

Maternal Wellbeing, Infant Feeding and Return to Paid Work: Executive Summary

Professor Sarah Jewell, Dr Fari Aftab, Professor Marina Della Giusta, Professor
Grace James, Professor Sylvia Jaworska and Dr Sam Rawlings



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Bluesky: @nuffieldfoundation.org

LinkedIn: Nuffield Foundation

Website: [nuffieldfoundation.org](https://www.nuffieldfoundation.org)

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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 patterns 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 - concerning 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.