

**BREASTFEEDING AND NURSING – RETURN TO WORK POLICY**

		<b>POLICY</b>
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	X	
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## 1.0 INTRODUCTION

This policy aims to provide:

1. Clear guidance for SFH employees who are breastfeeding or nursing upon return to work, and also information for their managers to feel competent in supporting the parent and baby to continue to work and breastfeed;
2. The requirements of the spaces required to support breastfeeding or nursing

It should enable open communication between employee and line manager, reducing stress via the implementation of clear boundaries and management of the expectations of both parties

## 2.0 POLICY STATEMENT

To provide guidance on how to support staff members to continue to breastfeed/nurse their baby/child upon return to work

To enable managers to support staff who plan to continue feeding or pumping on return to work

## 3.0 DEFINITIONS/ ABBREVIATIONS

The terms 'breastfeeding' "feeding" or 'nursing' are used to cover both feeding a baby directly and/or using a pump to collect human milk

## 4.0 ROLES AND RESPONSIBILITIES

HR must link this document to SFH maternity leave guidance so it is available for all women and parents who may be breastfeeding or nursing.

When employees inform the manager of their pregnancy, managers should issue the employees guide to maternity leave form, this is linked to this policy at the same time.

Employees who are nursing need to have a written discussion via email with their manager, 28 days before return to work after Maternity/Paternity leave

When employees approach their line manager about return to work, line managers must have a positive and sensitive approach to accommodating employee's individual requests, whilst balancing the needs of the service and employee's role.

## 5.0 APPROVAL

<b>Approving Body</b>	<i>Maternity and gynaecology divisional governance</i>
<b>Date Approved</b>	11/10/21

## 6.0 DOCUMENT REQUIREMENTS

### Context

The UK has one of the lowest rates of breastfeeding globally and eight out of ten women stop breastfeeding prematurely.

A fifth of parents cease nursing due to returning to work, but there is no legal restriction on continuing to nurse at work and no time limits on how long it should take. Research shows that flexibility and support from employers, plus access to a private room can assist parents to continue expressing milk or feeding their child.

The World Health Organisation recommends women and parents continue nursing until age 2 and beyond, as human milk is a valuable source of nutrition, protection and comfort for as long as feeding continues. Breast milk contains fluid and energy along with unique elements – including immunoglobulins, anti-viral factors, special fatty acids, and lactoferrin – a protein that helps babies absorb nutrients and has strong anti-bacterial properties.

Parents who are supported to feed their baby when they return to work have increased morale, lower stress levels, and increased productivity and are less likely to need to take time off to care for a sick baby or child.

### Prior to return to work

Employees need to email their manager 28 days before they are back at work with:

- details of their date of return
- what they need for pumping or breastfeeding to continue
- queries
- any flexible working requests (the NHS scheme encourages employers to consider flexible working requests)

Managers should respond in a timely manner, and encourage to open and empathetic two-way communication to reduce anxieties for staff, whilst balancing the needs of the service.

Their email should include:

- Plan for first day back
- Details of where the room is for feeding, and confirmation of availability of an electrical socket and a lockable door
- Details of suggested times when they can express

- Suggestions for changes to shift times or longer breaks which may assist in time to express milk or feed baby
- Refrigeration requirements and provision;
- SFH staff info leaflet on feeding on return to work

It is important to note that managers should not ask employees how long they plan to feed their baby or child for, and must not suggest any time limits – employees may not know how long they plan to breastfeed and this area of conversation may exacerbate stress, and cause issues for employee and employer. It is the employees' responsibility to keep their manager informed of any changes.

### **Risk assessments**

A risk assessment is needed for any parent who is returning to work when their baby is 6 months or younger, before the employees first day of work. Managers are encouraged to also undertake this assessment for any parent who is breastfeeding a baby or child of any age when they return to work– whilst feeding their baby is not a risky activity at all, there needs to be consideration of whether the work environment, practices or shifts may have a negative effect on continuation of nursing.

Risks include:

- work that could expose employees to organic mercury, radioactive material or lead
- lifting
- carrying heavy loads
- extremes of temperature
- long working hours
- work related stress
- working conditions negatively affecting milk production
- Is it suitable for a partner or family member to bring baby/child onto site to feed?
- 

Managers should work to remove the risks and can act by changing working hours temporarily or ensuring breaks for expressing or feeding are agreed.

### **Provision of support for women and birthing parents**

Although there is no legal requirement to provide breastfeeding breaks at work, employers have obligations to employees who are feeding their child under health and safety law, flexible working law and discrimination law. Employers must ensure employees feel supported and don't feel they are treated unfairly for continuing to breastfeed or pump on return to work.

**SFH must provide:**

- Flexible breaks so that mothers and birthing parents can express milk or feed their child
- Provision of a private, lockable space for expressing or feeding ;
- Access to a clean fridge to store expressed milk or space for cool bag and icepacks;
- Flexible working hours

## **Toilets are never a suitable place for parents to express milk or feed their baby**

Expressed milk is the direct responsibility of the employee, and the Trust is not liable to any extent for incorrect labelling, handling, security or storing of milk.

Sterilisation or cleaning of equipment used during the feeding process is the direct responsibility of the employee, and the Trust is not liable to any extent should non sterile equipment be used.

### **Facility locations**

- Feeding/expressing room for staff and visitors in Kingsmill Hospital – Mypod, outside Women and Children’s entrance, Ground floor (lock and plug available, sinks located in public toilets opposite pod)
- Feeding room – Maternity Ward – 1<sup>st</sup> Floor (lock, plug and sink available)
- Public feeding room – Ground floor near main entrance toilets (lock and plug available, no sink)

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

<b>Minimum Requirement to be Monitored</b>  <b>(WHAT – element of compliance or effectiveness within the document will be monitored)</b>	<b>Responsible Individual</b>  <b>(WHO – is going to monitor this element)</b>	<b>Process for Monitoring e.g. Audit</b>  <b>(HOW – will this element be monitored (method used))</b>	<b>Frequency of Monitoring</b>  <b>(WHEN – will this element be monitored (frequency/ how often))</b>	<b>Responsible Individual or Committee/ Group for Review of Results</b> <b>(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)</b>
<p>Staff members returning to work to contact manager and copy HR into email</p> <p>HR to collate list of returning workers</p> <p>Managers to send signed copy of risk assessment to HR;</p> <p>HR to collate list of completed forms and highlight any staff members with no completed risk assessment</p>	<p>HR representative</p>	<p>Review of records</p>	<p>Quarterly</p>	<p>HR to report to Workforce Group via email</p>

## 8.0 TRAINING AND IMPLEMENTATION

- Dissemination via staff communications and intranet
- Email from HR to all line managers
- Train HR teams to include in any communication to managers or employees in the antenatal or postnatal period

## 9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix D
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix E

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

### Evidence Base:

- ABM (2019) Returning to work whilst breastfeeding [WWW] <https://abm.me.uk/breastfeeding-information/breastfeeding-work/>
- ACAS (2014) Accomodating breastfeeding employees in the workplace [WWW] <https://abm.me.uk/breastfeeding-information/breastfeeding-work/>
- Brown, Amy (2017) Breastfeeding Uncovered Pinter and Martin
- BMA (2020) Returning to work and your rights as a working parent [WWW] <https://www.bma.org.uk/pay-and-contracts/maternity-paternity-and-adoption/return-to-work/returning-to-work-and-your-rights-as-a-working-parent>
- First Steps Nutrition (2017) Eating well the first year [WWW] [https://static1.squarespace.com/static/59f75004f09ca48694070f3b/t/5a5a41479140b7e31a75ccbc/1515864404727/Eating\\_well\\_the\\_first\\_year\\_Sep\\_17\\_small.pdf](https://static1.squarespace.com/static/59f75004f09ca48694070f3b/t/5a5a41479140b7e31a75ccbc/1515864404727/Eating_well_the_first_year_Sep_17_small.pdf)
- Health and Safety Executive (2022) Protecting new and expectant mothers at work [WWW] <https://www.hse.gov.uk/mothers/>
- Kellymom (2018) Breastfeeding past infancy [WWW] <https://kellymom.com/ages/older-infant/ebf-benefits/>
- La Leche League (2022) Bottles and other tools [WWW] <https://www.laleche.org.uk/bottles-and-other-tools/>
- NCT (2019) Breastfeeding and returning to work <https://www.nct.org.uk/life-parent/work-and-childcare/returning-work/breastfeeding-and-returning-work>
- NHS (2015) Breastfeeding after returning to work or study <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2008/04/breastfeedingandwork.pdf>
- NHS Forth Valley (2016) Breastfeeding at work [WWW] <https://nhsforthvalley.com/wp-content/uploads/2014/03/Breastfeeding-at-Work-NHS-Forth-Valley-Policy.pdf>
- NHS Blackpool (2019) Breast Feeding at Work [WWW] <https://www.bfwh.nhs.uk/wp-content/uploads/2021/05/CORP-POL-226-Breast-Feeding-at-Work-May2819.pdf>



- North West Ambulance Service (2019) Breastfeeding at work – guidance for managers and employees [WWW] <https://iiy.nwas.nhs.uk/wp-content/uploads/2018/12/Breastfeeding-at-work-guidance-V2.0-Final.pdf>
- Unison (2021) New NHS flexible working rights to improve work-life balance and retain staff [WWW] <https://www.unison.org.uk/news/2021/06/new-nhs-flexible-working-rights-to-improve-work-life-balance-and-retain-staff/>
- UNICEF (2022) Breastfeeding in the UK [WWW] <https://www.unicef.org.uk/babyfriendly/about/breastfeeding-in-the-uk/>
- World Health Organisation (2021) Infant and young child feeding [WWW] <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>
- Working Families (2021) Returning to work while breastfeeding [WWW] <https://workingfamilies.org.uk/articles/returning-to-work-while-breastfeeding-a-guide-to-the-law/>
- XpertHR.co.uk (2022) Is an employer obliged to carry out an individual risk assessment for all new mothers returning to work from maternity leave? [WWW] <https://www.xperthr.co.uk/faq/is-an-employer-obliged-to-carry-out-an-individual-risk-assessment-for-all-new-mothers-returning-to-work-from-maternity-leave/105697/>

### Related SFHFT Documents:

Available on SFH intranet

- New and expectant mothers  
<https://sfhnet.notts.nhs.uk/content/showcontent.aspx?contentid=17425>
- New mothers risk assessment  
<https://sfhnet.notts.nhs.uk/content/showcontent.aspx?contentid=62519>
- New and expectant mothers guidance  
<https://sfhnet.notts.nhs.uk/content/showcontent.aspx?contentid=62704>
- Hand hygiene policy  
<https://sfhnet.notts.nhs.uk/content/showcontent.aspx?contentid=22795>

## 11.0 KEYWORDS

Pregnancy; maternity; breastfeeding; chestfeeding; expression; pumping; postnatal

## 12.0 APPENDICES

### Appendix A - Resource for managers to share with staff

Healthier Communities,  
Outstanding Care



Sherwood Forest Hospitals  
NHS Foundation Trust

# Infant Feeding

A guide for SFH staff going on leave or returning to work

#### Thinking of breastfeeding or chestfeeding your baby?

At SFH we run weekly breastfeeding/chestfeeding classes.

We also offer a click and collect service for colostrum kits (from 37 weeks) - Ask your Community Midwife for info.

The Lime Green Team provides postnatal feeding support when baby is born.

#### Returning to work?

**You will be supported to continue nursing your child when you come back to work at SFH.** We are a Baby Friendly Accredited trust, and want parents to feel confident they will be supported, on an individual basis.

**All managers and colleagues are expected to be respectful and accommodating** of anyone continuing to feed their child, in accordance with trust values.

**Contact your manager by email and HR 28 days before you return**, to help you plan for feeding or pumping milk whilst at work and also complete a risk assessment.

#### Where can I pump milk or feed my child?

We have a private and comfy feeding and expressing pod within the KTC main entrance - you should never be expected to use a toilet or non-private room.

You can continue to feed your milk to your baby when you come back to work - you have several options which depend on your baby's age and your preferences (ABM, 2021).

**Any questions or concerns contact Natalie, Infant Feeding Specialist Midwife on x6575.**

#### Links

**Nutrition for Breastfeeding Toddlers** <https://kellymom.com/nutrition/starting-solids/toddler-foods/>

**Still Nursing? - La Leche League GB Working and Breastfeeding/Chestfeeding** <https://www.la leche.org.uk/working-and-breastfeeding/>

**Returning to work whilst Breastfeeding (ABM)** <https://abm.me.uk/breastfeeding-information/breastfeeding-work/>

**Milk pumping calculator** <https://kellymom.com/bf/pumpingmoms/%20pumping/milkcalc/>

**SFH Policy** <https://www.sfh-tr.nhs.uk/about-us/policies-and-procedures/non-clinical-policies-procedures/human-resources?id=15624>

**First Steps - Infant milks** <https://www.firststepsnutrition.org/parents-carers>

#### Reasons to keep feeding your milk to your child

- Live constituents in human milk, including immunoglobulins destroy harmful pathogens, and boost the immune system.
- Your milk alone is vital to your baby during the first six months of life, and continues to be an important part of their diet until 12 months and beyond (LLL, 2016).
- The Association of Breastfeeding Mothers (ABM) says, "The needs of a very young baby whose mother is returning to work full time, will be different to that of an older baby whose mother is returning part time. A baby of eight months who has started taking solid food, will have less need for milk while you're at work, and can have some water in a beaker rather than milk as long as breastfeeding is plentiful for the rest of the time."
- Nursing beyond babyhood is normal - All children stop breastfeeding eventually, but some finish earlier than others. (LLL, 2016).
- The World Health Organisation recommends parents continue nursing until age 2 and beyond, as human milk is a valuable source of nutrition, protection and comfort and also long-term health benefits for parent and child.
- If you are also using formula then babies only need 1st milk for the first year, and can move to cow's milk after this if you wish - follow on formula and toddler milks are not needed (First Steps, 2021). However there is no need to add cow's milk to your toddler's diet as long as your child is nursing at least 3-4 times per day. (Kellymom, 2018).
- Parents who are supported to feed have increased morale and productivity, lower stress levels, and are less likely to need time off for child sickness. It is a way to reconnect when you see each other again after you finish your shift.



## Appendix B – Breastfeeding and nursing support contacts

### SFH

<https://www.sfh-tr.nhs.uk/our-services/maternity/infant-feeding/>

- Infant Feeding Specialist Midwife Natalie Boxall
- Complex feeding issues including tongue tie, cleft diagnosis, reflux, static or ongoing weight loss or medication enquires  
01623 622 515 ext 6575  
[Natalie.boxall1@nhs.net](mailto:Natalie.boxall1@nhs.net)
- Lime Green Team – postnatal community support - 01623 676170 (0900-1700)
- Midwives Advice Line: 01623 676170
- Out of Hours: 01623 655722

### BABES

Baby & Breastfeeding Encouragement & Support

#### Local Breastfeeding Groups across Nottinghamshire

**BABES** drop in sessions run in all areas of Nottinghamshire. Please see the centre spread of this leaflet to find your local group.

**BABES** offer a welcoming atmosphere for all mums who breastfeed and are run by staff and Peer Supporters. You can get together with other mums who may be going through a similar experience and share tips and techniques. It's a great way to make friends, by getting help to feed in a pain-free way, you will make more milk and your baby will receive more milk with each feed when the feed is totally comfortable.



*A local breastfeeding group in Nottinghamshire (Toddlers welcome)*

Come along and make friends with other mums. Varied breastfeeding topics are discussed; your baby will enjoy a play session, and join in the sing along at the end of each session. Many mums practice breastfeeding in public first at **BABES**, which builds their confidence to move on to other more public places. Pregnant women find the group useful in providing a good idea of what to expect and join our interactive antenatal workshops



#### Who are breastfeeding Peer Support volunteers?

These are mums who have breastfed, completed a 20 hour breastfeeding course and are keen to support mums like you, in the early days of breastfeeding your new baby. They spend a few hours each week in their local areas working as volunteers and follow confidentiality and safeguarding children practice guidelines.

#### Where else can I get advice and support?

- **Speak to your Midwife or Health Visitor**
- **Contact the Lime Green Team**
- **Contact the Peer Supporters**
- **La Leche League GB** 0845 120 2918 available 24 hours 7 days a week,  
[www.laleche.org.uk](http://www.laleche.org.uk)
- **The Breastfeeding Network**  
0300 100 0210  
[www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)
- **Association of Breastfeeding Mothers**  
08444 122 949  
9.30am-9.30pm  
[www.wabm.me.uk](http://www.wabm.me.uk)
- **National Breastfeeding Helpline:**  
0300 100 0212  
9.30am - 9.30pm  
[www.nationalbreastfeedinghelpline.org.uk](http://www.nationalbreastfeedinghelpline.org.uk)
- **National Childbirth Trust**  
0300 3300 771  
8am–Midnight 7 days a week  
[www.nct.org.uk/home](http://www.nct.org.uk/home)
- **Find your local SureStart Children's Centre:**  
[www.direct.gov.uk](http://www.direct.gov.uk)  
[www.childcarelink.gov.uk/notts](http://www.childcarelink.gov.uk/notts)



*Mums often say that we have help to breastfeed for longer and they enjoyed it more.*

**APPENDIX C - EQUALITY IMPACT ASSESSMENT FORM (EQIA)**

<b>Name of service/policy/procedure being reviewed: Breastfeeding and Nursing – Return to Work Policy</b>			
<b>New policy/procedure: NEW</b>			
<b>Date of Assessment: 13/09/21</b>			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	none	-	none
<b>Gender</b>	none	Inclusive language	none
<b>Age</b>	none	-	none
<b>Religion</b>	none	-	none
<b>Disability</b>	none	-	none
<b>Sexuality</b>	none	-	none
<b>Pregnancy and Maternity</b>	none	n/a	none
<b>Gender Reassignment</b>	none	Inclusive language	none

<b>Marriage and Civil Partnership</b>	none	none	none
<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	none	none	none
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b>			
<ul style="list-style-type: none"> <li>• none</li> </ul>			
<b>What data or information did you use in support of this EqIA?</b>			
<ul style="list-style-type: none"> <li>• none</li> </ul>			
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b>			
<ul style="list-style-type: none"> <li>• None of the above have occurred therefore no</li> </ul>			
<b>Level of impact</b>			
<p>From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (<a href="#">click here</a>), please indicate the perceived level of impact:</p> <p>Low Level of Impact</p> <p>For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.</p>			
<b>Name of Responsible Person undertaking this assessment: Natalie Boxall</b>			
<b>Signature: Natalie Boxall</b>			
<b>Date: 13/09/21</b>			

## APPENDIX D – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
<b>Waste and materials</b>	<ul style="list-style-type: none"> <li>Is the policy encouraging using more materials/supplies?</li> <li>Is the policy likely to increase the waste produced?</li> <li>Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?</li> </ul>	No No No	
<b>Soil/Land</b>	<ul style="list-style-type: none"> <li>Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals)</li> <li>Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)</li> </ul>	No No	
<b>Water</b>	<ul style="list-style-type: none"> <li>Is the policy likely to result in an increase of water usage? (estimate quantities)</li> <li>Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water)</li> <li>Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)</li> </ul>	No No No	
<b>Air</b>	<ul style="list-style-type: none"> <li>Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.)</li> <li>Does the policy fail to include a procedure to mitigate the effects?</li> <li>Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?</li> </ul>	No  N	
<b>Energy</b>	<ul style="list-style-type: none"> <li>Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)</li> </ul>	No	
<b>Nuisances</b>	<ul style="list-style-type: none"> <li>Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?</li> </ul>	No	

Completed by Tina Hymas-Taylor 22/08/21