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Report on the Impact of Shared Parental Leave on Breastfeeding

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Introduction

Breastfeeding has been described as one of the most important contributors to child and mothers' health after birth. The World Health Organisation recommends that mothers breastfeed their babies exclusively for the first six months and continue breastfeeding for at least two years. Despite the identified benefits of breastfeeding, the UK has one of the lowest rates of breastfeeding in the world. This study aims to investigate whether shared parental leave could have an impact on breastfeeding.

Shared Parental Leave was introduced in December 2014 and applies to children who were born or adopted on or after the 5th of April 2015. The father and mother (or parent of the new-born/adopted child in cases of gay or straight couples) could share 50 weeks of leave and up to 37 weeks of pay after the mother has taken the initial 2 weeks after birth. This leave must be taken in the first year following the birth of the child. To be eligible for shared parental leave, both father and mother (or parent) must be employees and have been employed for at least 26 weeks by the fifteenth week before the expected week of childbirth. Both parents would have to remain in employment until the week before shared parental leave. The mother must be entitled to take maternity leave or maternity allowance (in the case of self-employed) and have either given notice to their employers that their leave will end or have returned to work. Since its introduction in 2015, the uptake has been significantly low. As reported by the Trade Union Congress (TUC), only 9,200 new parents took up shared parental leave in 2018 out of 900,000 eligible parents in 2018. This research seeks to explore if breastfeeding could be a contributory factor to the low uptake of shared parental leave.

Aims of study

- To investigate mothers' awareness of breastfeeding and shared parental leave benefits.

- To examine how mothers shared parental leave could impact (if any) on mothers' breastfeeding practices.
- To explore workplace support to breastfeeding mothers

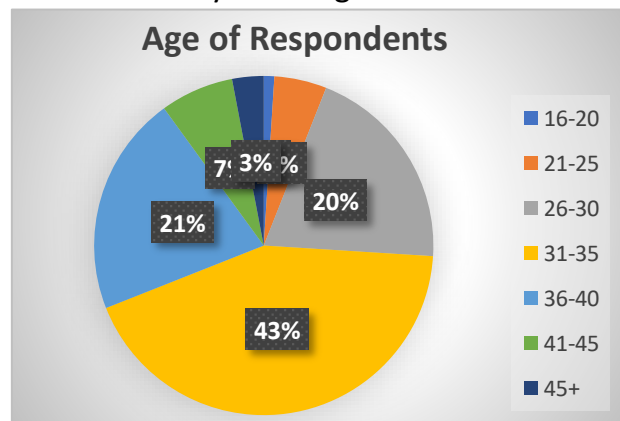
Methodology

An online survey was set up to capture data to answer the research questions. The survey attracted 460 responses of respondents inputting qualitative data on their knowledge, experiences and perception of shared parental leave and breastfeeding. The level of qualitative data provided in the survey made the response rate statistically significant because of the qualitative nature of the survey. The survey was opened only to mothers and expectant mothers.

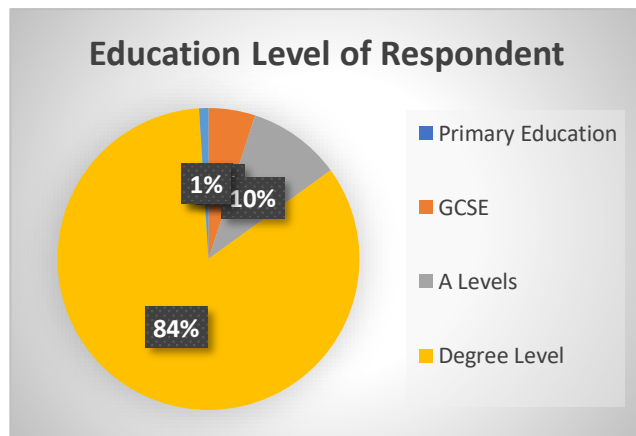
Findings

Profile of Respondents

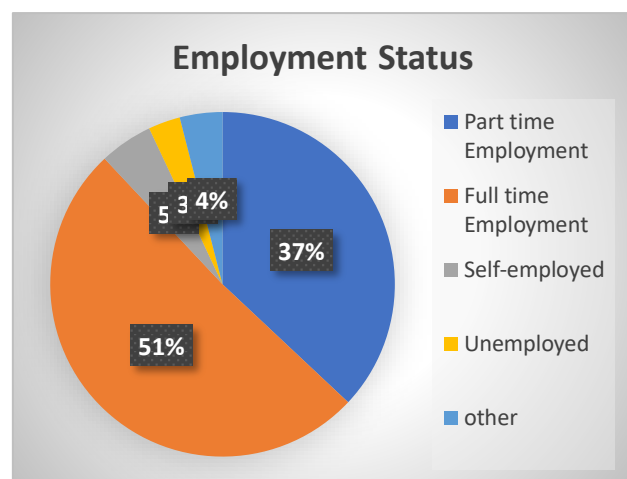
Most of the mothers (43.1%) that completed the survey were aged between 31 and 35 years old. However, when respondents from age range of 26-30 and 36-40 are included, it accounts for 84.1% of all the respondent. This suggest more women tend to have babies at within this age than women from the rest of the age groups.



84.5% of the respondents were educated to degree (degree includes undergraduate degree, masters and PhD) level. This response suggest that mothers education was a key factor in terms of the survey engagement. Given that breastfeeding is a practice opened to all mothers and shared parental leave opened to all employees, the response rate of other mothers who are not educated up to a degree level is a concern. There is a need for more research to engage with mothers from these educational levels to understand their views on the subject the reason for the lack of engagement.

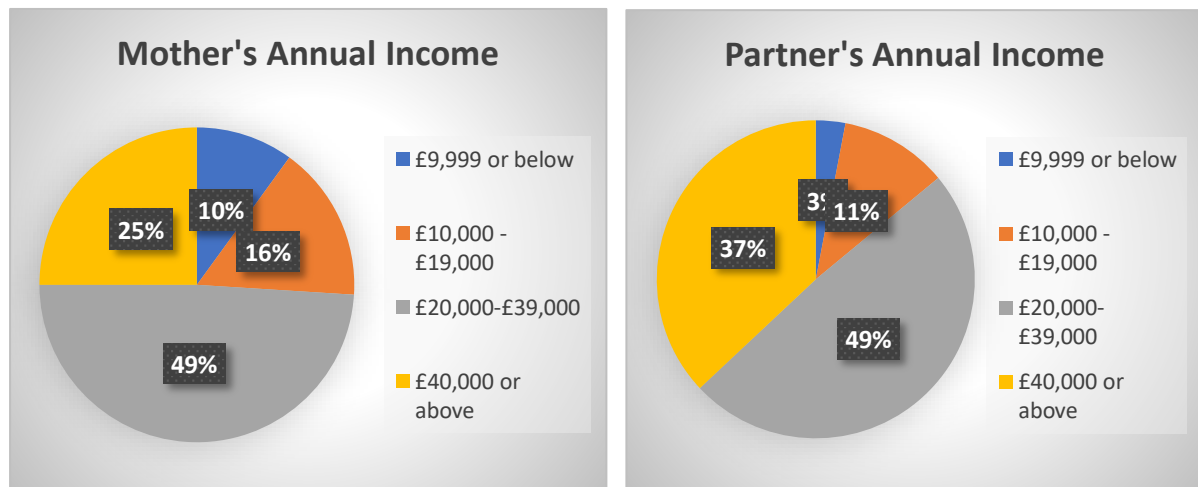


51.6% of the mothers were in full time employment and 37.5% in part time employment which is relevant for the purposes of shared parental leave. 4.8% of the mothers were self-employed. Although their responses are useful for the breastfeeding practices, it might not be relevant to shared parental leave because self-employed mothers are not eligible for shared parental leave.



because self-employed mothers are not eligible for shared parental leave. *“Shared parental leave doesn't really work if one or both are self-employed”*

48.8% of the mothers were earning between £20,000 - £39,000 with 48.9% of their partners earning being in the same brackets. However, more partners were earning £40,000 or above compared to 25.1% of the mothers with earning in that pay range.

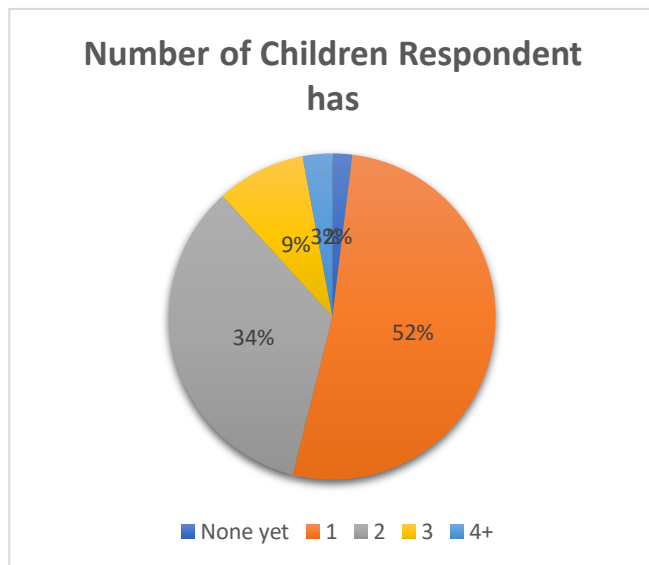


This is an important metrics because finances has been identified as one of the key challenges of shared parental leave and also child care. This mean that parents might not want to take shared parental leave if it will have an impact on the household income unless they have the same earning potentials.

“Financially it was also not viable with my husband earning significantly more than me, the added cost of formula would be pointless as our income reduced in his leave time.”

“It really only works if both parents have same/similar financial positions at work, i.e. Both parents have same salary and therefore there is nothing major financial disadvantage.”

A majority (98%) of the mothers had at least one child which gives some robustness to the responses because they would have had the experience of making decisions on how they would feed their child, what method of feeding they adopted in the end and what they thought about it. This will also capture the experiences of mothers who went back to work whilst still breastfeeding and their experiences of workplace culture and support.



“The government urgently needs to make it into a legal requirement to enable mums to pump at work. My husband and I have taken shared parental leave and it’s not been easy to get support from my work. I returned at 9 months and pumped in my lunch break until he turned 1.”

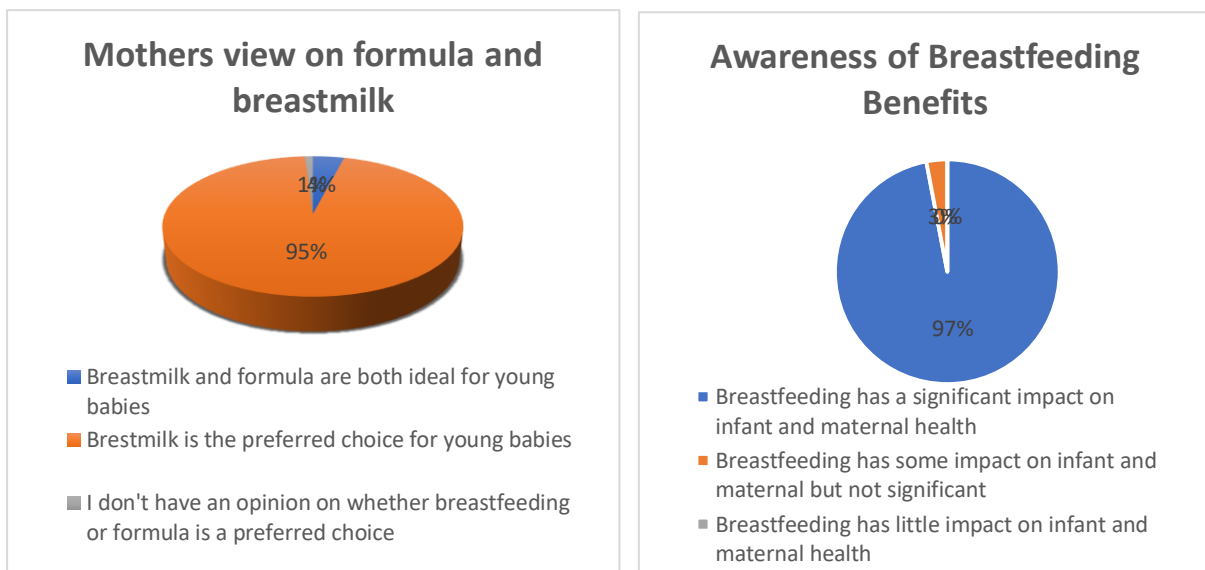
2% of the responded were pregnant at the time of completing the survey which makes it possible to compare their expectations at pregnancy with those that had been pregnant and now had their babies.

Breastfeeding benefits and Practices

95% of the mothers agreed that breastmilk was the preferred choice for young babies. 0.9% said they had no opinion on which was ideal for babies which could mean they were unawareness of the advantages and differences between breastmilk and formula, or they are being reserved. However, these mothers were part of the 96.7%

of the mothers who agreed that they were aware that breastfeeding has a significant impact on infant and maternal health. Being aware that breastmilk had a significant impact on the baby and maternal health, influenced the decision of 92.6% of the mothers on how they fed/would feed their babies.

92.3% of the mothers had breastfed or planning to breastfeed (for those that are pregnant) their babies. A very small percentage of the mothers said they would not breastfeed and these responses came from mothers that were currently pregnant at

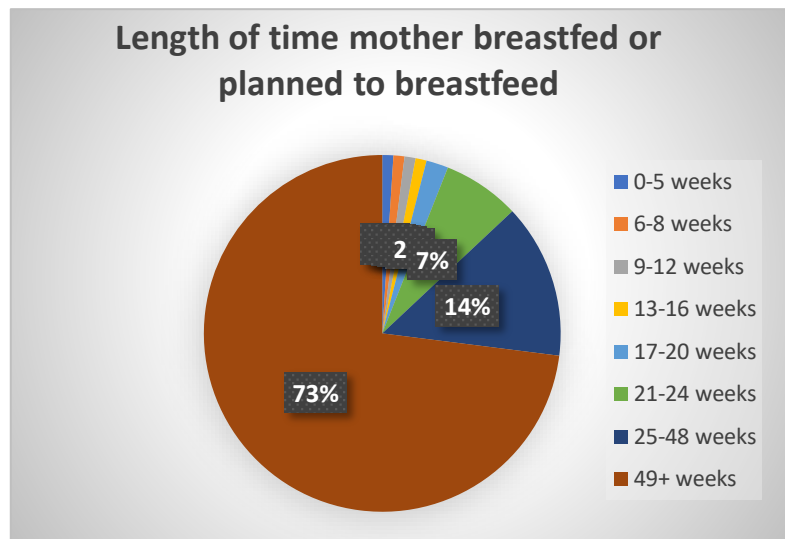


the time of completing the survey. 7.2% of the mothers said they mixed or would mix breastfeeding with formula.

91% of the mothers indicated that when they were still pregnant, they had planned or plan (for those currently pregnant) to breastfeed their babies exclusively (no water or other food except medicine) for six months. 1.3% of the mothers were undecided on what they would like to do, and these were mostly the expectant mothers. 6.8% said they planned or plan to combine formula and breastfeeding. Although, 91% had planned/plan to breastfeed exclusively for six months, 85.8% of the mothers actually breastfed exclusively for the first six months of their babies lives representing a drop in percentage from what they planned to do. It is worth noting here that some of the mothers were pregnant and therefore could account for the drop in percentage because they have not had their babies yet. On the contrary, there was an increase in

the number of mothers (12.5%) who combined breastfeeding with formula when they had their child compared to the number of mothers that had planned (6.8%) to do so.

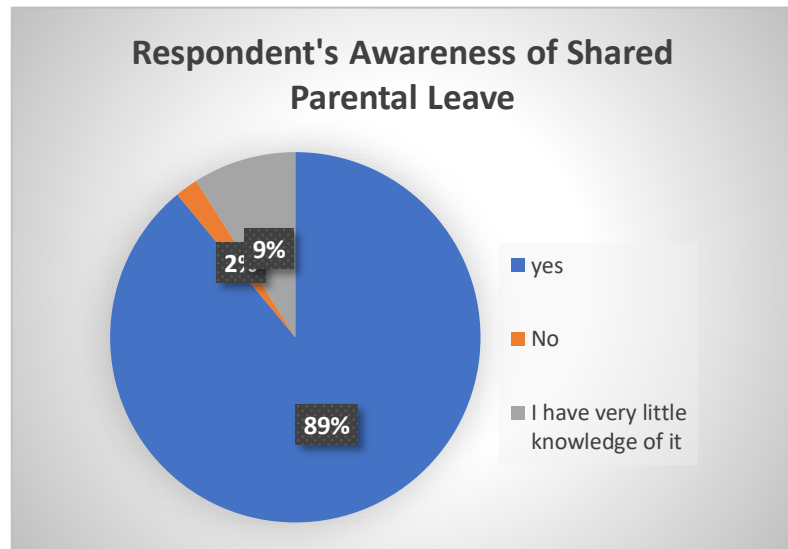
89.9% of the mothers breastfed or plan to breastfeed exclusively for 21-24 weeks which is in line with the recommendation of WHO. Exclusive breastfeeding is recommended up to 6 months of age of the baby,



with continued breastfeeding along with appropriate complementary foods up to two years of age or beyond. From this research 72.7% of the mothers had breastfed or plan to breastfeed their babies for at least 49 weeks. What was not captured by the research was whether the mothers breastfed for up to two years or more. 96.1% of the mothers breastfed their babies as in when the child needed feeding within the first six months of age. This suggest that shared parental leave might be challenging for a mother who is breastfeeding on demand to return to work within the first six months.

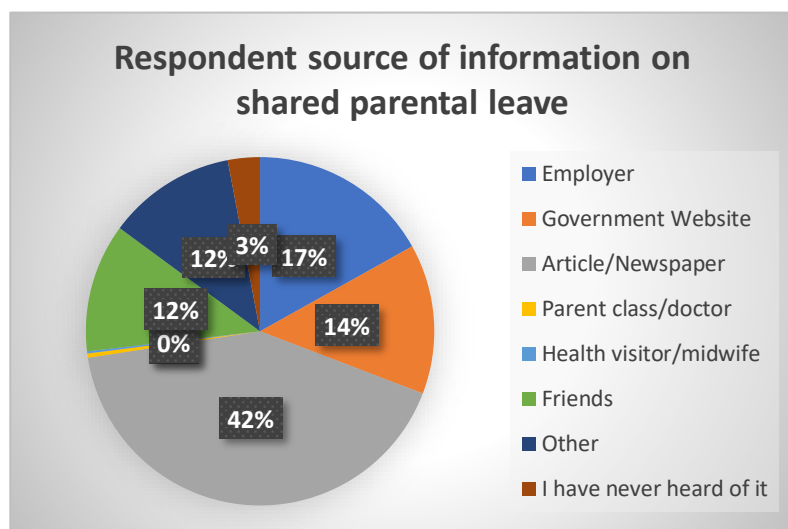
Awareness of shared parental leave and its impact on breastfeeding

88.5% of the mothers agreed that they knew what shared parental leave was. The rest did not know what it was or had very little knowledge of it. This statistic correlates with the statistics of the respondents who indicated that there



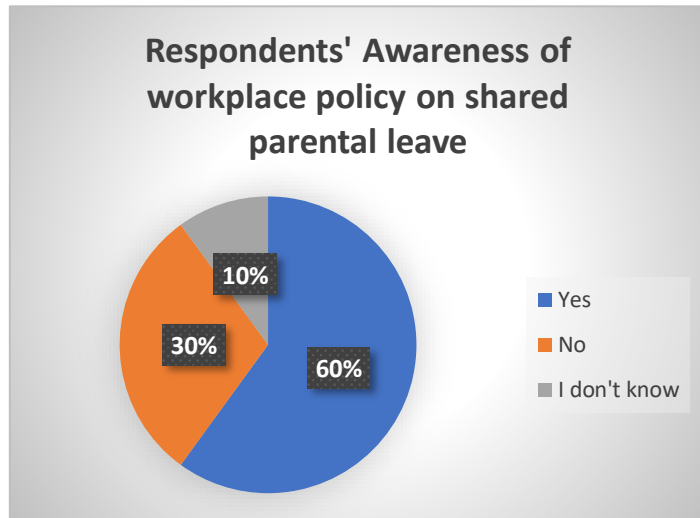
were either in full time employment or part time employment. However, there is no evidence to suggest that all the full time or part time mothers from the study knew what shared parental leave was.

Mothers heard about shared parental leave from varied sources, but most (41.6%) heard about shared parental leave by reading an article or a newspaper, followed by 17.2% who heard about shared parental leave from their employers. These statistics still flags up a need for employers to be more



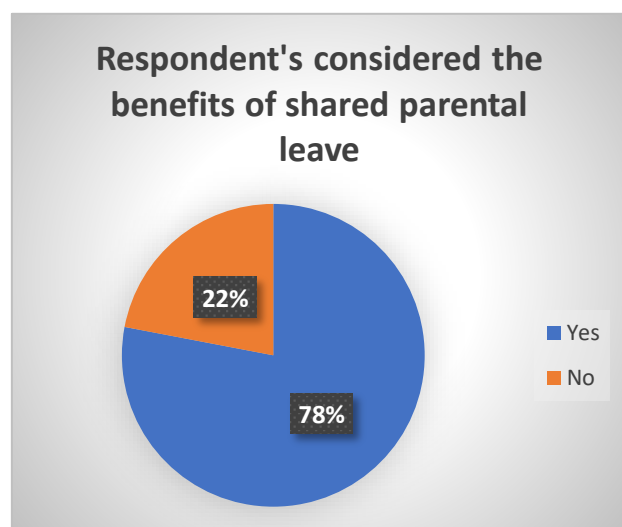
proactive and raise awareness in the workplace and certainly to mothers/dads going on maternity/paternity leave on the existence of shared parental leave. 3.1% of the mothers responded that they had never heard and filling out the survey was the first time they came across the word.

Although, 96.9% had heard of shared parental leave, only 59.7% indicated that they had a workplace policy on shared parental leave. Interestingly 29.8% indicated that they did not know whether their workplace had a policy on shared parental leave. This could mean that there is a workplace policy, but the workplace did not bring it to the attention of the staff and the staff did not also inquire about it. This could also be because some of the respondents were self-



employed, unemployed or other. However, the number of participants that indicated that they were in full/part time employment was 89.1%. This indicates that there were mothers who could be eligible for shared parental leave but did not know if there was a workplace policy on shared parental leave. It is more interesting as 10.5% indicated that their workplace did not have any policy on shared parental leave. This could potentially be a breach of employee right not to offer shared parental leave to parents who are eligible.

Majority of the mothers agreed that they had considered the benefits of shared parental leave on the child, mother and father, but only 24.9% took shared parental leave.



“The benefits to our child of Shared parental leave outweighs the benefits of me breastfeeding past 7 months old.”

“I think the benefits of shared parental leave outweigh the negative impact it may have on breastfeeding.”

The quotes above suggest that some mothers would give up breastfeeding so that their partners could share in the joy of being with the baby. It is also suggesting that it would be difficult to return to work and still be breastfeeding. This correlated with the low uptake of shared parental leave at the national level. There are many factors responsible for the low uptake of shared parental leave which include pay, breastfeeding, etc. 4.4% of the mothers indicated that they had not thought about it.

43.6% of the mothers felt that they would have had to stop breastfeeding if they took shared parental leave.

“It would make it impossible for me to continue breastfeeding. I’ve just gone back to work (my daughter is 9 months) and my milk supply has plummeted. Would have been a disaster to go back even earlier.”

39% of the mothers said they wouldn’t have to stop but to start expressing breastmilk for their child. Interestingly, 7.5% of the mother said it would not affect their breastfeeding practices. This could depend on a number of factors such as nature and pattern of mothers job, workplace support, etc.

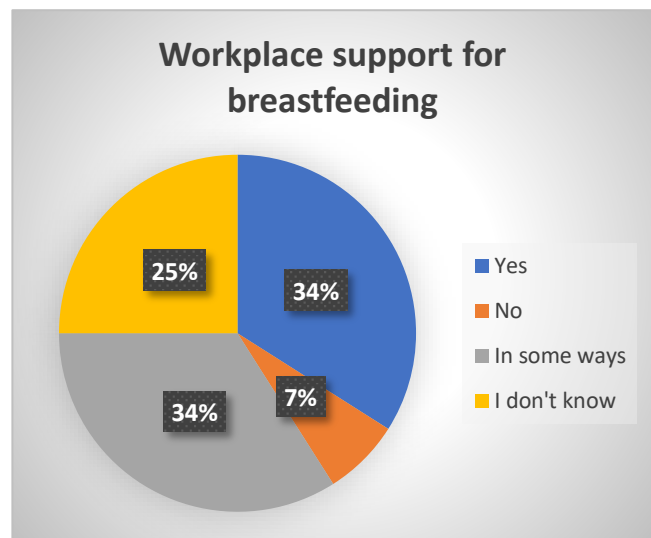
“My partner and I shared parental leave spitting the year 50:50. I went back to work three months ago, just before our baby was 6 months old. I was really lucky with supply and managed to express a whole feed a day while I was on leave and for some time after I went back and our baby has taken to solids really well so at nine months she is still entirely on expressed milk while I’m at work. I’m losing my supply now though and running out of patience with expressing at work so we are going to 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.

Shared parental leave has been wonderful for us and I don't feel it made me have to stop breastfeeding earlier than I wanted to."

41.8% of the mothers indicated that they would still be breastfeeding exclusively if they had to return to work before 6 months of their child's birth as illustrated by the above quote. 29.2% said they wouldn't be able to breastfeed exclusively and 29% (mostly the pregnant mothers) were not sure.

Workplace Support for Breastfeeding Mothers

Unfortunately, only 3% of the mothers indicated that breastfeeding mothers were supported in their workplaces, 34.4% said they are supported in some ways, 6.8% said they were not supported, and 24.8% simply did not know if there was any support in their workplaces. This is a key point that could impact on take up of shared parental leave for mothers



who would want to continue breastfeeding and could stop breastfeeding mothers who are returning to work from continuing with their breastfeeding. The lack of workplace support could impact negatively on the already low rates of breastfeeding in the UK.

"Not enough support or knowledge from employers to enable this to happen..."

However, where there is support in place, mothers find it much easier and encouraging to return to work whilst still breastfeeding and to carry on breastfeeding for as long as they want.

"I am fully supportive of shared parental leave and of breastfeeding. My daughter is now 15 months old and has never had any formula milk - she still

breastfeeds every morning and evening when I'm at work and on-demand at weekends. I returned to work at 9 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 in which 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 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 milk from a cup."

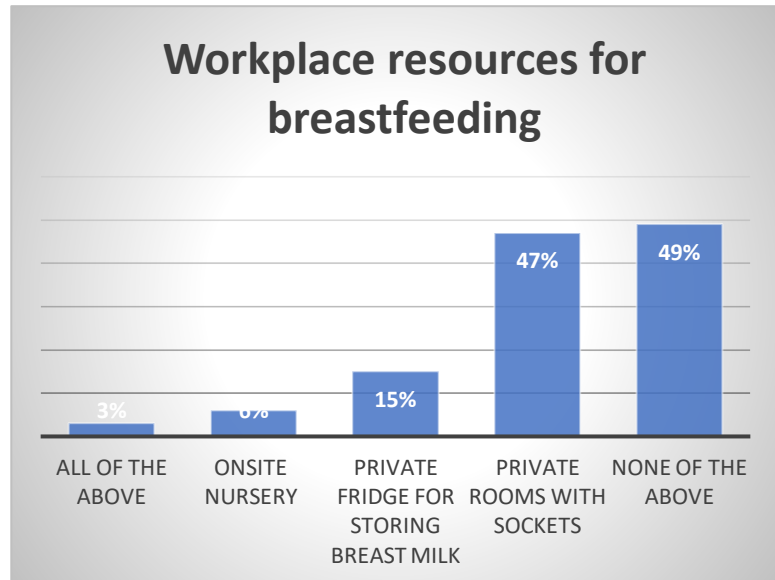
Considering the nature and pattern of mother's job, it seemed obvious from the statistics that mother's nature and pattern of work could affect breastfeeding if the mother returns to work early. 30.9% of the mothers said breastfeeding will be affected, 32.8% said it will not be affected and 36.3% were unsure. *"The work place specially in the health care / shift work doesn't have the necessary structure to accommodate expressing opportunities during a shift."*

Where the mother need/want to return to work early and to continue breastfeeding, it is important to consider how comfortable the mother is/maybe in expressing breastmilk at work. 57.4% of the mothers said they were happy to express breastmilk at work and 42.6% said they were not.

"If my partner and I had taken shared parental leave, I would have had to stop breastfeeding as I have nowhere at work to pump and shifts don't allow breaks to do it adequately. Moreover, I would have felt uncomfortable pumping there

as my line of work is predominantly male environment. It worked better for my partner and I for me take full maternity leave and breastfeed on demand.”

Mothers ability to feel comfortable to express breast milk at work could be determined by several factors. One of the factors could be linked to the resources that the workplace provides to support breastfeeding mothers. 47.3% of the



mothers indicated that the workplace provides them with private rooms with sockets, 14.6% said they are provided with private fridge for storing breastmilk, 6.1% are provided with onsite nursery, 2.9% said they were provided with all the facilities needed and 48.9% said they were provided with no facilities. These statistics can be used to justify why some mothers said they would have to stop breastfeeding if they go back to work early after birth. This could also be the reason why some mothers may not want to take shared parental leave if they are keen on breastfeeding their child.

Emerging themes

- Shared parental leave is good for partners to take concurrently, to help support mothers struggling to establish breastfeeding.

“My partner and I took concurrent shared parental leave and this meant I could have support at home while breastfeeding was being established. I could pump and then my partner could feed the baby expressed milk while I slept. Having energy made breastfeeding easier. I don't see how I could have breastfed without shared parental leave.”

- Employers are not actively supporting breastfeeding mothers at work by providing the basic resources they require to continue breastfeeding. Consequently, some mothers switch to formula feeding when returning to work.

“Employers in the UK do not have the best facilities/policies in place to support breastfeeding mothers, so this would make continuing to breastfeed difficult”

- Some mothers thought that shared parental leave and breastfeeding had no impact on each other. However, the thoughts were slightly limited to the first six months because most of the mothers were on maternity leave for at least the first six months and breastfed their babies exclusively as recommended by WHO. Most of them took shared parental leave or went back to work after 6 months massively reduced breastfeeding frequency and some stopped breastfeeding altogether falling short of the two years breastfeeding period recommended by WHO. The quote below better illustrate the controversial point.

“I don’t think there is any significant link between shared parental leave and breastfeeding. I think there is too much unwarranted pressure on women to breastfeed. In my view if a woman is still breastfeeding she should stay off work until it’s finished. It is much more practical to return to work when formula feeding, however that is very much the women’s personal choice. One of the many choices parents have to make that are complex and influenced by lots of different factors. Shared parental leave is a good step forward at increasing the focus on men & their role with young children. I don’t see the link to breastfeeding at all though.”

- Some mothers place more value on the act of breastfeeding

“Breastfeeding is not just about feeding. It supports health, and emotional wellbeing...”

“Breastfeeding was one of the reasons we chose not to do shared parental leave. I feed on demand and wanted to do so for at least the first year. I think this would have been hard if I’d gone back to work at 6 or 9 months. I hate expressing, we’ve never got the baby on a bottle (admittedly I’ve put almost no effort into this!), and my job involves an overnight on-call rota, which would have been a nightmare. I’d been miserable at work...”

- There is a general misconception that shared parental leave means mother returning to work before baby is six months.

“I think taking shared parental leave shows real support for the mother, and this is important for establishing and continuing breastfeeding even if a partner can't feed. For some mothers who would go back to work before 6 months it might impact on feeding, but I think the support aspect is more important.”

- Some mothers thought because of shared parental leave, they were under pressure to be able to express breastmilk.

“Adds pressure to mothers to pump for someone else to feed the baby...”

“Will reduce rates of exclusive breastfeeding and encourage the use of bottles which again could reduce exclusive breastfeeding to bottle preference. Also puts pressure on mothers to ensure baby takes a bottle.”

- Formula feeding seems to be more acceptable in the society than breastfeeding which makes it very difficult for mothers who want to breastfeed.

“I feel there is a lot of pressure on mothers to ‘do it all’. To be able to excel in their careers as well as be an ‘earth mother’ exclusively breast feeding etc. It’s not possible. I think the pressure mums have on returning to their pre-baby routine/life is a big reason that they do not continue to breastfeed, as formula feeding routines are more accepted in our society. I think encouraging mothers to return to work sooner only enhances the

opinion that their baby should not be 'disruptive' to their life and again encourages formula feeding. Although, this does leave me torn as the ongoing 'mans world' with gender pay gaps and low levels of women in senior roles is surely exacerbated by women choosing to be mothers, taking maternity leave and opting for part time roles.... If shared parental leave was encouraged as a way for both parents to take time off early on in a baby's life that may help enhance breastfeeding rates as mothers would have more support to help with other parts of baby care and to be looked after herself. This would be extremely positive. And maybe this is the case? When I think of shared parental leave I think of it as true mother returning to work sooner and the father taking time off.'

- Employers are not proactive in raising awareness of shared parental leave in the workplace because only 17% of the respondents had heard of shared parental leave from their employers.

"Not enough support or knowledge from employers to enable this to happen. Also woman are still paid a lot less then men so a lot of the time, families decide to stick to the original method of mum stays at home because it's actually a decision based on money."

Conclusion and Recommendations

The findings of this study demonstrate that mothers are aware of the importance and benefits of breastfeeding and shared parental leave. Shared parental leave would have a negative impact on exclusive breastfeeding if the mother were to return to work in the first six months of the babies age. After this period, shared parental leave would generally have limited impact on breastfeeding. However, the lack of workplace resources and employer support for breastfeeding mothers returning has resulted in mothers taking shared parental leave to give up breastfeeding or breastfeed for less longer than recommended by WHO or than how long they intended to breastfeed. Breastfeeding has therefore been one of the contributory factors to the low uptake of

shared parental leave. To encourage mothers to continue breastfeeding when they return to work on shared parental leave, the following recommendations are made:

- Employers need to raise awareness on shared parental leave in the workplace
- Discuss workplace policies on shared parental leave with mothers/dads before they go on maternity/paternity leave
- Employers to discuss breastfeeding needs, resources and support before mother go on maternity leave and in the return to work meeting
- Employers need to signpost breastfeeding rooms in the workplace
- Government need to make it mandatory for all employer to provide resources for breastfeeding mothers in the workplace
- Increase paternity leave for dads to support mothers to successfully establish and continue breastfeeding