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# UK Universities Letting Mothers Down: The Experiences of Breastfeeding Mothers in UK Universities

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**Abstract:** The research underscores the pivotal role of gendered norms in the workplace and highlights the failure of university EDIs and the Athena Swan agenda to recognise breastfeeding as an essential element contributing to gender inequality. Breastfeeding issues are investigated through the lens of workplace culture, revealing deficiencies in institutional practices and in the realm of equality, diversity, and inclusion (EDI) concerning the provision of work-life balance for breastfeeding mothers. This empirical investigation draws on data gathered from 35 university websites and semi-structured interviews involving 20 mothers employed in UK HEIs. The participant pool comprises eighteen academics and two professional services staff members representing 17 universities. Thematic analysis was employed to record, transcribe, and scrutinise the interview data. The findings indicate a noticeable absence of breastfeeding information and support across universities, underscored by inconsistencies in the location and specificity of information on university websites. The interview data reveal that mothers lacked sufficient information and resources pertaining to breastfeeding. Furthermore, universities do not acknowledge breastfeeding as a fundamental facet of EDI or Athena Swan plans. Notably, the study observes that the COVID-19 lockdown afforded mothers a unique opportunity to breastfeed for extended durations due to the flexibility of working from home.

**Keywords:** Breastfeeding, EDI, Universities, Work-Life Balance, Academics, COVID-19 Pandemic

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## 1. Introduction

Breastfeeding is a dynamic physiological process offering mutual benefits for both mother and child [1]. It has long been acknowledged as the optimal source of infant nutrition [2]. The National Health Service (NHS) in the UK aligns with The World Health Organization's (WHO) guidelines advocating exclusive breastfeeding for the initial six months, with continuation for at least 12 months, and ideally up to two years of age [3]. Extensive research has substantiated the health [4, 5], economic [6], and environmental [7] advantages associated with breastfeeding. Binns et al. [8] underscored enduring benefits such as reduced rates of ovarian cancer, diminished risk of Type 2 diabetes, and enhanced cognitive development in infants resulting from breastfeeding. Despite the well-established awareness of

breastfeeding benefits, the United Kingdom exhibits one of the lowest rates of breastfeeding in Europe [9]. The most recent UK-wide Infant Feeding Survey conducted in 2010 highlighted a meagre exclusive breastfeeding rate of 1% by the baby's 6th month [10]. While some mothers may choose not to breastfeed or face impediments preventing them from doing so, challenges associated with the early cessation of breastfeeding have been underscored by working mothers [11, 12]. In the Higher Education sector, women constitute 49% of full-time academic staff in the UK [13]. Hence, understanding the factors influencing the breastfeeding experiences and practices of academic mothers is crucial. This paper delves into the experiences of breastfeeding mothers employed in UK Higher Education Institutions (HEIs) and examines how gendered norms and organizational cultures influence workplace support for them. Additionally, the study explores the impact of the COVID-19

pandemic on mothers' ability to breastfeed while working from home. Employing semi-structured interviews with twenty mothers in academia, the research illustrates the role of gender norms in erecting barriers that mothers must navigate to sustain breastfeeding upon their return to work.

Breastfeeding within the workplace is an aspect of motherhood that is influenced and shaped by gendered norms [14]. The pervasive gender expectations pertaining to mothers as primary caregivers extend beyond the workplace, reflecting broader societal gendered norms [15]. These gendered beliefs and stereotypes exert an impact on female academics as they grapple with the challenge of forging sustainable careers [16]. Organisational cultures that neglect to accommodate maternal responsibilities contribute to the reinforcement of gender stereotypes [17, 18]. Assumed to be gender-neutral and devoid of gendered characteristics, organisational ideals perpetuate the notion of the 'ideal worker' as one deeply committed to the organisation with minimal responsibilities beyond it [19]. This 'ideal worker' is envisaged as an engaged contributor willing to 'go the extra mile' to enhance the organisation's performance [20]. Barriers faced by breastfeeding mothers in the workplace encompass inadequate resources for pumping and milk storage, undefined breaks, and a lack of support from both employers and colleagues [21-24]. Research demonstrates that workplace support, such as designated breastfeeding spaces and resources, enhances the breastfeeding experience and extends the duration of breastfeeding [25-27].

Gender inequality within Higher Education (HE) has garnered widespread recognition in academic discourse [28-32]. Extensive research has delved into the experiences of motherhood in academia, exploring its impact on women's careers, particularly in relation to work-life balance [33, 34], gendered mobility [35], and the challenges faced by academic mothers in securing promotions, especially when working part-time [36, 37]. In the UK, mothers are entitled to take up to 52 weeks of maternity leave, with the extent of paid leave contingent on the employer. However, for mothers who opt to return to work early or continue breastfeeding upon their return, adequate support in terms of time and resources within the workplace is essential. Despite this need, research underscores that navigating breastfeeding in the workplace remains a prominent challenge for mothers in academia [38-40], as women grapple with the complexities of balancing breastfeeding, motherhood, and their professional careers [41]. Many workplaces adhere to the model of an 'abstract worker' devoid of perceived external obligations [42]. The dearth of support for breastfeeding significantly contributes to the 'motherhood penalty' experienced by mothers in the workforce [43]. Within the university milieu, the support provided to mothers varies based on contractual terms and seniority levels [21]. Rosewell [28] contends that universities must actively address well-documented gender inequalities, eliminate the 'motherhood penalty,' and mitigate its detrimental impact on the careers of academic mothers. While UK universities routinely publicize their commitment to Equality, Diversity,

and Inclusivity (EDI) agendas, spearheaded by institutional leaders, gender inequality in Higher Education (HE) remains a contentious issue [44, 45]. Research affirms that motherhood plays a pivotal role in perpetuating gender inequality in HE [46, 47]. Mothers often grapple with emotional exhaustion as they endeavour to fulfil the expectations of being both 'good' academics and 'good' mothers [14].

Institutions commonly deploy interventions such as Athena SWAN, a globally utilized framework aimed at fostering gender equality within higher education. Launched in 2005, the Athena SWAN Charter, overseen by Advance HE, seeks to promote the advancement of women's careers and research within universities and colleges in the UK. Initially focused on addressing cultural and structural inequalities, the charter has more recently been recognized for its role in tackling the intersectionality of inequalities [48]. However, this intervention has been criticized for overlooking breastfeeding support, being perceived as a mere tick-box exercise [49]. Finally, the emergence of the 'COVID Motherhood Penalty' [50] posed a threat to the increasing numbers of working women and mothers [51]. The COVID-19 lockdown prompted discussions regarding its repercussions on gender inequalities, especially within families with children [52-54]. While research on the COVID-19 pandemic extensively addressed the 'motherhood penalty' in academia [55-58] no specific investigations focused on breastfeeding. Considering that the data presented in this paper was gathered during the COVID-19 period, it will contribute valuable insights into the impact of the pandemic on breastfeeding.

## 2. Methodology

This paper constitutes a segment of a broader research initiative examining the interplay between shared parental leave, breastfeeding, and workplace support within UK Higher Education Institutions (HEIs). However, the focus of this paper is confined to an exploration of the breastfeeding experiences of mothers within UK HEIs. A mixed-method approach was employed for this study. Secondary data on breastfeeding practices were sourced from university websites, aiming to ascertain the extent of breastfeeding support offered and the nature of such support. The UniGuide2020 list of universities served as a basis for researching 117 universities' websites to extract information pertinent to breastfeeding support. The collected data from university websites informed the investigation into breastfeeding support, encompassing the types of information provided, their locations on university webpages, and the available facilities.

Primary data was obtained through semi-structured interviews conducted with twenty mothers employed in UK HEIs, who breastfed and subsequently returned to work. The interview questions were meticulously designed to comprehend the challenges faced by breastfeeding mothers within UK HEIs. Participant recruitment occurred through

social media platforms, with interviews conducted by the lead researcher via Zoom, lasting an average of 40 minutes. The data collection phase transpired between February and June 2021, with Zoom selected as the most efficient method due to COVID-19 pandemic restrictions [59]. Information regarding the research and consent forms were dispatched to participants one week prior to the interviews, with consent being acquired before the commencement of the interviews. Audio recording was employed for transcription purposes, with interviews often punctuated by interruptions from participants' children. Acknowledging the importance of inclusivity in the research, interviews were temporarily halted during interruptions, affording participants the opportunity to tend to their children before resuming when ready [60].

The demographic details of the participants are presented in Table 1. The interview data were sourced from a cohort of twenty mothers employed in UK Higher Education Institutions (HEIs). Of these mothers, 80% were still engaged in breastfeeding, while the remaining 20% had concluded their breastfeeding journey. The participants were affiliated with 17 universities, encompassing both Russell Group and Post-92 Universities. It is noteworthy that three participants (B, G, and L) originated from the same institution.

**Table 1.** Participant Demographics.

Participants' demographics	Figures in %
Feeding status at time of interview	
Mothers still breastfeeding	80
Mothers who had stopped breastfeeding	20
Role	
Academics	90
Professional Services staff	10
Age	
36-40	60
31-35	25
41-45	10
26-30	5
Ethnicity	
White British	75
other	25
Educational Attainment	
PhD	75
Masters	20
First Degree	5
Participants' Employment Status	
Full time	60
Part time	40
Level of Seniority	
Line managers	25
Middle managers	25
Entry Level academics	50
Number of children	
One child	40
Two children	60
Household Income	
£71,000, and above	50
£51,000-70,000	35
£31,000-40,000	5
£20,000 and below	5
Prefer not to say	5

The analytical approach employed for transcript analysis in this study was thematic analysis, following the methodology outlined by Nowell [61]. To ensure participant anonymity, transcripts were depersonalised as a precautionary measure [62]. Initially, two transcripts were subjected to coding by the researchers, with the codes generated serving as a foundational guide for subsequent selective coding [63]. The transcripts were systematically coded to establish a comprehensive set of cases related to breastfeeding and workplace support. Codes were then grouped together, where feasible, and systematically organized into themes through axial coding [64]. As an illustration, the theme 'location, accessibility, and type of room for breastfeeding and expressing at work' incorporates codes such as 'type of BF room', 'location and accessibility of BF room', 'organisational support (BF)', and 'further support needed (BF)'. The themes and codes are presented in Table 2 below.

**Table 2.** Table of themes and codes used in data analysis.

Themes	Codes
Access to breastfeeding information and support at work	1) Lack of information 2) No breastfeeding policy 3) Lack of resources in the workplace
Occupational and cultural perceptions	1) Female and male line managers differences 2) Lack of experience of mothers and line managers in male dominated areas. 3) Informal support networks 4) Athena Swan impact on breastfeeding
The Impact of COVID-19	1) Opportunity to work from home 2) Continued duration of breastfeeding

Furthermore, ethical approval for the study was duly obtained from the university's ethics committee.

### 3. Findings

#### 3.1. Breastfeeding Information from Universities' Websites

The investigation revealed that among the 117 universities listed on UniGuide2020, information pertaining to breastfeeding was available on the websites of 35 universities. The data underscores potential challenges related to accessing information on breastfeeding in the workplace, as this information was dispersed across various pages on the respective websites, exhibiting distinct levels of detail. As depicted in Table 3, a specific designated location for breastfeeding information was notably absent, with information scattered across diverse areas, encompassing policy documents, Equality, Diversity, and Inclusivity (EDI) webpages, and webpages oriented towards family-friendly support for student parents and carers. The spectrum of breastfeeding information provided varied, ranging from comprehensive details on support, resources, and the location of breastfeeding facilities to concise mentions affirming the legal right for mothers to breastfeed in public places/university premises.

**Table 3.** Location of Breastfeeding Information.

Location of Information	Number of Universities
Policy document or policy webpage	9
Webpage on Equality/Diversity/Inclusivity	7
Part of Maternity Policy	3
Webpage on Student/Staff Resources	2
Webpage for Student Parents and Carers	3
FAQ's/Blogs/ News and Events	3
External website	1
Part of SPL policy	1
Why work here? Family-friendly support	2
Webpage on nursing room facilities/parenting	2
Brief mentions	2

Among the 35 universities that featured information on breastfeeding on their websites, 43% had designated breastfeeding rooms. However, for the information to be truly beneficial for mothers, it is essential that it includes details about the facilities within these rooms. In addition, 26% of the universities featured multipurpose rooms, serving dual functions such as breastfeeding and first aid or breastfeeding and prayer. Notably, 37% of these universities stipulated the necessity for prior bookings or advance requests to access these rooms for breastfeeding or expressing, particularly in the case of multipurpose rooms. Furthermore, 43% of the universities offered a combination of facilities for mothers to store expressed breast milk, such as fridges and freezers. The data highlights disparities in practices across universities, illustrating the varied challenges that mothers may encounter based on the institution for which they work.

### 3.2. Findings from Interview Data

The findings from the interviews underscore that a mother's ability to sustain breastfeeding upon returning to work is intricately tied to the information and support available within the workplace. Three key issues surfaced from the data, shaping participants' breastfeeding experiences: 1) access to breastfeeding information and resources at work, 2) occupational cultures, and 3) the ramifications of the COVID-19 pandemic. The examination of mothers' access to information and support reveals that occupational cultures and gender norms play a pivotal role in influencing how mothers perceive the support they receive in the workplace concerning breastfeeding. Additionally, participants internalize gender roles when making decisions about breastfeeding upon their return to work. The challenge of reconciling work and navigating motherhood responsibilities contributes to a sense of being unsupported in the workplace. However, experiences vary across institutions and departments, with some mothers reporting more substantial support than others. This highlights the crucial importance of organizational support for breastfeeding mothers, as it significantly influences their decision to continue breastfeeding.

### 3.3. Access to Breastfeeding Information and Resources at Work

While the decision on infant feeding ultimately lies with

the mother, those who opt for breastfeeding encounter substantial obstacles in workplaces lacking support. The existing UK Family Friendly policies notably omit breastfeeding, thus providing no legal framework for supporting breastfeeding in the workplace. Participants in the study expressed frustration due to a dearth of information on breastfeeding and a lack of awareness regarding their workplace rights. This informational gap might be influenced by gender perceptions, where mothers are traditionally expected to take a fifty-two-week maternity leave. Strikingly, none of the participants were cognizant of any workplace policies specifically addressing breastfeeding. This discrepancy highlights the paradox between the acknowledged health benefits of breastfeeding and the inadequate resources available to support women, as emphasized by participant G:

*"Nobody had pointed me at them. I'd gone to find them myself; I don't think I saw anything about breastfeeding policies. I don't think that was obvious."*

Although all the mothers (20 in total) were aware of their legal right to breastfeed or express milk in public places, they lacked knowledge on how to navigate these rights within the workplace context. Their awareness of breastfeeding spaces and available resources in the workplace was minimal. Mothers reported that discussions regarding breastfeeding either rarely occurred in the workplace or were deferred until the mother was preparing to return to work, as observed by participant J. Additionally, J underscored the limited visibility of mothers in academia who are in the early stages of their careers:

*"I didn't know much about breastfeeding... because I think...there's not that many women in academia- there are not many women who, in their early career stage, have children. So, I just knew most things about breastfeeding from a friend who, a few years back, had had a child, and she was talking about pumping and things like that."*

Our findings revealed that 50% of the mothers reported having to actively initiate or encourage discussions with their universities regarding breastfeeding. Additionally, 80% stated that locating breastfeeding facilities proved challenging, either due to their absence, difficulty in identification, or inadequacy for use. Multipurpose rooms, often labeled for first aid or prayer purposes, were not consistently designated for breastfeeding. Furthermore, participant R highlighted that not all amenities within multipurpose rooms were accessible to breastfeeding mothers, underscoring limitations in their usability, as explained in her description of the room:

*"There's sockets. There's a fridge that you're not allowed to use. I think the fridge is there more for the first aid purposes, but it says in the policy that they can't provide you with fridge facilities. So, I actually used the fridge in our office kitchen instead. The room is okay. There's like a ... bed type thing that you have in doctor's surgeries and stuff for the first aid. So, you can sit on that... And there's a sink, so you can wash your hands and rinse things and stuff. And it's a lockable room, so you can lock the door."*

*So, it kind of has the facilities.”*

Furthermore, accessibility to the breastfeeding rooms was a challenge for 55% of the mothers noted by participant A:

*“... they had rooms that you could go and pump in, which were quite good, but we didn't have many of them. I think there were only two. So, when I did do the [keeping in touch days], I remember, for example, one day I went in, and someone was just reading.... you had to walk to the room, then pump, and then walk back again and things, and it was quite a big chunk out of the day. ... I think I had to do it two or three times throughout the day, so I think it was quite time-consuming. So, it would have been better if more rooms were more easily accessible.”*

When mothers were directed to utilize first aid rooms for breastfeeding, they reported feeling uncomfortable and insecure. This discomfort stemmed from the perception that the room might be required for an emergency while they were using it. Additionally, first aid rooms were deemed unsuitable for expressing breast milk, as expressed by Participant F, as these spaces are primarily configured for medical purposes and did not create a conducive and natural environment for breastfeeding. *“I remember thinking like that, actually, when I went in because I'd go in, I'd lock the door, and it was very cupboard room, kind of... size of the room I'm in now, like, a very pokey room. And there was one window, but it was clouded over, so you couldn't see through the window if they wanted to use the room for, I don't know, they needed a plaster or something, and they walked in with me just sitting there with my boobs hanging out with pumps on them, it would be quite awkward.”*

The findings revealed disparities among individual universities in acknowledging and supporting breastfeeding mothers. While some institutions provided support, others did not, requiring mothers to independently arrange alternative solutions in the workplace. Participant F reflected on her experience, noting how her line manager supported her in identifying an alternative space when the facilities provided by the university were deemed inadequate.:

*“He said to me, “Don't ever feel like you need to pump in a toilet.” He's, like, “...we have [subject specific] rooms that are all locked rooms.” So, he said, “Just go and get a key for one of the [subject specific] rooms and use those.” And he even said to me, “Don't ever feel like you need to go in the toilet.” “If you're in that instance, just come and use my office and lock the door and I'll get out for you.” So, he was really great about it all.”*

Our investigation revealed that universities generally exhibited a lower level of proactivity in disseminating information on breastfeeding and supporting breastfeeding mothers. However, it is noteworthy that some universities incorporated breastfeeding considerations into the process of applying for the Advance HE Athena Swan accreditation. Participant H remarked that breastfeeding support became available in her institution solely due to the implementation of the Athena Swan Accreditation.:

*“And so, to start off I was expressing milk at work. Initially twice during the day and then I brought it down to once...”*

*You just don't get the same quantity out, and it was not a very good environment for doing it, although that has now changed. So, this is something- I've seen positive progress happen since it happened to me. When I was expressing milk at work, the room I was given was the first aid room and it came off a major corridor and it didn't have a lock on the door. So, I was sitting in there with my top off just thinking somebody could come through that door wanting the first aid room at any time and there's nothing I can do to stop them. So, I think you don't really express milk very well when you're a bit stressed out, so it was quite tricky.”*

The Athena Swan charter serves as a supportive mechanism for women in academia, as evidenced by Participant F. Nevertheless, Participant T expressed the opinion that the Athena Swan team at her university could have taken additional measures to support breastfeeding, stating:

*“In an ideal world I would have liked the Athena Swan to stay the thought-provoking exercise it was at first, and not a box-ticking exercise it has become but continuing this really deep reflection for the institution to understand what impact they have on different individuals. How policies, local policies can influence their staff. Ideally, yeah, I would like if people saw it as an interesting thing to reflect on instead of yet another stupid paper exercise that takes dozens of hours and that they have to do.”*

#### **3.4. Occupational Cultures and Gender Norms**

Across the sample, participants consistently conveyed that their experiences of breastfeeding support were shaped by the attitudes of their line managers and the organizational structures in place. While an institution may project itself as breastfeeding-friendly, some participants perceived inconsistencies in how colleagues were treated, dependent on the department or subject area in which they worked. Discrepancies in responses emerged based on whether line managers identified as female or male, and the demographics of the department where the mother was employed. Mothers whose line managers identified as women reported feeling more supported than those with male line managers or those working in male-dominated departments, such as Science, Technology, Engineering, and Mathematics (STEM) subjects. This observation was articulated by participant Q:

*“It depends on who the line manager is, so when I had [first child], my head of department was fine, but he was an old guy, and I probably wouldn't have been that comfortable talking to him. My head of department now, who is my line manager, is fantastic, ... [and] has, in the not-too-distant past, had the experience of this, I'd quite happily speak to her about it.”*

Gender perceptions appeared to influence mothers' assumptions regarding men's knowledge, understanding, and support for breastfeeding. In the comment provided by Participant Q, she presumed that with her previous line manager, she would not have felt comfortable discussing breastfeeding. Furthermore, Participant G expressed the sentiment that mothers working in male-dominated subjects,

specifically STEM subjects, received less support compared to mothers in other subject areas regarding pregnancy and childbirth. Participants in the study perceived working in a male-dominated area as a significant barrier for mothers, where childbirth and breastfeeding were not considered 'normal.' Participant G reflected on the dearth of experience with employees becoming pregnant in male-dominated STEM fields, particularly highlighting the absence of knowledge and support from line managers. "... my department is quite cliquey—a bit of a boys' club. I had terrible morning sickness, so I had to take a week off in my first trimester. And when I was in my second trimester, and I felt comfortable telling people, a couple of my colleagues turned round and said, "Oh, I already know." It annoyed me because everybody had been gossiping about the fact, I was pregnant...It just makes me feel small."

Participant L reflected on how the absence of support from her line manager deterred her from seeking assistance with breastfeeding. She remarked on the inconsistent support provided to mothers within the same institution but in different departments, highlighting the challenges posed to occupational cultures surrounding breastfeeding:

*"I received no support from my line manager. I found it difficult to deal with him through my pregnancy and had no courage to ask for any kind of information or support on breastfeeding. I heard from one of my colleagues from Business what her manager had put in place to support her and I just...I had nothing like what my colleagues from other schools get...I think probably if you're a line manager, you're responsible for providing that information.... So maybe it's the responsibility of the institution to make sure that they train line managers."*

While certain participants had less than positive experiences with male line managers, others, such as Participant B, received strong support from their male line managers. Despite all working in a male-dominated area, Participants G, L, and B had diverse experiences. Further exploration is warranted to understand why some male line managers were supportive while others were not, and the role that gender norms played in shaping their actions.

Most mothers (90%) reported positive experiences with support during maternity leave. However, 60% of the participants indicated receiving minimal or no support for breastfeeding, as highlighted by S:

*"Nothing was said about breastfeeding. Absolutely nothing about on return and what that would look like. There was no mention of that whatsoever."*

Mothers resort to informal support networks in instances where there is an absence of workplace policies or when their line managers are unsupportive. However, Participant F disclosed that she was unaware of these informal support groups until she actively sought them out:

*"I was just interested about when I go back to work...if there is anything information ...it was only through doing a bit of Googling that I found that they do have a sort of special mother's group with a mailing list at UNIVERSITY that I was just completely unaware of, no one pointed me*

*in that direction at all."*

The majority of universities host informal support networks for mothers or parents, such as parent networks. However, there is a need for these networks to be prominently visible within the university and clearly signposted for new mothers. These networks serve as crucial avenues through which mothers can acquire information and support from their peers within the university community.

### 3.5. The Impact of COVID-19 Pandemic

Across the sample, mothers reflected on the impact of COVID-19 restrictions, noting that it presented an opportunity to breastfeed comfortably from home without concerns about workplace support. Some mothers in the sample, who had initially planned to discontinue breastfeeding, opted to continue due to the conducive environment provided by working from home, where they could breastfeed without barriers in terms of resources and support.

Participant M specifically mentioned being unaware of any designated room for breastfeeding or expressing at work. Initially planning to reduce breastfeeding in preparation for the return to work just before the COVID-19 pandemic, she continued breastfeeding while working from home, as she explained:

*"On my [Keeping in Touch] days it had been really hard to find a place to express milk, and I ended up using somebody's office and then having to use a communal fridge to put my milk in. So, kind of, it didn't feel like it was an option to keep expressing afterward. So actually, being at home and having her with me allowed me to continue more until she was willing to naturally drop to first thing in the morning and the last thing at night, which she does now."*

The duration of breastfeeding exhibited significant variation among participants, with some continuing breastfeeding at the time of the interview. Nevertheless, 70% of the participants indicated that they would have ceased or reduced breastfeeding earlier than originally planned if it were not for the COVID-19-related shift to remote work. For instance, Participant A shared her experience of exclusively breastfeeding until six months and then discontinuing when she returned to work when her child was nine months old, elucidating the impact of the COVID-19 working from home arrangement:

*"So, I breastfed my daughter up until six months exclusively, and then I- during that time I did my KIT days, ... where I went into work ... I continued to feed her- I pumped while I was at work, but I never intended to feed once I had returned to work because I just thought- I understood how it worked, but I just thought I did not really want to have to go all day without feeding her and then have full breasts by the time I got home from work, and then have to do it on the evening.... So, I just decided that once I'd gone back to work, I would stop breastfeeding."*

## 4. Discussion

This study delves into the experiences of mothers breastfeeding in UK universities. Unlike some countries, the UK lacks a national breastfeeding policy, although mothers are encouraged to adhere to World Health Organization (WHO) recommendations. It is important to note that mothers have the autonomy to choose between formula feeding and breastfeeding for their child. The research specifically focuses on the experiences of mothers who opt for breastfeeding and intend to continue this practice upon their return to work. While universities are obligated to have family-friendly policies, there is no corresponding requirement for a specific workplace policy on breastfeeding.

The study highlights factors such as access to information and resources, and occupational cultures, significantly influence mothers' experiences of breastfeeding upon return to work. A useful analytical frame for understanding participants' breastfeeding experiences in the workplace is provided by gender norms and occupational cultures. The perception of mothers as primary caregivers contributes to an expectation for mothers to take a full fifty-two weeks of maternity leave, a period during which the baby is presumed to transition to other meals, reducing the necessity for breastfeeding. Despite some breastfeeding information being available on university websites, the study reveals a lack of consistency in its location across institutions. Information on breastfeeding is scattered across various web pages, and the details provided vary significantly. Data from interviews paint a varied picture of the support mothers receive, contingent on the specific university, department, or line manager. The absence of breastfeeding support in university policies aligns with the ideological expectation that mothers should prioritize home life over their careers or keep the two spheres separate. This is in line with Acker's argument that workplaces are often modelled on an 'abstract worker' without perceived external obligations. Within this framework, breastfeeding may be perceived as an external obligation that women have and, therefore, should be kept separate from work. This ideological perspective is influenced by gender norms that continue to associate motherhood with time-intensive, child-centred caregiving and organizational cultures that overlook maternal responsibilities.

The study underscores the difficulty mothers face in achieving a harmonious work-life balance when confronted with competing demands, aligning with Acker's [15] assertion on the continued marginalization of women in the labour market upon becoming mothers. The absence of adequate support poses a challenge for mothers, who must navigate choices between breastfeeding and advancing their careers. Most universities take pride in their commitment to supporting women through the Athena Swan awards. However, this study identified no discernible correlation between Athena Swan awards and support for breastfeeding mothers, as 15 participants hailed from universities with Athena Swan recognition. Previous research [64, 65] argued

that the Advance HE Athena Swan charter does not adequately consider breastfeeding as a pivotal element in assessments, viewing women as a single homogenous group and overlooking crucial intersectionality and personal narratives. Nonetheless, the study revealed a positive impact of Athena Swan on breastfeeding within certain institutions. In line with O'Connor [49], Participant F characterized Athena Swan as a perfunctory checkbox exercise. Considering the charter's framework, which aims to recognize institutional pathways for addressing cultural and structural inequalities, the failure to acknowledge breastfeeding as a fundamental element of motherhood represents a missed opportunity that could significantly benefit working mothers continuing to breastfeed upon their return to work.

In addition to Athena Swan awards, every university has an Equality, Diversity, and Inclusivity (EDI) department and lead. However, there is scant evidence to suggest that universities are viewing provision for breastfeeding as a crucial facet of EDI. Only seven universities in the study provided information on breastfeeding on their EDI pages. Given that the university EDI agenda strives to promote equality, diversity, and inclusivity within the workforce, it is questionable why all universities are not treating breastfeeding as an EDI issue. Universities should recognize the diversity in women's choices regarding breastfeeding and genuinely foster inclusive workplaces and policies for breastfeeding mothers. Mothers who opt for their full maternity leave (52 weeks) should be able to breastfeed without facing the motherhood penalty [66]. The lack of support for mothers leads to the loss of key talent through extended maternity leaves, shorter working hours, or exit from service entirely. An organization's family-friendly policies play a crucial role in a mother's career advancement [18]. Breastfeeding needs to be integrated into universities' family-friendly policies and linked to maternity and shared parental leave policies. The policies and information provided by the 35 universities on their websites were limited to breastfeeding rooms and their locations on campus. An adequate policy should encompass rooms, resources, breaks, and support. In instances where this information is not covered in family-friendly policies, the university Equality, Diversity, and Inclusion (EDI) agenda should explicitly incorporate breastfeeding.

Open and informative conversations constitute an integral aspect of breastfeeding support. Line managers and Human Resources (HR) personnel should proactively engage in discussions about breastfeeding needs with expectant mothers and those returning to work. Achieving this requires training and the dissemination of information. Mothers should receive information on breastfeeding when they inform the institution of their intention to take maternity leave, as the presence of support could significantly influence a mother's decision regarding breastfeeding and return to work.

An interesting inequality within institutions was observed in the narratives of participants B, L, and G, all working in

the same institution but experiencing varying degrees of support. Their accounts underscored the difference in support between mothers in Science, Technology, Engineering, and Mathematics (STEM) subjects, who felt less supported compared to mothers in other departments, such as Humanities and Business. While this finding necessitates further investigation, it illustrates a discrepancy in culture and practice within the institution, supported by the existing evidence that academic culture provides less support for women in STEM subjects [17]. While it is premature to draw definitive conclusions based on these three accounts, it adds to the existing evidence on the barriers faced by women in STEM subjects [67].

The study reveals that mothers felt more comfortable discussing breastfeeding with female line managers. The perceived lack of support from male line managers poses a significant barrier to women in academia. These are crucial EDI issues that institutions should address. Universities could utilize parent networks as a vital supportive tool for breastfeeding mothers. This research demonstrates that mothers prefer to seek information from informal channels like parent networks if they feel uncomfortable asking for or are unable to find information on breastfeeding.

Infrastructural support constitutes an integral aspect of advocating for breastfeeding assistance. Multi-purpose rooms prove inconvenient for breastfeeding or expressing breast milk as they are often not designed for such purposes. Universities typically direct individuals to first aid rooms and prayer rooms, neglecting to highlight breastfeeding rooms. This oversight not only disregards the diverse needs of women as mothers but also raises questions about the university's commitment to inclusive practices. Mothers often feel compelled to seek alternative, secluded spaces for expressing at work, potentially impacting their mental health and the sustainability of breastfeeding. Uncomfortable and insufficient resources contribute to the justifications for why many women cease breastfeeding upon returning to work. The lack of inclusivity detrimentally affects women's careers, leading to maternity penalties and perpetuating the gender pay gap. In instances where storage facilities are unavailable, mothers are left to arrange storage independently, posing challenges, particularly for those with limited milk supplies. This underscores the crucial need for information, adequate resources, and clear signage pertaining to breastfeeding.

Every employee in a university, regardless of pay scale and influence, should have access to a breastfeeding room. However, Snyder *et al.* [21] argue that mothers receive varying levels of support based on their job roles and contracts. While this paper did not delve into support levels according to job roles, all participants who identified themselves as line managers (25%) mentioned being able to express breast milk in their offices because they did not share them with anyone. Similarly, other participants without shared office spaces also utilized their offices for breastfeeding or expressing. The requirement to consistently request keys to access the breastfeeding room, often from security or reception, could act as a deterrent, as mothers

must repeatedly explain their need for the room. A streamlined process, wherein breastfeeding mothers possess keys or passcodes for room access throughout their breastfeeding period, would eliminate the need for constant explanations. Universities could mitigate the health consequences associated with premature breastfeeding cessation by incorporating breastfeeding support into their family-friendly and EDI policies. The COVID-19 pandemic was perceived as advantageous by some mothers, as it enabled them to work from home, thereby minimizing exposure to the COVID-19 virus. While the pandemic constituted a global crisis, working mothers desiring to breastfeed found a silver lining in this situation, as they were relieved from concerns about engaging in potentially uncomfortable conversations at the workplace regarding time, space, and resources. This study aligns with existing research indicating that a return to the office environment has a notable impact on the duration of breastfeeding. Acknowledging the significance of breastfeeding, employers should proactively implement measures to support breastfeeding in the workplace, aiming to mitigate the motherhood penalty prevalent in academia [14, 18, 46, 47].

*Table 4. Recommendations for Universities.*

Develop and disseminate a clear policy or guidance on breastfeeding in the workplace
Provide facilities for breastfeeding mothers at work
Clear signage in the workplace for breastfeeding facilities
Allow mothers time off to be able to express breastmilk if needed
Breastfeeding to be included in the EDI agenda
Promote hybrid and agile working where possible
Athena Swan Charter assessments to specifically highlight breastfeeding
Advance HE EDI to consider breastfeeding as a key element of pregnancy and maternity-protected characteristics.

## 5. Conclusion

This study delves into the experiences of breastfeeding mothers as they return to work within UK Higher Education Institutions (HEIs). The investigation focuses on the influence of gendered norms and organizational culture on breastfeeding practices within UK universities. The data, collected from both university websites and 20 semi-structured interviews, provides insights into the challenges faced by breastfeeding mothers in the context of UK universities. While acknowledging the study's limitations, primarily related to a relatively small participant sample, the findings carry substantial policy and cultural implications for all UK HEIs, as well as for the Advance HE organization. Recommendations arising from this study suggest that universities should articulate a clear policy or guidance on breastfeeding, ideally integrated into the broader family-friendly rights framework. Such policies should elucidate the locations of breastfeeding facilities and affirm a mother's entitlement to take time off work to utilize these facilities. In the pursuit of inclusivity, universities are urged to incorporate breastfeeding into their Equality, Diversity, and Inclusion (EDI) agenda.

Additionally, action plans developed under the Athena SWAN initiative should explicitly include provisions for breastfeeding support, thereby showcasing institutional commitment to mothers. Clear and conspicuous signage for breastfeeding facilities on campus is advised, with the discontinuation of the practice of designating first aid rooms as breastfeeding spaces. Timely provision of breastfeeding information by Human Resources (HR) departments is recommended to assist expectant mothers in making informed decisions about feeding their children.

Furthermore, it is suggested that all line managers undergo unconscious bias training to enhance their support for mothers in the workplace. Consideration for allowing breastfeeding mothers to work from home, where feasible, is proposed. Importantly, the assessment criteria for the Advance HE Athena SWAN award should incorporate breastfeeding as a key element. The Advance HE EDI department is encouraged to include breastfeeding as an essential component within the broader framework covering pregnancy and maternity-protected characteristics. These recommendations collectively aim to create a more supportive and inclusive environment for breastfeeding mothers within the academic setting.

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## Conflicts of Interest

The authors declare no conflicts of interest.

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