# A blue and white sign with a person holding a baby Description automatically generated

Risk Assessment Toolkit for Breastfeeding

Trainees in Psychiatry

# Use **before** return to work & **one month after** return to work

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# Introduction

Returning to work marks a major transition for a family, and it may be the first time there is prolonged separation between the parent and baby. If the family has been breastfeeding, it has formed a significant component of the parent and baby relationship. Managing this well during this period of transition is essential in promoting parent and baby physical and psychological wellbeing (Norman, 2022; Burns E, 2019). The World Health Organisation recommends continued breastfeeding up to two years of a child’s life and beyond. It can provide half or more a child’s energy between 6 and 12 months, and one third between 12 and 24 months. There are numerous physical, emotional and cognitive benefits that extend throughout the parent and child’s lifetime (WHO,2021).

The breastfeeding parent may need to express breastmilk and/or breastfeed regularly to maintain their milk supply, and reduce the risks of milk duct engorgement, blockage and mastitis. It is also helpful to consider the parent’s levels of tiredness at work, as some may continue to experience frequent night feeding.

National research on NHS doctors (Hearfield, 2022) and consultation with breastfeeding psychiatric trainees in the North West has highlighted the need to promote information about a breastfeeding parent’s legal rights and duties in relation to work, as well as their need to access basic requirements.

The aim of this booklet and risk assessment tool is to help trainers and trainees make informed decisions in the management of breastfeeding in the workplace. Our hope is to help families during their breastfeeding journeys and experiences.

# Legal Rights

A parent can breastfeed for as long as desired, and employees have a legal duty to make reasonable adjustments to accommodate this. If adjustments cannot be made, an employer must offer suitable alternative work on terms and conditions not less favourable than your original job. If your working conditions and/or hours cannot be adjusted and this places the parent and baby’s health at risk, you should be transferred to a different job without loss of pay or conditions. If there is no alternative work available, suspension on full pay should take place (Health Education England).



# Responsibilities

Please complete Section 6 Breastfeeding Risk Assessment under the “New & Expectant Mother Risk Assessment” with your clinical supervisor **BEFORE** return to work.

It can be found under <https://leademployer.merseywestlancs.nhs.uk/online-forms>

This could be done during your pre return meeting as part of the Supported Return to Training Process (for more information see [Supported Return to Training (SuppoRTT) | Health Education North West (nwpgmd.nhs.uk)](https://nwpgmd.nhs.uk/supported-return-to-training) . The assessment should be re-assessed one month upon return to work and checked on monthly thereafter to ensure no changes are needed until no longer breastfeeding, completing the same online form.

Intention to breastfeed should be made in writing to your employer and place of work **BEFORE** returning to work.

# Common Workplace Hazards

|  |
| --- |
| Physical Hazards |
| Shift work  Night driving  Long commute |
| Working Conditions |
| Restrictions on ability to take rest breaks  Access to drinking water and clean toilet facilities  Restrictions on ability to access protected breastfeeding time  Unpredictable working hours  Dealing with emergencies  No access a breastfeeding space (A room that is safe, secure, private, hygienic and with access to lying down)  No access to a breastmilk fridge (with temperature below 4 degrees centigrade)  If desired, no feasibility and safety for child to meet parent at their place of work. |
| Mental Job Demands |
| Challenging deadlines  Rapidly changing priorities and demands |
| Wider Cultural Attitudes about Breastfeeding |
| Negative perceptions and misconceptions around breastfeeding |
| Frictions within a clinical team due to trainee adjustments |
| Wider cultural expectation to terminate breastfeeding |
| Psychological Wellbeing |
| Parental Stress and/or Mental Disorder |
| Impingement in bonding between parent and child |
| Physical Wellbeing (Parent and Child) |
| Past and present breast engorgement, blocked ducts or mastitis (parent) |
| Physical health conditions (parent) |
| Age of child below age 12 months (i.e nutritional concerns if no access to breastmilk) |
| Child’s physical health conditions |

# Risk Assessment Conversation Flow Chart

# Note: This does not replace the New & Expectant Mother Risk Assessment. It is auxiliary to inform discussion.

**1.Do you feel safe to drive (in day time)?**

Yes.

*Proceed to question 2.*

No – Reassess in 4 weeks

*Consider:*

* Consider adjusting workload to reduce number of hours spent driving (for instance adjust community clinic/home visit distances)
* Consider flexible start/finish times to reduce time spent driving by avoiding rush hour.
* Consider if it is possible to work from home on certain days.
* Consider whether alternative means of transport are appropriate or more comfortable.
* Consider the difficulties of on calls e.g. driving longer differences to cover a wider locality out of hours and whether on calls can be adjusted.

# Risk Assessment Conversation Flow Chart

**2.Do you feel safe to drive at night?**

Yes.

*Proceed to question 3.*

No – Reassess in 4 weeks

*Consider:*

* Consider the areas covered during on calls and the distances you would likely travel at night.
* Consider whether alternative means of transport are appropriate or more comfortable.
* Consider the difficulties of on calls e.g. driving longer differences to cover a wider locality out of hours and whether on calls can be adjusted.

No

*Proceed to question 4*

**3.Do you want to express breastmilk and/or breastfeed in 9-5pm (day time)?**

Yes *- Reassess in 4 weeks.*

*Consider:*

* Consider the frequency likely required to prevent the risk of breast duct engorgement if breastmilk is not expressed.
* Consider if it is possible to work from home on certain days.
* Consider if it is possible, safe and appropriate for your baby to be brought and breastfed at the place of work
* Consider your access to breastfeeding friendly facilities in your place of work which satisfy the minimum requirements for expression of breastmilk (private, hygienic and safe room, comfortable with the ability to lie down.
* Consider you access to store breastmilk in a breastmilk fridge with temperature below 4 degrees Celsius) Please see information on handling and storage: [BFN Expressing Leaflet 2019.pdf (breastfeedingnetwork.org.uk)](https://www.breastfeedingnetwork.org.uk/wp-content/pdfs/BFN%20Expressing%20Leaflet%202019.pdf)
* Consider if you can express or breastfeed with protected time (i.e no on call bleeps or interruptions)

**4.Do you want to express milk and/or breastfeed out of hours (5pm-9am)?**

No

*Risk assessment complete unless there is a change in decision or circumstances leading to further review.*

Yes - Review in 4 weeks

*Consider:*

* Consider the frequency likely required to prevent the risk of breast duct engorgement if breastmilk is not expressed.
* Consider if it is possible, safe and appropriate for baby to be brought and breastfed at the place of work
* Consider your access to breastfeeding friendly facilities in areas covered out of hours which satisfy the minimum requirements for expression of breastmilk (private, hygienic and safe room, comfortable with the ability to lie down.
* Consider your access to store breastmilk in a fridge with temperature below 4 degrees Celsius. Please see information on handling and storage: [BFN Expressing Leaflet 2019.pdf (breastfeedingnetwork.org.uk)](https://www.breastfeedingnetwork.org.uk/wp-content/pdfs/BFN%20Expressing%20Leaflet%202019.pdf)
* Consider if you can express or breastfeed with protected time (i.e no on call bleeps or interruptions.
* If no adjustments can be made that mitigate the risks of engorgement or tiredness during an on call rota, consideration of feasibility of return to the on call rota.

# Equipment to Express Breast Milk

1. If not breastfeeding child directly or hand expressing, consider obtaining manual or electronic breast pump with appropriately sized flange
2. If using a pump more than once at work, consideration for sterilising and cleaning equipment.
3. Milk storage bag.
4. Pen and Labelling equipment of milk bag (labelled with date, time and identity).
5. Breast pads.
6. Thermos bag to store and transport milk from work.
7. Ice pack (can be stored in any workplace freezer) and keep breastmilk bag cool during transportation.

# Case Scenarios

**Scenario 1**

Charlie is returning from parental leave when their baby is 13 months and only typically nurses them to fall asleep around 8-9pm. They returned to an on call rota which is non-resident though often requires Mental Health Act Assessments on site and out of hours telephone advice. As there are no further night feeds, they don’t think there is a risk of engorgement and mastitis, and do not feel unduly tired to drive and work overnight. They will not need to express breastmilk during the night to prevent engorgement or maintain their milk supply. However, on calls commence at 8pm and they find putting their baby to sleep whilst breastfeeding and potentially receiving calls for that first hour quite tense. This causes parent and baby some distress and on discussing with their supervisor, it is agreed upon completing the New and Expectant Mother Risk Assessment that for the first hour, the Consultant on call can receive calls, and Charlie takes over at 9pm.

**Scenario 2**

Sam returns from parental leave when their baby is 10 months old and requires 3-4+ night feeds as well as multiple day feeding. Sam wakes up multiple times a night and their baby is unable to return to deep sleep without the aid of breastfeeding. Their on call shifts cover a wide geographical area that would include Mersey, Lancashire and Greater Manchester. Whilst the on call rota is non-resident, trainees have semi-regularly attended assessments in hospitals, police stations and/or A&Es. Sam is tired and thinks additional driving during the night would be untenable and unsafe due to tiredness levels. Additionally, they would require expressing breastmilk and not all areas would have access to a breast milk refrigerator or facilities. Their site covers forensic units whereby it would be inappropriate for their baby to come and breastfeed. The New and Expectant Mother Risk Assessment is completed with their supervisor. It is agreed that:

1. The on-call places the parent at risk (due to tiredness levels)
2. Alternative working options were explored and there was an inability to cover weekend day work only as not all facilities would enable expressing and storing milk during the day. There was consideration for longer working hours working from home, to enable breastfeeding.
3. The on call duty prevented the successful breastfeeding of the child, differing from the normal day shift in terms of breadth of geographical distribution and access to facilities which did not allow for expression and storage of breast-milk.

Pay protection was agreed, given the criteria[[1]](#footnote-1) was satisfied and there were monthly reviews.

# Links and Resources

Mersey and West Lancashire Teaching Hospitals NHS Trust (page 17)

[Lead-Employer-Mat-Pat-Adoption.pdf (merseywestlancs.nhs.uk)](https://leademployer.merseywestlancs.nhs.uk/media/Documents/Policies%20and%20Forms/Parental%20Leave/Lead-Employer-Mat-Pat-Adoption.pdf%20(1).pdf)

https://leademployer.merseywestlancs.nhs.uk/online-forms

ACAS - [Accommodating breastfeeding employees in the workplace (acas.org.uk)](https://www.acas.org.uk/sites/default/files/inline-files/acas-guide-on-accommodating-breastfeeding-in-the-workplace.pdf)

Breastfeeding Support Network - [BFN Expressing Leaflet 2019.pdf (breastfeedingnetwork.org.uk)](https://www.breastfeedingnetwork.org.uk/wp-content/pdfs/BFN%20Expressing%20Leaflet%202019.pdf)

Breastfeeding Support

**La Leche League**

0345 120 2918

[www.laleche.org.uk](http://www.laleche.org.uk/)

**National Breastfeeding Helpline**

0300 100 0212

# Advice

Locally: Clinical and Educational Supervisor, TPD, Lead Employer.

If there is a need for local conflict resolution, the trainee and trainer should escalate their trust SuppoRTT Champion. If this requires further escalation, locality SuppoRTT Champions can escalate to the School of Psychiatry SuppoRTT Champion (Dr Hannah Cappleman) for further advice.

**Maternity Action**

For information on maternity and parental rights at work and benefits, see: [www.maternityaction.org.uk](http://www.maternityaction.org.uk/)

Maternity Rights Advice Line:

Nationwide (except London) – 0808 802 0029

London (if you live or work in a London borough) – 0808 802 0057

For opening hours see: <https://maternityaction.org.uk/advice-line/>

**BMA (if the employee is a member)**

**For advice on employment rights and obligations.**

**Tel: 0300 123 1233**

**Email: Support@bma.org.uk**

**ACAS**

For advice on employment rights or for Early Conciliation if you are thinking of making a tribunal claim

[www.acas.org.uk](http://www.acas.org.uk/)

Helpline: 0300 123 11 00 (offers telephone interpreting service)

**Citizens Advice**

For information about your rights see: [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk/)

You can telephone the national Citizens Advice phone service on 03444 111 444

You can get help with Universal Credit claims through the free national Help to Claim service: England: [0800 144 8444](tel:08001448444), Wales: [0800 024 1220](tel:08000241220), Scotland: [0800 023 2581](tel:08000232581)

For more information on how to find your local Citizens Advice Bureau, see:

<https://www.citizensadvice.org.uk/about-us/contact-us/contact-us/contact-us/>

# References

Norman, Alyson et al. “Breastfeeding experiences and support: identifying factors influencing breastfeeding behaviour.” British Journal of Midwifery (2022): n. pag.

Burns, E., Triandafilidis, Z. Taking the path of least resistance: a qualitative analysis of return to work or study while breastfeeding. *Int Breastfeed J* **14**, 15 (2019). https://doi.org/10.1186/s13006-019-0209-x

Hearfield H, Collier J, Paize F. Breast Feeding Experiences of NHS Staff Returning to Work From Maternity Leave: A National Study. BJPsych Open. 2022 Jun 20;8(Suppl 1):S53–4. doi: 10.1192/bjo.2022.199. PMCID: PMC9378049.

World Health Organisation, Infant and Young Child Feeding, Key Facts. 09 June 2021. Accessed online: <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>

**Guidance developed by Dr Catarina Rodrigues dos Santos, Dr Niamh Sweeney and Dr Hannah Cappleman in conjunction with Lead Employer November 2023**

1. Required points to legally satisfy pay protection:

   Does undertaking on calls put you and your child at risk and if so, please could you provide information on how you consider this to be the case.

   Have other alternative working options been explored (i.e weekend working in the day-time only, or working longer days) and why can these not be undertaken?

   Do the on-call duties prevent the parent from successfully breastfeeding their child? How would this differ to their normal day time shifts? [↑](#footnote-ref-1)