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Bonito, Marcello (2023) The present and potential future of aqueous mercury preservation: a review. *Environmental Sciences: Processes and Impacts*, 25 (3). pp. 351-363.

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# Shared Parental Leave: A Key Barrier to Breastfeeding in the UK

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**Abstract:** The paper aimed to examine the impact of shared parental leave (SPL) on breastfeeding practices amongst women returning to work after taking SPL in the UK. Despite considerable evidence of its benefit, the UK has one of the lowest breastfeeding rates in the world. Drawing on survey data from 161 mothers that took SPL and breastfed, the paper argues that SPL has a negative impact on breastfeeding because of the lack of a national policy on breastfeeding. The lack of a national policy on breastfeeding is reflected in a lack of employer support for breastfeeding mothers in the workplace. Findings demonstrate that mothers can combine shared parental leave and breastfeeding if they are adequately supported in the workplace. Levels of workplace support can determine how long a mother may breastfeed when they return to work after birth and whether they take shared parental leave. The paper concludes that SPL negatively impacts breastfeeding due to the lack of a national policy and no legal obligation for employers to provide breastfeeding support for mothers. The article recommends a national policy on breastfeeding. While a national policy is pending, for employers to include breastfeeding as part of their equality, diversity, and inclusion agenda.

**Keywords:** Shared Parental Leave, Breastfeeding, Employer, Employees, Workplace Culture

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## 1. Introduction

This article addresses a critical gap in the literature and contributes original empirical data to the field by exploring the potential impact shared parental leave (SPL) may have on breastfeeding. The study set out to investigate the impact of SPL on breastfeeding. Using survey data, this paper argues that SPL has a negative impact on breastfeeding. This is driven by the lack of a national policy on breastfeeding and employers not having an obligation to support breastfeeding mothers returning to work. The paper focuses on the impact of SPL policy in the UK on breastfeeding and how workplace policies and practices contribute to it. Shared parental leave and breastfeeding are two fundamental "policies" each having unique but strongly recommended advantages. While there is a policy on SPL [1] giving mothers the right to take SPL if they choose to, there is no national policy on breastfeeding. Shared parental leave requires the mother to share her maternity leave with her partner, resulting in the mother returning to work early after birth. Early return to work has been identified as one of the critical barriers to the

initiation and early cessation of breastfeeding. More women are returning to work by the time their baby turns 4-5 months old [2], which, without adequate support, may impact the six months exclusive breastfeeding recommendation by the World Health Organisation (WHO). The lack of a breastfeeding policy in the UK and most workplaces is a key barrier to breastfeeding [3].

More women are entering the labour market in the UK, and the number of women taking up the role of breadwinners in homes is increasing. Consequently, family-friendly policies must be adequate to support mothers in the workplace. A mother's return to work does not take away the woman's natural responsibilities, such as giving birth, breastfeeding, etc. Therefore, the increase in women's engagement in the labour market calls for more significant policy considerations to enable women to balance work and family life. The UK is considered one of the countries with the lowest breastfeeding rate in the world. It does not have specific mandatory workplace policies on breastfeeding, which could pose a potential challenge for women who want to return to work while breastfeeding. However, many

employers and companies do have institutional policies. Fredrickson et al [4] argues that mothers are at a higher risk of succumbing to burnout and breastfeeding support in the workplace can help alleviate these burnouts.

Shared parental leave was introduced as part of the family-friendly rights in December 2014. The policy was made available to parents of babies born on or after the 5<sup>th</sup> of April 2015. Shared parental leave represents a policy milestone in promoting gender equality, aiming to provide both parents with greater choice and flexibility [5]. However, the policy has the potential to negatively impact breastfeeding where there is insufficient support in the workplace. Most workplaces operate on gender-specific normative modeling that could discourage mothers from taking SPL and breastfeeding [6]. Fathers taking extended leave other than paternity leave is still unusual within the UK, and workplace norms are yet to embrace and encourage fathers to take extended leave [7]. There is, therefore, a strong interrelationship between SPL policy and workplace policies on breastfeeding.

The World Health Organisation (WHO) and UNICEF recommend that babies be exclusively breastfed for the first six months and continue breastfeeding for up to two years of the baby's life (WHO, 2002). Research has demonstrated the benefits of breastfeeding for the mother and the baby and the social and economic benefits. Breastmilk has been shown to have numerous benefits, such as reducing the risk of diarrhea, allergies, leukemia, sudden infant death, lymphoma, etc., to the child [8]. The advantages of breastfeeding to the mother include reduced risk of breast cancer and rates of osteoporosis [9]. Research demonstrates that breastfeeding could reduce the potential for type 2 diabetes and obesity [10]. Breastfeeding could also reduce the risk of asthma [11] and other conditions such as morbidity [12]. Breastfeeding was identified as a key step in reducing health inequalities in the UK in 2009 (House of Commons Health Committee, 2009). The National Health Service (NHS) encourages mothers to breastfeed through public activities, campaigns, training, and information for midwives and home health visitors. Other non-profit organisations such as National Breastfeeding Network and National Childbirth Trust encourage and support mothers to breastfeed, and advocate for better information and support.

Despite the benefits of breastfeeding, the UK remains one of the countries with the lowest breastfeeding initiation and duration in the world [13], which raises concerns about what impact SPL might have on this already very low breastfeeding rate. Public Health England states that only 46% of women were still breastfeeding between 6 to 8 weeks postpartum in England between 2018 and 2019. Research [13] demonstrated that approximately 75% of mothers in the UK initiate breastfeeding, but less than 50% continue breastfeeding by week six of the baby's life. Furthermore, a study by Hawkins et al., [2] demonstrated that only 1% of UK babies were exclusively breastfed within the first six months and 22% breastfeeding at all. Reasons for this low breastfeeding initiation and duration rate in the UK include

aggressive marketing of breastmilk substitutes [14], lack of NHS peer support services [15], and the lack of guidance and support in the workplace to continue breastfeeding after mothers return to work. Lack of support for mothers is considered an anti-social justice issue which does not align with breastfeeding [16].

Research demonstrates that employed mothers tend to breastfeed for a shorter duration than non-employed mothers [2]. Breastfeeding mothers are more likely to give up breastfeeding upon returning to work [17]. Mothers who return to work between six weeks to four months after childbirth are likely to have the shortest duration of breastfeeding in the UK [18]. Return to work has been identified as a common reason for stopping breastfeeding before mothers feel ready to [19], even though early cessation of breastfeeding could potentially lead to depression due to the reduction of oxytocin which is a protective breastfeeding hormone [20]. Lack of workplace support is a key barrier to breastfeeding mothers returning to work. Gatrell [21] conducted a study on breastfeeding mothers returning to work and found that mothers who returned to work within the first year after childbirth found breastfeeding very difficult because breastfeeding was considered taboo in the workplace. Mothers were required to cease or conceal breastfeeding activities to conform to organisational expectations. Research undertaken in the USA found that mothers provided with adequate workplace support were 2.3 times more likely to breastfeed exclusively for the first six months and 1.5 times more likely to continue breastfeeding than mothers without workplace support [22]. Breastfeeding mothers in the UK have minimal legal rights in the workplace. Workplaces are expected to provide mothers with space to rest and safe space by conducting a risk assessment of the work environment. Mothers in the UK feel uncomfortable and anxious asking for workplace support [21] or feel they would be less capable of doing their job effectively if they were still breastfeeding [23]. Due to the lack of workplace support, many mothers do not disclose to their employers that they are breastfeeding and make no inquiries about the facilities to continue breastfeeding after their return [17]. Perceived lack of support from the workplace makes mothers conceal their breastfeeding status after their return to work [17].

The impact of the SPL policy is limited because of very low take-up [24]. Early studies by Working families from April to December 2015 estimated uptake of 0.5% to 2% of eligible fathers took SPL [25]. However, Moss and O'Brien [26] argued that SPL was a missed opportunity, incapable of addressing the gendered work-family divisions.

Existing research on SPL concentrates on the low uptake and the barriers to its effectiveness, but research has not considered the impact of SPL on breastfeeding. Ndzi [27] argued that the potential challenge of SPL would be breastfeeding because mothers would be put in a precarious position where they would have to choose to breastfeed for longer or return to work early. While SPL does not stop a mother from breastfeeding, the practicalities and logistics of

expressing and storing breastmilk at work could pose a challenge. Atkinson [28] considered the discriminatory nature of the policy arguing that the policy is incapable of forging ahead the most needed gender equality in the workplace. While this article had nothing to do with breastfeeding, Atkinson argued that a separate leave for the fathers would have been more effective than asking the mothers to share their maternity leave. Without the mothers sharing the maternity leave, they will have more time off work to breastfeed per their needs. Ndzi [29] examined the awareness of SPL amongst parents through interviews and found that unawareness was one of the key barriers to SPL, but the work did not explore other challenges to the policy. Twamley and Schober [30] argued that financial concerns, perceived negative consequences of the father's career, and the mother's desire to take all leave; were the key barriers to SPL. Through the interview of parents, Birkett and Forbes [31] identified that poor policy communication at the organisational level, perceived policy complexity, and societal expectations around maternal identities were some barriers to the uptake of SPL. Brandth and Kvannd [32], investigating the impact of workplace support on fathers that had taken SPL, demonstrated that the use of SPL is subject to cooperation and compromising processes at the workplace. Studies such as the emerging 'Making Room for Dads' [33] offer some illustrations into the experiences of fathers taking SPL. Parenting practices vary by socio-economic status, ethnicity, and fathers' education [34]. Gheyoh Ndzi [35] argued that gender discrimination remains the key reason SPL uptake is low in UK higher education institutions.

However, no research has considered the potential impact of SPL on breastfeeding. This article contributes to the research on the effectiveness of shared parental leave (SPL) in the UK. It does so by focusing on the impact of SPL on the breastfeeding practices of women upon return to work after taking SPL. SPL has the key objective of providing parents with more flexibility in childcare by increasing fathers' opportunities to spend more time with their children and increasing mothers' opportunities to return to work early after birth [36]. SPL is considered a key initiative to minimise gender inequality in the workplace, while breastfeeding has key health benefits to the child and the mother. While breastfeeding and SPL are strongly encouraged for mothers to consider, it is still being determined how these two policies could impact each other among employed mothers and how workplace support influences both factors. Workplace support, therefore, has a significant effect on SPL uptake and breastfeeding. However, no research exists examining the impact of these two on each other and how workplace support could influence it. This paper analyses data from online survey responses of 161 mothers that had taken SPL, breastfed and returned to work in the UK. The data draws on the awareness and experience of the mother taking SPL and breastfeeding. The data explores the impact SPL has on breastfeeding and the part workplace support on return to work play in it.

## 2. Methodology

Shared parental leave is a policy that allows mothers to share their maternity leave with the baby's father and return to work early. Following WHO and NHS' advice for mothers to breastfeed exclusively for the first six months of the baby's life and up to two years after, the study was set out to determine whether SPL impacts breastfeeding. Considering that this is an area that has not been researched before, the study was set out to capture a snapshot of the potential impact SPL policy may have on the breastfeeding practices of working mothers. The survey was designed to collect data on the interrelationship between SPL, breastfeeding, and workplace support. Most importantly, questions were designed to gather information on the mother's perception of SPL, breastfeeding, and return to work. The survey also captured other relevant factors such as ethnicity, level of education, employment status, and socio-economic status to analyse its impact on SPL, breastfeeding, and return to work. The content validity of the survey was pretested with a group of four mothers that had taken SPL, breastfed, and returned to work (n=4). The survey was aimed at mothers who were employed, had babies on or after the 5<sup>th</sup> of April 2015, taken SPL, breastfed, and returned to work within the first year of the child's birth. The study excluded mothers who had not taken SPL or did not return to work after their maternity leave. The survey design was a combination of a Likert scale, multiple choice, and open-ended questions, and space for further information for participants to comment on their experience. The qualitative data provided by the respondents were analysed and included in the findings. The online survey was created on google forms and promoted via social media channels such as Twitter, Instagram, Facebook, and LinkedIn. The survey welcome page provided participants with information on the study's objectives and how long it would take to complete them. It also explained that the survey was voluntary, anonymous, and confidential. Ethics approval was obtained from the University, and the protocol number was published on the welcome survey page.

The survey returned 161 responses from mothers who took SPL, breastfed, and returned to work. The analysis and findings presented in this paper are based on 161 participants. 100% (n=161) of the mothers that completed the survey were based in England. At the inception of the SPL policy, the government estimated an uptake of about 2% (n=285,000) of the eligible parents. 2% represents 5,700 eligible parents. While there is no data on the split between mothers and fathers from the government prediction, this study only surveyed mothers because of the breastfeeding element.

### *The limitations of this study*

The sample was relatively small, although it represents only mothers who took SPL and breastfed. The study was mainly concerned with breastfeeding, and SPL employees who took SPL but did not breastfeed or were breastfed but did not take SPL were not included in the study. Furthermore, only employees who were eligible for SPL were included. While generalisation cannot be made from this study alone,

the findings align with existing research on the impact of the return to work on breastfeeding. This paper highlights the tension between the policy on SPL and breastfeeding.

### 3. Research Findings and Discussion

#### 3.1. Participant's Demographics

It was important for this study to capture the experience of mothers who had taken SPL and breastfed to evaluate the impact of SPL on breastfeeding. All 161 respondents were employed mothers who had taken SPL, breastfed, and returned to work within the first year of childbirth. Of these, 112 (70%) of the mothers were employed full-time and 49 (30%) were employed part-time. Among the 161 mothers, 87 (54%) reported being within the age group of 31-35 years old and 39 (24%) aged 36-40. 34 (21%) of the mothers could be described as breadwinners of their families because they were earning more than their partners. The majority, 151 (94%) of the respondents, were white British. Data indicated that 150 (93%) mothers were educated to a degree level. 70% of the respondents could be described as first-time parents because they reported having only one child. The rest of the respondents reported having two or three children. 53% of the respondents reported earning between £20,000 and £39,999 annually, while 41% reported earnings above £40,000 annually.

#### 3.2. Mother's Experience with SPL

161 (100%) of the mothers reported being fully aware of the benefits of SPL to the mother and the family. Although all the mothers took SPL, only 27 (17%) stated that they heard about SPL from their employers, 66 (41%) heard about SPL from newspaper articles and 68 (42%) heard about SPL from other sources, including friends, midwives, etc. Furthermore, 136 (84%) reported that they had a workplace policy. However, 25 (16%) reported that they did not have a workplace policy on SPL at the time they approached their employers that they wanted to take SPL. Although there was no SPL policy in the workplace, the employers adopted the policy from the government website and supported these mothers through taking SPL. By supporting the mothers, the employers introduced the SPL policies in the workplace. Further information provided by these mothers indicated that they had learned about SPL from watching the news or reading newspaper articles. They approached their employers to obtain more information but were told there was no policy in the workplace at the time. The employer, however, worked with them to introduce a workplace policy while supporting them through the process of taking SPL.

#### 3.3. Mother's Experience of Breastfeeding

All (100%) of the mothers were fully aware of the benefits of breastfeeding. 149 (92%) of the mothers indicated that they planned to breastfeed when they were pregnant, and 12 (8%) had planned to mix-feed (combining breastfeeding and formula feeding). 126 (78%) of the mothers reported that

they had planned to breastfeed exclusively for the first six months of the baby's life, 32 (20%) planned to mix breastfeeding and formula feed, and 3 (2%) planned to formula feed entirely. However, 116 (72%) mothers reported breastfeeding exclusively for the first six months representing a 6% drop in the number of mothers who had planned to breastfeed exclusively in the first six months. The mothers that reported breastfeeding for the least duration were those described as the breadwinners of their families. Although 24 out of the 34 mothers who were breadwinners reported breastfeeding exclusively for up to 20 weeks, the duration of breastfeeding for the rest of the mothers was as low as less than 5 weeks. 5 out of the 34 reported having to stop breastfeeding upon return to work, for example: 'It was impossible for me to continue breastfeeding. I have just returned to work, and my milk supply has plummeted. Would have been a disaster to go back even earlier.'

Thirteen mothers continued breastfeeding by expressing, for example: 'When I returned to work with my first child at six months, I had to express to reduce my milk supply gradually. I kept combining feeding after that until my child was 18 months and I got pregnant again. I would continue to do the same again with my new baby, who is three months old.' Sixteen mothers returned to work after the first six months after birth.

All the mothers that stopped breastfeeding indicated that there was no breastfeeding support for returning mothers in their workplace. One woman stated: 'You could still take shared parental leave and breastfeed if the working environment permits it. Obviously, mums will need more support at work to express milk. There is currently no law for this in England, and it would benefit all breastfeeding mothers, no matter their situation.' This quote demonstrates the impact of SPL on breastfeeding due to the lack of a national policy.

Those who continued breastfeeding reported that their workplace had at least some support for breastfeeding mothers. 112 (70%) of the mothers reported that they had planned to breastfeed for more than 49 weeks, but 48% breastfed for 49 weeks or more, representing a drop of 22%. 77 (48%) of the mothers did not return to work within the first six months after birth, for example: 'I do not think it would change anything as I intend to have nine months off and share three months with my husband. I returned to work after nine months with my first child, which did not affect breastfeeding her until she was 15 months (when she decided she no longer wanted a feed before bed).' This suggests that mothers who want to breastfeed might not want to return to work within the first six months. This is in line with the WHO recommendations stating that mothers should breastfeed exclusively for the first six months.

58 (36%) of the mothers said they had to express breastmilk upon return to work. A mother stated: 'I am happy that my baby's father is willing to take the leave. I am happy to express the milk to allow our baby to have all he needs.' This indicates that mothers are willing to express breastmilk upon return to work. However, the workplace needs adequate

resources to allow a mother to express and store milk.

3 (2%) said they had to stop breastfeeding after returning to work, for example: 'I went back to work after six months. I tried to express but really struggled to do so and stopped after two weeks of being back at work.' 22 (14%) said the return to work did not affect their breastfeeding, for example: 'My work has a good breastfeeding policy, so it did not stop me from taking shared parental leave and continuing with breastfeeding.'

75 (47%) of the mothers, however, reported that they had or would still breastfeed if they had to return to work within the first six months. A mother stated: 'My partner and I are splitting the year 50:50. I went back to work three months ago, just before our baby was six months old. I was lucky with supply and managed to express a whole feed a day while I was on leave and for some time after I went back, and our baby has taken on solids well, so at nine months, she is still entirely on expressed milk while I am at work. I am losing my supply now, though, and running out of patience with expressing at work, so we will switch to formula in the day when the freezer supply runs out, but I will still feed her at bedtime, hopefully for a few more months.' 43 (27%) of the mothers said they might not initiate breastfeeding at all or stop breastfeeding if they had to return to work within the first six months. The remaining 43 (27%) reported that they were unsure what to do if they had to return to work within the first six months. This would depend on several factors, including how important they consider breastfeeding, how comfortable they would feel expressing breastmilk at work, and the facilities available to support them. Building from the fact that 119 (74%) of the respondents stated that they would be comfortable expressing breastmilk at work, workplace support emerged as a crucial factor for deciding whether to breastfeed upon return. For example: 'It totally can be done, but I do not think I thought about it before we got so far in our breastfeeding journey! By the time I returned to work, expressing was the only option, and I had no problem doing so.'

### **3.4. Workplace Support**

The data indicated that only some of the mothers were provided with resources in the workplace to enable them to continue breastfeeding. 134 (83%) of the mothers reported being aware of some form of workplace support for breastfeeding mothers. 25 (15%) stated that their workplace did not provide any support for breastfeeding mothers, or if they did, they were completely unaware of such support. This suggests that the provision and availability of workplace facilities are crucial for breastfeeding working mothers. 66 (41%) stated that their workplace provided them with facilities such as private rooms with sockets where they could express breastmilk but no fridge for storage. A mother stated: 'I am fully supportive of shared parental leave and breastfeeding. My daughter is now 15 months old and has never had any formula milk - she still breastfeeds every morning and evening when I am at work and on demand at weekends. I returned to work at nine months and struggled emotionally with the idea that I would have to

reduce/potentially stop breastfeeding. My employer was supportive insofar as making available a lockable room where I could pump. However, I had no exclusive fridge access and used to eat my lunch, check my emails and pump at the same time as I pumped over my lunch break and took home expressed milk for the next day. Things eased up once my daughter was 12 months old as she started to sip cow's milk. The toughest part of shared parental leave was going on a 3-day residential course soon after returning to work. My employer was supportive and allowed me to find alternative accommodation that my husband and baby could join me in - we bore the cost of the extra travel/food, but it meant that I could attend the course and continue to breastfeed. My daughter has never taken a bottle and only sips breastmilk/cow's milk from a cup.'

29 (18%) reported that in addition to the private room with sockets, they had private fridges for storing breastmilk which they could then take back home for the baby. Eight (5%) of the respondent reported having all the resources they needed to continue breastfeeding, such as a private room with sockets, a fridge, an onsite nursery, and more flexibility. For example: 'My employer has allowed me to split my lunch break in two so I can pop home and feed my baby late morning and early afternoon. I also feed her just before leaving for work and returning home. My husband lets me know when she is ready for a feed. I was planning to express at work, but this works better for us and has helped me to continue exclusively breastfeeding. We are now starting to introduce solids alongside the breastfeeds.' However, 47 (29%) of the mothers reported not being aware of any form of breastfeeding support in the workplace to encourage them to continue breastfeeding. For example: 'Employers in the UK do not have the best facilities/policies to support breastfeeding mothers, making continuing to breastfeed difficult. I feel that unless the mother's employer supported breastfeeding, i.e., letting her have breaks to pump as required. I want to continue exclusive breastfeeding for as long as possible, but I am not sure if I would have the facilities at work.'

## **4. Discussion**

This study is part of a more significant project investigating the challenges of SPL. Breastfeeding is one of the key challenges of SPL, especially where there is no workplace support. The need for a national policy on breastfeeding drives this. This paper covers the impact of SPL on breastfeeding using survey data from mothers that had taken SPL and breastfed. This study aimed to understand whether SPL impacted breastfeeding amongst mothers who had taken SPL, breastfed, and returned to work within the first year of the baby's life. The intention was to compare mothers' experiences and understand how they navigated through SPL and breastfeeding at work. The study highlighted workplace support as the crucial element that could make SPL and breastfeeding work together. The study provides data from 161 women who took SPL, breastfed, and

returned to work.

The main findings demonstrate that SPL has a negative impact on breastfeeding because of the lack of a national policy on breastfeeding. This impact is more pronounced when the workplace does not have adequate facilities and support for breastfeeding. Consistent with the other research, returning to work has a negative impact on breastfeeding, with workplace cultures and practices being the main course.

This finding supports Ndzi's [27] argument that SPL could force mothers to choose between SPL and breastfeeding. Furthermore, Ndzi and Raj [37] argued that breastfeeding was a key barrier to women from UK higher education institutions taking SPL. SPL requires a mother to share her maternity leave with her partner, effectively reducing the time a mother can spend off work on maternity leave which could have more impact on breastfeeding. Hawkins et al. [2] argued that employed mothers tend to breastfeed for a shorter duration than non-employed mothers. While the findings demonstrate that SPL on its own may not impact breastfeeding, the lack of a national policy on breastfeeding means employers are under no obligation to support their staff. A national policy could make it easier for mothers to navigate conversations in the workplace as they have no legal instrument to rely on, unlike SPL, legal instrument.

Under the Health and Safety at Work Act 1974, employers are expected to carry out a risk assessment for breastfeeding mothers at work. However, employers have no requirement or obligation to provide suitable facilities to support, encourage and promote breastfeeding in the workplace. In the UK, the only employer's duty concerning breastfeeding is to protect the health and safety of the breastfeeding mother. Employers are expected to conduct risk assessments on working conditions and physical, biological, and chemical agents; and make reasonable adjustments to eliminate or minimise the risk. However, a mother needs more than this in the workplace to continue breastfeeding. The mother needs to be given time to express milk at work, a comfortable room with chairs, sockets, and a fridge to store the milk, and general support from the employer. The benefits of breastfeeding have been widely documented [8]. Where 2% of the mothers had to stop breastfeeding upon return to work, the impact on health inequalities cannot be underestimated (House of Commons Health Committee, 2009). WHO and the National Health Service (NHS) encourage mothers to breastfeed exclusively for the first six months of the child's life and up to two years. The lack of workplace support means that mothers taking SPL may be breastfeeding less than those who did not take SPL because they have to return to work early. While most of the mothers in the sample breastfed exclusively for the first six months of the baby's life, 48% of the mothers breastfed for 49 weeks or more since most of them returned to work after the baby was six months old.

Mothers who identified themselves as the breadwinners of their families had the least duration of breastfeeding and were mostly the ones that reported stopping breastfeeding upon return to work which is in line with [18]. This is a key

point of concern in terms of workplace support for breastfeeding mothers. While more women take up key roles and positions in the labour market, the workplace needs to support mothers to balance work and family life. It is key to flag that the benefits of breastfeeding are not just for the baby but for the mother's health as well [9] and should be promoted in workplace cultures and practices. While supporting breastfeeding mothers would help employers to retain talent, it can significantly reduce workplace inequalities and the gender pay gap.

The results demonstrate that mothers most likely to take SPL were in full-time employment, educated to degree level, first-time mothers, predominantly white British, and earning between £20,000-39,999. The results further demonstrate that SPL and breastfeeding can be effective with the proper support and facilities at work to support breastfeeding mothers. Breastfeeding rates dropped amongst the mothers upon return to work. Mothers with access to private breastfeeding rooms where they could express breastmilk and fridges to store the milk at work were more likely to continue breastfeeding for longer than those that did not have access to such facilities. Mothers who were employed on a part-time basis reported that their SPL did not affect their breastfeeding. This could be because they did not have to spend as much time at work as the full-time mothers and can manage their work schedule around their baby's needs, which is not the same for mothers working full time.

Most of the mothers were educated to a degree level that could justify their awareness of SPL even though their employers did not inform them. They utilised their education and independent skills to seek and understand the SPL policy and benefit from it. This supports the findings by Birkett and Forbes [31] that educated parents tend to find information on SPL before being told or approaching their employers. All the mothers that responded to the survey at one point approached their employers to request maternity leave. At that point, the employer should have drawn their attention to SPL and discussion about the return to work and included a conversation on breastfeeding. However, the finding suggests that employers need to be more proactive in providing staff with information on SPL or discussing mothers breastfeeding needs upon return to work. The findings also suggest that some mothers may not take advantage of SPL simply because they are unaware of its existence, which supports the research findings by Ndzi [29].

## 5. Conclusion

This paper sets out the impact of SPL on breastfeeding, highlighting the lack of a national policy on breastfeeding as the cause. Due to the lack of national policy, employers generally do not include breastfeeding in their policies, leaving breastfeeding mothers unsupported. The study's findings demonstrate that supported mothers continue breastfeeding upon return to work, while unsupported mothers give up or reduce breastfeeding significantly. While the rationale behind the SPL policy is welcoming, the lack of

a national policy on breastfeeding and the lack of employer support for breastfeeding mothers in the workplace, SPL is seen to negatively impact breastfeeding as the mother decides between returning to work early and breastfeeding. First, the government needs to introduce a national policy on breastfeeding to solve this problem. The policy will make it mandatory for employers to provide the necessary resources and support required by breastfeeding mothers in the workplace. Pending the introduction of a national policy on breastfeeding in the workplace, employers should include breastfeeding within their equality, diversity, and inclusion agenda. Employers should provide timely information on breastfeeding support at induction for new staff or as an update periodically to staff and ensure that they provide detailed information to mothers seeking information on maternity leave. Employers must have a clear link between their SPL policy, maternity leave, and breastfeeding. Clear signage around the workplace where the breastfeeding rooms are situated. This will minimise mothers' anxiety about breastfeeding and return to work-related decisions and make it easier for mothers to discuss with their employers without feeling uncomfortable [21]. Clear communication and signage on breastfeeding have the potential to break down barriers to breastfeeding in the workplace and promote the take-up of SPL and improve breastfeeding duration amongst working mothers and UK breastfeeding rate.

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## References

- [1] Shared Parental Leave Regulation 2014, No. 3050, Part 3.
- [2] Hawkins S. S., Griffiths L. J., Dezateux C., & Law C. (2007) 'Millennium Cohort Study Child Health Group. Maternal employment and breast-feeding initiation: findings from the Millennium Cohort Study' *Paediatr Perinat Epidemiol*, 21 (3), 242-7.
- [3] Steurer L. M. (2017) 'Maternity Leave Length and Workplace Policies' Impact on the Sustainment of Breastfeeding: Global Perspectives', *Public Health Nurs*. 34 (3), 286-294.
- [4] Fredrickson M., Boyle J., Cober M. and King C., (2022) 'A Call to Action for Lactation Support at Colleges of Pharmacy' *American Journal of Pharmaceutical Education*, 86 (8), 926-930.
- [5] Javornik J. and Oliver E. (2015). 'Legal battles loom on shared parental leave from fathers not getting equal benefits,' *The Conversation* (Available at: <http://theconversation.com/legal-battles-loom-on-shared-parental-leave-from-fathers-not-getting-equal-benefits-51623>, accessed: 23 October 2022).
- [6] Busby N. and Weldon-Johns M. (2019) 'Fathers as carers in UK law and policy: dominant ideologies and lived experience' *Journal of Social Welfare and Family Law*, 41 (3), 280-301.
- [7] Koslowski, A. and Kadar-Satat, G. (2019) 'Fathers at work: explaining the gaps between entitlement to leave policies and uptake', *Community, Work & Family*, 22 (2): 129-145.
- [8] Goldman A. S. (2000) 'Modulation of the gastrointestinal track of infants by human milk, interfaces and interactions: an evolutionary perspective' *Journal of Nutrition*, 130, 426-431.
- [9] Boswell- Penc M. and Boyer K. (2007) 'Expressing anxiety? Breast pumps usage in American Wage workplaces' *Gender, Place and Culture*, 14 (5), 151-167.
- [10] Victora C., Bahl R., Barros A., França G., Horton S., Krasevec J., Murch S., Sankar M., Walker N., Rollins N. (2016) 'Breastfeeding in the 21st century: Epidemiology, mechanisms' *The Lancet*, 387 (10017), 475-490.
- [11] Lodge C., Tan D. J., Lau M. X. Z., Dai X., Tham R., Lowe A. J., Bowatte G., Allen K. J. and Dharmage S. C. (2015) 'Breastfeeding and asthma and allergies: A systematic review and meta-analysis' *Acta Paediatrica*, 104, 38-53.
- [12] Sankar M. J., Bireswar S., Chowdhury R., Bhandari N., Taneja S., Martines, J. and Bahl R. (2015) 'Optimal breastfeeding practices and infant and child mortality: A systematic review and meta-analysis' *Acta Paediatrica*, 104 (S467), 3-13.
- [13] Boyer K. (2011) 'The way to break the taboo is to do the taboo thing' breastfeeding in public and citizen-activism in the UK' *Journal of Health and Place*, 17 (2), 430-437.
- [14] Brady J. P. (2012) 'Marketing breast milk substitutes: problems and perils throughout the world' *Archives of Disease in Childhood*, 97, 529-532.
- [15] Grant A., Hunter B., Mcewan K., Tedstone S., Greene G., Copeland L., & Brown A. (2017) 'Availability of breastfeeding peer support in the United Kingdom: A cross-sectional study' *Maternal and Child Nutrition*, 14, 1-10.
- [16] Ladores S, Debiassi L, and Currie E. (2019) 'Breastfeeding women in academia' *Clinical Lactation*, 10 (1), 10.
- [17] Desmond D. & Meaney S. (2016) 'A qualitative study investigating the barriers to returning to work for breastfeeding mothers in Ireland' *Int Breastfeed J*, 11, 16.
- [18] Millennium Cohort Study Child Health Group. (2007) 'The impact of maternal employment on breast-feeding duration in the UK Millennium Cohort Study' *Public Health Nutr*. 10 (9), 891-6.
- [19] Kosmola-Anderson J. and Wallace L. M. (2006) 'Breastfeeding works: the role of employer in supporting women who wish to breastfeed and work in four organisations in England' *Journal of Public Health*, 28 (3), 183-191.
- [20] Kendall-Tackett k. (2007) 'A new paradigm for depression in new mothers: the central role of inflammation and how breastfeeding and anti-inflammatory treatments protects maternal mental health' *Int. Breastfeeding Journal*, 2 (1), 6.
- [21] Gatrell C. (2007) 'Secret and Lies: Breastfeeding and professional paid work', *Social Science and Medicine*, 65 (2), 393-404.
- [22] Kozhimannil k., Jou J., Gjerdingen D. and McGovern P. (2016) 'Access to workplace Accommodations to support breastfeeding after passage of Affordable Care Act' *Women's Health Issues*, 26 (1), 6-13.
- [23] Shildrick M. (1997) *Leaky Bodies and Boundaries: Feminism, Postmodernism and (Bio) Ethics*: London; Routledge.
- [24] Javornik J. and Oliver E. (2017). 'Critical Appraisal of the UK Shared Parental Leave: Reconceptualising parents' capabilities and gender equality,' *ESPAnet Annual Conference, Lisbon*, 13-16 Sept.



- [25] Norman H. and Fagan C. (2017) 'Shared Parental Leave in the UK: Is It Working? Lessons from other Countries', Working Families. (Available via <https://workingfamilies.org.uk/workflex-blog/shared-parental-leave-in-the-uk-is-it-working-lessons-from-other-countries/> accessed 21 November 2022).
- [26] Moss P., & O'Brien. (2019) 'United Kingdom: Leave policy and an attempt to take a new path' In P. Moss, A.-Z. Duvander, & A. Koslowski (Eds.), *Parental leave and beyond: Recent international developments, current issues and future directions* (57–73).
- [27] Ndzi E. (2017) 'Breastfeed for longer or Share Parental Leave? This shouldn't be a choice couples have to make', *The Conversation* (Available at: <https://theconversation.com/breastfeed-for-longer-or-share-parental-leave-this-shouldnt-be-a-choice-couples-have-to-make-80431>, accessed: 16 December 2022).
- [28] Atkinson J. (2017) 'Shared Parental Leave in the UK: can it Advance Gender Equality by Changing Fathers Into Co-Parents?' *International Journal of Law in Context* 13 (3), 356–368.
- [29] Ndzi E. (2017) 'Shared parental leave: awareness is key', *International Journal of Law and Management*, 59 (6), 1331-1336.
- [30] Twamley K. and Schober P. (2019) 'Shared Parental Leave: Exploring variations in attitudes, eligibility, knowledge and take up intentions of expectant mothers in London' *Journal of Social Policy*, 48 (2), 387-407.
- [31] Birkett H. and Forbes S. (2019) 'Where's dad? Exploring the low take-up of inclusive parenting policies in the UK', *Policy Studies*, 40 (2), 205-224.
- [32] Brandth B. and Kvande E. (2019) 'Workplace support of fathers' parental leave use in Norway', *Community, Work & Family*, 22 (1), 43-57.
- [33] Banister E. and Karrane B. (2015-2017) 'Making Room for Dads'. Available at: <http://www.research.mbs.ac.uk/makingroomfordad/> (Accessed: 19/11/2022).
- [34] Keijer M. G. (2012), 'Effects of social economic status and parenting values on adolescents' expected field of study' *Humanit Soc Sci Commun* 8, 303.
- [35] Gheyoh Ndzi E. (2021) 'The Devastating Impact of Gender Discrimination on Shared Parental Leave in the UK' *International Journal of Law and Society*, 4 (4), 254-261.
- [36] Department for Business Innovation and Skills. (2013) *Modern Workplace: Shared Parental Leave and Pay Administration Consultation – Impact Assessment*. edited by Department for Business Innovation and Skills. London: Crown.
- [37] Gheyoh Ndzi E. & Westwood A. (2021) 'The unacknowledged relationship between shared parental leave, breastfeeding and workplace support in UK Universities' *International Journal of Business and Social Science Research*, 2 (12), 1–7.