey: General Perceptions

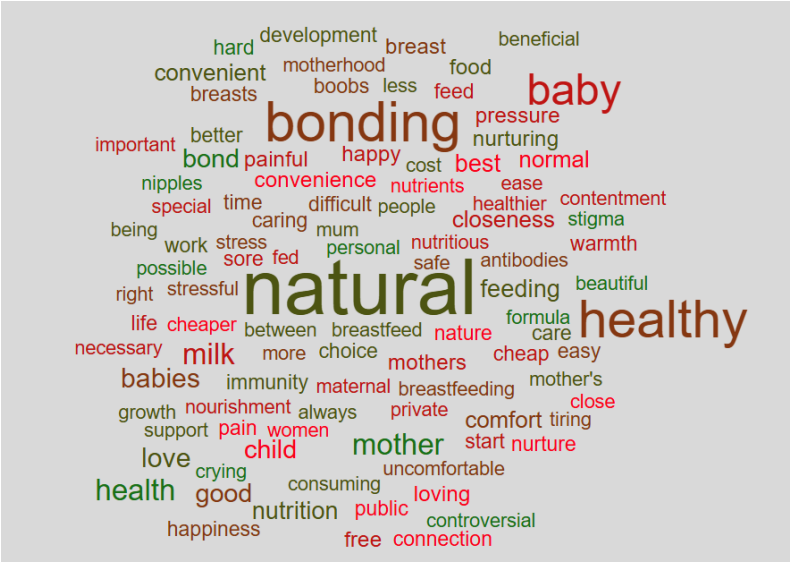
As part of the Pilot Attitudes Survey (which received 1,013 responses, see Section 1.5) respondents were asked to provide three words that spontaneously come to mind regarding three different forms of infant feeding: breastfeeding, infant formula feeding, and providing expressed breastmilk. The most frequent word associations are provided in Figure 3.1-Figure 3.3[23]. Breastfeeding emerged as the most positively associated form of infant feeding, particularly in relation to health, nutrition, and positive emotional experiences such as bonding and closeness. Words like 'nurture' and 'natural' dominated the responses, highlighting breastfeeding's associations with maternal and infant wellbeing. In contrast, infant formula feeding attracted the most negative associations, primarily linked to artificiality and cost. Despite these negative connotations, infant formula feeding was also strongly associated with convenience and practicality. This dual perception indicates that while formula feeding is often seen as a practical solution, it is accompanied by doubts about its nutritional and emotional equivalence to breastfeeding.

Providing expressed breastmilk emerged as a middle ground between breastfeeding and formula feeding, with respondents frequently using words pointing to the health and nutrition benefits and the practicality of bottle feeding. While providing expressed breastmilk was generally perceived as a practical alternative to direct breastfeeding, words such as 'hard work', 'storage', 'fridge' were often cited (particularly among women), reflecting the challenges involved in this feeding method. This finding is important to consider since only this method was associated with facilitating the return to paid work, despite other options outlined by the NHS as discussed in Section 1.1. However, breastfeeding is not without its challenges, as it was also associated with stigma, guilt, and shame, reflecting the societal pressures or emotional

[23] Full analysis of the word associations with the types of feeding can be found in Section 3 in Jewell et al. (2025b).

burdens that it can entail, and hence the importance of understanding maternal wellbeing, which is central to the study's framework presented in Section 1.3 and discussed in Chapter 5.

Figure 3.1: The most frequent word associations with breastfeeding



Source: Pilot Attitudes Survey, includes 1,013 responses.

Figure 3.2: The most frequent word association with infant formula feeding

Source: Pilot Attitudes Survey, includes 1,013 responses.

Figure 3.3: The most frequent word association with expressed breastmilk

Source: Pilot Attitudes Survey, includes 1,013 responses.

b) British Social Attitudes Survey: General Views

Building on the Pilot Attitudes Survey we explored general attitudes in the 2022 British Social Attitudes (BSA) Survey, of which 2,202 responded to the questions (see Section 1.5). The BSA Survey focused on views on 3 broad topics: benefits of breastfeeding, breastfeeding in public, breastfeeding and work.

i. Benefits

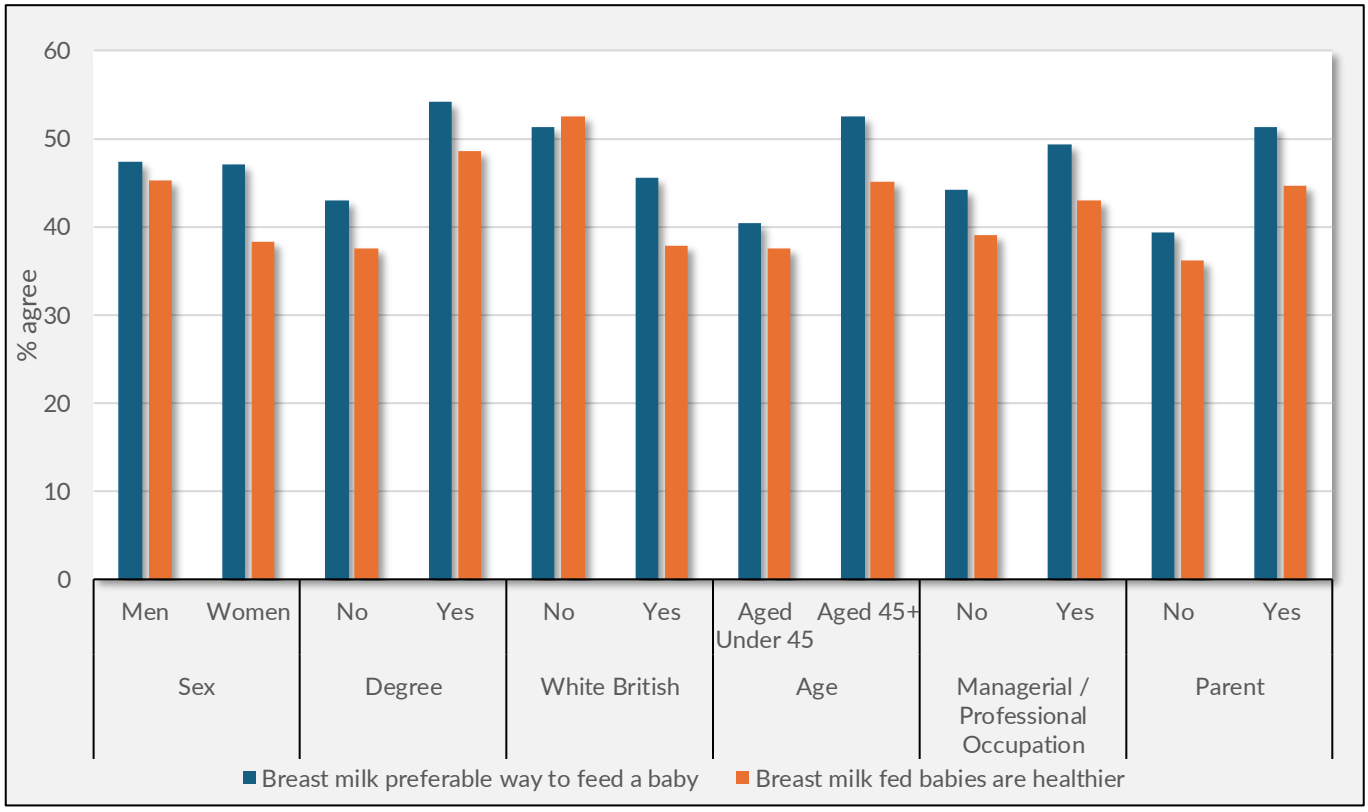
When asked the preferable way to feed a baby, 47% said breastmilk, 5% formula milk, and 43% with both breastmilk and formula milk (combination feeding), (5% stated 'don't know'). Although the majority mentioned breastmilk (either on its own or as part of combination feeding), the fact many did mention combination feeding potentially relates to the perceived convenience/practicality highlighted above.

Interestingly, among the respondents in the BSA Survey, when asked whether breastmilk or formula-milk fed babies are healthier, the majority (52.1%) thought there was not much difference either way. However, 41.7% felt breastmilk-fed babies were healthier, but only 1.5% said formula-fed babies were healthier.

Whilst the majority of respondents did not declare or express strong views on infant feeding in relation to the benefits, there is a group that expressed more positive views[24] for which breastfeeding maybe more important to (Figure 3.4), which were highly educated, older individuals, those from minority ethnic groups, and those working in managerial and professional occupations – all groups more likely to establish breastfeeding (Section 2.2). Parents also hold more positive views and men expressed more positive views than women.

[24] We also explored differences in attitudes to breastfeeding by sub-group using regression analysis (which can be found in Appendix 3 in Jewell et al. (2025b)).

Figure 3.4: Perceptions Regarding Breastfeeding, by Sub-Group



Source: 2022 British Social Attitudes Survey (2,088-2,199 respondents),

ii. Attitudes to Breastfeeding in Public

We explored attitudes to breastfeeding in public to understand if breastfeeding is viewed as 'taboo' and something that should be done 'behind closed doors', drawing on both the British Social Attitudes (BSA) Survey and Pilot Attitudes Survey. We focused on 2 aspects: 1). Whether breastfeeding in public is acceptable and 2). How comfortable respondents felt with breastfeeding in public?

62.5% of BSA respondents said they had not seen anyone breastfeeding in public in the last month, suggesting that breastfeeding is not something people encounter often. Among those that had seen someone, the workplace was the least frequent place (4.2% of all respondents) with a café/restaurant the most common place (28.3% of all respondents). The majority of respondents in the Attitudes surveys (88-89%) thought that breastfeeding in public is acceptable (Table 3.1). The workplace (asked in the Pilot Attitudes Survey) is the place where respondents were least likely to say it is acceptable (75%) and most likely to report 'don't know' (11.4%). Places where people may be closer in proximity are the places that a greater proportion reported (Table 3.1) they thought breastfeeding was 'unacceptable', specifically public transport and the workplace.

Table 3.1: Views on Whether Breastfeeding in Public Acceptable

	Acceptable	Unacceptable	Don't Know
In public (BSA Survey)	88.3	5.4	6.3
In public (Pilot Survey)	88.5	6.5	5.0
Location (Pilot Survey)			
In a café or restaurant	83.4	11.2	5.4
On public transport	79.7	14.1	6.2
In a park	92.8	4.2	3.0
In a workplace	75.0	13.6	11.4
In front of friends and family	93.0	3.6	3.5

Source: 2022 British Social Attitudes Survey (2,200 respondents), Pilot Attitudes Survey (1, 013 respondents). The question 'Is it acceptable or unacceptable for a mother to breastfeed a child in public?', was asked in both surveys. Location of breastfeeding in public was only asked in the Pilot Attitudes Survey.

We explored two questions to understand the degree of comfortableness with breastfeeding in public, which provided a more nuanced view. 31.7% agreed with the statement: *'Mothers should always cover up when breastfeeding in public',* 34.3% disagreed (and 32.6% neither agreed/disagreed), suggesting some stigma associated with breastfeeding in public. 62% in our British Social Attitudes sample said they would feel (very) comfortable, and 12.4% would be feel (very) uncomfortable *'if a mother breastfed near them in a public place'*.

There were some differences by sub-group with the acceptance and comfortableness with breastfeeding in public. Those who have children (regardless of the sex of the respondent) that have been breastfed (reflecting the importance of own lived experience), the highly educated and those in managerial and professional occupations were more likely to report feeling more comfortable[24]. Men, older individuals, those without children, and those from minority ethnic groups were less comfortable with seeing someone breastfeeding in public and more likely to think women should cover up in public.

iii. Breastfeeding and the Workplace

The BSA revealed a general view that continuing to provide breastmilk upon return to paid work is difficult, coupled with a perception that providing formula milk is less of a strain on the mother. 80.2% thought it would be difficult for a mother to continue to feed her child breastmilk if she returned to paid work in an office at six months after having a baby. Further, 40% of respondents in the BSA felt that feeding a baby with formula milk led to less strain on the mother (compared to 17% stating more strain on the mother, 37.5% reporting *'it makes little difference either way'*, 5.4% stating *'don't know'*). These findings fit with the general perceptions in the Pilot Attitudes survey idea that providing formula milk is more convenient/practical, and less challenging than other methods.

Despite the perceived difficulty of combining breastfeeding and paid work, 65% of respondents agreed that *'It should be the responsibility of employers to make it possible for mothers to breastfeed or express breastmilk while at work'*. We explore workplace responsibility further in Section 3.2. In terms of what might support breastfeeding employees: 71% felt flexible work schedules would help, followed by a private breastfeeding room (67.5%), and extending paid partner and maternity leave (43.3% and 51.3% respectively). Hence, the majority were in favour of employers supporting breastfeeding employees with a recognition that time for breastfeeding, followed by facilities, are important to support breastfeeding employees.

3.2 Organisation Views on Breastfeeding and the Workplace

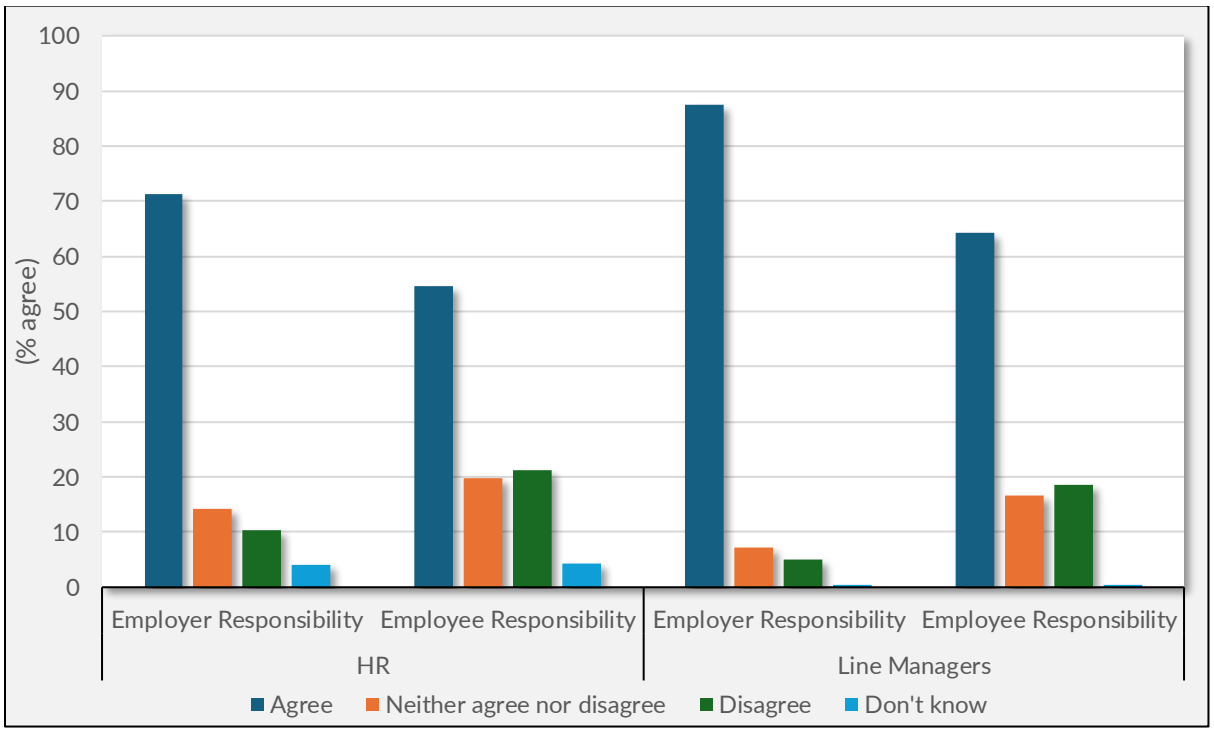
We obtained more specific views of HR professionals and line managers through their relevant surveys. We focused on: whether accommodating breastfeeding employees is an employer responsibility and how comfortable respondents felt with breastfeeding in the workplace, and awareness of the importance of and what is needed to support breastfeeding employees (the latter is discussed in Section 3.3).

Workplace Responsibility

We asked respondents to the Line Managers and HR surveys whether they agreed with: *'It should be the responsibility of employers to make it possible for mothers to breastfeed or express breastmilk while at work*', as also asked to BSA respondents (Section 3.1): The agreement to this statement was highest among line managers (87.5%) followed by HR professionals (71.3%), compared to the general population responses in the BSA (Figure 3.5). Furthermore, 78.8% of HR professionals agreed that *'Employers have a duty of care to support breastfeeding employees in the workplace'* (only 5% disagreed).

We also asked whether respondents agreed with: '*It should be the responsibility of employees to locate their employer's policies regarding breastfeeding and/or discuss concerns and seek support when needed'*. 64.3% of line managers and 54.6% of HR professionals agreed with this statement. Generally, HR professionals were more likely to state *'neither agree/disagree'* or *'don't know'* than line managers, which could reflect more apathy or more of a distance from employees, compared to line managers.

Figure 3.5: Responsibility for Accommodating Breastfeeding Mothers in the Workplace



Source: HR Survey (652 respondents) and Line Manager Survey (479 respondents)
Statements asked: Employer responsibility 'It should be the responsibility of employers to make it possible for mothers to breastfeed or express breastmilk while at work'
Employee responsibility: 'It should be the responsibility of employees to locate their employer's policies regarding breastfeeding and/or discuss concerns and seek support when needed'

We then compiled based on the responses to the employer and employee responsibility statements whether respondents thought it was a joint responsibility (Figure 3.6). The sense of joint responsibility was higher among Line Managers (57%) than HR professionals (44.3%).

The idea of a joint responsibility was brought up by respondents in the line manager interviews:

> *"The employer needs to make allowances, but I think the employee also needs to be clear about what they need because sometimes people come into these things going, oh, you have to make adjustments because you're my employer and it's, well, tell us what you need and we'll have a discussion about it…. So what can we do? What compromise can we make?"* [Line Manager, Charity sector]

Men and older line managers (consistent with the BSA responses too) are less likely to think supporting breastfeeding employees should be the employer's responsibility, and men are more likely than women to think it should be the employee's responsibility. We know that line managers are more likely to be male and older (see Section 1 in Jewell et al. (2025e)).

Figure 3.6: Whose Responsibility to Accommodate Breastfeeding Employees

Source: HR Survey (652 respondents) and Line Manager Survey (479 respondents)
Statements asked: Employer responsibility: 'It should be the responsibility of employers to make it possible for mothers to breastfeed or express breastmilk while at work'
Employee responsibility: 'It should be the responsibility of employees to locate their employer's policies regarding breastfeeding and/or discuss concerns and seek support when needed'
Joint responsibility refers to agreement with both statements. Employer responsibility refers to agreement with employer responsibility statement only. Employee responsibility refers to agreement with employee responsibility statement only. Neither refers to agreement with neither statement.

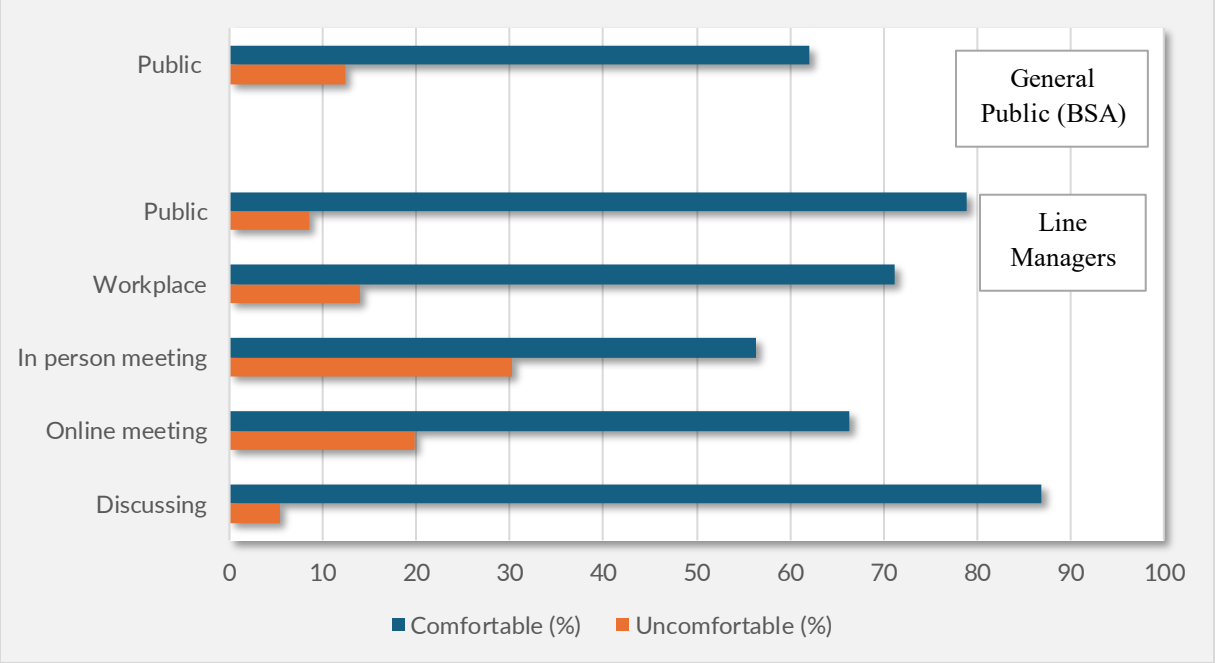
Comfortableness with Breastfeeding and the Workplace: Line managers

Whilst it was clear that the majority agreed that accommodating breastfeeding employees was the responsibility of employers, we further explored the degree of comfortableness with the topic of breastfeeding in the Line Manager Survey. Line managers typically have the day-to-day dealings with breastfeeding employees and may have discussions with any breastfeeding employees they manage.

Encouragingly, few line managers (9%) agreed *'Breastfeeding is not something a line manager should have to deal with at work'*, with 75.2% disagreeing with this statement. Consistent with less agreement regarding employer responsibility, male and older line managers were more likely to agree breastfeeding is not something line managers should have to deal with at work.

We asked line managers how comfortable they would feel if a mother breastfed near them in the workplace, in an in-person meeting and an online meeting, and how comfortable they (would) feel discussing breastfeeding with an employee they manage (Figure 3.7). Whilst we would not expect the majority of breastfeeding employees to directly breastfeed in the workplace (as we highlight in Section 4.2) the aim was to capture more directly how comfortable line managers were with the idea of breastfeeding.

Figure 3.7: How Comfortable Line Managers Feel with Seeing and Discussing Breastfeeding



Source: General public views on breastfeeding in public obtained from 2022 British Social Attitudes Survey (2,201 respondents), Line manager views from the Line Manager Survey (479 respondents). Respondents were asked: 'How comfortable or uncomfortable do/would you feel if a mother breastfeeds near you in…?' *and* 'How comfortable or uncomfortable do you/would you feel discussing with an individual you line manage about breastfeeding?'

Among line managers a higher proportion than among BSA respondents would feel comfortable and fewer uncomfortable (Figure 3.7) if a mother breastfed near them in public. The fact line managers are more likely to be highly educated than the general population and be working in managerial and professional occupations (factors associated with more positive views in the BSA) may explain the difference relative to the general population views. Line managers reported being less comfortable seeing someone breastfeed in the workplace than seeing someone in public, and less comfortable in a meeting, especially in an in-person meeting. These findings are consistent with the general findings from the Pilot Attitudes Survey where there is less of a degree of acceptability of breastfeeding in the workplace compared to in public in general. Line managers were more comfortable with having a discussion compared to seeing a mother breastfeed.

In general, the level of uncomfortableness was higher among men and older individuals (who again were less likely to think supporting breastfeeding is an employer responsibility). Those who had a child that was breastfed (regardless of the sex of the respondent) were more comfortable, suggesting the importance of personal experience. It is worth noting, those in the Health and Social Work industry were more comfortable (where individuals may be more used to discussing medical and health related topics), indicating the importance of the topic of breastfeeding being normalised. Those who had line managed a breastfeeding employee were also more likely to report being comfortable in a meeting, reflective in one experience relayed in the line manager interviews:

> *"Within the first meeting back she brought her baby because she was on a phased return. And of course, the baby wants to nurse halfway through a meeting, and I'll be perfectly frank that was uncomfortable for me at the time. I hadn't realised that that was a distinct possibility that when the baby's hungry and mum's breastfeeding, mum's got to feed the baby now. I'm a father myself and you know, I should have realised that that was the situation. But it's not something I'd ever come across in a professional environment. …… But I rapidly realised why do I have to be? I've sat through plenty of times with my wife nursing our daughter, so what's the big deal?"* [Higher Education sector]

These findings suggest in general there is a willingness to support breastfeeding employees in the workplace, although this appears to be stronger among line managers than among HR (those involved in workplace policy). An important question is whether this translates into a supportive environment for breastfeeding employees which is explored in Chapter 4. First, in Section 3.3 we explore whether this willingness is matched with an awareness of what is involved and needed in relation to supporting breastfeeding employees.

3.3 Awareness of Breastfeeding and the Workplace

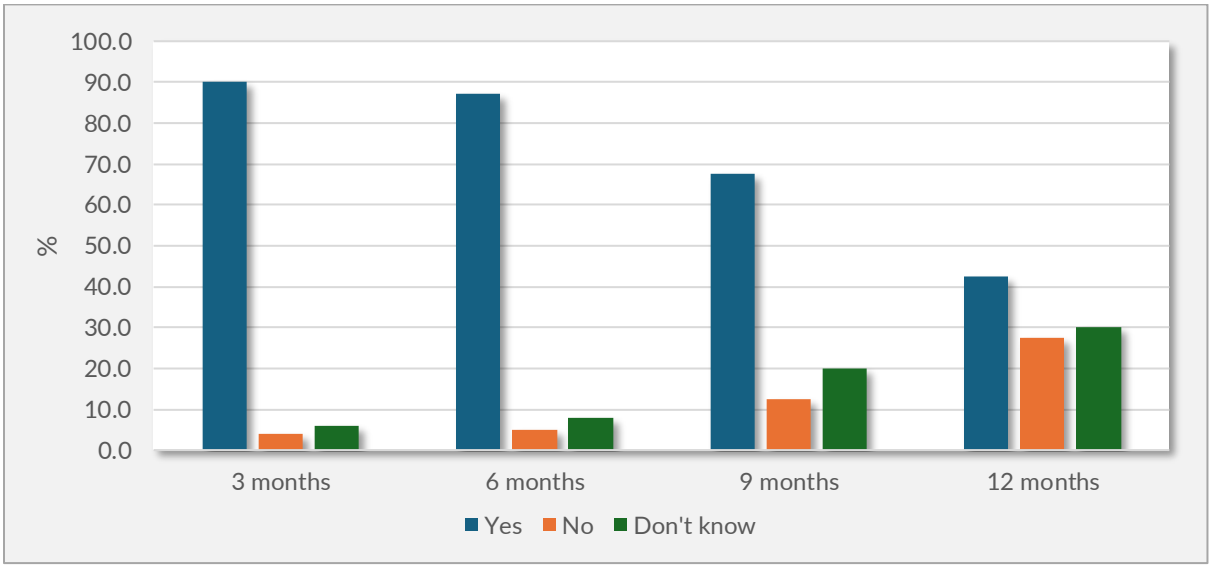
> *"So, it's not that as though anyone was ever unkind or unsupportive, but just didn't really know what to do"* [Jackie, teacher]

We explored awareness around breastfeeding and the workplace in more detail in the Line Manager Survey through 3 broad aspects - whether respondents expect returning mothers to be breastfeeding, if and why supporting breastfeeding is important, and what is needed to support breastfeeding mothers in the workplace).

Awareness of Combining Breastfeeding and Work

Line managers were asked if they would expect a mother to be breastfeeding upon return to paid work if returning at 3, 6, 9 or 12 months. The older the child, the fewer respondents who expect the mother to be breastfeeding (Figure 3.8), particularly by 12 months. There is also an increase in the proportion that reported *'don't know'* as the age of the child increases. A higher proportion of women than men expect a mother to be breastfeeding on return at each point. For example, at 12 months 51.5% of women vs 33.9% of men expect a woman to be breastfeeding at 12 months, with 23.2% of women vs 36.7% of men stating, *'don't know'*. Those who have not had children were less likely to expect a mother to be breastfeeding at each age and in particular more likely to say, *'don't know'* (45.9%).

Figure 3.8: Whether Expect a Returning Mother to be Breastfeeding by Age of Child, Line Managers



Source: Line Manager Survey (479 respondents)
Question: Would you typically expect a mother to be breastfeeding and/or expressing breastmilk if she returned to work when her child is...?

The interviews with mothers further indicated that line managers/work colleagues often would not expect a mother to be breastfeeding on their return to paid work:

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

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

> *"I was the first one that did it in my office and so far."* [Nora, administrator]

And this perception that a mother would not (or need to) be breastfeeding (especially beyond 12 months) upon return to paid work came up directly a few times within free text boxes in our Line Manager Survey too:

> *"the government should be able to give up to 12months of maternity leave which will enable breastfeeding mothers to finish breastfeeding their children before returning to work"* [Line manager, IT sector]

> *"I do also believe that by the age of returning to work at 9 months a lot of children should mostly be on solids so although I support this I do also believe there is work arounds for this."* [Line manager, Health care sector]

A lack of expectation that returning mothers may be breastfeeding could result in a lack of preparedness which was identified in the study (see Section 4.1).

As a measure of direct knowledge, we further asked, *'Do you know for how long the NHS recommends children are breastfed for?';* 32.6% said 'yes', 45.6% said 'no' and 22.0% said they were 'not sure'. Men (57.6%) and those without children (71.3%) were more likely to say 'no'. Those who said 'yes/not sure' were asked to '*Please state how long you think the NHS recommend children are breastfed for?'*. Only 31% of this group provided an answer consistent with the World Health Organisation (WHO)/NHS recommendations and/or said as long as the mother/child wishes too. Breastfeeding recommendations is only one aspect, but these findings do imply that knowledge of breastfeeding is often lacking, especially among those without children.

It is worth mentioning that several respondents in both the Line Manager and HR Surveys mentioned that it would not be possible to accommodate breastfeeding employees in their organisation as the child would need to come to the workplace highlighting a lack of awareness of ways a mother may continue to provide breastmilk for their child:

> *"We would not employ people who are breastfeeding - mothers would not be able to bring babies to work"* [Line manager, Hospitality sector]
>
> *"it is important but at same time you will need to bring baby to your workplace and you will not be able to work"* [Line Manager IT sector]
>
> "it should not be needed, no children or babies are allowed on site" [HR, Manufacturing sector]
>
> "Location would make it challenge to bring a child into the office" [HR, Finance sector]

Awareness of Importance of Supporting Breastfeeding Employees

We asked line managers '*How important or unimportant do you think it is that your organisation support mothers who wish to continue to breastfeed and/or express breastmilk upon return to paid work*?'. 65.1% felt it was 'very important', 25.5% 'somewhat important' and only 5.2% said it was 'somewhat unimportant' or 'very important', and 4.2% felt it was 'neither important/unimportant'. To try to elicit line managers understanding of the importance and more broadly their general awareness of supporting breastfeeding employees (without priming them), we asked them to expand on why they thought it was important or unimportant.

The analysis of the qualitative responses[25] indicates a predominantly positive attitude by line managers towards supporting breastfeeding mothers at work, consistent with general attitudes by line managers reported in Section 3.2. The majority of line managers who provided answers recognised the importance of supporting breastfeeding mothers, emphasising the positive impact on both the mothers' and children's wellbeing.

> *"Breastfeeding supports the best health for mother and baby and helping and supporting a parent to return to paid work and continue breastfeeding will result in better emotional and physical health for that parent."* [Charity sector]

[25] The full analysis can be found in Section 2 in Jewell et al. (2025e).

Line managers noted advantages to their organisation such as improved staff retention, increased employee satisfaction, and enhanced workplace inclusivity, and mostly view this kind of support as a win-win for both the employee and organisational outcomes.

> *"Supporting a mother provides for both a satisfied employee and a supportive work environment and all are conducive to positive outcomes"* [Higher Education sector]

> *"The workplace should be inclusive and welcoming otherwise staff won't want to stay*." [Technology sector]

The notion of equality, inclusion and rights were frequently mentioned, with line managers recognising their role in promoting gender equality and reducing career barriers for women. Additionally, many viewed support for breastfeeding as part of their overall duty of care, emphasising ethical responsibilities towards employees.

> *"Important for gender equality in enabling women to continue breastfeeding without it affecting their careers"* [Publishing sector]

> *"I think it is important as it is incredibly hard to return to paid work after having a child anyway without making feeding your child more difficult. It sends a very good message promoting equality*" [Creative industries]

Negative views were in absolute minority. While most respondents saw support for breastfeeding mothers as positive and essential, a few line managers highlighted some concerns or reservations. Some highlighted that it might be difficult in their industry to accommodate breastfeeding mothers:

> *"Difficult to accommodate. Should consider when is the right time to return to paid work"* [Education sector]

Some suggested that breastfeeding is a personal choice and a private matter and as such the responsibility to manage feeding and work commitments lies solely with the mother. Although responses that considered support for breastfeeding mothers difficult or not necessary were in absolute minority, they still show that in some workplaces there might be serious reservations and even discriminatory attitudes towards breastfeeding mothers:

> *"It can be done before leaving for work in the morning. If additional breaks are provided for this, other employees would also want extra breaks"* [Hospitality sector]

> *"it is unimportant , if you are breastfeeding don't come to work"* [IT sector]

> *"New mums should stay at home!"* [Travel sector]

Whilst the majority were supportive of supporting breastfeeding employees, interestingly, very few mentioned it was important from a health and safety/legal perspective. For example, few recognised implications of not expressing breastmilk/breastfeeding when needed to for milk supply, engorgement, painful breasts, and the need for it to be done in a safe environment (only 10 respondents explicitly referred to the physical effects). These results indicate there is a lack of awareness of the health and safety implications of not supporting breastfeeding

employees/legal requirements, which may explain the lack of risk assessment taking place as identified in Chapter 4.

These responses were analysed in conjunction with free text boxes on support offered by their organisations and any training/guidance the respondent would have liked[26]. Overall, the qualitative responses reveal a significant gap between the positive attitudes towards supporting breastfeeding mothers and the actual support available within the organisations. We explore in detail support for employees (and guidance for line managers) in Chapter 4.

Awareness of How to Support Breastfeeding Employees

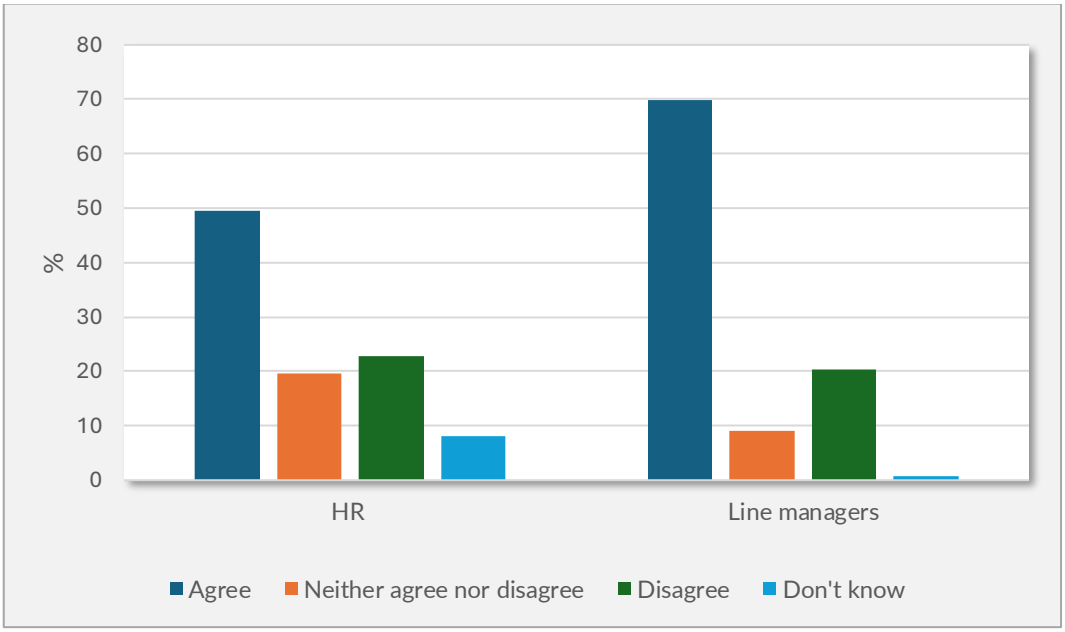
We wanted to understand perceived knowledge in relation to supporting breastfeeding employees. Figure 3.9 shows that line managers reported having a better perceived understanding (69.9%) of what is needed to accommodate breastfeeding employees than HR (49.5%) – the latter asked in reference to their organisation.

There is some indication that a lack of awareness by organisations (based on the HR Survey) of what is needed to accommodate breastfeeding employees is driven partly by a lack of awareness/guidance of legal responsibilities. 33.4% reported that a *'Lack of awareness of the legal requirements'* and/or a '*Lack of clear legal guidance/policy on employers' responsibilities regarding breastfeeding employees*' was a barrier to supporting breastfeeding employees. Those who disagreed that their organisation was clear about what was needed to support breastfeeding employees were more likely to state (56.4% compared to 24.2% among those who agreed) a lack of legal awareness/guidance as barriers to supporting breastfeeding employees in their organisation.

A lack of awareness of what is needed to support breastfeeding employees may also relate to the ease of accommodating breastfeeding employees in the organisation. Whilst 58.4% in the HR Survey agreed that '*It is easy/practical to accommodate breastfeeding employees in my business*', among those who indicated a lack of awareness of how to support breastfeeding employees, only 30.2% thought it was easy/practical (compared to 80% among those who reported a good awareness).

[26] See Section 2 in Jewell et al. (2025e).

Figure 3.9: Clear on How to Accommodate Breastfeeding Employees



Source: Source: HR Survey (652 respondents) and Line Manager Survey (479 respondents)
Question asked to HR professionals: 'My business/organisation is clear about what is needed or would be needed to accommodate employees wishing to express breastmilk and/or breastfeed in the workplace'*; Question asked to Line Managers:* 'You are clear about what is needed or would be needed to accommodate employees wishing to express breastmilk and/or breastfeed in the workplace.'

Although slightly different questions[27] were asked in general, more HR professionals (58.4%) than line managers (52.8%) thought it would be easy (practical) for a mother to combine work and continuing to breastfeed, and line managers are more likely to think it would be difficult (29.9%) than HR professionals (18.1%). This is very different to the view of BSA respondents where 80% thought it would be difficult for a mother to continue to breastfeed upon return to paid work, but not as out of line as mothers (in our Maternal Experiences Survey, see Section 4.1) that had returned. 44% of mothers said they found it 'easy' and 36% 'difficult'.

Of particular note is whilst more line managers report being clear about what is needed to accommodate breastfeeding employees than HR professionals, it is the HR professionals that report that it is easier to accommodate. These findings further highlight a difference in perceptions between HR (who are likely to drive workplace policy) and line managers (who are likely to have day to day dealings with any breastfeeding employees) on how easy it is/what is needed to support breastfeeding employees. This again indicates a potential distance between HR professionals and the needs of breastfeeding employees.

[27] HR professionals were asked if they agreed or disagreed with *'It is easy/practical to accommodate breastfeeding employees in my business/organisation'*. Line managers were asked *'In general, how easy or difficult do you think it would be for an employee in your organisation to combine breastfeeding and/or expressing breastmilk with paid work?'*.

3.4 Chapter 3 Key Findings

The BSA showed:

- The majority of respondents to the British Social Attitudes Survey (BSA) did not declare strong views regarding breastfeeding in general
- More positive views regarding the benefits of breastfeeding were more likely to be held among groups more likely to establish breastfeeding
- Combining breastfeeding and paid work is viewed as difficult, coupled with a perception that infant formula feeding is more convenient and puts less strain on the mother
- Despite the perceived difficulties it was generally felt that it is the employer's responsibility to accommodate breastfeeding employees

The HR and Line Manager Surveys revealed that:

- More line managers felt it was the employer's responsibility to accommodate breastfeeding employees than among HR professionals
- HR professionals (who handle formal workplace policy) reported less perceived understanding of what is needed to accommodate breastfeeding employees
- The majority of line managers were comfortable discussing and the idea of breastfeeding in the workplace, but those who were male, older and did not have children were more likely to feel uncomfortable
- Despite the positive intentions, a lack of awareness was identified in the HR and Line Manager surveys of:
    - How long a mother may breastfeed for
    - Ways in which mothers may continue to provide breastmilk (some assumed the mother would need to bring their child to work)
    - Health and safety, legal and practical considerations

4. Return to paid work: Anxieties, Realities and Obstacles and Opportunities.

Section 2.2 revealed that workplace factors, in particular, impacted the decision to stop breastfeeding (among the group who breastfed for at least 3 months) around the time of return to paid work. In line with our framework in Section 1.3 we now focus on the lived experience drawing on the Maternal Experience Survey and interviews to understand workplace barriers/facilitators of continuing to breastfeed upon return to paid work[28], and the HR and Line Manager Surveys to understand the organisational perspective.

In this Chapter we are predominately interested in those in the Maternal Experiences Survey with lived experience of combining breastfeeding and paid work (905 respondent) and those who were intending to breastfeed upon return to paid work (207 respondents). We focus on the interviewees who were breastfeeding upon return to paid work (46), or who were on leave and intended to continue breastfeeding upon return (11). We draw on 652 responses from the HR Survey and 479 responses from the Line Manager Survey. See Section 1.5 for more about these data sources.

4.1 Combining Breastfeeding and Paid Employment: Anxieties and Common Obstacles

a) Pre-return Anxieties

In the Maternal Experience interviews respondents were asked about their anxieties and concerns (for those that had returned this was asked retrospectively) pre-return. Further anxieties and concerns were captured in the free text boxes in the Maternal Experiences Survey. Our research highlights how working mothers can face a multitude of infant feeding related anxieties/concerns even before physically returning to paid work. Common concerns/anxieties included:

- **Concerns around the child's wellbeing** – e.g. whether or not the child will:

  - *adapt to taking a bottle*
  - *get enough dairy, nutrients, fluids*
  - *be upset without the mother*
  - *become less bonded to the mother*

"Probably our main concern was that he wouldn't take the bottle. Is he going to get the dairy? Is he going to get the nutrients that you make?" [Daphne, customer service manager]

- **Concerns about her own bodily adjustments and physical wellbeing**, e.g. the impact of returning to paid work upon:

[28] The full qualitative analysis of the free-text boxes in the Maternal Experiences Survey can be found in Section 2 in Jewell et al (2025c).

- *her own milk supply*
- *her ability to express enough milk*
- *the risk of becoming engorged / mastitis*
- *the risk of leaking breasts*
- *the risk of reverse cycling and related exhaustion*

"I was really concerned about my milk drying. Because obviously I wouldn't have the baby all the time with me."
[Nora, office administrator]

- **Concerns around the practicalities of expressing breastmilk at work**, e.g.

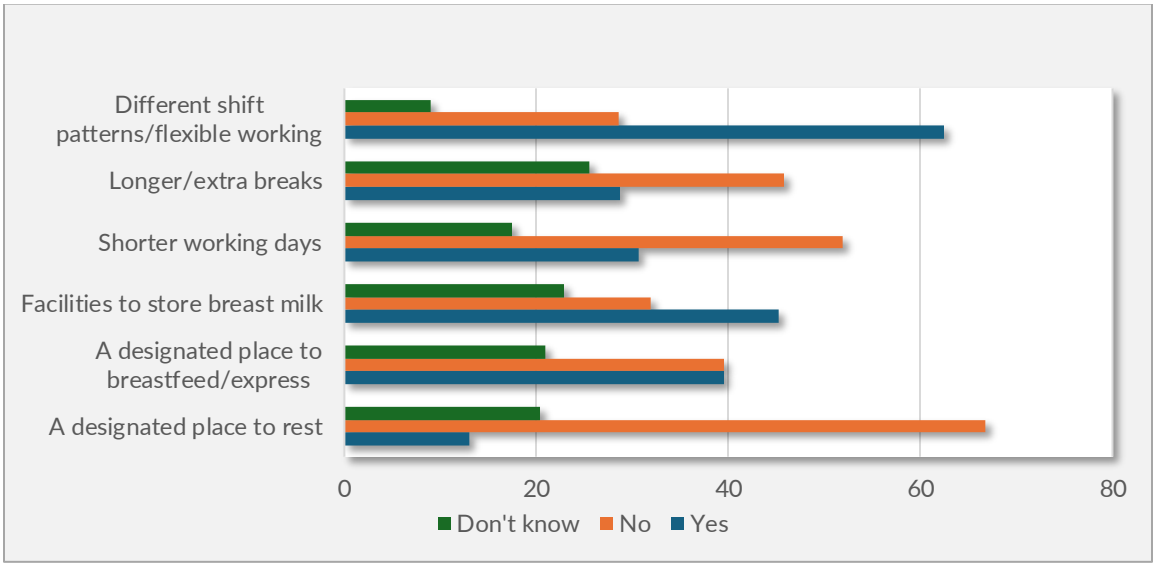
- *Where to express*
- *Privacy for expressing*
- *Hygienic facilities for expressing*
- *Storage of breastmilk*
- *Transporting breastmilk home after work*
- *Time to express*

"I would say a little bit nervous and anxious, mainly one of the things was the practicalities of you know, finding somewhere to pump and that kind of thing"
[Tabitha, anaesthetist]

b) Common Obstacles

Upon actual return to paid work pre-return anxieties sometimes dissipated and/or new ones emerged – lived realities suggest varied experiences between returning mothers, but common challenges were identified. Figure 4.1 reports facilities/provisions offered by their employer using all respondents to the Maternal Experiences survey (regardless of whether they breastfed/intended to breastfeed upon return to paid work) who were employed. Common challenges identified related to a lack of; i). workplace facilities, ii). time and iii). information and communication which we explore in detail below. When exploring lived experience, we predominately focus on the sample who were breastfeeding upon return to paid work (905 respondents, of which 476 had expressed breastmilk in the workplace, and 70 having directly breastfed in the workplace).

Figure 4.1: Facilities/Provisions Offered by Employers



Source: Maternal Experience Survey. Notes: Includes 1,570 respondents who were employees who either returned to paid work within 15 months of giving birth or planned to return. Individuals were asked if their employer offered any of the following to support for mothers returning to work

i. Lack of (well-executed) facilities

Space for Breastfeeding/Expressing Breastmilk/Rest

> *"Originally, they were, well, you can go pump in the bathroom. And I said, well, not really, It's so unhygienic. And so then they tried to find a room"* [Ros, applications technician]

Among the survey respondents only 13% (67% said there was no place) reported they knew of a designated place to rest at their workplace (Figure 4.1). However, 39.5 % of respondents said there was a designated room for breastfeeding/expressing breastmilk which will likely meet the legal requirement for a place to 'rest'.

Table 4.1: Where have you ever expressed breastmilk/breastfed in your workplace?

	Expressed breastmilk in workplace (%)	Breastfed in workplace (%)
A private breastfeeding room	19.5	10.0
Private office/workspace	40.3	31.4
Other private space	21.2	18.6
Shared office/workspace	16.2	35.7
A communal area	10.7	48.6
The toilets	25.8	7.1

Source: Maternal Experiences Survey. Includes 476 mothers who expressed breastmilk in their workplace and 70 who directly breastfed at their workplace

Of those who had expressed breastmilk / breastfed at their workplace, 67.7% reported that they had done so in a 'private' place (43.6% of those who had directly breastfed). However, only 19.5% said they had expressed in a room *intended for* breastfeeding/ expressing breastmilk (and only 10% of those who had directly breastfeed), as shown in Table 4.1. Moreover, the interviews and survey free text boxes revealed that spaces provided were too often inadequate. Concerns were raised about their privacy, cleanliness, convenience and accessibility. Mothers frequently noted the absence of designated spaces, with existing facilities often serving multiple purposes, such as prayer or first aid rooms. This dual-use led to interruptions and a lack of privacy, highlighting the need for dedicated spaces that are equipped with essential amenities like blinds for privacy. The inconvenience/lack of space forced working mothers to find alternative, and often less suitable (that sacrificed privacy/comfort/hygiene), places to express breastmilk, such as their car or communal toilets:

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

> *"I literally had to go to the back of my car in the car park and express in the car park. Just because the way that my schedule worked, I didn't have the time to go to walk 20 minutes to where the parenting room was, express for another maybe half hour, then walk back 20 minutes and I don't think anyone ever really considered that."* [Nina, lecturer]

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

Somewhat concerningly, despite the Health and Safety Executive (see Box 1.1) clearly stating that toilets are not a suitable place, 26% of those who had expressed breastmilk at work had done so in the toilet and 4 respondents stated they had directly breastfed their child in the toilet. Furthermore, some women reported, in the free-text boxes responses, that when asked for a space they were directed to the toilet by their managers or HR, or that the toilet was simply the only 'private' space available:

> *"I had to ask for the space to express milk, HR originally told me to use a toilet cubicle and I refused"*

> *"I asked if there would be a place i could put my pumps on and take them off privately... I was told the toilet is private enough."*

> *"Designated breastfeeding space is a toilet. We have 2 toilets for 40+ staff. I'd be very unpopular taking a toilet up on our short break times."*

> *"I was told to express milk in the toilet !!!! There is only one female toilet in the whole school so this was impractical and disgusting."*

The use of toilets is clearly problematic given potential issues around hygiene and emphasises a severe oversight in workplace accommodations. There was also a lack of consideration for those who needed to work/travel outside of their normal place of work and needed access to a suitable place to express breastmilk/breastfeed, putting pressure on returning mothers in terms of logistical hurdles:

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

Storage Facilities

> *"With the pumping I was doing it but then I was getting rid of it because of the anxieties of storing the milk. So there needs to be something there to help support woman to know how to store it correctly and what they need to do in advance"* [Ethel, lecturer]

Storing breastmilk safely was also a major source of anxiety and discomfort. Among those who had expressed breastmilk at work, only 13% had stored it in a fridge specifically for breastmilk with the majority stating they had stored it in a communal fridge (63%) and 32% having used their own cool bags. 10% stated that they had thrown it away. Many felt uncomfortable storing their expressed breastmilk in a communal fridge and there were common concerns about the temperature of the fridge highlighted in the interviews:

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

> *"I actually went and bought my own thermometer because I'm not convinced that the fridge is maintaining its correct temperature"* [Gabriella, architect]

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

These fears are not unfounded with a research study by Evans and Komninou, 2024 finding widespread unsafe temperature across the communal fridges they tested in workplaces (in 86% of door storage areas and 77% of central storage areas) with 96% of workplace fridges lacking a thermometer.

Furthermore, survey respondents considered having to use communal fridges as inadequate:

> *"I stored my milk in the staff fridge with everyone else's stuff. So they would say they provided facilities to express milk. I would disagree."*

> *"Officially there are no facilities to store milk - this would be good to have. In practice I used the office fridge "*

Having a thermometer on the fridge or buying a small separate fridge for storing expressed breastmilk are simple ways to alleviate common concerns relating to storing breastmilk.

ii. Lack of time

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

As highlighted in our framework (Section 1.3), breastfeeding and/or providing expressed breastmilk to a child has a time cost. Only 33.3% of those who continued to breastfeed upon return to paid work (37.3% who had expressed breastmilk at work) said their employer formally offered additional/extended breaks for breastfeeding/ expressing breastmilk. In general, only 25.5% (Figure 4.1) stated they were aware that their employer offered breaks, mirrored by the HR Survey where only 23.8% report their organisation offered breaks (further explored in Section 4.3). Additional breaks are not a legal requirement, and a frequent lack of breaks suggests they are not normalised/there is a lack of recognition of their importance. For example, line managers/HR professionals may not realise how much time is needed to express breastmilk (mothers in our study typically mentioned they required around 30 minutes). Especially given the lack of awareness among line managers of what is specifically involved/needed to support breastfeeding employees highlighted in Section 3.3.

The International Labor Organisation (ILO) suggests offering shorter working days as an alternative to additional/extended breaks. This is not commonplace with only 30.7% (Figure 4.1) stating their employer offered shorter working days to allow mothers to leave early / start late to facilitate breastfeeding/expressing breastmilk.

A lack of additional/longer breaks put pressure on mothers to find time to express. Some commented that they were expected to use their existing breaks (e.g. lunch break) which put further pressure on them and compromised their health and wellbeing (discussed in Section 5.1).

iii. Lack of (timely) information, communication, risk-assessments and/or policy

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

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 paid work. There was also often a clear lack of initiative from employers, highlighted by the fact that only 22.7% of survey respondents who had breastfed upon return to paid work said their employer had a breastfeeding policy. 45% did not know if their employers had one, so even if the organisation did have one it was not always very transparent or well communicated. This is a consistent picture: in the HR Survey only 23% reported that their organisation had some kind of policy. Further, and somewhat concerning, given it is a legal requirement (Box 1.1, Section 1.2), only 31% of respondents who had informed their line manager that they were breastfeeding reported having had an individual risk assessment. A lack of risk assessment could put mother's (and their child's) health at risk, as discussed in Section 5.1.

A key challenge resulting from a lack of initiative was that the onus was often, at quite a tricky period of transitioning back to paid work, on the mother to find out the information about availability of support in their workplace, their rights, and to push/ask for what they need/raise any concerns in relation to combining breastfeeding and work. Conversations about breastfeeding were reported as infrequent and typically occurred only when mothers took the initiative[29]. Infant feeding topics were seldom brought up, seen as taboo or were only mentioned in passing, such as during brief encounters in corridors, and formal discussions about support mechanisms were rare. The following quotes exemplify these points:

> *"...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 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."* [Freda, GP]

> *"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, and 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".* [Edith, secretary]

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

68.5% of survey respondents who had continued to breastfeed upon return to paid work stated that they informed their line manager/employer that they were breastfeeding/expressing breastmilk. However, the qualitative analysis suggests that any resulting conversations frequently lacked substantial content and that breastfeeding needs often emerged unexpectedly (also highlighted in Section 3.3 relating to a lack of awareness), rather than being

[29] Full analysis of interviews in relation to communication can be found in Section 3 in Jewell et al.(2025d).

acknowledged as a regular aspect of motherhood. We explore information and communication in more depth in Section 4.3, and the impact of lack of conversation/discussion on wellbeing in Section 5.4.

Ease/Difficulty of Combining Breastfeeding and Paid Work

It is interesting to see how the challenges identified above translate into how easy/difficult respondents found combining breastfeeding and paid work. Survey respondents who had combined breastfeeding and work were asked *'How easy or difficult they found combining breastfeeding anfd/or expressing breastmilk with paid work?'*. 35.9% said they found it difficult (very or somewhat) and 43.9% found it easy (very or somewhat), and 20.2% neither difficult nor easy. We explored (for the detailed analysis see Appendix 2 in Jewell et al (2025c)) factors that drove the likelihood of finding it more difficult.

Those whose child was younger tended to find it more difficult with 43.9% of those with a child below 6 months or under finding it difficult compared to 30% of those whose child was 12+months. This was partly linked with expressing breastmilk (which is more likely the younger the child is on return, as seen in Table 4.3 later) with those who had done so more likely to say they found it difficult (45.3%) than those who had not (25.4%).

Consistent with the results in Section 2.2 (on the impact of return to work on the probability of continuing breastfeeding) work characteristics in particular, impacted how easy/difficult a mother found combining breastfeeding and paid work:

- First time mothers were more likely to find it difficult, which may reflect lack of prior experience of doing so
- Those from minority ethnic groups found it more difficult
- Those in teaching occupations found it more difficult but this weakens when controlling for job attributes (such as availability of flexible working, provisions)
- In general factors relating to time/flexibility (working from home, flexible working hours, breaks/shorter days) came out as more important than facilities for how easy/difficult respondents describe their experience
- 43.0% found it difficult who did not work from home compared to 31.0% who did work from home
- However, when accounting for whether the respondent expressed breastmilk in the workplace, the effect of facilities (especially storage facilities) becomes more important and the effect of time/flexibility lessens slightly
- Lack of support from their line manager also increased the likelihood of finding it more difficult - 28.9% reported finding it difficult if they said they felt supported by their manager compared to 67.0% who did not feel supported

26.2% of those who combined breastfeeding and paid work reported '*I was not able to feed my child in a way I would have liked for as long as I would have liked as a result of returning to work'* rising to 46.5% among those who found it difficult combining the two, reflecting that

those who find it more difficult were more likely to have to compromise on their infant feeding methods. In particular among those who found it difficult those from minority ethnic groups (68%) and those who expressed breastmilk at work (50%), and those who children were younger on return (34.6% of those with children aged 6 months and under compared to 17.9% of those whose children were 12+ months) were more likely to report having to compromise (not be able to feed in the way that they want).

4.2 Navigating Breastfeeding and Paid Employment: Realities and Opportunities

Whilst returning mothers experience a multitude of pre-return anxieties and obstacles when they return to paid work, they can have positive experiences. It is clearly possible for returning mothers and employers to navigate breastfeeding and paid employment in a mutually beneficial way. This was evident where employers were, in contrast to the obstacles outlined in Section 4.1, approachable, willing to discuss and accommodate and/or had breastfeeding/flexible working policies in place and/or provided suitable rooms and storage facilities (mirroring those workplace attributes that increased the likelihood women would report combining breastfeeding and work as very easy/somewhat easy):

> *"Actually, they have been quite flexible with me with just being able to pump whenever I need."* [Ros, applications technician]

> *"My work were incredibly flexible. My manager was very supportive and I told him from the get go that I'm still breastfeeding."* [Paula, civil servant]

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

> *"So far, I've managed it quite well. I think it would have been a lot to manage initially, but being able to use my annual leave to gradually build up the days made it less daunting."* [Monica, event officer]

> *"I think the phased return was probably the thing that made it so much easier for me because I was only going back two days a week to begin with, so it wasn't overwhelming."* [Theresa, solicitor]

> *"I used some of my holiday that I had built up whilst I was on maternity to do a phased return. I think I did three days a week for the first four or five weeks. Then the three days a week that I went back to work, I would feed him right before I left and then by the time it was getting towards home time I could feel that my boobs were full. It didn't really ever become an issue and I just fed him as soon as I got home and that was that. And then the days that I was still at home, I kind of kept doing what I was doing before in the sense of on demand. And it was funny my breasts just seemed to my figure it out"* [Kayleigh, sales representative]

In the HR Survey only 34% reported that their organisation offered a phased return (more common in large organisations, and the Public Administration, Education, Health and Social Work industries).

For Meredith, the offer of coaching support was especially positive and stood out as unusual – but the impact on her wellbeing at this moment in time – when returning to paid work – was immense.

> *"I was pretty satisfied…the offering of the comeback coaching I felt was a real game changer because it made me feel valued and it made me feel like they thought I was worth investing in."* [Meredith, research fellow]

It was clear that often a supportive line manager (as indicated in Section 4.1) made the difference:

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

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

The Importance of Flexibility: The Pandemic as a Case Study

We explored in the survey, for those whose experiences spanned the pandemic, '*do you think the pandemic had any impact on your choices related to the way your child was fed and/or paid work?'*[30]. 1,307 responses were received, of which 609 included a simple 'no' answer, while 252 said 'yes'. More than half of the respondents elaborated on their responses which we analysed. The pandemic had a profound, dual impact on mothers' decisions regarding infant feeding and work. For many, the shift to working from home provided unexpected yet essential flexibility, enabling them to manage breastfeeding more effectively:

> *"the move to working from **home** made it much easier to continue breastfeeding,"*
>
> *"Working from **home** has also meant I can express milk when I need to in privacy"*
>
> *"more time at **home** made my breastfeeding journey more successful"*

[30] The full analysis of the responses can be found in Section 2 in Jewell et al (2025c).

*"I was able to work from **home** more so could offer more breastfeeds during the day."*

*"It made it easier to work from **home** and continue breastfeeding for longer privately"*

This outcome serves as compelling further evidence that flexible work arrangements can significantly support mothers, leading to more positive experiences. This also aligns well with the need for more flexible work arrangements, so frequently mentioned by mothers in our survey and interviews who returned to paid work or had not yet returned. Thus, the pandemic acted as a 'real-world experiment', demonstrating that with sufficient flexibility, mothers can continue breastfeeding for extended periods while managing their work responsibilities with less stress. However, the pandemic also posed considerable challenges. A lack of support during lockdowns, coupled with feelings of isolation and unsupported breastfeeding journeys, led some mothers to stop breastfeeding, demonstrating the importance of (emotional) support to reach their infant feeding goals.

However, in order for flexible working to facilitate breastfeeding this would require a discussion/conversation and we know from Section 4.1 (further explored in Section 4.3) this is typically an informal process.

Positive experiences offer useful insights into what works well/is possible and these feed into our recommendations in Chapter 6. Two key factors are however significant here. Firstly, of those who reported positive experiences, this was often framed with an expression of relief that the pre-return anxieties were not as challenging as anticipated, feelings of gratitude and/or feeling of being 'lucky', or an awareness that their experiences were not the norm. All of this perhaps reflects the persistence of a neoliberal culture where individuals have learnt not to place much expectation or onus on employers to support them in terms of their wellbeing which is reflected in their return to paid work expectations and, what they saw as, their personal infant feeding choices/journeys/preferences.

"I count myself as lucky. I know I shouldn't have to use the word lucky, but I do still. My direct line manager and the senior management above her were massively understanding, they've got young children themselves." [Anita, project manager]

"I'm very lucky. But I shouldn't be lucky, this should be normal, but I am fortunate that it's very pro breastfeeding, so I knew I'd be absolutely fine." [Mandy, breastfeeding support worker]

Secondly, and relatedly, positive experiences often existed in a context where many working mothers were very adept and made adjustments/sacrifices independently of any support they received from work in order to continue to breastfeed and manage workplace responsibilities We know from Section 4.1 some mothers had to make compromises in terms of how their child was fed. In our mother's survey we asked those who continued to breastfeed upon return to

paid work '*Did you make any changes to the way your child was fed/the type of milk given as a direct result of your return to paid work?'*.

55% had made changes. Making no changes to the way their child was fed/the type of milk was more likely when the child was older (12+ months) at return to paid work (with 44.4% doing so). Typically, the older the child is then the more stable the mother's breastmilk supply is, and the longer a child can go between feeds. Common adjustments made to how/when the child is fed are presented in Table 4.2 which includes a breakdown by the age of the child upon return to paid work. 32.9% (and 60.2% of those who had made changes) reported adjusting the timing and frequency of breastfeeds. Among those who adjusted the timing/frequency of breastfeeds 35% did not make any other adjustments to how their child was fed, in terms of the type of milk provided, and fitted feeds around their work.

Table 4.2: Adjustments to feeding type/type of milk upon return to paid work (%)

	Age of child on Return to paid work (months)				
	All	**1-6**	**7-9**	**10-11**	**12**
Adjusted the timing/frequency of breastfeeds	32.9	19.6	30.9	42.2	31.5
Adjusted the timing/frequency of breastfeeds only	*11.5*	*3.7*	*10.1*	*10.8*	*15.3*
Adjusted the timing/frequency of breastfeeds and gave expressed breastmilk	*14.5*	*12.2*	*15.9*	*22.3*	*8.5*
Adjusted the timing/frequency of breastfeeds and gave formula/cow's milk/other	*7*	*3.7*	*4.8*	*9.2*	*7.7*
Introduced expressed breastmilk	21	28	32.4	23.9	10
Introduced infant formula	11.1	27.1	21.7	9.2	0.9
Introduced cow's/other milk	14.5	1.9	8.2	18.7	19.1
Observations	905	107	207	251	340

Source: Maternal Experiences Survey. Includes 905 mothers who continued to breastfeed upon return to paid work and made changes

For some, adjusting the timing/frequency of breastfeeds around work worked well and the child adjusted to the new 'routine' which was more likely if the child was older upon return to paid work, as highlighted in our Maternal Experiences survey responses:

> *"I was able to time a feed before work and on my return to paid work which worked brilliantly for us"*
>
> *"I breastfeed at bedtime and overnight and during the day at weekends."*
>
> *"Managed okay to just feed when I was home"*

For others adjusting feeds led to more evening/overnight feeding (known as reverse cycling) – which can impact mother's wellbeing (as discussed in Section 5.1). 44.1% who adjusted timing/frequency of breastfeeds did so alongside providing expressed breastmilk and 21.3% provided infant formula or cow's/other milk. 21% introduced expressed milk with this less common as the child reaches 12 months upon return. Introducing formula was more likely among younger children and introducing other milk types was more likely the older the child. The latter reflects that children are not recommended to have cow's milk as a drink prior to 12 months.

Respondents were asked if they had ever expressed breastmilk or had directly breastfed their child during 'working hours'/at their workplace. Results are presented in Table 4.3. 52.6% had expressed milk at their workplace with the majority (38.6%) doing this to provide breastmilk for their child (including those also did so for comfort), with 14% for comfort purposes only. Being able to express for comfort is important to avoid engorgement (discussed in Section 5.1). The proportion expressing breastmilk was lower the older the child upon return with the proportion expressing only for comfort increasing with the age of the child. This is not unexpected given children need less frequent feeds as they get older (see Section 1.1). But even among those returning when their child was 12+ months (when there is often an expectation that expressing breastmilk will not be needed) 25.3% said they had expressed breastmilk for their child at their workplace.

Table 4.3: Breastfeeding and Expressing Breastmilk During Work Hours

	Age of child on Return to paid work (months)				
	All	**1-6**	**7-9**	**10-11**	**12+**
Breastfed baby during breaks at an onsite nursery/childcare facility	2.7	9.3	3.4	1.6	0.9
Breastfed child during breaks at a nearby location (e.g. at home, childcare provider)	9.6	18.7	13.1	6.8	6.8
Worked from home so you could breastfeed you child	22.1	36.4	26.6	17.9	17.9
Expressed breastmilk at work	52.6	62.6	63.8	55.0	40.9
Expressed breastmilk at work for child	*38.6*	*55.1*	*53.1*	*37.5*	*25.3*

Expressed breastmilk at work for comfort only	*14*	*7.5*	*10.6*	*17.5*	*15.6*
Brought your child to work and breastfed at work	7.7	18.7	11.1	6.8	2.9
Observations	905	107	207	251	340

Source: Maternal Experiences Survey. Includes 905 mothers who continued to breastfeed upon return to paid work

Gail's example below shows the typical trajectory, of needing to express more in the beginning, the number of times needed dropping until a point where the mother no longer needed to express.

> *"So, when I went back to work, I expressed milk. And I managed to express a little bit before I went back to work. So, we kind of had a stash. But then when I was at work, I would express milk twice a day for the first six months and then after that it went down to just once a day for about 3 months. And I think for the last three months I breastfeed him; I didn't need to express milk at work."* [Gail, lecture, returned when her child was 6 months]

It was far less common for mothers in our survey to breastfeed their child directly during work hours. The likelihood of doing so was higher when the child was younger, when the child may need more frequent feeds (Section 1.1). 11.3% directly breastfeed their child during breaks, either because their child was at an onsite childcare facility (2.7%) or at a nearby location (9.6%). 8% said they had breastfed their child in their workplace (which was more common during keep in touch days). A few mothers mentioned (and this was more common during KIT days) that the child's caregiver had brought their child to them at their workplace so they could directly breastfeed. On site childcare is not very common with only 10% in our HR Survey saying there was onsite childcare, which was more likely in Education and in large organisations. We have identified that working from home makes combining paid work and breastfeeding easier. However, only 22.1% said they had worked from home to directly breastfeed their child during breaks with this rising to 36.4% among those who returned when their child was 6 months or younger.

4.3 Challenges Facing Employers and Line Managers

As demonstrated above the concerns of returning mothers vary enormously and change over time (pre vs post return). Whilst greater awareness of them would benefit returning mothers, some anxieties and concerns are clearly outside the scope of employer and manager influence. However, many in our studies mentioned obstacles and challenges that employers and line managers have control over and/or legal responsibility for and all anxieties and obstacles are exacerbated when mothers face a lack of support. Chapter 6 makes recommendations regarding how to improve the support available. Key recommendations have been developed with the core needs of returning mothers in mind but are also shaped by our focused research with HR professionals and line managers. In this section we outline what the latter suggests are the main

challenges facing employers and line managers, considering variations by industry and organisation size. Industry definitions are provided in Section 1.5. Large organisations are defined as those with 250+ employees, medium organisation with 50-249 employees and small organisation less than 50 employees.

i. Perceived Barriers and Practicality by Industry

We start by exploring the perceived practicality of breastfeeding across industries in the HR Survey (Table 4.4). The most common barriers reported was *'the nature of the job made it difficult for breastfeeding employees to be able to work from home/adjust their shift patterns'*, followed by a *'lack of facilities/space'* and *'the nature of the job makes allowing more frequent/longer breaks for breastfeeding employees more difficult'*, all issues raised in Section 4.1 from the mother perspective.

Table 4.4: Barriers to Supporting Breastfeeding Employers

	%
The nature of the job makes it difficult to work from home/adjust shift patterns	30.4
Lack of facilities/space	29.1
The nature of the job makes more frequent/longer breaks difficult	25.6
Lack of awareness of how to best support breastfeeding employees	25.5
Lack of awareness of the legal requirements	22.7
Lack of clear legal guidance/policy on employers' responsibilities	22.1
My organisation does not face any barriers	19.2
Lack of cover to accommodate longer/more frequent breaks	19.0
Not knowing which employees are breastfeeding/need support	14.7
An overriding formal equality approach	14.6

Source: HR Survey (652 respondents)

In the HR Survey respondents were asked their views on practicality of supporting breastfeeding employees in their organisation. 58.4% agreed with the statement *'It is easy/practical to accommodate breastfeeding employees in my business'*, with 18.1% disagreeing (Table 4.5). Among those who disagreed with this statement, the biggest barrier was breaks, either due to the nature of the job or the lack of cover (57.6% compared with 28.1% who agreed with the statement). This was followed by the lack of facilities/space (55.1% vs 18.1% respectively) and the lack of flexible working opportunities (53.4% vs 25.5%

respectively). Therefore, it is clear the nature of the job plays a big role in the ease of accommodating breastfeeding employees.

When we break down by organisation size and industry (Table 4.5) it is clear that small organisations find it more difficult/impractical to accommodate breastfeeding employees than large organisations. However, there is less of a pattern in terms of barriers, with space and flexibility more of an issue in large organisations and breaks the smallest problem in small organisations. This likely reflects differences in industry within the different organisation sizes. For example, organisations in the Public Administration, Health and Social Work, and Education industries are more likely to be large organisations. Hence, we switch our focus to exploring differences by industry.

The Public Administration, Health and Social Work, and Education industries are the most likely to report barriers relating to space, flexibility and breaks (as well as most likely to disagree that accommodating breastfeeding employees is practical/easy). It is also worth noting that Other Services have difficulties related to providing additional breaks. These were the industries[31] identified in Section 2.2 that had the greatest impact on the probability of stopping breastfeeding around the return to paid work. In the Maternal Experiences Survey, 29.5% said the nature of the job made it difficult/impractical to combine breastfeeding and return to paid work, with this highest in Health and Social Work (39.6%), Education (37.3) and Other Services (22.9), consistent with the findings from the HR Survey.

Table 4.5: HR Views on Practicality of Supporting Breastfeeding Employees

	Practical		Barriers		
	Agree	Disagree	Lack Space	Lack Flexibility	Breaks - difficult
All	58.4	18.1	29.1	30.4	33.9
Organisation size					
Small (< 50 employees)	53.4	21.0	22.5	23.3	28.2
Medium (50 to 249 employees)	60.6	16.1	29.7	34.8	40.0
Large (250+ employees)	62.6	16.2	36.2	35.3	36.2
Industry					
Transport and Communication	71.7	20.4	18.9	23.6	29.2
Business and Professional Services	66.7	10.1	29.3	23.2	27.3
Other Services	61.1	11.3	22.2	35.2	38.9
Health and Social Work	54.0	36.4	41.4	47.1	47.1

[31] It was not possible to separate out Public Administration (due to small sample size) in this analysis (they were included with 'Other').

Education	53.8	26.2	47.7	47.7	52.3
Primary and Secondary industries	52.8	17.3	18.3	20.8	24.4
Public Administration	45.5	20.7	59.1	40.9	43.2

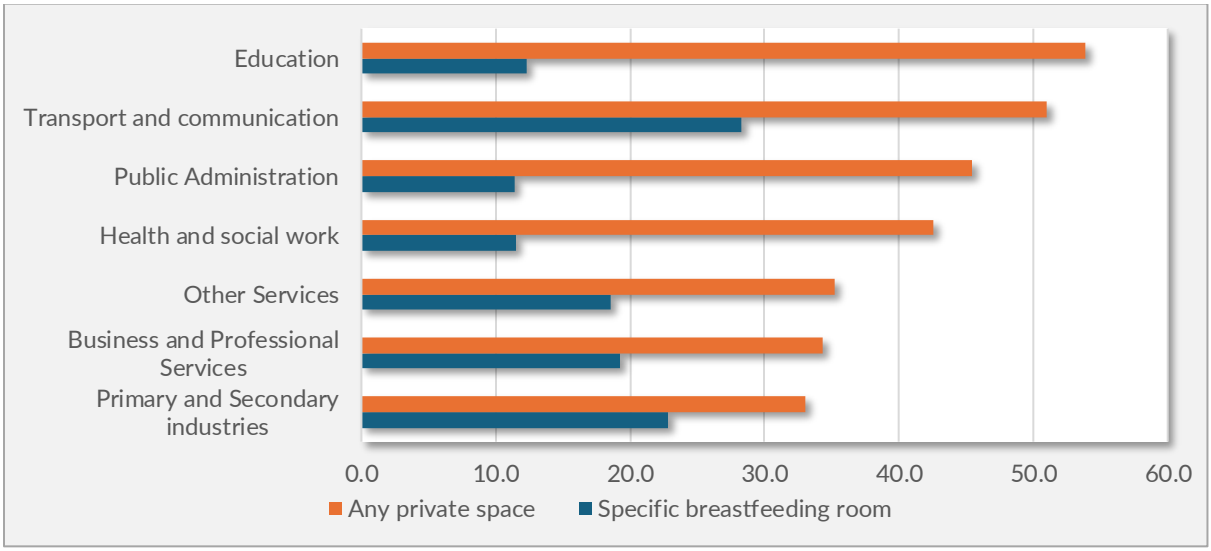
Source: HR Survey (652 respondents)
Practical: It is easy/practical to accommodate breastfeeding employees in my business
Barriers
Lack space: Lack of facilities/space for employees to breastfeed/express breastmilk
Lack flexibility: The nature of the job makes it difficult to allow (some or all) breastfeeding employees to work from home/adjust shift patterns
Breaks – difficult: The nature of the job makes it difficult to allow (some or all) breastfeeding employees to take more frequent/longer breaks and / or lack cover: cover to allow breastfeeding employees to take longer/more frequent breaks and/or adjust start/finish times

We now explore the practical constraints in more detail.

ii. Finding a suitable physical space for breastfeeding / expressing and storing breastmilk

We know from Section 4.1 that lack of well-executed facilities is a common obstacle with space and the ability to provide space varying across workplaces (as indicated by Table 4.5). Figure 4.2 reports differences in space by industry, reporting any 'private' space and separating out a specific space designed for breastfeeding/expressing breastmilk (which is included among any 'private' space). 40.5% of organisations in our HR Survey provided some space, but only 19.5% provided a specific room. Small organisations tend to struggle with space, with only 21% having any space compared to 60% of large organisations and are less likely to have specific space (only 7.3% compared to 32.8% of large organisations). HR professionals in Public Administration, Education and Health and Social Work were more likely to report lack of space as a barrier, and Figure 4.2 indicates that this reflects a lower ability to provide specific space rather than any 'private' space. Typically, industries more aligned with the private sector tend to often less space in general but are more likely to provide specific space, reflecting that space is less of a barrier for these industries.

Figure 4.2: Space for Breastfeeding/Expressing Breastmilk by Industry



Source: HR Survey (652 respondents)

In the Line Manager Survey, we asked respondents what spaces would be recommended for employees expressing breastmilk or breastfeeding at work. The most common space reported was a private office (reported by 50.1%), breastfeeding room (35.3%) and other private space (34.2%). Only 40.8% of those who stated that a breastfeeding room would be recommended reported there was currently a breastfeeding room available. It seems, as mentioned in several comments, that many organisations only provide rooms when the need arises/is brought to their attention, suggesting the onus is often placed on the returning mother to articulate her needs.

> *"We currently don't have a lot of facilities as there has been no need. We would get everything in place when we need to"* [Line manager, Finance sector]

The lack of provision and preparedness, underlined by the ad-hoc/reactive nature of the approach adopted by many organisations, which inevitably and unreasonably relies on the proactivity of individual returning mothers for effective support to be offered, is hence of huge concern and signifies a need for greater legal interventions (see recommendations in Section 6.3).

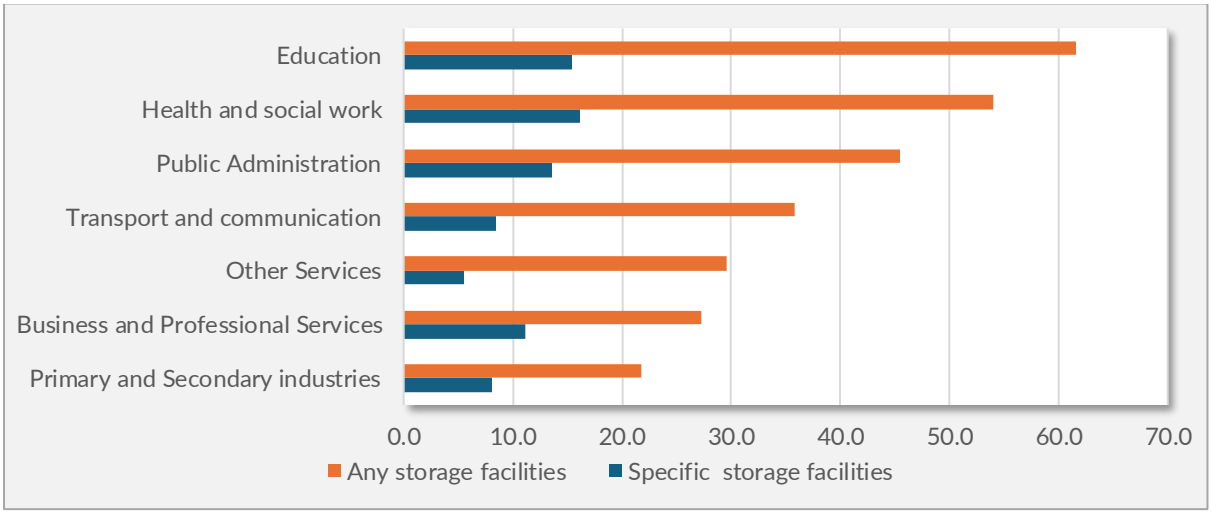
26.7% of line managers felt that working from home would be recommended, with this slightly higher in small/medium organisations where there are potentially less space/facilities available (as highlighted in the HR Survey) in situ. Of course, this is not always an option and this recommendation tends to be higher in industries more likely to be in the private sector (among Transport and Communication, Business and Professional services and Primary and Secondary industries) where it may be more feasible (as indicated by the industry profiles in Section 1 in Jewell et al. (2025e)).

Storage Facilities

In terms of storage facilities, and consistent with the Maternal Experiences Survey (Section 4.1), only 11% in the HR Survey reported their organisation had storage facilities specifically for storing breastmilk, with 35.4% reporting somewhere to store breastmilk including a communal fridge. We know from Section 4.1 that some mothers feel uncomfortable using

communal fridges. Large organisations are more likely to provide facilities, with Education, Health and Social work, and Public Administration (Figure 4.3), most likely to provide storage space for expressed breastmilk - the industries with the highest proportion of mothers breastfeeding upon return to paid work (see Section 2.2).

Figure 4.3: Breastmilk Storage Facilities by Industry and Organisation Size

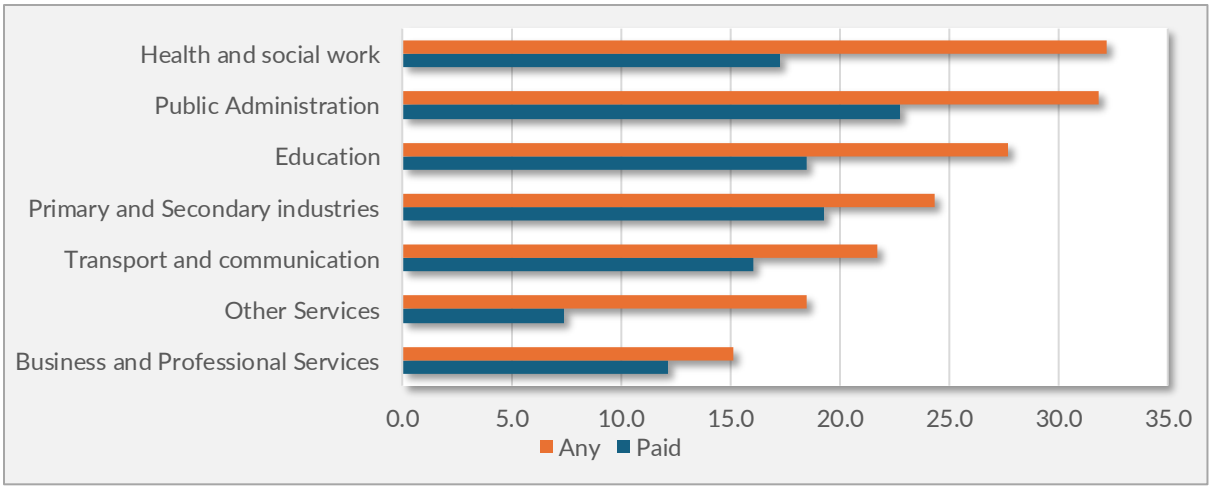


Source: HR Survey (652 respondents)

A common issue reported by our mothers in the interviews was a lack of washing up facilities, and only 21.8% of organisations reported providing washing up facilities for breastfeeding pump equipment. This figure increased to 33.6% in large organisations and those organisations in the Education and Health and Social Work industries are most likely to provide these - but even then, only 27.7%.

i. Facilitating breaks and time for breastfeeding/expressing breastmilk

Figure 4.4: Provision of Breaks, by Industry



Source: HR Survey (652 respondents).

Facilities are important, but if there is no time to use them then facilities will be surplus to requirements, and we observe the impact of lack of time on the wellbeing of returning mothers in Chapter 5. Only 23.8% of organisations in our HR Survey sample report offering additional or extended breaks (Figure 4.4). Breaks are more likely in large organisations (41%) with 30% providing paid breaks. Breaks are most likely in Health and Social Work (32.2), Public Administration (31.8%), and Education (27.7%), despite these industries more likely to report lack of space as a barrier. The Health & Social Work and Other Services industries had a higher proportion of breaks that were unpaid, and both were more likely to say accommodating breaks was more difficult (Table 4.5).

Overall, the HR Survey suggests formal breaks are not common (either paid or unpaid) and hence these might then be at the discretion of line managers. We therefore explored formal vs informal breaks in more detail through the Line Manager Survey. Only 12.1% of line managers said their organisation provided formal breaks with 25.9% saying breaks were informal breaks (where *"employees can take such breaks as and when needed"*) and 30.4% saying *"they were a matter for discussion/it depends"*.

In both the HR and Line Manager Surveys the Other Services industry stood out as the least likely to provide paid breaks. The comments in the Line Manager survey indicated that breaks are harder to accommodate due to business needs (in line with Table 4.5).

> *"They allow employees to take unpaid breaks to express every 4 hours, they ask ideally do this in their allocated break time, if it's not possible they can take a longer break but this is also unpaid"* [Food Retail Sector]

> *"I was allowed to take my break but only when the business needs didn't require me. for example I would need to express at around 12pm but the business was busy during this time therefore I had to wait until I wasn't needed to take a break"* [Hotel sector]

Again, these findings demonstrate how time constraints are an important element in relation to the tensions that exist around facilitating breastfeeding workers. Our research reveals inconsistency around the provision of breaks and a lack of normalisation of breaks which leads to women lacking time for breastfeeding/ expressing breastmilk. The need for legal intervention in relation to this is clear and discussed further in Chapter 6.

ii. Communication demands

A key theme that came out of our Maternal Experiences survey and interviews was that the onus was often on returning mothers to proactively and independently find information about availability of support in the workplace, their rights, and to push/ask for what they need/raise any concerns in relation to combining breastfeeding and work.

There was also an indication that the burden fell on the line manager rather than the organisation to make accommodations (consistent with the difference in view between HR

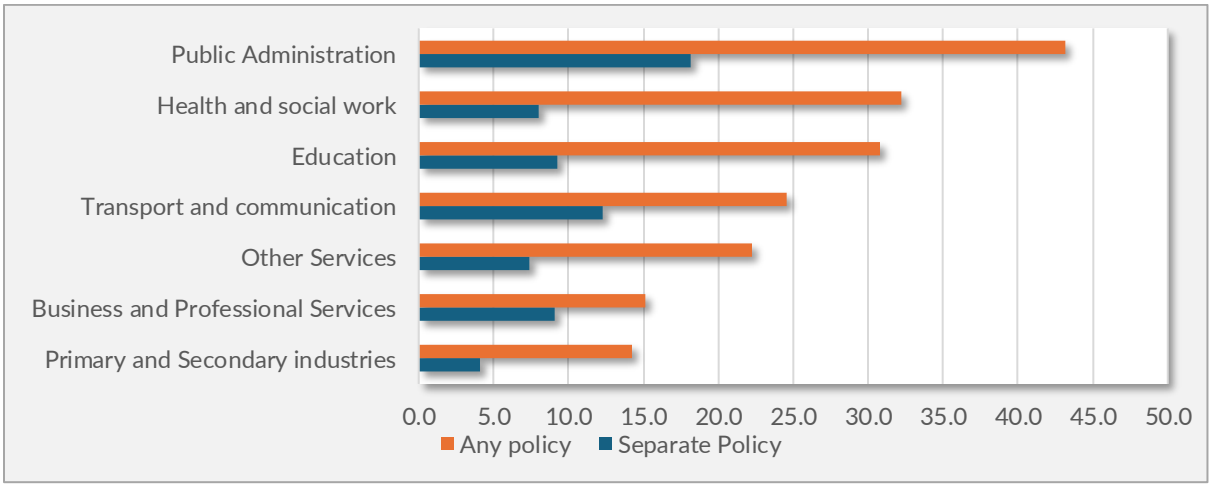
and line managers seen in Section 3.2 and 3.3). There was a feeling from line managers that they also need to be proactive:

> *"It was all very ad hoc and up to me."* [Business Services Sector]
>
> *"It was a situation I mainly had to handle myself and prepare facilities for my colleague to store the equipment and milk. We discussed her requests professionally and carefully so she felt comfortable returning to work."* [Technology sector]

The Health and Safety Executive (HSE) state that breastfeeding employees should provide their employers written notification that they are breastfeeding so that their employer can put in place actions to ensure breastfeeding employees return to a safe and suitable environment (see Section 1.2), and undertake a risk assessment. In the Line Manager Survey, 41.6% of those who managed someone that breastfed said that the employee(s) formally notified them or someone else in the organisation that they were breastfeeding. A lack of formal notification again indicates a more informal nature of managing breastfeeding employees.

Consistent with the Maternal Experiences Survey (Section 4.1), only 19% of HR professionals reported that breastfeeding is included in a risk assessment in their organisation. Risk assessments are more likely in large organisations (31.1%, compared to only 8.4% in small organisations), and in: Health and Social Work (28.7%) followed by public administration and defence (27.3%), Education (26.2%), and least likely in Business and Professional services (12.1%).

Figure 4.5: Whether Have a Breastfeeding Policy, By Industry



Source: HR Survey (652 respondents).

Breastfeeding Policy

A lack of breastfeeding policy was raised in the Maternal Experience Survey. Only 22.7% in the HR Survey reported their organisation had a breastfeeding policy (8% had a separate breastfeeding policy and 18% stated support for breastfeeding was mentioned in a maternity policy). A policy is most likely in Public Administration, followed by the Health & Social Work and Education industries, and is least likely in the Business and Professional Services

industry. In the Line Manager Survey a formal policy was a commonly mentioned as something that line managers would like in relation to guidance/training (which would help both employees and line managers):

> *"I think our organisation should have a clear policy on this so it can be referred to my managers and employees returning to work."* [Museum sector]

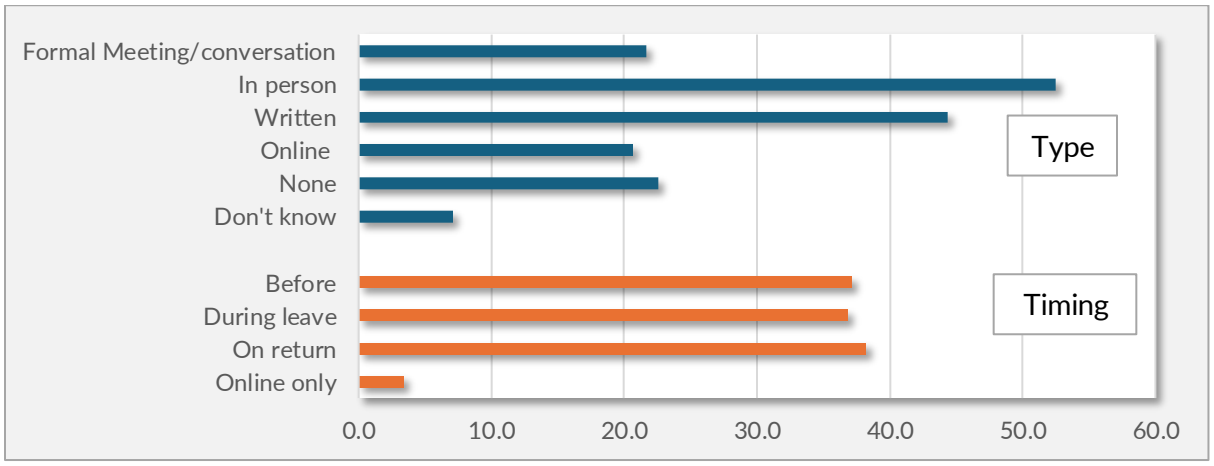
> *"A proper policy needs to be put in place rather than leaving it up to managers discretion"* [Education sector]

> *"Like a full policy breakdown to ensure I'm following the right protocol, and I wish I knew how to support them the most" [Technology sector]*

> *"I'd like to see a clear policy on how many breaks would be allowable."* [The Civil Service]

As demonstrated in Section 4.1, a simple conversation was a common request from returning mothers. Yet only 21.6% of HR professionals said their organisation provide a formal meeting/conversation and 22.5% of HR professionals said their organisation provide no communication at all (Figure 4.6).

Figure 4.6: Type and Timing of Communication



Source: HR Survey (652 respondents)

More generally the HR Survey suggested communication was more informal with a greater proportion reporting that communication is in person (52.5%) than in writing (44.3%), which corresponds with the lack of formality around breaks and the lack of risk assessments. Only 20.7% said they provided online communication e.g. through the intranet which again corresponds with the low proportion who have a formal breastfeeding policy. Large organisations are more likely to have any form of communication with more providing in person, written and information available online. 40.8% reported that they had no communication. Informality is more likely in small organisations:

> *"Fairly small business so most requests of this nature would be dealt with informally."* [Line manager, Veterinary Surgery]

Lack of formal policy and information makes it harder for employees to understand what support is available to them and the processes for making sure it is implemented. This lack of information is also likely to restrict the ability of line managers to provide effective and timely

information and support returning mothers adequately (including meeting their legal obligations).

Timing of Information

Our Maternal Experiences Survey and Interviews highlighted pre-return anxiety exacerbated by a lack of knowledge of provisions/facilities (Section 4.1). Therefore, we wanted to better understand the timing, where it does occur, of communication and information. 37.1% communicated with employees before they went on leave which is more likely among large organisations (51.9%), and in Health and Social Work (52.9%), Education (47.7%), and Public Administration (45.5%) - so typically those industries more likely to be in the public sector. Other services (24.1%) and Business and Professional services (28.3%) were the industries least likely to provide information before, and the two industries more likely to provide no information (33.3% and 28.3%, respectively).

Interestingly, 63.4% of line managers who managed a breastfeeding employee reported meeting with the employee to discuss support for breastfeeding. 53.1% of those who had a conversation said it was initiated by them rather than the employee or someone else, indicating again a need for the line manager to be proactive. Earlier meetings/discussions (before leave) can help reduce mother's pre-return anxieties, but only 28.1 % reported that a meeting had taken place before leave. 53.1% reported a meeting took place during keep in touch days, 29.7% at another point whilst on leave and 70.3% reported a meeting upon return to paid work.

Referring back to the idea that facilitating breastfeeding in the workplace is a joint responsibility (Section 3.3), it was a clear that a conversation helped with this process.

> *"Me and the colleague sat down and had a chat and I just asked what she needed and how I could support her and we came up with the plan together that worked for both of us."* [Retail sector]

Some line managers also commented that the topic was still taboo:

> *"I realise most breastfeeding mothers are very reserved when discussing things about breastfeeding and I think it's because most companies have made it an undiscussed topic, whereas people take extended smoke breaks."* [Real Estate Sector]

This evidence around communication paints a patchy picture of the support available across workplaces, often reliant on proactivity from the line manager. Yet, as the maternal experiences survey and interviews suggest, it is central to enabling the effective combining of return to paid work and breastfeeding. The need for more robust and transparent policies and the implementation and communication of processes that help returning mothers, is clear (see Chapter 6).

iii. Guidance and training

It is clear line managers and employers would benefit from guidance and training relating to supporting workers who are breastfeeding. This is evident in the findings and narratives available from mothers and the gap in support available to those on the front line with responsibility for managing pregnant workers and/or returning mothers.

Indeed, in the HR Survey only 29.8% reported that they provided training/guidance/ support with managing employees returning from parental leave and only 17.5% said their organisations provided training/guidance/support on specifically managing breastfeeding employees. Guidance on managing employees returning from parental leave and/or breastfeeding employees was more likely in large organisations and varied across industries.

In the Line Manager Survey we specifically asked where they would seek information regarding supporting breastfeeding employees. 54.5% (51.3%) of those who had (not) managed breastfeeding employees said they looked/would look at their organisation's breastfeeding policy/guidance for information, which is interesting given that based on the HR and Maternal Experience surveys relatively few organisations actually have a breastfeeding policy, suggesting that this response might be based upon an assumption that one exists.

21.8% of respondents who had managed breastfeeding employees looked at ACAS (Advisory, Conciliation and Arbitration Service)[32] guidance whilst 43.4% of those who had not yet to manage felt that they would consult ACAS guidance. 12.9% (16.5%) of those who had (had not) managed said they did not know where to look, and 21.8% (2%) thought there was no need to look up information. Other sources of information include the NHS, charities such as La Leche League, the internet and HR or their own line manager.

57.4% of line managers did not feel they had adequate training guidance to manage a breastfeeding employee: 40.6% among those who had managed a breastfeeding employee and 62.2% among those who had not. 11.9% of those who had managed a breastfeeding employee felt they did not need any training, increasing to 19.9% among those who had not. We discuss the specific guidance that line managers would like in Section 6.2.

4.4 Chapter 4 Key Findings

- Mothers experience a number of pre-return anxieties relating to their child's wellbeing, bodily adjustments and the workplace practicalities
- Common challenges faced by mothers relate to inadequate facilities, lack of time (breaks) and poor information/communication from their employer
- There is often a lack of formal internal process e.g. a lack of policy, risk assessments, timely information/communication, and guidance/training for line managers
- Common facilitators included working from home, flexible working, a phased return, an open discussion and supportive line manager
- However, positive experiences often relied on mothers being adept at making adjustments/compromises, independent of workplace support
- Barriers faced by organisations related to lack of space, and the nature of the job making it difficult to provide additional breaks/flexibility, a lack of awareness / guidance of legal obligations

[32] ACAS is an organisation that provides impartial advice on workplace rights, regulations and best practice for both employers and employees. At the time of writing the ACAS detailed guide on accommodating breastfeeding employees was no longer available on the ACAS website. For more information the guidelines ACAS do provide see https://www.acas.org.uk/managing-your-employees-maternity-leave-and-pay/returning-to-work

- Challenges were particularly faced by smaller organisations, and those organisations in the Education, Health and Social work, and Other Services industries

5. Impact of Workplace/Infant Feeding Experiences on Maternal Wellbeing

We now reflect on some of the physical and emotional impacts of combining breastfeeding and return to paid work drawing on insights from responses to the Maternal Experiences Survey and Maternal Experiences interviews.

5.1 Physical Wellbeing: Health and Safety Issues

Pre-return concerns around bodily adjustments and physical wellbeing were commonly cited by study participations (see Section 4.1). As discussed in Section 3.4, when asked about the importance of supporting breastfeeding employees, very few line managers referred to legal requirements or the health and safety perspective, for example, recognising implications of not expressing breastmilk/breastfeeding when needed for milk supply, engorgement, painful breasts, and the need for expressing/ breastfeeding to be done in a safe environment. Table 5.1 reports common physical challenges faced by mothers as a result of returning to paid work and continuing to breastfeed (and hence these were only asked in the survey to this group of mothers). We also consider in Table 5.1 specifically the group who expressed breastmilk at work and split by the age of the child upon return to paid work. We discuss these challenges in more detail in what follows.

Table 5.1: Physical Challenges Faced Upon Return to Paid Work, by Age of Child (%)

			Age of child on Return to paid work (months)			
	All (%)	Expressed breastmilk at work (%)	1-6 (%)	7-9 (%)	10-11 (%)	12+ (%)
A reduction in milk supply	23.6	30.3	36.4	26.6	23.9	17.6
Child would not take a bottle	31.6	38.9	29.9	37.2	35.9	25.6
Difficulty expressing	17.5	25	23.4	20.8	19.5	12.1
Painful expressing	5.7	8.8	9.3	4.3	5.6	5.6
Engorgement/mastitis	29.9	33.6	34.6	30.9	32.3	26.2
None of these	35.9	25	25.2	30.4	33.1	44.7
Observations	905	476	107	207	251	340

Source: Maternal Experiences Survey. Includes respondents who had continued to breastfeed upon return to paid work. Question asked: Did you experience any of the following problems relating to expressing breastmilk or breastfeeding upon your return to work?

i. Maintaining Breastmilk Supply

Breastmilk production is based on a supply and demand system – the more the child feeds, the more breastmilk the body will produce[33]. If return to paid work leads to mothers reducing the number of feeds, or having greater gap between feeds, this could reduce the amount of breastmilk produced. Mothers may then need to express breastmilk during work hours to maintain their breastmilk supply[34], among other reasons. Whether a mother's supply will be impacted (and hence whether they will need to express for this purpose) will be dependent on several factors and unique to each mother's body: the age of the child (which may impact how settled the milk supply is), how often the child fed prior to return to paid work, how long they will be away from their child.

As reported in Table 5.1, 23.6% experienced a reduced milk supply which was more likely among those who expressed breastmilk at work (increasing to 30.3%) for their child, and those whose children were younger (particularly 6 months and under) upon return to paid work. The interviewees also spoke about the difficulties and its impact:

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

> *"So, really had an impact because I would have days where I would be like breastfeeding all the time and at work, I could really express only once or twice a day. One of my breasts had almost no milk".* [Janet, midwife]

The challenge of maintaining a supply of milk through regular expressing, which requires breaks, self-care and keeping well-hydrated (which ideally should be considered in a risk assessment), for example, was a challenge for a number of mothers after return to paid work. From the answers by survey respondents, it became clear that many women used their lunch break to express breastmilk, but this was not always sufficient, particularly in terms of meeting other needs:

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

[33] For more information on breastmilk supply production see https://laleche.org.uk/how-milk-production-works/ or https://www.nhs.uk/start-for-life/baby/feeding-your-baby/breastfeeding/breastfeeding-challenges/milk-supply/

[34] See for example: https://www.nhs.uk/start-for-life/baby/feeding-your-baby/breastfeeding/breastfeeding-challenges/milk-supply/

"With very short/ limited breaks between lessons it means I have almost no time to eat or have a comfort break after expressing."

The proportion experiencing a reduced milk supply was higher among those who reported problems (Table 5.2) regarding the nature of the job making it difficult/ impractical to combine breastfeeding (reported by 41.9%), and problems related to their employer providing breaks (46.2%) and facilities (43.5%). It is clear that workplace provisions can help reduce problems relating to milk supply.

Table 5.2: Physical Challenges Faced Upon Return to Paid Work, by Workplace Barriers

	All (%)	Lacked breaks (%)	Lacked facilities (%)	Nature of Job (%)
A reduction in milk supply	23.6	46.2	43.5	41.9
Child would not take a bottle	31.6	44.2	45.2	38.8
Difficulty expressing	17.5	40.4	35.7	28.1
Painful expressing	5.7	12.5	14.8	8.5
Engorgement/mastitis	29.9	49.0	50.4	39.2
None of these	35.9	11.5	12.2	17.3
Observations	905	104	115	260

Source: Maternal Experiences Survey. Includes respondents who had continued to breastfeed upon return to paid work.
Lacked breaks: Line manager/employer were reluctant to/didn't provide breaks
Lacked facilities: Line manager/employer were reluctant to/didn't provide necessary facilities
Nature of job: The nature of my job role made it difficult/impractical

ii. Engorgement / Mastitis

Being asked to use existing breaks can compromise the mother's health and wellbeing. If milk is not removed from the breast this can lead to engorgement (breasts becoming full) which is uncomfortable but also increases the risk of mastitis (inflammation of the breast tissue)[35].

29.9% of those who were breastfeeding upon return to paid work reported having had engorgement/mastitis since returning to paid work, with this increasing to 33.6% among those who had expressed breastmilk in the workplace (see Table 5.1),. Mastitis can occur at any point, with evidence (e.g. Gondkar et al., 2024) suggesting it is most common in the first 3 months after birth (when milk supply may be less stable) and affects around 13.4% of breastfeeding mothers[36]. Our finding suggests that engorgement/mastitis is higher than expected among

[35] Mastitis is a painful inflammation of the breast tissue and is often caused by milk building up in the breast faster than it is removed , see for example https://www.nhs.uk/start-for-life/baby/feeding-your-baby/breastfeeding/breastfeeding-challenges/mastitis/

[36] A review study found depending on the exact definition of mastitis that existing evidence suggests mastitis effects between 2.5 and 20% of breastfeeding mothers (Wilson et al., 2020)

women who continued to breastfeed upon return to paid work. It was more commonly reported in the survey when children were younger, with 35% of those returning when their child was 6 months or below reporting they had experienced engorgement/mastitis compared to 26% among those returning when their child was 12+ months old.

A key contributor to engorgement (which increases the risk of developing mastitis) is too long a gap between feeds/expressions[37], with a lack of time/workplace support a barrier for some to express breastmilk/directly feed when needed. Those in the survey who reported problems related to taking breaks and facilities (Table 5.2) were more likely to report having experienced engorgement/mastitis (49.0% and 50.4% respectively) which was further highlighted in the interviews:

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

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

iii. Challenges with Expressing Breastmilk

25% of those who expressed breastmilk said they found it difficult (Table 5.1). Expressing breastmilk is helped by being in a calm and relaxed environment and being given enough time to do so[38]. Indeed, those reporting difficulties expressing breastmilk was higher among those who faced problems relating to breaks and facilities (Table 5.2).

Expressing breastmilk led to mothers putting pressure on themselves in order to make things work, ensure their child was getting enough breastmilk. As highlighted in Section 4.1 those who expressed breastmilk at work found it harder to combine breastfeeding and work. Many felt expressing breastmilk was an added chore, and they would have preferred to provide breastmilk directly. This 'chore' added further pressure to returning to paid work and relates to difficulties of balancing mother and worker roles (discussed in Section 1.3). This adds to the notion that breastfeeding is a form of work which is central to the framework discussed in Section 1.3.

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

> *"I think it did put a little bit of pressure on me because I found that I had to probably feed more often than I would normally feed when I was with her because I didn't*

[37] See, for example: https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding-problems/breast-pain/

[38] See, for example: https://www.nhs.uk/baby/breastfeeding-and-bottle-feeding/breastfeeding/expressing-breast-milk/

probably get as much milk pumping as I would if I'd just been there and fed her." [Carla, Financial Services]

iv. Challenges Relating to Child's Adjustment

A key pre-return concern related to whether the child would get enough milk, and related to this was whether the child would take a bottle. 31.6% (Table 5.1) stated their child would not take a bottle (increasing to 38.9% among those who had expressed breastmilk at work). However, for some this concern was less of a worry in reality which created a sense of relief:

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

In terms of the adjustments made to the way the child was fed, this was not often as bad as anticipated *("The reality was easier than my anticipation").* Many of the pre-return concerns and anxieties relating to how the child was fed/the child's wellbeing mentioned in Section 4.1 did not materialise or were more manageable than expected, with some surprised at how well their body adjusted:

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

> *"My boobs just magically adjusted to the fact that I was all over the place as I had been away from daughter over many nights."* [Tabitha, Anaesthetist]

Among those who had not yet returned to paid work but were planning to continue to breastfeed upon return to paid work, 65% expected to find combining breastfeeding and paid work difficult, compared to only 36% who had returned having found it difficult. Only 16% expect it to be easy (very or somewhat), compared to 44% of those who have returned finding it easy. This comparison is consistent with the qualitative findings that the 'reality' is often not as bad as the 'anticipation'. Therefore, hearing the lived experience of other mothers could potentially reduce some of the pre-return anxieties. In particular hearing experiences of how bodies and children adjusted, may help.

v. Fatigue

Others in the interviews spoke about the pressures they felt during this period of adjustment in terms of fatigue. Fatigue may be a particular consequence of children making up feeds when the mother and child are reunited and, as highlighted in Section 4.2, adjusting the timing/number of breast feeds was the most common adjustment made. Here the realities of their child's simultaneous adjustment and the interconnected impact was revealed, especially where reverse cycling occurred (when children make up breastfeeds in the evening and night):

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

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

*"then the negative consequence was she fed a lot during the night then because it was almost her way of reconnecting, so she'd feed as soon as we saw each other, we went back home, and I would spend about 20 minutes on the sofa with her. And she would just feed... But then overnight, she'd want to feed again. Because I guess to make up for the lack of feeding. So yeah, so **we managed to cope that way**."* [Noreen, statistician]

The study highlighted health and safety risk assessments for breastfeeding employees were infrequently being conducted. Risk assessments are the ideal place to discuss measures (such as additional breaks, comfortable facilities) to reduce the risk/ incidence of many of the physical challenges discussed above. However, as identified in Section 3.3, many line managers are not aware of health and safety issues which is not surprising given they are not explicitly mentioned among the Health and Safety Executive (HSE) list of common risks to pregnant and new mothers[39]. For example, reduced milk supply and engorgement/mastitis is not mentioned among the list of common risks. Neither is the importance of adequate nutrition/hydration to support milk supply production and the health of the mother. Fatigue is referred to in general in relation to common risks, but no explicit reference is made in relation to breastfeeding (and any overnight feeding). We discuss recommendations for the HSE in terms of expanding the list of common risks in Section 6.3.

5.2 Emotional Wellbeing

"I know again 'fed is best' and if the best thing for him is that we go to a mixture of breastfeeding and formula feeding, he's going to be fine. He's not going to be harmed by that. I know that objectively, but emotionally it doesn't feel like that." [Bethany, charity worker]

As discussed in Section 4.2, return to paid work for those breastfeeding involved considerable changes for the majority (55%) to the feeding practices and routines. Respondents reported adjustments to the timing and frequency of breastfeeding as well as introducing other feeding forms such as using formula or cow's milk and expressing breastmilk. We asked survey respondents who made changes '*How did these changes make you feel?'* to explore mothers' emotional responses to these adjustments upon returning to paid work[40]. As shown in Figure 5.1, 'sad' and 'anxious' were the most frequently mentioned emotions, indicating prevalent negative emotions. These are emotions which may be naturally tied to returning to paid work,

[39] See https://www.hse.gov.uk/mothers/employer/common-risks.htm
[40] Full analysis of these responses can be found in Section 2 in Jewell et al (2025c).

regardless of infant feeding decisions, but may be worsened by the added stress of making changes to feeding practices.

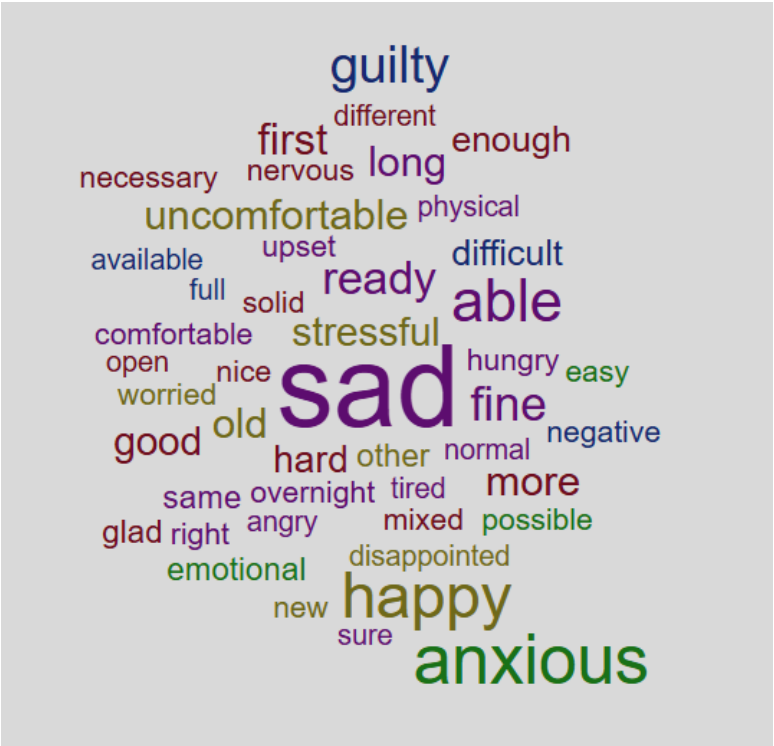
The reasons for the negative emotions, based on the full responses to the question *'How did these changes make you feel?'*, were connected mostly with sadness over losing the close, nurturing connection breastfeeding provides:

> *"I felt sad that I was not able to feed her as often as she was used to."*
>
> *"I was sad to lose those moments of connection with my baby."*
>
> *"It was very sad and frustrating that I had to stop/ change the breastfeeding frequency as we both enjoyed our routine."*

Anxieties largely stemmed from concerns about the adequacy of expressed milk, the transition to bottle feeding, and potential health issues like mastitis (all discussed in Section 5.1). Compounding these concerns were the logistical challenges of integrating new feeding schedules with work commitments:

> *"Anxious about quantity of expressed milk."*
>
> *"Worried and anxious I could only breastfeed once a day in the evening and even then felt guilty leaving the office early (on time!) to get back in time."*
>
> *"I was very anxious that my baby was not getting the same amount of milk as before. Anxious that my baby wouldn't take an expressed bottle."*
>
> *"Anxious about mastitis due to not pumping as frequently as I would normally breastfeed."*

Figure 5.1: The most frequent adjectives in response to how changes to the way their child was fed made them feel



Source: Maternal Experiences Survey, based on responses from 456 mothers who changed the way their child was fed

Guilt, and pressure: Balancing Mother and Worker Roles (Identity)

As highlighted in our framework, the mother's wellbeing may be impacted through the balancing of the mother and worker roles (identity), which was evident in the survey responses, as well as in the interviews.

Some respondents used the word 'guilty' which points to a strong feeling of shame which stemmed from feeling inadequate when balancing motherhood duties and work obligations:

> *"I felt guilty for not giving my baby the best like exclusively breastfeeding for 6 months."*
>
> *"I feel guilty that my child goes without feeds for 9 hours whilst I am at work and has to rely on food and water."*
>
> *"I worried he would miss me and felt guilty for not being there."*
>
> *"Sad, more guilty for returning to work as letting my baby down."*

Furthermore, returning mothers in the interviews also spoke of their feelings of guilt, either about leaving their infant in order to return to paid work or having to take a break in order to express milk. The emotional consequences of navigating return to paid work and breastfeeding were palpable in many of the narratives in the interviews.

> *"I did feel torn when I did return…I **felt torn** a lot. I was trying to do something here and there and I was also trying to look after my daughter"* [Terri, senior manager]
>
> *"…it was causing me a lot of like being **pulled** in two directions"* [Poppy, paramedic]
>
> *"So maybe sometimes I felt like I wanted to compensate a little bit for not being there and not getting her to have had breastmilk during that time and something maybe for the first one to two months, I did feel guilty."* [Nina, lecturer]

As part of the framework introduced in Section 2.1, it is important to recognise that paid work is part of the mother's worker identity and having a baby can bring that to the surface, with 43% in survey stating they wanted to return to paid work to regain a sense of identity. And hence return to paid work can bring positive wellbeing effects, not directly related to infant feeding, as mentioned in interviews:

> *"I enjoyed going back to work because it's help with my sense of returning to who I was in terms of having, a job I enjoyed and having intellectual challenges"* [Iris, Civil Engineer]
>
> *"It kind of feels like you've lost your identity a bit when you're at home all the time. I did want to go back, but you can't have everything."* [Irene, Dentist]

Further, the difficulty on balancing the work and mother role was evident in the use of existing breaks for expressing breastmilk. Needing to use existing breaks was not only detrimental to their wellbeing but also relationships with co-workers, leading to feelings of isolation, highlighted by our survey respondents:

> *"I have to use all my own breaks for expressing affecting my ability to connect with Coworkers and have adult interaction."*

> *"I had to pump on my breaks and found at times it was socially isolating as couldn't join my colleagues for lunch."*

Concerningly, even when breaks were permitted some felt guilty taking them, which reflects a problematic culture where stigma is attached to the biological needs of breastfeeding workers.

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

Lack of Choice/Agency

For some interviewees, financial challenges led them to return earlier than they would have liked which led to a feeling of lack of choice/lack of agency:

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

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

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

Positive Emotions

Despite the dominance of negative emotions, some mothers did report positive feelings (Figure 5.1). 'Happy', often related to the wellbeing of their child and satisfaction with managing to continue breastfeeding, even if in a reduced capacity:

"Worried at first but ok when reassured by the nursery that my child was happy and healthy."

"Happy to reduce feeds to only morning/nighttime feed for my baby."

"I don't enjoy pumping but I am happy my child is still getting breastmilk"

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

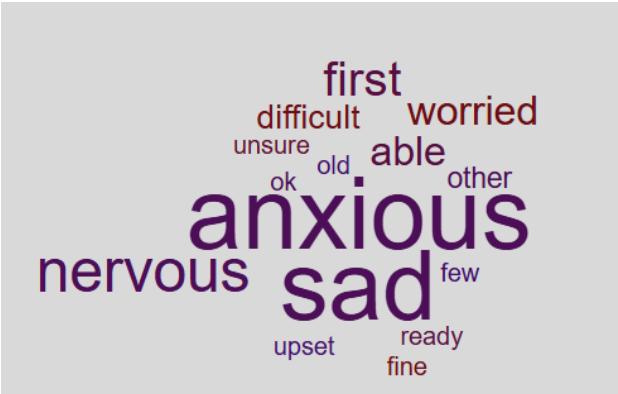
This feeling of relief/comfort reported by some, that they could continue providing their child breastmilk and reconnect with their child, demonstrates the importance and potential benefits for mother and child wellbeing of supporting mothers to continue to breastfeed should they wish to, especially given the pre-return concerns relating to child wellbeing discussed in Section 4.1. For others work was a welcome break from breastfeeding or helped mothers establish a more 'manageable' routine, also highlighted in the Maternal Experience interviews:

"It's good to have a break from the baby because it's very intense breastfeeding"
[Gabriella, Interior Designer]

Pre-return Emotional Wellbeing

Section 4.1 revealed a number of pre-return anxieties, and we expand on the impact of these. The survey also revealed that mothers who had not yet returned were contemplating modifications to their infant feeding practices in anticipation of returning to paid work. 60.4% of those who said they were planning to return and continue to breastfeed said they were planning changes to the way their child was fed. When asked *'How do these planned changes make you feel?'* (Figure 5.2), those who responded expressed feelings of sadness, anxiety and worry as indicated in the most frequently mentioned adjectives.

Figure 5.2: The most frequent adjectives in response to how proposed changes to the way their child was fed made them feel



Source: Maternal Experiences Survey, based on responses from 113 mothers who were planning to return to paid work and change the way their child was fed.

Thinking of this transition is a potential cause of emotional distress as working mothers can worry about how they are going to manage feeding and work commitments, their supply, how the transition may affect their relationship with the child and how the child is going to respond to the change in circumstances and feeding practices:

"I feel sad that I cannot breastfeed in a natural organic way, and that I have to adjust a normal biological process for financial reasons."

"Sad that decisions are forced I feel worried about my baby being hungry when I am at work."

"Now, I am anxious and nervous about my return to paid work and how it is going to negatively affect my baby, her eating habits and her wellbeing."

Whereas mothers who had returned to paid work reported both negative and positive emotions, those yet to return predominantly expressed negative feelings. This indicates that transitioning back to the workplace is fraught with anxieties concerning infant feeding and the child's wellbeing. Alleviation of some of the anxieties through better support mechanisms could ensure a better transition which benefits both returning mothers and employers.

5.3 Giving up On Feeding Plans/Not Meeting Infant Feeding Goals

We know from previous research (Brown, 2019) that not meeting infant feeding goals can have a considerable impact on maternal wellbeing (sometimes referred to as breastfeeding grief). Our modelling (see Section 2.1) found that return to paid work did impact breastfeeding decisions around the return to paid work. We now explore the emotional impact of not meeting infant feeding goals focusing on 1). those who continued to breastfeed upon return to paid work and 2). those who stopped before returning to paid work but would like to have continued.

Continued to Breastfeed Upon Return to paid work

The problems highlighted in Table 5.1 clearly caused concern and added to the guilt, pressure and/or fatigue for many. Highlighted in our interviews this emotional pressure, for some, culminated in them stopping breastfeeding completely before they were ready which, given the importance of reaching infant feeding goals for maternal wellbeing is of huge concern:

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

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

"And eventually we also switched to bottles sort of completely and I stopped because I just felt like I wasn't producing enough for him. And I don't know if that was true or not, …but returning to work definitely kind of, changed my confidence

*in my ability to like feed him because **I** didn't feel like I was doing a good enough job anymore."* [Madeleine, research analyst]

Those that had continued to breastfeed upon return to paid work, but had since stopped (73.4%), reported *'I breastfed/expressed breastmilk for as long as I wanted'*. We then asked mothers who had stopped *'If you have stopped breastfeeding/ expressing breastmilk, what were your reasons?'* from women who stopped breastfeeding. Several dominant themes emerged from the analysis of the responses[41], which reveal both the reasons for stopping and the associated emotional impact.

A common reason cited for stopping breastfeeding was child-led weaning, where children showed less interest, often related to their age (with mothers seeing the 'right' age from a few months to more than 3 years). Mothers frequently described this as happening 'at the right time' suggesting a natural transition perceived by them. The theme of natural progression and timing was less associated with emotional distress, guilt or sadness, highlighting the importance of supporting mothers to reach their infant feeding goals. Returning to paid work emerged as a considerable factor influencing the decision to stop breastfeeding (as indicated by the analysis in Section 2.1). The responses highlight difficulties around expressing milk at work, inadequate or no breaks, and unsuitable facilities. Many women described the challenge of balancing breastfeeding with work commitments, particularly when expressing breastmilk during work hours felt impractical or unsupported:

"I was not offered breaks at work for expressing."

"I chose to stop expressing at work as soon as possible as I found the experience very unpleasant and challenging to do within my working day"

"We had to stop because I couldn't have any more pumping breaks at work and so nights became the only time I could feed my kid."

"Awkward at work and storing milk/travelling with milk was difficult in the warmer weather."

"I really hated doing it at work, the facilities weren't comfortable and my child wouldn't take much of the expressed milk."

Some responses emphasised a desire to reclaim one's body and physical autonomy post-breastfeeding. This was often accompanied by mixed feelings, where mothers expressed relief, but this was also at time accompanied by sadness and a sense of loss/grief. This highlights the complex emotional states that stopping breastfeeding might involve especially if women feel pressures to do so, for example, because of the return to paid work or anticipating the return to paid work.

"I wanted to have my body back and my child had naturally decreased asking for it "

"After a short mourning period it felt good to have my body back."

[41] For the full analysis of this question see Section 2 in Jewell et al (2025c).

"A mixture of happy to have my body back and to be able to wear different clothes and a little bereft that the experience had ended. "

"I was sad it had come to an end, but happy to get my body back to myself."

External pressures, including societal norms and family expectations, were also noted as reasons for stopping breastfeeding. This includes feeling judged for breastfeeding beyond a certain child's age or societal expectations to return to paid work or the need to return to paid work for financial reasons.

"I wonder now if that's because I felt pressure about "still" feeding at 2."

"Stopped in the end because of pressure to not feed an older child."

"No one else I knew was breast feeding and I felt a lot of pressure."

"There was a lot of pressure from family and I also felt like it's a time to stop."

We know from Section 3.3 that mothers were not expected to be breastfeeding upon return to paid work/it is not normalised. These pressures often exacerbated feelings of guilt and failure among mothers (as highlighted in Section 5.2). Issues such as decreased milk supply, physical health problems like mastitis (discussed in Section 5.1), and mental health struggles were mentioned as reasons for stopping too. This highlights the physical and psychological challenges that can influence decisions around breastfeeding, alongside emotional challenges and external pressures.

The emotional responses to stopping breastfeeding are equally varied, encompassing a spectrum from relief and readiness to sadness and guilt. Many women felt 'ready' to stop, associating this readiness with positive feelings of natural progression and mutual agreement with their child's own readiness and needs. Regardless of the scenario, sadness was the most prominent emotion expressed by many mothers, particularly those who felt forced to stop due to work or social pressures. For some, stopping breastfeeding brought relief, especially when breastfeeding was challenging. However, this relief was often tempered by conflicted feelings about losing a special connection with their child.

Stopping Breastfeeding Before Return to Paid Work

In the survey 34% of those who stopped before the return to paid work said "*I was not able to feed my child in a way I would have liked for as long as I would have liked as a result of returning to work*" compared to 26% of those who continued (rising to 38.0% among those who made changes to how their child was fed). 21% (65 respondents) of those who said they stopped around return to paid work said they would have like to have continued, and we focus on this group. The most common reason for not continuing was that the respondent felt it would be difficult/impractical (51%) followed by it would be stressful/unmanageable (48%), with 23% thinking it was not possible.

Mothers who stopped breastfeeding before return to paid work, but wanted to continue, reported predominantly negative reasons and feelings. While in a few instances mothers reported that their child was ready or settled on the bottle, or there were issues with their supply, 'work' or financial reasons (i.e. the need to go back to work) were also mentioned:

> *"Sad that due to financial reasons I stopped to allow someone else to care for my son during the day."*
>
> *"It just seemed easier to stop than to try and keep it going while at work."*
>
> *"Didn't have to worry about expressing at work."*
>
> *"Sad. My child didn't want to but I encouraged it. Making her go longer and longer between feeds and offering cow's milk so that she wouldn't need to be breastfed during working hours."*

Particularly among those who wanted to continue breastfeeding, feelings of guilt and perceptions of failure were significant, reflecting the internal conflict and external pressures faced. Relating again to difficulties of balancing of mother and worker roles, in line with our framework in Section 1.3. Most women reported on the feeling of sadness that the decision to stop breastfeeding has triggered. 'Sad' was the most frequently mentioned adjective followed by 'guilty' and 'disassociated'. Some women reported that they felt a failure which is a strong expression of mother's guilt:

> *"Like a failure Really sad i would have loved to have done it for longer as she is my last baby but I felt I didn't have a choice due to work and financial commitments."*
>
> *"Sad and stressed that there was an external pressure of returning to work contributing to stopping so soon."*
>
> *"Disappointed and sad but I didn't think I had any other option. My baby only took milk from me and I struggled to express. As I was working shifts/irregular hours I thought it would be unfair on her as there would be no routine."*

The survey results illustrate a complex array of factors influencing the decision to stop breastfeeding, spanning from decisions that are based on perceived and natural child development, work-related logistics, personal recovery, social pressures, and health issues. Given the emotional, physical, social and work-related complexities, these findings call for supportive practices and policies that accommodate the diverse needs and challenges faced by breastfeeding mothers on their transition to the workplace.

5.4 Lack of Awareness/Discussion

> *"I think on the return to paid work actually having that conversation. And. I don't even know what you are entitled if you are breastfeeding. I have no idea"* [Cassandra, teacher]

As was highlighted in Section 3.3, there is a lack of awareness amongst line managers of what is actually involved in combining breastfeeding and return to paid work, and hence what workplace support is needed. Moreover, our research suggests that lack of discussion/conversation is a key source of anxiety for returning mothers (Section 4.1), who often feel that all they need is a conversation about infant feeding choices and how the pragmatic consequences of particular decisions might be accommodated within particular workplaces. Any conversations that were had, were often limited and informal, leading to a silence and stigma in the workplace around breastfeeding. Consequently, many returning mothers find themselves without knowledge of available support mechanisms, leading to adverse effects on their mental and physical wellbeing, particularly in terms of pre-return anxieties (see Section 4.1).

The analysis[42] reveals a pervasive discomfort and lack of open and supportive communication about breastfeeding and expressing breastmilk in the workplace. Many returning mothers experience discussions as awkward or embarrassing, leading to a sense of isolation and secrecy around breastfeeding for some. 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. Mutual anxiety/awkwardness can lead to a lack of communication at a time when support is needed to facilitate return to paid work.

> *"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 elvie 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."* [Edith, secretary]

> *"but I don't think it occurred to them that was something they should ask. The fact that they didn't know meant that I didn't feel like there was any sort of negative repercussions, but also meant there weren't any supports in place."* [Stacey, research fellow]

> *"I guess I was a little bit embarrassed about it, so I never told them. I don't know if they knew."* [June, Student support]

Those returning mothers in the Maternal Experiences Survey who continued to breastfeed but were not expressing breastmilk and/or directly breastfeeding in the workplace, were in particular less likely to inform their line manager. Only 47% of this group informed their line manager, compared to 84% who had expressed breastmilk and/or directly breastfed in their workplace. In general, amongst those who did not inform their Line Manager they were breastfeeding, the most common reason was they did not think their line manager/employer needed to know (78.9%), with 20.3% saying they felt uncomfortable raising it, 18.2% not knowing the procedure and 18.6% not knowing how to broach the subject. This group were, therefore, particularly 'invisible' to their employer/line manager (i.e. they were not aware they were breastfeeding) and whilst they do not need facilities/breaks, they may still benefit from

[42] The full analysis can be found in Section 2 in Jewell et al.(2025d).

support related to flexibility and emotional support and face other issues relating to fatigue and finding travel/working outside of normal work hours more difficult.

There was an embarrassment/awkwardness from the line manager side, and the lack of discussion and openness typically required women to explain to co-workers what they were doing and why they needed an extra break or private space etc. The need to explain to others the requirements 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:

> *"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."* [Carla, financial services]

> *"She was just a bit like, yeah, we'll get it sorted but don't go into details. I wasn't really going into detail. It's just the practicalities of space to do the expressing and then somewhere to store the milk, but yeah, I think some people just felt embarrassed about, you know, because it's a bodily function."* [Gail, lecturer]

Given the context and evidence, any lack of proactive engagement from managers or HR professionals can leave mothers feeling unsupported and uncertain about their legal rights and the potential accommodations available to them. There is a clear need for more open, but at the same time structured, empathetic and timely communication. This would help to normalise breastfeeding and provides clear, actionable and targeted support for mothers returning to paid work.

5.5 Chapter 5 Key Findings

- A lack of time, facilities, policy, communication and discussion negatively impact mother's physical and emotional wellbeing
- Common physical impacts included reduced milk supply, engorgement (breasts becoming full)/mastitis (inflammation of breast tissue), fatigue relating to changing feeding patterns, lack of time for proper nutrition and hydration
- The risk of these physical impacts could be reduced by ensuring such risks are explicitly discussed in risk assessments
- Common negative emotional impacts included: feelings of sadness, anxiety, guilt, isolation, awkwardness, stopping breastfeeding before ready, a lack of choice/agency and difficulties balancing motherhood and worker roles
- Common positive emotional impacts related to regaining a sense of identity, relief at being able to provide breastmilk lead, the opportunity to reconnect with their child and meeting infant feeding goals
- Positive emotions expressed by those who were successful in meeting infant feeding goals illustrate the importance of supporting mothers to meet these

6. Key Implications for Policy and Practice

6.1 Key Findings and Implications

Whilst many women do not establish breastfeeding/stop breastfeeding some time before work, our study indicates around 21% of returning mothers are breastfeeding, and 12% stop in the months leading up to return.

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 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.

Therefore, 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 a lack 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 breastfeeding goals then the return to paid work can be a positive experience (Section 4.2), 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 leads to negative impacts on physical and emotional wellbeing.

Experiences varied across mothers and by industry/occupation, and hence it is important to recognise one size does not fit all, and the importance of open and inclusive discussions between mothers and their line managers/employers. Those whose children were younger on return, who needed to express breastmilk during work hours were, particularly, more likely to find balancing paid work and breastfeeding difficult. Smaller organisations and industries where there may be a lack of physical space or the nature of the job made it hard to provide flexibility and flexible breaks faced more barriers to supporting their breastfeeding employees. In particular greater barriers were reported in the Health and Social Work, Education and Other Services industries.

6.2 Reform: What Would Help?

Our study has outlined several challenges from both mothers and the HR/line managers perspectives, and the resulting impact on maternal health and wellbeing. Section 4.2 identified what helped foster positive experiences and we explore in more detail what help mothers and employers would have liked in this section to aid the development of our recommendations in

Section 6.3. We asked study participants what would have helped: in the case of mothers what would/might help improve their experience of infant feeding and return to paid work (mothers) and in the case of HR and line managers what would help with supporting breastfeeding workers.

a) Mothers

We asked interview participants *'In an ideal world: what would assist you best/better regarding return to paid work and breastfeeding your child?'*. A variety of suggestions emerged from the qualitative analysis of these questions, which underscored the individuality of experiences but emphasised some more commonalities in terms of what would help better support returning mothers. Common themes included:

1) **A discussion/conversation initiated by the employer to discuss needs/ concerns**

Most returning mothers who had a positive experience felt supported by line managers and colleagues and this support was often related to good communication through formal and informal discussions and/or a clear policy. Conversely, mothers who felt unsupported often mentioned the lack of discussion/conversation/policy as a core challenge for them when they returned to paid work.

2) **Clear and transparent policy and communication regarding maternity policies and support**

Related to the wish for a discussion, is the desire for a clear and transparent policy and communication regarding maternity policies and support and more available information on workplace rights for breastfeeding mothers, as well as regular check-ins following return to paid work. A mentoring or buddying system was also viewed as beneficial by some.

3) **More flexibility including the ability to work from home, flexible working hours**

For some, the 'ideal world' consisted of more pragmatic, structural and/or policy changes: Mothers spoke about how they would have benefitted hugely from more flexibility, including the ability to work from home, flexible working hours, phased returns and the opportunity to work part time, as well as a more predictable working pattern (for those working shifts).

4) **Designated, clean and private rooms, with proper amenities**

For others, the 'ideal world' would have included a designated, clean and private room, with proper amenities for expressing breastmilk/feeding

5) **Longer well-paid leave**

Others stated wanting better paid leave to enable mothers to stay home for their full leave entitlement and more understanding around time off to care for their children when they are unwell.

These changes would not only facilitate breastfeeding/expressing upon return to paid work but also support the overall wellbeing and productivity of returning mothers

b) HR Professionals

In the HR Survey respondents were asked what might help support breastfeeding employees in their organisation (Table 6.1). The most frequent response related to specific space (reported by 34.7%), followed by clarity over legal obligations (30.7%). Introducing a formal breastfeeding policy, and Improvements to line manager training/guidance and information provision were also mentioned by at least a quarter of respondents, again highlighting the need for better communication and information provision.

Table 6.1: What Would Help Support Breastfeeding Employees, HR Survey

	%
A private room for breastfeeding/expressing employees	34.7
Clarity around the legal obligations relating to breastfeeding employees	30.7
Training for line managers and colleagues regarding breastfeeding in the workplace	29.8
A policy around breastfeeding/expressing breaks	28.5
A fridge to store expressed breastmilk	28.1
Better flexible working opportunities for breastfeeding employees	26.4
Better line manager guidance/information provision around supporting breastfeeding employees	26.2
Better employee guidance/information provision for breastfeeding employees	25.0
Longer/better paid leave provisions	22.9
A mentor/coaching system to support return to paid work/infant feeding choices	19.2
Not applicable - I don't think there is anything that would better support breastfeeding employees in my business/organisation	17.0

Source: HR Survey (652 respondents)
Question asked: Which, if any, of the following do you feel would help better support breastfeeding employees in your business/organisation?

c) Line Managers

We asked line managers if there was any (further) training they would have liked and for those who have managed breastfeeding employees if there was anything they would like to have known. A considerable number of respondents expressed a need for more training and a clearer policy framework (also highlighted in Section 4.3), suggesting that line managers are seeking more structured guidance and support to effectively assist breastfeeding mothers, as opposed to the matter being at their discretion. This discrepancy between positive intentions (as highlighted in Chapter 3) and practical implementations suggests an urgent need for

organisations to establish formal policies and training programs to truly support breastfeeding employees. The respondents to our Line Manager Survey[43], particularly wanted training/guidance on:

- Training specifically around breastfeeding and not just on general parental leave guidance
- Some, many who did not have children, simply wanted more understanding/ knowledge of the challenges regarding combining breastfeeding and work
- Information on legal obligations and employee rights, particularly in relation to breaks, health and safety, risk assessments (which ties in with the lack of risk assessments taking place as mentioned in Section 4.1 and 4.3)

> *"Would like to see any government guidance as well as ACAS etc to ensure my company was enacting this correctly"* [Publishing sector]
>
> *"I would like more guidance on the law and on our company policies and facilities."* [Transport Sector]

- How to manage conversations and what is appropriate/needed and the best timing for conversations:

> *"I would like to have a clearer understanding on what is appropriate to talk about, given the fact it's a sensitive subject/matter, and also what is fair to ask of the person breastfeeding - while obviously respecting their boundaries."* [IT sector]
>
> *"I'd like to know when to approach the subject"* [Transport sector]

- Guidance on the process: e.g.

> *"Guidance on what is acceptable, what adjustments can be made, what is and isn't covered in terms of pay or hours worked etc"* [Charity Sector]

- Having information to hand – i.e. in a format and place that is accessible as and when needed:

> *"We are a very small organisation, so would prefer training when someone is pregnant so it is relevant and up to date."* [Housing Sector]

d) The Need for Better Communication

A recurring theme from the mother and the HR/line manager perspectives was a lack of formal discussion/conversation which had negative repercussions for maternal wellbeing (Section 5.4). We know this is underpinned by a lack of awareness/ understanding (Section 3.3) but also once these conversations do take place they are often embarrassing and awkward. We therefore explored the topic of conversations/ discussions in the Maternal Experience Interviews.[44] For

[43] See Section 2 in Jewell et al. (2025e) for full analysis of the line manager responses in relation to training/guidance

[44] The full analysis can be found in Section 2 in Jewell et al.(2025d).

a work conversation to be efficient and productive, it is important to consider not only what is said but how it is said, when, where and by whom. Thus, the context, time and place of the conversation are equally important as are its contents, and all these parameters need to be taken into account. Based on the analysis of qualitative responses to the survey and the interviews, the communication process about breastfeeding upon return to paid work in order to be efficient, open, productive and inclusive needs 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.

An example communication pathway is provided in Jewell et al.(2025d).

6.3 Key Recommendations

The findings of this study suggest that a range of improvements are needed to better support returning mothers who are breastfeeding. We take a holistic approach in making these recommendations and recognise that legal reforms require a commitment to ensuring adequate enforcement is in place. Our recommendations can be divided into policy and best practice recommendations:

1. Policy Reforms

In order to ensure women's physical and mental wellbeing is supported we recommend strengthening the current employer legal obligations and Health and Safety Executive (HSE) guidance by mandating that all breastfeeding employees, whilst breastfeeding:

- **Have access, during working hours, to a suitable private and hygienic space for rest/breastfeeding/expressing breastmilk and access to a safe and cool storage space for breastmilk:**

  Employers must ensure their employees have access during working hours to a private, and hygienic space for rest, breastfeeding and expressing breastmilk, and access to somewhere safe (in terms of temperature) to store expressed breastmilk if needed. Where possible, these facilities should be equipped with comfortable seating, electrical outlets, and safe

(cool enough) refrigeration (with a thermometer) for storing breastmilk, ensuring 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 location and/or working patterns) must be made to ensure mothers, who wish to, are able to breastfeed/express breastmilk in a safe, private and hygienic place, ensuring their health and wellbeing is not compromised (see Section 5.1).

- **Are entitled to paid breaks for breastfeeding/expressing breastmilk during working hours if needed:**

  Provisions for paid breaks for breastfeeding/expressing breastmilk is important and would adhere to the International Labor Organisation (ILO) standards referenced in Section 1.2. This would allow mothers to maintain their infant feeding practices and schedules without penalty, either financial or in terms of their wellbeing. By providing paid breaks specifically for breastfeeding/expressing breastmilk, this can ensure mothers are not compromising other needs such as adequate nutrition and hydration and reduce the risk of engorgement/mastitis and milk supply issues (Section 5.1). Paid breaks could also be taken in the form of shorter working days or changes to working patterns.

Further it is recommended that the HSE:

- **Enforce that all breastfeeding employees have a health and safety assessment, and at regular intervals whilst breastfeeding. Encourage employers to offer all returning breastfeeding mothers a discussion:**

  A risk assessment is already a legal requirement (once a mother has informed her employer in writing that she is breastfeeding), but this study showed these are infrequently undertaken (Section 4.1), and there is a need for stronger enforcement. A return to paid work discussion and risk assessment, preferably before going on leave and before their actual return to paid work date, would provide an opportunity for mothers and employers/line managers to discuss and negotiate how breastfeeding might be accommodated in the specific case. Thereby limiting risks to breastfeeding employees' health, safety and emotional/physical wellbeing (Chapter 5).

- **Extend the list of common risks for pregnant workers and new mothers to include risks relating to engorgement/mastitis, changes to milk supply. Refer to the importance of ensuring adequate hydration/nutrition for breastfeeding mothers and recognising fatigue related to feeding adjustments**

  This amendment will further raise awareness, and stress their importance, of workplace risks in relation to breastfeeding employees and make such risks transparent.

We recommend The Department of Work and Pensions consider:

- **Mandating the existence of an easily accessible and transparent workplace breastfeeding policy/action plan:**

Development and communication of clear formal policies supporting breastfeeding are essential for both employees and line managers, a recurring theme through this study (Sections 4.1, 4.3 and 5.4). A policy should provide information on mothers' rights, available organisational support and procedures (e.g. relating to facilities, breaks, flexible work options, reasonable adjustments, risk assessments, conversations/discussions) to help facilitate combining breastfeeding and paid work. Information on provisions for breastfeeding employees and facilities should be shared (ideally it should be permanently available e.g. on the intranet) as early as possible e.g. before parental leave, to allow employees to make informed choices and to help reduced pre-return anxiety in relation to infant feeding (Section 4.1). Mandating a breastfeeding policy/action plan, could be an extension of government plans for large organisations (250+ employees) to provide Equality Action Plans which should include addressing gender pay gaps and a Menopause Action Plan.

2. Best Workplace Practice

We recommend encouraging employers through relevant guidance (including tour toolkit discussed below) to consider the following examples of best practice:

- **Offering a phased return to paid work to breastfeeding employees:**

  A phased return (as discussed in Section 4.2), for those who would like one, would help the transition back to paid work providing time for mothers, both physically (thereby reducing risk of engorgement/mastitis and milk supply issues) and emotionally, and children to adjust. Mothers should not be expected to use their annual leave to facilitate this, as this may lead to mothers returning earlier when combining breastfeeding and paid work may be more difficult.

- **Increasing the availability of adequately paid extended leave, where possible:**

  More generous extended paid leave (beyond the statutory 6 weeks at close to full pay) clearly gives families more choice and allows mothers to return when the child is older if they wish to. For the majority (90%) a core reason for returning to paid work earlier than legally necessary was financial - for some lack of financial support to take full leave entitlement reduced choice/agency (Section 5.2). Combining breastfeeding and return to paid work is often easier when the child is older upon return (as indicated in Section 4.2).

- **Facilitating open and inclusive conversations around infant feeding – ideally starting before employees goes on parental leave:**

  The study has shown there is often a lack of open and inclusive discussion in workplaces around infant feeding. Both line managers and mothers can find it difficult to initiate these conversations, as the topic can feel awkward, embarrassing or unfamiliar. A key finding from our research is the importance of starting conversations about infant feeding and return-to-work plans early. Early dialogue helps to reduce anxiety, enables more effective planning, and signals that the employee's needs are understood and supported. That's why

it is essential to establish clear and supportive communication pathways, ones that open up space for open and practical discussions about returning to work and breastfeeding. This can help ensure that mothers receive the support they need, and that line managers feel better equipped to provide it.

- **Including training/guidance regarding supporting breastfeeding employees for line managers, HR and colleagues:**

  Section 6.2 highlighted that line managers reported they would like more training and guidance. Training/guidance for management and staff will help foster a supportive workplace culture towards breastfeeding and raise awareness of what is needed to support breastfeeding employees. The training/guidance should focus on the organisation's procedures and how to have open and inclusive conversations around infant feeding. Training could be an online mandatory training course or included as part of EDI mandates and should also emphasise the lived realities and impact of poor practice on maternal health and wellbeing as well as the practical/legal responsibilities.

- **Where feasible, returning mothers who are breastfeeding could be offered, peer support and/or mentoring to facilitate their individual infant feeding/ return to work journeys:**

  Some mothers in our research said they would have benefited from hearing from colleagues who have had similar experiences. Being able to share tips and discuss challenges can provide reassurance and confidence to returning mothers during what can be a challenging transition. Employers can support this by setting up a peer support network/buddy system for employees returning from parental leave. The establishment of support systems such as mentoring programs for career progression post childbirth, mental health support, and structured guidelines on managing work-life balance could further support breastfeeding mothers. These systems could help alleviate the emotional toll and make the transition back to work less daunting.

- **Signposting returning mothers to sources of support, to organisations (internal and external) that offer support regarding breastfeeding and/or return to paid work:**

  Whilst workplace support can facilitate infant feeding journeys, mothers would benefit from being signposted (in a timely fashion) to information and on the practicalities of combining breastfeeding and paid work (that may be beyond the responsibilities of employers/line managers). Signposting could take place during a risk assessment, and ideally before they take maternity leave.

3. Practical Toolkit

Whilst legal and policy reforms provide a crucial framework for improving the support available to breastfeeding mothers at work, there is ample evidence in this study that employers and line managers would benefit from being able to access, when needed, relevant information, guidance and training. It is also evident from our study that those who are responsible for providing direct support to returning mothers often lack awareness of what breastfeeding

mothers experience or their specific needs (Section 3.4). This can result in a problematic lack of empathy for maternal wellbeing/health of breastfeeding workers (Section 5.4). Therefore, it is important that organisations, and thus line managers, are given adequate information and guidance on how to support breastfeeding employees, focusing on practical solutions and recognising that challenges will vary across sub-groups, industries and organisation size. Further based on anxieties that mothers express (particularly those in Section 4.1) they would benefit from information and awareness on the practicalities of combining breastfeeding and work, and their rights/good workplace practice. With all this in mind we have developed toolkits for mothers and employers.

Mother toolkit: The mother toolkit provides information on how combining breastfeeding and paid work may work, and how this may vary across job attributes, age of the child; and practical issues relating to expressing breastmilk, maintaining milk supply, reducing the risk of engorgement/mastitis and other physical issues. Further, it addresses common concerns and anxieties highlighted in Section 4.1 and information on communicating with their employer to help reduce awkwardness and embarrassment.

Employer toolkit: The employer toolkit (aimed at employers, HR professionals and line managers) provides information on benefits of supporting breastfeeding employers, specific needs of breastfeeding mothers, legal obligations, best practice and practical solutions. It includes guidance on workplace policy, communication and how to have more open, inclusive and productive conversations concerning infant feeding.

We recommend our toolkits are shared by an established/well-recognised and respected body (e.g. ACAS, EHRC, HSE) that provide guidance to employers and mothers.

Whilst HR and line managers might potentially perceive policies supporting breastfeeding employees as restrictive due to their temporary impact on work schedules and resources, it is important to recognise that these measures are only applicable for a relatively short period in the employee's working life and for a minority of employees. Facilitating breastfeeding/expressing breastmilk for working mothers will improve mothers' physical and emotional wellbeing. Implementing a workplace policy for breastfeeding mothers could enhance employee satisfaction and retention, reduce turnover costs, and improve overall productivity, as mothers are more likely to be engaged and motivated when their workplace acknowledges and supports their needs during this transition. Further, many of the proposed changes would not impose a huge cost on organisations but again have a positive impact on employee wellbeing. For example, a small fridge for storing expressed breastmilk does not cost much and can be used again for the same purpose. Most of what is needed relates to communication, formalising policy, and a conversation can help normalise breastfeeding in the workplace.

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