



Breastfeeding Policy for Staff Working in the Public Health Service

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1. Policy Statement

- 1.1 The Health Service Executive (HSE) is committed to promoting and supporting breastfeeding which leads to positive health outcomes for mother and child. The Department of Health and HSE have adopted as policy World Health Organisation (WHO) guidance recommending exclusive breastfeeding for the first six months of an infant's life. Thereafter it is recommended that breastfeeding continues, in combination with appropriate complementary foods, up to two years of age and beyond (WHO/UNICEF 2003, DoH&C, 2005, HSE, 2016).
- 1.2 The aim of this policy is to create a working environment that is supportive of breastfeeding mothers. This includes supporting staff to breastfeed and /or express breast milk as needed during their working day. The policy highlights the responsibility of all staff in this regard.
- 1.3 This policy aims to ensure that the necessary suitable conditions, time, space and support will be offered to facilitate the continuation of breastfeeding for employees, as far as reasonably practical and as required, up until their child's 2nd birthday.

2. Purpose

- 2.1 The principal purpose of this policy is to:
 - To support employees who wish to breastfeed through the provision of space, time and support as required up until the child's 2nd birthday. This includes facilitating the expression of breast milk in the workplace by mothers upon their return to work following maternity leave.
 - To provide guidance to managers, staff and other stakeholders on their role in implementing the policy.
- 2.2 There is considerable evidence to demonstrate the importance of breastfeeding for the health of both mothers and children (Victora et al, 2016).
- 2.3 The Department of Health and HSE have adopted as policy World Health Organisation guidance recommending exclusive breastfeeding for the first six months of an infant's life. Thereafter it is recommended that breastfeeding continues, in combination with appropriate complementary foods, up to two years of age and beyond (WHO/UNICEF 2003, DoH&C, 2005, HSE, 2016).
- 2.3 Lack of facilities and supports for breastfeeding mothers in their workplace have been identified as major barriers to continued breastfeeding in Ireland (Desmond and Meaney, 2016).
- 2.4 The reduction of barriers for working mothers to breastfeed by providing lactation rooms and nursing breaks have been identified as low-cost interventions that can reduce absenteeism and improve workforce performance, commitment, and retention (International Labour Organisation., 2014).
- 2.5 If the breastfeeding employee does not have adequate opportunities to express breast milk and relieve engorgement, especially in the initial period following return to work, there is increased risk of mastitis. There is also a risk

of reduction in milk supply over time if breastfeeding is not maintained by feeding or expressing.

A working mother's needs for expression of milk may change over time. For example, a mother returning to work following maternity leave will need to express regularly to prevent engorgement and mastitis, and to meet her baby's needs for breast milk. Some mothers may find that over time it is sufficient to express milk / breastfeed at home, if their milk supply readjusts and their growing child's intake of expressed breast milk reduces. There are a number of factors including issues for the individual mother and baby; the age of the child; the length of working day and time away from the child.

- 2.6 The current statutory regulations provide an entitlement to breastfeeding breaks up until 26 weeks after the date of confinement (S.I. No. 654/2004 - Maternity Protection (Protection of Mothers Who Are Breastfeeding Regulations 2004). The entitlement to breastfeeding breaks has not increased in line with the increases in entitlement to maternity leave. Therefore, breastfeeding employees who avail of the statutory entitlement of 26 weeks maternity leave currently do not have an entitlement to breastfeeding breaks on return to work after 26 weeks.

While the current legislation covers up to 26 weeks, the HSE is adopting a policy that enables breastfeeding mothers to avail of breastfeeding breaks up to the child's 2nd birthday.

3. Scope

- 3.1 The policy applies to all staff working in the public health service (HSE and Section 38 agencies), who are breastfeeding and/ providing breast milk for up to 2 years from the date of birth of the child.
The policy applies to managers, supervisors and co-workers of staff who are breastfeeding.

4. Relevant Legislation/Policies

Provisions relating to Breastfeeding may be found in the Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended) (ref: Pt2, Ch1, Reg 24 – facilities; Pt 6, Ch2 Regs 147-152: and Schedule 8 pts A and C). www.irishstatutebook.ie

S.I. No. 28/2004 - Maternity Protection Act 2004 www.irishstatutebook.ie

S.I. No. 654/2004 - Maternity Protection (Protection of Mothers Who Are Breastfeeding) Regulations 2004 www.irishstatutebook.ie

S.I. No. 51/2006 - Maternity Protection Act 1994 (Extension of Periods of Leave) Order 2006 www.irishstatutebook.ie

Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025 (DOH, 2013)
<https://health.gov.ie/wp-content/uploads/2014/03/HealthyIrelandBrochureWA2.pdf>

The National Maternity Strategy 2016-2026: Creating a Better Future Together (DoH, 2016)
<https://health.gov.ie/wp-content/uploads/2016/01/Final-version-27.01.16.pdf>

Better Outcomes Brighter Futures: The national policy framework for children and young people 2014-2020 (DYCA, 2014)

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https://www.dcy.gov.ie/documents/cypp_framework/BetterOutcomesyg6540s.l4bBetterFutureReport.pdf

First 5. A Whole-of-Government Strategy for Babies, Young Children and their Families. 2019-2028. (Irish Government, 2018).

https://www.dcy.gov.ie/documents/earlyyears/19112018_4966_DCYA_EarlyYears_Booklet_A4_v22_WEB.pdf

HSE Breastfeeding in a Healthy Ireland Health Service Breastfeeding Action Plan 2016 – 2021. Health Service Executive <https://www.breastfeeding.ie/Uploads/breastfeeding-in-a-healthy-ireland.pdf>

HSE National Infant Feeding Policy for Maternity and Neonatal services (HSE, 2019) <https://www.hse.ie/file-library/infant-feeding-policy-for-maternity-neonatal-services-2019.pdf>

HSE Breastfeeding Policy for PCTs and Community Healthcare settings (HSE, 2018) <https://www.hse.ie/file-library/infant-feeding-policy-for-pcts-and-chos.pdf>

5. Glossary of Terms

Breast milk expression: removal of milk from the breast through hand expression, or with a manual or electric breast pump.

EBM: Expressed breast milk.

Exclusive Breastfeeding: The infant has received only breast milk from the mother, or expressed breast milk, and no other liquids or solids with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicines. Breast milk feeding includes expressed mother's milk as well as donor human milk, both of which may be fed to the infant by means other than suckling at the breast. While breastfeeding is the goal for optimal health, it is recognized that human milk provided indirectly is still superior to alternatives.

Engorgement: Breast engorgement is the painful overfilling of the breasts with milk. This is usually caused by an imbalance between milk supply and infant demand. Engorgement and milk stasis can occur when there is a decrease in the number of breast feeds, and this is a risk factor for development of mastitis.

Lactation/ Breastfeeding breaks: Breaks provided during the working day for the purpose of breastfeeding (expressing breast milk, or to breastfeed their child).

Mastitis: Mastitis is a condition that causes the breast tissue to become painful and inflamed (red and swollen). As it usually occurs in women who are breastfeeding, it is often referred to as lactation mastitis or puerperal mastitis. It may or may not involve a bacterial infection.

Partial (non exclusive) breastfeeding: the infant has received some breastfeeds and some artificial feeds (e.g. formula milks, and/or cereals, and/or other foods).

6. Policy Provisions

6.1 Antenatal and Postnatal Breastfeeding Supports

- 6.1.1 Breastfeeding information and support is offered and provided universally to all mothers and expectant mothers in the antenatal and early post natal periods.
- 6.1.2 Pregnant women and their partners are encouraged to attend antenatal education programmes and breastfeeding preparation classes / workshops (where available) provided either by the local maternity hospital or by the Community Health Organisation (CHO).
- 6.1.3 Following birth, mothers and babies are supported with early skin-to-skin contact and initiation of breastfeeding. They are supported with breastfeeding, maintaining lactation and with responsive feeding.
- 6.1.4 The Public Health Nursing service supports and promotes breastfeeding. The Public Health Nurse (PHN) visits the mother and baby in their home within 72 hours of discharge from hospital. The PHN will provide additional follow up visits as required.
- 6.1.5 The HSE website www.mychild.ie provides breastfeeding information, videos, contact details of community breastfeeding support groups, webchat and email responses from on-line Lactation Consultants (International Board Certified Lactation Consultants, IBCLCs).

6.2 Breastfeeding Supports and Facilities for Mothers Returning to Work

- 6.2.1 A member of staff who is breastfeeding is entitled to time off from her work, without loss of pay, for breastfeeding breaks for the purpose of breastfeeding / expressing breast milk in the workplace, up until her child's 2nd birthday.
- 6.2.2 The provision of breastfeeding breaks takes into account the needs of breastfeeding employees in the initial transition period, following return to work, when there is increased risk of engorgement and mastitis.
- 6.2.3 Breastfeeding breaks may be taken in the form of one break of 60 minutes, or two breaks of 30 minutes each, or three breaks of 20 minutes each, or in such other manner as agreed by her and her manager. This allocation is per normal working day, and may be given on a pro rata basis to staff working shorter or longer shifts.

Breastfeeding breaks are taken on a daily basis and cannot be accumulated.
- 6.2.4 Breastfeeding breaks are in addition to daily rest breaks. Breastfeeding breaks can be added to rest breaks by agreement between the manager and employee, if requested.
- 6.2.5 Designated space, where possible for the purposes of breast milk expression, should be a clean, private room with power points, lockable door, comfortable high back chair, a table and access to fluids. Hand washing facilities should be available in the room or nearby.

- 6.2.6 Designated space for the purposes of breast milk expression may be multi-purpose, provided that alternative space is readily available if that space is in use, e.g. office, consultation room, treatment room, meeting room or staff room spaces.

The location may be the place an employee normally works, if there is adequate privacy, cleanliness, and it is comfortable for the employee.

Toilet facilities are not appropriate for women to breastfeed or to express their breast milk.

- 6.2.7 A secure breast pump storage area and a fridge (where possible) may also be provided. Breast milk can also be stored within a cooler bag with ice packs or in a shared staff refrigerator within the employee's work area if that is more convenient. Name and details must be clearly marked on all items.

- 6.2.8 If no breastfeeding facilities exist, the employee may reduce her working day by 1-hour without loss of pay, in accordance with service need and that reduction may comprise of:

- One period of 60 minutes,
- Or two periods of 30 minutes each,
- Or three periods of 20 minutes
- Or in such other manner as agreed between her and her employer

This allocation is per normal working day (may be given on a pro rata basis to staff working shorter or longer shifts).

- 6.2.9 If required, other temporary work arrangements such as relocating an employee to another work location or reassigning to alternative duties may be considered by managers to support breastfeeding employees so far as reasonably practicable in accordance with service demands. The policy will aim in the first instance to support breastfeeding employees through the provision of breastfeeding breaks in their substantive roles or through the reductions in working time when breastfeeding facilities are not available.

- 6.2.10 There may be exceptional circumstances where a mother is unable to express her milk; or where a baby cannot take expressed milk and needs to feed at the breast or via supplementary feeding aid. In such exceptional cases, alternative arrangements may need to be negotiated between manager and staff member.

6.3 Process for managers and employees

- 6.3.1 Employees who wish to avail of breastfeeding breaks / breastfeeding supports must:

- notify their direct line manager in writing of their intention to do so and must furnish a copy of the birth certificate of the child concerned to confirm the date of birth only. The birth certificate should be returned to the employee and not retained on file.
- make a formal, written request, to her manager as soon as possible but no later than 4 weeks prior to her return to the workplace. A sample application form is available in Appendix 3. HSE employees should complete HR Form 117.
- For employees who have already returned to the workplace on the date of implementation of this policy, managers should aim to facilitate the employees request for breastfeeding breaks no later

than within four weeks from the date of application or sooner if possible.

- 6.3.2 Managers should be flexible and supportive in meeting employees' needs in relation to breastfeeding/expressing. Managers and employees will negotiate arrangements, and managers will accommodate the employee's needs as far as reasonably possible and in accordance with service demands.
- 6.3.3 Arrangements should be reviewed after the first month and at 3 monthly intervals thereafter and if the employees' needs change.
- 6.3.4 An employee who is not satisfied with her breastfeeding in the workplace arrangements provided can pursue review through the established Grievance Procedures.
- 6.3.5 Any breaches by employees under the policy, for example breastfeeding breaks not being used for the purposes given, may be addressed in the context of existing Disciplinary Procedures.
- 6.3.6 Staff should notify their manager as their breastfeeding needs change, or cease, so any arrangements can be amended as required.

6.4 Creating Supportive Culture

- 6.4.1 Colleagues should support co-workers who are breastfeeding / expressing. The aim is to create an environment which supports employees who are breastfeeding. Any incidents of harassment of breastfeeding employees will not be tolerated and may be dealt with under the Dignity at Work policy.

7. Roles & Responsibilities

7.1 Employees

Employees have responsibility to:

- 7.1.1 Comply with notification requirements as outlined in Section 6.3 above.
- 7.1.2 Supply and maintain own breastfeeding / expressing equipment (i.e. breast pump, containers for storing breast milk, and means of keeping breast milk cold if refrigeration is not available at the workplace – insulated bag / cooler with ice packs is a safe alternative). Name and details must be clearly marked on all items. See Appendix 1 for information on expressing and storage of breast milk.
- 7.1.3 Use breastfeeding breaks for the purpose that they have been granted.
- 7.1.4 Respect the privacy and security of the room and those who use it.
- 7.1.5 Ensure the room is clean on departure;
- 7.1.6 Label and store their own breast milk and take responsibility for the care and maintenance of their own equipment.
- 7.1.7 Notify their manager as their breastfeeding needs change, or cease, so any arrangements can be amended as required.

7.1.8 Employees should inform their line manager of any incidents of harassment or discrimination

7.1.9 Forward and discuss any feedback in relation to supports and facilities to/with line managers and health & safety representatives.

7.2 Line Managers¹

Line managers have responsibility to:

- 7.2.1 Ensure all staff are informed of the organisation's policy supporting breastfeeding and are given access to a copy of the policy.
- 7.2.2 Ensure that all new staff, as part of their induction, have information on the policy and notification process.
- 7.2.3 Create a working environment that is supportive of breastfeeding employees ensuring all staff are aware of the importance of supporting other staff members who are breastfeeding.
- 7.2.4 Ensure that employees applying for maternity leave have information on the policy and notification process.
- 7.2.5 Acknowledge receipt of all formal requests from staff in a timely manner / within 10 working days of receipt of request.
- 7.2.6 Make all reasonable effort to provide the facilities for breastfeeding breaks set out in section 6 of this policy, consulting with HR, Health & Safety and Facilities as needed.
- 7.2.7 Review work schedules and agree manner in which breastfeeding breaks will be taken in consultation with the employee.
- 7.2.8 If breastfeeding facilities are not available to support breastfeeding breaks, facilitate reductions in the working day as set out in section 6.2.8. If required, consider alternative temporary work arrangements as set out in 6.2.9.
- 7.2.9 Be supportive and flexible in supporting breastfeeding employees and meeting employees' needs to express milk.
- 7.2.10 Communicate with the employee in relation to arrangements put in place and review as need be, recognising that the needs in relation to breastfeeding breaks may change.
- 7.2.11 Maintain a record of requests made by employees and arrangements put in place.
- 7.2.12 Retain a record of any complaints or comments from staff in relation to the policy.

¹ Note: Responsibilities arising from the provisions relating to breastfeeding may be found in the Safety, Health and Welfare at Work (General Application) Regulations 2007 (as amended) (ref: Pt2, Ch1, Reg 24 – facilities; Pt 6, Ch2 Regs 147-152: and Schedule 8 pts A and C). National Health and Safety Function guidance can be found at the following link:

<https://www.hse.ie/eng/staff/safetywellbeing/healthsafetyand%20wellbeing/pregnant%20employees%20faq.pdf>

- 7.2.13 Address any incidences of harassment or discrimination in line with the Dignity at Work Policy. <https://www.hse.ie/eng/staff/resources/hrppg/dignity-at-work-2009-policy.pdf>

7.3 National Directors (NDs), Chief Officers (COs) of Community Healthcare Organisations (CHOs), Chief Executive Officers (CEOs) of Hospital Groups (HGs) and Section 38 Intellectual Disability/Social Care Agencies

National Directors, Chief Officers of the Community Healthcare Organisations and Chief Executive Officers of the Hospital Groups and Section 38 ID/Social care agencies, are responsible for:

- 7.3.1 Overseeing the development, provision and communication of resources and supports locally to assist the implementation of this policy, in conjunction with appropriate personnel.
- 7.3.2 Endorsing and supporting local implementation of the policy and ensure compliance through agreed monitoring process.
- 7.3.3 Ensuring this policy is brought to the attention of all staff.
- 7.3.4 Aligning appropriate resources to support the implementation of this policy.
- 7.3.5 Including actions aligned to this policy in CHO, HG, Hospital, Section 38 ID/social care agencies service Healthy Ireland Implementation plans.
- 7.3.6 Reporting on implementation as requested by the National Breastfeeding Implementation Group.

7.4 The CEO

The CEO has responsibility for:

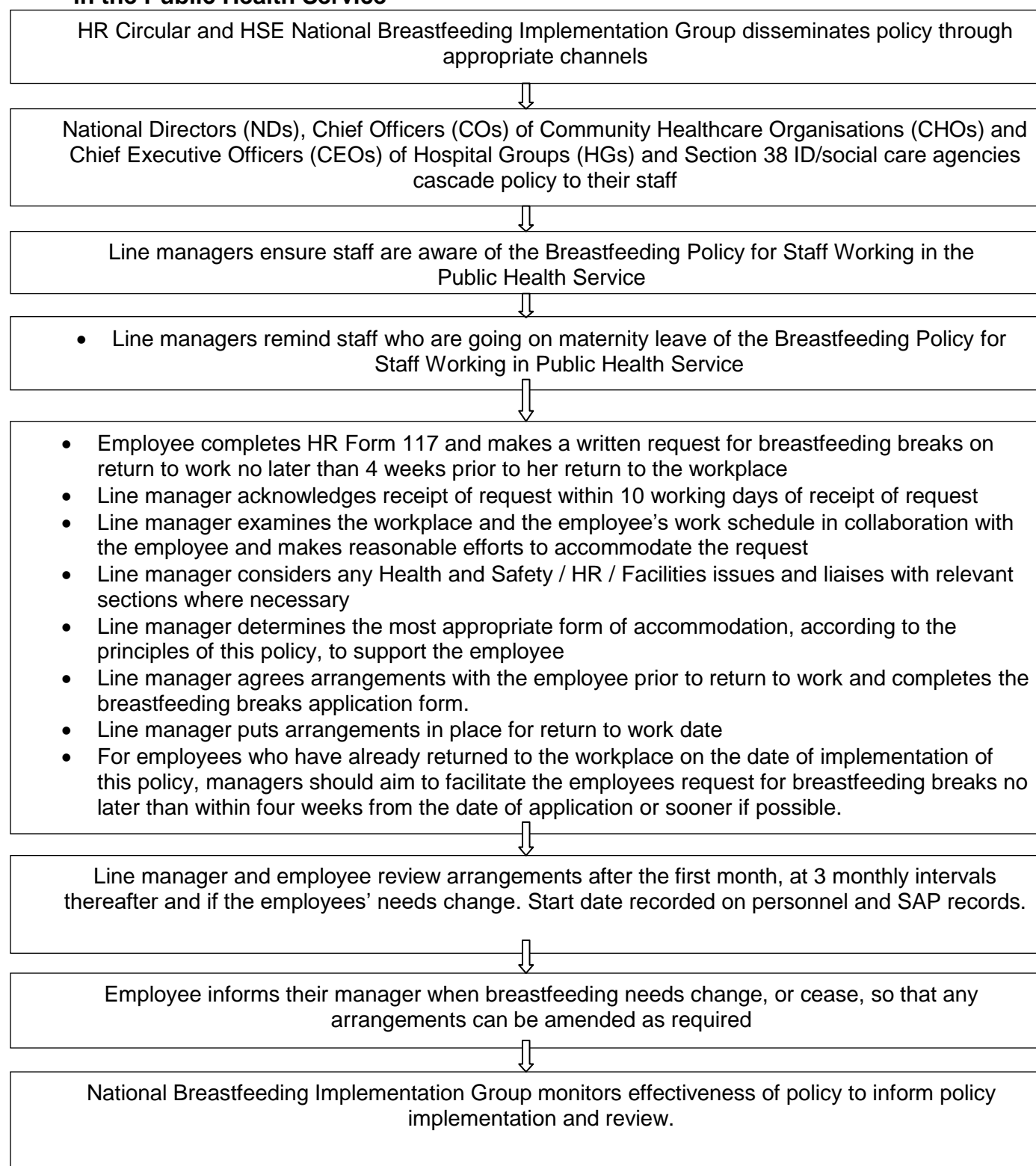
- 7.4.1 Ensuring compliance with the Breastfeeding Policy for Staff Working in the Public Health Service.
- 7.4.2 Ensuring that all staff are aware of the Breastfeeding Policy for Staff Working in the Public Health Service.

8. Implementation Plan

8.1. National Implementation Plan

- Develop processes for implementation of the policy within established HR structures in the HSE
- Implement a communication plan informing key stakeholders, heads of service for health and wellbeing, Public Health Nursing Service and maternity services of the provisions within the policy and key messages for staff.
- Develop supports and training to support engaging Heads of Service and staff on the policy provisions.
- To monitor and evaluate the effectiveness of the policy.

8.2 Flowchart for Implementation of the Breastfeeding Policy for Staff Working in the Public Health Service



8.3 Resources Necessary to Implement PPPG Recommendations

8.3.1 Facilities for Breastfeeding

- A warm, hygienic and private area is provided for breastfeeding employees that is safely accessible at all times, this may be a room that has another function but is suitable for expressing.
- Facilities for washing hands and equipment are in or convenient to the area.
- An electric outlet, a table/worktop and a comfortable high back chair are available in the room.
- Access to a refrigerator / cooler boxes for the storage of expressed milk.

8.3.2 Time for Breastfeeding

- Please refer to Sections 6.2.3 and 6.2.4

8.4 Barriers and Facilitators to Implementation

- 8.4.1 As per the evidence (see Appendix 4), workplace breastfeeding may be undermined if there is a lack of support for the practice by an organisation's leaders, management and by co-workers of breastfeeding employees. As this policy applies to all those working in the public health service, it is hoped that such a barrier will not apply in this context. Positive, open communication between managers and staff when negotiating arrangements should facilitate successful implementation of this policy.
- 8.4.2 Certain areas will have a higher proportion of employees availing of this policy, for example, based on a HSE staff census, areas such as nursing and management/administration will likely experience the highest numbers of people applying. However, based on data from HR in the HSE, it is likely that the overall impact of this will be manageable, as the ongoing estimated headcount for the HSE is approximately 535, out of a staff of 100,000. This represents an ongoing rate of 1 per 200 members of staff availing of this policy.
- 8.4.3 A facilitating factor for implementation of this policy is its overall ethos, that it is focussed on supporting public service employees who are breastfeeding. It is a positive offering to employees during what can be considered a challenging transition, the return to work following maternity leave. Indeed, there is a desire for such a policy from staff, as evidenced by ongoing queries from HSE staff through Your Service, Your Say regarding the availability of breastfeeding supports on return to work.

9. Revision & Audit

- 9.1 This policy will be reviewed one year after its introduction in the HSE and thereafter every three years or more frequently as circumstances or legislation require.
- 9.2 A review process will be agreed with the HR Division and will incorporate obtaining feedback on local implementation of the policy.
- 9.3 The collection of data locally on an ongoing basis will be central to auditing, monitoring and reviewing. Responsibility for maintaining a record of requests made by employees and arrangements put in place, rests with Line Managers. Any complaints or comments from staff in relation to the policy will also be retained. The

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National Breastfeeding Implementation Group will work with established HR ICT providers to develop a solution to support ongoing monitoring.

- 9.4 Review will be the responsibility of the National Breastfeeding Co-ordinator, with the National Breastfeeding Implementation Group and relevant stakeholders.
- 9.5 The National Breastfeeding Implementation Group has the responsibility to ensure there is evaluation of the implementation and effectiveness of this policy.
- 9.6 New evidence may emerge by audit, evaluation, serious incident, organisational structural change, advances in technology or significant changes in international evidence or legislation. Evidence which has immediate and significant implications for the policy will trigger a policy update. Emerging evidence which does not have significant implications for the policy will be used to amend and update the original policy at the review period.
- 9.7 If there are no amendments required to the policy following the revision date, details on the version tracking box must still be updated which will be a new version number and date (See version tracking box in Appendix 6).

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Appendix 1 - Information on Expressing and Storage of Breast milk

1. Checklist for expressing at work

- Wash your hands before you express
- Have everything you need to hand:
 - Sterile container for hand expressing
 - Sterile bottles or bags and labels
 - Breast pump
 - Tissues
 - A drink
- If possible, have a photo of your baby or an item of their clothing to help you focus on them.
- Reduce distractions by pulling the blinds or wearing headphones to make the room as quiet and private as you can.
- Sit in a comfortable chair with your back supported.
- Breathe deeply, relax and think about your baby. Your milk might take a minute or two to start flowing.
- If you are expressing from one breast at a time – express from the first breast until the milk slows or stops then switch to the other breast. Change breasts like this until your milk reduces to a few drops from both breasts.
- Allow yourself time. Expressing can take between 10 and 30 minutes.
- Put your name and the date on the container before storing the milk. Sometimes mothers like to place the container in another container such as a lunch box within the fridge.
- Keep a spare top and some breast pads at work in case of leaks.

2. Preparation for expressing

- A. Hand washing: Wash your hands with soap and water, or alcohol-based hand sanitiser, before expressing your milk
- B. Expressing: Milk can be expressed by hand or with a manual or electric pump. Double electric pumps may be more efficient for expressing milk in the workplace. Pumps should be cared for as per the manufacturer's instructions
- C. Containers: Suitable containers should be used for human milk storage, generally a baby's bottle with a tight fitting cover or breast milk storage bags.
- D. Containers: Containers for human milk storage and breast pump milk collection kits must be completely dismantled, washed in hot soapy water and rinsed or washed in a dishwasher. They should always be thoroughly air dried or dried with paper towels. They do not need to be sterilised. If soap is not available, then boiling water is preferable (Eglish et al, 2017). Wash hands before removing and storing cleaned items.{When expressing for sick or premature infants, follow the guidance of your health care professional}
- E. Bottles and teats used for feeding a baby under 12 months of age should be as per the guidance in the HSE / Safefood booklet '*How to prepare your baby's bottle*'. A cup can be used from 6 months of age.

3. Storage of expressed breast milk

While there is some change to nutrients with storage, there is good evidence that human milk storage is safe, and provides optimal nutrition to the child when breastfeeding or immediately expressed milk is not available (Eglash et al, 2017).

The following steps can be taken in relation to expressing and storage of expressed breast milk:

- A. Freshly expressed breast milk may be stored safely at room temperature for 4 (27-32°C) to 6 hours (10–27°C). It is best to chill with ice packs or refrigerate as soon as possible if the milk will not be used during that time. Do not freeze milk after leaving it standing at room temperature.
- B. While very few studies have evaluated milk storage safety at 15°C which would be equivalent to an ice pack in a small cooler. Hamosh et al.(1996) suggested that human milk is safe at 15°C for 24 hours.
- C. Breast milk can be safely stored in a fridge (4°C or less) for up to 5 days. Put it on a high shelf and to the back. If you are not going to use it all within this time, freeze any extra as soon as possible. If you are using a fridge at work a cooler bag with ice packs can be used to transport the milk to your home.
- D. Breast milk can be safely stored -
 - i. in the icebox of a fridge for up to 2 weeks,
 - ii. in a freezer (with a separate door at less than 20°C) for up to 3 months. Put milk at the back of the freezer,
 - iii. in a deep freezer for up to 6 months.
- E. If you do not have a fridge at work you can store the milk in a cooler bag with ice packs/blocks that you have frozen overnight. Keep the bag in a cool place.
- F. The expressed breast milk can be stored in fridge in your home - (4°C or less) for up to 5 days.

4. Warming expressed breast milk

You can safely warm expressed breast milk:

- **From the fridge:** by placing the container in warm water. Once it is warmed, use it within an hour or throw it away. Shake the container gently and check the temperature before feeding.
- **From frozen:** by thawing the milk overnight in the fridge. Keep it in the fridge until you need it, then warm as above. Use within 24 hours. Do not refreeze it.

Do not use a microwave to heat or defrost breast milk. It can cause '*hotspots*' that could burn your baby's mouth.

Appendix 2: Membership of the HSE National Breastfeeding Implementation group (November 2016 to date)

Name	Title	Dates
Dr. Melissa Canny	Specialist in Public Health Medicine	Chairperson, December 2016-2018. Current member
Carmel Brennan	Programme Manager National Healthy Childhood Programme	November 2016 to date. Current Chairperson
Laura McHugh	National Breastfeeding Co-ordinator	January 2018 to date
Meena Purushothaman	Assistant National Breastfeeding Coordinator	December 2019 to date
Cara O'Neill	Head of Service., Health & Wellbeing CHO 1 Donegal, Sligo and Leitrim	January 2017 to date
Angela Dunne	Director of Midwifery, National Women and Infants Health Programme	July 2017 to date
Sarah O'Brien	Lead for Healthy Ireland Healthy Eating & Active Living Programme Policy Priority Programme	January 2017 to date
Margaret O'Neill	National Dietetic Adviser	November 2016 to date
Ellen O'Dea	Head of Service Health & Wellbeing, for Dublin North City and County	September 2018 to date
Helen Murphy	Director of Midwifery, Galway University Maternity Hospital	April 2019 to date
Jacinta Egan	Assistant Staff Officer, National Healthy Childhood Programme	November 2016 to June 2020
Siobhan Hourigan	National Breastfeeding Co-ordinator	November 2016 to February 2018
Rebecca O'Donovan	Assistant National Breastfeeding Co-ordinator	November 2016 to December 2018
Janet Gaynor	Health Promotion and Improvement Manager	January 2017 to March 2019
Helen Browne	Director of Public Health Nursing Mayo, CHO 2	December 2018 to October 2019
Dr Carly Cheevers	Research and Data Analyst, Nurture Programme	January 2019 to January 2020
Dr. Phil Jennings	Director of Public Health/National Lead Healthy Childhood Programme	November 2016 to May 2020
Dr. Katharine Harkin	Specialist Registrar in Public Health	January to December 2018

Other HSE personnel/divisions who contributed to the development of the policy:

- Siobhan Hourigan, Health Promotion Officer, Health Promotion & Improvement
- Mary Ruane, HR Executive, Corporate Employee Relations Services, HSE National HR Division
- Anna Killilea, Senior Executive, Corporate Employee Relations Services, HSE National HR Division
- Nodlaig Carroll, Organisational Health Lead, Workplace Health & Wellbeing Unit, HSE National HR Division

Appendix 3 –Sample Breastfeeding breaks application form²

A form should be made available to employees wishing to apply for breastfeeding breaks. Applications from employees should be submitted to their line manager not later than 4 weeks prior to return to work following maternity leave.

For employees who have already returned to the workplace on the date of implementation of this policy, managers should aim to facilitate the employees request for breastfeeding breaks no later than within four weeks from the date of application or sooner if possible. HSE Employees should complete HR Form 117.

The HSE's National Breastfeeding Implementation group in reviewing implementation of the policy may wish to contact you about your experience of availing of breastfeeding breaks. Let us know your preference for being contacted/not contacted by ticking the appropriate box below.

I consent to be contacted about taking breastfeeding breaks ☐

I do not consent to be contacted about taking breastfeeding breaks ☐

Please complete in Block Capitals/Tick appropriate boxes.

Section 1. To be completed by the employee										
Surname:				First Name:						
Grade				Personnel No:						
Location:				PPS No:						
I hereby notify my employer that I intend to take breastfeeding breaks in accordance with the provisions of the Breastfeeding Policy for Staff Working in the Public Health Service										
Name of Child										
Date of Birth										
Date of return to work / commencement of breastfeeding breaks:										
Please give details of the manner in which you propose to take breastfeeding breaks in the workplace										
Confirmation										
I declare the information given above is true and correct. I also declare that I have read and understand all the terms and conditions of the Breastfeeding Policy for Public Health Service Employees. I understand that the breaks must be used for the purpose for which they are being sought.										
Signature				Date:						

² in accordance with the provisions of the Breastfeeding Policy for Staff Working in the Public Health Service

Section 2. To be completed by Line Manager									
Please give details of the manner in which agreed breastfeeding breaks/breastfeeding supports in the workplace will be provided:									
I confirm I have checked the child's birth certificate and confirm that the leave complies with the terms outlined in the Breastfeeding Policy for Staff Working in the Public Health Service (HSE, 2020).									
Application approved						Application Refused			
Signature					Date:				
Section 3. Breastfeeding breaks review meetings (<u>one month</u> following return to work)					Date:				
Detail any changes in manner breaks are taken:									
Breastfeeding breaks review meeting (every three months or sooner if needed)					Date:				
Detail any changes in manner breaks are taken:									
Breastfeeding breaks review meeting (every three months or sooner if needed)					Date:				
Detail any changes in manner breaks are taken:									
Section 4. Completion of breastfeeding breaks:					Date:				
Approved by:									
Signature:									

Appendix 4 - Literature Review

Despite gradual increases over the last ten years, Ireland's breastfeeding rates continue to be the lowest in international comparisons (UNICEF, 2018; EuroPeriStat, 2013), which has implications for maternal and child health. The Growing Up in Ireland study found that just 56% of respondents reported that their child was ever breastfed, as against a European norm of around 90%. By six months, the percentage of mothers still exclusively breastfeeding was down to just 6% (Layte & McCrory, 2014),

There is considerable evidence to demonstrate the short and long term benefits of breastfeeding to both mothers and infants. Children who are not breastfed have a higher incidence and severity of many illnesses including respiratory tract infections, gastroenteritis, childhood cancers, and diabetes (see Victora et al, 2016; Ip et al, 2007). Breastfeeding is also a significant protective factor against obesity in children (Yan et al 2014). Irish research using the *Growing Up in Ireland* Child Cohort has shown that breastfeeding for between three and six months reduces the risk of obesity at age nine by 38 per cent, after adjusting for other factors. Breastfeeding for six months or more reduces the risk by 50 per cent (McCrory & Layte, 2012). Breastfeeding also plays a positive role in maternal health, with consistent evidence showing a protective effect of breastfeeding on breast cancer, and some evidence to suggest it can reduce the risk of ovarian cancer (Victora et al., 2016). This has a long term impact on health services and employees and therefore an important issue for HSE services.

The Department of Health and HSE have adopted as policy World Health Organisation guidance recommending exclusive breastfeeding for the first six months of an infant's life. Thereafter they should continue to breastfeed in combination with appropriate complementary foods to two years of age and beyond (WHO/UNICEF 2003, DoH&C, 2005, HSE, 2016).

Lack of facilities and supports for breastfeeding mothers in their workplace has been identified as a major barrier to continued breastfeeding in Ireland (Desmond and Meaney, 2016).

The recent Irish health strategy, *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025* (DOH, 2013), commits to addressing risk factors and promoting protective factors at every stage of life, including pre-natal and through early childhood. Breastfeeding is integral to supporting child health and development in the context of evidence-based prevention and early intervention initiatives working with children and families.

The HSE is one of the largest employers in Ireland employing over 100,000 staff many of whom are mothers. The HSE Corporate Plan 2015-2017 states that '*evidence shows that happy, well motivated staff delivers better care and that their patients have better outcomes*'. Supporting mothers to continue to breastfeed their child on return to the workforce will support actions on valuing the workforce. Furthermore, providing support to employees who breastfeed may result in lower absenteeism rates as mothers of breastfed infants take less time off to care for sick children (Witters-Green, 2003, Cohen et al, 1995).

Better Outcomes Brighter Futures: The national policy framework for children and young people 2014-2020 (DYCA, 2014) focuses on early healthy development prioritising the under-2-year-olds, and commits to strengthening raising breastfeeding rates in line with international norms.

The *National Maternity Strategy 2016-2026: Creating a Better Future Together* (DoH, 2016) outlines the responsibilities of the Department of Health, HSE and the National Women & Infants Health Programme in relation to the promotion, support and protection of breastfeeding. The protection of breastfeeding includes policies that protect the practice of breastfeeding, such as those that facilitate breastfeeding on return to work following maternity leave.

The Department of Children and Youth Affairs early years strategy - *First 5 A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028* (DCYA 2018) sets out a number of goals that support breastfeeding. There are specific actions identified under these goals:

- Goal A: Strong and Supportive Families and Communities
 - Strategic Action 1.2: Enhance access to family-friendly flexible working. *Undertake a review of the relevant provisions of the 2004 Maternity Protection (Amendment) Act on the issue of extending current entitlement to paid breastfeeding/lactation breaks or paid reduction in working hours for breastfeeding mothers in the workforce from 26 to 104 weeks after the baby's birth to facilitate the combination of breastfeeding and working in line with the WHO recommendation to continue breastfeeding, in combination with suitably nutritious and safe complementary foods, until children are two years old.*
- Goal B: Optimum Physical and Mental Health
 - Strategic Action 4.1: Promote and support positive health behaviours among pregnant women, babies, young children and their families. *Continue progress towards the breastfeeding target rate set out in the National Breastfeeding Action Plan (i.e. annual 2% increase in breastfeeding duration rates over the period 2016–2021). To meet this target, continue to support mothers to breastfeed through the PHN service, implement standardised breastfeeding policies and provide clinical specialist posts in both primary care and maternity hospitals as per the key actions of the National Breastfeeding Action Plan. Extensions to this target will be considered at the end of year three review of First 5 in 2021.*

The 2004 Maternity Act introduced breastfeeding breaks for Irish employees that are breastfeeding and whose date of confinement was not more than 26 weeks earlier - S.I. No. 654/2004 - Maternity Protection (Protection of Mothers Who Are Breastfeeding) Regulations 2004. Entitlement could be exercised through the provision of 1 hour off from work each day without loss of pay, as a breastfeeding break which could be taken in the form of one break of 60 minutes; two breaks of 30 minutes or 3 breaks of 20 minutes or such other periods as agreed by her and her employer.

S.I. No. 51/2006 - Maternity Protection Act 1994 (Extension of Periods of Leave) Order 2006 extended the period of entitlement to maternity leave and unpaid leave, but did not make reference to breastfeeding breaks.

In the Irish Civil Service, female employees who are breastfeeding on return to work following maternity leave are entitled to breastfeeding breaks or an adjustment of working hours until the child reaches the age of 2 years. If breastfeeding in the workplace, civil service employees are entitled to a breastfeeding break of 60 minutes per day, taken as one period of 60 minutes, or two of 30 minutes or three of 20 minutes. Alternatively, a reduction of one hour in the working day, may be provided in agreement with management. (Circular 31/06) <http://circulars.gov.ie/pdf/circular/finance/2006/31.pdf>

The Lancet series on breastfeeding reports the evidence in relation to health outcomes associated with breastfeeding and in relation to determinants of breastfeeding and measures to support breastfeeding. The following points are made in relation to the workplace, maternity protection, and nursing breaks for working mothers: *'Women's work is a leading motive for not breastfeeding or early weaning. The increasing numbers of women in the workforce draw attention to the importance of work-time breaks and on-site rooms for breastfeeding and the provision of maternity leave.'* (Rollins et al, 2016, p. 492).

'Breastfeeding can be continued after return to work in settings where maternity leave or child care is available and where breastfeeding or the expressing of breast milk is supported. The reduction of barriers for working mothers to breastfeed by providing lactation rooms and nursing breaks are low-cost interventions that can reduce absenteeism and improve workforce performance, commitment, and retention. An analysis of national policies in 182 countries showed that breastfeeding breaks with pay were guaranteed in 130 countries (71%), unpaid breaks were offered in seven countries (4%), and 45 countries (25%) had no policy' (Rollins et al, 2016, p. 493).

Employers benefit from supporting families to continue to breastfeed/provide breast milk upon women returning to work. These benefits may include decreasing employee turnover, absenteeism rate, and health care costs; and increasing employee morale, job satisfaction and loyalty/commitment, productivity; as well as the overall health of babies and the community, (Bono et al, 2012, Atabay et al, 2015, Lauren et al, 2017, Tsai, S, 2013, Heymann et al 2013, Slavitt, 2009). Lactation support for employees may save employers money in the long-run, as one analysis from the US demonstrated companies can save on average \$3 for every \$1 they invest, (Office of Women's Health, 2018)

As well as the need for instrumental support through the provision of time and space, breastfeeding employees need co-workers and supervisors to be supportive – a lack of this support can have a negative impact on the well-being of breastfeeding employees (Bruk-Lee & Buxo, 2013 as cited by Bruk-Lee, Albert & Stone, 2016). Furthermore, employees' perceived support for breastfeeding in work can possibly be undermined when arrangements are being negotiated with managers (Anderson et al., 2015). However, it is hoped this would be avoided through positive and open communication. Finally, workplace breastfeeding policies require solid commitment and supportive leadership from senior management in order to foster an accepting breastfeeding culture within an organisation (Bruk-Lee & Buxo, 2013).

The HSE *Breastfeeding in a Healthy Ireland* Health Service Breastfeeding Action Plan 2016 – 2021 (HSE, 2016) outlines the actions to be implemented to supporting and enabling more mothers to breastfeed and to increase breastfeeding initiation and duration rates. Action 3.12 is to Develop and implement a HSE breastfeeding supportive workplace policy - to support employees to continue to breastfeed on return to work following maternity leave, ensuring that mothers are enabled to continue to breastfeed after they return to work, and continue to breastfeed for as long as they wish (HSE, 2016).

Appendix 5 - Signature Page

[illegible]

Appendix 6 - Revision History

Revision number:	V.0	Document updated by:	
Date of Last Update:	19/01/2021	Document Status:	Approved
Revision date:	1 year after its introduction and then every three years or more frequently as required	Document approved by:	HSE Executive Management Team & National Joint Council Policies and Procedures Sub Group
Approval date:	Nov, 2020	Document approved by:	