

To the Business and Trade Committee,

*Note all statistics reported in this evidence are obtained from the current Nuffield Foundation¹ funded project on “Maternal Well-Being, Infant Feeding and Return to Paid Work Decisions”

My name is Professor Sarah Jewell, and I am a Professor of Economics at the University of Reading. I am writing to provide evidence for the inquiry into the new Employment Rights Bill. I wish to highlight some findings from a research study I am leading, with the specific aim to “Strengthen protections for pregnant women and new mothers returning to work”. I am leading a Nuffield Foundation¹ funded project on “Maternal Well-Being, Infant Feeding and Return to Paid Work Decisions” which aims to understand how breastfeeding employees can be better supported in the workplace with an emphasis on their physical and emotional well-being. More information about the project can be found on the project’s [webpage](#)².

There is no reference to breastfeeding in the Employment Rights Bill and specifically no reference in relation to “Duties of employers relating to equality “(where there is reference to the Menopause) and relative to the current protection breastfeeding employees receive I see the Employment Rights Bill would lead to no change. Our research provides evidence that the legal protection in terms of breastfeeding mother’s health and safety for new mothers returning to work is inadequate and could lead to health risks. The research found examples of a lack of provision for breastfeeding, poor practice, poor communication, and lack of understanding for the specific needs of breastfeeding employees.

Lack of Provision for Breastfeeding Employees

Our research suggests there is often a lack of provision for breastfeeding/expressing breast milk (expressing breast milk is more common than directly breastfeeding the child during work hours) with no legal requirement for specific facilities and breaks. However, the Health and Safety Executive do state employers must provide breastfeeding employees somewhere to rest, and this place should be hygienic, private (and toilets are not a suitable place) and employers should provide somewhere to store expressed breast milk. Lack of provisions are leading to women expressing breast milk in unsuitable places. For example, in our maternal experiences survey 26% of respondents who had expressed breast milk at work had done so in the toilets.

Health Risks

Women’s health is being put at risk as only 31% of women in our maternal experiences survey who had informed their employer that they were breastfeeding had undergone an individual

¹ *The Nuffield Foundation is an independent charitable trust with a mission to advance social well-being. It funds research that informs social policy, primarily in Education, Welfare, and Justice. It also funds student programmes that provide opportunities for young people to develop skills in quantitative and scientific methods. The Nuffield Foundation is the founder and co-funder of the Nuffield Council on Bioethics, the Ada Lovelace Institute and the Nuffield Family Justice Observatory. The Foundation has funded this project, but the views expressed are those of the authors and not necessarily the Foundation. Visit www.nuffieldfoundation.org*

² <https://research.reading.ac.uk/accommodating-diversity-in-the-workplace/current-projects/maternal-well-being-infant-feeding-and-return-to-paid-work-decisions/>

risk assessment (The Health and Safety Executive state employers must conduct an individual risk assessment if an employee informs them in writing they are breastfeeding). For example, 30% of respondents to our maternal experiences survey reported having had engorgement/mastitis (mastitis is an inflammation of the breast tissue which can involve an infection that can make the sufferer quite unwell) after return to work. The lack of adequate legal protection is also putting women at risk of stopping breastfeeding earlier than desired (which has negative implications for emotional well-being). Among those respondents in our maternal experiences survey who continued to breastfeed upon return to work, 24% reported a drop in milk supply after returning to work.

Lack of Information/Communication

Our research indicates that often poor practice was due to a lack of awareness/understanding of how to support breastfeeding employees rather than line managers not wanting to be supportive. In our HR decision maker survey only 18% said their organisation provided guidance to employees in relation to breastfeeding and the workplace, and 17% said they provided training/guidance for line managers. In addition, 57% of respondents in our line manager survey felt they did not have adequate training/guidance to manage a breastfeeding employee (rising to 62% among those who had no experience of managing a breastfeeding employee). There was also a lack of communication with only 23% of organisations in our HR decision maker survey having a breastfeeding policy and 21% having a formal conversation/meeting with breastfeeding employees.

Solutions

Recognising/accommodating the needs of breastfeeding employees could be considered as part of “Duties of employers relating to equality”. Our research shows that different organisations face different challenges for example 29% in our HR decision maker survey said there was a lack of space/facilities and 30% (25%) said the nature of the job made it difficult to allow for flexible working (to allow for breaks). Therefore, it is recommended that breastfeeding be included in a similar vein to Menopause in the equality action plans e.g. employers show the steps they will take to support breastfeeding employees. For example, such steps may include devising a formal breastfeeding policy which a) ensures the organisation/business creates an inclusive and supportive environment that considers their organisation/business needs and b) communicates this to both employees and line managers.