



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Breastfeeding Policy for Tusla Staff



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Contents

Policy Statement	1
Purpose	1
Scope.....	2
Relevant Legislation and Policies	2
Glossary of Terms.....	2
Policy Provisions.....	3
Health and Safety.....	3
Breastfeeding Facilities	3
Procedures	5
Resources Necessary to Implement PPPG Recommendations.....	5
Facilities for Breastfeeding.....	5
Barriers and Facilitators to Implementation.....	6
Process for Managers and Employees	6
Employee Process	6
Line Manager Process	7
Human Resources	7
Roles and Responsibilities.....	7
Employees Responsibilities	7
Line Managers Responsibilities.....	8
Service Directors, Area Managers, National Managers, Regional HR and Line Managers	9
The CEO.....	9
Implementation Plan	9
National Implementation Plan.....	9
Flowchart for Implementation of the Breastfeeding Policy for Tusla Staff	10
Revision & Audit.....	12
References	13
Appendix 1-	16
Information on Expressing and Storage of Breast milk	16
Appendix 2-	19
Appendix 3 -	20
Signature Page –	20
Appendix 4 -	21
Sample Completed Health and Safety Risk Assessment Form	21

Policy Statement

Tusla recognises the importance of breastfeeding for both mother and baby and supports, protects and promotes breastfeeding. Tusla provides the support necessary to enable mothers in their employment to balance breastfeeding with their work. For breastfeeding to be successful, mothers must be able to feed their babies on demand, or express their milk as needed throughout the day. This is based on the individual and times will vary greatly depending on circumstances. If breastfeeding mothers are prevented from pumping at the necessary intervals this will affect their milk supply.

Tusla wishes to encourage staff to combine work and breastfeeding, by ensuring that facilities are made available where possible and/or arrangements can be put in place via open dialogue with management before returning to work.

All staff will be made aware of this policy. All women who are going on Maternity Leave will be provided with information on how they can combine breastfeeding and work. Employees who are considering breastfeeding can seek to make arrangements for breastfeeding facilities, flexible working options and other supports before going on Maternity Leave.

The Maternity Protection Acts 1994 and 2004 and Safety, Health and Welfare at Work (General Application) Regulations 2007 Chapter 2 of Part 6: Protection of Pregnant, Post Natal and Breastfeeding Employees provide protection for all employees who are breastfeeding. The Department of Health and Tusla 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).

Purpose

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. This policy sets out arrangements for facilitating breastfeeding employees of Tusla.

There are benefits to be found for management also in supporting breastfeeding mothers, as it is known that breastfed babies get fewer infections and spend less time in hospital than formula fed babies (Victora et al, 2016). This leads to more productive staff members who take less time off. Additionally the availability of a breastfeeding policy increases staff loyalty and shows Tusla to be a family-friendly employer.

Scope

This policy applies to all Tusla staff who are breastfeeding and /or providing breast milk for up to two years from the date of birth of the child. The policy applies to managers, supervisors and co-workers of staff who are breastfeeding.

Relevant Legislation and Policies

Safety, Health and Welfare at Work (General Application) Regulations 2007 Chapter 2 of Part 6: Protection of Pregnant, Post Natal and Breastfeeding Employees 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)

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).

Policy Provisions

Health and Safety

The Safety, Health and Welfare at Work (General Application) Regulations 2007 requires employers to assess the workplace for risks to safety or health of any employees who are pregnant and/or are breastfeeding. Where a risk assessment is undertaken that identifies occupational risks which arise for normal pregnancies and where these risks cannot be reasonably controlled, pregnant or breastfeeding employees may be entitled to take health and safety leave in certain circumstances. The New and Expectant Mother risk assessment template is hosted on the Tusla Hub, for guidance on completing the risk assessment, please see sample New and Expectant Mother RA template in Appendix 5.

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).

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).

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.

Breastfeeding Facilities

Under current law, breastfeeding mothers who have given birth within the previous 6 months have an entitlement, without loss of pay, to either an adjustment of working

hours to allow them to breastfeed their child, or where breastfeeding facilities are provided by the employer, to breastfeeding breaks.

A Tusla staff member 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, in line with Ireland's National Breastfeeding Policy, which recommends that breastfeeding continue for two years or beyond. 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.

These breaks may be taken in any of the forms below, by agreement between employee and line manager:

- One break of 60 minutes per day
- Two breaks of 30 minutes each per day
- Three breaks of 20 minutes per day
- Or in such other manner as agreed between 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. 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.

If no breastfeeding facilities exist the employee may reduce her working day by 1 hour and that reduction may comprise of:

- One period of 60 minutes
- Two periods of 30 minutes each
- 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).

Each individual woman will vary in relation to the number of times and amount of time she needs for lactation breaks. Therefore the frequency and duration of lactation breaks should be flexible and tailored to meet the needs of each employee.

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.

Procedures

Where practicable, facilities should include:

- A Private Room: A clean hygienic and private area with lockable door in which women can express breast milk or breastfeed their baby.
- Refrigerator: secure refrigerator for storing breast milk.
- Storage: a lockable storage cupboard/locker for storing pumping equipment.
- Comfortable chairs: to use while expressing or breastfeeding.
- A table: to support the breast pump and any other equipment.
- A power point: for mothers who use an electric breast pump.
- Sink: Ideally the room will also have hand washing facilities, but access to a place to wash hands and equipment is essential.

Where facilities are not provided, adequate time must be given, in addition to the time for lactation breaks, to allow mothers to travel to the facilities that they will be using.

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.

Resources Necessary to Implement PPPG Recommendations

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.

Barriers and Facilitators to Implementation

- As per published evidence, 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 Tusla, 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.
- A facilitating factor for implementation of this policy is its overall ethos, that it is focussed on supporting Tusla 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 Tusla staff to management and HR, regarding the availability of breastfeeding supports on return to work.

Process for Managers and Employees

Employee Process

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

- Notify their direct line manager, in writing, no later than 4 weeks prior to her return to the workplace, of their intention to do so.
- They 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.
- 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.
- Agree with their line manager at a local level regarding the management of lactation breaks. An employee who is not satisfied with her breastfeeding in the workplace arrangements provided can pursue review through the established Grievance Procedures.
- Staff should notify their manager as their breastfeeding needs change, or cease, so any arrangements can be amended as required.

Line Manager Process

It is the responsibility of the Line Manager to ensure that:

- They secure agreement of management of lactation breaks with the breastfeeding employee.
- They are compliant with legislation, i.e. Maternity Protection (Amendment) Act 2004. This includes replying to the request for lactation breaks within two weeks of receiving it.
- They are 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.
- Arrangements are reviewed after the first month and at 3 monthly intervals thereafter, and if the employees' needs change.
- 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

Human Resources

- Inform all relevant colleagues of the availability of agreed lactation breaks for the breastfeeding employee and Tusla's support of same.
- Aim 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. Colleagues should support co-workers who are breastfeeding / expressing.

Roles and Responsibilities

Employees Responsibilities

- Comply with notification requirements as outlined above.
- The breastfeeding employee shall be responsible for the care and safe storage of their breast milk and for the equipment necessary for expressing their milk.
- Respect the privacy and security of the room and of those who use it.
- Ensure the room is clean as they depart.
- Take responsibility for the labelling and storage of their own breast milk.

- Take responsibility for the care and maintenance of their own equipment (e.g. breast pump).
- 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.
- Use breastfeeding breaks for the purpose that they have been granted.
- Employees should inform their line manager of any incidents of harassment or discrimination.
- Forward and discuss any feedback in relation to supports and facilities to/with line managers and health & safety representatives

Line Managers Responsibilities

- Ensure all staff are informed of the organisation's policy supporting breastfeeding and are given access to a copy of the policy.
- Ensure that all new staff, as part of their induction, have information on the policy and notification process.
- 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.
- Ensure that employees applying for maternity leave have information on the policy and notification process.
- Acknowledge receipt of all formal requests from staff in a timely manner / within 10 working days of receipt of request.
- Make all reasonable effort to provide the facilities for breastfeeding breaks set out in this policy, consulting with HR, and Estates as needed.
- Review work schedules and agree manner in which breastfeeding breaks will be taken in consultation with the employee.
- If breastfeeding facilities are not available to support breastfeeding breaks, facilitate reductions in the working day. If required, consider alternative temporary work arrangements.
- Be supportive and flexible in supporting breastfeeding employees and meeting employees' needs to express milk.

- 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.
- Maintain a record of requests made by employees and arrangements put in place.
- Ensure that any complaints in relation to the policy are dealt with under the appropriate policy, specific to the complaint.
- Address any incidences of harassment or discrimination in line with the [Dignity at Work Policy](#).

Service Directors, Area Managers, National Managers, Regional HR and Line Managers

- Overseeing the development, provision and communication of resources and supports locally to assist the implementation of this policy, in conjunction with appropriate personnel.
- Endorsing and supporting local implementation of the policy and ensure compliance through agreed monitoring process.
- Ensuring this policy is brought to the attention of all staff.
- Aligning appropriate resources to support the implementation of this policy.

The CEO

The CEO has responsibility for:

- Ensuring compliance with the Breastfeeding Policy for Tusla Staff.
- Ensuring that all staff are aware of the Breastfeeding Policy for Tusla Staff.

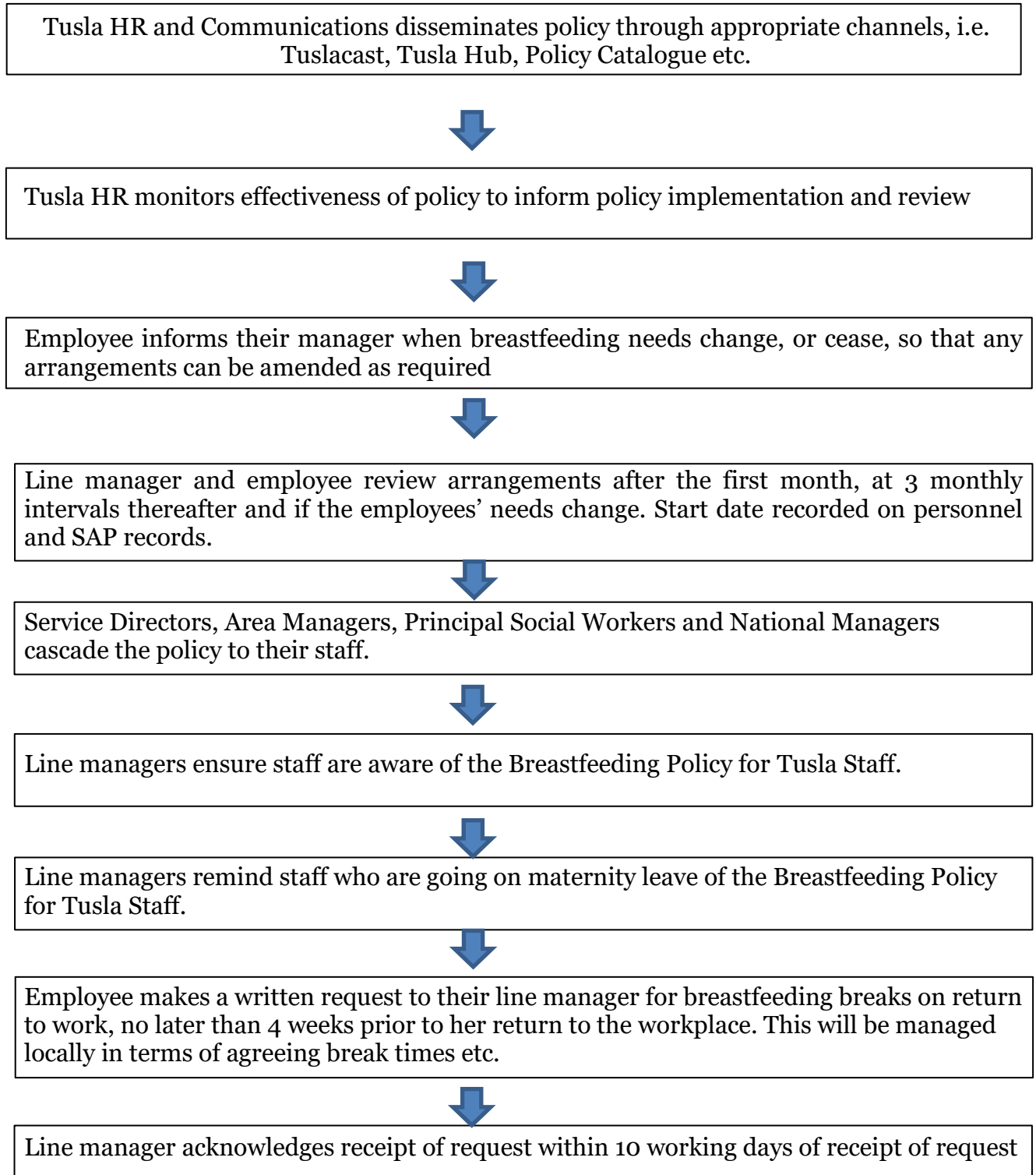
Implementation Plan

National Implementation Plan

- Develop processes for implementation of the policy within established HR structures in Tusla.
- Implement a communication plan informing Key Stakeholders, Area Managers, Service Directors and National Managers, of the provisions within the policy and key messages for staff.

- Develop supports and training to support engaging key stakeholders, area managers, service directors, heads of departments and staff on the policy provisions.
- To monitor and evaluate the effectiveness of the policy.

Flowchart for Implementation of the Breastfeeding Policy for Tusla Staff





Line manager to review New & Expectant mother RA for staff member on return to work to ensure all applicable controls are put in place where practicable. Line manager to review the workplace and the employee's work schedule, in collaboration with the employee and makes reasonable efforts to accommodate the request.



Line manager considers any Health and Safety / HR / Estates issues and liaises with relevant sections where necessary.



Line manager determines the most appropriate form of accommodation, according to the principles of this policy, to support the employee.



Line manager agrees arrangements with the employee prior to return to work, including any application for breastfeeding breaks.



Line manager puts arrangements in place for return to work date.



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.

Revision & Audit

- This policy will be reviewed one year after its introduction in Tusla and thereafter every three years or more frequently as circumstances or legislation require.
- A review process will be agreed with the HR Department and will incorporate obtaining feedback on local implementation of the policy.
- 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.
- Policy review will be the responsibility of HR and HWBEAP. Breastfeeding support can be provided to feeding mothers as required by the Health and Wellbeing Department, along with support for line managers. Breastfeeding information will be hosted on the Tusla Hub to support employees.
- 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.

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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

- Hand washing: Wash your hands with soap and water, or alcohol-based hand sanitiser, before expressing your milk.
- 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
- 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.

- 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 (Eglash 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}
- 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:

- 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.
- 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.
- 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.
- Breast milk can be safely stored;
 - in the icebox of a fridge for up to 2 weeks,
 - 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,
 - in a deep freezer for up to 6 months.
- 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.
- 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-

Explanatory notes on breastfeeding breaks

The provisions of the policy are designed to promote a workplace culture that facilitates employees who are breastfeeding, whilst recognising service demands and resource constraints.

Under the Policy, staff will be entitled to time off without loss of pay for breastfeeding breaks at work for up to one hour per normal working day. 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 the employee and her manager.

In accordance with the Policy, employees should be provided with a designated space where possible for the purposes of breast milk expression. 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. If no breastfeeding facilities exist in the workplace, the employee may reduce her working day by one hour without loss of pay, in accordance with service need, in a manner to be agreed between the employee and her manager.

Managers are required to engage with employees in relation to these arrangements, and managers should endeavour to facilitate employees' needs as far as reasonably practicable having regard to service requirements. Employees are obliged to keep their managers informed as their breastfeeding needs change. 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.

Appendix 3 -

Signature Page –

**All persons must sign and date this page after they have read and understood this policy.*





Breastfeeding Policy for Tusla Staff

NAME	SIGNATURE	DATE

Appendix 4 -

Sample Completed Health and Safety Risk Assessment Form

National Health and Safety Function, Workplace Health & Wellbeing Unit

  <p>An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency</p> <p>Feidhmeannacht na Seirbhíse Sláinte Health Service Executive</p>		Health & Safety Risk Assessment Form	
Ref: CF:009:02		RE: Pregnancy Risk Assessment Form	
Issue Date:	July 2015	Review Date:	January 2019
Author (s):		National Health & Safety Function	
Legislation:		The Safety, Health and Welfare at Work (General Application) Regulations, 2007, requires all hazards associated with pregnancy and work be identified and any risk to the health and/or safety of the employee assessed. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented.	
Note:		It is responsibility of local management to implement any remedial actions identified.	

Section 1: PREGNANT PERSON'S RISK ASSESSMENT	
Department Name & Address:	
Workplace Activity:	Social Worker, E.g. everyday duties include DSE and office work, external meetings with service users and driving to and from establishments, court visits and access visits.
Pregnant Employees Name:	
Assessment Carried Out By:	
Department Manager:	
Expected Date of Delivery:	21/07/2021
Has the pregnant employee formally notified their employer that they have become pregnant or are a new mother within 6 months and are breast feeding?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> To Whom: Date: 29 th December 2020

Section 2: Physical Agents Hazards	Yes	No
Do the pregnant employees work activities involve exposure to shocks, vibration or movement: including sudden severe blow to the body, low frequency whole body vibration, e.g. driving in off road vehicles?		X
Do the pregnant employees work activities involve exposure to manual handling of loads?	X	
Do the pregnant employees operations involve climbing steps, ladders or other heights?		X
Do the pregnant employees work activities involve exposure to loud noise?		X
Do the pregnant employees work activities involve exposure to ionising radiation?		X
Is there any difficulty for the pregnant employee wearing protective equipment due their increased size as the pregnancy develops?		X
Do the pregnant employees work activities involve exposure to non-ionising radiation or electromagnetic radiation e.g. ultraviolet (UV), visible and infrared) and electromagnetic fields (power frequencies, microwaves and radiofrequencies)?		X
Do the pregnant employees work activities involve exposure to extremes of cold or heat?		X
Is there exposure to physical assault and/or excessive and/or unpredictable physical activity from clients, members of the public?	X	
Do the pregnant employees work activities involve entry to tightly fitting workspaces which would present comfort difficulties to the pregnant person?		X
Is there any difficulty in the pregnant person evacuating the building in an emergency due to lack of speed and movement? <i>If you have ticked yes to any of the above questions please ensure that you complete the risk assessment as appropriate.</i>		X
Biological Agents Hazards	Yes	No
Do the pregnant employees work activities involve exposure to Group 2, Group 3 or Group 4 biological agents, which cause human disease e.g. Measles, HIV or Rubella? <i>If you have ticked yes to the above question please ensure that you complete the risk assessment as appropriate.</i>	X Possible Covid 19 exposure	

Chemical Agents Hazards	Yes	No
<p>Do the pregnant employees work activities involve exposure to chemical agents labelled as:</p> <p>R40 Limited evidence of a carcinogenic effect</p> <p>R45/H350/H351 May cause cancer</p> <p>R46 /H340/H341 May cause heritable genetic damage</p> <p>R49 May cause cancer by Inhalation</p> <p>R61/ H361 May cause harm to unborn child</p> <p>R63/H360 Possible risk of harm to the unborn child</p> <p>R64/H362 May cause harm to breastfed babies</p> <p>R68 Possible risk of irreversible effects</p> <p><i>If you have ticked yes to any of the above questions please ensure that you complete the risk assessment as appropriate.</i></p>		X
<p>Do the pregnant employees work activities involve exposure to mercury or mercury derivatives which could affect the foetus during pregnancy and slow its growth?</p> <p><i>If you have ticked yes to the above question please ensure that you complete the risk assessment as appropriate.</i></p>		X
<p>Do the pregnant employees work activities involve exposure to Antimitotic drugs also known as cytotoxic drugs? (Imuran, Cytosan, and Rheumatrex taken for arthritis)</p> <p><i>If you have ticked yes to the above question, please ensure that you complete the risk assessment as appropriate.</i></p>		X
<p>Do the pregnant employees work activities involve exposure to chemical agents which allow percutaneous absorption through the skin e.g. some laboratory work?</p> <p><i>If you have ticked yes to the above question please ensure that you complete the risk assessment as appropriate.</i></p>	X	
<p>Do the pregnant employees work activities involve exposure to lead or lead derivatives?</p> <p><i>If you have ticked yes to the above question please ensure that you complete the risk assessment as appropriate.</i></p>		X

Night Work Hazards		Yes	No
Do the pregnant employees' works involve night work between the hours of 11pm and 6am?			X
While engaged in night work, is the pregnant employee seriously affected by morning sickness to the extent that it affects her job?			X
<i>If you have ticked yes to any of the above questions, please ensure that you complete the risk assessment as appropriate</i>			X
Display Screen Equipment Hazards		Yes	No
Do the pregnant employees work activities involve work on display screen equipment?		X	
<i>If you have ticked yes to the above question, please ensure that you complete the risk assessment as appropriate.</i>			
Other occupational safety and health hazards identified		Yes	No
Have you identified any other safety and health hazards?		X	
<i>If you have ticked yes to this question, please ensure that you complete the risk assessment as appropriate.</i>			
Section 3: Risk Assessment Recommendations:			
Assessment Carried out by:	XXXX		
Pregnant Persons' Signature:	XXXX		
Department Manager:	XXXX		
Date of Completion of assessment:	XXXX		
No of Weeks Pregnant:	[14] <i>The risk assessment is to be reviewed on a regular basis throughout the pregnancy or more frequently should circumstances dictate.</i>		
Note: The Manager should ensure that the remedial action specified is implemented to ensure the safety health and welfare of the pregnant employee and their unborn child, as far as reasonably practicable. The risk assessment should be forwarded to the HR/Personnel Department following the period to which the Regulations relate and kept on the employee's personal file.			

Health and Safety Pregnancy Risk Assessment Form

Administrative Area:	Risk Category: <i>Pregnant employee</i>
Location: <i>Health Centre/ Remote working from Home/ Meeting service users</i>	
Section /Ward / Dept: <i>Social Work Department</i>	
Date of Assessment:	Name of Risk Owner (BLOCKS):
Source of Risk: <i>Outlined in assessment</i>	Signature of Risk Owner:
Unique ID No: <i>N/A</i>	

HAZARD & RISK DESCRIPTION	IMPACTS/VUNERABILITIES	EXISTING CONTROL MEASURES	ADDITIONAL CONTROLS REQUIRED	PERSON RESPONSIBLE FOR ACTION	DUE DATE
Walkways/Stairwells.	Balance-risk of slip, trip fall injury to pregnant employee and unborn child.	Handrails available on stairwells.	Pregnant employee instructed to hold handrails ascending/descending stairwells.	Pregnant employee	Ongoing
Use of Display Screen Equipment (computer and accessories)- No specific risk to health. Postural effects.	Pregnant employees may experience problems in working in tight fitting workspaces or workstations, which do not adjust sufficiently to take account of increased abdominal size. This	No space constraints at Ballina Health Centre station however, pregnant employee is working from home on laptop most of the time without any height adjusters or ergonomic equipment.	As working from home off a laptop continuously, Pregnant employee may feel the onset of neck strain. XXXX has space at home to set up at a workstation, organise equipment to be couriered to XXXXs home to enable her to set up workstation correctly.	xxx to request through Business Support	Request through Business Support

	<i>may lead to strain or sprain injuries.</i>		<i>Remote VDU Assessment is available for xxxx to ensure workstation set up is correct at home. Link on Health and Wellbeing page to request assessment.</i>		
Physical exertion- Handling a child/ manual handling.	Pregnant employees are more likely to pull a muscle as they have a hormone called relaxin in their system, which relaxes their smooth muscle.	Manager facilitates access visits suitable to pregnant employee's capacity. Pregnant employee avoids lifting children and items where possible. Principles of safe lifting to be followed always bend from your knees keeping your back straight instructed to Pregnant employee.	Manual Handling training to be provided to XXX prior to her going on maternity leave or soon after she returns to work after maternity leave. Pregnant employee to request assistance / support available for manual handling activities including carrying items to and from vehicle where required.	Pregnant employee	Immediately
Driving for work.	Sitting in a car for long periods can affect circulation and lead to fatigue.	Good driving practices enabling welfare breaks/rest breaks being followed. Avoid long journeys where possible. Ensure phone is in coverage and sufficient battery when driving for work.	Continuous monitoring	Pregnant employee	Ongoing
Unpredictable / Challenging behaviour.	Physical / verbal assault, Stress.	xxxx cases at present are ongoing and she is familiar with service users on her case load. Contact with known or potentially violent service users should be prevented wherever possible for the remainder of the pregnancy.	Continuous monitoring with Line Manager	Pregnant employee	Ongoing

Inadequate welfare arrangements/secure facility to enable nursing mothers to express and store breastmilk.	Stress/ Biological agents.	<i>To be monitored upon new mothers return to work.</i>	If there are no facilities available for breast feeding pregnant employee is entitled, under legislation, to paid time off for the purposes of breastfeeding or expressing milk in the workplace. Mini fridge to be available for breastfeeding mothers in the workplace.	Pregnant employee	To be monitored upon employees return to work
Exposure to Covid19 Virus	Pregnant employees categorised as High Risk Very High risk if 35 or older.	Adhere to HSE guidelines on Social Distancing, Mask wearing and hygiene requirements for Office work and interaction with Service Users. Avoid where possible need to interact with service users/work in the office. Remain working from home as much as possible.	All access and home visits must be risk assessed and controls followed. If pregnant employee becomes concerned in the future on transmission rates, link with their line manager to identify if other suitable measures can be accommodated such as online meetings with service users.	Pregnant Employee and Line Manager	For duration of Pandemic.
Night Work	<i>Expectant and new mothers may experience ill effects and fatigue from working at night.</i>	<i>Employee be moved to day work if it is the opinion of a doctor that the night work is having a detrimental effect on their health or the developing child.</i>	<i>Continuous monitoring.</i>	Pregnant Employee and Line Manager	Ongoing
RISK RATING					STATUS
Likelihood	Impact		Risk Rating		
2	4		(8) Medium- with controls applied		Ongoing