



RETURN TO WORK AND CONTINUED INFANT FEEDING / EXPRESSING MILK GUIDANCE FOR STAFF AND MANAGERS

1.0 PURPOSE

- 1.1 The aim of this guidance is to support staff who are returning to work and wish to continue infant feeding / expressing milk. The Equality Act 2010 protects individuals from discrimination on various grounds, including sex. This act includes provisions related to pregnancy and maternity, which cover infant feeding / expressing milk.
- 1.2 In accordance with our legal obligations, University Hospitals Sussex NHS Foundation Trust (UHSussex or 'the Trust') aims to provide the following provisions related to infant feeding / expressing milk and returning to work:
- **Right to Request Flexible Working:** All employees in the UK have the right to request flexible working, which can include adjustments to working hours or location. Please see our [flexible working policy](#)
 - **Health and Safety:** Employers have a responsibility to ensure that the workplace is safe for pregnant staff and staff wishing to continue to infant feed / express once they return to work. (Appendix 1)
 - **Breaks for Nursing or Expressing Milk:** While there isn't a specific law in the UK mandating breaks, The Trust is committed to supportive measures such as allowing reasonable breaks for staff wishing to return to work and continue nursing or expressing milk.
 - **Discrimination:** Discrimination against employees because they are infant feeding /expressing is unlawful under the Equality Act 2010. The Trust will not treat infant feeding / expressing staff less favorably than other employees.

2.0 INTRODUCTION

- 2.1 The Trust aims to facilitate an open, understanding working environment. This guide has been designed to outline to staff and managers the ways in which the Trust aims to support any staff wishing to continue infant feeding / expressing milk after returning to work.
- 2.2 As employers we have a responsibility for the Safety, Health & Wellbeing of our employees and need to be proactive in managing a workforce with differing needs.

3.0 RETURNING TO WORK WHILST INFANT FEEDING / EXPRESSING

- 3.1 Staff may choose to use infant feeding as an option for their baby for a variety of reasons:

- Recommended that expressed milk is the sole source of intake for babies up to aged 6 months, however the WHO recommends infant feeding up until aged 2 (and beyond).
- Aged 6 months to 1 year, is appropriate to introduce first solid food, however limited nutritional value and majority of calories should still come from milk.
- Staff may be taking advantage of shared parental leave and therefore return to work sooner than they would have in the past.
- Some babies will not take milk from a bottle (expressed milk or formula).
- Some babies will not take formula or cannot due to allergies/intolerances.
- Expressed milk is a cheaper alternative to shop bought formula for those on a tight budget.

3.2 Why do staff need to express milk or feed their baby at work?

- Dropping daytime feeds over 48hours can lead to a drop in milk supply.
- To enable staff to continue to produce milk regular expressing/feeding is required.

4.0 HEALTH AND SAFETY

4.1 It may be appropriate to complete an infant feeding risk assessment (Appendix 1) prior to their return to work. This should be performed by their line manager or educational supervisor.

4.2 If risks are identified then one of the following will apply:

- The risk is identified and resolved.
- The risk is identified and cannot be resolved. The staff member may be offered alternative work or alternative working conditions/hours.

5.0 BREAKS FOR NURSING AND EXPRESSING

5.1 The Trust allows reasonable breaks, in line with the staff member's need. This should be discussed and agreed on a case-by-case basis, however 2 breaks of between 25-45 minutes during an 8 or 9h shift is recommended. The length of the break will depend on individual circumstances and should consider a range of factors, such as how long the staff member has been infant feeding, if they are expressing or baby is being brought into work, identifying the nearest facilities and time to walk to and from.

5.2 Regular check-ins should be held between the line manager and staff member (timeframes to be agreed) during the period to discuss any changes needed to the agreed breaks schedule.

5.3 Any agreed additional breaks should not reduce the staff members pay, and the time spent expressing milk or nursing will not be counted against their regular breaks or working hours.

6.0 FACILITIES

6.1 The Trust will provide a supportive environment for staff, ensuring that they have access to a clean, private, and comfortable space for expressing milk or nursing during working hours.

- 6.2 Each room is fit for purpose equipped with comfortable seating, a table, and electrical plugs for pump use, a refrigerator for storing expressed milk and lockable door.
- 6.3 In some locations it is not possible to provide a solo room and will potentially have other individuals feeding/expressing or in some instances patients from the ward.
- 6.4 The locations of our facilities are found on the Trust's Health and Wellbeing website [Infant feeding guidance and zones - University Hospitals Sussex NHS Foundation Trust \(uhsussex.nhs.uk\)](https://www.uhsussex.nhs.uk/infant-feeding-guidance-and-zones)

7.0 STORAGE AND HANDLING OF EXPRESSED MILK

- 7.1 The Trust will provide access to refrigeration facilities for safe storage of expressed milk within the designated rooms [Infant feeding guidance and zones - University Hospitals Sussex NHS Foundation Trust \(uhsussex.nhs.uk\)](https://www.uhsussex.nhs.uk/infant-feeding-guidance-and-zones)
- 7.2 Staff are responsible for labelling their expressed milk containers with their name and the date. Any milk left in the fridge for over 24hours or not labelled, may be removed.
- 7.3 Staff should bring their own pump and storage containers.

8.0 DURATION OF SUPPORT

- 8.1 We will support Infant feeding staff members for the duration of their feeding journey, which may extend beyond the immediate return to work after parental leave.
- 8.2 The Trust considers it reasonable to support additional breaks in paid work time for staff to express or feed until the baby is 2 years old. After this time, flexible working patterns may be considered to support staff to continue, this may include longer shift times to include additional unpaid breaks.

9.0 FLEXIBLE WORKING

- 9.1 Staff may wish to make request to change their hours or shift pattern upon return to work. In these instances, staff should follow the steps outlined in the [flexible working policy](#).

10.0 STAFF MEMBER RESPONSIBILITIES

- 10.1 Staff must communicate their wish to continue infant feeding / expressing when they return to work in writing to their line managers or educational supervisors prior to their return to work to ensure their requirements can be supported.
- 10.2 Notification should be made at least 1 month prior to return.
- 10.3 It is important the staff member has a discussion with their line manager prior to returning to work about any specific needs and how they can be supported to maintain feeding when they return to work.
- 10.4 Staff should, with the help of their line manager, identify the nearest/most convenient space to use. This can be the designated Trust pumping/feeding room, please check the health and wellbeing webpage for the latest information [Infant feeding guidance](#)

[and zones - University Hospitals Sussex NHS Foundation Trust \(uhsussex.nhs.uk\)](https://www.uhsussex.nhs.uk) or an agreed suitable space within the area of work (see sections 6 and 7)

10.4 Participate in the completion of risk assessment (Appendix 1).

10.5 Participate in regular check-ins with their line manager.

11.0 GUIDANCE FOR MANAGERS

11.1 At UHSussex we want staff to feel able to talk openly about their home life and be able to ask for help in balancing home commitments and work.

11.2 To support staff to return to work whilst infant feeding / expressing, line managers should follow these steps:

- Managers should maintain contact with their staff member during maternity leave as per the [Maternity, Paternity and Adoption Leave policy](#).
- Managers and staff should agree a return-to-work date and the staff member should put in writing at least 1 month before their return-to-work date their desire to continue to infant feed / express when at work.
- Arrange a meeting prior to the staff members return to work to discuss and agree any adjustments to working patterns to accommodate time for expressing/feeding. This may include flexible start and finish times, longer lunch breaks, or additional short breaks for feeding / expressing milk, changes or the removal of on-call commitments and night working.
- Complete a risk assessment with your staff member (Appendix 1)
- Agree a time period, with a period of review.
- Assist the staff member to locate their nearest suitable facilities. This may be the designated Trust expressing/feeding rooms, please check the health and wellbeing webpage for the latest information [Infant feeding guidance and zones - University Hospitals Sussex NHS Foundation Trust \(uhsussex.nhs.uk\)](#) or an agreed suitable space within the area of work (see sections 6 and 7). Note: A toilet is NOT a suitable place to infant feed or express.

11.3 An Occupational Health assessment is not required in order to approve required work schedule changes or breaks.

11.4 Case example: Medical registrar returning to work when baby is 7 months old. Partner taking 3 months shared parental leave. The baby is exclusively taking expressed milk and feeding 4-6 times a day and then 4 times overnight. The staff member and manager agreed 2x 30-minute expressing breaks, access to infant feeding room was agreed with the maternity ward, milk storage facilities on site. No night shift working. To review on a quarterly basis.

11.5 Case Example: Staff Nurse returned to work when baby is 9 months old. A flexible working request was submitted and agreed prior to returning to work to reduce hours from full to part time, working 3 days per week, 12-hour shift pattern. Prior to returning, arrangements were also agreed for 1x 45-minute break per shift in which baby was brought into the hospital. A suitable room clinic room (with sink, lockable door, comfortable chair) close to the ward was located and agreed suitable by all

parties. Time for use was agreed. No night working. After 1 month, the staff member and line manager met to review the arrangement. The staff member indicated the baby would no longer attend work and they would like to change to expressing milk. The breaks were changed to 1x 30-minute break, access arranged to the infant feeding room agreed with the Maternity Ward. Milk storage facilities on site with agreement to collect at the end of the day.

12.0 APPENDICES

12.1 Appendix 1 – Risk Assessment form

12.2 Appendix 2 – infant feeding / expressing available support.

APPENDIX 1

Infant feeding / expressing at work risk assessment

It may be agreed that a risk assessment is required. Please complete the below with your line manager or educational supervisor.

- Staff Member Name:
- Return to work date:
- Age of baby upon return:
- Date completing form:
- Name of completing line manager or supervisor:

The table below outlines some potential workplace hazards. Please fill out as appropriate

Workplace hazard	Nature of risk	Protective measure
Poor or absent facilities for feeding or expressing milk in the immediate vicinity	<i>Baby under 1- risk of poor nutrition, inadequate feeding or expressing Baby with underlying health condition- inadequate nutrition Staff member: - pain, engorgement or mastitis. - reduced milk supply or cessation of milk production</i>	<i>Access to suitable room, use of clean fridge to store milk, adequate expressing breaks,</i>
Working hours - Shift working - Long hours - Night shifts	<i>Baby- poor intake of milk, may not be suitable to take from bottle (or possible). Distress and upset for baby / staff member- Risk to milk supply, especially night shift working and multiple shifts in a row. Mastitis. Fatigue Dehydration Stress</i>	<i>Temporary adjustments to working hours Altered shift patterns Avoid night working</i>

Exposure to biological hazards/ chemicals i.e. cleaning chemicals	<i>exposure to biological / chemical hazards is eliminated or minimised</i>	<i>Ensure PPE is worn, reduce the exposure to chemicals</i>
Other:		

If any of the above risks cannot be reduced or removed through implementing protective measures, then contact Employee Relations / Medical staffing upon completion for advice.

APPENDIX 2

Available Support

National Childbirth Trust:

NCT helpline 0300 330 0700

NCT breastfeeding support helpline 0300 330 0771

www.nct.org.uk

National Breastfeeding Helpline:

0300 100 0212

NHS advice on infant feeding on return to work:

[breastfeeding-back-to-work.aspx](https://www.nhs.uk/healthylife/infant-feeding-on-return-to-work.aspx)

The Breastfeeding Network:

www.breastfeedingnetwork.org.uk

0300 100 0212

The Association of Breastfeeding Mothers:

0300 330 5453

www.abm.me.uk

The UNICEF UK Baby Friendly Initiative:

Information for parents, including a free leaflet on feeding and expressing milk:

www.babyfriendly.org.uk