ASMS RESEARCH BRIEF

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Breastfeeding and returning to paid work; issues for ASMS members

For mothers who wish to breastfeed, returning to paid work following the birth of children can present significant challenges. Research suggests that many women stop breastfeeding upon the return to paid work due to structural factors such as lack of facilities and time to feed or express milk, as well as attitudinal factors such as the lack of support and understanding from colleagues and managers. This is despite the fact that breastfeeding is legislated as a right, and breastfeeding upon return to paid work is explicitly supported by section 6 of the Employment Relations (Breaks, Infant Feeding, and Other Matters) Amendment Act (2008). In addition, women have the right to breastfeed and are protected from discrimination for breastfeeding under the Human Rights Act (1993).

Recent unpublished research by the ASMS suggests significant barriers for female senior doctors with children who wish to continue breastfeeding upon return to paid work after parental leave. The focus of this *Research Brief* accordingly involves some of the issues that breastfeeding mothers and specifically, breastfeeding senior doctors, may face upon their return to paid work if they wish to continue breastfeeding. It also addresses the legal rights of such women to request resources and support at work to facilitate genuine choice. The *Research Brief* first summarises relevant legislation before reviewing pertinent literature on breastfeeding and work, and providing case studies of ASMS members. The *Research Brief* concludes by posing potential questions for employers that employees may like to raise.

For definitional purposes, breastfeeding at work is used as an umbrella term to refer either to situations where mothers may seek to breastfeed their infants or express breast milk during work hours.

Introduction

Breastfeeding of babies is widely acknowledged as providing a positive influence on the health and well-being of both mothers and babies (Hoddinott, Tappin et al. 2008). The World Health Organization's statement on breastfeeding recommends exclusive breastfeeding for six months and continued breastfeeding with complementary foods until two years of age or beyond (Organization and UNICEF. 2003). In New Zealand, the Ministry of Health and the Royal New Zealand Plunket Society also recommend exclusive breastfeeding for six months due to the wide range of benefits to infant and maternal health. Despite this recommendation, 2016 breastfeeding data collected by Plunket found only 19 percent of New Zealand babies are exclusively breastfed during their first six months of life (Plunket 2017). The reasons for this statistic are complex and beyond the scope of this *Research Brief.* Nevertheless, it is postulated that one of the contributing factors is the growing proportion of women returning to paid work after the birth of their children. Analysis of the 2003 census data, for example, found that the number of women returning to paid employment before

their babies turn one year of age had increased by 160% since the previous census had been conducted (Galtry and Annandale 2003). Conversely, research by Ogbuanu, Glover et al. (2011) found positive associations between length of maternity leave, breastfeeding initiation and duration. In their research, women returning to paid work after 13 weeks of maternity leave were more likely to continue breastfeeding beyond three months. Those women who returned to paid employment within the first one to six weeks were least likely to initiate and continue breastfeeding. The wider literature suggests that for many breastfeeding women, returning to paid employment can pose significant challenges to continuing breastfeeding and many cease breastfeeding at the point of returning to paid work.

Breastfeeding and legislation in New Zealand

The New Zealand Ministry of Health's (MoH) National Strategic Plan of Action for Breastfeeding states the key goal is to establish a breastfeeding culture in New Zealand where "[a] woman has a right to breastfeed and is protected from discrimination for breastfeeding under the Human Rights Act 1993 and international law." (p2 2009). One of the key elements identified in the MoH action plan is that women "work in an environment that enables and supports their decisions" and further that there is legislation that "actively and explicitly protects, promotes and supports breastfeeding".

As noted in the introduction to this *Research Brief,* there is legislative provision for breastfeeding in the Employment Relations Act (2000) through the Employment Relations Amendment Act (2008) under section 69Y. The full content of section 69Y is detailed in Appendix 1. The legislation states that as far as it is reasonable and practical, employers must provide appropriate facilities as well as the necessary time for breaks in order to facilitate their employees who wish to breastfeed their infants or express milk during work hours. The intent of Section 69Y is explained in the foreword to the Code of Employment Practice on Infant Feeding (2010) "to create minimum standards for modern flexible workplaces" (p1).

The Code further details how 'reasonable' and 'practicable' should be interpreted by employers and notes that "an employer should give due consideration to the matter [of providing appropriate breastfeeding facilities and breaks] which is likely to include balancing a range of relevant factors… The operating environment and resources will most likely be considered as part of the employer's circumstances" (p2 2010). The Code's guidance on the intent behind some of the key phrases and terms used in section 69Y of the Act is detailed in full in Appendix 2. Of note is that there is no automatic provision of paid breaks in order to breastfeed; the breaks will only be paid if the employee and employer can negotiate agreement on this point. The International Labour Organization (ILO), however, recommends that breastfeeding breaks are paid (ILO 2015).

Many district health board (DHB) facilities around New Zealand are additionally accredited by the Baby Friendly Hospital Initiative (BFHI) managed by the New Zealand Breastfeeding Alliance (NZBA) (see https://www.babyfriendly.org.nz/). The focus of the NZBA is to ensure that mothers in hospital are provided with high quality facilities and support for breastfeeding their infants. Despite this, the accreditation does not focus on whether employees at hospitals and other DHB facilities are similarly well accommodated although it was noted that the NZBA would like to expand their accreditation in order to audit hospital provisions for staff (*personal communication*, NZBA facilitator).

In sum, there is strong legislative provision in New Zealand for women who wish to return to work and continue breastfeeding and considerable legal impetus for employers to ensure that they meet their obligations to provide breastfeeding breaks, appropriate and suitable facilities as well as moral support for women upon their return from parental leave. Despite this, research suggests that women face considerable challenges at the point of returning to paid work that can dissuade them from attempting to continue breastfeeding despite personal preference for this mode of feeding. The next section reviews literature on the difficulties in combining breastfeeding and paid work.

Barriers to breastfeeding upon return to paid work

Little research exists specifically on the issues faced by breastfeeding medical women returning to paid employment. Nevertheless, research on breastfeeding and paid work emphasise common barriers in the form of structural factors such as access to appropriate facilities as well as attitudinal barriers from colleagues and managers (Dinour and Szaro 2017). The common themes bridging studies in diverse workplaces suggest thematic commonalities and experiences which are likely of relevance to medical women. These are précised below.

Payne and Nicholls (2010) note that breastfeeding embodies both significant biological and cultural meaning. They suggest that the New Zealand 'breast is best' campaign promoted by Plunket and the WHO emphasises breastfeeding as a "commitment to [children's] wellbeing and a social contract with the community to nurture [children's] health" (p1811). Their analysis illustrates the manner in which discourses around breastfeeding are entangled with ideas as to what it means to be a 'good mother', particularly the emphasis on doing the 'best' thing for your child. For women who seek to return to paid employment and continue breastfeeding, significant tensions can arise where being the 'good mother' is framed as at odds with being a 'good worker'. Their analysis focuses on the acts of 'disciplining' both mother and children by ensuring work comes first, delaying the need to express milk and by pushing new feeding routines and ways of feeding onto the babies involved. Significantly, they argue that a breastfeeding woman who is in paid employment must show commitment to her work by "[finding] places to express and breastfeed that do not intrude on the normal conduct of business practice or affront anyone's sensibilities and … not [asking] for favours or special consideration. If she wants to retain the status as a good worker, she is required to conceal and subordinate her responsibilities to her baby's health and wellbeing" (p1816).

The specific challenges faced by being a 'good worker' were detailed in qualitative research by Desmond and Meaney (2016). Like the findings of Payne and Nicholls (2010), they found breastfeeding women in their study experienced considerable anxiety and stress in the lead up period to returning to paid work, particularly with regard to establishing a feeding routine as opposed to on-demand feeding or ensuring that their babies would tolerate expressed milk in a bottle or cup. The research found none of the employers involved sought to facilitate their

employees' desire to continue breastfeeding in the workplace nor actively supported the women in their decision-making journey. For those women who chose to express milk, many noted negative attention from colleagues when taking breaks to express milk and some described active hostility. All women interviewed experienced difficulties finding suitable places to express as well as carving out time in their working day to do so. Similar themes were found in research by Valizadeh, Hosseinzadeh et al. (2017) where breastfeeding mothers reported extreme hostility and resentment from colleagues when needing to take breaks to feed or express milk while at paid employment. Conversely, when mothers received moral support from colleagues they reported this had a significant positive effect on their experiences and significantly ameliorated any feelings of stress and anxiety.

The finding that supportive bosses and co-workers are key enabling factors was reiterated in research by Jantzer, Anderson et al. (2017). Their research noted that breastfeeding women who were offered support from managers and colleagues upon returning to paid work were significantly more likely to report feelings of work-life balance. Further, women who had time provided at work to express milk had higher job satisfaction scores than those who did not. Paddock (2017) also found that breastfeeding rates increased in workplaces after the implementation of workplace breastfeeding support policies and practices in a comparative study of breastfeeding rates in a university setting in the United States. In another comparative study of international breastfeeding support policies, Dinour and Szaro (2017) also found that women in workplaces that both provided breaks for breastfeeding as well as appropriate facilities were significantly more likely to continue breastfeeding for a longer period of time than those without. They conclude in their review that not only is breastfeeding possible to combine with returning to paid work in numerous workplace settings, but receiving breastfeeding support from employers has significant positives for their job satisfaction and commitment to their paid work.

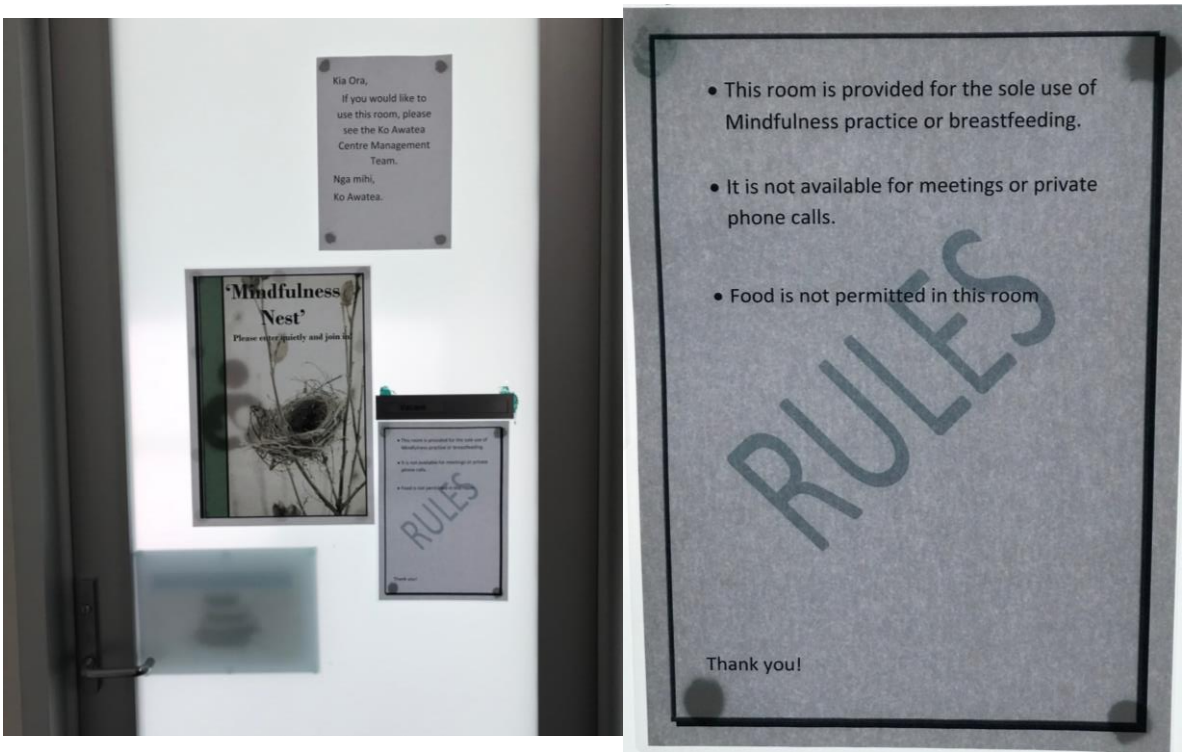
The difficulties faced by medical women wishing to breastfeed while in paid work were detailed in research by Froh and Spatz (2016). The authors researched the experiences of women returning to paid employment in a hospital setting which had a comprehensive lactation programme for employees. They found that despite the hospital having extensive employee support for returning employees, some women still faced difficulties due to unsupportive work environments and workplace culture. Their research is useful as it also speaks to the specific challenges associated with working in medicine and seeking to breastfeed. As one respondent noted in the study "…for clinicians especially, it is extremely hard to find time to pump in the course of the day. Our clinic schedules are not adjusted to allow for pumping". Others reported difficulties with proximity to facilities where it was not practical to get to the facility in the break time allocated as well as having enough time to express or feed. Despite the widespread lactation support programme, others reported not knowing that facilities existed for breastfeeding mothers. On the other hand, respondents in the research noted that when they had the support of both their colleagues and immediate supervisors, they felt very comfortable in taking time out of their working day to breastfeed. Others noted the significance of having a breastfeeding policy for the workplace as a baseline enabling factor. As one respondent summed up: "my supervisor and coworkers were very supportive and helpful when I had to go pump… it was a great feeling knowing I could continue to breastfeed my child even though I had to come back to work full-time, because of the availability of pump rooms and the 'lactation policy' in place" (p692).

All of the research reviewed suggests that there are some common barriers and issues that present challenges to breastfeeding mothers to continue breastfeeding upon return to paid work as well as hinting at key enabling factors. These are summarised in Table 1.

Table 1: Common barriers and enablers for women wishing to breastfeed in paid employment:

Barriers	Enablers
Attitudinal factors	
Unsupportive managers and colleagues	Supportive and understanding managers and colleagues
Overt and/or covert criticisms of breastfeeding breaks, inappropriate jokes or comments	Active recognition of the importance of breastfeeding and provision of a welcoming environment for those wishing to continue breastfeeding
Overt and/or covert criticisms of decisions to continue breastfeeding eg. 'isn't your baby weaned yet?'	Support for and recognition that exclusive breastfeeding is recommended for the first 6 months and for up to two years of age or more and that this has health benefits for both mother and baby.
Requests to specify duration of intended breastfeeding	Cooperation from colleagues and managers in facilitating breaks and/or flexible working hours
Structural factors	
Inability to access suitable facilities (see Appendix 2 for list of suggested requirements)	Provision of private, clean and suitable facilities
Absence of required equipment (see Appendix 2 for list of suggested equipment)	Provision of required equipment, including access to sink, fridge, storage and comfortable chair
Poor awareness or promotion of facilities, if provided	Ensuring good awareness of existence of facilities and equipment
Difficulties in accessing facilities due to proximity issues - eg. distance to walk to the facility not feasible	Ensuring facilities are within reasonable proximity to staff requiring use of them
Inability to take breaks during the working day	Provision of breaks during working day sufficient to enable regular breastfeeding and enable mother to successfully combine breastfeeding and paid work
Inability to take regular breaks during the working day	Provision of flexible working hours and/or flexible break times (ILO recommends at least 90 minutes of paid breastfeeding breaks per working day)

Additional issues that may be specific to those working in medical contexts include receiving support and recognition from clinical directors, heads of department and those responsible for rostering shifts, lists and clinics. While support from those in leadership or management roles is crucial, it is important not to underestimate the significance of collegial support and the impact of negative attitudes or comments from peers and co-workers. The next section presents some case studies from qualitative research undertaken on breastfeeding in the workplace for ASMS members.



Breastfeeding facilities Ko Awatea.

Breastfeeding case studies

In unpublished research conducted by the ASMS on the lived realities of women in medicine, the issue of breastfeeding experiences during maternity leave and upon return to paid work arose in a number of interviews. In this section, I briefly present three case studies of ASMS members' experiences of breastfeeding and work in DHB contexts to illustrate the diversity of experience as well as highlight the manner in which various structural and attitudinal factors can have such a large bearing on breastfeeding practice upon return to paid work.

Case study 1:

Annabelle[i] is a specialist in her 30s working at a large hospital in New Zealand. She works in internal medicine and has two young children. At the time of the interview she had just returned to paid work following the birth of her second child. Annabelle had returned to part-time hours and was finding the change to the children's routine challenging as it was affecting their sleep.

[i] Pseudonyms are used

Charlotte Chambers: "How are you managing breastfeeding now?

Annabelle: So baby was still breastfeeding in the middle of the day up until the day that I went back to work, four weeks ago, and it's messed up with her naps and things with not having that one [feed] because she used to have a nice feed and then a nice long nap… so it's messed that up a bit.

CC: Are you pumping off?

Annabelle: No, no I pumped last time and it was just too hard. My secretary had a fit because I'd told her I needed 20 minutes; actually I had 30 minutes blanked out in the middle of my clinic to pump and she had a fit and said, 'How am I going to fit your patients in?!'… [but] in the nicest possible way…"

As the research by Payne and Nicholls (2010) emphasise, Annabelle's comments highlight the power of the discourse of the 'good worker' or in this case, the 'good doctor', where breastfeeding is seen as not worth the risk of disrupting 'business as usual' or disadvantaging patients. This example also draws attention to the consequences such decisions can have for the children too, who now have 'messed up naps' as a consequence of the abrupt change to their feeding and sleeping routine.

The significance of structural enablers such as having flexibility and capacity in rosters and clinic scheduling is likely to be key in enabling breastfeeding while in paid medical work. If Annabelle had the support of her clinical director or head of department as to the value in taking time out of her clinics in order to express milk, then the outcome might have been considerably different. Annabelle may not have felt so 'bad' about not 'pulling her weight'. In the two following case studies, the significance of structural enablers is further emphasised as having strong bearing on decisions to variously breastfeed during paid work.

Case study 2:

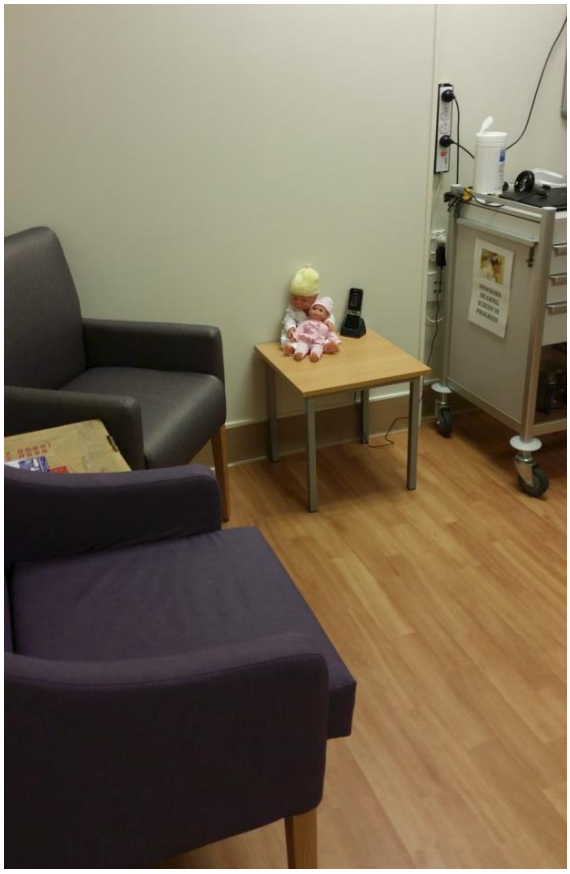
Brenda works as an anesthetist at a large hospital in New Zealand. She is also in her late 30s and has two small children. Brenda had a difficult time while on parental leave with her first child with post-natal depression and for a variety of reasons, including allergies in her children, opted to feed them a mixture of expressed milk and formula. She reported that she found it a bonding experience to bottle-feed her children and that they had self-weaned before she returned to paid work. In the following interview excerpt, Brenda discusses requests from registrars returning from parental leave requesting changes to the roster to facilitate breastfeeding while at work:

Brenda: "We are struggling with things like trainees wanting to come back to work and breastfeed. Which in theory I 100% support… there is a lot to say for those women who want to do extended breastfeeding… I think a six-month old baby, yeah absolutely we should be facilitating them to be receiving breastmilk, in theory, and I'm so pro that…one of the reasons I was pleased my children self-weaned in the weeks before I went back to work. I know that as a consultant often I'm on my own in an operating theatre without the ability to be relieved frequently. There was no way that I could have asked, it would have been extremely difficult, if not impossible, for the support to reliably be there, to allow me to peel out of theatre, once, twice, three times a day, remembering that if I get a 20-minute lunch break it's been a good day… We don't write the roster with that in mind, that that person needs to have breastfeeding breaks… the job is to come and to be prepared to go into theatre at 8am and be prepared to be in theatre until 5pm, and be prepared to be mentally on task that

whole time. If you're eating lunch in the corner of the room, you can dump your lunch and be on task. If you're half way through a pump, ignoring the fact that you're on show in the middle of an operating theatre… you can't just drop and be task focused if you need to leave the room, which of course is what you need to do to breastfeed."

She continued: "Do we find a way of changing the way that we ask people to do their jobs, within the resource constraints that we have, so that I can let a registrar peel off willy nilly to breastfeed when she needs to, or do we say, 'Hey look if you want to breastfeed you need to not come back to work until you're prepared to wean.' Which is a particular problem of anesthesia…. I have a massive conflict with that because with my personal experience I never had to pump at work because my children self-weaned. I strongly believe in breastfeeding… and I want to do what I can to facilitate that but I also think that we're employed to do a job and if we can't do that job, how much of a work around should be provided if it's inconveniencing everyone else and also the patients, and I don't know how to reconcile that."

Brenda's narrative articulates her sense of conflict between her belief in and support for the value of breastfeeding, while simultaneously revealing her sense of frustration that had she opted to extend breastfeeding upon her return to paid work it would have been challenging for her to do so as an anesthetist in a stretched service where getting 20 minutes for lunch would be 'a good day'. Brenda thus finds herself struggling internally with the requests of younger trainees and registrars coming through wanting time in their roster to breastfeed, a conundrum emphasised by the structural constraints of her service and her views concerning the primacy of work where all staff are 'employed to do a job'.



Breastfeeding facilities Waitakere Hospital

Case study 3:

In contrast to Brenda's experience, Caroline, another anesthetist in her late 30s working at a different hospital in New Zealand, described her pride at managing to breastfeed her children after she returned to paid work despite negative feedback from colleagues and challenges finding time to take time away from theatre in order to pump:

Caroline: I was very proud of myself, and then of course with your second [baby] you wonder why you thought it was so important when it was so much work. But I exclusively breastfed until I started back at work and then I pumped at work and he had breast milk only… just like the WHO says that he should have.

CC: How did you manage to pump off when you were working?

Caroline: I didn't really know how to approach that as a conversation…, so the week before I started I emailed HR and said, 'I'm breastfeeding and I'll need to express for my baby when I'm at work.' And she said, 'Oh let me look into that for you'. Then I didn't hear anything back from her. So the very first day back at work I was doing the old sitting on the floor of a shower cubicle expressing, which was just awful. But then she came back to me and said, 'Go and speak to the obstetric ward' and they were incredibly supportive. And I was very lucky from a proximity basis at work, [as] the post-natal ward is directly above the operating theatre. Because obviously time is of the essence …I'd just go up there on my lunch break. I could only ever arrange to express once a day… And I had to be able to do it within half an hour. Sometimes no one would come to give me a lunch break and I'd have to ring the co-ordinator. And I started to delight in the embarrassment of saying to the 50-year-old man, 'Someone needs to come and let me out for a lunch break because I have to go and express breast milk for my baby', and he'd be like, [adopts shaky voice:] 'Ohh okay, I'll send someone. I'll send someone', you know. And then I could just go straight up the stairs, speak to the ward clerk. They allocated me a patient room. I could sit in the patient room where there was a sink, a plug, a La-Z-Boy, [I was] well set up with my double pump, pump hands-free while eating my lunch and then pop it in the fridge and head back to work. And I could do all of that within about 35 minutes."

CC: So that's very efficient in half an hour.

Caroline: Yeah, it is. So much of that came down to the support that I had from the lactation consultants at work…

CC: So they had your back.

Caroline: Yeah, definitely, and being able to have a room allocated so you had somewhere decent to sit for the day. And if the whole ward was full, then the lactation consultation would let me use her office, and if that was full then I was allowed to use the charge midwife's office.

CC: So you must have a revolving anaesthetist then in your staffing pool, do you, to enable you to have lunch breaks?

Caroline: Yeah. If you're allocated to a theatre, you might have a trainee with you… which means that between the pair of you, you arrange when you're gonna take your lunch breaks…or if you're on your own in theatre, either someone from a neighbouring room where they're doubled up will come to relieve you or sometimes there is a kind of a tea breaks/lunch breaks person built into the roster who'll come round and relieve you. But it would not have been possible for me to get out for 30 minutes more than once a day without, I actually just do not think it would be possible. It wouldn't work with the flow of what we do, and with the way things are arranged. And when I was on call in the evenings I then had to pump again about 5 or 6 o'clock, and I had the whole thing of, you know, leaking through the scrubs and, scrubs tops have got a left breast pocket, so I always have my credit card in the left one and then I'd just be leaking through just on the right because the credit card would stop it coming through on the other side. So, yeah, it's not perfect by any means. I went through lots of breast pads. I feel very thankful that I'm not prone to mastitis because working it like that if you were prone to it you'd get yourself sick."

Caroline's narrative details significant attitudinal and structural enablers that encouraged her to persist with breastfeeding her child upon her return to work, despite the acknowledgement that 'it was so much work'. Her example illustrates the importance of HR support in providing information about what facilities she could access and the significance of having those facilities in close proximity to where she was working. The manner in which her service was structured with the guaranteed lunch break also provided her with the crucial time opportunity to leave theatre and express milk while eating her lunch and to use the facilities of the lactation consultants to maximum efficiency given the time available. In the following continuation of the interview, Caroline describes how she still had to deal with negative attitudes from her colleagues, particularly with regard to insinuations that she should have stopped breastfeeding by a certain point.

Caroline: I don't think [my decision to continue breastfeeding] was positively received by my department. I was grateful for the - you know, the midwives and the lactation consultants. They were really stoked that I was doing that and I had a very positive response from them… They were so welcoming and I decided that I was going to blinker myself to what I thought my colleagues' impressions were. If I could get away with not mentioning [breastfeeding] to anyone in a day, that that's why I needed my lunch break at a given time, then I definitely would. And then I guess I felt that if I needed to ring and ask to be let out, that it was perceived by some of my colleagues as a bit distasteful to have to do that… but I was happy to use the gross out factor if it meant that they came quicker and let me out. Because if I just rang and said, 'Look, I haven't had a lunch break yet' then it might be 3 o'clock before I had a lunch break. So I decided I was going to use what I needed to, to get out and I wasn't going to care what my colleagues thought about it.

CC: You probably have forged a new path, so that's good.

Caroline: See, the one I always think of is I had an anaesthetist colleague who doesn't work here any longer but they were a type 1 diabetic. Never any problem giving that colleague their lunch break on time. In fact, they were always the first to get a lunch break. You know, 'Oh, looking down the list of people who needs their lunches, yeah, so and so is in theatre 4. They can take their lunch break.' Everyone knows that they had to eat at this time, so it shouldn't be a problem.

CC*:* Do you think it is because breastfeeding is framed as a choice?

Caroline*:* I think it's because it's framed as a choice… It's felt that [breastfeeding] should be optional and that if your baby's six months, you know, that, 'Why, why do you want or need to breastfeed beyond then because, you know, your baby should take a bottle?'"

In this final excerpt, Caroline's comparison of her situation of requiring a break to express milk with that of her colleague who needed prioritising due to a medical condition emphasises the manner in which breastfeeding is viewed by many as a 'choice' rather than as a right. This feeling was perpetuated by Caroline's feelings that her colleagues viewed breastfeeding as 'distasteful' and something which she had to hide or, conversely, deliberately highlight in order to garner the break time that she needed in order to express.

Caroline's success at breastfeeding while working as an anaesthetist was as a consequence of considerable persistence and determination as well as crucial support from other hospital workers, in this case the staff of the obstetric ward, the lactation consultants and the midwives. All three case studies suggest that considerable work remains to be done to ensure that returning to paid work and breastfeeding is a genuine option available to women working in DHBs around the country. In the following section, the *Research Brief* poses key questions for women to discuss with their employers prior to returning to paid work if they wish to continue breastfeeding.

Breastfeeding facilities Middlemore Hospital

Breastfeeding Facilities Waitakere Hospital

Questions for employers

As the *Research Brief* has detailed, returning to paid work and continuing breastfeeding is something that requires the support of your employer as well as your colleagues. The Canterbury Breastfeeding Advocacy Service (www.canbreastfeed.co.nz) recommends making time prior to returning to paid work to inform employers of your intention to breastfeed upon return to paid work. They recommend the following topics for discussion:

- Are my colleagues and direct supervisors (Head of Department, Clinical Leader etc) aware of the importance of breastfeeding?
- Will I receive support from my colleagues and direct supervisors for my decision to continue breastfeeding?
- Will I be able to access regular breaks to express breastmilk? How will my work be structured in order to allow this to happen?
- Will I have access to a nearby private space with a lockable door and power source to express or feed my baby? (note that toilets, bathrooms or closets are not suitable for this purpose).
- Will there by a fridge that I can store my breastmilk in?
- Will there be a sink that I can clean my equipment in?
- Will I be able to bring my baby into work and/or work flexible hours while baby and I adjust to the new arrangements?

Full details of the equipment, break time requirements and facilities are listed in Appendix 2.

Conclusions

This *Research Brief* has summarised both the legislative and health promotion context of breastfeeding in New Zealand and the manner in which breastfeeding upon return to paid work is provided for in law. By briefly reviewing key studies on the challenges associated with breastfeeding and paid work, the *Research Brief* finds key issues pertaining to the structural and attitudinal barriers many women may face if they wish to perpetuate breastfeeding upon the return to paid employment. The strong support for breastfeeding as a key determinant of infant and maternal health is not always commensurate with the experiences of women in paid work and despite many DHBs and hospitals receiving breastfeeding accreditation for the facilities that they provide for patients, the same provisions do not necessarily apply to staff. Finally, the case studies detailed explore the diverse experiences of women specialists and breastfeeding in New Zealand hospital settings. Their stories highlight the challenges and complexities that variously constrain and enable decisions to perpetuate breastfeeding upon return to paid work.

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Appendix 1

Employment Relations Act 2000, Part 6C Breastfeeding facilities and breaks. (Inserted on 1 April 2009 by section 6 of the Employment Relations [Breaks, Infant Feeding, and Other Matters] Amendment Act 2008 [2008 No 58].)

69X Interpretation

In this Part, unless the context otherwise requires:

Breastfeeding includes expressing breast milk.

Work period (a) means the period (i) beginning with the time when, in accordance with an employee's terms and conditions of employment, an employee starts work; and (ii) ending with the time when, in accordance with an employee's terms and conditions of employment, an employee finishes work; and

(b) to avoid doubt, includes all authorised breaks (whether paid or not) provided to an employee or to which an employee is entitled during the period specified in paragraph (a).

(Inserted on 1 April 2009 by section 6 of the Employment Relations [Breaks, Infant Feeding, and Other Matters] Amendment Act 2008 [2008 No 58].)

69Y Employer's obligation

(1) An employer must ensure that, so far as is reasonable and practicable in the circumstances:

(a) appropriate facilities are provided in the workplace for an employee who is breastfeeding and who wishes to breastfeed in the workplace; and

(b) appropriate breaks are provided to an employee who is breastfeeding and wishes to breastfeed during a work period.

(2) For the purpose of subsection (1)(b), the breaks are paid only if the employee and employer agree that they are paid.

(3) In subsection (1), *circumstances* includes:

(a) the employer's operational environment; and

(b) the employer's resources.

(Inserted on 1 April 2009 by section 6 of the Employment Relations [Breaks, Infant Feeding, and Other Matters] Amendment Act 2008 [2008 No 58].)

69Z Breastfeeding breaks additional to breaks under Part 6D [and 6C, as above]

(1) Breastfeeding breaks provided under this Part are in addition to breaks an employee is entitled to under Part 6D [and 6C].

(2) However, if an employee and employer agree, the same break may be taken for the purposes of this Part and Part 6D [and 6C].

(3) To avoid doubt, a break taken for the purposes of this Part and Part 6D [and 6C] is a paid break to the same extent as it would be if taken separately under Part 6D [and 6C}.

(Inserted on 1 April 2009 by section 6 of the Employment Relations [Breaks, Infant Feeding, and Other Matters] Amendment Act 2008 [2008 No 58].)

69ZA Code of employment practice relating to employer's obligation

As soon as practicable after the commencement of this Part, the Minister must approve, under section 100A, a code of employment practice relating to an employer's obligation under section 69Y.

(Inserted on 1 April 2009, by section 6 of the Employment Relations [Breaks, Infant Feeding, and Other Matters] Amendment Act 2008 [2008 No 58].)

69ZB Penalty

An employer who does not comply with section 69Y is liable to a penalty imposed by the Authority.

(Inserted on 1 April 2009 by section 6 of the Employment Relations [Breaks, Infant Feeding, and Other Matters] Amendment Act 2008 [2008 No 58].)

Appendix 2

Employment New Zealand ENZ-022 06/16 Code of Employment Practice on Infant Feeding. Section 2: Interpretation

This section provides guidance on the intent behind some of the key phrases and terms used in section 69Y of the Act.

'Breastfeeding'

5. As the Act states in section 69X, breastfeeding includes expressing breast milk.

'Reasonable and practicable in the circumstances'

6. The obligation of an employer to provide appropriate breastfeeding facilities and breaks depends on what is reasonable and practicable to provide in the circumstances.

7. The intent behind the terms "reasonable and practicable in the circumstances" is to indicate that the employer's obligation to provide facilities and/or breaks is subject to an objective test ("what is reasonable and practicable") that is applied to the particular circumstances.

8. In order to determine what is reasonable and practicable, an employer should give due consideration to the matter, which is likely to include balancing a range of relevant factors. The Act does not specify all factors that may be considered relevant (as these will vary between each workplace), but the operating environment and resources will most likely be considered as part of the employer's circumstances.

9. The availability and nature of facilities and breaks, therefore, is likely to vary between employers, the circumstances and individual employees. Circumstances may also change over time.

Section 3 – general requirements

This section provides guidance on employers' obligations under section 69Y of the Act.

10. An employer should consider if it is reasonable and practicable in the circumstances to provide appropriate breaks even if appropriate facilities cannot be provided in the workplace.

11. When employers are making a decision about the nature and extent of breastfeeding breaks and facilities provided to employees, they should weigh up:

    - the expected impact on the business (both positive and negative)
    - any potential limitations due to the operational environment and resources
    - the needs of the employee concerned.

12. Impacts (both positive and negative) could relate to health and safety, cost in terms of money, time, space, productivity and profitability and the ability to attract and retain staff.

13. The operational environment which an employer may take into account might include type of workplace, business needs, health and safety requirements, number of employees, number of women employees, location of place of work (eg, whether fixed or mobile workplace), cover for employees during the break periods, and the nature of the work an employee does.

14. The resources which an employer is able to take into account could include available time, money, workplace facilities, space and staff.

15. Consideration of an employee's needs could include their ability to effectively balance demands of their job and their parenting role.

16. A request may be declined if it is not reasonable and practicable in the circumstances to do so. For instance, an employer may be justified in declining a request when there is a substantial imbalance between the impact on the employer and the needs of the employee in providing appropriate breaks and/or facilities.

Breaks

17. An employer is required to provide appropriate breastfeeding breaks for an employee who wishes to breastfeed during a work period, so far as it is reasonable and practicable to do so in the circumstances.

18. The appropriate length, timing and frequency of breaks will differ for each employee due to the nature of breastfeeding, the needs and age of an infant, whether the employee is solely expressing milk, and the operational environment the employee works in.

19. An appropriate break is likely to be long enough to provide an employee time to breastfeed or express milk.

20. The appropriate number of breaks is likely to be enough to allow an infant to breastfeed, or for the employee to express milk, an appropriate number of times having regard to the length of the work period.

21. Breastfeeding breaks are in addition to usual rest and meal breaks unless parties agree otherwise.

22. Breastfeeding breaks are paid only if an employer and employee agree.

Facilities

23. So far as it is reasonable and practicable to do so in the circumstances, an employer is required to provide appropriate facilities in the workplace for an employee who wishes to breastfeed in the workplace.

24. Breastfeeding employees need:

    - a private, quiet, clean and warm room or space
    - a suitable chair or couch.

25. The space does not need to be permanent; ie, a screened-off area may be a practical option if a separate room cannot be provided. The space should be large enough to change a nappy unless the employee is solely expressing milk.

26. If an employee is expressing breast milk they may also need access to:

    - a fridge (a communal fridge is acceptable)
    - hygienic hand washing facilities
    - a lockable room (with a power point if an electric pump is used)
    - a clean space to store equipment (cupboard or locker).

27. These facilities do not need to be in the same room or space.

28. Toilets are not considered an appropriate place to breastfeed or express breast milk.

29. A few things an employer might consider when determining whether the facilities they are offering employees are appropriate in the circumstances are:

    - *workplace health and safety implications:* when considering a breastfeeding arrangement involving an infant in the workplace, an employer will need to identify any health and safety issues that might arise in relation to the mother, the infant and co-workers.
    - *Facilities:* an employer should consider the standard of hygiene, comfort, and privacy of the allocated space; the suitability of equipment such as power points for breast pumps and the availability of clean running water
    - *Available resources:* the facilities provided for breastfeeding do not have to be permanent if there is not a long-term need. The type of facilities provided to employees will vary depending on the size and nature of the workplace and the resources available
    - *Space:* if the physical workplace is not a suitable environment for breastfeeding, employers and employees may agree to make other arrangements.

30. An employer and employee may agree that breastfeeding breaks can be taken offsite where workplace facilities cannot be provided but it is reasonable and practicable to provide appropriate breaks. An employer is not obligated under the Act to identify appropriate offsite facilities in this situation.

31. Other arrangements could include an appropriate space close by that is provided jointly by employers in the area for their employees, home, or nearby amenities, such as an early childhood centre or Plunket room.

Negotiating a breastfeeding arrangement

32. Establishing arrangements for breastfeeding in the workplace is a matter for an employer and employee to negotiate.

33. What is reasonable and practicable might change as circumstances change. It is important that employers and employees communicate regularly, re-evaluate their arrangement when either party's needs change, and monitor the impact of the arrangement on the workplace, the employee and other staff. Any changes to the arrangement should be agreed between parties to the agreement.

34. Some things which the employer and employee might need to agree to, and renegotiate, from time to time are:

- the length, timing and frequency of breastfeeding breaks
- the location in which these breaks will be taken
- whether the breaks will be paid or unpaid (the breaks are paid only if the employee and employer agree that they are paid)
- whether another staff member will need to cover the employee's work duties during her breastfeeding break
- whether start and finish times can be shifted to accommodate breastfeeding requirements
- the process to change the arrangement.

Breastfeeding breaks do not have to be formalised by a variation to an employment agreement, but a written agreement will help to set out a mutual understanding of the arrangement and the obligations and expectations of both parties. A written agreement also provides a clear basis to negotiate change.

Breastfeeding signage South Canterbury DHB

Appendix 3

Does your DHB have a staff breastfeeding policy?*

DHB	Policy
Northland	Unclear – DHB to advise
Waitemata	Yes
Auckland	Yes. Facilities at ACH and GCC.
Counties Manukau	Yes
Waikato	Yes, but not specifically for staff. Room available on level 1 Waiora.
Bay of Plenty	Work on a policy was done last year – not clear if policy has been rolled out. Departments identifying 'bespoke' solutions.
Lakes	Yes. A facility is available.
Taranaki	Baby-friendly accredited. A facility is available, although members have noted need for improvements.
Tairawhiti	Yes. No dedicated staff breastfeeding room, however. Facilities arranged on case-by-case basis as needed.
Hawke's Bay	No. No dedicated staff facility but work to develop one will start in July.
Whanganui	No policy sighted. Breastfeeding facility available, but it is not staff-focused.
MidCentral	No. Breastfeeding rooms are near the cafeteria and in the post-natal area.
Wairarapa	Yes. No dedicated facility but DHB advised that staff can breastfeed in maternity unit or in their workplaces.
Hutt Valley	Yes. Facility with key access available on the ground by Maori health.
Capital & Coast	Yes. Three breastfeeding rooms at Wellington Regional Hospital are available (two are public facilities and one is for staff) – near Vibe Café,

	level 3, ward support block. There is also a public facility at Kenepuru.
Nelson Marlborough	Yes. No specific facility available but individual solutions as needed.
Canterbury	Information to be put on staff portal. Not yet sighted. ASMS advised that arrangements are ad hoc.
West Coast	Yes. A specific room is available but most people make their own arrangements.
South Canterbury	Yes. Good facilities available.
Southern	No policy sighted. Facilities are provided.

*information correct as at May 2018

Breastfeeding facilities South Canterbury DHB