MANAGERS' PERSPECTIVES OF LACTATION BREAKS:

The Context of Infant Feeding Decisions Among Staff In One Public Sector

Organisation

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<u>ABSTRACT</u>

BACKGROUND: There is a mismatch between health recommendations that babies are breastfed for up to 2 years or beyond, and UK employment law provisions, in which maternity leave available is commonly up to one year with maternity employment protections normally ceasing after return to work.

AIM: The study explored the perspectives and views of employers and managers concerning the context for lactation breaks developing rich qualitative material.

OBJECTIVE: To examine the context of lactation breaks in one public sector organisation from the perspectives of managers.

RESEARCH QUESTIONS:

(1) What issues are triggered for managers by employees combining breastfeeding or lactation and employment?

(2) How do managers understand and access the law concerning lactation breaks?

(3) What views do managers express with regard to the different ways in which a mother may sustain lactation on her return to work?

METHODOLOGY & METHODS: This qualitative study utilised snowballing sampling strategy to access and recruit participants. Interviews were conducted with twenty seven managers and key personnel of a large family-friendly organisation in 2013, selected for the deviant level of support for lactation breaks. Documentary analysis was also utilised. Interviews were audio recorded and transcribed verbatim. Inductive thematic analysis was applied using NVIVO to discern themes.

RESULTS: There are some gaps in provision for lactation breaks and potential barriers for staff contemplating them. Participants described support and concerns, and demonstrated conflicted attitudes. Themes include support for combining lactation and employment; concerns about lactation; following organisational policy; questioning social policy and reservations about communication. There is some degree of contradiction between these over-arching themes. There was limited call for law reform and the topic was perceived as primarily a human resources issue. All forms of lactation breaks were associated with ambiguous attitudes and reservations.

IMPLICATIONS: Despite a high level of support for the concept of lactation breaks among managers, there were concerns over potentially problematic issues. Managers seek guidance on the issue. All forms of lactation breaks are approached with reservations. Breastfeeding at work triggers a workplace risk assessment rather than consideration of the potential risks of stopping breastfeeding early.

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CHAPTER 1. INTRODUCTION

This thesis examines the context in which women take lactation breaks. The World Health Organization (WHO) recommends that babies are breastfed for up to 2 years or beyond (WHO, 2002; Unicef, 1990; Unicef, 2005). However, maternity leave available in the UK is commonly up to one year and maternity employment protections normally cease after return to work (Health and Safety Executive, 2009; Maternity Action, 2009; ACAS, 2014). There is therefore a mismatch between the health recommendations and the reality of employment law provisions that women experience. The Infant Feeding Survey 2010 (McAndrew *et al.*, 2012) reports over half (56%) of UK mothers, who were working when their baby was 8-10 months old, identify work as causing them to cease or reduce their breastfeeding, with nearly a fifth (19%) identifying work or college as a reason for stopping breastfeeding when their baby was 6-9 months old.

Lactation breaks are a way of combining breastfeeding and returning to work for many employed women. A lactation break can take many forms, including direct breastfeeding of the baby – whether in a nursery or in the workplace, or by visiting the baby at some alternative venue – and may also include expression of breastmilk by using a breast pump or by hand. '**Breastfeeding**' can also be referred to as '**nursing**' and '**expressing breastmilk**' as '**pumping**'.

Within this thesis, I have utilised the term '**lactation break**' to refer to any break from work for the purposes of lactation which includes both expressing breastmilk and breastfeeding. Conflicting definitions and understanding of what breastfeeding means have plagued research on the topic for many years (Thulier, 2010; Coffin, Labbok and Belsey, 1997). In this thesis, I follow the argument advanced by Noel-Weiss, Boersma and Kujawa-Myles (2012) which distinguishes breastfeeding from breastmilk as both are of value and they have qualitatively different dynamics.

To distinguish the process of breastfeeding from the product of breastmilk, I define '**breastfeeding**' as direct feeding from the breast; '**expressing breastmilk'** as extracting breastmilk from the breast (whether by hand or by breast pump) and '**breastfeeding but not taking lactation breaks**' as a mother who breastfeeds or expresses breastmilk for her baby, but does not do so during work time.

I define '**child-on-site**' as bringing a child to the work site by a third party for the purposes of breastfeeding. In my study, this was often self-defined by participants to include other activities, including childcare by the employee on site and bringing older children as well as breastfed children onto the work site. Also noteworthy was the range of spaces within the workplace, some of which were deemed by my participants as child-friendly, for example, cafes.

I define '**mother-visiting-baby**' as the mother leaving the workplace temporarily in order to breastfeed her child. This might include visiting the on-site nursery or a childminder. Many of my participants included emotional and relational elements with their conception of this visit.

SETTING OF RESEARCH

The public sector organisation is called Zargg throughout this thesis for the purposes of anonymity. It is a family-friendly workplace setting, but cannot and does not reflect the range of employers within the UK. However, as a public sector organisation, it is a single, naturalistic unit in which wider pressures can be identified (Yin, 2009). This thesis is an intrinsic study of a single organisation or workplace setting (Stake, 2010). This limits the generalisability of findings to other employers within other organisations, but application of a qualitative approach does hold the possibility of findings that might be translated to similar workplace settings and this is especially likely for other public sector organisations. The transferability of the findings of this study is therefore a useful contribution to new knowledge in addition to the utilisation of novel methodology to the topic which is similarly ground-breaking.

Participants were sampled through a snowball process and interviews were held with twenty seven managers and key personnel within the Zargg organisation in the summer and autumn of 2013. Documents were also analysed when referred to by participants. The details of these interviews are discussed within the methodology chapter. The interviews were audio recorded; transcribed and analysed using an inductive thematic analysis (Braun and Clarke, 2013; Denzin and Lincoln, 2005; Boyatzis, 1998).

MOTIVATION AND PERSPECTIVE

As a researcher, I am a key instrument of enquiry following this approach and my position on the issues raised and infant feeding decisions is relevant as it informs my research. This would be true whichever researcher undertook the research, and can be seen as a positive feature which increases the insights generated through research. (Pertti Alasuutari et al, 2008; Cole, 2009; Creswell, 2013). I am explicitly supportive of breastfeeding in light of my experience; breastfeeding has been significant and important in bonding with my children. I am also a Breastfeeding Counsellor and currently on both the Central Committee and the training team of the Association of Breastfeeding Mothers (ABM). However, this research does not address the importance and significance of breastfeeding for mothers, but rather addresses the barriers and facilitators that they may experience by assessing the context in which decisions about lactation breaks are made. My views concerning the significance of breastfeeding are therefore indirectly relevant to the thesis, rather than a core component. My personal history also led to a change in the research questions in 2012 which is discussed below.

It is particularly interesting that I have never taken a lactation break, preferring to work on a part-time and flexible basis around the needs of my children. Prior to having children, I undertook an LLB, LPC and MA in Legal Studies, culminating in a thesis examining the Flexible Working Regulations and Sex Discrimination Act. I also taught law in a variety of settings (I also have a PGCE), specialising in employment law.

I have now had 3 children, the last of whom was stillborn due to a cord prolapse in the process of writing this thesis. This has materially impacted the thesis as I no longer felt able to interact with breastfeeding women. It therefore required me to revise my research question. I have elected to study the managers and the employment organisational context in which women make decisions about lactation breaks for personal reasons, connected with my grief over the stillbirth, but also because it came clear to me in the course of literature review that this was an understudied area.

Individual women make decisions about their feeding preferences in a context. A better understanding of the context of these decisions can enable better policy to be

made. Investigating the barriers and facilitators for lactation breaks by reference to the context in which they are made is significant as it enables greater understanding of the factors influencing women's decisions. Investigating the restrictions on autonomy and the ways in which freedom is constrained by specific conditions of daily life enables a greater understanding of the way in which meanings influence choices (Flood, 2010). I am interested by the potential for barriers to lactation breaks to impact women's decisions, and for the employment context to impact breastfeeding rates; therefore, I am interested in investigating questions of lifeworld and social, cultural, and political context of those decisions, in which the interpretation of phenomena is intrinsically important.

In my experience as a breastfeeding counsellor, I have often encountered mothers who are surprised by how hard breastfeeding can be. A common sentiment amongst the mothers I work with is expressed as 'breastfeeding is unexpectedly hard' and 'my baby shouldn't need me this much'. Radical feminists have called for defining maternity as work and a greater acknowledgement of the work involved in reproduction (Bartlett, 2002; Dykes, 2005), although this is a contested position (Lee *et al.*, 2014; Lee, 2011; Faircloth and Lee, 2010; Carter, 1995). Radical positions can be associated with the third of Lukes' power dimensions (2005) which is discussed in the *Ontology* section.

In writing this thesis, I have had to consider my feminist belief in the importance of breastfeeding as a form of female body work, while also acknowledging that my own experiences may bias me. My son has special needs and breastfed for 3 years. It is possible, therefore, that he needed additional support which increased the extent of my maternity work. Other mothers may have different maternity experiences. The extent of the work required may vary between families and depending on the circumstances. It is possible that some mothers' babies are not as needy as mine. Nonetheless, I consider breastfeeding an important and significant element of maternal body work (see Gatrell, 2005; Hird, 2007; Stearns, 2009).

My feminist beliefs can be described as aligned with the respondents of Bobel's 2002 study of so-called natural mothers. She describes her participants as identifying as radical feminists who believe that everything they do is political, in particular, the way in which they parent. However, Bobel adopted a critical stance towards her

participants, evaluating their position as a cultural/difference version of feminism. Like those participants, I would self-identify as a political and radicalised voice, especially with regard to breastfeeding. Like Bobel's participants, it is likely that others would view my actions, responses and feelings as being more closely associated with a traditional, cultural and therefore difference-orientated feminism. Whilst I recognise that this stance may be perceived as amorphous, see (Barnett, 1998; Beasley, 1999; O'Reilly, 2010) it also recognises the fact that my positions are fluid in response to the circumstances which I experience and the context in which I have made many of my decisions and in which my viewpoints have developed.

My Christian faith is central to my life. I have reflected on my values and developed a mission statement to help me stay aligned and intentional. These inform my ethical and political stance, from which my beliefs are developed. I affirm the value and importance of babies and mothers, endorsing their mutual right to breastfeed; and I also acknowledge the importance of integrity and accountability in the workplace. I believe in the importance of active listening and respect for other people's experiences and viewpoints; in many ways this thesis has been a listening exercise. I regard employees acting rightly in relation to their employers and managers as a virtue demonstrating faithfulness and loyalty; likewise, it is incumbent upon employers to preserve good faith with their employees, and to respect their family lives. Lactation breaks can provide a creative and holistic way to integrate these mutual responsibilities, but they are one of a variety of potential strategies.

Contextualising decisions and thought processes is an important element of this thesis and I recognise that it applies to me as well as a large number of my participants. In line with my social constructionist stance, discussed within the methodology section, I both acknowledge and challenge the social realities in which I exist.

The thesis has evolved during the course of my PhD studies, both conceptually and structurally. Initially I planned a critical legal analysis, following the black letter law tradition in which I had been immersed. However, my reading demonstrated that the issue is addressed in complex terms; some writers contend that change in the law is unlikely to impact behaviour significantly (Dozier and McKee, 2011; Smith-Gagen

et al., 2014a; but contested by Abdulloeva and Eyler, 2013). This perspective has informed the second research question in the current study.

I prepared another study protocol for ethics approval, which was to be woman-centred and examining the experience of taking lactation breaks. At that stage I also investigated questions about auto-ethnography as I anticipated being a breastfeeding working mother. The stillbirth meant I was unable to continue with this protocol and there would have been too many ethical difficulties in addressing these issues. However, the literature that I had garnered is utilised in addressing my first research question.

My third research question addresses a gap in the literature on lactation breaks. Conflating breastfeeding and pumping is to compare two different processes. Although the US literature often refers to lactation breaks as pumping breaks, the UK grey literature suggests a range of possibilities for breastfeeding and many different ways of taking a lactation break. However, the published research studies are predominantly from the US and have been criticised for only examining pumping (Galtry, 1997). I therefore have created new knowledge by approaching these differences from an academic viewpoint. Further, there has not been any other study that identifies managerial or employer perspectives regarding the different ways in which women may take lactation breaks.

AIM, OBJECTIVE AND RESEARCH QUESTIONS

Investigating the context of infant feeding decisions contributes to the fields of employment law, sociology, occupational health, health promotion and public policy. Investigating the perspective of managers and employers to the question of lactation breaks will shed further light on the pressures and influences upon women making decisions about their arrangements post-birth.

The research problem is therefore to understand the context in which lactation breaks are taken and the purpose is to explore the perspective of employers and managers within the workplace on lactation breaks. My research objective is to explore the organisational context of lactation breaks in the workplace using a qualitative approach in one public sector organisation.

1. What issues are triggered for managers by employees combining breastfeeding or lactation and employment?

2. How do managers understand and access the law concerning lactation breaks?

3. What views do managers express with regard to the different ways in which a mother may sustain lactation on her return to work?

My first research question uses different methodology from the existing research, and is the first study to examine these questions outside the US. My second research question is original in examining the legal understandings of managers on this topic and again is unique in the UK context. My third research question is innovative and addresses an issue on which there has been no prior research published, although the case for an understanding of the different ways of taking lactation breaks is made out by my literature review.

These questions were investigated through the use of a public sector organisation. I have referred to the organisation as 'Zargg' throughout this thesis for the purposes of anonymity. Ethics approval has been granted by UWE (Application HLS/13/03/59) and confirmation is provided in Appendix I.

The policy background impacting individual decisions which impact on health and wellbeing is relevant to the decisions individual people make. This research therefore investigates the multiple dimensions and constraints in which power and political factors affect individual women.

This thesis consists of a literature review on the knowledge regarding lactation breaks which was conducted over a period culminating in the winter of 2014/2015, a description of the methodology of the study, a summary of the results, a discussion and finally a conclusion which summarises some of my views on the topic. The thesis has been written by using a Dictaphone and then typed by a transcriber as I have RSI and need to minimise the keyboard work that I do. I am registered as a disabled student.

The literature review takes each research question in turn. I initially address the understandings that managers are likely to bring to the topic, and analyse these by reference to the personal attributes which are influential within the literature in impacting emotive issues regarding lactation breaks. The existing literature is examined from a managerial perspective and contrasted with the research on women's experiences of taking lactation breaks. Assessing the issues triggered for managers by reference to the extant discussions on the topic within the literature, and grouping the information by reference to these issues triggered, enables a fuller understanding of the context for the research findings.

The legal context for managers within UK public sector organisations is subsequently addressed. The types of law that are relevant are explained, along with the differing levels of enforceability associated with the different forms of law. Special attention is paid to statute and case law due to their influence within the UK legal system. These forms of regulation are likely to inform the manager's perspective and the understandings they bring to the topic.

The literature review also addresses the different ways in which lactation breaks can take place, with especial attention to the extant knowledge on how breastfeeding and expressing breastmilk are qualitatively different. The methodology chapter addresses the conceptual framework that has informed the study, and the underlying ontology and epistemology. Thereafter the study design is explained, and the way in which participants were recruited and sampling of Zargg staff was addressed. The development of the interview schedule and the methodological approach towards generating the rich qualitative data is given close attention. The process of data analysis and the inductive approach are grounded in the literature which has

informed the study design. Analysis includes a discussion of the themes and the links between them, and addresses the ontological questions which were raised by the methodology. Limitations and delimitations of the research are discussed. The findings are grouped according to the research questions and the key emergent themes addressing the first research question are given close attention. The second question is also discussed and the third question is grouped according to the options identified for different ways of taking lactation breaks.

The discussion chapter grounds the findings and analysis in the literature and links back to the extant knowledge while also demonstrating the contribution to new knowledge which the thesis creates. I finish with some reflections upon the contextual situation surrounding lactation breaks and the learning on the topic which I have acquired through the journey of creating this thesis.

CHAPTER 2. LITERATURE REVIEW

THE CHALLENGE

Understanding the literature relevant to my thesis in terms of its composition and location was a challenge. Research into managers' perspectives of lactation breaks from work and the context of infant feeding decisions among staff is located in many different academic disciplines. These include health, business management, psychology, human rights and employment relations. It is also a subject on which there is a significant knowledge within the community, as arguably the experts are the mothers engaged in the process of making decisions about infant feeding on return to work. Political debate and everyday comment and responses in newspapers and online in relation to policy is also relevant to the context of infant feeding decisions and the process by which the workplace is regulated and the law applied.

Consequently, my literature review needed to embrace a variety of types of literature from a wide range of sources or locations. My approach to resolving this issue therefore was to conduct a literature search which encompassed a wide range of disciplines, knowledge bases and literature of different types. I have searched academic, grey and public debate literatures located in academic databases; legal databases; policy documents; and news sources. The literature was searched until the beginning of 2015.

Wallace and Wray (2006) describe four types of front-line literature which are theoretical, research, practice, and policy literature. Theoretical literature is concerned with the relationship expected between the way things happen and therefore may interpret or respond to evidence gathered. Research literature describes systematic investigations which ask and address specific questions and is often contained within academic databases.

The distinction between policy and practice literature is pertinent when assessing the literature on the topic to include within the review. Policy literature is intended to direct practitioners in how to act when certain circumstances arise. Therefore, it is based on research evidence, but may also include guidelines, policies and procedures and directed towards circumstances of local, national or international importance.

Practice literature is authored by professionals practising in the area and may be disseminated through multiple forms, including the internet. This may overlap with research or describe what happens in practice. Both policy and practice literatures are authored by professionals or organisations with authority within their field, and are edited and considered carefully before publication, but the means of publication are likely to reflect the wide dissemination that is anticipated.

Within the context of lactation breaks, policy literature may be authored by a variety of influential commentators such as the United Nations Children's Fund (UNICEF), the National Health Service (NHS) or established charities and parent-support organisations such as the NCT (formerly the Natural Childbirth Trust). A similar body of organisations may author practice literature, but this could be described as coming from a wider group of professionals and may therefore include writing by International Board Certified Lactation Consultants (IBCLC) and a range of websites which must be individually assessed in order to appraise the authority and confidence which is associated with their content. The range of material associated with policy and practice literature of relevance to breastfeeding is potentially vast, but higher confidence can be ascribed to policy materials. Moreover, the context in which the material is written can vary widely. In particular, material aimed at the American environment may be of limited relevance to the United Kingdom due to different employment practices.

The theoretical literature and research on breastfeeding is often contained within the academic journals. However policy and practice literature may well be hosted by internet domains and not always referenced by the university library or academic databases and may therefore be grey in nature.

Formal research is defined by Locke, Silverman and Spirduso (1998) as identifiable by the presence of an account of the research process, with a carefully designed question and systematic way to collect information that might provide an answer, and therefore is associated with increased confidence and credibility in the research findings. This literature tends to consist of peer reviewed journal articles and is located in academic journals and databases.

In contrast with academic material, grey literature is publicly available and may be produced by reputable organisations, but it is difficult to access through mainstream

academic databases and bibliographic controls. The peer review process may differ from standard academic protocols or indeed it may not have been subject to peer review. (Corlett, 2011; Jesson, Matheson and Lacey, 2011; Saunders and Lewis, 2012). Benzies *et al.* describes grey literature as particularly warranted in a literature review if there is a complex intervention or outcome, a lack of consensus about measuring the outcome, a low volume or quality of evidence or if the context is important to the implementation of the review (Benzies *et al.*, 2006). Because these factors are present in some degree within this thesis, I have included both policy and practice literature when appropriate in addressing my research questions, but to make the research feasible I have concentrated upon academic and policy literature, only referencing practice materials when I identified a lacuna in the literature.

The literature needed to complete my literature review was located in many places. In order to access each type of literature, my search needed to incorporate the key concepts from my research questions and identify similar concepts and to locate sources which included all of these key concepts.

I have arranged this literature review by first addressing the body of knowledge connected with manager's perceptions of lactation breaks. I then investigate the literature concerning issues triggered for managers within my study, the legal literature, and the research concerning different ways of taking a lactation break.

LITERATURE REVIEW PROCESS

There are three formal techniques I have used to compile the literature review within this thesis. I searched both widely and iteratively through both generic interfaces and academic databases. The process of compiling this material has included key terms, hand searching, forwards and backward-chaining, MIMAS and ZETOC alerts, e-list subscription services and personal recommendation. The process has taken place over many years, including prior to my commencement of my academic study on the subject. In addition to this wide-ranging reading, I also performed 2 systematic searches; a systematic check of the academic databases to ensure that I had included all the recent research; and an appraisal of the media commentary regarding a (now receded) proposal made by Andrew Lansley, a Government Minister, concerning a formal legal right to lactation breaks. The formal procedure for the systematic check is described in Appendix II and the appraisal of the media comments is described in

Appendix III. The combination of methods is necessary to address the whole range of literatures on the topic.

I encountered limitations within Google and PubMed when searching the literature, in line with those reported by Boeker *et al.* such as incremental query optimisation and search history reporting (Boeker, Vach and Motschall, 2013). However, I resolved these by reading widely around the subject. The academic databases revealed a scarcity of both research and academic consideration of my research topic. Therefore, I employed additional search strategies in line with those recommended by Aveyard (2008) in order to increase the effectiveness of my literature review.

The decision to utilise qualitative methodology impacts the material for inclusion and exclusion within this chapter. This research is focused upon a UK public sector organisation during 2013. The interviews were conducted prior to the changes in maternity and paternity leave associated with the Shared Parental Leave Regulations (2014).

Due to the scarcity of research upon lactation breaks from an employer perspective, I have decided to include materials from all countries, although I recognise that Anglophone and EU countries will provide the strongest comparators (as their social policy context has the strongest similarities to the UK). US materials on the topic are more plentiful, but may relate to a very different context due to the restricted maternity leave available to mothers, restricted part time/flexible working, and the limited protections available for employees. I have restricted my search to English language documents which I acknowledge results in a language bias (Rhoades, 2011).

With regard to date, I concluded that sociological material relating to pre-Blair employment conditions (i.e. May 1997) is unlikely to be relevant and have therefore excluded this material from my literature review. This is due to the considerable changes in employment relations relating to flexible and part time working, and the changes in gender roles which have impacted working and childcare practices. However, health research pre-dating Tony Blair's term in prime-ministerial office may continue to be relevant and have therefore been included if they were still appropriate (Hart, 2001; Humphrey, 2011). Likewise, material related to feminist

ideological conceptions and theories are likely to be of continuing relevance, and are therefore referred to when appropriate regardless of date of writing.

Much academic discussion has focussed on the impact of breastfeeding. This is too large a topic to discuss within the thesis; I have therefore investigated evidence regarding the extent to which the sub-topic "breastfeeding is good" is supported within managers of employing organisations, rather than examining the evidence relating to the significance of breastfeeding which is extensive, contested, and complex. This is to ensure that the literature review is aligned with the concepts of the thesis.

In addition to my iterative searching, I also undertook a systematic check using bibliographic databases such as *Cinahl, Medline, Embase, Maternity and Infant Care, Business Source Premiere, Econlit* and *Emerald*. Details of the systematic check process are included as Appendix II. This review was conducted at the end of the research process, and I discovered several advantages for performing it at this time. In particular, I found that I was quicker in screening material as my research questions and themes were developed; and this helped me recognise when something was relevant; and it is also an up to date (3 February 2015) study, so I did not need to revisit it at the end of the study. My challenge was to narrow the material raised by the themes down to a manageable quantity of literature. I therefore restricted the systematic check to the core of my study, which is employer perspectives, rather than tangential material which is raised by the themes discussed within the study.

In order to prepare the systematic check, I consulted a team of librarians with expertise across all the subject fields relevant to the thesis. We created a search protocol which was a modified version of the Cochrane protocol presented by Abdulwadud and Snow in their two papers (Abdulwadud and Snow, 2007; 2012b). However, they report that on neither occasion, when they performed their Cochrane Review, were they able to identify any research papers that met their criteria. This was likely because they were searching for Randomised Controlled Trials (RCTs) and were unable to identify suitable quantitative studies regarding lactation breaks. Their experience implies that a full systematic review is inappropriate for the topic given the types of literature extant which are relevant to the topic and the sparsity of literature meeting their quality criteria, and I therefore determined against a

systematic review, instead using a systematic approach to check the narrative review I had built up over the years. Duplicating systematic reviews is unethical due to the costs and labour involved, and protocols for reviewing quantative studies may require amendment for the qualitative material which most directly addresses my research questions (Whiting, 2009).

Abdulwadud and Snow identified three elements to their search string and some of this has been possible to utilise in this thesis; the first element relating to RCTs has not been duplicated, but the second related to breastfeeding, and the third relating to corporations and employment has been useful in the development of my protocol. The requirement relating to RCTs was not relevant to my qualitative study, and therefore I did not utilise this part of the search. Further modifications to their protocol included a search term for break/support/accommodation as this is central to my thesis and in the title; and including terms around Organisation as I am researching a case study organisation. The final search terms for my systematic check and the screening process are included within Appendix II.

Having performed my search and gained 1643 articles to review, I then applied screening questions to first the title (did it include reference to employment, breastfeeding, or lactation breaks?) and then the abstract. Sometimes I had to access full text as the abstract was ambiguous; I was looking to see if it referred to lactation breaks or any synonym. A problem that I encountered was that many articles were very brief summaries of the US law; following discussions with librarians I decided to exclude publications of fewer than five sides as this was unlikely to add to my knowledge of the topic and there was a plethora of brief and summative material aimed at mainstream audiences. This systematic check supplemented the generic searching I had already performed and ensures that there has been a comprehensive and thorough study of the literature to January 2015 within this thesis. The material garnered through the systematic check has been incorporated within this literature review chapter, but details of the sources found through the systematic check are included within Appendix II.

Early in my PhD studies, I also made a survey of the media reports about lactation breaks, using a serendipitous event. On 28th November 2010 Andrew Lansley MP, then the Health Secretary, made comments in the national press suggesting he was

planning to introduce a right to lactation breaks via breastfeeding women. A detailed list of the comments and responses at the time is included as Appendix III, and includes some comments from employers about their views on the subject. The comments were swiftly reinterpreted and subsequently did not find their way into legislation. However, the unique insights generated by the front page headlines provide a summary of the treatment of the topic within mainstream news media.

I therefore performed at systematic investigation of the reporting of the topic on 20 December 2010. I searched using Nexis "All English Language News" for quotations within the news media concerning the topic as this enables identification of the viewpoints that the media wish to represent on the issue. The selection of interviewees is as revealing as the quotations that they provided for the journalists. The most widely quoted person was Ann Widdecombe, MP, whose phrase "I could absolutely weep" was incorporated within eight reports. It is also noteworthy that she is a Conservative politician, but was more widely reported than other perspectives or prospective commentators. Her emotive and memorable phrase may suggest media manipulation with the potential for false consciousness (see *Ontology* section).

The emphasis within the media reporting given to her dismissal of legally enforceable rights to lactation breaks provides a useful insight into the perspectives of print media outlets into the topic, and thus provides an accessible way to research and summarise grey literature on the topic.

At the time of the Lansley proposal, no reference was made in the media to any research about how employers feel on the subject of lactation breaks. This thesis aims to fill that gap by discovering the opinions of managers about their emotive factors surrounding the topic of lactation breaks, and the policy context of organisations employing women who may wish to take lactation breaks.

In organising the material for this literature review, I have followed the process outlined by Valaitis *et al.*(2012). This addresses the process of a literature review, utilising technologies such as NVIVO and addresses it through the five stages identified by O'Malley and Arksey of addressing a research question, namely: identifying relevant studies, selecting studies for inclusion, charting, collating, and summarising and reporting the relevant material (O'Malley and Arksey, 2005). This

enabled me to organise the large volume of material relevant to my research questions and develop themes to focus the array of literature.

NVIVO was especially useful and I coded my literature by both hand and automatic coding, utilising text searches and matrices in order to increase the depth of the analysis. NVIVO provides a systemised and automated technique for making and recording searches and comparisons between literatures. It additionally helps with organising, visualising and theory development which is grounded in data, and facilitates text-based searching and systematic grouping of data to produce a personalised and aggravated search engine (Silver and Lewins, 2010; Di Gregorio and Davidson, 2008; Grbich, 2007).

I have therefore developed an inductive content analysis of the literature applying similar techniques to those described by Spencer (Spencer and Grassley, 2013), which they describe as particularly useful for developing context-sensitivity and concentration on the meaning and intention of research, which is especially relevant in light of the qualitative nature of my research topic. I have grouped my research literature around the topics of my research question, but begin with an overview on the knowledge current with regard to existent knowledge on the subject of managers' perspectives on lactation breaks, at the time of my literature review in the winter of 2014/2015.

MANAGER'S PERSPECTIVES

There are a number of arguments made out in material aimed at breastfeeding mothers about maintaining lactation upon her return to work, and some of this material is intended for mothers and employers such as the NHS Choices, NCT, and Maternity Action websites or alternatively, produced by mother support organisations and intended for employers (Work and Pump.com, 2015; Womenshealth.gov, 2015; LifeCare, 2010). While these address presumed concerns of employers, less is known of their actual views (Tuttle and Slavit, 2009). This thesis addresses this lacuna. This literature review therefore seeks to use a range of literature to discern factors which may impact managerial thinking and attitudes towards the topic, while acknowledging that individual managers may or may not be familiar with the arguments. The positions of my participants are addressed within the *Findings* chapter.

My research questions have similarities to the literature search performed by Stewart-Glenn (2008). Part of her article includes perceptions and attitudes concerning lactation breaks by co-workers, managers and full-time employed breastfeeding mothers. Of relevance to this thesis is the material she gathers concerning managers attitudes, although similarly to her, I have also included material on co-workers and employed mothers where it illuminates the managerial perspective. Stewart-Glenn utilises CINAHL, PubMed, CiteLit and Social Science Abstract databases over a 10 year plus period to identify the scenes related to attitudes about lactation breaks. While she addresses similar sources to the information within this literature review, she quotes it somewhat differently as her focus is on a wider group of personnel. In particular, she identifies a lack of information concerning the benefits of breastfeeding amongst employers. While the significance of breastfeeding is beyond the remit of this thesis, the community perceptions associated with breastfeeding may influence managerial attitudes. Therefore, it is indirectly significant.

The absence of information about breastfeeding that Stewart-Glenn's literature review identifies amongst co-workers and management is described as significantly concerning, with a refusal to believe that employers should be involved in breastfeeding as a workplace issue. Ignorance was also associated with the proportion of staff that employers were aware of as breastfeeding. Another theme identified by Stewart-Glenn is the variability of support among individual employers. This is described as independent from the size of the employer, although results were not consistent, nor did they identify a clear relationship between the type of employer, perceived or presumed support available with the healthcare sector perceived as not particularly supportive.

Stewart-Glenn identifies the limitations of the studies that she surveys and the atheoretical nature of them. In addition, Stewart-Glenn identifies a realm of research relating to the attitudes, knowledge and perceptions of mothers who are employed concerning lactation breaks. This research identifies factors relating to the employment relationship, but focuses on the mother rather than her manager. Reports of the experience from the perspective of the mother may, however, illuminate the contextual situation. Stewart-Glenn concludes her 2008 article by calling for further

research and the development of the occupational health nurse's educational responsibilities towards both employers and employees. In particular, Stewart-Glenn suggests that research should identify employed mothers who are successfully breastfeeding and the type of support which would beneficially impact maternal behaviour. In addition, she calls for research focusing on the workplace and the benefits to employers of breastfeeding. Studies examining costs-savings to employers and cost-benefit analysis and/or the benefits of workplace lactation programmes, would additionally be helpful. She comments that occupational health nurses are in an ideal position to undertake comparison or intervention studies relating to the topic. The utilisation of a US focus relating to occupational health nurses and the limited focus on managerial perspectives reduces the generalisability of Stewart-Glenn's literature review for the UK context. However, the paucity of literature upon the subject has impacted both her and my review of the existent knowledge on the topic. Likewise, comparisons of the different legal provisions concerning lactation breaks in law have been undertaken by several researchers.

Atabay provides a historical survey of UN Member States (Atabay *et al.*, 2015) and similar studies have been done by other researchers, providing context for UK provisions by examining contrasting law in different countries such as Raub and Earle (2013) and Earle *et al.*, who contrasts US policies regarding working parents and lactation breaks with other developed economies, concentrating on the effects upon childrens' outcomes (Earle, Mokomane and Heymann, 2011). These overviews provide some of the context in which employers make decisions about their policies on the topic. The specific legal provisions in the UK will be addressed under the *legal heading* (see p.82) within this literature review. There is an array of hard and soft material which is directed towards worldwide, European, as well as British contexts and may be addressed towards the government, requiring or advising them to implement legislation or policy or alternatively at employing organisations. These will be addressed in relation to human rights and the policy context as well as the legal requirements upon employers. The political and policy drivers associated with obligations upon employers will therefore be addressed separately from the emotive and relational elements which impact upon managers. The methodology section will address the reasons for conducting a *meso* level analysis of the contextual circumstances.

Three American studies provide an insight into the perspectives of managers and employers regarding lactation breaks. There are several studies of the policies and written procedures within the workplace that will be addressed latter on in the thesis, but the key research information about the perspectives that managers bring to the topic is addressed in 3 articles by Bai (2012), Stratton and Henry (2011) and Anderson (2015).

KEY STUDIES: BAI

Bai *et al.* conducted interviews with twenty human resources managers in New York during 2009. They concentrated upon large employers of more than five hundred employees (Bai, Wunderlich and Weinstock, 2012). Utilising the theory of planned behaviour as a theoretical lens, they evaluated behavioural and normative beliefs that related to lactation breaks, in addition to control beliefs which were perceived as drawbacks to lactation breaks.

Behavioural beliefs included happy employees and good morale; retention, recruitment and productivity. Other participants identified good public relations and corporate citizenship; equality in the workplace and respect; relief of stress (enabling returning mothers to come back sooner and easier); the reduction in absenteeism and associated healthcare cost savings. Further, one participant identified lactation breaks as encouraging women not to give up breastfeeding early.

In addition, participants identified the people who were believed to be supporters of breastfeeding-friendly workplaces. These categories of supporters included mothers, fathers and expectant mothers as well as the HR department and managers who were supervising women and new mothers. It was also suggested that female leaders and upper management would be particularly supportive. Those with experience and knowledge about breastfeeding and Latino people were additionally identified by a smaller proportion of participants.

It is noteworthy that the breastfeeding supporters identified within Bai's participant population are somewhat at odds with the research into the characteristics associated with support of breastfeeding by other researchers. I have addressed these under the heading *Community Perceptions* (p.43) which has addressed the relevance of gender, parenting status, age, seniority and power within the workplace, race, religion and

other culturally ascribed characteristics. The relationship between these demographic variables and support of breastfeeding is convoluted and complex. Bai's sample of twenty Human Resource managers may not be sufficiently large for generalisability with regard to the most supportive personnel for breastfeeding mothers to approach within the workplace. While Bai's participants believed that the people whom they nominated would be particularly supportive, the characteristics of those supportive personnel are described broadly. It may not be sufficiently detailed to enable conclusions to be made about whom could be described as supportive within other workplaces. Therefore, while Bai's in-depth and detailed analysis of breastfeeding supporters within the workplace is valuable and useful as a source of information about the workplaces of Bai's participants, it is unlikely to be generalisable across the US or the UK in relation to breastfeeding supporters for women wishing to exercise lactation breaks.

The theory of planned behaviour, utilised by Bai, describes different types of belief, in terms of categories named normative, behavioural, and control beliefs. Behavioural beliefs are concerned with what the participant believes the consequences of certain behaviour will be; normative beliefs are concerned with social norms and the participants' perception of others' interpretation of the behaviour. Control beliefs are connected with the participant's perception of the ease/difficulty of performing the proposed behaviour. Bai applies this theory to the context of lactation breaks, and specifically identifies control beliefs which act as drawbacks upon lactation accommodations within the workplace. These provide an insight into the brakes upon lactation breaks within employing organisation. The barriers that Bai identifies include concerns that provision of lactation breaks would be neither cost effective nor economically feasible. Participants were especially concerned that a lactation break involved a temporary loss of productivity and that it was time-consuming for employees.

In addition, participants cited scheduling issues and concerns around cover for staff. In particular, they were concerned that it was distracting and disruptive during working time. They were concerned about a perception of special treatment and favour (resulting in resentment from those who did not utilise the benefits). A further concern was described as preference issues and there were concerns that working life was separate from personal life. Concerns over physical space in the workplace

(which was at a premium) and that lactation breaks were too political an issue to be involved with were also drivers for Bai's participants and described as control beliefs utilising the theoretical lens of the theory of planned behaviour. These concerns and beliefs were also present within my sample, and are addressed within the findings and discussion chapters.

Bai concludes that positive beliefs can be reinforced and challenges addressed through education, recognition of model companies and tax breaks. This material is especially useful as it groups employer concerns using a theoretically driven framework. The semi-structured interview guide was theory driven to assess underlying beliefs and perceptions which guide actual execution of behaviour. Demographic information among participants and details of their breastfeeding history add to the credibility of the study and nuanced and rich quotations are provided to add depth to the analysis.

KEY STUDIES: STRATTON AND HENRY

A separate interview study was conducted by Stratton and Henry, in which they interviewed six owners/managers of businesses employing low-income, full-time working women (Stratton and Henry, 2011). Their thematic analysis was guided by the framework of Reasoned Action and revealed five complex and incongruent themes.

The first theme was the reliance upon a case-by-case consideration of individual circumstances of breastfeeding employees, but was linked to the opinion that the benefits of providing breastfeeding support were outweighed by the costs associated.

Another theme revealed positive attitudes about workplace breastfeeding which was paired with a lack of formal action and identified by Stratton and Henry as incongruent.

Further disparity was identified in the third theme which was the combination of an absence of intent to provide breastfeeding support programs, but the expression of intention to support when requested by individual employees. Two further themes were related to business size which was perceived as a limitation and employer roles about which there was some speculation.

This American study conducted in the fall of 2009 addressed research questions concerning employers' beliefs about outcomes which are related to workplace breastfeeding support, the attitude which employers bring to the provision of workplace breastfeeding support and the intentions that employers of low-income, full-time working women have towards provision of workplace breastfeeding support.

The interview guide is summarised and conducted in a one-to-one, semi-structured basis within the workplace of each participants, utilising references from the employer toolkit, which had been developed within the US context by the corporate voices for working families, Working Mother Media and Abbott Nutrition organizations.

Participants were asked to rate the accessibility, acceptability and feasibility of seven suggestions from the employer toolkit utilising a number scale. Interviews were transcribed verbatim and analysed using a thematic code based upon the constructs of the theory of reasoned action. These were designed to identify behavioural beliefs and outcome expectations, attitudes and behavioural intentions relating to workplace breastfeeding support. Strengths of the study include the detailed information associated with the average interview length of forty minutes, the range of business owners and human resource directors' company size (which encompassed employing organisations' range of between fifteen and two thousand employees). Also noteworthy was the range of demographic characteristics of participants, especially the even split between females and males. However, the small sample size of six limits the generalisability of the material collected. In particular, Stratton and Henry report on the absence of trends relating to the gender or business characteristics of their participants. In addition, they comment that their first four themes are concerned with their research questions and theoretical framework. This is in contrast with the fifth theme which was emergent as an inductive item.

This fifth theme is the speculation about the extent of employer roles in contrast with employee responsibilities and the view of participants that it was the mothers rather than the employers' responsibility to ensure the provision of certain needs. It developed unexpectedly from outside of the primary framework as a reflection upon the reasoning that informants adopted to respond to the questions posed within the

interview. This incongruity between the attitudes of participants towards workplace breastfeeding support, which was broadly positive, and the actual provision that participants reported for formal workplace breastfeeding support and the absence of intention to provide such support, which was commonly reported, is especially noteworthy and reflects some of the findings and discussion within this thesis. The absence of demand for workplace breastfeeding support reported by Stratton and Henry's participants is also identified by my participants as well as the willingness to provide workplace breastfeeding support when presented with a request to do so on an individual basis. Another theme that continuously emerged through Stratton and Henry's data was the questioning concerning roles and responsibilities in terms of the topic. This is similar to my theme concerning separation of work and family life and reflects uncertainty concerning the employers remit on the topic. Stratton and Henry identify limitations of the study associated with its qualitative nature and small sample size. Also, similar to my own study, they identify the act of participating in research as being a process in which participants' views changed and morphed and therefore the intervention of interviewing may have itself impacted the views and opinions of their informants. From their study, they identify three recommendations, which are:

Firstly, the suggestion that advocacy should capitalise on actions which employers believe they can take now. In particular this is developed as ways in which healthcare practitioners can encourage, advocate and empower in relation to the topic. The second suggestion relates to employer belief in their role actively supporting breastfeeding employees. Interventions that healthcare practitioners and policy-makers can take are identified. The third suggestion relates to the resources available to employers to enable them to make provisions available on a simple and feasible basis.

Recommendations concerning the development of intervention tools are made in light of the research and theoretical constructs which inform the study. The relationship between the theoretical construct, themes identified and recommendations made is clearly made out and the complexity and incongruous and contradictory viewpoints of the employers surveyed is acknowledged.

In light of these considerable inconsistencies, Stratton and Henry conclude that neither a cost-benefit analysis nor a simple measure of attitude would fully describe the decision-making process that their participants followed in order to determine their policy towards the subject of lactation breaks.

KEY STUDIES: ANDERSON

Anderson *et al.* (2015) conducted focus group research with business representatives in a rural Midwestern US city. Transcripts were analysed using inductive thematic analysis. Similarly to my research design, their moderator guide encouraged participants to consider the issues rather than to concentrate upon what they would like to occur. Although they intended to reach leaders who would act as representatives of their organisations, they report that the majority of participants had personal experience (rather than responsibility) for lactation practice within their employing organisations. The employment contexts included several different types of business. Out of their twenty-two business representatives, only two were male.

Anderson *et al.* report that interpersonal communication emerged as more important than the written communication by the businesses. This is in line with my study methodology in which I have concentrated on the interview data supplemented by reference to Zargg's written policies. The importance of interpersonal communication was reported by Anderson *et al.* as complicated as the subject may be avoided in workplace conversations. Participants were concerned that lactating women might be unsure how to broach the subject. Avoidance of communication as well as the importance of communication is thus documented. This is in line with my findings about reservations over communication addressed later within this thesis. It was also noteworthy that interpersonal communication and negotiation were seen as important by Anderson *et al.* even when formal policies are in place to support lactation breaks.

Anderson *et al.* describe many characteristics which complicate this interpersonal communication, in particular the age and generational attitudes of the people involved, gender, with men perceived as uncomfortable discussing the topic, and also issues of power that can create an imbalance in the conversation. Participants in Anderson's study were concerned that lactating employees might feel that they were perceived as less committed to their jobs if they asked for lactation breaks.

Anderson *et al.'s* study also addresses potential strategies to enhance lactation break support amongst employers. In particular, advocacy that encourages open conversations on the topic was considered important. There was a call amongst participants for a discussion of the topic within businesses and employers, and for enhancing employees' abilities to communicate about lactation breaks. This is in line with my findings that having considered the topic, many of my participants were willing to initiate and participate in discussions on lactation breaks with employees returning to work. However, it is unclear whether this call for discussion was pre-existing amongst employers, or a consequence of the characteristics of the delegates to the focus groups, or an outcome of the process of taking part in a focus group.

Anderson *et al.'s* study is therefore complementary to my current study, as it demonstrates similar themes and findings and has some similarities in terms of methodology especially with regard to data analysis. However, it was conducted in a different context and the American situation is not necessarily analogous to the UK setting. Further, Anderson's use of focus groups involving participants from a range of businesses and employers is different from my use of interviews within a case study organisation which is examined in greater depth.

These three key studies demonstrate managers bringing a conflicted mixture of attitudinal factors to the topic, including both support and concerns. The findings demonstrate internal incongruity and inconsistency within the participants who had a complex mixture of attitudinal drivers as they considered the topic. The complexity of the topic is also highlighted by these studies.

OTHER KEY STUDIES

Other studies have also included some information about the perspectives of managers. Some interviews were conducted by Witters-Green in her mixed methods investigation and employer perspective is a small part of her overall study (Witters-Green, 2003). Moreover, the interviews concentrated on the theoretical and hypothetical options that employers might provide to their staff. Likewise, an earlier study by Bridges *et al.* (Bridges, Frank and Curtin, 1997) describes employer attitudes in a small rural American community towards lactation breaks, and sixty-nine employers were involved in a small sample which identified business variables as a better protector of employer support levels than personal attributes. The

relevance of business variables and the types of employer that are likely to support lactation breaks are also discussed by Dodgson (Dodgson, Chee and Yap, 2004), Allen (Allen, Belay and Perrine, 2014), Hojnacki (Hojnacki *et al.*, 2012) and Bai (Bai, Fong and Tarrant, 2014), who provide congruent observations on business variables and the relationship with lactation support. Business sector, size of employer and staff demographics have all been highlighted as of particular importance but socio-cultural context, in particular location, may also be influential as a variable characteristic.

Brown *et al.* conducted a focus group for HR practitioners who were responsible for maternity issues at large employers, and a separate focus group for owners and managers of small businesses with fewer than 150 employees (Brown, Poag and Kasprzycki, 2001). These focus groups were in Texas, USA, and analysed using a social marketing analysis to identify the knowledge, attitudes and practices that act as barriers and enablers of breastfeeding support. They identify the limitations of their study as the small sample size and the prevalence of white, non-Hispanic women within their participants which limits the extrapolability of the study. However, it involved managers from a variety of employers and indicates topics important for employers in the Texas areas at the dates of the focus groups.

A focus group research was also utilised by Chow *et al.* (2011) with managers in Michigan, USA, to assess their attitudes towards supporting breastfeeding in the workplace (Chow, Smithey Fulmer and Olson, 2011). Both organisational and individual levels of barriers and facilitators were identified by the participants. Managers were concerned that there was the potential for lower productivity, and co-worker jealousy, but believed overall that facilitating lactation breaks benefited employee recruitment and retention. Few managers were aware of breastfeeding policy within their organisation and they did not always believe it to be necessary. Chow documents mixed reactions by the managers within their sample to the question as to how far they should accommodate breastfeeding and identifies the complexity of the topic and the convoluted and incongruent emotions.

Chow also used the results of his focus groups to develop the 'Managers' Attitude Towards Breastfeeding Support Questionnaire' (Chow, Wolfe and Olson, 2012). This was piloted on a purposive sample of 185 front-line managers with experience

of supervising female employees. This is especially relevant to my study as it identifies front-line managers, rather than HR managers or formal policies and procedures. Chow reports the content validity and reliability of the questionnaire in measuring and comparing manager attitudes towards breastfeeding support.

Fifteen American employers, including large and small in public and private spheres, were identified as community stakeholders and asked about lactation accommodations as part of Kulka *et al.*'s 2011 study of African-American women and the barriers they experience in breastfeeding (Kulka *et al.*, 2011). Employers cited a range of problems in provision of lactation rooms and refrigeration for the storage of breastmilk, which impeded their ability to provide lactation breaks. This reluctance and perception of difficulty is revealing of the attitudes that employers bring towards the topic.

Yimyam (2014) reports on action research in Thailand in which a breastfeeding workplace support model was implemented and interviews with workplace administrator and head of work sections (Yimyam and Hanpa, 2014). She reports that the intervention increased breastfeeding rates and her emphasis is on this rather than employer attitude.

The Australian Breastfeeding Association has also produced a breastfeeding-friendly workplace accreditation programme described and evaluated by Eldridge, but again health promotion rather than employer impact was the focus of the investigation (Eldridge and Croker, 2005). Evaluations of a lactation programme sponsored by five corporations was conducted by Ortiz *et al.* who conducted a retrospective review of 452 women, concluding that the programme enabled women to breastfeed as long as they wished (Ortiz, McGilligan and Kelly, 2004). Similarly, Sorensen provides a brief report of an employer-sponsored health promotion programme that includes breastfeeding breaks (Sorensen *et al.*, 1996). Chen and Gau write about breastfeeding-friendly workplaces but I am not able to read these publications due to language barrier (Chen and Kuo, 2013; Gau, Kuo and Wu, 2005).

A case study in the military, focusing on procedural areas of potential health risk for pregnant or breastfeeding servicewomen, was performed by the UK army medical service and reported by Croft (1995). Having identified major workplace hazards, policy recommendations and guidelines were generated. This case study is especially

useful as it indicates how a large employer has made decisions about breastfeeding to prioritise health and safety for employees and is a UK case study of an employing organisation.

Bar-Yam's American PhD thesis involved qualitative and quantitative methods to examine three different American workplaces' policies on the subject of lactation support (Bar-Yam, 1997). She interviewed a range of personnel including HR managers and supervisors as well as nursing mothers. There is therefore a dual focus on the needs of lactating women and the views of the employer. Bar-Yam describes two different approaches to lactation support by employers. The critical factor was identified as whether it was part of work-life balance affecting all workers, leading to autonomy within the workplace as well as lactation support, or the development of work-life balance as a women's issue leading to support for autonomy outside the workplace. This fundamental perceptual shift as to the import for all workers, or as a women's issue, impacts the importance attached to the issue and the degree to which employers support mothers to spend additional time in the home, in which case there is perceived to be a reduced need for lactation support in the workplace. Viewing lactation as a women's issue as connected with the domestic sphere is ontologically different to comparing it with work issues impacting the whole workplace. This perception shift has been significant for me in preparing my recommendations arising from this study. A précis was published in 2004 (Bar-Yam, 2004) and this differential over equal treatment and special treatment formed a key discussion in Galtry's seminal paper which discusses how the debate over stance with regard to feminist issues leads to different positions regarding lactation breaks and breastfeeding more generally (Galtry, 2000). Breastfeeding is construed as a site of tension, especially by equal treatment theorists. While pregnancy and breastfeeding share characteristics of being sex-specific differences or others, Galtry describes it as downplayed as a peripheral or secondary issue due to the view of breastfeeding as non-essential to infant survival. The historic conflation of breastfeeding and childcare and the desire to reconceptualise parenting as a gender-neutral zone was also problematic for the description of breastfeeding as gender neutral.

Galtry discusses the tensions within equal-treatment feminist theory. The embodied nature of breastfeeding can be seen as contradicting concepts of mind-body separation and neo-liberal societal concepts of individualisation. Galtry further points

out the irony in protecting breastfeeding by 'pumping breaks' as the 2 practices are different relationally but a 'pumping break' is more acceptable to an employer than providing on-site childcare or alternative strategies to enable mothers to breastfeed directly.

Pumping breaks break the physical connection between mother and infants and Galtry observes mothers may dislike 'pumping' as it reduces milk to a physiological commodity. Galtry further observes that issues of privilege and class intersect with feminist ideology in the US context, where maternity leave is often unpaid. Galtry addresses some of these cultural contexts in further publications where she also addresses access to lactation breaks in combination with the twin dangers of essentialist concepts of motherhood and labour market inequality, contrasted with female-specific nature of breastfeeding (Galtry, 1997; Galtry, 2003). Galtry's position is that equality and difference arguments may be needed to renegotiate the 'bright line' between child-bearing and child-rearing.

The qualitative data therefore highlights the contested nature of the topic, with strong opinions influencing how managers view the subject. The picture that emerges is convoluted, incongruent, and complex. Simple correlations between business or personal characteristics and policy towards lactation breaks cannot be inferred. The emergent impression of mixed attitudes with some contradictory features suggests that the topic is approached from multiple perspectives simultaneously, with a range of contradictory drivers impacting managerial attitudes. The range of topics that are triggered for managers are discussed further on in this thesis.

QUANTATIVE EVIDENCE REGARDING MANAGERIAL ATTITUDES

Another approach towards examining the attitudes of employers and managers towards the topic of lactation break is to conduct a survey which produces quantitative data relating to either attitudinal positions or facilities available to employees.

Attitudes reported by managers were the subject of Chow's 2012 questionnaire in which he reports on the experience of piloting, utilizing a purposive sample of 185 front-line managers with experience of supervising female employees (Chow, Wolfe and Olson, 2012). He reports on the content, validity and reliability of the questionnaire, which was completed by the employer or manager.

Dunn *et al.* (2004) surveyed breastfeeding support policies and practices of Colorado businesses towards their employees and demonstrates that employers are positive about receiving information about the benefits to them of lactation breaks, including the possibility of cost savings to the business and tax credits associated with businesses providing breastfeeding support services (Dunn *et al.*, 2004a). However, this was linking the provision of lactation breaks with financial benefits to the business and therefore likely to be attractive to employers.

More recently, Hojnacki (2012) surveyed breastfeeding support in companies based Michigan, USA, by surveying 151 companies to assess the extent of support and the factors that made support more likely to be provided (Hojnacki *et al.*, 2012). The focus of the survey was on policies and procedures rather than emotive elements, but useful statistics demonstrate that expressing breastmilk is more tolerated than breastfeeding. Ninety-four per cent of employers were willing to facilitate an expressing break, but only twenty-two per cent allowed breastfeeding at the company. The issue was complex with some tolerance, but little provision for, the facilities of lactation breaks.

Addressing the characteristics that made breastfeeding provision more likely, Hojnacki suggests that large companies offer significantly more support than companies with fewer employees and the frequency of requests for breastfeeding support also influenced the level of support available. Not surprisingly, companies with a population that they felt likely to require breastfeeding support were more likely to provide facilities and those with upper management who combined breastfeeding and workplace. The study suggests that employers' attitudes towards lactation break depend upon the sector, size of company and their staff demographic, therefore. Of interest was the finding that companies in the healthcare sector are more likely to offer breastfeeding support. This is congruent with the discoveries of Bai, Gaits and Wunderlich in their survey of fifty-one employers in New Jersey, USA (2015). The existent research often includes studies of healthcare employers, perhaps because of convenience factors for healthcare researchers. Hospitals were reported to provide significantly better amenities than non-hospitals. Likewise, Allen *et al.* (2014) surveyed support in US hospitals that provide maternity care and assessed the provision that they provided their breastfeeding employees (Allen, Belay and Perrine, 2014).

Allen *et al.* addressed seven practices, in particular: a designated room to express breastmilk, on-site childcare, an electric breast pump, permission to use existing breaks to express breastmilk, a breastfeeding support group, a lactation expert to consult, and paid maternity leave across two time periods, being 2007 and 2011.

Differences were observed by hospital size and type. Overall, support increased in six categories and decreased in one category over the survey period but overall only two per cent of maternity hospitals provided all seven supports in 2011 with the least common types of support available being those that provide access to the breastfeeding child and breastfeeding support groups, congruent with the observation that expressing breastmilk is more tolerated than breastfeeding a child directly.

A similar methodology was utilised by Dodgson *et al.* (2004) who asked the nurse managers and lactation consultants of hospitals providing maternity services in Hong Kong, specifically sampling the staff who were most well informed about the lactation break facilities (Dodgson, Chee and Yap, 2004). The survey was conducted in late 2001 amongst nineteen hospitals and Dodgson concludes that government-funded hospitals provide more supports than private hospitals.

Two brief case studies of US hospitals are provided by Froh and Belay (Froh, Spatz and American Academy of Nursing Panel on Breastfeeding, 2013; Belay *et al.*, 2013). Similarly, Osband *et al.* (2011) surveys the facilities offered to trainee pediatricians by pediatric programme directors using a questionnaire (Osband *et al.*, 2011). Osband reports both the training in the hospital and the facilities offered for lactation breaks in the programmes' primary teaching hospitals.

Garvin *et al.* (2013) examined the impact of a resource kit for businesses in Virginia, USA, with twenty employers receiving information about 'the business case for breastfeeding' and seventeen engaging with the project. Fourteen employers maintained a lactation support programme in the follow-up eighteen months after the programme ended but health employers were more supportive than non-health settings, congruent with Dunn *et al.*'s (2004b) findings and those of Eldridge and Croker (2005a) and McIntyre *et al.* (2002). It is also supportive of the hypothesis that employers can be persuaded to change when provided with positive information about the business case for breastfeeding and the benefits to themselves of providing lactation support within the workplace. Reasons to support corporate lactate

programmes are provided by other authors (Click, 2006; Gibson, 1993; Gates and O'Neill, 1990).

Rietz and McCullagh,(2010), Mills (2009), Angeletti (2008), James (1999) and Barber-Madden *et al.* (1986) provide a more modern summary of the advantages of becoming a breastfeeding-friendly organisation and the ways in which this might be achieved.

Rojjanasrirat *et al.* (2010) provides a description of the methodology by which they developed an *'Employers' Support for Breastfeeding Questionnaire'* which they sampled with 280 business owners, managers and supervisors in the mid-western USA. In their paper, they describe concerns relating to psychometric evaluation and correlation rather than emotive elements raised by the issue of lactation breaks.

The quantative evidence therefore highlights the patchy nature of the provision for lactation breaks. Moreover, the contested nature of the topic is highlighted by the range of responses to questionnaires. Exposure to health messages appears to influence the extent to which employers are prepared to support lactation breaks.

COMMUNITY PECEPTIONS

To what extent are community understandings around breastfeeding a proxy for managerial and employer attitudes? I have investigated the literature on the perceptions concerning lactation breaks within the general community, as there is the possibility that the perceptions within the public at large are generalizable to some extent to managers and employers. Community perceptions could be related to the levels of support available within employment/employer organisations.

Personal attributes appear to impact the importance people report as associated with breastfeeding. Hernandez and Callahan (2008) report within the French context that breastfeeding support determinants vary significantly in relation to gender, age, parenthood and breastfeeding history. It appears likely that the profile of managers will be different in some ways from the general public. These demographic differences may result in managers having different perceptions from the wider community.

Likewise, Daly *et al.* (2014) addresses community understandings in Australia and reports that female gender and higher levels of education are significant in

perceptions of the importance of breastfeeding. Familiarity with breastfeeding, gender and sexism were also highlighted by Acker (2009) in their study of US undergraduates and older adults.

In contrast however, Vari *et al.* (2012) explores community perceptions within a US university and comments on the importance of exposure to breastfeeding for positive breastfeeding attitudes. Hoddinott *et al.* (2010) additionally comments on the importance of exposure to breastfeeding and the emotions that it invokes, combined with education for influencing attitudes towards breastfeeding in a sample of rural Scottish women. Darwent and Kempenaar (2014) assess knowledge and attitudes in different sections of the UK population.

Perceptions of US citizens with regard to how employers should treat breastfeeding are reported in the 2001 *'Healthstyles Survey'* analysed by Ruowei Li *et al.* (2004). She reports that African-American and Hispanic people are more likely than white Americans to believe employers should provide accommodations for breastfeeding employees. Other factors that made it more likely that this view should be taken included being female, younger and unmarried. This is in contrast with the findings of Seijts (2002; 2004; Seijts and Yip, 2008) in which he reports that women who are not parents are less likely to support breastfeeding accommodations within the workplace, but this difference may be accounted for by the specificity of the sample that Seijts sought, which was not designed to replicate community attitudes but instead early-career executives and pre-entry employees.

The '*Healthstyles Survey'* is a mail-out survey and may sample people in their personal, rather than professional capacity, with reduced applicability therefore, for sampling the views of managers and employers; but is reported to match the US population on seven demographic variables. Of especial interest was the association between people who had characteristics indicative of lower income being more likely to support workplace policies supportive of breastfeeding.

There is controversy attached to discussing the importance of breastfeeding for maternal wellbeing. Labbok (2001) examines some of the reasons why claims about the significance may be contested and how experience and emotion may influence understandings. These are likely to impact managers as well as the public at large.

Managers and employers may also be religious, or hail from a cultural or ethnic minority. There is complex relationship between religion, culture and race and attitudes toward breastfeeding. This is likely to impact manager's perceptions. Some Muslims regard breastfeeding to the age of 2 as a religious duty (Moran and Gilad, 2007). Moran and Gilad comment on Islamic views and folk law associated with breastfeeding as do Jessri, Farmer and Olson (2013). Within the Talmud, Jewish women are recommended to breastfeed between 2 and 4 years. (Eidelman, 2006). The importance of this to Orthodox Jewish women is stressed by Eidelman.

The influence of African-American heritage regarding breastfeeding has been extensively studied and the literature is summarised by Spencer and Grassley (2013) in their content analysis surveying health disparities. Similarly, Thulier (2009) surveys a range of cultural, political and religious factors that contribute to the history of breastfeeding in America. Maher (1992) provides some ethnographic material from different cultures regarding the importance associated with breastfeeding.

In the Christian tradition, Vuola (2013) investigates inter-religious and ecological concerns with a focus on the Virgin Mary and the role of breastfeeding as a symbol of the divine. Ancient Chinese writings are investigated by Gartner and Stone (1994) who compare them with Western medical tradition; and Chen (2010) investigates Canadian-Chinese women's perceptions of breastfeeding and the relationship with the traditional Chinese context. Likewise, Choudhry and Wallace's (2012) interview is a study of South Asian women in the UK describes the degree of acculturation as impacting their infant feeding experience.

Eli Fjeld *et al.* (2008) addressed community understandings in Zambia and conclude that conventions and expectations from family members are important barriers preventing messages about the importance about exclusive breastfeeding being translated into practice.

These religious and cultural factors are likely to inform managers' reactions and the issues that are triggered for them. Of particular interest is the influence of race upon breastfeeding rates. (Bonuck, Freeman and Trombley, 2005; Celi *et al.*, 2005; Chalmers, Ransome and Herman, 1990). Smith-Gagan *et al.* (2014b) specifically

investigates the differential, racial impact of changes to the law in the US regarding lactation breaks and concludes that breastfeeding laws affect different racial groups differentially.

Seijts investigates perceptions of fairness in a series of articles (2002; 2004; Seijts and Yip, 2008). He investigates students associated with a university, some of whom were in addition employees and managers. Moreover, he describes his students as pre-entry employees and they were studying business and he analysed responses by alumni of a Canadian business school (Seijts, 2004). Having not had children was associated with a lower level of support amongst his study of participants and further, participants in more senior positions within the corporation who were also childless were the least supportive of accommodation.

Thus, the personal attributes of the participant was regarded as a major contributor to the perceptions that they had of the fairness associated with taking lactation breaks. This is in line with the reporting by Anderson *et al.* (2015) who also comments on the importance of the personal characteristics of the managers in their study, demonstrating the significance of interpersonal communications on lactation breaks.

Material from the US has to be analysed in the light of the changes in US legislation stemming from the Affordable Care Act 2010 and the specific legislation relating to the particular State (Nguyen and Hawkins, 2013; Lichter, 2011; Quiles and Kolb, 2010). Analysis of the situation in the U.S. prior to the changes by commentators such as Stewart-Glenn (2008) and Gardner (2002), who analyse the issue from multiple viewpoints, must be construed in light of the 2010 changes to the legislation. The different legal context may impact the working relationships.

Although some demographic groups are more likely to support lactation breaks than others, it appears that the subject is more complicated than simple relationships between demographic characteristics and attitudes. The whole context appears to influence opinions, and both men and women, young and old, rich and poor, may express support or concern depending upon their personal histories.

ASKING MOTHERS ABOUT THEIR WORKING ENVIRONMENTS
Another way to evaluate the attitudes of employers towards lactation breaks is to ask the women who work there, especially those who are new mothers. I am especially

interested in the gap between the formalised procedures and the psycho-social and emotive elements of the socio-cultural context that they describe in their working relationships.

While women who work in the organisation may not be able to give an accurate account of the perspectives of their managers, it is likely that they will be in a position to provide insight and illuminate their interpretations of the managerial perspectives. I have therefore decided to include their views about their experiences because it is indirectly relevant to my research questions.

A sample of twenty UK professional/managerial women who returned to work within a year of childbirth were interviewed by Gatrell (2007). The rich qualitative data about the embodied nature of the experience and the taboos experienced by the women is described as an area of conflict between health advice and organisational practice. Gatrell also describes workplace requirements that the women felt that they needed to conform to.

In Gatrell's (2013) paper drawing on a sample of twenty-seven professional/managerial UK mothers, she describes 'maternal bodywork', with conundrums between the dual roles of mothers and workers, resulting in 2 groups of responses. Twenty-two of her participants felt marginalised and undervalued at work and experienced a lack of malleability. However, 5 of the sample had a very different experience. These workers were able to set a high value on their skills and had strategies for retaining their high status; the congruence of power and personal traits resulted in a positive experience. They reported the borders between maternity and organisation were more fluid than they had expected. Gatrell's work suggests the seniority and power commanded by the women had an impact upon her experience simultaneously with her personal traits. It is not clear if these factors would have the same impact on women who were not working at a professional/managerial level, as power may be experienced differently. There are resonances with Avishai's (2007) interviews with class-privilege mothers who viewed breastfeeding as a project requiring self-discipline and careful management.

A UK case study approach was utilised by Kosmala-Anderson and Wallace (2006) who investigated 4 large public sector organisations in Coventry and Warwick, UK. They recruited forty-six peri-natal employees and included two men who were peri-

paternity leave. Participants were asked about facilities and organisational support for lactation within their employer. 90% of respondents were unaware of employer policy and information concerning support to continue breastfeeding on their return to work, despite two of the organisations having a range of facilities. This gap between the formal process and the knowledge of staff has influenced my research design. 90% of respondents also indicated that employers should take more action to support breastfeeding, with a range of recommendations made.

Wallace *et al.* (2008) also investigated the experiences of UK working women during their pregnancy through to the end of maternity leave or six months post-partum utilising a web survey. Positive experiences were associated with the attitude of the immediate line manager rather than that of the organisation as a whole. Supports available differed with the size of the company and the sector, and while Wallace hypothesised large employers would offer more breastfeeding support, results indicated that they offered more information about their policies, but small companies also offered information and support.

In addition, an attempt was made to discern between public and private sectors, which was found to impact the availability of a workplace nursery and the presence of a formal policy being more likely in the public sector.

Dinour, Pope and Bai (2015) surveyed both students and employees associated with a US university concerning their beliefs around expressing breastmilk, utilising the theory of planned behaviour. Barriers identified included time and scheduling issues and others being unaware, uninformed, or disapproving of breastfeeding. Peers were commonly identified however as supporters, but there were differences between the students, the staff and the faculty respondents (all participants were female).

The employees (eight staff, thirteen faculty) reported that finding a location to pump breastmilk was less of a problem than experienced by students. However, employees identified time issues which were a barrier to taking lactation breaks. The theory of planned behaviour was utilised to enable process and policy elements to come to the fore, but emotive and relational elements are harder to capture using this epistemological stance.

The interviews were only fifteen minutes and not audio-recorded. Instead, handwritten comments were made on the interview form by the interviewer. Also noteworthy was the trend amongst interviewees to respond in terms of what would make lactation breaks easy or difficult, instead of what is, or did, make expressing breastmilk easy or hard. This is a methodological difficulty which I address in my current study.

Likewise, study participants identified desired accommodations for expressing breastmilk, many had not done so but their reasons for not pumping were not explored, participants were not asked about feelings or experiences. Dinour and Beharie (2015b) also report their experiences of setting up a lactation room for students in a US public university.

Payne and Nicholls (2010) analyse the working experience of lactating nurses in New Zealand. The critical study was analysed with a Foucauldian secondary analysis, forming a framework for power issues experienced by the women within the workplace. In this context, being a good worker was perceived by the interviewees to be a constraint upon their breastfeeding practices and possessing the potential to threaten the focus of the workplace. Therefore, they disciplined themselves, and marginalised breastfeeding within the workplace in order to minimise its disruptive potential.

The effects of different components of a workplace lactation programme were analysed by Balkam, Cadwell and Fein (2011) amongst public sector employees, concluding that telephone support and consultation on return to work was important, as was the total number of services accessed. This survey is especially interesting, as it says that the different elements of the package, as well as total amount of support received, is relevant to employees.

Other qualitative material that relates to the maternal experience of lactation break has been developed by many researchers and demonstrates issues which are common across multiple types of employers and employment worldwide (Gau, Kuo and Wu, 2005; Chalmers, Ransome and Herman, 1990; Hills-Bonczyk *et al.*, 1993; Valdés *et al.*, 2000; Netshandama, 2002; Dearden *et al.*, 2002; Smith, 2003; Slusser *et al.*, 2004a; Gottschang, 2007; Payne and James, 2008; Wu, Kuo and Lin, 2008; Alstveit, Severinsson and Karlsen, 2011; Opoku Mensah, 2011a; 2011b; Sadoh, Sadoh and

Oniyelu, 2011; Hirani and Karmaliani, 2012; Februhartanty *et al.*, 2012; Sleutel, 2012; Hirani and Karmaliani, 2013; Oosterhoff, Hutter and Haisma, 2014; Dixit, Feldman-Winter and Szucs, 2015; Waite and Christakis, 2015).

In addition to these qualitative measures of women's experiences, there have been attempts to develop questionnaire surveys for women to complete which measure their perception of workplace breastfeeding support. An example is Tsai (2013) who surveyed 715 mothers working for a Taiwanese electronics manufacturer and comments on the importance of employer encouragement and support for lactation breaks to enable women to continue breastfeeding. In Tsai's (2014a) paper on the same questionnaire, she further comments on the correlation of appreciation of the benefits provided by the employer and the likelihood of using breastfeeding breaks. Tsai also comments in a separate 2014 paper on the importance of partner support for taking lactation breaks (Tsai, 2014b).

Sattari *et al.* (2013) and Miller, Miller and Chism (1996) examine emotive factors relating to lactation support via a questionnaire amongst a sample of US physician mothers. Further examples include the US-focused Greene and Olson (2008), who describe the development of a questionnaire and assess the validity of the instrument. Another US example is developed by Bai, Peng and Fly (2008), who developed and validated a questionnaire to assess mothers' perceptions regarding the breastfeeding support available in their workplace.

The factors that influenced exclusive breastfeeding were later reported as being technical support and workplace environment (Bai and Wunderlich, 2013). Bar-Yam (1998) also describes a return to work breastfeeding assessment tool aimed at mothers who are assessing the facilities provided by their employers.

Hirani *et al.* (2012) developed a tool for mothers to assess their support within the workplace and develop a robust methodology, including an examination of the global literature on lactation breaks and the barriers and facilitators that have been documented worldwide, but their tool is designed specifically for the Pakistani context.

In addition to questionnaires aimed at mothers to assess their own levels of support, researchers have also surveyed the policies and procedures in different countries,

times and for different types of employment. Examples include Ahmadi and Moosavi (2013); Aikawa *et al.* (2012); Weber *et al.* (2011) and Haider and Begum (1995).

Women's reports of the nature of support experienced in the workplace for lactation breaks, therefore, do not appear to correlate strongly with the employer characteristics. Big and small, public and private, office and factory employers have all supported lactation breaks at times although women also report discouragements to taking lactation breaks.

A third way to address the issue of lactation breaks within the workplace is to address the impact of working upon breastfeeding. There is a body of literature addressing the significance of breastfeeding. I do not propose to assess the importance of breastfeeding within this thesis, merely observing that the WHO recommends exclusive breastfeeding for the first six months and continuing to breastfeed up to the age of 2 or beyond (WHO, 2002). It is beyond the remit of this thesis to address the reasoning for these recommendations and the research underpinning it. I am not in a position evaluate that research or to comment on the extent of the significance of breastfeeding. It is relevant to the thesis that the significance of breastfeeding relates to both maternal and child health with importance therefore to employee health and wellbeing. I propose to examine the literature assessing the relationship between lactation break facilities and employer attitudes as these are relevant to breastfeeding duration and intensity, which in turn is related to health outcomes.

There are 2 techniques which have been utilised by researchers in order to examine this. One technique is to examine the impact of lactation break facilities and family-friendly policies upon breastfeeding duration and intensity. An alternative approach is to examine the impact of employment upon breastfeeding rates, for instance, by examining different types of employment (such as full or part-time) and the commencement of employment after maternity leave.

A systematic review of the literature on the effectiveness of workplace interventions to promote breastfeeding was assessed by Abdulwadud and Snow (2007; 2012a). Unfortunately, they were unable to identify any randomised control or quasi-randomised controlled trials and therefore conclude that the effectiveness of workplace interventions is unknown. However, this approach does not illuminate the attitudes and emotive factors inherent in the relationship, but concentrates upon the procedural and policy elements that employers may utilise.

Likewise, Jacknowitz (2008) assesses the impact of workplace characteristics on breastfeeding rates using a sample of 1506 births from the National Longitudinal Survey of Youth of 1979 and children of the National Longitudinal Survey of Youth of 1979 to assess the relative importance of factors such as employer-sponsored

childcare which she evaluated as increasing the likelihood of breastfeeding at six months by forty-seven per cent.

Similarly, Hawkins, Griffiths and Dezateux (2007) also investigate the effectiveness of workplace characteristics in the UK on breastfeeding rates and duration. But they utilised the UK Millennium Cohort Study which does not include data on breastfeeding facilities. Therefore, they use definitions of 'family-friendly' where the employer offered assistance for day care and flexible arrangements such as part-time work, flexible hours and school-time contracts. Breastfeeding initiation and breastfeeding duration are separately reported.

A similar methodology was utilised by Del Bono and Pronzato (2012) to analyse a sample from the UK Infant Feeding Survey, 2005. They addressed the probabilities of returning to work and breastfeeding in relation to the employers' benefit of offering breastfeeding facilities. They conclude that offering facilities for breastfeeding is associated with a reduction of maternity leave for women with higher levels of education and report a 5% increase in the probability at working at 4 months, and an 8% increase in the probability of working at 6 months. They further conclude that breastfeeding facilities are associated with an increase in breastfeeding duration. They attempted to discover whether working in a firm which offers breastfeeding facilities is correlated towards positive attitudes with breastfeeding or breastfeeding intentions, but did not find conclusive evidence on this topic.

The Infant Feeding Survey 2005 reports that 14% of working mothers are able to express breastmilk in the workplace, and 8% are able to breastfeed at work, with this more likely where the mother uses on-site childcare (Caswell, 2008). There is however regional variation with Scottish mothers more likely to have facilities than mothers in Northern Ireland. By 2010 this had increased to 19% of mothers identifying themselves as having a right to a lactation break (McAndrew *et al.*, 2012).

Hirani and Premji (2009) performed a systematic search of the global literature on the promotion of breastfeeding practices amongst employed mothers looking for evidence-based workplace interventions. They focused their efforts on aspects that would be helpful to promote breastfeeding amongst Pakistani working women but in doing so they search international databases. Their conclusion is that the most

powerful workplace interventions are education and awareness, with facilities such as childcare and breastpumps, job flexibility and mother-friendly policies in the workplace also effective. Hirani went on to survey sources of breastfeeding support for working mothers, together with the available ways to study perceptions of breastfeeding report (Hirani and Karmaliani, 2012).

Other international perspectives are surveyed by Johnston and Esposito (2007) who performed a systematic search of the literature for barriers and facilitators for continuation of breastfeeding among US working women in the first six months after birth. They group their findings in terms of *'micro-system'*, *'meso-system'* and '*exo-system'*. This is useful as will be seen in the *Methodology* section.

'Micro-system' was defined as individual factors, *'meso-system'* as social support and relationships and '*exo-system'* as workplace environment in their studies. They include both lactation breaks and other factors that facilitate breastfeeding such as part-time work. Barriers and facilitators to breastfeeding in the workplace are also surveyed by Meek (2001) in a literature review with a US focus.

Cross cultural perspectives are provided by studies such as the case study utilised by Chen, Wu and Chie (2006) who surveyed 998 mothers working for a Taiwanese semi-conductor manufacturer. Their conclusion is that breastfeeding friendly workplaces can increase breastfeeding rates after return to work with the effect being stronger for office workers than 'blue collar' workers. They also provide an analysis of the impact of the facilities available upon lactation rates. Puerto Rican mothers' reports regarding their lactation break facilities and the impact of this upon breastfeeding rates are examined by Garcia-Fragoso, Medina and Ortiz (2012). Similarly, Rea *et al.* (1997) interviewed seventy-six women working in thirteen factories in Sao Paulo, Brazil, to assess the factors that would make breastfeeding more likely. These studies suggest that techniques to promote lactation breaks described in the literature from westernised countries may also be valuable in other global contexts.

Other ways to assess the impact of working upon breastfeeding include quantative data and surveys to examine the relationship between the 2, such as that performed by Bai, Fong and Tarrant (2014); Mirkovic *et al.* (2014a; 2014b); Attanasio *et al.* (2013); Bonet *et al.* (2013); Brasileiro *et al.* (2012); Cooklin, Rowe and Fisher

(2012); Setegn *et al.* (2012); Ogbuanu *et al.* (2011); McCarter-Spaulding, Lucas and Gore (2011); Brasileiro *et al.* (2010); Chuang (2010); Mandal, Roe and Fein (2010); Saade, Barbour and Salameh (2010); Dabritz, Hinton and Babb (2009); Guendelman *et al.* (2009); Cooklin, Donath and Amir (2008); Karacam (2008); Duke *et al.* (2007); Vianna *et al.* (2007); Kimbro (2006); Ryan, Zhou and Arensberg (2006); Ong *et al.* (2005); Yilmaz *et al.* (2002); Fein and Roe (1998) and Lindberg (1996).

Further ways to assess the impact of lactation breaks upon breastfeeding rates is to ask women about their reasons for weaning, as per Sinniah, Chon and Arokiasamy (1980); Oyco-Santos (1983); Arora *et al.* (2000); Lakati, Binns and Stevenson (2002); Arthur, Saenz and Replogle (2003); Bunik *et al.* (2006); Uriell *et al.* (2009); Amin *et al.* (2011); Ishak *et al.* (2014) and Brown and Lee (2014). These multiple analyses demonstrate the importance of lactation breaks for the continuation of breastfeeding upon maternal return to work across a variety of different times, cultures and types of employer.

It therefore appears that there is a paucity of literature on the emotive and relational elements of employers' attitudes towards lactation breaks. This thesis attempts to fill the hole by reference to my research questions, which will now be addressed in further detail.

Within my sample of managers, there was some degree of concern expressed about how other employees may view lactation breaks. There may be overlap between co-worker and managerial attitude as people have many hats in the workplace, including that of teammate and manager, and they may additionally have aspirations to promotion. However, the attitudes that co-workers have towards lactation breaks may well be extrapolatable to some degree to attitudes and perspectives of managers regarding the topic.

Suyes, Abrahams and Labbok (2008) assessed workplace attitudes towards lactation breaks in a large US company and concluded that experience of having had exposure to a co-worker who took lactation breaks was correlated with positive attitudes towards lactation breaks and did not find any negative repercussions for co-workers associated with lactation breaks. Similarly, Cardalda *et al.* (2003) examine Puerto Rican employees' attitudes towards lactation breaks which were supportive but they did not generally view it as assisting workplace productivity.

Seijts reports an interesting series of studies in which he investigated perceptions of fairness over a series of articles (2002; 2004; Seijts and Yip, 2008) Using a convenience sample, he generated hypotheses from the literature about fairness of breastfeeding accommodation in the workplace and tested these through a case study and questions which were distributed to a convenience sample. The scenario involved a fictitious employee and potential responses considered by the human resources director as to accommodate the employees' requests, to accommodate her request at no cost to co-workers and to accommodate her to personal cost to co-workers. Participants were asked about perceptions of fairness.

Seijts (2002) investigates the perceptions of North American business students and employees. He did not specifically sample managers but he comments that it is reasonable to assume that co-workers and managers may have some similarity in their views and that some co-workers are also managers. He conducted 2 studies, one involving pre-entry employees who were business students and the other employees and managers who were enrolled on a business course. Male and female responses were scored separately and he also queried if female respondents had children. The results indicated that the effects were stronger for female participants but women

without children expressed lower support for breastfeeding accommodation than male participants and female participants with children. A similar study design was used to test hypothesis in his (2004) paper which analyses responses by alumni of a Canadian business school. This again reports that participants with children had stronger perceptions of fairness associated with accommodating requests for lactation breaks. In another paper using a similar study design, Seijts and Yip (2008) found participants with children expressed stronger support for accommodating lactation breaks and also reported that participants in executive level positions who did not have children were the least supportive of accommodation.

Although there is a limited amount of material examining managerial attitudes towards lactation breaks, there is a wider range of material which gives clues about the attitudes which managers are likely to bring to the topic.

ISSUES TRIGGERED FOR MANAGERS

The literature identifies several issues connected with lactation breaks or combining breastfeeding with employment. Many of these are likely to inform managerial perspectives on the issues associated with lactation breaks. It is therefore important to assess the issues within the literature of relevance to lactation breaks which managers may be aware of when considering the topic. Some of the topics discussed in the literature around lactation breaks includes concepts of guilt and shame, different interpretations of feminism regarding the subject, the embodied nature of breastfeeding, the impact upon the identity of the breastfeeding mother, the commodification of breastmilk, the time it takes to breastfeed, and the impact on health and wellbeing. Within this section I will also consider the media messaging around the topic. The UK context includes maternity leave which is commonly up to one year, and is partially paid, as well as the NHS; after maternity leave has concluded there are a range of rights that parents can access, with provisos, including parental leave. This makes material from jurisdictions with more restrictive rights, such as the US, of limited transferability.

A theoretical lens for understanding pressures experienced by mothers taking lactation breaks was developed by Cardenas and Major (2005) utilising a literature review. They concentrate on lactating women's experience but develop their analysis by assessing different ways in which employers can impact the conflicts women

experience in taking lactation breaks and address some employer actions and their impact upon this.

The types of conflict which women were exposed to are described as associated with time, strain or behaviour. Cardenas and Major identify several strategies that employers may adopt including employment based pre-natal education, lactation programmes, support from supervisors and employment-based lactation support groups, job flexibility and on-site day care.

This theoretical lens provides a helpful insight into the potential reactions of both employees and employers to the issues raised by the subject of lactation breaks. The issues that can be identified within the literature which may be triggered for managers by the subject of lactation breaks are therefore likely to relate to the personal attributes of the manager and perceptions within the wider community about breastfeeding and lactation.

Breastfeeding is a topic that raises strong emotions and the managers in my sample were sensitive to a range of emotional reactions that may be their own, or those of their staff. The pre-logical, pre-verbal nature of breastfeeding was highlighted by Ryan, Todres and Alexander (2011) in their study which identified 3 pre-reflective iterative dimensions of a breastfeeding experience. Their conceptual framework emphasised the strength of feeling associated with breastfeeding and concentrated on central themes for mothers which were calling, permission and fulfilment. Managers were aware of some of these themes in their discussions with staff.

Diaz (2013) also addresses the relationship between emotion and cognition in respect of breastfeeding, concluding that breastfeeding is more of an emotional reaction than a rational decision, with the emotional development of breastfeeding being independent of the cognitive process.

Mothers may experience ambiguities about breastfeeding and these may be shared or recognised by their managers. Some very negative emotions concerning breastfeeding are identified within the literature. Schmied and Barclay (1999) provide a discourse analysis of Australian women's experiences, which ranged from harmonious to disruptive and violent. Negative emotions were also identified by Forster and McLachlan (2010) in their sample of 981 Australian women who were

urged, as good neo-liberal citizens, to breastfeed and to ignore personal costs in doing so.

Elizabeth Murphy (2000) describes early sensations of breastfeeding as a threat to the self-identity of mothers, in particular in relation to the moralised term 'good'. Morality was also part of the focus of Shaw (2004), who describes breastfeeding as embodied ethical practice and develops the moral associations in a further paper connected with cross nursing in 2007.

In addition to emotional reactions, some women identified physical pain and discomfort, especially in the newborn days. These have been explored by Kelleher (2006), whose North American participants were surprised by the physical challenge associated with breastfeeding. Dykes (2005) also identifies breastfeeding as a form of work and labour for the mothers in her UK sample.

Understanding alienation from breastfeeding, and how to repossess it, was the motivation for Smith's (2008) qualitative research in which he sought to honour, validate, and support women's experiences in breastfeeding.

Managers may be sensitive to their staff's concerns in relation to guilt and shame feelings. These imputed guilt feelings may be related to a number of choices made by mothers, such as to return to work or not return to work, to breastfeed or formula feed, to taking lactation breaks or not. Thomson, Ebisch-Burton and Flacking (2015) investigated shame experiences amongst mothers and concludes that shame is common to both breastfeeding and non-breastfeeding mothers and is especially associated with maternal vulnerability. Shame is both experienced and internalised with an associated negative affect and distinguished within her paper from guilt. Shame is a breach between the idealised and actual self while guilt relates to behaviour and transgressions without necessarily incorporating self-condemnation. A call to resist shame is the focus of Taylor and Wallace's (2012) paper which addresses feminist frameworks in the emotions of self-assessment.

Britton and Britton (2008) investigated mothers' self-concept and the relationship with feeding. In their research, they identify exclusively breastfeeding mothers as scoring higher on multiple dimensions of self-concept than mix or formula-feeding mothers, indicating a relationship between type of feeding and mothers' psyche.

Chezem, Montgomery and Fortman (1997) investigated feelings of sadness, depression and guilt in employed mothers. These emotions were associated with whether or not they achieved their intended feeding plans on their return to work.

Crabb *et al*. (2013) examine child care materials discourse on infant feeding and point out the focus in these is on not 'feeling guilty' instead of affirming that formula-feeding mothers are not guilty.

Williams, Donaghue and Kurz (2013) explore guilt feelings and postulate, saying that the concept that mothers should not 'feel guilty' is unrealistic due to the advocating of breastfeeding and construction of choice that simultaneously restricts permissible reasons for not breastfeeding.

Williamson *et al*. (2012) describe breastfeeding difficulties as associated with personal shortcomings and describe the experience as disempowering within their sample of eight UK mothers and argues for a broader cultural context to be

considered. Redshaw and Henderson (2012) comment on how English mothers feel they have failed at one of the earliest tasks of motherhood.

An alternative construction of guilt is offered by Labbok in two papers (2008; Labbok, Smith and Taylor, 2008) that examine the terminology of guilt, shame, and loss to suggest women who experience lack of breastfeeding have a loss at some level and considers the role and responsibilities of physicians, media and society as a whole.

Trickey and Newburn (2014) interrogate assumptions about education and support in breastfeeding using the theory of constraints to suggest a paradigm-changing model for infant feeding support. In addition to the guilt and shame of not breastfeeding, there may be negative associations for mothers who are breastfeeding.

Mothers breastfeeding older babies may also experience guilt and shame. Dowling and Brown (2013) describe negative emotions encountered by women engaged in longer-term breastfeeding.

An earlier study by Wrigley and Hutchinson (1990) describes breastfeeding an older child as a process of mother-child synchronisation and re-orientation of maternal lifestyle leading to a strong bond between mother and infant. It would be interesting to see some research upon how such a bond is perceived by managers of women engaged in longer-term breastfeeding and the impact that it has upon managerial attitudes towards the women.

The potential for feelings of shame associated with breastfeeding is apparent but the potential for re-interpretation and re-conceptualisation is also made out. Shame can be experienced in many infant feeding experiences including formula feeding. Similarly, guilt is a strong emotion which can be associated with infant feeding but may be located in other societal locations as well.

FEMINISMS

Managerial views regarding feminism are likely to inform the issues they consider when regarding breastfeeding and lactation breaks. Different feminists adopt different positions regarding breastfeeding. Van Esterik (1994) addresses different feminist positions and their relationship with breastfeeding, focusing on the fit between breastfeeding and the place of motherhood, technology versus liberation,

fear of biological determinism, breasts and sexuality, locating guilt, personal choice, romanticising breastfeeding and women's work. Robyn Lee (2012) describes the different schools of feminism regarding breastfeeding, and criticises the presentation of breastfeeding as a choice with only one good decision. I am uncertain why she regards it as a choice as many women whom I have counselled over the years have not experienced much choice, although they have had to make decisions about how to react to the physiological situations they faced; sometimes that response included a decision to formula feed. Sometimes, therefore, in my experience, women find it hard to access their choice to breastfeed and may not consider breastfeeding a choice available to them.

Diaz (1994) calls for breastfeeding to be valued as a form of women's work and support and recognition of women's role and importance. Reiger (1999) examines the relationship between the Australian Women's Movement and mothers' organisations around breastfeeding, in order to explicate Australian feminist attitudes towards motherhood.

Similarly, Galtry (2000) uses the US National Organisation for Women (who have previously argued for gender-neutral legislation) as a litmus test to examine the recommendations around breastfeeding by the American Association of Pediatricians (AAP). She also examines equal treatment and difference concerns and their relationship with equity within the workplace.

Law (2000) writing in the American context, argues that infant feeding needs to be seen as part of gender practices around division of labour with concerns about inter-disciplinary practice resulting in information from one discipline being accepted uncritically by another and is also concerned about flawed evidence being used in support of breastfeeding.

Conflation of care-giving practices and breastfeeding is further problematic in Law's opinion, due to overlap between the arenas, which restricts choices when the risks of formula-feeding are overstated and has implications for women's freedom to work outside the home.

Discussions of risks associated with breastfeeding and not breastfeeding have been discussed by commentators such as Stuebe Striley and Field-Springer. 'Risks' is a

term that raises emotions and is therefore contested. (Stuebe, 2009; Striley and Field-Springer, 2013).

Overstatement of risk in relation to infant feeding has been highlighted in the UK context by Ellie Lee in a series of publications (2011; 2002; 2006; 2007a; 2007b; 2008; Lee and Bristow, 2009). Lee invites us to interrogate concepts by placing 'scare quotes' around claims around breastfeeding and asserts that many of the purported benefits of breastfeeding are interlinked with other maternal practices which make it hard to separate breastfeeding, breastmilk and care-giving, and their relative significance for health promotion. The conflation is problematicised by Lee. In writing this thesis, I have interrogated my use of language, particularly paying attention to the truthfulness of my language.

Joan Wolf (2007), commentating in the American context, also criticises the association of formula feeding with risk due to the impact upon women's agency; in particular, their freedom to choose to formula feed, and queries the robustness of the research on the benefits of breastfeeding.

Rebecca Kukla (2006; 2008) comments critically upon US media campaigns, especially the hostility of advocacy to the actual breastfeeding concerns women have and the related association with shame. Associating risk with formula feeding is likely to form a trigger issue for managers, as given current UK legislation they are required to conduct a risk assessment for breastfeeding mothers, but not for formula feeding mothers (see *Legal Literature*, p. 86). Therefore, the construction of breastfeeding within the academic discourse is at variance with the legal requirements. A manager is required to consider breastfeeding as risky within legal discourse, whereas artificial breastmilk substitutes may be perceived as risky within the media and advocacy discourses.

Deborah McCarter-Spaulding (2008) examines different feminist theories and contrasts their positions with regards to breastfeeding and describes breastfeeding as a challenge for gender-neutral parenting. Breastfeeding may raise reservations in relation to intensive parenting and the impact upon the woman who is thus cast in a maternal role (Badinter, 2010; cited in Tuhus-Dubrow, 2012). Blum (1993) investigates feminist theory in relation to breastfeeding in the US and posits breastfeeding is an intense form of public/private contradiction and a luxury rather

than a realistic option for many US women. Blum identifies the possibility for resentment of breastfeeding and the restriction of autonomy. Like Galtry, Blum argues that breastfeeding highlights the tension between equality and difference feminisms and has concerns for the wellbeing of women who are under pressure to both be successful at work and to exclusively breastfeed.

Jacqueline Wolf (2006) argues for feminist scrutiny of breastfeeding and working, in order to facilitate successful breastfeeding; whereas Joan Wolf (2007) argues that breastfeeding advocacy ignores fundament ethical principles and does not pay enough attention to mothers' psychological, socio-economic and political concerns.

Charlotte Faircloth (2013) examines lactivism (lactation advocacy and activism) and embodied mothering practices using a critical lens. The extent to which breastfeeding should be viewed as an autonomous choice or as a public health due of mothers was discussed by Lawrence (2012).

Lagan *et al.* (2014) examines the emotions of Scottish post-natal women who reported pressure to breastfeed and comments critically on the impact of the UNICEF baby friendly initiative on ante-natal discussions around infant feeding. They identify a counter-productive, emotional cost associated with breastfeeding promotion and call for a women-centred focus to include discussions about all types of infant feeding. Conversely, in Spear's (2006) study of adolescent mothers, many indicated they had not been informed in a plain way about the superiority and health advantages associated with breastfeeding.

Concerns over breastfeeding promotion may raise conflicting concerns for managers who potentially could identify themes of choice as suggesting mothers should be able to choose lactation breaks, and yet simultaneously they may consider that employers should be able to choose or not to choose to support lactation breaks. Further, it is likely managers will be concerned that promoting breastfeeding may impact women's agency not to take lactation breaks and place pressure on them to do so.

Ellie Lee's (2010) comment on the then UK government's proposal for breastfeeding-friendly employment policy described the suggestion that breastfeeding should be the norm as 'unsavoury'. This concern may be echoed by managers.

Erchull and Liss (2013) describe a difference between anticipated and actual motherhood on feminism. In their research, women who were not mothers but wanted to have children had higher liberal feminist beliefs and actual mothers scored higher for cultural feminist beliefs. They comment on the anticipated pressure that may be experienced by feminist women, which reinforces the importance of the parenting status of managers in impacting their likely understandings of feminism.

Liss and Erchull (2012) investigate feminism and attachment parenting which they theorised as both feminist and non-feminist, and conclude from their study of 431 mostly US women that feminists were more supportive of attachment parenting than non-feminists.

Bobel (2002) investigates natural parenting, including long-term breastfeeding in the US and the relationship of this with feminism which she particularly associated with cultural feminist beliefs.

A call for a feminist movement that repossesses breastfeeding as a positive function in women's lives is described by Smith (2008). In a series of articles, Dettwyler considers the issue of breastfeeding in congregation with feminism and human rights, concluding these concepts are compatible (2009a; 2009b).

There are therefore multiple feminist positions with regard to breastfeeding. Different schools of feminism are associated with differing degrees of support for breastfeeding as a feminist activity. Human reproduction through the process of pregnancy, childbirth, and lactation are distinctively female activities. Conceptualising this difference can be emotive and rich in rhetoric.

Managers, both male and female, may have a perspective of feminism which is supportive or less supportive of lactation breaks. Rothman (2008) suggests that while there are strong arguments for breastfeeding, these are rationalisations for a shared belief in the value of breastfeeding. The ideology we bring and the justifications we give for breastfeeding relate primarily to our values. It is likely that managers will share some of these characteristics and that their personal positions regarding feminism will influence upon their trigger points when considering the issue of lactation breaks within the workplace.

The physicality of breastfeeding and the reality of a naked breast within the working environment may trigger issues for managers. Breastfeeding is an embodied practice. One reaction to the physicality is to provide facilities for mothers to take their lactation breaks with privacy.

In Rose's (2012) study she provides a Foucauldian lens on a lactation room. She describes it as a heterotopian space which, while well intended, blurs the boundaries between public and private spheres. She describes the composition and design of the room undercutting its necessity. In contrast, Smyth (2008b) uses Lefebbre and Fenster's analytic framework to discuss how intimate citizenship in social spaces relates to breastfeeding politics and promotion.

In contrast however, Newell's (2013) study of actor-network theory and concepts of space for lactating women highlights need for social understandings for areas such as lactation rooms.

The lactating breast is an uncomfortable element of body-out-of-place, as highlighted by Nirmal Puwar (2004). The concept of a mind-body split with the breast as an object is important for McBride-Henry, White and Benn (2009) study which theorises breastfeeding in terms of Cartesian 'dualising' and Heidegger's 'equipment' interpretation, which is criticised by Smyth (2012). Also, Suski (2001) writing in the American context, examines way in which US law discourages breastfeeding, excludes women from workplace and restricts women's choices.

The contrast between the dominant sexualisation of the breast and the nurturing breast as part of a good maternal body was the focus of Stearns' (1999) interview study of fifty-one American mothers. She describes it as a carefully managed performance in which women both accommodated and resisted perceived boundaries associated with cultural expectations and barriers.

Alternatively, women may breastfeed in public as an act of both advocacy and subversion as described by Carpenter (2006), Faircloth (2013) and Boyer (2011). The embodiment implications for research and policy are discussed by Stearns (2013).

Attempts to change conceptions of social space in Northern Ireland to improve intimate citizenship for breastfeeding women are described by Smith and Wilmott

(2008). Breastfeeding politics are linked to women's capacity to care in social spaces and workplace may contain locations where breastfeeding can take place. In my study, managers often identified areas such as cafes which they believed would be suitable.

Mahon-Daly and Andrews (2002) investigated how women regarded certain private and public spaces as unsuitable for breastfeeding and embarrassment was a trigger for not breastfeeding. However, this may be malleable. Blair-Stevens and Cork comment on the usefulness of social marketing to change perceptions of space usage in the UK regarding breastfeeding (2008).

Breasts are associated in the Western context with sexuality. However, breastfeeding has been described as a pleasurable, sexualised activity by feminists from a variety of different traditions. Alison Bartlett and Fiona Giles call for acceptance of the erotic nature of breastfeeding (Bartlett and Giles, 2004; Bartlett, 2005; Giles, 2005; 2007). The relationship between sexuality and breastfeeding has been investigated by Avery, Duckett and Frantzich (2000) who comment on the wide range of sexual responses breastfeeding women experience and Friedman (1996) describes eroticism, fantasy and psycho-sexual feelings in nursing women.

Hurst (2013) developed a 'sexual perceptions of breastfeeding' scale which he sampled with US mothers. Perceptions of breastfeeding as a sexualised activity have been investigated by Harris, Nayda and Summers (2003) in Australia and Saha (2002) describes the incorporation of sexualised images of breasts in US health advice. Wolf (2008) describes how sexualised perceptions of the breast impact both breastfeeding and public health.

The sexual dimension is potentially an issue triggered for managers. Gatrell (2007) reports on practices adopted by professional women within the UK due to the perception of breastfeeding as a taboo within the workplace. These mothers believe that they were obliged to cease or conceal breastfeeding due to the requirement to conform to suitable embodied behaviour and organisational norms.

Renegotiation with co-workers due to embodied practice was also a theme. Gatrell's (2013) study describes breastfeeding in terms of maternal bodywork. A similar

concept was utilised by Crossley (2009) to describe a body-project to illustrate the contradictory pressures women experience regarding breastfeeding.

In addition to these concerns, Smith, Hawkinson and Paull (2011) investigated the potential for negative bias for breastfeeding mothers and conclude that breastfeeding, and in particular sexualised breastfeeding, is associated with negative evaluations with breastfeeding women rated as less competent in general (in math and work especially) and less likely to be hired, except for the sexualised breast condition.

Nelson (2012) performed a meta-synthesis of qualitative data on the process of maternal decision-making regarding infant feeding. Disapproval of public breastfeeding, personal comfort and support were described as important factors in how mothers defended their choices. It appears that breastfeeding and its embodied, sexualised nature may be a factor of which managers are cognisant when considering questions of lactation breaks.

The importance of breastfeeding for mothers has been documented by several writers, and this is something that managers may be conscious of.   If the manager believes that their employee is highly attached to breastfeeding, they may take that into account when discussing the topic.

Faircloth (2010) addresses the importance of breastfeeding for self-identity and the double-bind that women who breastfeed for an 'extended' period of time find themselves in. Women in her study were marginalised and there were tensions between 'tribes' of mothers. Questions of risk and morality were strong themes with incongruous tension between risk reduction associated with breastfeeding, but breastfeeding simultaneously perceived as risky in mainstream discourse. The moralisation of infant feeding and consequent alternative constructions of good mothering were also a form of tension and resistance for her participants. In consequence, 'identity work' was an important element of the breastfeeding experience.

The centrality of breastfeeding to women's life values and experiences was highlighted by Loof-Johanson, Foldevi and Rudebeck (2013) who used a qualitative content analysis of interviews to describe the favourable interplay of factors leading to breastfeeding being identified as both a job and a joy.

Marshall (2011) describes the importance of breastfeeding for women's identity. She comments on the kinds of knowledge that women draw upon in self-defining as good mothers in the UK context. In her earlier qualitative study (Marshall, Godfrey and Renfrew, 2007), she describes good mothering as a moral minefield and discusses the contribution of breastfeeding within a UK context.

Avishai (2007) interviewed privileged US mothers who described breastfeeding as a project requiring work and self-discipline and perceived it as a task. Schmied and Lupton (2001) describe mothers' difficulties reconciling breastfeeding with the value placed on autonomy, independence and control within the Australian context.

Rhonda Shaw (2003) draws attention to breastfeeding as a relationship of moral proximity, incorporating gift giving, generosity and embodiment using Foucault's account of ethics and Butler's notion of performativity. Similarly, Ryan, Bissell and

Alexander (2010) discuss Foucault's technologies of the self in their interview study of UK women. The importance of discipline and the punishing, painful nature of the moral work enacted through breastfeeding led to the perception of breastfeeding as a site of construction and re-construction of the self.

A paper by Ryan, Team and Alexander (2013) focuses on expressing breastmilk, which they argue has become commercialised and technologicalised, with disruptions to the mother-infant bond. In their opinion, the main beneficiaries of the trends to express and feed expressed breastmilk are fathers who want increased involvement in infant care and commercial enterprises who aim to maximise profits for shareholders. This echoes concerns described by Hausman (2007), in which she comments on how technologies of infant feeding operate symbolically and practically to mediate social anxieties about women's proper behaviour as mothers and managing relations between mother and infant through technology is a method to counter potential disruption of breastfeeding.

Given these strong connections between breastfeeding and notions of motherhood and morality, it is not surprising that breastfeeding may be a central aspect of women's self-identity and therefore a subject which managers may feel requires sensitivity in approaching.

COMMODIFICATION

When human milk has been extracted from the breast it has market value (Smith, 2004). It is difficult however to ascertain that value, even if it is possible to buy and sell breastmilk. Managers may be conscious that breastmilk is of worth, and that it is a valuable commodity which women wish to provide to their baby. Human milk is a substance, as well as a relational exchange, and the substance is a commodity of value to the infant who consumes it. Managers may be aware of this even if they believe that artificial breastmilk substitutes provide an adequate replacement.

Linda Fentiman (2009) takes task with the way that women are placed under pressure to breastfeed and comments on the class and societal barriers for women who wish to sustain lactation, especially in the workplace. This way of viewing breastmilk as a subject removed from the relationship in which breastfeeding takes place has been criticised, as breastfeeding may have different meanings for both mother and infant

than the commoditisation of human breastmilk. Fentiman proposes overcoming the barriers associated with a time-cost by providing a regulated market in human milk.

In contrast, Smith (2015) argues that the promotion of formula feeding, both through the health system and commercial, de-incentivises breastfeeding. Moreover, she argues that governmental fiscal policy ignores the resultant costs of formula feeding. Therefore, Smith's position is that the market signal of price is incorrect and suggests instead reducing subsidies for formula feeding and taxing artificial milks to reflect the cost within health system of formula feeding. Her objective is to reduce fiscal subsidies in favour of formula milk and consequent incentives to wean babies from the breast prematurely.

Other objectives to the commercialisation and commoditisation of expressed breastmilk are raised by Crewe (2012) who explores ideas of essentialism and male dominated concepts of time well spent. Perceptions about how time is viewed may be important in constructing lactation breaks by employers. The language that mothers use to describe time was examined by Bartlett (2010) who identifies a problematic construct of maternity as a temporary or passing stage prior to reverting to a more normal time usage pattern. Instead, Bartlett suggests exploring different concepts of time. This is important to my study as lactation breaks may be seen as a brief and passing phase as a mother re-integrates following her return to work or alternatively, as an ongoing renegotiation of working conditions.

Some mothers may wish to alter their work-life balance permanently and include lactation breaks as part of this changed relationship with work. A mother acting in accordance with WHO guidelines, breastfeeding several children each to the age of two and beyond may experience maternity issues as a 'new normal' for many years.

Issues of liminality, rites of passage and space are discussed by Mahon-Daly and Andrews (2002). This observational study described breastfeeding as a liminal and marginalised activity discouraged by the medicalisation of the field. They also identified themes of the public and private spheres as modifiers of behaviour concurrent with issues connected with embarrassment. The themes of liminality and taboo are developed by Dowling and Pontin (2015).

TIME TAKEN

An issue which managers are likely to be conscious of is the use of working time and the impact upon the woman's work. How much time is it likely to require for a mother to take a lactation break during her working day? Slusser *et al.* (2004b) investigated the amount of time that full time working mothers of babies less than six months old took on lactation breaks and concluded most women take less than an hour with a decline in both frequency and time taken as the baby gets older.

The extent to which breastfeeding requires an additional time commitment to alternative forms of feeding has been subject to some contradictory studies (Cohen *et al.*, 1995; Smith and Forrester, 2013). However, this is likely to be moot for many managers as the preparation of other feeds is likely to be performed by caregivers, whereas lactation breaks have to be provided in person by the mother.

Rippeyoung and Noonan (2009; 2012) addresses the economic costs women experience because of breastfeeding, concluding that women incur both short term and long term financial costs associated with their decision to breastfeed. This is associated with both the time taken for lactation breaks but additionally, there is an impact upon the mother's career with a consequent economic cost.

Managers are likely to be concerned about time usage at work. Where that time is used for breastfeeding there may be an economic impact upon the productivity that the mother has as a worker. This may be perceived by managers as a time-cost to them. It is likely that the impact that managers perceive will depend to some extent upon whether the breaks are paid or unpaid, and whether the mother uses a flexi-time arrangement in order to make up the time at the end of the day.

IMPACT ON HEALTH AND HEALTH COSTS

An alternative way of viewing the topic is raised by Grice *et al.* (2011) in an investigation into maternal health. She investigated the impact of home and job spill-over into different spheres. Medium and high levels of home-to-job spill-over and flexible work arrangements were correlated with worse mental health. However, medium home-to-job spill-over was associated with better physical health.

Home-to-job spill-over may not be a proxy for lactation breaks but lactation breaks may be perceived as a form of home-to-job spill-over and therefore this study raises

the possibility that lactation breaks may impact upon mental health negatively but physical health positively.

My participants did not appear to be aware of health costs associated with artificial breastmilk substitute feeding, although some mentioned that it might be upsetting and stressful for a mother if she was denied the option of taking a lactation break. Of relevance to managers is the increased likelihood of infant illness resulting in parental absence from work as well as risks to maternal health. There has also been an investigation of the impact upon sickness absence by Cohen, Mrtek and Mrtek (1995) who compared 2 US corporations to examine the impact of infant feeding decisions. It would be useful to have a more recent study on this topic and it remains an under-researched area.

Some US rhetoric on the subject relates to healthcare costs. The American context may not be appropriate to extrapolate to UK context due to the presence of the NHS and provision for paid maternity leave, which reduces the applicability of US focussed writing on the subject of health costs when lactation breaks are denied. However, the wider costs to society associated with the use of artificial breastmilk substitutes, such as providing formula for low income families, treating illness related to formula feeding, environmental costs associated with formula production and transportation and the societal impact of artificial breastmilk substitute feeding on children's development are common to all societies. These arguments have been summarised by various writers (Apple, 1987; Baumslag and Michels, 1996; Mathison, 1997; Minchin, 1998; Arneil, 2000; Hausman, 2004; 2008; Bartick and Reinhold, 2010; Bartick *et al.*, 2013),

MEDIA

Media messaging about the importance of breastfeeding may impact perceptions of the topic by managers. This has been critically analysed by a variety of writers. Frerichs *et al.* (2006) describe the framing of breastfeeding within 7 US magazines and the individualisation of the messages which, they comment, diminishes the significance of social support. Wall (2001) examines constructions of breastfeeding, nature, sexuality and morality in combination with neo-liberal preoccupations with individual responsibility using a critical deconstruction of Canadian health education materials. Gillis, Gray and Murphy (2013) report on health literacy and the

relationship with breastfeeding promotion in Canada and describe health practitioners' dilemmas as associated with discomfort in assessing health literacy themes.

Other writers have addressed issues of the presentation of artificial breastmilk substitutes and questions of advertising and the public discourse surrounding the morality questions that mothers make, such as Callaghan and Lazard (2012), Berry, Jones and Iverson (2011), Foss and Southwell (2006) and Gage (2013)

The literature suggests that there are a range of issues which the topic of lactation breaks may trigger for managers. These include concerns about the potential for guilt and shame to be experienced by women who take lactation breaks, different feminist schools of thought, questions about embodiment and self-identify, the time which a lactation break requires in the working day, and influences from the media. Moreover, there are impacts upon health which a manager may wish to consider when contemplating the issue. The extensive range of conceptualisations of the topic shows that it can evoke a huge range of responses and evoke debate.

LEGAL LITERATURE

LEGAL PROVISION AND IMPACT UPON BREASTFEEDING RATES

A manager's perspective is likely to be informed by the legal context surrounding lactation breaks. Within the UK, there is no statutory obligation on employers to provide lactation breaks to their staff. Nevertheless, there are a range of legal and quasi-legal requirements regarding breastfeeding employees, and some of these have sanctions associated with breach. Those that do not have enforcement proceedings associated with them still have a declaratory function in establishing norms of behaviour. The law comes from multiple sources and is complex, and the cumulative effect is to make it difficult for an employer to refuse the opportunity to take a lactation break should an employee request this. Within this section, I shall address the impact of law; the UK position; and then the European and International Law from which it springs, but which have limited enforceability amongst UK organisations.

The legal requirements upon employers to provide lactation breaks may impact upon the rates of breastfeeding. The US experience of the Affordable Care Act 2010,

which increased the legal right to lactation breaks for US workers, provides somewhat contradictory data on the impact of a change in the law to provide additional obligations upon employers to facilitate lactation breaks.

Abdulloeva and Eyler (2013) studied the impact of the change in the law by surveying the policies regarding lactation breaks for state employees, public and private university employees prior and subsequent to the Affordable Care Act 2010. They conclude that there is a significant correlation between the state law and exclusive state breastfeeding rates at six months. They describe significant impact of the legal environment upon the likelihood of the mother exclusively breastfeeding her baby at six months of age. The change in the law concerning lactation breaks is observed to impact upon breastfeeding behaviour. However, this study provides limited insight into the emotive elements in the relationship, concentrating instead upon the changes in the legal framework.

In contrast, an earlier study by Dozier and McKee (2011) provides insight into changes in the law, using the 2009 National Immunisation Survey to examine the impact of US worksite breastfeeding statutes. They did this by comparing breastfeeding duration at six months with the type of worksite breastfeeding statute governing the employment. After accounting for other factors, the likelihood of breastfeeding at six months was, although positive, not significant. This suggests that US breastfeeding law alone does not affect breastfeeding duration. Therefore, Dozier and McKee's study results in a different conclusion from Abdulloeva's study.

Dozier and McKee's study is in line with Chertok and Hoover (2009) who examine the legislation in place in US states with low breastfeeding rates prior to the Affordable Care Act. US Law is also examined by Reiter (1999) and Murtagh and Moulton (2011), who examine the correlation between state and federal law and the gaps in provision which may result in a limited impact of the law upon breastfeeding rates.

Atabay *et al.* (2015) surveyed the legal rights in 193 UN member states regarding lactation breaks and maternity leave, concentrating on the period between 1995 and 2014. During that period, 15 countries had legislated for lactation breaks. As of 2014, there were 51 countries who did not guarantee lactation breaks but 7 of those countries provided paid maternity leave for at least 6 months after birth. These

findings are in line with an earlier analysis by Heymann, Raub and Earle (2013). They assessed the law relating to lactation breaks in 182 of the 193 Member States of the United Nations and performed a regression analysis to look at the association between policy and exclusive breastfeeding rates. Out of 130 countries which guaranteed paid breastfeeding breaks and 7 countries with unpaid lactation breaks, guaranteeing paid lactation breaks for six months plus was associated with an 8.86% increase in exclusive breastfeeding after controlling for various factors. It should be noted that forty-five countries did not have a policy on breastfeeding breaks.

Smith-Gagen *et al.'s* (2014b) US study examined eight breastfeeding laws and the breastfeeding rates pre- and post-legislation. Their conclusion was that the impact of the law varies according with racial factors, with African-American women not reported as benefiting from legislative protection as much as white women. Mills (2009) and Rietz and McCullagh (2010) examine US law and employer policy supporting breastfeeding and the role of the Occupational Health Nurse in organising lactation programmes.

Carter and McCutcheon (2013) examined the construction of breastfeeding in US State Law and Christup (2000) describes the legal processes around a breastfeeding and employment case in the US law. However, these studies are impacted by the changes in the law following the Affordable Care Act.

A law is of no use if it is not applied or enforced, although it may have some declaratory power. In Puerto Rico, a right to lactation breaks was legislated for in December 2000. However, Benitez, Parrilla-Rodriguez and Rios (2005) interview study of government agencies who were subject to new law demonstrated that although they were all aware of it, the marked majority had not complied with the legal disposition. This problematised the organisation rather than focusing on the actions of individual people and demonstrates the low priority that legislation on lactation was given by Puerto Rican government agencies. Likewise, Worugji and Etuk (2005) examine national breastfeeding policy in Nigeria and conclude a lack of enabling law affects the implementation. These studies demonstrate that passing legislation and policy may become more significant when it is also implemented and enforced.

Even where legal provision is valid and applicable, and there are sanctions to suggest that it is enforceable, there are multiple factors which may make it hard for members of staff to access legal protection. These barriers to justice include the difficulties associated with resigning employment and pursuing a legal claim in an Employment Tribunal. This may mean that managers and employers do not address the issue in legal terms but instead resolve it through informal mechanisms.

Within this section, I shall summarise the provisions for UK employees and employers surrounding lactation breaks and address the understandings and access to such understanding in greater detail when I discuss the results of my findings. There is no clear statutory provision in the UK granting employees enforceable, unambiguous rights to take lactation breaks. Nevertheless, there are a range of legal requirements that employers must be aware of, and compliant with, regarding breastfeeding employees which have legal sanctions associated with breach.

The law on the topic is complicated, convoluted, and could be further developed. While the existent case law gives some guidance on interpretations, the cases themselves were poorly argued which makes it difficult to ascertain what the *ratio decidendi* was. Moreover, there are potential arguments that have not yet been properly trialled in case law concerning indirect discrimination, contract, and tort law as well as human rights, EU, and international obligations.

The employer is under formal obligation to perform a risk assessment for all lactating staff, to consider any requests for flexible working and to allow unpaid parental leave. Breastfeeding night workers who provide appropriate medical evidence are entitled to additional special protections. Employers should avoid any indirect sex discrimination, harassment or victimisation, or claims in constructive dismissal arising from lactation breaks. Whilst employers are obliged to provide breastfeeding employees with a place to rest, including the opportunity to lie down, they are not obliged to provide employees with a space to express breastmilk (Regulation 25, HMSO, 1992) This subtle distinction means employers are not required to enable lactation breaks, but if an employer elects not to facilitate lactation breaks they need to be aware of, and compliant with, a complex range of legislation.

In addition to the formal rights, employers may also elect to be guided by non-mandatory government publications (Health and Safety Executive, 2009; ACAS,

2014). These encourage employers to provide staff with lactation breaks but emphasises that the employer is not under an obligation to do so.

Employment contracts are often formed of multiple documents and include a requirement to observe employer policy. Therefore, an employment contract may confer the right to take lactation breaks or specify any conditions associated with such breaks.

The right to lactation breaks is not automatically implied into employment contracts under UK law but there are related rights incorporated into employment contracts, or which govern employment contracts, and these are intended to be enforceable within the employment tribunal system. In order to access such a right, the employee may have to resign, or claim constructive dismissal and fund her claim which will impact her negotiation position, should a conflict on the subject of lactation breaks arise.

SEX DISCRIMINATION AND UK LAW:

The Equality Act 2010 defines both direct and indirect discrimination. Direct discrimination is when the victim is treated differently and worse than others because of who they are, and indirect discrimination involves the victim being treated the same as others, but it has a different and worse effect upon the victim because of who they are; this may sometimes be justified. Discrimination on the grounds of breastfeeding is specifically excluded from being direct discrimination within the workplace. Therefore, it can only be considered as indirect sex discrimination.

Previous case law (*Williams v. MOD* [2003] All ER (D) 142) had established the possibility of a direct discrimination claim but this has now been explicitly excluded. This is a political decision in the light of the fact that the Act describes discrimination regarding breastfeeding as potentially direct discrimination in a non-work context.

The definition of indirect discrimination is found in Part II, Chapter 2 (19) of the Equality Act 2010 as:

> *'(1) A person (A) discriminates against another (B) if A applies to B a provision, criterion or practice which is discriminatory in relation to a relevant protected characteristic of B's.*
>
> *(2) For the purposes of subsection (1), a provision, criterion or practice is discriminatory to a relevant protected characteristic of B's if ---*
>
> *(a) it applies, or would apply, it to persons with whom B does not share the characteristic,*
>
> *(b) it puts or would put persons with whom B shares the characteristic disadvantage when compared with persons with whom B does not share it,*
>
> *(c) it puts, or would put, B at that disadvantage, and*
>
> *(d) A cannot show it to be a proportionate means of achieving a legitimate aim.'*

A breastfeeding employee could therefore claim indirect sex discrimination if there was a prohibition on breastfeeding in the workplace, applying to both men and women, and that prohibition places women at a particular disadvantage compared with men, if it also put the claimant at a disadvantage, and was not a proportionate

means of achieving a legitimate aim. The tribunal would therefore have to be satisfied that a prohibition on breastfeeding places women at a particular disadvantage.

For an indirect discrimination claim, it is necessary to revisit the questions raised by the Sex Discrimination Act on proportional impact between men and women by reference to the pool for comparison. It would be necessary to prove by reference to a pool that the impact of the provision, criterion or practice, in this case a prohibition on breastfeeding in the workplace, had a disproportionate impact on women. This is normally done by comparing the number of women who can comply with the policy to the pool. Selecting the appropriate pool is therefore critical as described in *London Underground Ltd v. Edwards* 1995 IRLR 355.

Sex discrimination could also occur through failing to observe health and safety legislation where risks have not been assessed and action has not been taken, where the work is of a kind which could involve risks, and failing to address them could have serious consequences for mother or baby. Further, harassing a breastfeeding employee (or failing to take action to stop other staff members from harassing a breastfeeding employee) can count as sex discrimination even if the harassment is jokes and "banter" (Maternity Action, 2013)

Indirect discrimination has been raised in relation to lactation breaks by a stream of cases in combination with other issues. However, the cases are convoluted because a variety of arguments were advanced. It is also intriguing that the key cases involve the military and police forces. The central case is Williams, below, in which lactation breaks offered to military staff were the key issue. On first hearing the Employment Tribunal appeared to boldly create a right to lactation breaks using discrimination law; but the Employment Appeals Tribunal did not agree with this approach.

WILLIAMS V. MINISTRY OF DEFENCE [2003] All ER (D) 142:
Mrs. Williams was an engineering officer with the RAF who accepted discharge on grounds of maternity. She complained about the RAF breastfeeding policy in her grievance and argued both direct and indirect discrimination but the arguments were made at different times before different courts and by different barristers.

The military regulation in question was not an outright ban on breastfeeding. It was defence counsel instruction (DCI JS 35 2000). On their return to work women were reminded that:

> '[T]hey are liable to undertake their full range of duties. Circumstances may permit a return to duty whilst still breast-feeding, however, servicewomen have no right to this and will be expected to go on exercise, take part in operational deployment, be drafted to sea service (if so liable) and take unaccompanied or emergency tours. It is, of course, up to the individual servicewoman whether to breast-feed and if so, when to stop. The Department of Health currently recommends four to six months for exclusive breastfeeding. After that, there is 'little benefit'. However, servicewomen who wish to be certain of being able to breast-feed beyond their eighteen weeks OML period should take advantage of their OMA [occupational maternity absence] to cover this period.'

Before the Employment Appeals Tribunal, Mrs. Williams' barrister submitted that the real question was: 1) had the RAF imposed a requirement on Mrs. Williams during her pregnancy that when she returned to work she would be liable for a full range of duties; 2) this was a requirement with which she could not comply; 3) the requirement had an adverse impact on women; 4) Mrs. Williams suffered detriment in that she left the RAF; 5) there was no justification for this *prima facie* discrimination by the RAF.

The EAT responded:

> 'While we accept that the way of putting the case below may just be discerned from the material before us, it was far from clear. We have concluded that whilst both the findings of direct and indirect discrimination under this head of the Applicant's case must be set aside before any remitted hearing on the Applicant's case on indirect discrimination must be fully pleaded.'

They go on to say:

> 'In these circumstances the breast-feeding issue will be remitted to a fresh Tribunal for re-hearing.'

This somewhat ambiguous response may be in consequence of the confused way that the arguments were presented and by the changes in legal counsel halfway through the case, but may also reflect the political nature of the topic and the contrast between military employment and breastfeeding. The EAT resolve the matter by referring to a fresh Tribunal for adjudication on whether or not there was indirect

discrimination against Mrs Williams regarding breastfeeding. There has been some discussion as to whether or not the *Williams* case determines that direct discrimination can arise in situations where lactation breaks are not permitted. Pimor (2004) argues (p.294):

> *'As nursing follows childbirth, the principles for protection of pregnant workers should surely extend to breastfeeding employees ... as breastfeeding cannot be compared to a pathological condition and is unique to women, if is therefore argued that if it was not for Mrs. Williams' sex she would not have been faced with choice of either giving up work or breastfeeding. Despite the EAT's decision that Mrs. William's claim for direct discrimination failed, the issue was not thoroughly addressed; thus. Williams v. MOD is not conclusive that direct discrimination cannot apply to issues of breastfeeding in the workplace.'*

Although Pimor argues that the *Williams* case is not sufficient authority for the proposition that direct discrimination cannot apply for lactation break situations, it is now clear following the Equalities Act 2010 that this possibility is closed.

With regard to indirect discrimination, Pimor again does not believe that the *Williams* case resolves the debate. Instead, she outlines the argument that prohibiting breastfeeding is indirectly discriminatory. Pimor notes the MOD could perhaps justify their policy on grounds of combat effectiveness but goes on to say:

> *'There is no mention of this in the policy nor is there any explanation as to why nursing female officers cannot benefit from flexible working conditions ... the question is whether on that basis whether the MOD's stance to refuse supporting a female officers choice to carry on nursing beyond her OML period is justified'* (p.295)

Pimor also argues that Mrs. Williams' human rights may have been adversely affected by the MOD's policy, however this is not addressed within the EAT decision and thus the Williams case is not a good authority on this subject.

Daley and Baker (2003) criticise the way the indirect discrimination argument was placed before the tribunal. They point out that a remitted hearing was required for the employees' case on indirect discrimination. The MOD policy in question was not an outright ban on breastfeeding. It left individual women to determine whether or not they wished to continue breastfeeding but it did require them to return to their full range of duties. Therefore the obligation appears to be on the individual to manage

her duties and reconcile breastfeeding if she is able to do so rather than mandating the MOD to find a flexible solution to meet breastfeeding servicewomen needs.

The MOD argument appears to be partly based on Department of Health guidelines that there was of 'little benefit' to continuing breastfeeding beyond six months. However, it is not known what the Department of Health guidance, to which the MOD refers, is. In any case such guidance would be unsustainable in the light of recent research and the current WHO recommendations. The MOD policy did not rule out the possibility of breastfeeding nor the possibility of adjustments being made on a case by case basis as local circumstances permitted. However, it did point to the range of responsibilities that servicewomen may be liable for. It is unclear why Mrs. Williams accepted discharge instead of a more modest modification, such as lactation breaks.

While the original employment tribunal had created a bold, freestanding right to breastfeed, this was an extension of the sex discrimination law extant at the time. Therefore, it is not surprising that the EAT felt unable to uphold the ET decision. Since the case, the potential for direct discrimination has been negated by Parliament; but the Williams case is significant because it leaves open the possibility of an indirect discrimination claim where a woman is denied lactation breaks.

Re: DUNN (2000) NIQB 8:

Another discussion about breastfeeding and employment arose in the case of Re: Dunn (2000) NIQB 8 for which a request to appeal was made to the Northern Ireland Supreme Court. They denied the right to appeal, but did not specifically address the questions relating to discrimination. The breastfeeding issue was raised by the claimant when she suggested that continuing breastfeeding her child could not be accommodated within a police station environment and that this impacted her sickness absence. She sought judicial review of a police decision to prevent her sitting her examinations for promotion to sergeant.

She was not eligible to sit the promotion exams because there was a recognised problem connected with high levels of sickness absence within the police force. Therefore, in order to be eligible it was necessary to have a low level of sickness absence which was defined as less than fourteen days on average in the previous 2 years. The claimant argued that her pregnancy illness has been held against her and

(somewhat inconsistently) that her absence related to continuing breastfeeding of her child which she said could not be accommodated in within the station environment. She therefore sought judicial review of the police decision.

One of the arguments made by the Defendant police force was that following *Brown v. Rentokil Initial UK Ltd* Case C-394/96 and *Handels - og Kontorfunktionaerernes Forbund i Danmark, (on behalf of Birthe Vibeke Hertz) v Dansk Arbejdsgiverforening, (on behalf of Aldi Marked K/S)* Case C-179/88, the protections of maternity did not apply after maternity had been completed; and following the expiration of maternity leave, discrimination is not made out if a woman is treated comparably to a sick man. The Northern Ireland Supreme Court denied the Claimant leave to appeal but did not specifically endorse this point which increases the uncertainty of the import of the case, although it demonstrates the potential for claimants to cite breastfeeding issues in employment law. Thus, the case discusses the issue but the confidence with which any conclusions from it can be made is limited.

MULLINS V. COMMISSIONER OF POLICE OF THE METROPOLIS [2003] All ER (D) 93 (Apr)

Mrs. Mullins was a police offer who alleged both direct and indirect sex discrimination following a raft of difficulties on her return to work following maternity leave; some of her complaints related to breastfeeding. She presented her case confusingly but there are useful observations within the EAT judgment that the protections of the Directive are not time limited. Although not specified in judgment, the Directive in question appears to be Directive 92/85/EEC.

There is also some confusion within the judgment as to whether breastfeeding is direct or indirect discrimination. In particular Paragraph 48 states:

> *'We are prepared to accept that breastfeeding is as gender-specific as pregnancy, and that in consequence it is unnecessary to consider whether Mr. Nash might have made like remarks to hypothetical male comparator.'*

However this matter appears to have been resolved through the Equality Act 2010 which excludes direct discrimination for breastfeeding and work discrimination claims. Again, the lack of clarity reduces the potential of the case to provide guidance on the law.

Despite the confusion associated with these cases, and the limited explanation and development of the law which they provide, the key message for employers is that breastfeeding and lactation break issues have been cited by Claimants in tribunals. This in itself forms a deterrent as there are considerable costs involved in disputing a claim, even if the case is won.

HEALTH AND SAFETY

The legislation governing breastfeeding is found in the Health and Safety: The Workplace (Health, Safety and Welfare Regulations) Statutory Instrument 1992/3004, now found in the Management of Health and Safety at Work (Amendment Regulations) 1994 Statutory Instrument 2865 and the Management of Health and Safety at Work Regulations 1999, Statutory Instrument 1999/3242.

When an employee informs employer that she is breastfeeding this triggers the requirement for a risk assessment as per Regulation 18, Statutory Instrument 1999/3242.

Employers who employ women of childbearing age are required to perform a generic risk assessment including matters involving child-bearing as per *Hardman v. Mallon* [2002] IRLR 56 ET and *Maderasi v. Nomura International Ltd.* [2007] EWCA Civ [2007] IRLR 246, CA.

The latter case demonstrates that there is no need to do an individual risk assessment for each disclosure. This was followed in *O'Neill vs. Buckinghamshire County Council* [2010] All ER (D) 15 (Feb), UK EAT/0020/09 where the EAT held that there was no need to do a specific risk assessment until:

> *(1) the employee informs the employer in writing that she is breastfeeding,*
>
> *(2) the work undertaken gives rise to a risk to her health or to the health of her baby,*
>
> *(3) The risk arises from processes, working conditions, or exposure to physical, chemical or biological agents. Trivial, or fanciful risks do not trigger the obligation, so a teacher being exposed to her pupils' coughs and colds would not suffice.*

Where a risk assessment exposes a risk, the breastfeeding employee's role, working hours or conditions need to be altered. Where this is not possible, the employer needs

to suspend employee on maternity grounds as per Regulation 16 Statutory Instrument 1999/3242.

With regard to night work, where a breastfeeding employee presents a certificate from a registered medical practitioner or midwife showing it is necessary for her health and safety that she should not work nights, then she should be transferred to day work or suspended (Regulation 17 of Statutory Instrument 1999/3242).

Prior to suspending an employee, an employer must follow a process outlined in *New Southern Railway Ltd v. Quinn* UK EAT/00313/05/ZT.

This entails:

(1) assessing the risk,

(2) avoiding the risk if possible by appropriate measures including altering her hours or conditions, and

(3) if the risk cannot be avoided or it is unreasonable to alter her hours or conditions the employer must offer suitable alternative work if available on terms not substantially less favourable than her existing terms, and

(4) only then can the employer suspend the employee.

The requirement for the alternative works suitability means that:

(a) the work is of a kind that is both suitable in relation to her and appropriate for her to do in the circumstances, and

(b) the terms and conditions applicable to her performing the work must not be substantially less favourable than the corresponding terms and conditions applicable for performing her usual work.

(Employment Rights Act 1996 s. 67 (1) and (2))

In contrast with the normal rules regarding the enforceability of health and safety legislation, the employee can make a complaint to a tribunal if she is not provided with alternative work or appropriately suspended. The tribunal's reward can be any such amount as is just and equitable in the circumstances.

Suspension on maternity grounds entitles the employee to normal wages or salary for as long as health and safety requirements prevent her from returning to work. This may be for the entirety of her breastfeeding period. However, if the employee unreasonably refuses an offer of suitable alternative work she loses the right to claim remuneration.

FLEXIBLE WORKING

The right to flexible working has been extended since it was originally introduced and is now contained in the Flexible Working Regulations 2014, Statutory Instrument 2014/1398. Any employee with more than twenty-six weeks length of service can apply, but only one statutory request can be made in any twelve month period. In addition, to supplement these rules there is an ACAS guide and Code of

Practice to assist employers in discussing flexible working requests (ACAS, 2014). The right is a right to request and to have that request seriously considered; but it is not a right to have the request granted.

A parent may request flexible working in order to support a pattern of work conducive to breastfeeding. The employee may request changes to (1) the hours she is required to work, (2) the times when she is required to work, or (3) where, as between her home and a place of business she is required to work.

Changes made as a consequence of a formal request are normally a permanent change to the terms and conditions of employment. This may diminish its usefulness as a way to facilitate lactation breaks, as often lactation breaks are a temporary arrangement, but they may continue indefinitely.

The employer may refuse the request and the potential grounds for refusal are found in the amended Employment Rights Act 1996 section 80 (G)(1). Specifically i) a burden of additional costs, ii) detrimental effect on ability to meet customer demand, iii) inability to reorganise work amongst existing staff, iv) inability to recruit additional staff, v) detrimental impact on quality, vi) detrimental impact on performance, and vii) insufficiency of work during the periods the employee proposes to work and viii) planned structural changes.

Although an employer does not need to give reasons for a refusal of the request, failing to do so is potentially damaging if the employee goes on to claim indirect sex discrimination or constructive dismissal. Naturally, this adds to the employer's existing administrative and recordkeeping burden.

If the employer refuses the request, their procedure may be scrutinised by an employment tribunal. The tribunal do not have the power to disagree with the employer's business reasons and there is no requirement on an employer to act reasonably. However, the tribunal can examine whether the employer relied on true facts and the procedure that they followed. Alternatively, the case may be submitted for binding arbitration by ACAS (Advisory, Conciliation and Arbitration Service).

These rather weak powers of scrutiny are backed up with the power to award up to 8 weeks' pay in the case of an unjustifiable refusal of a request. However, the pay is capped at £464.00 per week as at 6 April 2014. An additional 2 weeks' pay may be

awarded if the employer fails to allow the employee to be accompanied to a meeting or appeal meeting regarding the request. Therefore, it seems the true punitive power of the right is actually the administrative difficulties associated with defending a refusal to grant the request, rather than payment to the employee.

In addition to the statutory flexible working requests, it is also possible to request flexible working under sex discrimination legislation *(Hardy's v. Hanson's plc v. Lax* [2005] EWCA Civ 846 [2005] IRLR 726; *Shaw v. CCL Ltd.* [2008] IRLR 284 and *Mather v. Devine & Partners* UKEAT/0119/12/JOJ [2012]. This protection can be used regardless of length of service and may indeed be used as soon as a post is advertised. Where, for instance, an interviewee raises the issue at interview they would be in an issue to contemplate legal action based around indirect sex discrimination. Further, the discrimination argument can be used by workers generally, which is a larger category than employees.

When the employer's practices are not open to challenge under the new regulations it may still be possible to utilise the sex discrimination argument. Justification may be harder under the discrimination provisions, and although the tribunal may choose to use the new regulations as an aid in determining justification, the business reason as for rejecting flexible practice will be subject to more scrutiny if it is alleged they are discriminatory.

Penalties for sex discrimination are much greater than breach of the new regulations and therefore employees who have a disagreement about flexible working may claim far more compensation under a discrimination argument than under a flexible working argument. However, the legal difficulties and complexity in making a claim of indirect sex discrimination may mean parties require legal representation. This has to be paid for which reduces accessibility as it is expensive. Taking any claim to a tribunal is risky and subject to fees and limitation periods; this may impact the attractiveness of this route to potential claimants.

CONTRACT AND TORT LAW

Under health and safety legislation, the employer's duty is cast in relation to the mother. However, there is a potential that this could be developed in law as a duty to the baby using the principles of tort law.

The principles of negligence require an employer to have a duty of care to the baby, to breach that duty, and there to be harm as a result, for a successful claim. An argument could be made that artificial breastmilk substitute feeding is a potential harm to babies (Minchin, 1998). The question of whether a baby had experienced harm as a result of being formula fed would therefore have to be canvassed in court and at the time of writing I am not aware of any cases on this subject.

Another possibility would be to use a disability paradigm that would describe an inability to produce enough breastmilk for a baby as a disability that might invoke reasonable adjustments. Again, this creative legal possibility does not at present have precedent, although it is a paradigm of law which is otherwise well understood.

An employment contract may also grant employee rights connected with lactation breaks. Contracts are usually composed of a variety of documents including employee handbooks, policy documents and the intranet, and the contract may incorporate terms and conditions taken from a variety of sources.

EUROPEAN LAW

European law is important in this area because there is an obligation on the UK government to implement EU directives. EU legislation can also be enforceable in certain circumstances by individuals even when it has not been implemented by the UK government. Although the European Court of Justice has not generated case precedent affecting UK law on the subject of lactation breaks, the EU provisions on the topic can be enforced within the European Court of Justice where necessary, and their judgement has impacted Spanish law on the subject (Alvarez v Sesa Start Espana ETT SA - [2010] All ER (D) 277 (Oct)).

European Law places a high priority on gender equality. Breastfeeding is defined in EU law in the Pregnant Workers Directive 92/85/EEC as a worker who is breastfeeding within the meaning of national legislation and/or national practice and who informs an employer she is breastfeeding in accordance with that legislation/practice (Equalities and Human Rights Commission, 2010).

Article 3 of the Directive contains guidelines for assessing chemical, physical and biological agents and industrial processes which are considered hazardous for breastfeeding workers.

Article 4 of the Directive covers risk assessments for breastfeeding workers. There is a non-exhaustive list of hazardous agents, processes and working conditions in an annex to the Directive. These could include matters such as posture, travel and fatigue.

The Pregnant Workers Directive has been implemented in the UK via an array of legislation. Risk assessments are provided for in the Management of Health and Safety at Work Regulations 1999, Statutory Instrument 1999/3242 (HMSO, 1999). Medical suspension, protection from dismissal and the associated right to written reasons for dismissal is covered by the Employment Rights Act 1996 (HMSO, 1996).

There are proposals to modify the Pregnant Workers Directive 92/85/EEC but it appears no progress on amendments has been made since 2001 as reported by Harvey (2010) on the Industrial Relations and Employment Law. This makes it hard to predict what changes are likely to arise and what any timetable for such changes would be.

The EU Economic and Social Committee has welcomed the proposed new Directive and viewed it as an opportunity to encourage women to breastfeed and form a strong bond with their babies. They comment:

> *'(T)he committee calls for identification of additional legal and practical solutions which make breast-feeding or expressing milk at work easier for mothers, in order to provide them adequate time for exclusive breastfeed, in line with WHO and UNICEF recommendations' (e.g. the right to count breaks for breast-feeding as working time)'.*

The Committee was also mindful of the child's right to be breastfed, in line with UNCRC (UN Committee on the Rights of the Child, 20 October 2008) and the Millennium Development goals. The Committee further called on the EU Commission to study the impact on the child of the proposals, bearing in mind the UN Convention on the Rights of the Child discussed below. Given the extended stall of the revision of Directive 92/85/EEC it is not known when or if such revisions will take place.

There are some hints of a 'right to breastfeeding' within human rights law. There may be a distinction to be made between the right to food, the right to be fed and the right to feed which are particularly relevant to gender and breastfeeding situations (Esterik, 1999).

The development of a right to breastfeed is discussed by Hausman (2008) who investigates how maternal choice is impacted by the structure of market-work and maternal freedom constricted by social provisions and structural complaints. Nihlen Fahlquist *et al.* (2011) also addressed questions of the lack of free choice and maternal autonomy, but focus on suggesting revision of official sources of information due to criticisms of the extent of pressure to breastfeed. This diversity of approaches was addressed by Trickey and Newburn (2014) using the theory of constraints to interrogate dilemmas associated with promotion of choice or promotion of breastfeeding. They also investigated the dilemma associated with presenting breastfeeding as straightforward and rewarding or preparing mothers for problems and whether support should be offered proactively or mother-initiated. Following interrogation of these assumptions, they identified 3 positive ways forward: (1) Instead of looking at initial decision-making focus on supporting mothers throughout and simultaneously enabling and protecting breastfeeding as one element of that support. (2) Conceptualise the post-natal period as investment and adjustment, while establishing breastfeeding. (3) Proactive mother centred support for all forms of feeding.

The basis in international law for a 'right to breastfeed' and thus a foundation for a human rights approach to lactation breaks requires examination of several divergent pieces of legislation which may not have been intended to create such a right when initially drafted. These have been identified by a range of writers as providing the basis for an understanding of breastfeeding as a human right, whether of the mother, the child or both together. (Bar-Yam, 2003; Greiner, 1998; Clark, 1998; Barton and Douglas, 1995; Barkhuis, 1994; Greiner, 1993).

The Universal of Declaration of Human Rights dated 10th December 1948 Article 25(1) states:

> *'everyone has the right to a standard of living adequate for the well-being of himself and of his family, including food ...*

At Article 25(2), *'motherhood and childhood are entitled to special care and assistance.'* This was interpreted by the UN Economic and Social Council (UNESCO) on 12 May 1999 (E/C. 12/1999/5). At paragraph 8 it states:

> *'the availability of food in a quantity and quality sufficient to satisfy the dietary needs of an individual, free from adverse substances and acceptable within a given culture.'*

At paragraph 11 it states:

> *'cultural or consumer acceptability implies the need also to take into account, as far as possible, perceived non-nutrient based values attached to food and food consumption and informed consumer concerns regarding the nature of accessible food supplies.'*

The International Covenant on Economic, Cultural and Social Rights 1976 reiterated in Art. 11 which states 'adequate standard of living ... including adequate food' and went further at Article 12: 'the right of everyone to the enjoyment of the highest attainable standards of physical and mental health.'

This rather higher standard was repeated in the Convention on the Rights of the Child 20 November 1989, in particular Article 24 which states:

> *'(1) parties recognise rights of child to highest attainable standard of health ... (b) to ensure provision of healthcare to all children with emphasis on development of primary health care, (c) to combat disease and malnutrition including within the framework of primary health care, through, inter alia, application of readily available technology and provision of adequately nutritious foods, (d) to ensure appropriate pre-natal and post-natal healthcare for mothers (e) to ensure that all segments of society, in particular parents and children, are informed, have access to education, and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding ...*
>
> *(3) States Parties shall take all effective and appropriate measures to abolish all practices prejudicial to the health of children ...'*

These are relevant to breastfeeding, because breastfeeding provides children with the highest attainable standard of health connected with infant feeding (World Health Organization (WHO) & UNICEF: Global Strategy for Infant and Young Child Feeding, 2003). It is a medical and healthcare issue of a primary nature and breastmilk is an adequate nutritious food, part of post-natal healthcare for mothers,

requires education and support through basic knowledge, and can be undermined by traditional practices prevalent within the UK such as the early introduction of bottles to breastfed babies. However, there is little jurisprudence as to whether a right to be breast fed exists.

The Beijing Declaration and Platform for Action 1995 includes harmonisation of work and family responsibilities (at strategic objective 5.6) and calls on governments to promote facilitation for breastfeeding for working mothers. However, this would not appear to create a right to lactation breaks which managers would have to abide by, although, if they are aware of it, they may consider that it increases the moral case for provision of lactation breaks.

Despite the limited support for breastfeeding in an overt formulation, the right may therefore be generated from a range of different human rights legislation. The creation of a right to breastfeed is likely to be rooted in the rights of the child, but unlikely to create an obligation on the part of the mother to breastfeed her infant. However, if the mother desires to breastfeed, it could be construed that she and her child together have the right to do so and the child to receive adequate food acceptable within their culture. Additionally, it would form part of post-natal healthcare and education relating to basic knowledge of child health and nutrition. The cases that have examined the right to breastfeeding have examined it from different perspectives.

Under Article 8 of the EU Convention on Human Rights, the mutual enjoyment between parent and child forms a fundamental element of family life *(L v. Finland* [2000] 3 FCR 219).

In *P, C, and S v. UK* [2002] ECHR 5645/4700, a baby was removed from his mother at birth which did not violate the baby's rights, although it did deprive the new-born baby of close contact with its mother and the advantages of breastfeeding (Mole, 2002). This was reiterated in *Haase and Another v. Germany* (APP 1057/02) [2004] ECHR 11057/02. Both *Haase* and *P C and S* were affirmed in *Ex Counsel v. B and Others (Emergency Protection Orders)* [2004] EWCA 2 2015 (Fam). These cases suggest that Article 8 rights that the infant has to breastfeed can be trumped by other considerations concerning infant welfare in appropriate circumstances.

Breastfeeding rights, insofar as they exist, are therefore not the only rights that are relevant; and they are not absolute rights.

The role of human rights conventions in protecting breastfeeding has been discussed by Latham (1997; 1999) who suggests that the right of mothers to breastfeed infants is a human right although not an absolute right. This view of breastfeeding as a woman's right, but not enforceable by the child, views obstacles to breastfeeding as an infringement on human rights. However, Latham comments that societal failures and lack of community support are negative influences beyond legislation.

The rights arguments relating to breastfeeding are therefore complicated. An attempt to summarise the principles relating to breastfeeding is described by George Kent (2006). Discussion by the committee attempting to produce the summary centred on an absence of consensus about merits and dangers associated with the use of infant formula. Kent believes that informed choice is critical for protection of mothers and this requires States to ensure mothers are well informed, supported and enabled to make choices about infant feeding in possession of objective information about the risks of different methods. A right to breastfeed implies an enforceability claim on duty bearer and it is hard to see how an infant could enforce any right to breastfeed if the mother does not pursue breastfeeding. Instead, Kent views breastfeeding as a right of mother and child together with the infant having a right to breastfeed in the sense that nobody may interfere with the mother's right to breastfeed her child. However, this would not oblige mothers to do so (Kent, 2006; 2004; 1998; 1997).

The concept of access to breastmilk as a human right was developed by Ball (2010) who examined the rights that infants have to adequate nutrition and the highest attainable standards of health, in combination with women's right to breastfeed, to receive education about breastfeeding, and to enjoy paid maternity leave. This was in the context of Australian human rights legislation. A public discussion was also held in New Zealand culminating in a paper by the Human Rights Commission (The Human Rights Commission (New Zealand), 2005).

The American perspective was examined by Labbok (2006) who focuses on the role of the obstetrician/gynaecologists and the woman's right to help specifically regarding breastfeeding.

Within the Brazilian context, the concept of breastfeeding as a reproductive right is examined by Moreira and Nakano who also concentrate on the role of health professionals.

Lactation breaks are an especial feature of the International Labour Office (ILO), Convention 3, Article 3, as revised in 1953 by Convention 103, which states:

Article 3:

> *'in any public or private industrial or commercial undertaking, or in any branch thereof, other than an undertaking in which only members of the same family are employed, a woman ... (d) shall in any case, if she is nursing her child, be allowed half an hour twice a day during her working hours for this purpose.'*

In contrast, ILO convention 183 (as revised in 2000) provides at Article 10:

> *'(1) women shall be provided with the right to one or more daily breaks or daily reduction of hours of work to breastfeed her child*
>
> *(2) The period during which nursing breaks or the reduction of daily hours of work are allowed, the number, the duration of nursing breaks and procedures for daily hours of work shall be determined by national law and practice. These breaks or the daily reduction of hours of work shall be counted as working time and remunerated accordingly.'*

The role of the ILO in supporting breastfeeding and lactation breaks was explored by Gibbons (1987) who concludes that the lack of public awareness and barriers within both institutions and individuals are a restriction on accessibility of the ILO provisions.

There is a range of guidance from the WHO on matters relating to breastfeeding which were analysed by Cattaneo *et al.* (2005) who assessed gaps in implementation of the declarations. However, the absence of enforceability proceedings impacts upon the probability of compliance within Member States.

The WHO has produced a baby-friendly hospital initiative, an International Code on Marketing Breast-Milk Substitutes and the UNICEF Innocenti Declaration on the protection, promotion and support of breastfeeding (1990; revisited 2005).

In particular, paragraph 45 of the Global Strategy for Infant and Young Child Feeding (2003) states:

> '*Employers* should ensure maternity entitlements of paid employments of all women in paid employment are met, including breastfeeding breaks or other workplace arrangements – for example, facilities for expressing and storing breastmilk for later feeding by a caregiver - in order to facilitate breast-milk feeding once maternity is over. *Trade unions* have a direct role in negotiating adequate maternity entitlement and security of employment for women of reproductive age.'

It is unlikely that many managers will be aware of the full plethora of legislation and quasi-legislation which governs the employment relationship in relation to the subject of lactation breaks. In order to refuse a request, an employer would have to be compliant with this range of legislation insofar as they are enforceable against an employer.

Taken together, this range of legislation is likely to make it difficult for an employer to refuse to accommodate lactation breaks altogether. However, the absence of a clear and unambiguous statutory right for employees, and obligation on employers, to accommodate lactation breaks within the workplace has been identified and criticised by many commentators on the subject (Daley and Baker, 2003; Wood, 2001; Bottomley and Conaghan, 1993; Ellis, 1993).

DIFFERENT WAYS LACTATION MAY BE SUSTAINED ON RETURN TO WORK

A mother who returns to work may consider a variety of ways to continue breastfeeding. Most of the research on this subject has considered it from the mother's point of view. Some writers have considered it from a perspective of how best to continue breastfeeding. This thesis uses the literature that exists on the topic to examine the issues which managers may be aware of when considering the different options. The manager may be aware of the merits of different strategies, and this may inform their perspective. How do managers react to the different ways of taking a lactation break, and what issues might they be aware of in electing those responses? I use definitions for breastfeeding and expressing breastmilk referred to previously (see *Introduction*, p. 2).

Fein, Mandal and Roe (2008) compared strategies used by 882 US mothers for continuing to breastfeed. 33% of their sample expressed breastmilk and 32% breastfed. Both strategies (along with combining pumping and breastfeeding) were statistically similar for breastfeeding intensity and resulted in more intensity of breastmilk feeding than those who did not pump or breastfeed during the working

day. With regard to breastfeeding duration, however, breastfeeding directly was associated with a longer duration than expressing breastmilk and not taking lactation breaks at all was associated with the shortest duration of breastfeeding. Therefore, this study suggests that encouraging mothers to breastfeed, rather than pump milk or just feed outside working hours, is the most effective strategy in the US context for long-term combinations of breastfeeding and working. However, it may be of lesser applicability to a situation where the mother has already taken extensive maternity leave.

Likewise, Bettinelli (2012) compares different ways for mothers to continue breastfeeding on their return to work and concludes that direct breastfeeding is the most effective strategy for combining working and breastfeeding.

BREASTFEEDING, BUT NOT TAKING LACTATION BREAKS

A mother who is breastfeeding is entitled to the legal protections for breastfeeding mothers regardless of whether or not she takes lactation breaks as well. Therefore, a risk assessment should be performed and employers and managers may need to take actions consequent to it. This is especially pertinent if she is expected to travel, or stay away from home, as part of her job which is protected under the Pregnant Workers Directive 92/85/EEC (Equalities and Human Rights Commission, 1992).

On a reflective note, I would comment that breastfeeding out of work hours is how I sustained lactation myself on my return to work with my oldest child. I found this to be a good solution as my child was already 7 months old and did not require a milk feed during my working hours. It is also the solution favoured by many of the mothers whom I have supported in my role as a Breastfeeding Counsellor.

CHILD ON SITE

The ambiguities associated with having a child on site have been discussed in the context of Parliament. A discussion is summarised by Brooke (2004), which attempted to find a compromise solution to allow babies only limited access to the House of Commons. In contrast, Italian MEP Licia Ronzulli brought her then six week old daughter to the European Parliament as she was breastfeeding her in 2010 and continued to do so until 2013 (Martinson, 2012).

The Australian experience for MPs is discussed by Rodrigues (2009), where breastfeeding is allowed within parliament but children are not allowed within Parliament, only Chambers.

In a different social context, there have been some US initiatives to bring babies to work, particularly in association with the Women Infants Children programme (WIC) which is aimed at lower-income families. Evaluations of the infant-at-work programme are reported by Langdon (2012) who reports a positive and productive impact on morale. This may or may not accord with the manager's perspective on the topic.

Mothers' experiences of breastfeeding at work may be similar to their experiences of breastfeeding in public and activist attempts to understand and normalise this are described by Kate Boyer and Lisa Smyth (Boyer, 2011; Smyth, 2008a). The concerns that are raised by mothers are investigated by Hauck (2004) and Hoddinott *et al.* (2010).

It is likely that managers who are faced with a request to bring a baby on to the work site for the purposes of breastfeeding are likely to have questions raised connected with the health and safety of having a child on their premises and it may additionally raise questions of insurance. Within Zargg, there was a policy on the subject (see *Findings*, p. 227).

MOTHER VISITING BABY

Much of the research on mothers visiting babies has concentrated on the nursery as the child care provider. Less is known about childminders, relatives, or other informal systems of care and their impact upon breastfeeding.

Some employers provide free on-site nurseries, descriptions of these are provided by Osis *et al.* (2004) in their Brazilian study and Haider (1999) in the Bangladeshi context. These evaluate employer-provided on-site nursery care and first illustrate an element of the employer perspective.

Private nurseries were investigated by Baton, Li and Scanlon *et al.* (2013) who asked mothers about their child care provider's support. Their conclusion was that child carers who fed expressed breastmilk and allowed mothers to breastfeed before or after work helped mothers to maintain breastfeeding to six months. Provision of

space for breastfeeding and storage were the most common practices to support breastfeeding. The perception of the childcare centres was that barriers to breastfeeding were related to mothers' work rather than the childcare centre provisions themselves. It is possible that managers may be aware of the childcare provision and have a view on the suitability of it for breastfeeding the baby, and this view may accord with the opinion of the childcare provider. Cameron *et al.* (2012) compared childcare setting providers in Australia and the US context and report that Australian childcarers are more likely to encourage breastfeeding. Australian childcare providers were also investigated by Javanparast *et al.* (2013) who reported that childcare centres perceive their role as supporting parental choice.

EXPRESSING BREASTMILK

Managers may be aware of a variety of reasons why expressing breastmilk, whether by hand or by pump, is a less preferred solution for mothers and from a public health perspective. The mixed emotions about expressing breastmilk documented in the literature, and the difficulties of doing so, may be issues managers are aware of when contemplating this option. Expressing breastmilk may be an emotive topic because it separates mother and baby. This raises complex and politicised questions and possibilities including working and lactation breaks.

Despite a range of hesitancies within the grey literature about the use of teats and the potential for breastfed babies to reject bottles, the research on this is sparse (Zimmerman and Thompson, 2015). The use of a teat (American English: nipple) may make it harder to establish breastfeeding and there are alternatives for delivering expressed breastmilk. Older babies who are used to breastfeeding may, however, reject foods unless they are breastfed.

A Cochrane review of the methods for expressing breastmilk is reported by Becker *et al.* (2015) who examine the data supporting different practices. They report that low-cost measures such as relaxation, breast massage, and hand expression or using low cost pumps may be as effective as large electric breastpumps. Similarly, Johns *et al.* (2013) conducted a systematic literature review on the research for expressing breastmilk for healthy term babies. They were especially interested in prevalence, reasons for, methods of, and outcomes associated with expression of breastmilk.

They only report 7 papers relating to full-term, healthy babies and describe many papers as descriptive or commentaries with inconsistent results.

The media reporting of expressing breastmilk and the use of breastpumps may influence managers. A review of the website information, concentrating on comparing commercial and non-commercial sites, is reported by McInnes, Arbuckle and Hoddinott (2015), who examine the messages within these sites critically. These demonstrate that media messaging on expressing breastmilk is inconsistent, incomplete and exploited by commercial companies. Some of this messaging may be absorbed by managers.

Despite this report, there are numerous observations within the grey literature on the practice, and some writers describe breastfeeding as having an impact beyond nutrition. Rachael Spencer (2007) concludes that breastfeeding is both socio-cultural and biomedical, relational and embodied. Julie Stephens (2012) addresses the disassociation between breastmilk and babies, with the repudiation of the maternal and baby care cast as a time management problem; simultaneously, the baby's preference for the mother and relational needs are replaced with interchangeable caregivers. Stephens posits that this is related to ambivalence in our society about dependency, which is deeply embedded within breastfeeding relationships.

HOW DO WOMEN EXPERIENCE BREASTPUMPING AND BREASTFEEDING DIFFERENTLY?

Dykes (2010) also investigates the relational elements of the breastfeeding dyad and Ryan, Todres and Alexander (2011) investigate the inter-bodied experience of breastfeeding which is more complicated than it is possible to describe with language. Embodied understandings were described as pre-logical, pre-verbal and pre-reflective.

Ryan, Team and Alexander (2013) described UK women's experience of expressing breastmilk which was commercialised and technologicalised with a disruption to the mother-infant bond. They described the experience as playing on women's insecurities with beneficiaries of expressing breastmilk as fathers who want to be involved in infant care, and commercial enterprises that want to make money, rather than mothers. In contrast, Sweet (2008) describes how mothers of premature babies interpret expressed breastmilk as a way to connect with their infants. The

relationship between the mother and the infant and the impact of bottles upon this was examined by Kielbratowska et al 2015 who concluded that breastfeeding was associated with greater vigour and that the child's temperament was relevant to the feeding choices made.

Bartlett (2000) describes her own experiences and in particular, embodied thinking and academic work through lactating breasts. She uses theoretical reflexivity to develop an imaginative project as an epistemology of breasts. In another paper (2002) she applied corporeal feminism to breastfeeding in a recent contemporary context to conceptualise breastfeeding as headwork in contrast with an embodied and corporeal narrative. Reconceptualising the brain, and strategically reading breasts as literal and thoughtful, enables her to tentatively seek new narratives.

In contrast, Regan and Ball (2013) examine qualitative research between 2000 and 2012 on western women's breastfeeding experience. They comment that technological narratives result in the disembodiment of the breast and women's bodies can be seen as machine-like, unpredictable and hormonal. Likewise, Ryan, Team and Alexander (2013) comment on the disruption associated with expressing breastmilk on the mother-infant relationship and vested interests that portray breastfeeding as unreliable by playing on women's insecurities with expressing breastmilk as a way to reconstruct breastfeeding in artificial terms. Similarly, Hassan's (2010) US study traced the disembodiment of breastmilk discussing the business model which transforms donor-based principles of milk banking with a profit-based market structure model.

BREASTPUMPS

Boyer (2010; 2012) describes breastmilk as a mobile bio-substance which is morphed in ontological status due to advances in lactation technology with a hybrid element containing both gift-exchange and commodity-exchange and thus has resultant contested status in the UK. Boswell-Penc and Boyer (2007) critically analyse the impact of breastpumps upon American workplaces, commenting in particular upon the impact for low-income women. They raise concerns about how a pump may lessen possibilities for paid maternity leave and reduce incentives for innovative solutions that enable women to breastfeed rather than express breastmilk. They also address the politics of banishment which impact the shameful feelings

associated with the use of a breastpump and the sociological imperatives associated with the body in the workplace and the semiotic understandings of public/private spheres. They call for legislative and cultural changes in order to support a breastpump ideology which is more woman-focused.

This critical analysis of the impact of the technology of the breastpump by placing it within a sociological context enables an appraisal of the importance of pumping breaks and the facility for enabling women to self-actualise within the workplace. Kate Boyer also examines the impact of breastpumps in her (2014) article in which she addresses normative conceptions of working motherhood in association with workplace lactation breaks. She explores the implications of this for feminist theory, in particular the feminist politics associated with motherhood. The potential for breastpumps to provide an imperative for lactation breaks, rather than encouraging extended maternity leave, are regarded as highly-extractive for working mothers and connected with concepts of neo-liberal motherhood. Calls for alternate ways of combining lactation with wage work need to be conceptualised and made easier to achieve.

BREASTPUMPS AND RELATIONAL FACTORS

Babies are seen as breaching temporal and spatial boundaries in Dykes' (2005) ethnographic study of UK post-natal wards. Dykes calls for relationality and embodiment understandings of breastfeeding. Likewise, Epstein-Gilboa (2009) comments on relationships and interactions in breastfeeding families and describes a consequent reverberating sensitivity. Inter-embodiment is discussed by Lupton (2013) who compares this with self/other binary oppositions.

Diaz Meneses (2013) investigated 311 breastfeeding mothers and described breastfeeding as more emotional than rational, with the emotional and cognitive journey being independent.

These studies highlight the emotive nature of breastfeeding and how mothers may have very different reactions to expressing breastmilk from breastfeeding their babies. Managers may be aware of some of the feelings about breastfeeding which may impact upon the request that mothers make for different types of lactation breaks.

From a public health perspective, investigations have identified a number of ways in which expressed breastmilk is less satisfactory than breastfeeding. Mothers may experience dis-synchronicity and there may be a variance between maternal production and infant consumption which may be problematic (Geraghty, Sucharew and Rasmussen, 2013; Chantry and Howard, 2013).

The composition of human milk is highly variable and reflects numerous elements of the mother-baby dyad (Stellwagen *et al.*, 2013; Stam, Sauer and Boehm, 2013; Liao *et al.*, 2011; Hill *et al.*, 2007; Mitoulas *et al.*, 2002a; 2002b). Storing breastmilk also impacts the milk (Labiner-Wolfe and Fein, 2013; Francis *et al.*, 2012; Spitzer and Buettner, 2010; Spitzer, Doucet and Buettner, 2010; Buckley and Charles, 2006; Ezz El Din *et al.*, 2004; Hamosh, 1996). Bottle-feeding is also a risk factor for the baby, regardless of the contents of the bottle (Hathcock *et al.*, 2014; Zhang *et al.*, 2013; Chapman and Pérez-Escamilla, 2012; Disantis *et al.*, 2011; Li *et al.*, 2008)

IMPACT OF BREASTPUMPS ON BREASTFEEDING

The practice of breastpumping and the types of breastpumps that are most effective have also been investigated by researchers (Burton *et al.*, 2013; Qi *et al.*, 2013; Larkin *et al.*, 2013). The practice of breastpumping has also been investigated by asking mothers about their experiences and reasons for doing so (Dowling, Blatz and Graham, 2012; Clemons and Amir, 2010; Johnson *et al.*, 2009).

Meehan *et al.* (2008) describes a pump-loan scheme for WIC participants in the US, combined with employer education about lactation breaks. Mothers who were loaned pumps did not request formula until later and were 5.5 times as likely not to request formula at six months. This suggests that pumps increased the likelihood that baby was fed on breastmilk. Likewise, Flaherman *et al.* (2013) theorised that expressing milk may impact breastfeeding duration and trialled a breastmilk expression experience tool.

In contrast, Chen, Johnson and Rosenthal (2012) describe a negative relationship between breastfeeding duration and breastpump education from health care providers.

Hojnacki *et al.* (2012) studied 151 companies in Michigan, USA, and they highlighted that expressing breastmilk is more tolerated than breastfeeding. A range

of facilities were addressed, with 94% of employers in the sample willing to facilitate an expressing break but only 73% providing time to do so. 78% provided non-restroom space to pump but only 32% had a room solely for breastfeeding or pumping. Only 22% allowed breastfeeding at the company and only 3% had written policies on breastfeeding or breastpumping at work. This is useful as it highlights the differential attitudes that employers bring to the issues of different ways of feeding a baby.

Expressing breastmilk is thus associated with a paradigm shift away from relational and towards technological and commoditised feeding.

There are many differences between expressing breastmilk and breastfeeding which can be analysed from a public health perspective as suggesting that expressing breastmilk is a less preferred solution. Expressing breastmilk is, however, associated with greater freedom and lifestyle choices for mothers. Some mothers also describe it as enabling them to navigate complicated demands whilst still performing the moral work of good mothering and good maternal bodies (Johnson *et al.*, 2013). Additionally, it may be the preferred solution for employers as it does not require the mother to come into contact with her baby during the working day.

Improvements in breastpumps and lactation technology, alongside greater knowledge and understanding of how mothers use them, may enhance the experience of expressing breastmilk in future. However, this is unlikely to impact the core concerns about the impact of expressing breastmilk on relational, emotive and pre-linguistic affect, for breastfeeding mothers, nor the impact for the baby of receiving milk from a bottle which has been stored previously.

Managers may be aware of some of these issues when contemplating the issue of lactation breaks. However, most of the literature concentrates upon the experience of expressing breastmilk for mothers, or on the impact upon health for mother and infant, rather than directly addressing the issues that managers may or may not bring to the contemplation of lactation breaks. This is what my study attempts to address.

Many studies on lactation breaks in fact investigate facilities to express breastmilk rather than breastfeed, a criticism raised by Galtry (1997), whose criticisms that access to lactation breaks may be an expression of the level of privilege experienced

by the woman worker may still have some validity, especially in the light of an absence of a clear statutory right to take a lactation break.

CHAPTER 3. METHODOLOGY

In this chapter, I address the conceptual framework and the theory that has guided the development of the research study, before discussing how I have implemented these factors within the research design. Close attention has been given to ethical considerations throughout the research. The relevant ethical principles and their application within this research have been considered. Permission to perform the study was sought from the Faculty of Health and Life Sciences Research Ethics Committee of the University of the West of England, Application HLS/13/3/59, and granted on 15 May 2013 with the documents included at Appendix I. I then describe the process of investigation in detail, including the practical arrangements that enabled the qualitative material to be developed, and the process of analysis that I undertook in order to develop my findings. I close with an assessment of the quality criteria for qualitative studies and address how my research has demonstrable rigour and trustworthiness in relation to the traditions of qualitative research.

CONCEPTUAL FRAMEWORK

Whilst the number of women who take lactation breaks within the UK is not known, it appears to me through anecdotal evidence that the number is likely to be low. I therefore became interested in the question of what barriers existed that were resulting in women electing, or being pressured into, either weaning their baby, or deciding against taking a lactation break.

Originally, I planned to investigate the legal situation and engaged in a critical legal analysis of the barriers to lactation breaks in the workplace. However, it became clear over the process of my reading that there were other factors influencing the decisions that women take.

I became interested in the context in which women make their decisions about lactation breaks. I was also conscious of the feminist critique of breastfeeding advocacy as anti-choice (Wolf, 2007; Labiner-Wolfe *et al.*, 2008). A greater understanding of the context for decisions surrounding breastfeeding and lactation breaks enables an analysis that includes both public health and autonomy-based advocacy (McKinley and Hyde, 2004). This reflects my values about the importance

of women's and babies' health, and enables me to address criticisms that have been levelled at lactivists. (Arneil 2000, Frey, 1997). . Feminist perspectives can be used to influence methodology, in particular, what questions are asked and how researchers think about data, without influencing the management and analysis of data. (Gelling, 2013, Hall, 1991, and Forssen, 2000,)

Studying the context of public health decisions can be addressed at multiple levels. Hudson and Lowe (2009) describe 3 levels of analysis, namely the *macro, meso* and *micro* levels of analysis; I regarded this as attractive partly because it directs attention away from the guilt narrative of individual women discussed in the literature review, and instead addresses attention at the context of their experience. This research design focuses on the meso level which incorporates elements of both macro and micro analysis, due to the strategic importance of this level.

MACRO, MESO AND MICRO

The *macro* level includes a variety of concepts such as globalisation, political economy, changes in the world of work, technological change and broad environmental, social, economic, technological, and demographic determinants of policy. It is also described by Hudson and Lowe as including governance. However this is arguable; governance could be seen as a *meso* level policy (Griggs, 2005).

A gulf has also been described between these *macro* level determinants of policy and *meso* level policy networks. Hudson and Lowe stress the importance of the *meso* level, which they describe as the 'core subject matter of the policy process' (page 9). This *meso* level is associated with questions of power, policy networks, institutions and policy transfer. *Meso* level structures, such as institutions, can interact to develop or influence policy through an inherently 'messy' process. Institutions are therefore a form of filter between formal policies and the implementation of the policy in a moment-by-moment basis for individuals.

In contrast, the *micro* level involves decision-making, implementation and delivery and also evaluation arenas in which services are delivered to clients. The *micro* level includes the individual units which carry rules and systems, in contrast with the *meso* level which creates the rules. The *micro* level can be thought of as the moment at which delivery of a service occurs. It examines what happens to a policy at the point in time at which it is actually delivered, thus focusing on the individual impacted by

the policy. It honours both impact on policy structures and the power of individuals to act with agency and autonomy. Looking solely at this level of analysis may obscure underlying political power structures. Hudson and Lowe's analysis has been criticised for not including the discrete normative steps of public policy formation, such as implementation and evaluation processes, cycles, the institutions of networks and sub-systems and the absence of elite and public choice theories (Miller, 2005). However, the usefulness of it for the middle range theory is in analysing questions resonant with Stephen Lukes' (2005) second dimension of power, and questions about how policies come to be made, who puts them on the policy agenda and the structure of arrangements within the institution in which policy is developed and implemented.

ONTOLOGY: POWER DYNAMICS

Women work out individualised solutions reflecting their specific context and the power they are able to access within the workplace. For analysing these elements, Lukes' 3 dimensions of power which he describes in 2 volumes in 2005 and 1973 (with some substantive differences in the second edition, discussed below) are especially useful for assessing the context and power available for women who seek to take lactation breaks and managers who seek to facilitate them.

These 3 dimensions of power have an explanatory role in addressing how and why decisions can be made about which people have conflicted feelings. In particular, it is useful for addressing the potential for false consciousness and deviance between peoples' actions, their professed objectives, and the assessment of their best interests by a disinterested observer. The usefulness of the multi-dimensional approach can be highlighted by examining questions of domination and intention in a way that differentiates Lukes from other power theorists such as Foucault.

The first dimension of power is who prevails in decision-making, concentrating on times of conflict. In the 2005 edition, Lukes clarifies that this includes the capacity to prevail, whether or not this is exercised. It entails constraining and coercing others, albeit often through obtaining their compliance; nonetheless, they are impeded from living as their nature and reason dictate. This would be demonstrated when a women sought to access lactation breaks and an employer exerted power by denying that request. Where a conflict exists, the absence of legal remedy reminds

women that they do not experience autonomy in this area, and that their employer has the capacity to deny lactation breaks albeit that the legal position would make this hard to sustain. However, women are free to resign from the workplace, as Mrs Williams did in *Williams v MOD* [2003] All ER (D) 142. This might also apply where a woman sought lactation breaks which were denied and she felt obliged to either not take lactation breaks or resign her job.

It is this first dimension of power which my original idea for a critical legal analysis would have addressed. Methodologically, the first dimension concentrates on observable behaviour and decision making in times of conflict as demonstrated in actual practice. This 'power over' women may be deemed by them to be legitimate or illegitimate. A well-functioning democracy requires citizens to accept legitimate 'power over' as in the famous example of the policeman directing traffic, which requires motorists to accept the legitimacy of traffic law and of the police (Dahl, 1957; quoted in Lukes, 1974). In this case, it requires the breastfeeding employee to accept the legitimacy of her employer's decision to deny her lactation breaks, and to determine not to challenge a refusal. However, when those who are subject to power regard the use of it over them as domination, it may be seen as an illegitimate or resisted use of power. This might apply where a woman queries the decision to refuse her the option of taking lactation breaks, perhaps by seeking legal redress or through a formal complaint. Although Lukes' first dimension may be seen as equating power with domination (Morris, 2002), the *habitus* of the actors, together with the agency and the structures in operation, may result in actors viewing this first dimension as legitimate. Where the actors themselves view the power as legitimate, there is a tendent congruency between both the observer and the observed (Haugaard, 2008).

In Lukes' 2005 edition, he queries whether Foucault offers a fourth dimension in which enlightenment and freedom are actually further forms in disguise. However, he concludes that these make vocabulary meaningless and the absence of escape from power means that there is no way to distinguish freedom from domination of freedom. He also queries the extent to which there is agreement over the definition and conception of power, or how to study it; pointing out that power may be most effective when you cannot observe it whereas Foucault concentrates attention on micro-practices.

Haugaard argues that domination presupposes resistance and is thus at odds with legitimate power in the first dimension which may be normatively desirable. The Foucauldian trap of viewing all social relationships in relativistic lights may be apparent, but some power of structural relations and moral opprobrium can be avoided through critical evaluation of value-systems through the Lukesian multi-dimensional approach (Dowding, 2006). Therefore, the Lukesian approach is preferable to the Foucauldian analysis for lactation breaks as it avoids the concerns over enlightenment and freedom which are equated with domination and the relativistic approach towards social relationships while simultaneously avoiding moralised judgements which would be a danger associated with using the Foucauldian theorists. Instead, the Lukesian approach of multiple dimensions enables a non-nuanced approach towards the questions resonant within lactation breaks.

Lukes' second dimension of power is drawn from the work of Peter Bachrach (1962). This ascribes power to non-decision-making, that is, the process by which issues are not voiced and are not placed on the agenda for discussion. It would apply when options to enable the women to continue breastfeeding on their return to work are not considered. Whilst employers may still deny requests for flexible working, they now have to consider them. It is possible to use this process to support lactation-friendly patterns of work. This enables options which would facilitate lactation to be transformed from second dimension (non-considered) to the first dimension (denied or agreed).

The potential for flexible working to be used as an excuse for side-lining women into lower-status work has been a concern for equality arguments (Crompton, 2002; 2005; 2006). The very availability of part-time, home-based options may make it harder for women to argue they require lactation breaks within their existing role.

Lukes' third dimension is exercised through controlling the thoughts and desires of others. This effective, insidious power is manifested partially through the control of the media and the process of socialisation. It is faulty logic to assume that there is genuine consensus when no grievances are raised. Thought control may be mundane and through multiple channels such as mass media and socialisation. False consciousness, which is often partial and limited, includes the power to mislead through such factors as censorship, disinformation, and promotion of misleading

information. Discerning which information about breastfeeding is accurate and which is not is a contested area; there may be multiple truths just as there are multiple ways to breastfeed (See Roth, 2012, Foss, 2006, and Handfield 1996, for a discussion of the relationship between the media and breastfeeding, and Hauck 2011 for a discussion about conflicting advice). A woman who does not wish to take lactation breaks may be experiencing the third dimension of power, for instance through media manipulation which has created a false consciousness; or it may be her genuine desire to not take lactation breaks. Lack of demand for lactation breaks may, or may not, indicate third dimension issues.

This interpretative horizon which precludes and facilitates different actions has resonances with Bourdieu's (1990) *habitus* and Giddens' (1984) 'practical-consciousness knowledge' enabling socialised actors to perform social life without concerns about perceptions of interests or legitimisation of power relations. This is consonant with the prior dimensions and appears non-controversial to the actors themselves. It can, however, be queried using the concepts of false-consciousness. Bentham, cited in Thompson and McHugh (2001) distinguishes preferences from real interests. This is helpful for identifying whether taking lactation breaks is really in women's interests. Self-ascribed preferences where autonomy and democratic participation are present may be described as genuine interests which makes it important to address how women make decisions about lactation breaks in situations where they are genuinely empowered within a family-friendly organisation. The concept of false-consciousness requires a theorist with privileged insight to ascribe the 'false', as opposed to 'true' consciousness (Haugaard, 2008).

Acquiescence to domination may be perceived in both a 'thick' and 'thin' sense. The 'thick' is where actors believe the values that oppress them and the 'thin' where they are merely resigned to those values (Dowding, 2006). There is the potential for a paradox relating to questions of emancipation and autonomy in relation particularly to Marxist thought (Benton, 1981). The concern is associated with how to respect autonomy in a situation where self-emancipation is precluded. This dilemma addresses questions about how to exercise power over somebody's expressed preferences but in their interests. This patriarchal attitude could be applied to lactation breaks with women urged to lactate or not depending on how powerful people perceive their real interests.

The extent to which Lukes condescends towards those who have values at odds to his own and the questions concerning the legitimacy of the right with which he has to judge this, can be viewed as queries regarding the extent to which a normative social analysis can be made. The notion of objective interests is core to contesting Lukes' multi-dimensional power account (Dowding, 2006). Lukes' work has also been criticised for his understanding of choices and intentions (Thompson and McHugh, 2001; Clegg, 1989). It is difficult to see how groups have intentions, and unclear to what extent there are totalitarian agencies controlling thoughts and desires. This is especially significant in breastfeeding where the reasons for not breastfeeding may be fragmented as multiple interlocking factors such as work requirements, formula companies and the preferences of the childcarer. The danger is that one of these groups may be vilified. If interests are prescribed as primarily a result of group membership, or be subject to questions of cultural or group membership, then questions of false consciousness may arise when people do not act in accordance with their imputed interests. The mistake of over-privileging the actors own rationalisation can however be mediated through the concept of false consciousness as there may be additional predictive and explanatory reasons. However, the actor may herself deny the reasons imputed. This could apply in situations where a woman claims she does not wish to take a lactation break because she does not like breastfeeding.

Because of false consciousness, analysis of actions, objectives and best interests may demonstrate considerable variance. Actors attempt to make the best of a bad job given adverse circumstances. This might apply where a woman takes action which is likely to lead to early weaning, such as deciding not to breastfeed her baby during the working day, but states that her objective is to continue breastfeeding as long as possible and an analysis of her best interests, taking into account health advice, might conclude that it would be better for her and her baby to continue breastfeeding until the age of 2 years or beyond. However, in this circumstance the woman might be attempting to make the best of her adverse circumstances and believe she is not in a position to pursue lactation breaks.

The extent to which our autonomy is reduced by the world outside us influencing our beliefs, values and actions is queried by Dowding (2006) who points to the importance of intention for distinguishing between Lukes' third dimension and

Foucault. Dowding further distinguishes between the theorists by querying whether the person who benefits can be seen as dominant in power relations. Collective action can also be seen as relating to domination and therefore a power relationship. Both Lukes and Foucault have proven rich sources of debate for gender theorists (Davis et al 1991, Nicolson 2015, Lazar 2007), with Foucault producing idealised accounts of power generated through co-operation by the subjects, concentrating through observation and self-observation. It is possible that there is a link with the male gaze and breastfeeding feeling uncomfortable to the mother because of revealing her breasts as self-observation of the male gaze.

It is unclear who the beneficiary of decisions to wean a baby is. If it is perceived that the beneficiary is the employer, they may be seen as dominant, as possibly, they have reduced disruption to their working time. However, it is also possible that they would not be seen as a beneficiary as their employee has made a decision associated with health risks with a potential for an increase in health bills. It is unclear if a woman who elects to wean her baby early can also be seen as a beneficiary, as she too has increased health risks. As there are no obvious benefits to the baby for weaning, it is unlikely that decision would be seen as increasing the baby's dominance in the power relationship. Groups of people however may be seen as a form of collective action and therefore as potentially possessing domination and power potential and these groups may be multi-faceted with many different types of membership. There might, for instance, be groups such as formal and informal groupings at work, formal and informal groups of mothers and the media may facilitate self-organisation such as through mothers support organisations.

Another potential example of manipulation within the third dimension of Lukes' power framework is the media coverage arising from the Lansley proposals (see Appendix III, p. 302).

The decisions that the media made about which commentators to give voice to is fascinating. The proposal to give women the right to lactation breaks was on the agenda (second dimension) and the reaction of the media, including a manipulation of public desire through the third dimension can be seen through the selection of information within the media reporting. Anne Widdecombe's remark on the proposal "I could absolutely weep" was widely quoted, which is a negative

commentary on the suggestion by a member of the party who had proposed it. This suggests dissent and strong opposition to the idea and was widely circulated, which further suggests media manipulation against the proposal in the third dimension of power.

Studying the context of public health decisions can be addressed at multiple levels. Hudson and Lowe (2009) describe 3 levels of analysis. These are the *macro*, the broad parameters within which decision-making takes place, and which influences all policy; the *meso*, and the *micro* levels. *Meso*-level structures such as institutions can interact to develop or influence policy through an inherently 'messy' process. Institutions are therefore a form of filter between global policies and the implementation of the policy in a moment-by-moment basis for individuals.

Within this middle range and resonant with Steven Lukes' (2005) second dimension of power, questions include how policies come to be made, who puts them on the policy agenda, and the structure of arrangements within the institution in which policy is developed and implemented.

The *micro* level can be thought of as the moment at which delivery of a service occurs. It examines what happens to the policy at the point in time at which it is actually delivered, thus focusing on the individual impacted by the policy. It honours both impact on policy structures and the power of individuals to act with agency and autonomy. Looking solely at this level of analysis may obscure underlying political power structures and therefore Lukes' 3 power dimensions remain important.

Understanding the context in which individualised solutions are sought requires an appraisal of the power dynamics impacting that context. Lukes (2005) draws upon the work of Dahl (1957) to describe the first dimension of power as who prevails in decision-making, concentrating on times of conflict. This would be demonstrated when a woman sought to access lactation breaks and an employer exerted power by denying that request. Where a conflict exists, the absence of legal remedy reminds women that they do not experience autonomy in this area.

However, they are free to resign from the workplace. It is this first dimension of power which my original idea for a critical legal analysis would have addressed. As I read on, I became intrigued by Lukes' second dimension of power which is drawn

from the work of Bachrach (1962). This ascribes power to non-decision-making, that is, the processes by which issues are not voiced and are not placed on the agenda for discussion. It would apply when options to enable the woman to continue breastfeed on her return to work are not considered.

Given the expansion in flexible working since the Blair era, and the right that employees now have to request flexible options, it is increasingly likely that women will be able to place options such as part-time, or home-working, on the agenda for discussion on their return to work. While employers may still deny requests, this enables options which would facilitate lactation to be transformed from the second dimension (non-considered) to the first dimension (denied or agreed).

When flexible working was first introduced, there were concerns it would lead to ghettoisation or lower quality work being assigned to workers who wished to work flexibly (Crompton, 2002; Owens, 1993) There is a risk that women who want to continue breastfeeding will be encouraged to take on part-time/home based work rather than continue in their existing roles with lactation breaks; and if the mommy-track has lower status that can lead to equalities issues.

Benton (1981), cited in Clegg (1989), identifies a paradox associated with questions of emancipation and autonomy in relation to Marxist thought. This dilemma is in a situation where self-emancipation is precluded, and concerns how to respect autonomy. This addresses questions about how to exercise power over somebody's expressed preferences but in their interests. I believe there is potential for deviance between people's actions, their professed objectives, and the assessment of their best interests by disinterested observers; but who is the disinterested observer, and why is their insight privileged? This could be applied to lactation breaks where women do not express breastmilk frequently, despite asserting that they wish to continue breastmilk feeding. A lactation consultant might impute that the mother and baby's health would be best served by frequent lactation breaks; but the lactation consultant cannot see the whole context of her client's life.

Lukes' third dimension suggests that women's autonomous decision-making power may not represent their best interests and implies that their real interests may be hidden from them, although he acknowledges that false consciousness is usually partial. Breastfeeding is a contested area with urge from many sources (Harne 2013,

Law, 2000, Lee, 2011, Zinn, 2000). It is therefore intriguing to study how women's real interests are perceived by those with power, such as managers and employers, and this is part of the rationale for the study.

Bentham distinguishes preferences from real interests, cited in Thompson and McHugh (2001). This is helpful for identifying whether taking lactation breaks is really in women's interests. Interests include self-ascribed preferences where autonomy and democratic participation are present. Bentham also developed the imagery of the panopticon. This was an ideal prison in which prisoners were unaware whether or not they were being observed. Foucault recognised this as encouraging self-discipline. This disciplinary power removes the controlling relationship between subject and object and therefore the vilification factor.

This has been applied to the experience of breastfeeding, working mothers (Payne and Nicholls, 2010). In particular, in her study of New Zealand nurses, women attempted to combine being a good mother and a good worker where being a good worker required them to constrain their breastfeeding practices. Therefore, they self-disciplined using a variety of strategies to minimise their disruptive potential. This silenced their status as a breastfeeding worker. It is in line with other comments on the discretion associated with lactation rooms in the workplace and the heterotopian nature of a lactation room which blurs public and private spheres (Rose, 2012).

Clegg (1989) argues that it is not possible to identify with certainty people's real interests, as moral relativism is inherent in Lukes' account of power. This raises the question of the extent to which women take lactation breaks in situations where the conditions for doing so are favourable. It made me consider the possibility of doing a case study in an organisation that was supportive of lactation breaks, in order to gain a further understanding of the relationships between the *macro* and *meso* levels, as demonstrated by how law and human rights are interpreted by an employing institution, and the *meso* and *micro* levels, in perceptions of how those policies are interpreted by managers and employees in discussing questions of lactation breaks.

I was also interested in Lukes' second and third dimensions of power in relation to when and how discussions about lactation breaks were raised, and what might influence the thoughts, feelings and desires which impact upon those discussions.

While women work out their individual position in the light of individual circumstances, these decisions are a part of a context where women's agency is limited. In a situation where contextual factors are believed to be relevant to phenomena studied and the boundaries between the phenomena and context are unclear, case studies are sometimes described as a particularly useful research method (Yin, 2009).

Another way to develop Foucauldian thought to breastfeeding is to describe it as moral work, enacted and performed within maternal bodies (Shaw, 2004; Ryan, Bissell and Alexander, 2010; Sawicki, 1991). In particular, Ryan identifies breastfeeding with punishing and limited discourses and as moral work. Shaw identifies it as a gendered and embodied ethical practice, that suggests it is best to avoid viewing it as an aspect of one's being, which is in contradiction with the experiences of self-identity associated with breastfeeding described by Charlotte Faircloth (2013; 2010).

The centrality of breastfeeding to women's identity may mean that barriers to breastfeeding inherent in the work relationship seem significant to women and contribute to subtle pressure to leave the workplace in favour of full-time motherhood. For women who identify breastfeeding as a key element of their social identity, it may feel like an imperative rather than an option.

RHETORIC

As well as the analyses of the contextual factors that influence lactation breaks, I became intrigued by the role of rhetoric in the advocacy discourse. This appears to be centred around the *is/ought* dilemma identified by Hume (Peels, 2014; Bělohrad, 2011; Miller, 1970).

Analysis of the context of lactation breaks that concentrate upon what should happen, rather than what is happening, has been a methodological problem which has plagued research on the topic. Commentators such as Lauren Dinour (Dinour, Pope and Bai, 2015; Dinour and Beharie, 2015a) analyse the difficulty associated with addressing the actuality of what happens, rather than the theoretically influenced concept of what ought to occur.

The concern over what ought or ought not to be a factor or consideration for employees contemplating lactation breaks is a small change which may be imperceptible but is of great consequence. When a participant affirms that something ought or ought not to be the case, they express some new relation or affirmation that it is necessary that it should be observed and explained and at the same time a reason should be given for this. How an affirmation about what ought or ought not to be the case can be a deduction from what is or is not the case is unclear, as what is and what is not may be perceived as entirely different. Conflating the 2 introduces a morality-based argument and judgements about what is good and bad in relation to the topic of lactation breaks and may not be based on reason, but rather on a moralised scheme of thought.

In order to get close to the meanings and understandings of my participants, I was therefore keen to avoid moralised or value-laden terms in my interviewing, but instead produced an interview schedule which carefully avoided any potential for terms to be ascribed with a moralised or value-laden presumption. In particular, it was necessary to avoid using the word 'problem' and instead to ask interviewees to consider 'issues' and allow them to determine to what extent they wish to describe it in terms that might indicate a value-laden judgement. In addition, I attempted to stay close to the actual experiences that my interviewees were able to relate and have described the development of my interview schedule in some detail (see *Process of Investigation*).

I therefore concluded that the barriers to lactation breaks include legal, political, and personal factors. The context in which women make their decisions influences the degree of autonomy which they experience. This raises the question of how women choose to act, in a truly empowered context. I was especially interested by the *meso* level process of taking *macro* policy and applying it to *micro* level individual cases. The interplay between law, institutional policy, and individual comments in the moment is suggestive that an organisation would combine all these factors as they interface with individuals.

Investigating the context in which decisions are made should assuage guilt connected with the topic which has been mentioned by many women as an especial source of stress (Taylor and Wallace, 2012; Crabb *et al.*, 2013; Byrom, 2013).

Beattie (1991) (cited in Gabe, Calnan and Bury, 1991) suggests that health promotion can be theorised as having 2 axes; a focus on either individual or collective actions; and a mode of intervention, as either authoritative or negotiated. This can be applied to lactation breaks.

Health Persuasion:

Numerous media, including adverts, leaflets and books, carry a "breast is best" message. This is reinforced in person by healthcare professionals. However, advertorial strategies have been criticised as ineffective and anti-feminist.

Legislative Action:

Lactation breaks are not automatically available for working mothers but there is an array of supportive legislative rights.

Soft law is less authoritative but can place pressure on employers to provide lactation break options.

Authoritative

Individual — FOCUS of intervention — MODE of intervention — FOCUS of intervention — Collective

Negotiated

Personal Counselling:

Health visitors, IBCLCs, and volunteers such as peer supporters may assist a mother in choosing how to approach the topic. Some state finance is provided to support these initiatives e.g. through the National Breastfeeding Helpline.

Discussions between a manager and an employee may also be seen as personal, negotiated interventions.

Community Development:

Formal and informal networks can encourage and support workplace lactation. Supportive workplace policy and the attitude of other staff members may be especially important. Mothers who are working may be isolated from other breastfeeding support due to time pressure.

(Figure 3.1: Beattie diagram applied to research problem)

Authoritative suggestions, such as legislation, can be addressed to mothers and employers generally and this collective focus results in large societal changes. However, it can also be addressed to individuals through health persuasion techniques such as adverts which have been criticised from feminist perspectives as being preachy but not universally attainable (Lee and Bristow, 2009; 2009b; Suleiman, 2001; Knaak, 2006; Lee, Lee and Kuo, 2009, disputed by Dettwyler, 2009b).

Alternatively, interventions can be negotiated. Mother support organisations such as La Leche League and the NCT provide both individual counselling and public meetings (See Merrill, 1987; Schweers, 2000; and Joyce, 2002 for a discussion). Community development negotiated collectively can be a law reform pressure (eg, The Baby Feeding Law Group). Authoritative solutions may be more resisted in infant feeding than negotiated solutions as the topic is emotive and personal (Hausman, 2004; Earle, 2003). This thesis integrates all four axes by assessing how collective interventions, such as the legislative, and advocacy context, as well as the health promotion actions, are understood and interpreted in individual, negotiated situation where an employee and their manager are contemplating lactation breaks.

SOCIAL CONSTRUCTIONISM

From an ontological perspective, I have been influenced by the social constructionist perspective which suggests that social reality is created through social interactions (Ritchie, 2014; Riessman, 2008; Sandelowski, 2002). This approach emphasises the importance of critical examination of interactions to describe social realities which are co-constructed. Discussions are located within a social and historical context which, when acknowledged, strengthens the status of the knowledge ascribed to the research and therefore enables greater and better understandings of the status of the knowledge which has been co-produced through the research process. Understanding how the phenomenon is given meaning, and how the essence of it is understood, enables communities to create meanings. The researcher's task is to analyse the intentional experiences and consciousness in order to better understand perceptions and therefore links with concepts of phenomenology (Flood, 2010).

Social constructivism can be described as an anti-essentialist approach which argues that social reality is constructed from the process of living and interacting and

therefore takes account of human knowledge, meanings and belief systems. Instead of construing reality as resting directly on facts, social constructivism draws from the experiences of independent reality in order to emphasise the role of traditional and cultural conventions in determining the context of our experiences. Therefore, social constructivism queries the extent to which ideas are inherently rational or natural but instead ascribes them to a reality which is experienced, but in the context of a particular culture or context. It is thus particularly appropriate when discussing social phenomena which entails elements of experience and elements of interpretation such as breastfeeding. The presence of an objective reality in terms of the baby at the breast, the breastpump and the experience of taking a lactation break is acknowledged, however social constructivism is appropriate in order to query the way in which beliefs, meanings and human knowledge are generated through that experience. It thus entails a critical and analytical approach towards the experience, regarding it as a constructed and interpreted phenomenon (Berger and Luckmann, 1966; Burr, 2003; Lock and Strong, 2010).

Exploring how meanings are created, sustained, contested and transformed enables a critical approach towards the experience of lactation breaks and enables a closer analysis of power relations which acknowledges the contingent nature of meanings and interpretations. Social constructivism is therefore particularly appropriate in situations where researchers wish to interrogate representations of experiences offered by participants in order to assess the possibility of a false consciousness in line with the third dimension of Lukesian power.

Because the experiences are treated critically as representations and in line with the principles of narrative analysis as stories told for the benefit of a particular audience, social constructivism allows a nuanced and critical approach towards the representation of participants, whilst still honouring their status as truth-making and meaning-making beings in the world (Riessman, 1993).

CO-CREATION OF DATA

In line with my social constructivist epistemology, I regard interviews as generating co-created data. This stance in combination with the decision to use a semi-structured interview format highlights the richness of the interpretative process and fluidity between interviewer and participant. This enables understandings to be

partially shared, probed and for narratives to be elicited (Atkinson, 1998). Meanings are thus arrived at through blending articulations by participants and the researcher. The background of various assumptions, ideas, meanings, and experience has been described in phenomenological research by Gadamer as the "fusion of horizons" in which fluid experiences and meanings are bounded by separate, interacting horizons in order to greater understand the meaning of the experience (Flood, 2010).

Semi-structured interviews have been used in a wide variety of disciplines to come closer to an understanding of the participants' world view (Saunders and Lewis, 2012; Eriksson and Kovalainen, 2008; Gilbert, 2008; Davies, 2007; Edwards, 2002; Richards, 1996).

Semi-structured interviews respect the fluid nature, which allows the discussion and negotiation of data. However, it depends upon the researchers' willingness to depart from the interview schedule and allow the interviewee to guide the conversation and develop the themes that they perceive as of especial relevance.

Interviewee comments should be read as presentations of their world view but influenced by ideologies and prejudices and including an element of self-othering, in which the interviewee aligns themselves with dominant cultural stereotypes. This is especially pertinent in relation to workplace issues where power is a forceful factor (Glynos, 2011; Angouri and Glynos, 2009).

Therefore, interview transcripts should be perceived as a form of social script for interrogation rather than containing objective truth (Holliday, 2012).

The interview was itself subject to a social and political context in which there were multiple, contradictory, discourses and power pressures. The transcript therefore contains a negotiated account which was mutually co-produced and inter-subjective (Alvesson and Sköldberg, 2009; Gearity, 2011). Therefore, the interviewees' history has been transformed through reflection and selective remembering to form an account which demonstrates the value judgments and editorial decisions of the interviewee. Moreover, the accounts need to be seen as a contextualised and political statement of how the interviewee is attempting to represent themselves.

I have framed the interview and retained considerable power within the interview process as well as the data analysis process. Moreover, I am an individual with my

own autobiography which I bring to the interview, however I did not disclose this verbally unless in response to direct questions, in which case my self-disclosure was kept to a minimum. The focus of the interaction was thus on the topic agreed in advance rather than building friendship or searching for shared identity. While this reduced reciprocity within the interview, it enabled participants to retain their focus on their situation and avoid projections about my views (their anticipation of my view may or may not be true for me, but are unlikely to always be true for the people reading the eventual research report). It also enabled the participants to concentrate upon their views and their preoccupations, without my story intruding upon the narrative they were constructing. Despite this, my insights, emotions and reactions are likely to guide the interviewee, and the rapport that I contributed to enabled participants to elect to disclose the features that they wish to contribute to the research project. My training and experience as a breastfeeding counsellor helps guide my interactions, but they cannot be seen as neutral, but instead as part of a dialogue for the emotionally constructed interview data.

Interviews can be seen as a complex interchange of meaning-making in which reactions guide responses. Gadamer emphasises the importance of pre-understandings and the importance of questioning to open up possibilities and the hermeneutic dialogue (Nyström and Dahlberg, 2001).

My presuppositions and prejudices have been addressed through training as a breastfeeding counsellor and also on the various training opportunities which I accessed through UWE prior to data collection. In addition, I have interrogated them through my research diary and through the process of producing theoretical memos. This reflective self-awareness has informed the research at every level. The tradition of breastfeeding advocacy has informed my horizons for conducting research and my self-understandings are situated in both history and tradition (Fisher, 2000; Mason, 2002; Denzin and Lincoln, 2005).

Within phenomenology, there are 2 main approaches: eidetic (descriptive) and hermeneutic (interpretive); but both are inductive, aiming to understand the cognitive subjective perspective (Flood, 2010). These differ in respect of how findings are generated. Husserl's ideas underpin descriptive concepts such as bracketing which require researchers to shed personal prior experience, and the concept of a single

correct interpretation of experience. In contrast, I have been influenced by Heideggarian hermeneutics which focus on the exploration of lived experience. In particular, the use of language within the transcripts has to be interpreted, thought, and understood by myself as a being-in-the-world and by the readers of the research (Silverman, 1980). By investigating the meanings within the practice of lactation breaks, by concentrating on experiences rather than conscious knowledge, and by including my own presuppositions and expert knowledge within the thesis, I am a co-constituent of the findings.

It is acknowledged that my study is bounded by time and space. My research takes place in a context and therefore should be seen as a specific organisation at a specific time and facing specific issues (Jones and Lyons, 2004). Sampling is also significant as close attention has been given to few respondents. This raises the question of the extent to which it translates to the *macro* context (Gillham, 2000). However, the very particularity can be especially useful. By selecting a specific investigation, a closer investigation can be made relevant to the organisation (Zaidah Zainal, 2007). This enables more to be said, with greater detail, about the specifics.

DESIGNING THE STUDY: CONSIDERATIONS

The importance of a supportive manager has been highlighted in several qualitative studies of women's experiences (Tsai, 2013; Sattari *et al.*, 2013; Miller, Miller and Chism, 1996). Therefore, the research tradition needs to concentrate upon perceptions and understandings of the issue from a qualitative, interpretative viewpoint in order to understand the different features and aspects of the phenomena of lactation breaks. An interpretivist paradigm foregrounds experience and perception in which individuals are understood to perceive the world differently (Khan, 2014).

Studies of women's experiences have stressed the attitude of her immediate line manager (Wallace *et al.*, 2008). As well as a supportive line manager, the policies of the organisation were also reported to be important, with large public sector organisations especially associated with the availability of a workplace nursery and a formal policy on the subject of lactation breaks (Dodgson, Chee and Yap, 2004).

The information on which employers are more likely to provide lactation facilities is more sparse. However Hojnacki *et al.* (2012) report that large companies are

significantly more likely to offer support than companies with fewer employees and that companies in the healthcare sector are additionally more likely to offer breastfeeding support. This observation about the healthcare sector was borne out by Garvin *et al.* (2013), Dunn *et al.* (2004a) and Bai, Gaits and Wunderlich (2015).

Hojnacki also reports that the number of requests that a company receives for breastfeeding support are influential, as are the presence of upper management who combine breastfeeding and work or the presence of a population that the upper management feel is likely to require breastfeeding support.

Employers' attitudes were observed to vary with their sector, size and their staff. Business variables were also reported by Bridges, Frank and Curtin (1997) as being a better predictor of level of employer support than personal attributes.

Bar-Yam (1997; 2004) highlights the different conceptualisations of work-life balance as impacting the degree of support that a company offered for lactation breaks. However, this research was done in America some time ago and is of limited relevance for the current UK context.

In order to assess barriers occurring within the workplace, using a deviant sample of a workplace in which there is an unusual degree of support for lactation breaks will be especially illuminative. Insofar as there are barriers persisting in the deviantly supportive organisation, they exist within the general population (Yin, 2009; Marshall and Rossman, 2011; Silverman, 2001). This makes a deviant, supportive organisation, especially useful for identifying the extent to which barriers exist within the more general context. Alternatively, if no barriers are discovered within the case study organisation, it provides a useful perspective on how women might elect to act in a truly autonomous situation. This is useful for the assessment of women's interests in the light of Benton's criticism of Lukes' third dimension. A deviant case study is therefore of especial interest to researchers, and I concluded that my study would be useful both if there were barriers and if there were not.

In this case, a deviant organisation is one that is especially supportive of lactation breaks. In addition to an organisational policy, the selection of interviewees is significant. For ethical reasons, it is impossible to force participation within the study. Therefore, it is likely that participants who elect to volunteer for the study will

be willing to talking about lactation breaks because they believe they are already positively inclined towards the issue. It is also the case that people who volunteer are likely to experience a degree of confidence that their views are politically correct. While this is an ethical protection, it also impacts their representativeness. Those who are uneasy about the topic, or uncertain that their views are politically correct, will be unlikely to volunteer to be interviewed. This applies to the participants who were recruited through the snowball sampling with additional force, as they are the people are influential within Zargg and from an ethical position it is important that their views are included regardless of political correctness as otherwise the picture of the organisation will be skewed. However, the snowball sample is also a volunteer sample for ethical reasons. It is therefore both impractical and undesirable to attempt to gain a cross-section within the organisation.

RESEARCH DESIGN

The presence of an exceptionally supportive organisation which is willing to be studied, combined with exceptionally supportive staff, who are willing to be interviewed, leads to a sample which is helpfully atypical. This unusually supportive profile means that a better analysis can be made of the barriers that women face. I theorised that if this research encounters barriers, it is likely that those barriers will be present within all employment situations. A case study is also particularly indicated where it is desired to use more than one method in order to examine detail (Yin, 2009). This richly contoured and close-textured data can only be closely examined where a limited sample has been utilised. The level of detail can therefore increase due to the natural deliminations of the sample. In this case, I was interested in the policies, practices, and reports through interviews of the *meso* level institution which is exemplified through Zargg. This required me to investigate both the formal written policy, the range of documentation which is referred to by Zargg employees, and the qualitative interview data. This enables me to access multiple methods and data in order to interrogate a single instance in great detail and achieve an intensive understanding of the phenomena.

In addition to a multiplicity of methods, there is a need for a multiplicity of perspectives which will be associated with the context. No single person can explain Zargg's policy to me. In order to get an understanding of how Zargg operates as a *meso* level institution which contains within it both *macro* and *micro* level detail, I

need to investigate not one, but several documents, policies, procedures and personnel. The boundaried nature of a single organisation makes this an ideal way to restrict my sampling according to clearly defined criteria and concentrate upon a manageable number of information sources. The sampling is therefore especially enlightening, due to the deviant nature, and also clearly and objectively justifiable. The boundaries are set by the nature of Zargg's organisation and are preset in a readily understandable way. This multiplicity of informants also enables me to make comparisons and contrasts within the organisation. It is unlikely that the organization will be completely consistent, as it is composed of many individual people with differential experiences and understandings. However, by gaining a variety of perspectives, it enhances the level of understanding which the case study organisation brings. Ultimately 27 participants were recruited to the study utilising a snowball approach in addition to advertising and otherwise promoting the study.

Case studies allow richness of information and depth about the topic by avoiding generalities and focusing on specifics (Noor, 2008). By looking at specific cases, participants are enabled to speak freely on the specificities they face (Berg, 2004). This relates to the generalisability and the transferability of the organisation selected. A clear accounting of the methodology of the study can reduce restrictions associated with a studying a single organisation (Jones and Lyons, 2004), but as I identify and describe my data, I can reference the particular instances and gain a greater understanding of the specificities of situations.

These individual instances are not necessarily generalisable to the whole UK employment context. It must therefore be acknowledged that the context impacts the findings and restricts the generalisability. Of especial importance is the generous maternity policy within Zargg which goes further than the statutory requirements. Many Zargg workers are privileged due to their ability to access concessionary schemes and supportive policies around family friendly working. Moreover, a qualitative study cannot provide information about the prevalence of a phenomenon within the national context, which would be quantitative in nature. However, the use of a deviant study for analysis will provide useful information about the presence of barriers to lactation breaks within the UK. Nevertheless, there may well be some degree of transferability of the findings (Yin, 2012). This is where the findings in a

specific case have relevance for other cases and therefore can be translated into alternative contexts. Case studies can be used to generate theory and to test theory.

My primary aim within this study is to be descriptive as the literature review reveals a gap in the understanding of the context of lactation breaks. It can only make a limited knowledge claim. The intention is to understand the culture and concepts within the organisation, which may have usefulness outside the organisation, as it provides a picture, but only a bounded one (Stake, 2010). However, Zargg represents a deviant organisation due to the supportive environment which is evidenced from the interviews the documentary analysis (see Simon's quote and Appendix VI).

The presence of policy which is supportive of lactation breaks, the Women's Forum and Maternity Group which are organised and funded by the Equalities Unit, and the theme of support for lactation breaks discussed, demonstrates the extent to which Zargg can be seen as a deviant organisation. By selecting a supportive organisation, I hope to increase understanding of any barriers to lactation breaks that may be present and therefore, there is an element of theory development and testing of my assessment that barriers are likely to be present. It is further likely that if no barriers are found, this case study will be especially useful for highlighting how women elect to act and their actual interests.

Utilising a qualitative study in a single organisation increases my understanding of the relationship between the context, conditions and individual situations. In line with other qualitative methodology, by examining the explanatory in close detail, more can be said by a smaller quantity (McLeod and Thomson, 2009; Holliday, 2002). However, the selection of Zargg as the site of the research was partly due to opportunistic sampling as I was enabled to access it through the support of gatekeepers (Yin, 2009; Stake, 2010). The buy-in associated with the endorsement of the Zargg managing director, Simon, may impact the data collection. Participants were aware that the research project had support of Zargg management, and this knowledge may impact their responses. I am enormously grateful for the willingness to be subject to research on this subject and the indirect support for the issue from Zargg management, and I believe that Simon's personal support for the research project enabled it to occur. This support was elicited by a series of semi-social

encounters between Simon and my supervisory team. While analysing the data, I had to be mindful and interrogate my feelings, including the gratitude, to ensure that my results remain robust (Holliday, 2012; Holstein and Gubrium, 2003; Etherington, 2007).

I was therefore seeking to find an employer who was supportive of lactation breaks. This would enable me to study the *micro*, *meso* and *macro* context in which legal, political and personal factors impacted upon women's decision-making process. My intention was to stay as close as possible to the reality that took place within the specificity of the case study and to concentrate as far as possible upon the descriptive element of the single-bounded case.

The research site selected, Zargg, meets these requirements to some degree. It is a convenient single, naturalistic unit with a bounded constraint on study and therefore meets sampling concerns and provides a simple rationale for the selection of material to include and participants to approach.

Zargg cannot represent all organisations, but only for the specific organisation. It is time bound, context bound, location bound, and a single investigation; the limitations of the research are fully acknowledged (Holliday, 2002; Savin-Baden and Major, 2013; Travers, 2001). I am therefore interested in the context of discussions about lactation breaks, the barriers that take place within a supportive organisation, and the emotive and relational elements that impact upon managers. From this, research questions were developed which were iteratively refined through the process of research.

ZARGG PROFILE:

Zargg is a large public sector employer within England. A brief description is included here to situate the research methodology. It is not permissible for ethical reasons to identify it, (as this would breach the anonymity which participants have been promised, especially the Managing Director), but it is interesting to notice the comparison organisations that were mentioned by participants in my study. These included both public and private sector companies, as well as quangos and organisations in other parts of the UK.

When I asked the Managing Director, Simon, to what extent the eternal situation influenced the practice at Zargg he commented:

> "We do what we need to do, because of the values that are in this institution and what we believe in. There are other things we do that are hugely influenced by other organisations, but on this issue I am not referencing in my head anything that is going on elsewhere in the country. This has never come up in any of the meetings I have with other organisations' Managing Directors and it's never been a topic of debate on any platform." (Simon)

Other employees mentioned the public sector equality duties upon them and some commented favourably on the flexibility and trust that they perceived Zargg allowed employees. This reinforces the impression of Zargg as a deviant case in which employees expressed confidence that family-friendly policies would be implemented throughout the management structures.

When I assessed the written policies and procedures, I noticed that Zargg has comprehensive maternity policies, including a return to work form which asks women if they wish to have lactation breaks; and assures them that they can take lactation breaks if they wish to do so. This is especially important as it implies that Zargg have determined to accede to requests for lactation breaks, even in the absence of a clear legislative duty in order to do so.

Zargg has a large HR department who are accessible to all staff, a Health and Safety department who have dedicated staff, and is highly unionised. There are many female employees of child-bearing age and many employees work part-time. Whenever possible, it is Zargg policy to agree to requests for flexible working. Even in the absence of flexible working agreement, flexi-time is normally available to employees. Zargg also offers employees a woman's forum, a maternity network, a health group and provides some funding and support for these employee-led groups. There is one on-site nursery, however the organisation spans several work sites and there is competition for space.

Zargg was described by many participants as a family-friendly organisation. Kirsty, who is in charge of the maternity group, commented:

> 'Zargg is a good employer for people and for flexible working, but there are times when experiences are different and inconsistent. Because our group is a good cross-section of organisation, we have got

people who work in different services and their experiences are different.' (Kirsty)

This highlights the trust and confidence that many Zargg employees described, along with the potential for variable practices. However, the extent of trust and confidence between employer and employee was highlighted by many participants from a range of services. Naomi, who is a HR adviser, explained to me: 'There is a lot of trust for employees', an attitude which was widespread throughout my participants. However, others explained to me that the difficulties lactating employees within Zargg experienced were common to all potential employers. Clare, an IT manager who is also a breastfeeding mother, explained to me:

> 'The workplace isn't really set up for mothers. It's set up for single male people who do not have childcare responsibilities. It's trying to fit a square peg in a round hole and it is very difficult. Zargg is pretty good in terms of flexible working, that's helped enormously and is really important, especially when breastfeeding. The extra flexibility not to have to be in work at the dot of nine, nobody clockwatching, is a tremendous help.' (Clare)

Zargg is therefore an organisation whose employees describe it in baby-friendly, flexible terms and may therefore be atypically supportive of lactation breaks, which is an especially useful feature of my methodology. In addition to the features of Zargg, it is likely that the sampling strategy will have identified front-line managers within Zargg who are unusually supportive of lactation breaks, as discussed below. These atypical, deviant characteristics are therefore a useful feature of the data collated.

PROCESS OF INVESTIGATION

In order to investigate the context of lactation breaks utilising the qualitative methodology that would enable me to get close to the complexities of the situation using a holistic framework, I was interested in what the policies and procedures of Zargg are and what happens in practice. This enables the research to be both descriptive and explanatory in nature. In order to stay close to the actuality of the Zargg practice, I decided to interview line managers in order to illuminate the meanings and understandings that they had and the material that was available to them.

Multiple perspectives enable me to authenticate my research findings and to provide assurances that the existence of multiple realities has been acknowledged and integrated into the thesis (Khan, 2014). Subjective perceptions of reality are revealed through a relationship between researcher and researched in line with a subject, phenomenological epistemology, and explored to gain deeper understandings of the experiences, aspects, and features of the managers' perspectives regarding lactation breaks. I therefore approached multiple potential informants with an invitation to take part in the study.

Ultimately twenty-seven participants were involved in the study, and their characteristics are summarised at Appendix VII. This included five male participants, four of whom were fathers and one who did not disclose his parenting status. Of the female participants, sixteen were mothers. Three women did not elect to disclose their parenting status and three women were not mothers (yet). Of the mothers, five had taken lactation breaks personally. Twelve participants claimed no experience of lactation breaks but the remaining Fifteen participants had a range of experiences which were predominantly indirect. Two had some experience of managing staff taking lactation breaks.

DOCUMENTS

Zargg's formal, written policies were used to cross-validate and supplement the interview data, and therefore as triangulation evidence, rather than the primary source of investigation (Yin, 2009; Noor, 2008). This is because I am interested in the perceptions and understandings of participants, and the interpretations that they bring to the policies, rather than the documents themselves.

In order to ensure that the policies referred to are the actual policies, rather than the formal documents which are not referred to in practice, I did not enquire into formal procedures prior to commencing interviewing. Instead, I asked interviewees what policies and procedures they would refer to when contemplating lactation breaks. I then asked for copies of the policies to incorporate within the study. These are normally emailed to me as a link within a day of the interview. This enables a high degree of confidence that the policies included as documentary material are the policies which would be referred to in practice. It also ensures that the version of the documents which I received is the one accessible to the interviewee at time of the

interview, thus reflecting participants' current understanding of the policy and procedure at that moment in time. Written policies can become out-of-date and understandings of policies can change over time, leading to a disparity between formalised and fossilised written documentation. By asking for the version the participants accessed, I am confident that the material used within this organisation represents documentation accessible and accessed by participants. Sometimes participants expressed a lack of confidence with the written documentation, claiming it was out-of-date or did not replicate actual practice and this has been captured as well.

RECRUITMENT TO THE STUDY

I decided to invite all managers within Zargg to take part in the study, irrespective of whether or not they had managed a breastfeeding employee. This is because all managers are potentially managers of a breastfeeding employee and captures the views of managers across Zargg. I was especially keen to promote the study with managers within working class occupations due to a concern that they might be more hesitant to come forward. Therefore, extra invitations were sent to these groups by identifying generic email addresses, sending a copy of the invitation with a covering email and emphasising I was keen to hear the point of view of all potential participants.

Serendipitously, the spread of managers within Zargg who accepted the invitation included a good spread of middle-class and working-class occupational groups. I recruited 8 managers of middle class professional staff, and 7 managers who were responsible for staff, who were working class. In line with standpoint analysis (Mathison, 1997), I intended to sample both male and female managers who would represent different viewpoints. However, I was conscious that men might view the topic in feminist ways and women may or may not do so (Hoffman, 2001). Therefore, gender alone is not a good indication of the approach that the interviewees bring to the topic. 2 of my managers who were responsible for working class staff were male, and 2 male managers were responsible for middle class staff. While these numbers are small, and preclude generalisations, it is encouraging that the research included both genders and several types of work.

I wished to stay close to the information and policies which were accessible to the managers who elected to participate. I therefore asked those managers whom they would refer onto. These identified personnel were regarded as having a special level of knowledge or experience regarding lactation breaks, as they were the people whom the first tranche of managers would request for advice or assistance. I therefore sent these expert personnel an invitation to take part in the research. All the identified potential leads were sent invitations. This purposeful sampling is closely related to the research rationale and relevance of the participant selection is to investigate and understand the phenomenon (Khan, 2014). However, due to the ethical requirement for anonymity, they were not informed of the source of the invitation. The intention was, therefore, to stay as close as possible to the meanings, resources, and personnel that my participants identified as being important to them regarding the topic of lactation breaks. Wherever the participants identified a resource, person, or alternative source of information about policy and procedure, I made attempts to follow it up in order to discern the evidence that was utilised in practice within Zargg at the time of the study. If the proposed snowballed participant did not respond after 5 prompts I discontinued invitations them to participate as I believe it is an ethical responsibility to accept a "no" from recruits. Ultimately I recruited 7 participants through this snowball process, including the Managing Director, Simon. I also recruited 5 members of HR staff, as the HR department have special expertise regarding this topic, but 2 of the HR respondents responded to an advert.

INTERVIEW SCHEDULE

The Interview Schedule is included at Appendix IV. To prepare the interview schedule, I investigated the proposed questions by Kathy Charmaz (2006) and Webster and Mertova (2007). These writers provide generic questions which I applied to my research questions in order to make specific. I also investigated the questions previous researchers had used (Witters-Green, 2003). In line with my commitment to concentrate on the reality, the *is* of the Humesian *is/ought* dichotomy, I avoided the hypothetical and attempted to get close to interviewees' meanings and world views. Therefore, I avoided predefining and instead allowed the interviewees to select what they wanted to tell, to let them find their own words, their own views and their own definitions. This also was a way of letting the interviewee select the

elements of their life history that they perceived to be relevant and wished to share. In light of the sensitive nature of breastfeeding, this was felt to be good ethical practice.

Another strategy was to avoid prejudging and let the participants determine what they felt to be good and bad and any moral judgement that they wished to include. As legal questions can raise anxiety levels, I included them at the end of the interview so as to avoid framing the conversation in relation to moral and legal concerns.

The interpretation of the law was a valuable source of data that I was seeking to discover. I recognised, however, that this might be divergent from my own analysis. While some prompts were necessary to ensure that the interview was focused on the topic, I primarily avoided them or included prompts after the interviewee had the opportunity to develop answers to my initial questions.

My aim in compiling my interview schedule was to develop wording that would enable the interviewee to place the issue in their own frame of reference, and to reveal what they felt was relevant from their own experience. I wanted to discover the world as they see it and to get close to their world view.

The interview schedule (Appendix IV) was useful as a guide within the face-to-face encounter. However, I have not always kept close to this as I wanted to enable participants to self-define in line with their own meaning-making. The questions therefore were a resource to focus interviews but I allowed interviewees to interpret the questions in order to get close to their choice of words and self-expression.

Another strategy was to leave the audio recorder running at end of interview so as to ensure that the interviewee had a chance to tell me anything that they considered relevant and wished to bring to my attention. This therefore formed an unstructured element to the interview.

On reflection, I found this a particularly useful way to enable participants to add information that had not been included in the question-based format. I then made it clear when the audio recording was turned off, using slightly exaggerated movements so as to give further control to the interviewee and ethical reasons so they had full information about when they were and when they were not on the record.

I piloted the interview schedule with 5 volunteers while developing it. In particular, I found it useful to practise with male strangers due to the sensitivity of the topic. This was invaluable in helping me check the wording and anticipate emotional elements associated with discussing the sensitive topic in a working environment. Minor modifications and reordering of questions was made in response to feedback in the pilot phase.

Ethical considerations were considered at all stages of the research project. My position is that ethics includes right relationships and goes further than a reducible list of actions to be taken or omitted. These relationships need to be honoured at every stage of the research process and have thus been integral to the study.

Three generic approaches to ethical issues can be discerned from the literature (Brinkmann and Kvale, 2005). These approaches can be described as duties, utilitarianism and virtue ethics. A duties-bound approach concentrates on generating universal principles for describing moral actions. Utilitarianism, exemplified by Hume and Bentham, is a procedural approach of discerning the greatest happiness for the greatest number utilising a cost-benefit analysis.

Aristotle however concentrates not on theory, but on the practice of *phronesis*, which is prudence or practical wisdom. Feminist ethics of care may be viewed as similar to a virtues ethics approach as they share a morality of context. This specific situational recognition of what is important and awareness of issues of power and vulnerability has informed by approach at every stage. In order to appreciate the value-laden context, it is necessary to investigate the 'thick description' of Ryle and Geertz (Ryle, 1971). This is learned through immersion within a professional community in order to learn practical wisdom through contextualised, narrativised (story-formed), example-laden, and in line with the morals of the research community. Thus, it pays tribute to absolute and socially produced values. Ethical accountability is therefore a higher responsibility than rule-following (Brinkmann and Kvale, 2005). Kvale argues that ethical issues should be seen as 'fields of uncertainty' where researchers should remain open to conflicts thrown up by qualitative research. This pragmatic and informed approach has guided my understandings of right conduct throughout the process, and my research diary has documented my growing awareness of, and consideration of, the ethical issues associated with research.

Informed consent is an especially important area where there is considerable uncertainty prior to the interview as to what information exchange has been consented to (Hollway and Jefferson, 2000). There is no way to anticipate how forthcoming an interview will be. They have defences which protect them from both imparting information and coming to know information they do not desire to

understand. Therefore, there is a need for a reflection period after the interview. During that period, they may elect to withdraw their data. I was aware that people often decide to trust the interviewer rather than the paperwork. Therefore, consent may be perceived as a continuing emotional awareness rather than a conscious, cognitive process and encompasses the whole of the encounter. It is of questionable ethics to expect participants to make consent judgments prior to evidence accumulated through interaction with the researcher.

I therefore offered my participants the opportunity to withdraw their data from the study for a period of two weeks after the interview. This enables them to have enough reflective time to consider whether or not they wished the information that they had disclosed during the interview to be included within my study. As they were unable to predict in advance what they would disclose, this was an important protection, enabling them to consider and reflect upon the experience of the interview. However, the interpretation of the audio recording into a transcript and the process of working upon and analysing that transcript, represents an enormous investment of researcher time and to some extent, it can be seen that ownership therefore passes to the researcher as they have performed an interpretative act in translating the rawness of the interview data into a feasible piece of research. For that reason, it was inappropriate to allow an open-ended opportunity for participants to withdraw their data. The process of transforming the interview into a transcript and ultimately into the findings within this thesis has involved a considerable transformation on my part and I fully acknowledge that the data should be seen as interpreted and translated by myself.

Another important ethical protection was the anonymity that I offered participants. This is intended to protect participants from having judgments made upon them, but it also helps them avoid making judgments on themselves should they wish not to do so. Many of my participants did utilise the interview as a reflective opportunity to consider, and sometimes change, their own practices. However, this was initiated by them at my invitation to consider their experiences regarding the topic (see Samantha and Jane's quotes in the *Findings* chapter).

Despite the reflective opportunity posed by the interview, research is not therapy, and I have limited training within the counselling field. The methods of research and

therapy overlap to some degree but the purpose does not, and even returning transcripts for checking can entail judgments. Therefore, I have not reverted to participants with the transcripts as this increases the opportunity that they might experience harm through self-judgment. While it is possible that interviewees or members of Zargg might identify themselves and self-judge with publication of research, this risk has been reduced with careful removal of identification features.

I was aware that my participants had generously offered their time and attention to the topic and that this was gracious of them. I therefore did not want to trouble them or cause them to feel any continuing sense of obligation to assist my researchers by reverting to them with a transcript. I was aware that I had already taken a considerable chunk of their time. Moreover, the prospect of returning transcripts for checking occurred to me as a potentially uncomfortable act and I believe it is important to pay attention to these counter-transferences. In addition, I was concerned that interviewees might attempt to revise or re-translate some of what they had said, and that this would represent new data and fresh data, leading to the requirement for me to further analyse it, rather than merely checking the detail of the accuracy of the transcript. It occurred to me that I was in a good position to check the audio recording against the transcript for accuracy and that reverting to the participants would not provide a process that was necessarily more accurate.

Instead, I prepared a poster summarising my findings but anonymising Zargg, and I arranged for it to be displayed in a foyer of the main building. From an ethical perspective, I found this polite and comfortable. Some of my participants viewed the poster and I discussed it with them. I also discussed my findings with Zargg employees both while performing data analysis and reporting results. This check increases my confidence in the veracity and accuracy of my findings, as well as providing participants with useful feedback on the results of my research.

In line with Hollway and Jefferson (2000), I have concentrated against guarding against harm rather than focusing upon the possibility of distress. Like Hollway and Jefferson, some of my participants became upset or angry during the interview, but this was a risk that they elected as they considered the sensitive topic. It cannot therefore be seen as necessarily harmful. When a participant appeared to become emotional, I listened empathetically and refocused the interview on workplace issues

that were the primary topic of investigation. I had access to tissues but these were not necessary. I had arranged referral pathways prior to the interview, including access to telephone helplines and ensured that there was access to a counselling service within the organisation; but none of my participants cried and I did not consider it necessary to make formal referrals to these resources.

I also needed to consider self-care. Qualitative data can raise emotional responses within the interviewer and this research, like many other projects, has been undertaken due to the personal history and interests that I hold. On a reflective note, my experiences of breastfeeding, combining breastfeeding and working, and the stillbirth of my son immediately prior to data collection all impacted on my emotional presence within the interview. My family, friends, and supervisors have all provided extensive support and I have additionally accessed formal support through counselling and co-counselling while being mindful of participant confidentiality. My research diary was also a useful technique to contain some of the emotional elements and in turn formed a resource that I utilised when constructing memos on the data.

As well as the need for care of interviewer and interviewee, the transcriber also interacts with the material. Moreover, her role can be seen as introducing an element of interpretation. I therefore met the transcriber and corresponded with her on a regular basis throughout the period of time she was working on the study. She assured me that the material contained was not generally emotionally sensitive to her and that she was moreover supportive of the research agenda. As well as my own checks on her wellbeing, she was employed through another agency who retained managerial supervisory responsibility for her. I utilised similar safeguards with the transcriber who worked on this thesis for me as it was initially dictated into a Dictaphone rather than written on the PC.

As well as these emotional safeguards, all participants, the transcriber and I were able to access a counselling service through Zargg's internal systems. However, the content of the interviews focused on workplace experiences, rather than personal matters. When emotional concerns arose, I considered matters of consent and reiterated the voluntary nature of the interview. I also refocused upon the subject

matter which includes questions of policy and procedures of usually lesser emotional intensity.

As a breastfeeding counsellor, I have been trained in sensitive discussion in matters relating to breastfeeding and subject to regular supervision within that role. I am aware that as a researcher I am under an obligation to act with integrity, reaffirming the observation of morality as character.

As a researcher, I am an instrument for the study of human beings (Atkinson, 1998; Hammersley, 2014; 2013; Atkinson and Silverman, 1997). Therefore, my character and righteousness is an important consideration. Therefore, it is especially important that while I display empathy, I do not fake friendship in order to induce confidences (Duncombe, 2002). While understanding the participants' world view is important, as a researcher I have an obligation to question, contextualise and conceptualise in accordance with the informed consent which the participant has provided.

Participants grant privileged access to their lives. When the researcher has adopted an analytical, judgmental and non-sympathetic approach to this and moreover published their findings, this may not be congruent with the non-verbal communications during the interview. The judgments are contained within both transcripts and analysis. The potential for judgment taking place at this point, especially when it has not been anonymised, can feel uncomfortable which is indicates the ethical questionability that I associated with the action. Therefore, I have made a decision to thank participants at the end of the interview, and by email as a follow-up, but not to revert to them with transcripts, analysis, or questions.

After the interview, anonymity has been preserved and pseudonyms allocated to all people. I am the only person who is aware of the links between the names utilised in this transcript and the actual names and retain this information on a password protected file. Additionally, my personal computer has firewall security features. Another important protection is that if an interviewee suggested that they would refer to another person or other resource which I could obtain through logging onto Zargg computer systems, I ensured that I approached that person, and accessed that resource, but did so without mentioning the source of the suggestion that I asked them if they wished to participate. There is an ethical tension between an obligation to chase a particular potential participant who may have forgotten to respond and an

obligation to accept that non-response indicates a decision not to participate. Therefore, I decided to send up to five chasing emails and if there was still further non-response, I felt that it would be unethical and aggressive to continue to ask the person to participate in the study.

It is unfortunate that the interviews were conducted prior to the ACAS Guidance (2014) which has changed the landscape for lactation breaks to some degree. However, as none of my participants were aware of the existing health and safety documentation, or those of other authoritative sources such as the NHS, it is unlikely that they would have been aware of the ACAS guidance had it been available.

The study was promoted during 2013 through three principal strategies (Flick, 2007). The probability of volunteering to take part in the study is believed to increase when participants receive a multiplicity of invitation sources (Marshall and Rossman, 2011; Beins, 2009). All employees of Zargg were eligible to take part in the study, but I was especially interested in those with line management responsibilities, as they would be managing staff who might desire to take lactation breaks.

However, some of my participants did not have line management responsibilities, but did have a particular interest or expertise in the topic which they wished to discuss with me. Further, some of the people whom the line managers identified as those whom they would refer questions to were responsible for elements of Zargg policy and procedure relating to lactation breaks, but did not themselves have a line management role.

I also interviewed directors of Zargg and the Managing Director, regardless of whether or not they had line management responsibilities, due to their influence within the organisation. Therefore, my sampling strategy was to be open to all employees and the recruitment for the study was especially broad.

There is an existing system within Zargg for distributing printed information to all staff. I was able to use this to send a poster to be displayed in breakout areas and kitchens throughout the organisation. When I visited Zargg, I often saw copies of my poster which had been put up across a variety of locations and spaces. This was a comprehensive method to invite staff across the whole of Zargg.

I put considerable thought into developing a poster which avoided all preconceptions about the study. I used a picture of a non-Caucasian baby so as to appeal across all demographics. I avoided imagery of work to ensure the poster was approachable to staff from a variety of working environments. The poster invited potential participants to email me.

E-ZINE:

I initially intended to invite managers to participate in my research through the payroll system. However, permission to do this was declined. I was instead offered the option of including a short article within the e-zine which is distributed to all managers within Zargg. This turned out to be exceptionally useful as it enabled me to include a link to my research invitation as well as my email address. However, it is unclear what proportion of recruits was attracted through the e-zine as opposed to the poster; it is likely that the approaches were complementary. Overall eight participants were recruited through these two methods.

DIRECT APPROACH

I have limited contacts within Zargg but I approached the people who showed an interest in my study in person by explaining my research and following up by sending a copy of the research invitation. For these 'warm' contacts the awareness had already been raised through posters and e-zine which often increased their curiosity and willingness to agree. Overall four participants were recruited in this way. In addition, I approached the identified expert personnel directly. They were sent a covering email and a research invitation. Ten participants were recruited in this way. Another recruitment technique was through third party referrals when my contacts had heard of the study and nominated other people as potential recruits. I therefore sent these contacts invitations directly via email, but believe that this invitation worked in tandem with the e-zine and poster. Five participants were third

party referrals. The recruitment methods must therefore be seen as overlapping utilising snowball principles.

I reviewed the participants' profiles and noticed a limited level of participation from manual and working-class professions and therefore used the Zargg website to find generic email addresses for those sectors which I sent an invitation to. My primary concern was that potential participants were encouraged to self-define whether or not they wished to contribute to the research. I was surprised by the number of people who did not have line management responsibilities who nevertheless wished to contribute to the study.

However, my research invitation made clear that I was addressing people in their working capacity, not seeking to find out the opinions of women who had taken lactation breaks. Many of my participants were members of both categories, and it was made clear in the explanation of the study, the research invitation, the participant invitation sheet and in the interview that it was in their capacity of managers or expert professional role, which I was particularly interested in.

Twenty-seven participants agreed to be interviewed for the study and detailed information about them is contained within Appendix VII. This describes their names, roles, and relevant personal characteristics but given the small sample size, it would be inappropriate to ascribe too much weight to the relationship between characteristics and the views expressed in the interviews.

CONSENT

Interviewees were asked to nominate a time and room in order to ensure that they were comfortable within the environment they chose. All participants elected to be interviewed during working hours within Zargg, although one wished to be interviewed during her lunch break and several nominated a room some distance from their normal workstation.

I asked them to nominate a private room for ethical reasons and to ensure they were able to speak freely for quality reasons. At the commencement of the interview, I gave all participants a consent form and an opportunity to discuss this matter.

The consent form affirmed participants' right to withdraw any point within following two weeks. This is in line with the ethical concern over the unknown nature of what

will be discussed in a future interview (Hollway and Jefferson, 2000). The two week window enabled participants to consider and withdraw if desired, but after that time the data had been transcribed and analysed and considerable effort placed in assessing it by the transcriber and myself. Therefore, it was no longer appropriate to allow participants to withdraw after that point. However, it never appeared to cause any concerns to participants.

AUDIO RECORDINGS:

I attempted to dual-record all interviews so as to reduce the possibility of error. However, sometimes the devices did not work properly so I was left with a single recording of the interview. The reason for audio recording was to be sensitive and thorough in capturing the interview. However, I acknowledge the limitations of a transcript as a record of the interview (Hammersley, 2010; McLellan, MacQueen and Neidig, 2003).

Two interviewees out of twenty-seven expressed disquiet about audio recording and I explained and discussed the anonymity process and the need to transcribe data. One immediately commented that they were happy to proceed and the other was still uncomfortable. I offered to delete the audio recording after transcription which was acceptable to her and then she said that in fact it was not necessary to do so.

TRANSCRIPTS

Due to my repetitive strain injury, I have received support from UWE disability support service in order to minimise typing. This included the services of a professional transcriber which was an additional element of complexity as it is an interpretive process (Oliver, Serovich and Mason, 2006; Easton, McComish and Greenberg, 2000; Roberts, 1997).

I therefore trained the transcriber in face-to-face meetings and described the act of transcribing as a meaning-making exercise. We discussed various systems for notations (Romero, O'Connell and Kowal, 2002; Tilley, 2003) and agreed a convention which she felt to be workable and included emotive elements, including pauses. We co-created a key to capture nuances and I was conscious of the political and democratic arguments in favour of including her as a member of the data production team. I therefore asked her to record her reflections and email them to me

with transcripts as a unique opportunity to gain insight from another person (Roberts, 1997; Bucholtz, 2000).

The transcription of the interviews was done with attention to the principles of discourse analysis and a key of the agreed transcription protocols is included at Appendix XIX. However, when I conducted the enquiry into my data with other researchers, they commented on how the level of detail captured made it difficult to understand the flow and synthesis of the data. I was also interested by how the most informative and rich passages often included stuttering and incoherent phrasing. This is in line with observations from other writers (Bartlett, 2002; Dykes, 2010; Bartlett, 2000). Ryan, Todres and Alexander (2011) suggest that breastfeeding evokes pre-verbal and deep emotions which may challenge the limits of language. Therefore, when extracting data for quotations within this thesis, I have paid attention to a variety of arguments (Denzin and Lincoln, 2003; Boyatzis, 1998; Holliday, 2002; Sandelowski and Leeman, 2012; Ponterotto and Grieger, 2007; Thody, 2006), and thus simplified the transcripts to contain the meaning and wording.

Resultantly, some editing decisions to reduce and simplify the quotations have been essential in order to present the material in a readable, thematic, and grammatical way. Thus, some of the rich detail which was captured carefully at the transcription stage has been smoothed over and additional punctuation included, in order to ensure that the voice of the interviewees is not confused by the inclusion of ungrammatical and *sub-voce* vocalisations. The aim is to ensure that the themes which are present in their discussion have been represented in the quotations within this thesis, and to keep as close as possible to the arguments that they were advancing. This is to ensure that their multiple perspectives are fully captured. However, in analysing and assessing the data I have kept close to the richness and completeness of the original detailed and thick description contained within my transcripts. A full record of the data trail has been preserved.

For ethical reasons, I agreed to password protect all files and the transcriber signed a confidentiality agreement prior to starting work. Migrating data was done wherever possible via the cloud, which introduced a further level of protection for participants. Consideration was also given to issues of data protection, intellectual property, and

copyright by sharing links rather than emailing attachments wherever possible, and always using password protection.

DATA MANAGEMENT

The researcher's home computer is password protected, automatically backed up every week and back-ups are stored in fireproof environment and further encrypted and password protected. My home computer is supplied by UWE disability services to meet their criteria, including being connected with data security. A high quality anti-virus scanner has been installed and regularly updated. The computer is contained within a house which is locked when not attended.

Data protection consideration has been given to the possibility of data migration to the H: Drive on the UWE computer system but this opens up a connection though which viruses or hacking might occur and therefore it was concluded that on balance, it was concluded that it might decrease rather than increase data security. The computer is protected by passwords and the data was further protected with additional passwords when it was in a pre-anonymised state. Thus the data storage and the arrangements for archiving and curating data conform to leading industry standard of cloud storage using Dropbox technology, which further protects against obsoleting and provides metadata which remains accessible over the long term.

Wherever paper copies were made which contained any identifying documentation, this was stored within a locked metal box contained in a secure house. Therefore, a two-key system protected paper but wherever possible data was not printed. Email trails were truncated so as to reduce the proliferation of data and I used the find-replace function to ensure that all identifiable keywords were deleted and replaced. I additionally re-read the entire transcript and manually deleted anything else that might compromise anonymity. I used this as an opportunity to check the recordings and the transcripts for accuracy, and to begin making reflective comments.

I compiled a collection of data on each participant, including field notes and memories, transcriber comments, analytical comments and secondary and tertiary hermeneutics. These have been given special attention with regard to anonymity and password protected, although they are data about me rather than participants, and thus is not appropriate for data sharing purposes. It was especially useful to capture

counter-transferences, as arguably the only person I can authoritatively write about is myself (Corbin and Morse, 2003; Denzin, 1997; Kitchener, 1984).

DATA ANALYSIS

I have analysed my interview findings utilising thematic analysis (Clarke and Braun, 2014) and to a lesser extent grounded theory (Glaser, 1992; Joffe and Yardley, 2004). In both traditions, data exploration and theory construction are combined and theoretical developments are made in a bottom up manner so as to be anchored in the data. The final report is thus firmly grounded in data and organised to reflect the themes which were generated in an inductive manner.   In order to interpret and deduce the significance and importance of the meanings assigned to the participants' words, I examined the narratives both in relation to their context as defined by participants, and also the thematic content unrelated to the chronological description given (Khan, 2014).

My first iteration of the data was therefore concerned with staying close to the wording used by my participants and in order to generate my initial set of coding. Having worked carefully and systematically through my interview data and created codes by reference to the data that was produced in the interview, it was then necessary to see if some of the latter codes would additionally apply to the first set of interviews I had coded. I therefore performed a second iteration in order to ensure thoroughness and comprehensiveness in application of the codes.

A third iteration mapped the coding with the research questions by grouping the codes relevant to each topic. However, I became dissatisfied with the research questions I was then working on as I could see that the interviews did not contain satisfactory information for all the questions I had at that point. In particular, when analysing the data, it became apparent that the research interview could not provide insight into the impact of lactation breaks on the working experience of the woman taking them. I had previously theorised that managers would have an insight into the experiences of the women taking lactation breaks, but it became clear that the participants had struggled to provide this and generally answered my questions referring to their own viewpoint.   While this may be a useful finding, it is possible that it is the result of the interview schedule and a different approach would have illuminated this. Rather than re-frame this as a finding, I decided to re-focus the

research to make the thesis stronger and simpler.   I therefore revised my research questions and this iterative process has been part of my experience of qualitative research.

I did a fourth iteration mapping the interviews to the data they had generated and gave close consideration to that data in order to generate new research questions which I mapped to the coding. These new research questions were narrower and more focused and they related closely to the data that the interviewees had provided. At this stage, I coded the interviews by reference to the self-disclosed characteristics of the interviewee that they had elected as of relevance to discuss with me. These node classifications provided a useful insight into the background of my interviewees and were matters that they considered of relevance to our interview.

This iterative cycle of data analysis thus has parallels with the concept of the hermeneutic cycle. Interpretation of events in context, and the construction of the experience and the reflections on the meanings that it holds are interpreted through a cycle in which explication is utilised to reveal phenomena (Flood, 2010). A valid, comprehensive understanding is gained from a circle as the reader progresses from a naïve and open understanding of the material, through a structural analysis in which meaning units are condensed into sub themes and main themes, into a reflective understanding of the comprehensive or interpreted whole in which the understandings are revised, widened and deepened (Kvale, 1996). I also engaged in interrogating the central themes and putting questions to the data in an ordered and systematic way in order to discern revelatory themes (Flick, 2009).

Although not all interview participants had given me information regarding personal topics, many had chosen to disclose their parenting status and working role. These insights were of use to me in developing my analytic framework but I caution that in order to make generalisations about how the characteristics relates to experience, it will be necessary to conduct further research using a more quantitative research design. The size of my sample is not big enough for firm conclusions to be made on the impact of demographic details or selected characteristics within any other population.

I considered utilising discourse analysis and selected some transcripts for detailed discussion (Gilbert, 2008; Manzi, 2012; King and Horrocks, 2010). Ultimately, the

large amount of material generated meant that the overview of the topic became clouded. This huge amount of material had made it more difficult for me to address my research questions and therefore the detailed analysis was used to supplement and inform my discussion of the findings rather than as a primary research method.

Instead, I utilised the thematic analysis described by Braun and Clarke (2014). In order to ensure that my data analysis is not hampered by issues of loyalty to participants, I did not involve interviewees in data analysis. I was concerned that it might feel awkward faced with written summaries which are removed from their original context and emotion; the skills training and resource allocation are my responsibility and participants had already given freely to assist the research and I did not want to exploit that willingness. I was further concerned that it might feel rude or judgmental, perhaps even generating disagreement between participants. Member checking requires participants to give further time to the research project and may be associated with the creation of further data (Boyatzis, 1998; Joffe and Yardley, 2004; Vaismoradi, Turunen and Bondas, 2013). Instead, my strategy of summarising the results of my study to Zargg employees through the medium of a poster enabled participants and other employees to provide useful feedback regarding the validity and credibility of the study.

The process of data analysis included many different types of memos. These included reflexive accounts of the interviews, field notes, my emotional and personal reactions and responses to the interviews and my developing thoughts about each person and the data associated with them. I have also kept a research diary which includes an account of my developing thought process at each stage of the enquiry.

The interviews have been annotated and coded through the use of NVIVO. Simultaneously, I have developed analytic memos and models to document my developing process. In addition, I have utilised a panel of people to co-enquire into my interview data and carefully recorded their impressions, comments, thoughts, free associations, and analytic insights. This enables me to gain the perspective of multiple commentators, each with their own individual histories and pre-understandings and thus avoid naive interpretations which are prefaced on my personal journey.

The process of co-enquiry entailed several sessions with my supervisory team at UWE, and additionally a Senior Lecturer who kindly examined the data with me. I twice applied for funding to arrange a panel of experts to enquire into my data but this was declined so therefore I presented my data while it was still at a formative stage to other audiences, including academic audiences using the Research Student's Training and Support Days which are held regularly for social science postgraduates, and the Bristol Infant Nutrition and Nurture Network which attracts a mixture of health professionals with an interest in Infant Feeding. I additionally co-opted three other PhD Students who had trained alongside me in qualitative research techniques and we formed a co-operative co-enquiry panel examining each other's data. This was formally recorded and records maintained. As a breastfeeding counsellor, I have been trained in listening skills and moreover I nowadays train others in non-judgemental person-centred counselling. These traits helped me to enquire into the data without prescribing my own frame of reference or ideology into the material.

Therefore, the process of data analysis has been accountable and traceable with a clear and accurate record of the process of knowledge generation. I have generated my codes inductively and my themes abductively (Lipscomb, 2012; Fereday and Muir-Cochrane, 2006). The results of this co-enquiry process have been incorporated into the findings chapter in which quotations from the interviews and analytic insights are presented sequentially and distinguished to enable the reader to discern that which is insight alongside the original quotation.

NVIVO

UWE provided me with NVIVO 10 and some training on how to use this qualitative data analysis tool. This guided my selection of the information technology which I have utilised in generating my own analysis of the data.

I started by coding the interviews line by line, generating my codes inductively from the words of the transcript. However, this included interpretation of the content and the similarity of the content whenever I used a pre-existing code to apply to a subsequent sentence. Many sentences were coded at multiple nodes. After I had coded the entirety of the data set I had generated one hundred and fifty-nine codes. This was my first iteration.

The second iteration was to recode the data using the inductive codes generated at the first time and I did so manually, which is associated with a comprehensive and rigorous approach (Braun and Clarke, 2013; Clarke and Braun, 2014).

Having coded my data and grouped it into research questions, I made a series of data enquiries utilising the NVIVO functionality to increase the grounded element of conclusion. Therefore, there was a constant comparison to examine how codes link with codes, how codes link with candidate themes, how candidate themes link to other candidate themes, with a continual reference back to the interview data to ensure full grounding. I revised candidate theme names repeatedly, seeking naming that was authentic and that reliably incorporated the range of views that were proposed within the theme and a link back to live data.

In addition, I used the node classifications to see if there was a relationship between the characteristics of the interviewees and their presence within the candidate themes, while recognising the small sample size which restricts the appropriateness of conclusions on this basis. My enquiries were furthered by creating many pictures, graphs and models using the visual functionality of NVIVO which was enormously beneficial in developing my conceptualisation of the topic but retaining a clear, grounded and evidence-based approach.

THEMATIC ANALYSIS

My themes were verified through several methods to avoid wild analysis and ensure the authenticity for other readers of the research as well as the meaningful associations that readers of this support will bring. These validity checks included discussions and free associations with trained qualitative researchers and presentations to expert audiences. In addition, I compared the validity with other literature and cross-validated it within the study itself using the constant comparison method. The use of charts and numerical data which were very easily produced by NVIVO made it possible to speak confidently about the prevalence and importance of the themes I identified within my interview data and there were full, accurate records of the analytic process.

Thematic analysis has been criticised on a number of grounds (Riessman, 2008; 1993). My biography and opinions ensure that I am not a neutral enquirer into the topic area and I am a co-producer of this knowledge, impacting the research at every

point. This factor is acknowledged and although someone from a positivist tradition may view it as bias, others may view it as a positive contribution to the study (Hollway and Jefferson, 2000)

Selection of quotes out of context may be seen as problematic as it obscures issues of audience and hides the constructed nature of the conversation. Further, a theme is usually illustrated within thematic analysis by a small number of quotes. Readers may assume that the remaining quotes have the same meaning as the chosen quote which will obscure particularities of meaning and coalesce different concepts and different themes into a single thematic category. While I accept this criticism, I regard it as an inevitable result of taking a complex phenomenon and reporting it in relation to discrete thematic concepts which are intelligible to the reader.

The literature also warns against 'methodological slurring', however the division of theory, data collection, data analysis and results is often inappropriate in grounded theory research (Suddaby, 2006). Instead, the data coalesces into definable conceptual structures that move beyond the obvious, but may be very different from the experience of the interviewees which were the original data source, and the numerous editing decisions that eventually translate those experiences into a report of the findings using a thematic analysis.

SATURATION

Prior to data collection, I had intended to assess saturation by choosing a transcript that appeared, *a priori,* to be different from the other interviewees then coding it to check if there were any emergent themes that differed from the ones already uncovered. However, in reality, I did not have a large sample size and therefore coded all of my data. I decided to cease data collection for pragmatic reasons after I had followed up all of the volunteers who approached me. I had made requests within all my contacts within Zargg, I had followed up all the people who had been identified within my interviews and chased each five times. For ethical reasons and to avoid harassing potential participants, I therefore decided to stop actively trying to recruit to the study. In any case, I cannot be sure that my data would not have contained further codes if I had continued interviewing.

In contrast, my themes were well saturated and there are representations of each of the themes within all of the transcripts. I did a variety of analysis using the

automated functions within NIVIVO to check the saturation, including the node classification functions and word clouds, scatter diagrams, node clustering and word clustering, as well as other checks to ensure that the themes are present throughout my sample and that the sample represents all of my themes.

RIGOUR

Assessing the rigour and validity of qualitative research requires attention to questions of trustworthiness and reliability. Examining the rigour and the appropriate way to assess qualitative research has been subject to some debate, as the quality criteria are conceptually different from the appropriate way to critically appraise quantitative studies (Hannes, Lockwood and Pearson, 2010; Whittemore, Chase and Mandle, 2001; Lincoln and Guba, 1985). The rigour of my analysis therefore develops from the process of research and records of developing thought have been addressed at all stages with the supervisory team. However, the limitations of qualitative research are acknowledged and the knowledge claim contained within this thesis is therefore limited by references to the constraints upon the know-ability of social realities.

In evaluating my data analysis and findings, I have paid attention to a variety of principles which relate to the trustworthiness of the interpretations I have placed upon my data. These include concepts such as validity, the extent to which my research represents the world I am describing; reliability, which relates to the extent to which other researchers would arrive at compatible conclusions; credibility, which describes the match between participants' perceptions and the portrayal of them within the research data; dependability, the record of the processes in which the analysis has taken place and the procedures for that; and transferability, which allows readers to determine the extent to which similar processes and themes are likely to apply in other settings (Bloomberg and Volpe, 2008).

Ethical issues have been central to the genesis of the thesis and sensitivity to the socio-cultural concerns of all participants has been addressed at all times. Issues such as the potential for vulnerability and limits associated with informed consent have been addressed. Interviews were creatively adapted to reflect the participant's concerns, and to respect the complexity and ambiguities that they bring to the subject matter.

My qualitative research therefore uses predominantly interview data which has been subjected to a thematic analysis in order to assess the perspectives of managers towards the question of lactation breaks. My research questions spring from the theoretical constructs that guide the design of my study, and the gaps in the literature which I have identified. Placing the interview study within a single organisation as part of the research design has enabled me to get close to the questions of the middle range in which macro, global, legal and political factors are translated into the lives and choices available to individual personnel. Close comparison and attention has been placed on the hidden communications and meanings which individual people bring to the subject, but this is nested in an understanding of the legal and political factors which influence the policies of Zargg, an employing organisation.

The strategic choice of qualitative methodology enables me to make some observations about the prevalence of barriers within the workplace for women taking lactation breaks and the interests and concerns of employers. The epistemology of social constructivism has influenced the research and my individual biography and opinions are present at every stage of the research process. The strengths of this study need to be tempered with an understanding of the delimitations within the methodology.

CHAPTER 4: FINDINGS

Within this chapter, I shall address the findings concerning the managerial perspective within my qualitative study, which was conducted within Zargg, a public sector organisation, in 2013. I shall first address the policies of the organisation, then the research questions and the themes and sub-themes relating to them. I conducted twenty-seven interviews with managerial staff using a snowball technique to ensure appropriate purposive sampling. As well as a thematic analysis of the interview information, I also followed up the documentation that was accessible to managers within Zargg. Not all of this documentation was made available to me, as participants sometimes had to withhold it for confidentiality, professional, or commercial reasons. I would also caution that the proportion of Zargg staff who elected to take part in the interview study is a very small proportion of the total eligible. These limitations are discussed further within the methodology section.

Participants attempted to produce a balanced approach towards the topic by agreeing with multiple perspectives simultaneously, and demonstrated a desire to reach a compromise between multiple pressures and policy drivers that they were conscious of with regards to the topic. The thematic approach towards the data enables me to tease out different positions and viewpoints, in order to highlight the key features of these multiple perspectives.

PEN PORTRAITS OF PARTICIPANTS

Amanda: is a disability adviser whom I was advised to speak to as she has lead responsibility for maternity issues with users. However, she does not have a role with regard to staff lactation support. While she supports the organisation policy she herself has reservations about combining breastfeeding and working.

Amelia: is the health and safety manager for the organisation and extremely well informed about the law and policy relevant to the topic.

Anita: is a manager, and her role is to promote equalities within the organisation. She has an excellent overview of equalities issues and some of the difficulties associated with lactation breaks. At the time of the interview she was heavily pregnant with her second child.

Anne: is a Library Manager. She had just returned from maternity leave and I think that she may be reflecting on her experiences.

Camilla: is a senior manager of cleaning staff. She is an older lady who is very well presented.

Carla: is a manager of cleaners with a supportive tone and a pragmatic attitude.

Clare: is a manager within IT. She is also a breastfeeding mother. She reflects on her experience of requesting lactation breaks within the organisation but not being supported to access them, and how this impacts her managerial practices.

Colin: is a manager of cleaners. My impression was that he was articulate, well informed, and pragmatic.

Denise: is a director in an office job. She has had no contact with lactation breaks in Zargg, but she did take lactation breaks herself when she had a small baby working for a different organisation. She is formal in tone.

Doris: is head of the pastoral service, and it was suggested that I talk with her as a lactating mother may approach the pastoral service for support. However, the service would only be able to support users, not staff. She gives me brief answers which describe the organisational process in formal terms.

Ella: is a manager in an office job. She has not had children herself but is supportive of friends and colleagues who have had babies.

Jane: has just started working in an equalities role. She is not a manager. She was able to relate to the topic by referring back to her previous employer which was a different organisation.

Jess: is a manager in IT. She has worked at Zargg for many years and has had three children during her employment in the organisation. She is committed to being both a good mother and being a good employee. She sought to take lactation breaks with her first child but this was unsuccessful for a combination of reasons.

Joan: is a senior manager within catering. She struck me as deeply caring and pastoral. She has facilitated lactation breaks for her staff, on a short term basis.

Kathy: is a senior manager in security. She emphasised the caring nature of her work.

Kaye: is a senior manager of reception staff. She supported lactation breaks but also felt that women should be valued and appreciated as stay at home mothers.

Kirsty: works in an office job and is responsible for the maternity group. She is the mother of two small children and my impression was that she was learning about, and engaged by, the politics surrounding maternity.

Laura: is an experienced Trade Union representative. I experienced her as strong-minded and tenacious. She realised that there are mothers who would like to take lactation breaks and was willing to support them in so doing, but for herself felt that staying at home was a better solution during the breastfeeding period.

Martha: is not a manager, but is involved in the women's forum. She is an older lady who has an understanding of feminist arguments, but did not tell me her personal circumstances.

Naomi: is a HR manager but her work role is not connected with lactation breaks. She does have two small children, whom she breastfed on the organisation premises while on maternity leave, and she was supportive in tone and professional in outlook.

Nigel: is a director and works in a laboratory. I experienced him as warm-hearted and supportive.

Piers: is a manager in an office job. He struck me as both caring and task focussed. He has facilitated lactation breaks for contractors.

Ricky: is a manager in reception. He was direct in tone and struck me as fair minded.

Samantha: is a manager in an office job. She impressed me as a strong minded individual who respects others privacy and their right to make choices about what they believe is right for them.

Simon: is the MD of the organisation. He came over as articulate and confident.

Sophie: is an HR officer. She was a breastfeeding peer supporter before taking on this current role.

Vera: is involved with equalities promotion, but her involvement with this issue to date has been minimal.

My twenty-seven participants therefore include twenty-two female and five male participants. There were five participants who worked in HR (Anita, Jane, Naomi, Sophie, Vera), seven who managed working class/manual staff (Camilla, Carla, Colin, Joan, Kathy, Kaye, Ricky), eight who managed middle class staff (Anne, Clare, Denise, Ella, Jess, Nigel, Piers, and Samantha). Seven participants were recruited through the snowball process (Amanda, Amelia, Doris, Kirsty, Laura, Martha, and Simon). Broad outlines of what the staff managed was provided by the front-line managerial interviewees and I referenced the National Statistics Socio-Economic Classification scheme 2001 and Office for National Statistics classifications to assign the categorisation between Working Class/Manual and Middle Class, while recognising that the participants themselves are managers rather than manual workers.

Out of the twenty-seven, there were four who did not disclose their parenting status to me (Doris, Joan, Martha, Ricky). Three were not parents (Amelia, Ella, Vera). Four were fathers (Colin, Nigel, Piers, Simon) and the remainder of my participants were mothers themselves. No participants elected to make comments indicating transsexuality or homosexual identities. Clare, Denise and Jess had personal experience of lactation breaks when they returned to work, and Anne and Naomi had brought their babies into work and breastfed on worksite during maternity leave. Joan had managed a member of staff who had taken lactation breaks, and Anne and Piers had had limited experience of doing so as well. Eight participants had indirect experience or knowledge of lactation breaks within Zargg but had not taken breaks themselves (Amanda, Amelia, Anita, Kirsty, Laura, Martha, Ricky, and Simon). Twelve participants did not have any experience of lactation breaks within Zargg. These demographic and occupational characteristics are also presented in tabular format in Appendix VII.

IS ZARGG DEVIANT?

Zargg has been chosen as a deviant organisation, and is intended to be deviant from the generic UK context as it is unusually supportive of family-friendly patterns of work. Simon, the managing director, was asked by a member of staff in an open

meeting about the organisation's attitude towards breastfeeding in an on-site café. He recounted his response to me as follows:

> It was a very easy question to respond to, and my response was first based on the science. It's good for mums, if they can, to breastfeed, because of all the benefits for both mother and child, and therefore the scientific evidence is clear. As an organisation we pride ourselves in being open, diverse, and inclusive… so my view was most mums are very discrete when they are breastfeeding and I don't have any problem with it, in fact it's normal, so what's the big deal? (Simon)

This clear response from the organisation's leader in a public meeting of organisational staff indicates that the leadership within Zargg has a supportive attitude towards breastfeeding. Moreover, Simon's function as a gatekeeper, in giving me personal approval for using Zargg as a research site, access to his staff's time; and his agreement to a one-to-one private interview with me, demonstrate a high degree of support and suggest that Zargg, with Simon as the managing director, is a deviantly supportive environment for breastfeeding mothers.

Moreover, the anticipated opinions of interviewees were to be supportive of lactation breaks. These factors combined led to me hypothesising that my interviewees would be unusually supportive.

This has not proven to be the case. Many participants were of multiple views concerning the questions of lactation breaks. The conflicted and contradictory nature of the responses is captured within the spread of themes, each of which is well-attested to within my qualitative data. This demonstrates divergent thinking which makes the subject ideally suited to an in-depth, qualitative analysis. Although Zargg may be a supportive organisation, there are still extensive barriers within it to lactation breaks.

Amanda, who has an office role, comments:

> "I wouldn't necessarily agree with being here just after [having] had a baby and continuing [breastfeeding] - because I personally did not feel that was the right thing for me, I realise I cannot say to a person "no, you can't be here because you are breastfeeding", because that is not Zargg policy, but that would conflict with my personal ... if that makes sense?" (Amanda)

This highlights the extent of barriers to lactation breaks which is present within Zargg and illustrates that while Zargg is unusually family-friendly, there are barriers to the presence of lactation breaks within it.

Amanda's position appears to contain within it both reservations about a new mother being at work and additionally concerns about combining breastfeeding and working. She acknowledges the strength of her personal views and the contradiction with Zargg policy and appears to be exercising a degree of self-consciousness and self-discipline in order to acknowledge the contradictions between her personal opinions, her personal experience and the position of Zargg. She makes the point however that she would follow the policy of Zargg, even where it contradicts with her personal opinions and beliefs.

THE ZARGG POLICY AND PROCEDURES FOR LACTATION BREAKS

Zargg policies regarding breastfeeding are not formalised in a single place, but are spread across several different documents. It is related to maternity policy, health and safety, rooms to rest and recover, room bookings, childcare, break time, flexitime and children on site. I have summarised the relevant sections and how my participants believed they work together in more detail in Appendix VI. However, no single participant was able to explain the totality of the formal policy to me. The endeavour to provide policy on the subject and to consider the matter when relevant however demonstrates that there was a level of support within Zargg for lactation breaks.

While on maternity leave, staff sometimes visit and bring their babies with them for Keeping in Touch purposes. They are also asked to complete a return to work form which includes a question about whether they wish to take lactation breaks. Unfortunately, there did not appear to be a follow up procedure for those members of staff who did wish to take lactation breaks on their return to work. Line managers do not routinely address the issue of lactation breaks with returning staff.

Until a notification is received that a member of staff is breastfeeding, the organisation uses generic risk assessments which include assessment of risks for lactating women. If they receive notification, then an additional risk assessment should be performed to address specific risks, and this comes under the responsibility of the Health and Safety department, but was not always performed.

The organisation has a flexi time policy and lactating members of staff may use existing breaks or flexi time to take a lactation break. Breaks are paid but flexi time has to be made up. Staff may be able to access the on-site nursery, and some elect to visit their baby at lunchtime to breastfeed.

There was a gulf between the official policy, that designated small offices were available for use as lactation rooms under the "rooms to rest and recover" policy, and the perceptions of twenty-six out of the twenty-seven participants. The majority of participants struggled to identify an appropriate space to utilise for expressing breastmilk. Similarly, the toilets are designated as inappropriate for expressing breastmilk within the policy documents but nevertheless were contemplated as an option, albeit with reservations, by ten participants. Fridges are available for the storage of breastmilk but are not cleaned by the cleaning staff.

The policy with regard to members of staff bringing their children onto the site allowed this to happen under discretionary rules. Some places were subject to additional health and safety procedures which negated the possibility of child presence, but other places, especially the café area, were more child friendly.

In addition to the formal policies, there was an understanding amongst my participants that there were positive intentions and values within the organisation. Jane is an HR officer who has worked for several other employers. She explained to me:

> "I'm fairly new to Zargg, but the thing I'm starting to pick up is the intentions and the environment that they want to create [here at Zargg]. The impression I get is that they're more forward thinking than other organisations that I worked for before." (Jane)

This positive comparison with her previous range of employers and the assurance that there was an intention to create family-friendly working practices reinforces the impression that Zargg is a deviant setting for the research site.

ISSUES TRIGGERED FOR MANAGERS BY EMPLOYEES COMBINING BREASTFEEDING OR LACTATION AND EMPLOYMENT

Five contradictory themes are present within the managerial perspective. These are somewhat incongruous as they represent both theme and counter-themes, but are well-attested to within the data collected. The contradictory nature of managerial

thinking on the subject has been identified by other writers such as Bai, Wunderlich and Weinstock (2012) and Stratton and Henry (2011).

The themes are*: support for combining lactation and employment; concerns about lactation; following organisational policy; questioning social policy and reservations about communication.* The extent of the support for each theme is demonstrated by Appendix XIX which shows the relationships between the codes, the coverage and extent of support for each code and the over-arching theme.

SUPPORT FOR COMBINING LACTATION AND EMPLOYMENT

Participants identified choice as an important principle; they would be prepared to support a choice by an employee to take lactation breaks. It was also strongly linked with the concepts of personal experience and solidarity with breastfeeding women. The support was often centred around a story; these narratives concerning either the manager, or someone they had contact with, who had breastfed their baby were upheld as examples of success.

Another strongly supported code was encouraging healthy behaviours, which suggests that managers are aware of health promotion messaging around lactation. Concern for staff wellbeing and therefore wanting them to feel supported in the workplace was a sub-theme, with a counter-theme that staff might feel vulnerable as a consequence of taking lactation breaks, or this might be experienced as very hard for the member of staff. Therefore, concern for wellbeing is both supportive and non-supportive of lactation breaks. A concern for wellbeing could encourage managers to support the mother in weaning her baby, or staying home with her baby, as well as in taking lactation breaks, and was used in both senses within interviews.

Where a mother chooses to breastfeed and wishes to take lactation breaks, my participants would be supportive of her choice. Support is therefore linked with feminist concepts such as autonomy and self-determination. Anne is a manager in an office, she comments:

> "It is very much their decision but I would be in discussions with them
> when they came back to work, probably raising this topic and asking
> them to think about it" (Anne)

This links the availability of support with the choices that women make. Anne expresses the support for her staff as linked to the question of autonomy and availability of choice.

Some participants nuanced their position and considered the environment in which those choices were made and the extent of support within Zargg. Jane, who works in HR, commented:

> "If you can have some support and encouragement – it can work. If there's anything that Zargg can do to try and help that's a really positive thing [from a mother's point of view]. I think, if you know that your employer is understanding and trying to create the right sort of environment, that's a tremendously positive thing." (Jane)

Jane speaks of 'you' as the mother and is relating to the topic from a mothering perspective, indicating solidarity with working mothers. She is keen to support lactation breaks but is aware of the difficulties which Zargg is keen to overcome.

Solidarity was not limited to participants who were mothers. Many participants who were supportive of lactation breaks were keen to support mothers, but also hesitant about the practicalities of doing so. Ella, a childless manager in a middle-class role comments:

> "I'm very pro breastfeeding, I'm very supportive, but I guess the potential issues could be where, you know? We work in an open plan office, nobody has their own desk. There's nowhere where people can go and close the door, to have twenty minutes or however long to look after their baby or to express. For me, that would be the issue." (Ella)

Ella's hesitancies therefore relate to factors which she feels she cannot influence within the environment such as the provision of private space for lactation breaks. She perceives these as making lactation breaks impractical and at odds with her asserted support.

The issue of space which Ella highlights was identified by many of my participants as a brake on the extent of their ability to support employees. It is an issue that is larger and wider than the manager-employee relationship and may not be a factor that it is possible for the manager to have direct control over. It is also a question concerning resourcing and the practicalities of having a workspace with private rooms in it is a matter of wider import than purely lactation breaks. Ella did not appear to be aware of the Zargg policy on rooms for rest and recovery, although it

was identified by the health and safety manager. The nearest room for rest and recovery to Ella was however occupied by a senior director of the organisation. There are therefore issues concerning power and status which are related to the accessibility of these rooms for rest and recovery to an employee who wishes to take a lactation break. The extent of knowledge concerning these rooms and the profile within the organisation was restricted to the health and safety manager and no other participant was able to identify a room for rest and recovery, nor demonstrated knowledge of their presence or purpose. Therefore, Ella considered a range of alternative venues close to her workstation in which a lactation break could take place and it was eventually suggested to me that employees may use the toilet to express their breastmilk in as a compromise solution.

I asked Piers, a manager in an office job:

> M: "If there's one main thing you would say about lactation breaks to an employee, what would it be?"
>
> Piers: "Have them if you want to"
>
> M: "Right"
>
> Piers: "I think"

Piers is expressing support for lactation breaks. However, he phrases it with close connection to the concept of autonomy and in slightly hesitant terms. He is therefore supporting women in the expressing of autonomy through the concept of personal choice.

Piers has not addressed within this comment, any structural or societal constraints which may impact upon a woman's opportunity to freely elect. The phrase "if you want to" invites women to examine the *'if'*. There may be many factors that impact upon the *'if'*.Some participants wished to change Zargg culture in their discussions with me. Nigel is a Director who explained he is keen to reinforce to women that it is acceptable to take lactation breaks within Zargg. However, he is cautious that the wider environment might not seem so supportive:

> [Laughing]"I have a suspicion quite a lot of mothers might be reticent about breastfeeding at work because they think it wouldn't be okay, so, we need to make it known that it would be okay, and that everyone would be okay with it... and there's a whole lot of practical issues that people like myself could be helpful with, but, I have a suspicion, that

before it's made known that it's okay [laughing]... I... I don't think that happens at Zargg. [laughing]" (Nigel)

Although Nigel stated to me that he wanted to support breastfeeding, his embarrassment is palpable within the transcript. He juxtaposes both support and a conflicted awareness of the Zargg context. As a Director, he may be aware of some of the limitations that make it difficult to change Zargg culture.

Another element of supporting mothers is the avoidance of harm. Samantha, a manager in a middle-class role, brings up potential negatives associated with not being able to take lactation breaks:

"I suppose my concern would be that by not allowing lactation breaks you could potentially have an unhappy, stressed, young mother. Or a new mum, back at work, stressed, unhappy, maybe looking to leave etc. so I would be more concerned about the negative consequences of not allowing lactation breaks rather than allowing it." (Samantha)

Samantha highlights the potential for psychological harm to an employee who is prevented from taking lactation break, and the potential for the organisation to thus lose a worker. This is significant and I refer to the potential problems in my reflections and recommendations. However, Samantha does not appear to be conscious of the health risks associated with early weaning, beyond the emotive element. There are a range of arguments relating to the significance and import of breastfeeding for both mother and baby and the impact that breastfeeding has upon health – both short and long term. Samantha does not refer to the health nor health costs argument but instead restricts her concerns to the emotive elements and extrapolates that there may be a lowered retention rate of staff which she later identifies as a potential cost to the organisation. Therefore, Samantha argues that allowing lactation breaks avoids potential harm, but appears to identify the potential harm to the mother in emotive, rather than public health, arguments.

Solidarity is another feature that formed the backdrop for my interviewees. Denise is now a director, but when she was a new mother she took lactation breaks. In my sample of twenty-seven participants, three participants had taken lactation breaks, and it is possible this was one of their motivations for wishing to take part in the study. Personal experience was a large factor in my interviews. Denise comments:

"I would make sure I was aware of all the guidance and applying that fairly in the way that Zargg had agreed to it but then, you know, I think I would take a sympathetic view, because I know it can be very difficult. I know how distressing it can be when you first come back. Suddenly put a baby in nursery or whatever and then come back to work, is actually very difficult and I think people need support through that." (Denise)

It is interesting that Denise comments that she would wish to take a sympathetic view when interpreting the policy. She wants not just to follow policy, but look at ways in which the policy can be applied in order to support women taking lactation breaks.

Sympathy and emotional support were identified by many of my participants as core issues. They were keen to be sensitive to women considering lactation breaks. I asked Jane, who works in HR: "If there was one main thing you would say about lactation breaks to an employee what would it be?" There was a pause of thirty-one seconds before Jane replied:

"I think that it is something that is supported and encouraged, so they shouldn't feel awkward or guilty or that they are doing something wrong." (Jane)

This is indicative that Jane, who has taken considerable time to think before responding, describes the crux of issue in emotional, rather than practical terms. She does not want lactation breaks to be seen as a negative factor by any employee; possibly she is seeking politically correct phrasing. She suggests potential feelings on the topic as "wrong". She is sensitive to employees' potential feelings of shame and guilt but believes that these can be countered by clear communication of Zargg policies.

I asked Colin who is a manager of cleaning staff the same question. He responded:

"Breastfeed, it's good, for the baby, I know that for a fact, I would encourage them to do it." (Colin)

It is interesting that Colin uses such a morally loaded term as 'good'. This could be seen as a strong word, with emotive associations. Participants were aware of reasons to breastfeed, but placed it in a context including choice and Zargg policies. Participants were keen that Zargg culture should be changed if necessary in order to

facilitate lactation breaks. There was therefore extensive support for lactation breaks, but it was mediated with other factors.

Analysing the concept of supporting women by participants, I notice that twenty-six out of twenty-seven participants have been coded as supporting women in the interview. The one that did not, Doris, was a short interview and it is possible that had I explored the matter further with her, she would have made supportive comments. Sensitivity was considered by all my participants, excluding Doris. Participants were concerned that women taking lactation breaks should not experience negative emotions (as per Jane's previous comment, p. 204).

Participants were alert to the possibility of a lactating employee experiencing guilt, shame or otherwise feeling uncomfortable in the process of taking a lactation break. Jane describes these feelings as "wrong". Other participants wanted women to experience it as "okay" rather than "not okay" (see Nigel's comment). Concerns over the potential for negative emotion connected with the process of taking lactation breaks and sensitivity towards the topic and projected woman employee were a strong theme within my deviant sample.

Participants were sensitive to non-verbal communications and wanted to ensure that their non-verbal communication supported and was consistent with their averred support of lactation breaks. Another area where participants expressed concern to be sensitive was with regard to the facilities and environment in which they operated, and a purported woman would be taking lactation breaks. Sometimes, managers did not feel that they were able to provide, or identify, a suitable physical environment for expressing breastmilk. However, they were sensitive to this issue and conscious of the need to support women sensitively with regard to a physical provision of space.

My participants were also supportive of breastfeeding and identified it as a 'good' activity (see Colin's quote). This suggests that participants were aware of health promotion messages around breastfeeding and that they were supportive of women attempting to impact their health and that of their babies in this way. Five participants (Carla, Doris, Kathy, Laura and Martha) did not refer to this within the interviews. This suggests that although managers may be supportive of

breastfeeding, there was some degree of caution over the subject, and they may have been keener to support women than breastfeeding *per se*.

<div align="center">*CONCERNS ABOUT LACTATION BREAKS*</div>

Managers were concerned about the impact of lactation breaks on the women who take them. In particular, they raised health and safety concerns in connection with the wellbeing of the women. While there were issues concerning risk assessments, there was a concern for the overall context of women's lives, in particular, how tired they might become.

Many managers demonstrated a very caring attitude towards the staff whom they were contemplating. It is intriguing that it is rare for employees to request lactation breaks within Zargg, which demonstrates that despite a policy which enables women to take lactation breaks to express milk, and the presence of an on-site nursery, many women do not elect to take lactation breaks.

Kirsty is in charge of the maternity group and has been an employee at Zargg for many years. She comments:

> "I don't think I've ever come across that [lactation breaks] and I don't know why it is, because people must have been breastfeeding for all the years I have worked here." (Kirsty)

It is curious that lactation breaks are not more widely utilised, bearing in mind my theorising that Zargg would be a supportive environment. There are potential explanations for this however, possibly Zargg is an environment in which women are free to express their autonomous preference and despite that, women do not often wish to take lactation breaks. The alternative explanation is that there are barriers to taking lactation breaks within Zargg, even though it is more supportive than comparison organisations might be. These dual explanations will be examined by reference to examining the barriers that participants were able to identify within Zargg. The evidence that women who work at Zargg in general do not request lactation breaks is therefore especially worthy of note.

The caring attitudes which many participants demonstrated might be seen as either a support for lactation breaks or a brake upon the extent of the support. However, there

were concerns raised by many participants. These concerns about lactation breaks may well be a subtle form of discouragement to the employees who contemplate taking such a break.

Concerns for the mothers' welfare were raised by Naomi, a HR Officer. She says:

> "If you're working in the kitchens or you are on your feet quite a lot you will get quite tired. Any role that involved heavy lifting would be quite strenuous and tricky in terms of appetite as well. If you were an employer that didn't want it to happen you could really put barriers in place to prevent it. Yeah, yeah, it could be quite challenging." (Naomi)

I asked Joan who is a catering manager about some of the strategies she employed when a member of her staff took lactation breaks. She commented on the staff who worked in the kitchen:

> "My main concern is about welfare in the workplace, you know, how she's coping with the job, obviously it's supporting her, you know, throughout the maternity". (Joan)

These demonstrate a concern for the wellbeing of a member of staff taking lactation breaks. Both examples concern employees who were working in the kitchens. Naomi is contemplating a theoretical situation whereas Joan is reflecting upon an experience she has encountered. Both have identified the challenges associated with taking lactation breaks, in particular, the potential for being tired. Additional needs for breaks to rest are highlighted. An employee who was contemplating taking lactation breaks who was asked if she would cope with her job might feel potential concerns about her ability to cope being both caring, but also a barrier to lactation breaks. Joan was pleased about her ability to support a member of staff who had taken lactation breaks.

Participants were aware that lactation can invoke feelings of guilt and shame; concerns were expressed that this might make it hard for employees to take lactation breaks. Colin, a cleaning manager and a father, summed up his worry that these negative emotions might affect the mothers' attempts to take lactation breaks. He worried that women taking lactation breaks might hide this from other staff saying:

> [If women are] feeling guilty that they need to breastfeed, or worrying [reported speech] "my boss is going to find out, my boss doesn't want me to do it", then I don't think you're going to produce what you're supposed to be

producing [ie, enough milk] because you're not relaxed, you're stressed out. (Colin)

Colin would actively combat any feelings of shame that women taking lactation breaks experience, and he does this because he's concerned that those emotions would negatively impact milk production. Because he sees this as important, he would support mothers to take lactation breaks. However, not all experiences of taking lactation breaks were positive.

Jess is an IT manager who tried to take lactation breaks at Zargg following her return from maternity leave. She describes it to me as:

> "I purchased a cool box, purchased breast pads. I had a pump. I asked for a room, I was given a chair in the loo. People would query what I had in a bag and then, I was a bit nervous about the whole thing. I wouldn't wash up, I wouldn't go into the kitchen to wash up, so I would only ever swill it, and then, it wasn't really sterilised to do the next [lactation break] in the afternoon and it all just began to lapse and then work got in the way and it was busy and it slowly dissipated." (Jess)

Jess' negative experience of taking lactation breaks highlights a range of barriers, including the expectation by her manager that a toilet would be a compromise place to take a breastpump and her concerns about the hygiene, which was important to her. However, she also highlights a range of emotive factors. Her difficulties stem from embarrassment and confusion as well as the practical difficulties of the time and facilities necessary for her to sustain lactation breaks. Eventually her attempts "lapsed" and the factors causing this were complex and inter-related.

Many of my participants acknowledged that they had the power to make lactation breaks hard for employees. Ricky, a reception manager, highlights the fact there are steps which managers can take which can be disruptive to a woman who takes lactation breaks. He says he would not do it himself but comments:

> "If I wanted to be nasty there's absolutely loads I could do. I could turn around and say they have got to be on the phones seven hours per day, I could turn around and say you have got to go and have your lunch break at a fixed time and that is the time you have to go and breastfeed your child. I could turn around, I could put, I imagine, twenty or thirty hurdles in someone's way if I wanted to dissuade it. I'd hate to think I would ever do it, in fact, no, I wouldn't. [Laughter]" (Ricky)

The potential ways Ricky could disrupt lactation breaks are potential barriers for women who wished to take lactation breaks within the workplace, and they also

demonstrate his power over the situation, even though he would not elect to use it. The fact that Ricky would not place these barriers in the way of a lactation break but instead to find a way around them, demonstrates both care towards employees, as well as concerns that he would have around the topic. He agrees that disruptive management is possible and managerial power could be used to make lactation breaks difficult.

Within the interview schedule, I deliberately used open terms such as 'issue' rather than problem or conflict. However, managers highlighted a number of potential problems for them.

One area they were conscious of was the impact on work and the time that a lactation break might consume. Samantha, a manager in an office job commented to me:

> "My feeling would be that it is first and foremost a requirement and an expectation to do your job." (Samantha)

This was echoed by Camilla, a manager of cleaning staff, who commented:

> "If you're going to have a lactation break that's fine but [after that], don't go spending half an hour down the corridor talking to somebody. That's taking the mickey." (Camilla)

It is likely that their experience as managers whose role is to encourage staff to focus on paid work influences their feelings on the subject. Both managers express a concern that lactation breaks distract from the task in hand. They are concerned it might impact on the work performed by the employee. Camilla in particular is alert to the possibility that employees may desire additional breaks to socialise as well as their lactation breaks.

The question of whether a lactation break should be instead of, or additional to, the normal breaks in the working day was a vexed issue for managers. Under Zargg policies and procedures, there are two potential options. An employee can elect to use existing break time to take a lactation break, which seems to be the position contemplated by Camilla, or alternatively may accrue a flexi-time deficit and make the time up later although some participants were concerned about the potential for negative flexi-time building up and becoming burdensome. Both possibilities are contemplated within the policies that Zargg has as an organisation. Although these options allow employees to access a lactation break, it is at their own cost. This is at

variance with the ILO resolutions which contemplate a paid period of time for lactation breaks, which would be in addition to other breaks during the working day. Therefore, the position for an employee contemplating lactation breaks is that although Zargg will facilitate her in doing so, it is during her own time. She cannot use paid time to take a lactation break in addition to the normal breaks that she has during her working day.

As well as the impact of lactation breaks upon the work of the employee, managers were also concerned with the impact upon workplace and team factors. Anne, an office manager comments:

> "[T]here's an informal rota within the team. They would cover for the
> person taking lactation breaks because they get on very well, but you
> know, that might not always be the case, you might not always have
> that camaraderie" (Anne)

Anne is therefore concerned about the impact of lactation breaks on working team and co-worker relationships. This could be described as part of her working remit, as a manager who is responsible for creating that team atmosphere and ensuring that cover is arranged. This is very hard for an employee who is returning from maternity leave to address. The returning employee may be able to assess the impact of lactation breaks on her own working day but the concern Anne raises is broader and not within the control of the returnee.

Another potential element of team-working is concern about asking for too many adjustments on the return to work. Following her maternity leave, Clare made a number of modifications to her working pattern. She commented to me:

> "There's a feeling you don't want to be too much trouble. You know,
> you've already asked to go part-time, you don't want to come across
> with a sense of entitlement [laughter] even though, you're actually
> entitled to have a lactation break [laughing]" (Clare)

When analysing this data, I concluded that Clare was embarrassed, and there is a congruent sense of shame and concern that she is perceived as greedy and that other employees will be jealous. Clare told me that when she returned from maternity leave she asked for lactation breaks (by ticking the box on the return-to-work form) as well as the opportunity to work on a part-time basis. The silence and lack of response that she received from her manager within Zargg was so disappointing that

she decided not to pursue lactation breaks but instead to continue to breastfeed her baby outside of work hours.

It is very telling that lactation breaks were not widely taken by members of Zargg staff, as per Kirsty's comment above. No figures were available to me, however, and these are not routinely collected by Zargg management. Anecdotally I was assured that the numbers of requests for lactation breaks were low; but as Clare's experience of attempting to request lactation breaks demonstrates, this may not capture the number of women who want to do so. Mothers employed by Zargg are routinely able to access a year's maternity leave but not all of this is paid. The Zargg policy of agreeing to requests to return on part time or a flexible basis may also impact the extent of the desire for lactation breaks.

CONCERNS ABOUT IMPACT ON WORK

Managers expressed concerns that a lactation break takes time, which may distract from the work focus of their working time. This makes sense, since Zargg is paying for the time and the manager is responsible for ensuring that working time is used effectively.

If a lactation break is perceived as being an element of the private, domestic sphere, that may absorb time and energy which the employee could utilise for the working duties which they are employed to do (see previous comments of Samantha and Camilla). There is the potential here for linking to concepts such as the double-burden of women who may be expected to utilise their breaks from work to perform a domestic duty, in this case lactation breaks.

Zargg employees are allowed to use their existing break time to take a lactation break, or use flexi-time; if a negative balance is accrued on the flexi-time system, this has to be made up. This may become burdensome for employees which may additionally negatively impact their work. Concerns about the impact on work were raised by all but four participants (Doris, Kirsty, Laura and Martha).

CONCERNS ABOUT IMPACT ON EMPLOYEE

Breastfeeding may be seen by my participants as good for baby but participants were concerned that it might be an added burden for the mother and therefore negatively affect her wellbeing.

This is in line with the concerns over the burden associated with the accrual of negative flexi-time. Vera is a HR officer:

> "I suspect it's quite tiring and quite draining to be lactating and it's probably going to coincide with what is already probably a pretty tiring time." (Vera)

This concern is borne out of a caring attitude but perceives lactation to be a burden on employees. This can lead to breastfeeding women being exposed to suggestions that they wean in order to promote their wellbeing. Should a breastfeeding woman describe herself as tired or any other negative emotion, it makes it probable that weaning her baby will be perceived as a positive wellbeing promoting decision. This is not in line with health promotion messages, which emphasises the significance of breastfeeding.

Concerns for the mothers' wellbeing may therefore be misplaced in suggesting that the employees' welfare would be positively impacted by weaning. Where there are concerns for the mothers' wellbeing, which emphasise the risks associated with breastfeeding (in contrast with emphasising the risks associated with not breastfeeding) this may be perceived as a barrier to taking lactation breaks. Concerns about impact on the employee were mentioned by all participants except Martha.

CONCERNS ABOUT IMPACT ON WORKPLACE AND TEAM

Many managers are responsible for creating effective team relationships and arranging cover across teams of co-workers. Within my sample, participants expressed concerns about the team and co-worker relationships and the impact that lactation breaks might have upon them.

Another element of concern was that of covering for a member of staff who was not at their workstation, as per Anne's comment.

Wider concerns were also raised, in particular about accommodations for working mothers more widely, and the potential that other employees who have not accessed time off on parenting grounds, might feel a sense of injustice, or jealousy reflected in comments made by Clare (see p. 211). These wider concerns about fairness and requesting accommodations within the workplace are part of a larger discussion. All my participants addressed concerns about the impact on the workplace team relationships except Martha.

Many of my participants were able to see ways around the problems that they identified but they were aware that there might be issues to be addressed. Therefore, there are many concerns that managers bring to a discussion around the topic of lactation breaks. Their concerns are multi-faceted, including the welfare and wellbeing of the employee, the impact upon the work task, and the impact upon the team and co-worker relationships in place.

FOLLOWING ORGANISATIONAL POLICY

There was a high degree of trust that Zargg was a family-friendly organisation which would have supportive policies in place for lactation breaks. However, the policy that Zargg had was generally unknown with most of my participants expressing some degree of ignorance. However, Anita was able to explain the policy to me. She works in human resources and comments:

> "We ask returning mothers about breastfeeding on the return to work
> form. However, if someone ticks yes they would like lactation breaks
> there is no follow-up to how that provision is to be facilitated. We don't
> have a process for that because nobody ever ticks yes. We never really
> get any requests for support from breastfeeding mothers." (Anita)

In contrast however, Clare an IT manager explained her experience to me of ticking the box to say she would like to express breastmilk on her return from maternity leave. She commented:

> "I put down on the return to work form that I would need breastfeeding
> breaks and I just heard nothing at all and I was panicking a bit and all
> the rest of it." (Clare)

Therefore, Clare has attempted to access and follow the Zargg policy on the subject but has encountered frustrations from the procedures that ultimately failed to provide a follow-up. Although Anita explains that a follow-up is perceived as unnecessary because lactation breaks are never requested, Clare did request lactation breaks and ticked yes on the form. As there was no follow-up, Clare ultimately determined that she would not pursue her request for lactation breaks. It is possible that one of the reasons Clare elected to participate in the research is because of the frustration that she experienced and because she wished to draw attention to her own difficult attempt to access lactation breaks. Ultimately, Clare decided that she would not take lactation breaks, but instead feed her baby during non-work hours. This decision however cannot be seen as an expression of her desires, but instead a response to the

barriers, restrictions and frustrations that she encountered in her employment at Zargg.

Other participants were conscious that breastfeeding policy might be seen as a low priority with Zargg due to the limited demand from returning employees. Sophie, a HR officer, thinks this may be due to factors other than not wanting to take lactation breaks. She commented:

> "There is always vulnerability when you are returning to work and you have got so many things to contend with. Maybe breastfeeding is low down on the list of things that you want to fight about. Mothers have not brought up breastfeeding [as an issue] but I don't know whether that is something they are still doing or whether that is just something they haven't had time to even think about because they are worrying about how they are going to manage being back at Zargg." (Sophie)

Sophie's projected concerns for mothers returning to work about lactation breaks appears to be resonant with the experience that Clare described, in which Clare did not pursue her request following a request for lactation breaks. It is interesting that both Anita and Sophie believe that mothers have not brought up breastfeeding but within my sample of twenty-seven, both Clare and Jess describe disappointing experiences of taking lactation breaks within Zargg. The fact that within HR there is a perception that lactation breaks are not being requested is at odds with the reported experiences of my participants.

Zargg has a policy of allowing flexi-time to all workers and wherever possible, agreeing to requests for flexible working. Flexibility was highlighted by many of my participants as an especially important factor for supporting lactation breaks. However, prior to data collection I had anticipated that some professions would find it harder to offer flexibility to their staff.

In particular, I was interested to discuss this with Joan who is a catering manager and therefore has to arrange work around appointments that cannot be easily moved, such as serving food at lunchtime. However, she explained her experience of having an employee take lactation breaks to me:

> "I think what she did was plan it around her working day, I didn't see an impact". (Joan)

Therefore, Joan asserts that her work flexibility was sufficient to enable lactation breaks to occur without impacting core business functionality. This is despite the time-bound nature of the task and the physicality of the role.

The flexi-time policy at Zargg enabled women to accrue a negative balance but it did have to be made up and could not be carried forward indefinitely; although depending on grade the level of surveillance of hours performed may be less than the surveillance of operational tasks performed. Some managers expressed concerns that negative flexi time could become burdensome for employees if they were using it to facilitate lactation breaks over a long period.

Despite the supportive policy which managers assured me they would follow in the interview, there were areas in which there was some 'fudging' taking place. These 'fudges' were compromises that had to be accommodated on all sides. A key area of compromise as was associated with issues of space and in particular the use of a toilet for expressing breastmilk.

I was discussing this issue with Carla who is a cleaning manger. She commented that she was willing to offer her office as a space for an employee to express breastmilk if required but she commented:

> "People have a habit of walking in, though, even in my office people
> will open the door and not knock... The only space that they couldn't is,
> um, the disabled toilet, there is quite a big, wide toilet where they could
> go, they could lock themselves in there. I don't know whether, I
> wouldn't want to do that. I would like a little space of my own with a
> chair. It's really not a very good idea is it." (Carla)

Carla is thus suggesting and rejecting an unsuitable 'fudge'. However, she is keen to facilitate the Zargg policy of allowing lactation breaks. Managers were thus keen to follow Zargg policy and regarded the flexibility that Zargg was able to offer employees as a powerful element of the support options for lactation breaks. However, some 'fudging' was noticeable on the subject and slightly uneasy compromises were proposed.

It is not surprising that my participants affirmed their intention to follow Zargg policy on the subject. However, many were not aware of the content or detail of that policy. There was a high degree of confidence in Zargg as a family-friendly employing organisation.

The Zargg intranet is available to access at home for mothers on maternity leave. However, the policy on lactation breaks is complex as it is contained in several different documents. Participants were keen to follow the policy, but did not know what it was; this might be more complicated for women on maternity leave who are not engaged in the organisation. Flexibility within the working day was seen as an important way for managers to enable lactation breaks to take place. The advantages for people with a variety of different needs, including a variety of different physical and social pressures, were highlighted by many of my sample.

Flexibility was seen as advantageous for a range of staff and for a range of purposes. In addition, it was seen as advantageous for Zargg as an employing organisation. All my participants mentioned flexibility with the exception of Doris and Martha.

Zargg has a clear policy on providing rooms to rest and recover which are suitable for the expression of breastmilk. However, the only participant who was able to identify and explain that policy to me was Amelia, the health and safety manager.

Instead, many of my managers suggested 'fudging' a compromise, and this could perhaps be seen as part of a managerial remit. The considerable competition for space within Zargg puts pressure on lactation breaks. Although there is a room booking system, many managers were unable to identify an appropriate space for expressing breastmilk. This is especially intriguing as in other ways this was often one of the preferred ways in which a lactation break could take place.

There was variability within the organisation and policy was not always fully implemented. This may additionally be seen as a form of 'fudging'. All my participants mentioned some form of fudging during the interviews.

QUESTIONING SOCIAL POLICY

My participants contemplated the larger context in which Zargg operates by comparisons with other issues, other organisations and the need to network with similar organisations around the topic. Wider social pressures, such as changing attitudes to work over time such as those described by Crompton (2006), O'Reilly (2010) and Gatrell (2005) and the changing way in which women work were also

considered by my participants, with some questions about how that relates to the topic of lactation breaks.

There was a lot of respect for Zargg as an organisation which was perceived as a very family-friendly employer. Despite that, there were concerns about the social changes which have impacted upon the mothers of small children who are most likely to request lactation breaks.

Kaye is a manager of reception staff. She commented:

> "I wish society held mothers in high regard. I wish it were possible, financially, and socially acceptable to stay at home with babies for longer." (Kaye)

Like many of my participants, Kaye was willing to support lactation breaks and other initiatives to encourage women within the workplace. However, she was also supportive of mothers staying at home with their babies. She recognised this as a positive time which she wished was more highly valued, but also the context of modern society and the pressures to work outside the home.

Other participants linked the issue of lactation breaks with broader issues regarding caring. Martha is involved with the women's forum. She explained to me:

> "The benefits of lactation breaks are the same sort of benefits as allowing part-time working. It's quite stressful when you've got caring responsibilities." (Martha)

Some participants linked breastfeeding with broader social issues of justice and equality. Laura is a trade union officer who reflectively commented on her experiences of women's work, commenting:

> "Being able to reduce hours but keep your grade... that has helped so much. It's a very big change for women." (Laura)

In comparison with issues such as part-time working and stress for those with caring responsibilities, lactation breaks may be seen as a matter of lower priority. Kirsty, who is in charge of the maternity group, comments:

> "I think the majority of managers, and this is not to slate them, but the majority of managers don't understand a need for breastfeeding." (Kirsty)

Another element of the questioning of social policy was the separation of work and family life. Lactation breaks are in the unusual position of mixing up these spheres. Amanda would feel uncomfortable with this. She explains:

> "They don't seem to sit together. One thing is very personal to be done
> at home and one thing, well, when I'm in work I'm in work mode."
> (Amanda)

This concern with the separation between work and family life was highlighted by other participants. Jess is an IT manager who gave up lactation breaks due to a combination of factors. She commented:

> "It just didn't fit; it all felt a bit wrong. So I gave up." (Jess)

However, Jess also questioned the viability of the separation of work and family life. Although she no longer breastfeeds her children she commented about her experience as a working mother saying:

> "The stress is with you every day, the whole time. There is also a
> tiredness issue and depending on your job, a health and safety issue,
> because if you're tired you can't operate the mechanical stuff." (Jess)

In a similar way to linking the issues of lactation breaks to broader issues of care, social justice and part-time work, this quote illustrates the difficulty of the idealised separation of work and family life for all mothers, even those who are not taking lactation breaks. The separation of work and family life was seen by some participants as an ideal to aspire to rather than a realistic option. However, it appears that it is linked to the individualities of the case and managers were alert to the considerable variability in experience.

It seems that for the participants in this study there was a critical commentary on the social circumstances that relate to lactation breaks. There was a lot of support for mothers, both working and staying at home. Wider social issues were also perceived as relevant or applicable to lactation breaks and the idealised separation of work and home life was questioned by some of my participants.

The debate between stay-at-home mothers and working mothers has long been a feature of contemporary UK society. There were some echoes of this debate within my participants (see quote by Kaye).

This context for my investigation was referenced as part of the complex range of factors which the question of lactation breaks raises for participants.

There was some disagreement amongst my sample as to the extent to which work and family life should be separate. Some participants viewed the different spheres as being an important part of how they managed their lifestyle; whereas others felt that it was unrealistic and impractical to keep these completely separate.

One approach is described by Amanda, an office worker who regards it as desirable to have a separation between the spheres and believes she has been successful in achieving this. She commented to me about lactation breaks:

> "It doesn't seem to quite fit together. I think one thing is very personal, to be done at home, and one thing, well, when I'm in work, I'm in work mode." (Amanda)

Amanda weaned her babies from the breast prior to returning to work and views lactation breaks as a difficult topic, as the experience of breastfeeding and working don't "fit together". This reduces the extent of her ability to support lactation breaks. A different approach was described by Jess, an IT manager and mother of three children who gave up taking lactation breaks with her first child because she found the experience uncomfortable. She describes the situation to me as:

> "It just didn't fit. It all felt a bit wrong. So I gave up, and then with the other two children, as soon as I started back to work we weaned them in the last month onto bottle feeding in the day" (Jess)

In many ways Jess is echoing the same concerns and problems as those described by Amanda. The wordings used by both participants how the topics "they didn't fit", "they felt a bit wrong", "they don't sit together", are similar. However, while Amanda believes she has been able to successfully separate her work and family life and that her home life does not intrude upon her working time, Jess has not found the disassociation fully attainable. Instead she comments about the inevitability of her home life impacting on her work life, especially due to tiredness. She comments about her experience as a working mum:

> "It is with you every day. The stress that's there the whole time. Stressing to get back to the childcare, there's a tiredness issue. Depending on what your job is there would be a health and safety issue because if you're tired you wouldn't be able to operate the mechanical stuff." (Jess)

Although Jess was no longer taking lactation breaks, she still experienced the separation of work and family life as being a goal that is not fully attainable. Lactation Breaks were a physical manifestation of the difficulty in separating the spheres and therefore she weaned her babies from the breast.

Lactation breaks bridge the spheres and therefore impact upon working time with an activity from outside the workplace. The separation of work and family life was therefore an area of contention, in which there were multiple pressures to both separate them and to adopt a more holistic approach. Out of my participants seven did not discuss this matter (Doris, Joan, Kathy, Kirsty, Laura, Ricky).

My participants were often reflecting upon their own experiences and those of family and friends. Many of them queried the extent to which they could extrapolate from this limited knowledge base. They queried how applicable their personal experiences are in shaping thinking and actions for others who may be different.

Most dealt with this by acknowledging each case is individual and the desire not to prescribe for other people based around their own preferred solutions. They also commented on how this individuality of cases makes it difficult to plan and anticipate, which impacts upon the working patterns (see comment by Naomi).

People's individual experiences were recognised as being personal to them, and they also recognised that each experience is unique. Out of my participants, three did not mention this factor (Colin, Doris and Ricky).

RESERVATIONS ABOUT COMMUNICATION

It appears that the current policy and practice at Zargg is primarily not to communicate with staff returning from maternity leave about lactation breaks beyond the return to work form. However, the return to work form system is inherently flawed as there is not a follow up process when someone requests lactation breaks on it.

Kaye, a manager of reception staff, explained to me:

> "We don't have discussions about that [lactation breaks]. Unless you've
> got a good relationship with someone, then you might talk about your

own experience, but we certainly don't have formal discussions about breastfeeding" (Kaye)

During the course of the interview many participants began to revise their opinions. Some decided that they wanted to discuss the subject more proactively with staff. Samantha works in an office job as a manager and has never discussed lactation breaks with her staff. However, during our interview she began to revise her stance. She commented:

> "Do if feel like I could raise lactation breaks with them? Probably. I feel I could, probably. Should I proactively go out to find what Zargg's policies are or should I leave it to the mum to come and ask me? I want to go away and think about that question because now it's got me thinking." (Samantha)

Other managers expressed that they would be open to discussing it if it were raised by a returning member of staff. Camilla is a cleaning manager. She commented:

> "It's just like any other subject, it is something that happens, and you know, I am more than happy to talk about lactation breaks. It is not a problem" (Camilla)

As well as managers who were happy to discuss the matter if it were raised, there were questions about what the content of the communication should be and nervousness concerning the topic.

Piers is a manager is an office role. He comments:

> "I'd want to hear what their needs were, and then do what I could to meet those needs, rather than saying this is what I provide you with. I don't know where I stand on initiating the conversation, it might be kind of pressurising, so I'd rather liaise via HR." (Piers)

There were some uncertainties raised in my interviews about the extent to which they should discuss personal issues with their staff. Their views of lactation as a private subject precluded them from asking questions about lactation breaks in the workplace. However, for some managers, the issue of lactation was not raised, even when it might be relevant. Nigel is a Director, and there are health and safety concerns about the materials and processes used by members of his department in connection with breastfeeding. He comments:

> "We've never explicitly thought or dealt with the possibility that people might be breastfeeding, but that's maybe just because it's covered by the risk assessments that we do anyway." (Nigel)

Nigel is unaware of whether or not an employee is breastfeeding. He is not aware of any procedure for questioning whether or not members of staff are breastfeeding. This lack of communication on the subject restricts ability to conduct specialised risk assessments for lactating women. The absence of information therefore means that lactating employees are reliant upon the generic risk assessments performed. There is no legal obligation to conduct a specialised risk assessment where the employer is not aware that the employee is breastfeeding and therefore there is limited onus to ask whether or not an employee is breastfeeding or to do a specialist risk assessment. I spoke with many other Zargg employees who were well aware of the risk assessments required for breastfeeding employees and they were well-versed in the obligations incumbent upon them. However, the additional obligations regarding risk assessments are not triggered until the employee informs the employer that she is breastfeeding and Zargg do not make pro-active enquiries to ascertain if this is the case.

Participants were also conscious of the non-verbal communications that they might communicate as well as the formal content of their words. Denise is a director who is sensitive to the implied messages. She comments:

> "It might be that Zargg says you can have lactation breaks, but if your
> manager doesn't say so, and their attitude shows it is really
> inconvenient and gives those kind of signals then I think the person
> contemplating lactation breaks might feel a little awkward" (Denise)

These non-verbal communications are seen as a very important part of the need for sensitivity and support on behalf of managers within Zargg.

In many of my interviews, there was a dramatic shift in how participants contemplating the issue moved from asserting that there was no communication on the topics of lactation breaks to concluding that they would like to open up communications, and that they wanted those communications to be supportive to their employees. The reservations stem from the lack of communication on the topic which is currently experienced at many levels of the organisation.

The desire of participants to open discussions with staff returning from maternity leave grew over the course of the self-reflective experience of taking part in the research. When managers contemplated the topic, they were much more likely to consider that it was appropriate and right for them to discuss it with employees.

The tension between respecting the privacy and autonomy of employees and wanting to have open, clear communication on the topic results in some degree of uncertainty amongst my participants as to the extent to which they should be communicating with staff on this subject.

Some of my participants were keen to hear about home matters which they felt would aid communication. Jess is an IT manager who would like communication from her staff about a range of matters. She explained:

> "If you don't talk to me, if you don't trust me or tell me when problems occur or if you don't feel you have an open enough channel to talk to me about problems, we are never going to reach a satisfactory compromise." (Jess)

Therefore, Jess is requesting an open discussion in which she wants to know all about factors that affect her staff. Out of my participants there was a call for more exchange of information from all bar six (Amanda, Amelia, Doris, Laura, Martha and Ricky).

Breastfeeding decisions are often perceived as a private subject. It was rare for managers to initiate conversations about it with employees returning from maternity leave. I asked Samantha, an experienced office manager: "When women are returning from maternity leave, can you tell me about any discussions you have with them about breastfeeding?" Samantha replied:

> "None, it doesn't even touch my radar. I would discuss it with them if they raised it with me, but I have never even remotely thought about discussing it with them" (Samantha)

This absence of communication on the subject was apparent at an organisational level where the return to work form had an option for employees to tick the box to request lactation breaks, but there was no follow-up procedure when they did so.

Amongst my participants, 'do I really need to know?' was a less strongly attested-to theme, with no comments on the subject by eight participants. (Amanda, Amelia, Doris, Cathy, Kirsty, Laura, Martha and Ricky).

THE LAW: MANAGER'S UNDERSTANDING AND ACCESS

Participants often understood the issue of lactation breaks by comparison with other issues which they considered to be similar. Some of these issues included disability, Lesbian Gay Bisexual and Transsexual rights and other diversity issues, cycling to work, cigarette breaks (although this was rejected by some participants as non-equivalent), time off for ante natal appointments, going to the toilet, childcare and eldercare, coffee breaks, going to the doctors, breaks for health reasons, mobile phone calls which people take at work, stress related issues, prayer breaks, and other domestic issues. Storing breastmilk in the fridge was compared with a diabetic person storing insulin in the fridge.

The most common type of law which they were referring to was maternity legislation. Therefore, participants requested advice and help from the HR department on how to handle the topic. This is intriguing as UK legislation is primarily focused on health and safety whereas EU legislation links it with the Pregnant Workers Directive.

Anne is a manager in an office, she comments:

> "I'd probably start with HR department and get a bit more information. When I went off on maternity leave I never thought to explore further." (Anne)

Participants sometimes mentioned other sources of information as well as the HR department. These were primarily online sources and government information. I asked Ella, an office manager, where she would seek information about the law and Zargg procedures. She said:

> "I'd find the Zargg stuff on the HR website. I'd find the government stuff on the government website. Those are the places you would look for it." (Ella)

When participants weren't aware of the law, they often guessed that the law obliged them to offer employees lactation breaks but said that they would check that within HR. Kaye, a reception manager commented:

> "I suspect legally that we should allow people to take lactation breaks but then the law is quite progressive and I am not sure so I don't actually know. I would ask HR, they would have a handle on what we're legally supposed to do or I would Google it." (Kaye)

When I prompted managers in my sample, they often considered risk assessments for the woman taking lactation breaks. However, there was some degree of discomfort with the idea of dealing with lactation breaks in health and safety terms.

Sophie is a HR officer. I asked her: "would health and safety be something you would be interested in?" Sophie replied:

> "Not necessarily no, I might consult them if we were talking about
> bringing the baby into work but just ordinarily expressing? I don't think
> I would talk to them. It wouldn't have sprung to mind. I would say it's a
> HR thing, but it is a healthy thing." (Sophie)

I also spoke with Amelia who is the Health and Safety manager of Zargg. She felt that the topic is primarily a HR issue. She commented:

> "I think the leading of it is more in the HR realm because we don't
> know who is pregnant and I think it is right that we don't know. It
> should be dealt with through line management and through HR."
> (Amelia)

Amelia was aware of the health and safety legislative requirements and explained these clearly to me, but she did not feel that lactation breaks fell naturally within her remit. Managers were also conscious of the need for goodwill, guidance and perhaps legislation. Simon, the Managing Director of Zargg comments:

> "It about discussion and negotiation and reasonableness, the minute we
> lose that and hide behind legislation, we've lost the plot I think."
> (Simon)

Therefore, Simon is keen to deal with the matter in a setting of goodwill rather than invoking a rigid statutory framework. He is arguing against a bureaucratic, legalised approach to some extent by emphasising instead the need for positive relationships and goodwill. However, some managers deemed the need for more than goodwill and wanted to have more guidance.

Joan is a catering manager who had to deal with a request for lactation breaks:

> "I don't think there's enough information for managers, or guidance.
> The one [request for lactation breaks] I had dealt with was quite simple
> to support, the impact was very small." (Joan)

This is intriguing because there was already clear written policy within Zargg that Joan could have accessed. But she did not find it accessible and therefore, although

she was able to deal with the matter through goodwill, she did not access the formal guidance within Zargg policy.

In a situation where there is no goodwill or it is limited by other factors, managers recognise the need for legislation and guidance to act as a backstop. Ricky is a manager of a reception desk. He commented:

> "Subconsciously and surreptitiously somebody, an unscrupulous manager could put up multiple barriers to stop someone doing it, but yeah, they could and should and deserve to have the absolute pants sued off them for doing it." (Ricky)

This is a very strong statement in support of a legally mandated right to lactation breaks.

It is also interesting that Ricky develops his opinion in more emphatic terms as he considers the topic. He moves from saying 'could' to 'could and should' and 'deserve'. This implies that the more he thinks about it, the more he considers that a legal right, backed up with punitive powers, is required to underpin the obligations upon employers. Ricky's call for the presence of strong punitive measures refers not just to 'pants' but to 'absolute pants' which are 'sued off them'. This suggests strength of feeling on the topic.

Other managers highlighted a lack of legal information that they experienced on the topic. Sophie is a human resources officer and former breastfeeding peer supporter. She investigated the legal context prior to our interview but commented that she was confused:

> "We have an online HR employment law. It came up with loads of stuff that I glanced through. It told me every EU country, what the law was, but it didn't answer my specific questions. There were a few bits and pieces I glued together in my head. It wasn't actually in the law specifically, it was just sort of a goodwill gesture. Is that the case? I don't know." (Sophie)

Sophie has a high level of training on the topic and has taken time to research it but is still unclear. The absence of a clear steer makes it difficult for her to advise Zargg staff who consult her and thus should be seen as a call for clarity on the law on this topic.

Overall then, managers understand and access the law by reference to comparative topics and by the range of information they are able to access. Primarily this support was centred in the HR department and the internet resources, specifically those with authority such as governmental websites.

Health and Safety was a factor that managers considered when prompted, but their primary source of information was through the HR department rather than the health and safety department. There was a call for goodwill, guidance and legislation within my participant group.

Participants in my sample discussed the law relating to lactation breaks by reference to their wider understandings of similar areas of law. They were also confident in their ability to Google or otherwise internet search for information and to seek support and advice from the HR department. Some mentioned that the information was not easy to find on the Zargg intranet and members of the HR department were also unclear on both Zargg policy and the legislation surrounding it. It therefore seems that the majority of situations would be resolved on an informal basis.

Managers identified the HR department as the most natural place for them to seek information and advice but also acknowledged the importance of health and safety and risk assessments when they were prompted to do so. The health and safety manager of the organisation, Amelia, was well informed of the law and was able to explain the policy within Zargg to me but she too felt that it was more appropriate for it to be dealt with through the HR field.

Although Amelia acknowledged the existence of variability throughout the organisation, she was able to provide a concise and accurate précis of the full range of legal rights and I was impressed with the extent of her knowledge of the subject. The policy that she outlined, with the rooms to rest and recover, and which she was able to send me documentation about, was fully congruent with the legal obligations she described. However, she was the only person in my investigations who was able to reference this policy and she acknowledged that there was some variability within the Zargg organisation.

The importance of goodwill and relationship was highlighted by Simon, the Managing Director of Zargg. It is perhaps not surprising that Simon as a Managing Director would argue against a bureaucratic, legalised approach and instead emphasised the need for positive relationships and goodwill. His power within the organisation is likely to result in him being able to achieve the outcome he wants in negotiations, and he may have a history of positive negotiation outcomes before he was appointed Managing Director.

Ricky is a manager of a reception desk and probably comes from a different perspective than Simon. In particular, it is likely that Ricky experiences a lesser degree of power within the workplace. Therefore, it is also not surprising that Ricky's quote indicates a call for a legislative backstop (see *Findings*). This call for law reform needs to be seen within that context.

All employing organisations can offer lactation break facilities without any legal framework. Theoretically, Zargg policy would encompass this as officially employees are allowed to utilise break time and flexi-time to make up for any additional time required in order to express breastmilk in a room to rest or recover. Additionally, employees were able to opt to use their break time to visit their child and breastfeed.

However, despite these options and the extensive goodwill between participants and Zargg, there were barriers and restrictions upon staff. Goodwill was foundational for relations on this topic, but participants also wanted guidance on the topic. In addition, there was a call for law reform, with some participants calling for an obligation on employers to provide lactation breaks.

DIFFERENT WAYS IN WHICH A MOTHER MAY SUSTAIN LACTATION ON HER RETURN TO WORK: MANAGER'S VIEWS

There were concerns raised over all the possible ways in which a lactation break could be taken. Different advantages and concerns were raised about each permutation. However, there were also concerns raised generally about mothers of small babies at work and the range of factors that might impact them, in particular, stress, tiredness and postnatal depression. This was reflected in the caring attitude that many of my participants brought to the study. Some managers were additionally concerned about the impact of these risks to the workplace and that it might lead to mothers resigning

CONTINUING LACTATION OUT OF WORK HOURS

Managers are not always aware if an employee is breastfeeding on her return to work. Particularly when the baby is older, then there may be no need for a lactation break during working time. Nigel, a director whose work involves health and safety risks for lactation babies and their mothers does not normally think of breastfeeding as a factor:

> "I've only very infrequently been aware of people working and
> breastfeeding at the same time. I think a lot of that might be to do with
> the year's maternity. It's perceived as practically easier not to
> breastfeed at work." (Nigel)

In contrast, however, others were alert to the need for risk assessments when a mother is breastfeeding even if she is not taking a lactation break. Naomi is a HR officer. I asked her: "If a mother told you she was breastfeeding at night and does not require any facilities during the day, does it raise any health and safety issues?" She replied:

> "In certain employment it may do if you are involved with handling
> hazardous wastes or biological hazardous chemicals... that might have
> an impact. In the same way as you would do a health and safety risk if
> someone was expecting a baby, I'd recommend a manager follows the
> same procedures for someone who is lactating." (Naomi)

Another type of health and safety risk that may apply when a mother does not take lactation breaks is connected with tiredness and stress. Clare is an IT manager but also a breastfeeding mother. She does not take lactation breaks during her working

day, but she describes herself as continually tired. For her, her problem is that her children do not sleep at night:

> "Some night I got barely two hours' sleep, it was just ridiculous. You have no idea before you have children what it's going to be like. I naively thought that they would probably be sleeping through by about six months." (Clare)

Breastfeeding mothers who experience tiredness and work nights are able to access specific legal protections which apply even if they do not take lactation breaks. However, all employees are protected by health and safety legislation regarding tiredness, stress and other generic grounds, and the Zargg flexi-time and flexible working policy could also be used to support employees who were struggling with stress and fatigue issues.

Variability within Zargg indicates that not all mothers who are breastfeeding will get a specific risk assessment. Sometimes lactation is included within generic risk assessment procedures (see Nigel's quote).

In addition to the risks associated with breastfeeding, there were concerns over more generic parenting risks, especially those connected with tiredness and stress. Again, these may be addressed through generic risk assessments, or specifically conducted for mothers who are breastfeeding.

Many participants were able to identify the need for a risk assessment for mothers who are breastfeeding, even if they are not taking lactation breaks. Therefore, managers were not always aware whether or not employees were breastfeeding. There are also risks associated with the tiredness of breastfeeding employees which may have an impact upon the workplace.

CHILD ON SITE

Many of my participants told me positive stories about bringing children on to the site but the stories did not always involve breastfeeding. The extremes between a tiny baby who needs to be fed, and older children whose need for breastfeeding may be minimal, or who are weaned, were sometimes conflated. However, Simon, the Managing Director, distinguished between them by describing an evening training event run by Zargg at which the lecturer:

[She] would factor in a break when she would be at the back of the classroom and she would be breastfeeding; and then her partner would come in and the baby would disappear and that was all fine. (Simon)

But then contemplating the matter further he commented:

You cannot leave them [children] in a room on their own to quietly play while you go off and do something else [laughing], that's not acceptable… the buildings aren't designed in a way to protect kids (Simon)

This describes the opposing ends of the spectrum: in the first, evening, scenario the baby is accompanied by a carer and leaves immediately after the breastfeed; this is acceptable to Simon; in the second, older children are left unaccompanied in a room on Zargg premises and this is not acceptable to him. In between these extremes is an indeterminate spectrum.

The formal policy allows Directors the discretion to allow or bar children from being brought onto site, but sets up the presumption that children will not be allowed. Despite this, Anne and Naomi brought their babies in during their maternity leaves, and breastfed them during their visit. Children may be brought in for reasons unrelated to infant feeding, or the breastfeed may be incidental to the visit. The relationship between these events and lactation breaks is unclear.

There are many areas of Zargg that appear to be well suited to children's presence, such as the café area, and there are changing mats installed in several disabled toilets. However, there are also areas of Zargg which have prohibitions on health and safety grounds from unauthorised persons, including children.

It is an area of ambiguity and uncertainty; matters are often resolved on the basis of preserving good will. This could be strained at times. Vera is a HR manager who had an awkward experience when one of her colleagues brought a baby into the workplace. She described it:

"Someone was taking quite a short maternity leave and took all of their keeping in touch days during that time. For some reason, they weren't able to use the nursery, but it was very, quite disruptive" (Vera)

Vera highlights a combination of ambiguous statuses: the employee was a mother, on a maternity leave, on a keeping in touch day, returning to work early from maternity leave, which meant that her attention was not focussed on the baby. There were

questions over the use of space, and the availability of nursery. Consequently, Vera as a co-worker found her work experience was disturbed by the visiting baby.

Concerns about bringing the child onto the worksite were not focused on the breastfeeding element of the presence of the child. There are many ways and many reasons to bring a child onto the worksite, and many places to which they might be brought. Reservations about bringing the child onto the site were broad and wide-ranging. Children were seen as potentially disruptive. Supervision of the child is a critical factor; the child may need attention and this absorbs someone's time and energy.

Although bringing a child to the workplace may be a way to provide a lactation break, it can also be combined with many other issues such as child care. The child may be supervised by the employee or accompanied by a carer. The visit could be long or short, informal, out of normal working hours, or restricted to a more public part of the workplace such as a cafe area. Sometimes, employees bring in more than one child. The infant may be immobile, such as a baby in a pram, or a highly mobile and chaos-causing toddler.

These ambiguities reflected in comment by Anita, a HR manager:

> "Zargg isn't quite entirely sure how it feels about having children on site." (Anita)

It is interesting that Amelia, who is a health and safety manager, is the only person who referred to the formal Zargg childcare policy. As she did so, she warned me that it was out of date. Amelia demonstrated an extensive knowledge of the law and obligations upon Zargg concerning breastfeeding and was clear about how Zargg has implemented the obligations upon it. However, other participants were unable to identify the policies that Amelia referred to, and therefore it is possible that the formal procedures which Amelia has been able to describe so well were not widespread in their implementation.

Disruptions to co-workers were a concern as the presence of a baby was regarded as disturbing the working environment. The baby might be perceived as a distraction or annoyance to co-workers and this concern was echoed by people who both were and were not parents. Another factor of concern was health and safety associated with the

presence of a child. Some places within Zargg raise more health and safety concerns than others. There are several cafes and break-out areas within Zargg which were identified as potentially more suitable for bringing a baby and there were other areas within Zargg that were identified as being unsuitable for the presence of a baby. There is therefore, considerable ambiguities concerning how appropriate it is to bring a child onto the work site.

Bringing small babies onto Zargg premises during social events or break times is unlikely to be contested but the disturbance and the context require close attention, and they may need a carer to accompany them, especially if they are distressed. Bringing older babies, toddlers, and children onto the site may be more problematic. Managers contemplating children visiting the worksite for a breastfeed may wish to pay close attention to situated context of the event in order to negotiate a positive outcome.

MOTHER VISITING BABY

Zargg has an on-site nursery in one of its work sites. The opportunity to place the baby in the on-site nursery was often identified as a way to facilitate lactation breaks. Other alternatives such as a childminder nearby were not considered by my participants. The key concern that interviewees mentioned about using the on-site nursery to facilitate lactation breaks is the distance and time that it takes to get to the nursery. Camilla is a cleaning manager who explained to me:

> "If I had a cleaner working upstairs she would not want to go all the way down to the nursery. By the time she got down there and fed her baby and got back her shift would be over." (Camilla)

It is especially intriguing that Camilla describes the hypothetical cleaner as not wanting to go and visit the nursery. Therefore, Camilla does not feel responsible for this situation and she is acting within the parameters of the job that cannot offer these options. This absolves Camilla from the responsibility for the decision or for the parameters.

Other interviewees were concerned about the wellbeing of the baby who might want its mother in the nursery due to demand feeding. Kathy is a security manager who commented:

> "If you needed to go and visit the baby in the nursery at say 3 o'clock, it might have been crying since 2 pm." (Kathy)

Kathy is emphasising her caring role but she is concerned for the babies' wellbeing over and above concerns about lactation breaks. In particular, there is an issue to do with disturbing a baby who is settled in the nursery. Other participants highlighted the problems associated with visiting children during the working day. Kirsty is chair of the maternity group and explained to me how her views on short visits during the nursery day have changed due to her experience of parenting. She said:

> "If I was talking to a new member of the group, I'd explain that though it seems a nice idea to go and see my children at the on-site nursery and I have sometimes been over there at lunch time it does not work. If I go and see my children they get really excited, they see me and think they are going to go home." (Kirsty)

This concern over short visits and the child's wellbeing was a common theme amongst my participants. Visiting the baby to breastfeed the baby was connected in managers' minds with concerns over the amount of time that it would take during the working day and the disruption that the baby might experience. Although it was perceived as a nice idea in theory, there was a concern that it might not work out so well in practice.

There were ambiguities concerning visiting the child during working hours. While some participants identified it as a positive strategy to enable breastfeeding to take place, others highlighted the range of challenges that it might entail, such as Camilla, a cleaning manager who is concerned about the time and distance it takes to get to the on-site nursery (see here), concerns over demand-feeding meaning the baby was distressed as per Kathy's comment, and the shortness of the visit causing the baby distress as highlighted by Kirsty.

These barriers are not likely to apply in all circumstances or to all employees. However, it is apparent that there are some concerns over this strategy.

Participants were conscious that an expressing break would have less impact on the working day than breastfeeding directly. However, it requires the employer to provide a suitable space for the mother to use. Zargg offers mothers the option to request this on their return to work. However, the procedure for following up a request appears to be non-existent.

The room that would be used for expressing is also a contested area. Zargg policy is that many rooms are dedicated as rooms to rest and recover but the only person who appeared to be aware of this was Amelia, the health and safety manager. She informed me that the rooms to rest and recover throughout the organisation could and should also be used for lactation breaks.

A lactation room was not always positively perceived. Kaye is a senior manager within the receptionist service. She worries:

> "I can just imagine it turning into a room where all the ripped chairs
> end up being put, or where a big chair that isn't actually really
> comfortable for breastfeeding is placed. I think the space would have to
> be really appropriate and people felt comfortable using it and that they
> were not on the other side of the building." (Kaye)

Competition for space within Zargg was a continual theme. The danger of a lactation room being co-opted for junk storage and the proximity of the space to the mother's work station were also highlighted by other participants.

Some participants were concerned that having a specific lactation room might end up being a single-use space and experience a lack of demand. Doris is the head of the pastoral service. She commented:

> "It would be very nice if Zargg had rooms just available for this, but
> what would the demand be?" (Doris)

This highlights the concerns about a lactation room which were echoed by many other participants. The need for privacy within the space used for lactation was also highlighted as a concern, especially when the room was multi-functional.

There was the suggestion by some participants that a way to check up on employees taking expressing breaks was needed. This was made from a caring perspective. Not all rooms within Zargg can be locked and this can reduce the privacy of a woman.

There is considerable competition for space within Zargg and when the additional requirement of a lockable space with blinds to internal corridors is added, this can make it hard for managers to identify an appropriate environment. Therefore, although managers are supportive of expressing breaks, they are concerned over the practical factors, in particular, the availability of an appropriate space.

One potential compromise is the use of a toilet to take lactation breaks. This was considered to be a solution by some, but not all of my participants, and those that did consider it often queried the suitability of such a room for expressing breastmilk. Jess was offered the use of a toilet on her return to work for the purpose of expressing breastmilk, but she explained to me that one of the concerns she had was about hygiene and this formed part of the reason that she decided not to continue taking lactation breaks. The toilet was therefore seen as an unsuitable compromise by many participants.

Zargg policy of rooms to rest and recover does not appear to be widely followed in practice. It is possible that greater awareness of the policy would enable Zargg employees to make better use of it. However, participants highlighted some restrictions on space which they felt unable to surmount and which restricted their ability to offer a suitable room to rest and recover to employees who wished to take a lactation break.

Some uncertainties about lactation rooms were also highlighted with participants suggesting that they might be unpleasant spaces, at a distance from the work station of the employee and in little use. These ambiguous understandings of lactation rooms culminated in the suggestion and experience of participants that toilets were utilised for expressing breastmilk.

The multiple and contradictory themes that are apparent within the Zargg context are a brake upon the extent of support that Zargg is able to offer employees who wish to take a lactation break. Despite extensive family-friendly policies and a high level of goodwill between the participants and the organisation, there were elements of lactation break circumstances which were highlighted by participants and although there was a high level of support for the concept of lactation breaks, there were also concerns about a variety of factors which were perceived as problematic and difficult.

Therefore, this is an area in which Zargg policies, managers and employees anticipate compromises and goodwill to be a guiding principle in working through the issues raised by lactation breaks. All the different ways of taking a lactation break were therefore associated with a range of potential problems. Each of them was associated with concerns.

This demonstrates the extent of the barriers within Zargg for women who wish to take a lactation break. The on-site nursery and possibility of expressing breastmilk were both described as positive options for managers, but in both cases, there were reservations raised about the practical and emotional factors which would make it difficult for employees to take lactation breaks without adverse knock-on effects upon the working environment. The level of support that my participants expressed for lactation breaks should be tempered by an understanding of the considerable drawbacks that they perceived with all the options for doing so in practice. Each model was described as having some degree of drawback.

There are considerable brakes on the extent of support for lactation breaks, but there was additionally a clear sense that it would be advantageous to support lactation breaks and participants were, in general, keen to do so.

This complex, contradictory and conflicted account represents the ambiguities that participants expressed about lactation breaks within the Zargg context.

CONTEXT OF FINDINGS: LITERATURE

The findings and analysis presented in this thesis are broadly similar to previous studies although represent a novel methodology and research questions. In particular, the themes identified through the inductive thematic analysis within this thesis are broadly in accordance with the literature discussed within the literature review chapter. Like other researchers, I have encountered a range of issues triggered by the issue of lactation breaks which demonstrate a mixture of beliefs and perspectives, some of which are supportive and some of which are not supportive of lactation breaks. Also, in common with other researchers within the field, the perspectives presented within this thesis are not always internally congruent and demonstrate both a theme and a counter-theme or restrictions upon the ideas presented within the theme and this complex and convoluted picture is consistent with the findings of other researchers. This research has endeavoured to provide a more nuanced understanding of the contextualised decision making around the topic.

My UK context is an important difference from much of the existent literature. As noted earlier, I am able to demonstrate in my analysis of the first research question that discongruencies and barriers to lactation breaks apply in the UK. I am able to supply greater detail and a more nuanced analysis than previous studies have achieved with regard to managerial perspectives.

Therefore, my first research question is original in investigating poorly understood phenomena in a new context, and with closer attention than previous studies have been able to achieve. I have also investigated new research questions, in particular my second and third research question on which data on managerial perspective is absent at the current time within other literature. Furthermore, my methodology is different and this is an important part of my contribution to new knowledge. I have been able to keep closer to the perspective of the manager through looking in greater detail at a single organisation and at the actuality of managerial perspective.

THE MANAGERIAL PERSPECTIVE

Unlike Bai, Wunderlich and Weinstock (2012), I have examined the views of front-line managers and the organisational policy within a single qualitative study organisation. I therefore have a fuller, more detailed and rigorous picture of a single

employing organisation. In addition, Bai utilised the theory of planned behaviour in order to analyse their interview data and my material is more inductive in nature.

Therefore, Bai's study is grounded within a different tradition to this thesis. Bai identifies a range of factors which are supportive of lactation breaks. My data demonstrates that within Zargg managers are broadly supportive of lactation breaks and the reasons in favour of support include some of the factors that Bai identifies. However, my inductive material suggests that support is predicated on different issues, in particular, the woman's choice to breastfeed and therefore issues of autonomy, and additionally, issues of solidarity with the breastfeeding woman. These factors were not reported by Bai, whose participants instead stressed factors relating to corporate benefits associated with lactation breaks. In contrast, the range of factors which Bai identified as control beliefs and as drawbacks to lactation breaks were reflected within my sample. Bai's conclusion that positive beliefs can be reinforced and challenges addressed through a range of methods, including education and modelling as well as tax breaks, is not fully endorsed through my study, in which support was predicated on differing factors, and therefore my study would suggest that support is predicated upon some issues which Bai has not identified.

The differences between the studies may be partially accounted for by differing participant groups and interests of these cohorts may well explain much of the variance in the findings.

Stratton and Henry (2011) provide a thematic analysis of their owners/managers of businesses but also utilised a framework to analyse their results in line with the framework of reasoned action. We both encountered incongruence in the expressions of positive attitudes about lactation breaks, but the lack of formal action to support and absence of attention to implement breastfeeding support programs.

Stratton and Henry's five themes are different from the themes encountered within this study. Some of the difference may be the use of the theory of reasoned action by Stratton and Henry in order to analyse their interview data with owners and managers of businesses in America. The difference in business size between the Stratton and Henry's study and my own may also be influential. My particular interest in Stratton and Henry is their theme concerning the extent of employer roles which is congruent with my sub-theme about the separation of work and family life. Uncertainty about

the conflation of the home and domestic spheres and the role of employers in supporting breastfeeding is a common theme.

Another common theme was the observation in Stratton and Henry's study that employers would support a lactation break when requested by individual employees. This is consistent with my data where my participants indicate that they would be willing to support lactation breaks, although some questions arose about who should initiate that discussion. Stratton and Henry's theme concerning positive attitudes paired with a lack of formal action is further consistent with my themes of support for lactation breaks. Although Stratton and Henry describe their themes as incongruent and I identify there being conflicted concerns and incoherency within my participants' reported positions, my data is broadly in line with the complexities identified by Stratton and Henry. Stratton and Henry's conclusion that neither a cost-benefit analysis nor a simple measure of attitude is a complete description of the decision-making process is therefore supplemented by my study in which I demonstrate a complex array of issues triggered concerning lactation breaks, questions about accessing the law, and concerns about each of the different ways in which a lactation break could be exercised.

The focus groups that provided data for Anderson *et al.'s* (2015) study were intended to be populated by business representatives. However, Anderson reports that the majority of participants did not fit that profile and were instead those with personal experience of lactation breaks rather than responsibility for lactation practice within their employer. This is a difficulty which I too encountered as many of my participants had multiple statuses, including parent, worker, and manager. The characteristics of my sample are addressed within Appendix XIX and although I am unable to comment on how representative they were on the broader profile of Zargg staff, I notice that many of my participants had taken lactation breaks and therefore had personal experience of the topic.

Anderson's report that interpersonal communication is of importance is in line with my sub-theme concerning non-verbal communications, as well as the broader theme of reservation about communication. Anderson specifically documents avoidance of communication, which is also coherent with my findings. Anderson's participants describe characteristics of managers which are believed to complicate interpersonal

communications, in particular, gender and age. This is in line with the sensitivity that my participants stressed as important when addressing the topic. The findings are therefore broadly in agreement with my current study. However, I encountered supportive attitudes amongst all my participants. Sample size and methodological issues preclude me from generalisations about gender or age, but the presence of support among staff of both genders and at all ages interviewed was apparent.

Chow, Smithey Fulmer and Olson (2011) also conducted qualitative research with managers in Michigan, USA. They report mixed reactions and that the topic was described as complex with convoluted emotions. This complexity is demonstrated within my study. The concerns that were identified in the Chow study are consistent with the concerns that are raised by my participants within the theme concerns about lactation breaks. In particular, Chow identifies the potential for lower productivity and co-worker jealousy, both of which were raised by my participants as concerns that they brought to the topic. The advantages of lactation breaks identified by Chow's participants, in particular with regard to employee recruitment and retention, were also identified by my participants. Likewise, Chow's participants were often unaware of the breastfeeding policy within the organisation and this is additionally in line with my findings within Zargg. The complexity of the topic is something that both Chow and I can support by reference to the data we have generated.

Libbuss and Bullock (2002) evaluate attitudes towards breastfeeding by eighty-five employers in a small mid-Western US city and likewise identify slightly contradictory attitudes in that a large proportion of their participants would be willing to facilitate lactation breaks but did not see much value to them of doing so. Hojnacki *et al.* (2012) also surveyed attitudes of companies in Michigan, USA, and additionally demonstrate a complex picture in which the level of tolerance and the level of provision were not necessarily correlated. Like me, they demonstrate a complex picture in which contradictory attitudes are prevalent.

Other writers have investigated the hypothetical and policy documentation which employers provide, such as Dunn *et al.* (2004a), Witters-Green (2003) and Allen, Belay and Perrine (2014). These address a very important element of the working environment, but my study suggests that the variability and the non-verbal communication are important in capturing a full picture of the environment in which

decisions are made. Instead, my study is congruent with the experiences described by women of their experiences of taking lactation breaks, such as those reported by Gatrell (2007), Kosmala-Anderson and Wallace (2006), Wallace *et al.* (2008), Hills-Bonczyk *et al.* (1993), Gottschang (2007) and Payne and Nicholls (2010).

My study also demonstrates the potential of managers to consider their approach towards the subject and to reflectively alter their working practices. This is in line with the results suggested by Garvin *et al.* (2013), and Eldridge and Croker (2005b).

THE FORMAL AND LEGAL POSITION

Where a legal right to take a lactation break exists, some writers such as Dozier and McKee (2011), Lee Benitez, Parrilla-Rodriguez and Rios (2005), and Murtagh and Moulton (2011) suggest that there are gaps in the provision which mean that this legislative right is not accessible in practice.

Some writers such as Galtry (2000) and Gatrell (2007) identify access to lactation breaks as associated with power and privilege. I did not find evidence to support that within my study of the Zargg organisation in which managers of staff in working class occupations were able to facilitate breaks, and told me stories of times in which they had done so. Writers such as Kosmala-Anderson and Wallace (2006) and Wallace *et al.* (2008), writing within the UK context, do not describe power, class or privilege issues as significant, but the issue of class and lactation breaks require further investigation.

By concentrating on the woman's experience, these studies are revealing a different element of the context of lactation breaks. Although my study is congruent with the results of these studies, it approaches the subject from a different angle. The saturation of themes my study shows between middle class and working class managers provides a suggestion that socio-economic class, in the Zargg context, may be minimally relevant to the topic.

However, my study is not of a significant enough size to draw firm conclusions on this subject due to the qualitative nature of the information collected. One of the limitations of my study is that it cannot provide extensive information about formal policy, as the awareness of the policy within Zargg was limited. I have managed to

access the policy documentation, and to ascertain the procedures that Zargg espouses, but because I have concentrated on the lived experience I have given this limited attention within my thesis.

Instead, I have concentrated on the policy and procedures that people described in practice to me rather than the formal overview of policy that might have been available through a checklist survey.

Studies such as those performed by Dodgson, Chee and Yap (2004), Allen (2014), Bai, Gaits and Wunderlich (2015) and Libbus and Bullock (2002), concentrate upon the formalised procedures which are reported by employers. This thesis has not attempted to replicate a similar study design. Likewise, my study should be seen as complementary to the various studies that exist of women's experiences of taking lactation breaks such as Dinuor, Pope and Bai (2015), Slusser *et al.* (2004a), Dixit, Feldman-Winter and Szucs (2015), Wu, Kuo and Lin (2008), Oosterhoff, Hutter and Haisma (2014) and Payne and Nicholls (2010).

I have also had to develop a socio-legal perspective which incorporates both an appraisal of the law and the way that the law is understood and applied in a situated context. This combination of skills has required me to develop a unique profile of knowledges and translate legal and social materials so as to examine the interface between them.

THE INFORMAL BARRIERS TO TAKING LACTATION BREAKS

Cardenas and Major (2005) identify ways in which employers can address some of the types of conflict which may be experienced by women taking lactation breaks. In particular, Cardenas and Major identify conflicts for employees associated with time, strain and behaviour.

They then go on to assess and appraise some of the ways in which employers can address these, including employment-based pre-natal education, lactation programmes, support from supervisors, employment-based lactation support groups, job flexibility and on-site day care.

Some of these strategies were identified by participants within this study, including support from supervisors and job flexibility as well as the availability of the on-site nursery. Participants within this study appear to be aware of time, strain and

behaviour stresses for employees contemplating lactation breaks and it would be useful to identify the extent to which managers feel they are able to address these forms of conflict.

Further research needs to be done in order to address how employers describe and ascribe the differential forms of stress and the way in which that impacts the types of support that employers can provide.

Managers' personal traits such as racial and religious beliefs and views about feminism, may well influence their attitudes, and their personal experience of having had children are also likely to be important. They are may be concerned about questions of guilt and shame or other emotional issues which may give arise to concerns for the wellbeing of the employee who proposes to take lactation breaks, but it is also likely that managers will identify it as an area that contains strong views and relates to the self-identity and perceptions of goodness that the employee possesses. The amount of time that an employee spends on lactation breaks and therefore the impact upon a working day is likely to be of concern to managers, as are concerns about the working team and co-worker attitudes.

Questions of sexuality and embodiment are likely to lead to concerns about ensuring that employees are able to access a private space in which to take their lactation breaks. This is due to the disruptive element of an exposed breast in the workplace, which may be greater when the mother is expressing breastmilk than if she is directly feeding her baby. It may be that lactation breaks are viewed as a short-term adjustment to working times and conditions upon the return of the mother from maternity leave.

Participants in my study were often keen to refute any suggestions of guilt or shame amongst breastfeeding employees, and demonstrated a sensitive awareness of the potential for mothers returning from maternity leave to experience or internalise shame within the workplace. Thomson, Ebisch-Burton and Flacking (2015) demonstrate how shame, as distinguished from guilt feelings, is common in relation to both breastfeeding and non-breastfeeding mothers and this was directly addressed by many participants as they discussed their support for lactation breaks. However, Chezem, Montgomery and Fortman (1997) comment that employed mothers' feelings of sadness, depression and guilt were connected with their success in

achieving their desired intended feeding on their return to work, and therefore suggest that there is the potential for guilty feelings if a mother is unable to take a lactation break. These papers address different issues, with shame common to both breast and formula feeding mothers, but guilt being connected with the absence of breastfeeding. This links with Crabb *et al*. (2013) who comment that formula feeding mothers do not receive affirmation that they are not guilty, only that they should not feel guilty. This was a factor that my participants were aware of in limited measure. In particular, many managers explained to me that they viewed breastfeeding as a good, rather than a shame, experience and therefore refuted potential shame, in line with the call to resist shame expressed by other writers such as Taylor and Wallace (2012).

Mothers who are able to breast feed without requiring lactation breaks during working hours may be seen as privileged. For many women, this is likely to be facilitated by being able to reduce their working hours, for instance, by taking extensive maternity leave and returning to work on a part-time basis. Could this be seen as an expression of good mothering, or shame associated with being less than fully committed to the workplace? Not all mothers are able to access flexible or part time work, and the barriers may be complex. The associated reduction in income connected with the reduced working hours means that this is an option that is unlikely to be accessible to all mothers, even where employers are prepared to consider the option. It is also likely that for some mothers, even a flexible working arrangement will impact their breastfeeding, especially when their babies are small. Therefore, although continuing breastfeeding without the need for a lactation break may be a positive option for many women, it is unlikely to be accessible universally and may be seen as fortunate and privileged.

Clare's quote illustrates her concern that in her circumstances, as a breastfeeding mother who is able to continue breastfeeding without the need for lactation breaks in the workplace, she experiences a level of privilege, or that it could be perceived that way by her co-workers.

The extent of personal experience as a reference point for my participants echoes the concern in the literature review that there are multiple feminist perspectives around

lactation. Deborah McCarter-Spaulding (2008) describes different feminist positions with regards to breastfeeding and Blum (1993) provides a summary of feminist theory in relation to US breastfeeding policy highlighting the tension between equality and difference feminisms. Jacqueline Wolf (2006) argues for feminist advocacy to facilitate successful breastfeeding amongst working women; whereas Joan Wolf (2007; 2011) is concerned that pressure to combine working and breastfeeding ignores fundament ethical principles and the concerns that mothers have from socio-economic and political perspectives. The extent of the solidarity and support for lactation breaks may therefore relate to the feminist beliefs of the manager. My participants displayed a range of perspectives, in line with the literature. This was particularly focussed on the extent to which home and work should be kept separate, and the realism of such a separation of spheres for mothers of breastfed babies. While the separation of spheres was regarded as attractive, it was also challenged as unachievable in relation to lactation breaks.

The experience of being a mother was regarded by many participants, especially those who were mothers, as impacting their feminist beliefs. This is in line with the research of Erchull and Liss (2013) which demonstrated higher liberal scores for those women who wanted to have children but had not done so yet. In contrast, they describe women who are mothers as being more likely to score higher for cultural feminist beliefs, and this is resonant in my sample, although my themes have been saturated, and my small group of participants means that I cannot produce generalisable results which would require a different methodology.

Media messaging is likely to have impacted my participants' perceptions of the topic. However, despite the observations of writers such as Wall (2001) that neo-liberal preoccupations with individual responsibility chime with constructions of morality and breastfeeding, this was not a subject which the participants in my subject mentioned overtly. It has not been developed into a theme as it was not explicitly discussed within my interview data. It is possible that it implicitly informs the backdrop and context in which the interview took place.

The embodied activity of breastfeeding raises questions of sensitivity for managers. McBride-Henry, White and Benn (2009) theorise breast feeding in terms of Cartesian 'dualising' and Heidegger's 'equipment' interpretation, and this form of thought

enables managers to conceptualise a mind-body split. This reaction to embodiment is criticised by Smyth (2012).   However, it was resonant with the themes of sensitivity which the participants in my sample expressed as being necessary when discussing lactation breaks with employees.   These concerns over communication also chime with concepts of maternal body work in line with Gatrell's (2013) study and Stearns' (1999) interview study of fifty-one American mothers for whom breastfeeding was a carefully managed performance. Although not all the managers in my study wanted to know about breastfeeding, some urged for greater communication on the topic and a desire for sensitive communication, both verbally and non-verbally, was well attested to within my data.

My participants' call for sensitivity was also related to perceptions that breastfeeding may be significant for their staff. This self-identity, related to women's life values and experiences, is in line with the qualitative interviews conducted by Loof-Johanson, Foldevi and Rudebeck (2013) and Marshall (2011). It is also resonant with the support that participants expressed for lactation breaks.

Teamwork and co-worker relationships were an important concern for participants and therefore I developed a subtheme for the responses related to this topic. Discussions among my participants echo the concerns raised in the literature about fairness by Seijts (2002; 2004; Seijts and Yip, 2008).

A range of informal barriers, often located in the emotive, relational, and affective arenas, are therefore in evidence both in my study and also in the literature on the topic. Lactation breaks are a contested area as they raise complex reactions among managers, some of which could be seen as discouraging to a member of staff who is contemplating a lactation break.

DIFFERENT WAYS TO COMBINE BREASTFEEDING AND WORKING

Although there is limited US research that describes positive impacts on morale of bringing babies to work, eg. by Langdon (2012) who reports the effect as positive and productive, the participants in my study were wary of bringing infants to work. There were considerable uncertainties and ambiguities associated with this. I suspect that the reason may be connected with cultural differences between the US and the

UK and in particular the lengthy paid maternity leave which many UK mothers are able to access. I was told several positive stories about bringing babies to work during maternity leave while the mother was on a keeping in touch day or other social event, but I also heard negative stories too.

The on-site nursery was identified by several participants as being an appropriate place for infants to be left while their mothers are in the workplace, and where mothers can breastfeed their babies. This is in line with the research showing that nurseries can be a positive impact on breastfeeding and support lactation such as Baton, Li and Scanlon *et al.* (2013) and Cameron *et al.* (2012). The role of nurseries in supporting mother's autonomy to breastfeed is described by Javanparast *et al.* (2013) who emphasises the perceptions that Australian nurseries have of their role. While the particular on-site nursery may or may not accord with this self-perception, it was the role ascribed to them by my participants.

Childminders or informal care have been less studied in the literature and were rarely mentioned by participants. Visiting a childminder would involve more travel for most staff at Zargg and even visits to the on-site nursery were described as a time pressure. Similarly, the travel component for a childminder or childcarer visiting the Zargg premises was also described as a problem. One of the biggest stresses identified by participants was car parking and traffic which accumulated stress to make it hard for visits between the mother and her breastfed baby to take place during the working day.

Expressing breastmilk was an option that my participants had mixed feelings about. If a mother requested facilities on her return to work to take a pumping break, participants were willing to support this, but it might be in a toilet, and it could raise concerns about her wellbeing, workload, or team work relationships. Flexibility would be critical to enabling the manager to provide support. The pumping break would also take place in the mother's own time, either existing break or by accruing negative flexi-time. The embodied and relational aspects of breastfeeding, and the disruption to the emotive elements by introducing a pump, were subverted to maternal autonomy. Managers were broadly sympathetic to a desire for a break to express breastmilk but their response might include a fudged compromise.

kIt would therefore seem that the managers' perceptions of the different ways in which lactation can be continued on return to work are precedence on maternal autonomy. My participants queried the realism of the available choices and context for staff within the organisation, but made clear their support for taking lactation breaks in the way that the mother chose to do so. The mother elected her preferred way to take lactation breaks, and my participants perceived it as their role to support her decision and facilitate the lactation break in the way in which she chose to do so. Camilla, a senior manager of cleaners, commented:

> "If I had a cleaner working upstairs she would not want to go all the way down to the nursery. By the time she got down there and fed her baby and got back her shift would be over." (Camilla)

This highlights the fact that in Camilla's eyes the mother "would not want". By making it the mother's choice, Camilla is abdicating any responsibility and not interrogating the options available. It is portrayed as the mother's individual choice even though there was no actual mother involved.

Concerns about how expressing breastmilk may restrict the options that women have to take maternity leave and care for their babies in person (Boswell-Penc and Boyer (2007)) were also echoed by my participants. Facilities for lactation breaks are associated with earlier return from maternity leave (Del Bono and Pronzato, 2012) and this was an issue that my participants had mixed feelings about. In particular, they were keen to have staff back and welcome their return to the workplace, while simultaneously expressing concern for them that they might benefit from additional time at home with their babies. This was compounded with the concerns about how realistic it was for mothers to plan a fast return to the workplace. Naomi, an HR officer, commented:

> "Comparing my expectations of what breastfeeding might be prior to giving birth and then post-birth, it was very different. There is a bit of a reconciliation to be made in terms of new mothers who might approach things with rose-tinted glasses and say they'll return to work and express breastmilk. New mums might not have a very clear idea and until the baby is born reality doesn't hit." (Naomi)

This fear that the theory of a rapid return to the workplace and expressing breastmilk may be ideologically driven ("rose-tinted glasses") and not a realistic approach was a

sceptical and cautious note amongst my participants. It reflects both questioning of social policy and also concern for the mother herself.

My study can therefore be seen as a complement to existing literature which surveys the experiences of women, formal legislative policy, global context, procedures within mainly US employers and the limited information available about how employers and managers feel about lactation breaks. It is broadly congruent with the existing literature in the field and takes the knowledge base further by providing a detailed analysis of the emotive and relational factors which impact upon the context of lactation breaks.

Broadly, my results are similar to the previous studies, however, there are differences of context and this study should be seen as rooted within the UK situation of 2013 when the research was undertaken. In line with the most qualitative information available, I have encountered a range of incongruent and contradictory themes which represent a combination of supportive attitudes and barriers to lactation breaks in the workplace.

LUKES' DIMENSIONS

In the first of Lukes' dimensions of power, the ability to prevail in times of conflict (whether or not that capacity is exercised), the data suggests a pluralist answer. While the legal framework does not oblige Zargg to provide employees with lactation breaks, it also makes it hard for them to refuse to do so. Further, the observable policy procedures within Zargg include provision of a room for rest which can be utilised for taking lactation breaks by employees. Therefore, it appears that while Zargg retains the option to deny lactation breaks, as a matter of concrete decision making practice the organisation have elected not to do so. This places managers in a position where they cannot easily deny lactation breaks to a member of staff who requests them, but they were able to identify ways in which they could put barriers in place, although they stressed they would not do so, demonstrating potential which is a form of power. I asked Vera, an Equalities Officer:

> M: Are there any limitations placed on you by Zargg policy in your ability to support breastfeeding mums?
>
> V: Clear provision for staff would be excellent policy. Yeah, lack of provision in policy, really. The situation we have where people are always desperate for space, and there are fewer rooms than we need. (Vera)

This reminds me that there is a gap between the official policy, which Vera as an equalities officer regards as unclear and having insufficient provision, and the realities of the discussion. It is therefore useful to examine a situation where there was a conflict between the manager and the employee. Clare describes such a situation where she tried to invoke her rights to a lactation break; she did not experience a flat-out refusal, but:

> "I hadn't heard anything, and I didn't know if there would be a room available, or if I was just supposed to sit in the car and do it, but I didn't actually push it at the time." (Clare)

However, despite the fact that Clare wanted to take a lactation break and had requested access to a room for a lactation break, she encountered sufficient difficulties in raising the issue that she eventually dropped her request. This appears consistent with the second dimension of Power, that of the ability to avoid the raising of the issue, but is also observable behaviour at a time where there was a clear conflict of interest as Clare experienced constraint from her manager which impeded her ability to live as her nature and reason dictated. The manager's behaviour appears to fall short of coercion and he did not actively disallow Clare from taking lactation breaks. Clare's testimony demonstrates that the non-event made it hard for her to take lactation breaks despite initially desiring to do so. She ultimately retracted her request and decided not to pursue lactation breaks.

Within the second dimension, lactation breaks is an issue that could be organised into, or out of, politics. The presence of a Women's Forum and a Maternity Group within the organisation allows the potential for lactation breaks to be incorporated within political discussions, and the presence of several equalities officers also enables the issue to be politicised. These collective and organisational factors enable subpolitical issues to be raised and submerged desires, such as Clare's decision to drop her request for lactation breaks, to be revealed through an emancipatory process. It is interesting that Clare is a member of the Women's Forum and that may have been part of her decision to engage with the research project and describe her experiences to me. This demonstrates a mobilisation of bias within the organisation that actives second dimension power on behalf of the female employees. We can also see this in the solidarity and support expressed by some participants for employees who wished to take lactation breaks. This included managers who did not

mention that they had accessed consciousness-raising activities. Carla, a cleaning manager, expressed her reaction were she to receive a request for a lactation break in this way:

> "I would look into it for you and find out what we can do for you. I am 100%, no, over 110%, for it… I would wholeheartedly say that it's something we should do." (Carla)

The national context is also an influence for all Zargg employees. The NHS and charities such as the NCT provide some support for employees who wish to access lactation breaks; and their material is accessible to Participants in the study. When asked where they would look up the law concerning lactation breaks, a wide variety of sources were cited and these would probably impact participants' behaviour if they were alert to the need to investigate the context.

Third dimension power is more complicated to study as there is a danger that the academic assumes that they know the truth but that this is concealed from the actors. Attribution of false consciousness and ascribed real interests can therefore become a paternalistic process. Lukes (2005) reminds us that false consciousness, which is usually partial and limited, refers not to a privileged access to truth but instead to power to mislead, for instance, through censorship, disinformation, and promotion of misleading information. We can see that this is the case throughout Zargg as the policy supporting lactation breaks is not always available even to HR and Equalities staff, as Vera states. This prevents staff from accessing the rooms to rest and recover which the policy makes available for lactation breaks. This could be described as a form of censorship or denial of information which is an exercise of third dimension power.

We can also see third dimension power in the concerns that managers raise regarding lactation breaks, which acts as a disincentive to employees to access lactation breaks and may pressurise them into stopping their lactation breaks early. The presence of concerns indicates that there are restraints upon what women would want or prefer were they able to make the choice; the woman making the choice is in a context where her manager has reservations about the practice of lactation breaks. The extent to which an employee is conscious of, and considers those concerns to be a factor in taking lactation breaks, is likely to be related to the extent to which the third dimension of power is exercised.

Joan, a catering manager, was able to facilitate an employee's request for lactation breaks but the employee stopped after a short while. She comments:

> "We have had one lady that was still breastfeeding when she returned. I don't think you can put a time to it [duration of breastfeeding]…. She would go and express and we would give her a separate refrigeration space, but that only lasted for a couple of months." (Joan)

It is difficult to be certain to what extent discouragement and false consciousness may have impacted the lady who took lactation breaks. Would she have wanted to continue longer in a situation of full autonomy? Did she feel constrained from being able to make her real interests known? Joan had concerns about lactation breaks, but to what extent did that impact the wants and preferences of the employee? My results indicate that the Zargg context entails partial ability for employees to make the choices that are aligned with their true position, but not wholly. There are still restraints which restrict the extent to which the existent behaviour indicates true third dimension empowerment.

There is therefore some evidence of all three of Luke's power dimensions being contested in relation to lactation breaks. Clare's experience in which her manager failed to actively consider strategies to enable her to access lactation breaks is especially evocative. This single incident contains within it elements of all three dimensions. She was able to access supportive policy and solidarity amongst her colleagues; she raised the question; but her manager's non-response is a second dimension expression of power which ultimately prevented her from pursuing the question. Power issues are implicated, across all three dimensions, each of which appears to be contested to some degree.

TRUSTWORTHINESS OF RESEARCH

Some attempts have been made to create checklists for trustworthiness and quality criteria. Braun and Clarke (2006) produce a fifteen point checklist relating to transcription, coding, analysis, overall points, and the written report. Elliott, Fischer and Rennie (1999) provide evolving guidelines for publishability, some of which are aimed at both quantative and qualitiative data, and some described as particularly pertinent for qualitative data. Elo Satu *et al.* (2014) produced a long list of quality markers for qualitative data. Yardley (2000) produced a list of open-ended and

flexible principles which she is concerned impact the quality of data. The different checklists address different quality indicators, and may represent the variant schools of thought that have influenced different methodologies. However, some of the common criteria are significant for this study and relate closely to the methodology adopted within this thesis.

PERSONAL INVESTIGATION

I have attempted to address these quality criteria by clarifying the biases and personal journey I have undertaken as a researcher and including data on this within the thesis. The process of doing so has been aided by my research diary in which I reflected upon the challenges posed by the research and the investigations I made in addressing them; the summary within this thesis reflects my journey and is reflexive rather than narrative. I acknowledge that my experience and perspective is unique and this impacts upon the concepts of reliability, but this concept is somewhat contested in relation to qualitative data due to the limited transferability claimed by Braun and Clarke (2013)

In addition, I have kept a research diary and included reflective and reflexive data within this on an on-going basis to document the development of my analysis and thought processes during the PhD journey. I am conscious of how my presence as a researcher informs both the genesis of the research, the methodology adopted, and the analysis of my dataset. My experience in relation to breastfeeding pre-dates the PhD studies and I have been involved in breastfeeding support for over a decade. I have also had connections with Zargg although not with many of my participants for several years. As such, I have engaged with their policies and procedures in relation to matters not connected with lactation breaks and have extensive exposure to Zargg. As my personal journey is to some degree contained in the public domain, this limits my potential to situate the research site for ethical and anonymity reasons. However, this enhances the credibility and immersion which increases the confidence with which I can report my findings, and thus represents a positive reason for the selection of Zargg. I am therefore positioned as active in the creation of data. The explicit way in which I acknowledge my journey and the relationship between my enquiries and my personal development enables my assumptions to be interrogated.

TRIANGULATION

By using multiple methods, in particular by comparing document analysis with interview data, I am able to enhance the trustworthiness and confidence with which I report my findings. This triangulation between participants, who come from different perspectives and roles within the organisation, combined with the website and internal documents, increases the confidence with which I can describe my findings. All procedures for the gathering of research data have been accounted for and specified, together with accounts made of the limitations associated with the methodology adopted. The personal journey has also been documented but is of necessity more amorphous.

My methodology enables a consistency between the research paradigm and the reported analysis, and the epistemological and ontological position of the analysis is clearly explained and accounted for. It is also responsive to the emergent findings and intended purposes of the study, but demonstrates consistency between the research objectives, problem, purpose, and aims and the methodology adopted; the research questions drive the analysis. Therefore, it is appropriate to the research design, with explicit theoretical assumptions manifested in a conceptual framework which informs the situated knowledge garnered through the thesis. The significance of the selection of the deviant case study organisation while limiting the generalisability of the findings enables broader transferability of the knowledge and themes derived from the data.

DISCREPENCIES

I have also taken care in presenting my data to include both themes and counter-themes, with especial reference to the limitations of the theme. This has required me to engage with the negative and discrepant findings, and to ensure that I have included an account of these within my report of findings. Despite the potential for confusion associated with the inclusion of these brakes upon the extent of support for a theme, it is important methodologically to include the limits relating to themes and contrary information where it is present in my data set. It also ensures that the findings chapter of this thesis is thoroughly grounded in the examples and enables appraisal of the fit between data and my analysis of the themes and understandings I bring to this. It also demonstrates that there are alternative interpretations which I have addressed in developing my thematic structure. I have also addressed issues of

coherence and integration of the findings, while retaining the nuances and situated context bound nature of the data together with the complexities and inconsistencies within it. I have also included quotes by all the research participants within my findings and avoided over-quoting any participant.

RIGOUR OF ANALYSIS

Each line of the interview was coded, usually multiple times in multiple iterations. This ensures that all elements of the interview data have been given rigorous attention, and that I have not ignored possible negative proofs for the development of themes. It is therefore a thorough, comprehensive, and inclusive account of the material discovered and the interpretation has been informed by the whole of the data set. By collating all the data relevant to the theme in Nvivo, I was able to address questions of coherency, cohesiveness, consistency, comprehensiveness, and distinctiveness. In addition, questions about demographic data and the relationship between personal characteristics and the themes were able to be addressed. I systematically checked each theme was saturated by relation to each participant characteristic, using frequency charts, and that it was therefore comprehensively attested to. In addition, themes were checked against each other and against the data set in a recursive and iterative process.

Although I have not reverted to participants with transcripts for methodological reasons, I have prepared and presented summaries of my findings for Zargg and discussed my findings with interested Zargg staff within public forums. The delimitations of my study, relating to the boundaried nature of the study and the methods by which I have narrowed the scope of the study have also been addressed in relation to my methodology, and a clear data trail has been created to describe the methodological process by which the study's findings have been created. The data transcription was provided by a trained professional who had a degree in social science and been given close briefing on the special requirements for qualitative research. In addition, she and I sat down and reviewed the different notation possibilities which had been described in the literature prior to agreeing on the specifics of the transcription. After transcription, I performed a series of spot checks on each transcript to look for accuracy, as I was present and participant in each interview. We therefore balanced each other's work and I am grateful for her assistance.

Data analysis has been undertaken with peer researchers and my supervisory team, by requesting them to read and review several transcripts and then providing free associations upon them. This enabled me to enhance the constant comparison that I was engaged with by enabling me to access other people's interpretations and counter-transferences associated with the data. Including thick description, grounded examples, and addressing inter-rater issues through these formal methods increases the confidence with which I can describe my results. However, care has been taken to provide a clear analysis rather than a paraphrase and to include appropriate relationships between analytic comments and illustrative extracts from interviews; with a thorough, convincing, and clear narrative.

ONTOLOGICAL ORIENTATION

Discussion of my results relates to the theory, literature, results, and content in the context of the methodological approaches towards data collection and analysis. I have attempted to distinguish between the tentative nature of the limited data and the knowledge paradigm which I am attempting to inform and develop. By specifying my theoretical orientation and personal anticipations about the data, together with how my knowledge developed over the process of the research and my understanding developed, I recognise my assumptions, understandings, and values in the emergent and developing process of creating new knowledge. My analysis also chimes with other researchers' findings and achieves resonance with the audiences whom I have shared it with, who have described it as clarifying and expanding their understanding of the issue.

The discussion relating the findings of this thesis in relation to the context of the reports of other researchers into the issue illuminates the close connections between my analysis and the wider theoretical and empirical literature. By placing my findings in the context of the existent knowledge, I hope that the thesis will be both impactful and important in relation to the community who contemplate lactation breaks, in particular policy makers. Dissemination of the material is therefore critical in relation to this. The topic is important to the field of enquiry as it relates to an understudied population which has an impact of import to the topic. By giving voice to the perspectives of managers within an employing UK organisation, I hope to impact the discussion and discourse relating to the topic.

Zargg policy was very supportive of lactation breaks in many ways. In particular, participants highlighted the flexibility of their work and the presence of an on-site nursery as especially useful in supporting lactation breaks. However, the lack of space within Zargg was repeatedly highlighted as a brake upon a manager's ability to offer support.

The policy of rooms to rest and recovery appears to be supportive of employees with a wide range of needs, including lactation breaks, but the cramped conditions meant space was a premium and there was considerable competition for access to rooms. A higher degree of awareness of the policy on rooms to rest and recover and more accommodation would enable Zargg to be more supportive for many employees, as well as those requesting lactation breaks.

The themes within this study which could act as a barrier for employees seeking to take lactation breaks include the concerns on the impact on work, concerns about the impact on the employee, concerns about impact on workplace and team, questions about 'fudging' (specifically those related to space) and wider concerns such as the separation of work and family life and reservations about communication on the subject.

In addition, some legal barriers remain and there was a limited call for law reform within my participants. In addition, there was some support for expressing breastmilk rather than breastfeeding directly as a more work-friendly way to approach lactation breaks. However, as is apparent from the literature review, there are reasons to believe that this is less satisfactory for the mother and baby than breastfeeding a baby directly.

A legal right to paid lactation breaks within the remit of the HR department would be advantageous for addressing many of these barriers. This would entail some degree of the mutualisation of the costs associated and the concerns raised with having an employee taking lactation breaks.

The barriers that are experienced and anticipated by managers as they contemplate the issue will likely remain, while the legislative climate does not require employers

to provide these. However, as my study shows, even where lactation breaks are available, there remains significant barriers for employees who wish to access them.

Therefore, women will continue to receive mixed messages on the topic. While they are urged to breast feed, they are likely to find that their context makes this impractical or difficult. Lactation breaks cannot be seen as a completely satisfactory solution to the dilemmas facing working mothers while the barriers remain.

By concentrating on the real and lived experience rather than the theoretical construct within the policy documentation that Zargg possesses, I have been able to highlight the actuality of the Zargg context. This study is therefore more firmly rooted in what is, rather than what ought to be the case.

CHAPTER 6: CONCLUSIONS

The research questions spring from the objectives of this research.

The first research question on the issues triggered for managers is carefully expressed in non-moralistic terms. Although it allows for the discussion of advantages and disadvantages, it does not phrase the responses or pre-empt them in such terms.

This first research question also allows managers to respond with questions in the *macro, meso* or *micro* level according to their perception of the factors that they believe to be important. It enables managers to access questions relating to large-scale factors and forces, as well as Zargg policy and the individual concerns which are important to them in the moment.

The second research question about the understandings of the law illuminates how the *macro* level is understood within the *micro* level. Managers may also elect to answer it by reference to the three levels of power identified by Lukes, in that they may discuss interpretations in times of conflict, interpretations about the agenda items to be discussed by themselves and employees, or questions about law reform and the desire for lactation breaks and the impact that this has upon legislation.

The third research question on the different ways of managing lactation has importance across the *macro, meso* and *micro* level in that there are different tolerances accounted in the literature for different types of lactation break.

This question also addresses some of the gaps identified within the literature review about the differential support from employers for different types of lactation, as well as the different experiences for lactating women associated with expressing and breastfeeding. Moreover, this concentrates upon the difference between Humesian *is/ought* dilemma by allowing an exploration of the differential nature of expressing breastmilk and breastfeeding an infant.

By concentrating upon the relational, emotive and attitudinal elements that impact upon the discussions between managers and employees, I am able to give a much more detailed description of the context women face.

Although the qualitative material includes an account of the policies, these are mediated in the moment in a relationship. By including the emotive, I am able to give a better and truer account of the pressures that are experienced when making decisions about lactation breaks.

CONTRIBUTION TO NEW KNOWLEDGE

This research advances our understandings of the topic of lactation breaks by incorporating a wider discussion, concentrated within a bounded qualitative study. The wider factors that impact upon lactation choices are captured to a larger degree than the previous research has enabled and the social realities which inform lactation breaks are examined and interrogated within this research which incorporates critical legal theory, socio-legal analysis, public health, occupational health, employment law, management and organisational studies and psychology.

Addressing the methodology to advance knowledge on the area, and integrating the diverse disciplines, is part of the contribution that this thesis makes to the knowledge base. The inter-disciplinary nature of the subject matter is complemented by a qualitative study of a single organisation which is primarily conducted through interview data which has been subject to a thematic analysis.

METHODOLOGY CRITIQUE

Using a case study has advantages for enabling a critical appraisal of the context for autonomous decisions made by Zargg employees. Rather than focussing on the individual decisions of women who were contemplating lactation breaks, this study changes the paradigm by instead attending to the context of those decisions. This has been successfully studied in the US context by other researchers such as by Bai (2012), Stratton and Henry (2011) and Anderson (2015).

The findings of this study are broadly congruent with their results. This demonstrates that there are some similarities in terms of the concerns of managerial staff towards the topic in both the UK and the US, despite other differences in the context of peri-natal employment.

Bai's participants expressed a range of concerns and beliefs about lactation breaks which are echoed by my participants, and they also identify the potential to reinforce positive beliefs and address challenges, which is resonant with my findings. Similarly, Stratton and Henry describe the themes in their interview study as

displaying incongruence and inconsistency, which is again represented within my data.   Anderson also finds a complex picture in which participants both avoided communication and regarded communication as important.   All three key studies therefore, demonstrate a mixture of simultaneous and somewhat contradictory findings. This is in line with my findings and the range of themes I have identified.

There important methodological differences between existent US studies and the current thesis, as different research questions were examined and a different theoretical approach used. Bai applies the theory of planned behaviour to identify normative, behavioural, and control beliefs.

Stratton and Henry use the framework of Reasoned Action, although they were open to the development of an unexpected theme from outside their primary framework. Their sample of six participants is also small and this limits the generalisability attributable.

Anderson used a focus group with participants from a range of US industries and employers, many of whom had personal experience (rather than responsibility) for lactation break practice within their employment context.

All three key studies therefore attempt to research a range of US businesses, rather than providing an indepth analysis of a single organisation. My study is also inductive in nature and aims to produce rich qualitative data, firmly grounded to come close to participant's world view. This has similarities to research which has focussed on the experience of women taking lactation breaks, eg Gatrell (2007), Avishai (2007), Gatrell (2013), but changes the paradigm to examine their manager's perspective.

My case study organisation cannot be seen as representing all public sector organisations. My participant size is small, with twenty-seven participants, who are likely to be atypically supportive of lactation breaks. This is a feature that has been encountered by other researchers in the area such as Dinuor, Pope and Bai (2015), Dodgson, Chee and Yap (2004), and Wu, Kuo and Lin (2008).

Moreover, since data collection in 2013 there have also been changes in the practices at Zargg and it is likely that were the exercise to be repeated now, even using the same methodology, there would be some differences. Perhaps my presence as a

researcher asking questions, and the Managing Director's support for the study, is responsible for some of those changes. These factors impact both transferability and generalisabilty of the findings (Yin, 2012).

However, the detailed record of processes and procedures is intended to assist the reader in determining the applicability of the results for other settings. (Bloomberg and Volpe, 2008).

The use of a case study is a valuable way to increase the emphasis on context and the circumstances that would surround a hypothetical employee at Zargg who contemplated lactation breaks. Similar questions have been used by other researchers such as Kosmala-Anderson and Wallace (2006) in relation to UK context for lactation breaks.

My participants were considering their reactions to a theoretical, rather than a real, request for lactation breaks (with resonances to Kosmala-Anderson and Wallace's respondents, although they were peri-natal rather than managers). This may or may not reflect how they were to respond to an actual request, with similarities to the abstract scenario used by Seijts (2002; 2004; Seijts and Yip, 2008). This technique may increase the validity of the results by removing the personal and instead focussing on the contextual features which would drive managerial responses.

Writing the interview schedule was a particularly challenging task, even though I was able to access sample questions, eg those of Kathy Charmaz (2006) and Webster and Mertova (2007). These are generic questions which had to be applied to my research questions. I also considered the interview questions researchers have asked employers about lactation breaks (Witters-Green, 2003). Phrasing the questions was challenging. The interview schedule is attached at Appendix IV and may be of assistance to other researchers if they are contemplating similar studies.

IMPACT OF THIS RESEARCH FOR THEORY

As there were barriers to lactation breaks within Zargg, the behaviour and choices of women within Zargg may not be a good proxy for their true interests or preferences. The context within which women made their choices was constricted by a number of barriers which may impact or mask their behaviour with regard to their true interests.

An option for further study would be to discover an organisation in which no barriers were present, if it was desired to find out what women would elect in a situation of free choice. However, as Zargg was chosen as a particularly lactation-friendly workplace, it is likely that barriers would exist within a greater or lesser degree within all UK employing organisations. The purposive research design enables greater conclusions about restrictions upon autonomy throughout the UK.

The research questions spring from the theory underlying the development of the research design. Therefore, I have investigated questions in the *meso* level which incorporates both the *macro* and the *micro* level as per Hudson and Lowe (2009). The election of a qualitative study focussed in a single employer demonstrates the interface between global, legal, and personal, relational, factors. The discussions around the topic and the issues which are triggered by it are influenced by contextual and policy factors which have a genesis outside the relationship as well as internal to a specific situation.

The investigations into how law and global policy becomes relevant and applicable in the lives of individual employees is specially illuminating as it crosses both law, politics, power relations and personal factors. However, the deviant sampling deliberately frames the difficulties that may be present in a supportive environment. The election of a supportive environment demonstrates that individual employees are likely to find complexities in spite of, and despite, a combination of law, policy, and employer support which is rhetorically in favour of lactation breaks.

Developing a methodology which integrates the diverse disciplines related to the topic has been challenging. The methodology is informed by my values and combines an investigation into the personal and political, in line with my feminist beliefs.

The methodology also includes philosophical and ontological perspectives which are of relevance across numerous disciplines, and addresses the shortcomings of the law in relation to the area. Investigating the context of lactation breaks enables more to be said about the restrictions on autonomy within women's lives and the limited role of choice. It also is an investigation into the question of guilt, as it highlights the constrained choices that women experience regarding breastfeeding.

The deviant sample selected was especially useful for addressing the extent to which managers who are broadly supportive of lactation breaks demonstrate concerns. While participants raised a range of viewpoints, I found myself broadly in agreement with most of the participants to at least some degree; this may spring from shared values.

The study also highlights the role of each of Lukes' three dimensions of power, as it illustrates the situation in times of conflict, the way in which some questions are selected for discussion amongst managers and the factors that influence the desires that are expressed within the workplace.

I have also addressed the methodological difficulty of the *is/ought* dilemma by remaining close to the experiences, meanings and interpretations of my participants and by careful development of interview questions, which ask participants about their experiences rather than their opinions. I have come to a closer understanding of the realities, rather than the theoretical intentions, of the lived experience of lactation breaks in the working environment.

I have bridged legal and social research within this thesis and demonstrated how they mutually complement each other; and provided a conceptual framework for the interface. In order to prepare the thesis, I had to address numerous learning objectives and frame my material for different audiences. This process required me to translate learning from different academic disciplines into an integrated whole.

Further research could focus on examining the different levels of management and address any attitudinal differences that might exist between senior and junior management staff, or those managing different grades of staff. It would also be interesting to examine attitudes after an intervention to increase the rates of lactation breaks, and how these might differ. When managers consider the issue, their support for lactation breaks may increase and exploring this further would demonstrate how amenable to change managerial attitudes on the topic are.

By examining multiple perspectives on the issue within a bounded naturalistic unit, I have also kept close to the social realities experienced by my participants, which is co-constructed through the process of interacting. The nature of the multiple perspectives that were revealed through the research enables me to come closer to the

intricate dynamics which are connecting policy documents, legal documents and perspectives of people with expertise in the relational discussions between line managers and employees.

The multiple pressures, power points, influences and perspectives are captured to some degree within the accounts of my participants. Therefore, I have a socially constructed knowledge which is kept close to the social realities faced by individual employees within the Zargg organisation. This highlights the social yet real constraints upon action which are experienced throughout Zargg.

POWER FACTORS

The three dimensions of power identified by Lukes (2005) are identifiable in relation to the topic. The first dimension, that of the ability to prevail in decision making at times of conflict, may be perceived as legitimate and may be acquiesced to by all parties. In the Zargg context, seeking to take a lactation break by bringing a baby to work was potentially unacceptable to the participants in my study and in conflict with the policy of the organisation.

Participants could also identify ways in which they could make it practically difficult for women to access lactation breaks, often stressing that they would not do so; but the capacity demonstrates power over women seeking lactation breaks. However, a lot would depend upon contextual factors and this study illuminates some of these.

The second dimension of power, non-decision-making, is also in evidence in the study data. Study participants were unable to access lactation breaks because no decision was made by their managers to enable them to access them. However, there were also features of solidarity and support which suggest mobilisation of bias in favour of lactation breaks and organises the topic into the sexual politics which Zargg is concerned about.

Difficulty in accessing law and policy makes it hard for managers to understand and apply the relevant principles about lactation breaks with consequent potential for inertia. The call that was made by study participants for greater guidance and perhaps legislation on the topic is relevant to both the first and the second dimensions of power.

Although there is limited evidence in this study of the third dimension of power, controlling other's thoughts and desires, there is some evidence within the data of an absence of clearly disseminated guidance and policy. This could be regarded as censorship and misinformation, but it is very partial and there were HR officers who could provide advice to managers, in support of lactation breaks. This is a nebulous, incomplete exercise of third dimension power which may partially reduce the autonomy of women to seek lactation breaks.

The Zargg context therefore produces pluralistic explanations of power in regard to each of Lukes' three dimensions Employees are able to access solidarity, support, and consciousness raising activities which assist them if they are experiencing first dimension conflict with their managers, and encourage them to raise the question and therefore increase their second dimension power.

However, the Zargg context provides only limited evidence of the true preferences of employees as the potential for them to make a free and empowered choice is hindered by the realities and constraints that they experience, despite the absence of coercive restraint. This has the potential to result in alienation from true preferences and the development of false consciousness.

The restraints within the Zargg context may affect the first, second, and third dimensions of power identified by Lukes. Power therefore appears to be distributed, unevenly, between multiple parties and their interests may also be multiple. All three of Lukes' domains are engaged regarding lactation breaks.

Concerns about how much working time might be impacted by lactation breaks underlies the different types of concerns that managers have about lactation breaks. The impact for the mother, her work, and the team/co-worker relationships were all connected with the fact that a lactation break takes time.

It is possible that the concerns theme could be interpreted by women working at Zargg as a barrier to lactation breaks. Although the literature disagrees on how much time it is likely to take in contrast with alternative forms of feeding (Cohen *et al.*, 1995; Smith and Forrester, 2013) it is likely that it will involve the mother in taking some time out from working activities (Slusser *et al.* (2004b). This is a factor which

my participants were conscious of when discussing their concerns about lactation breaks.

Zargg is an organisation that has a policy that provides for lactation breaks, but there are still barriers which this research has identified, which make it harder for women to access that right. The right to take a lactation break and the ease of doing so may not be correlated. It is possible that women within Zargg who wish to take a lactation break might experience barriers or difficulties. Some of my participants had dual roles, as both managers and as women who had sought to take lactation breaks with variable degrees of success.

There was considerable ambiguity amongst my participants about bringing children onto the worksite and the written policy reflected this. A mother experiences many liminal positions within the workplace, moving from pregnancy, to maternity leave, to her return to work. Especially during the transition back to being in work, she may wish to bring her baby with her, for instance, during visits whilst she is on maternity leave, keeping in touch days and potentially desire to bring her baby with her into the more normal working relationships after her return to work.

However, as this study demonstrates, this potentiality may not be welcomed by her employers, who may have a variety of strategies, concerns, and policies which impede her opportunity to bring her baby onto the worksite. Thus, she may be separated from her baby for institutional reasons unless she elects to discontinue working.

SUGGESTIONS FOR FUTURE RESEARCH

When further research is conducted on this topic, it will be important to continue to focus on the constraints upon autonomy as well as the desired outcomes, and to consider the "Is" as well as the Humesian "Ought". This is to ensure that research is grounded and informed by the context of maternal decision making, and the realities that mothers experience forms part of any further studies on the topic. This real-world lens enables a clearer perspective on the phenomenon.

Another element for future study is to look further at the breastfeeding and expressing breastmilk paradigms in terms of their differences rather than assuming that they are qualitatively the same. The relational elements of breastfeeding are a

key consideration for an employee contemplating lactation breaks, and need to be included in studies on the topic.

The embodied physical acts of breastfeeding and expressing breastmilk may have different connections and meanings for mothers, and be interpreted in different ways. They could be perceived differently by managers, co-workers and employees; and the baby's experience of receiving breastmilk by bottle also deserves close attention.

It would be intriguing to assess employers' reactions to the potential ways in which they could support lactation breaks, for instance, those described by Cardenas and Major (2005). Participants were conscious of a range of concerns about lactation breaks similar to the time, strain, and behaviour stresses identified, and were able to consider a range of potential protective practices which they could access. Further research might find the paradigm useful.

My participant's awareness of the arguments concerning the merits and demerits of the different options concerning different ways of taking lactation breaks was subjugated to the autonomy of the mother to make context bound decisions. There were also concerns that not all choices would be easy for the mother in the context of Zargg and the realistic and pragmatic issues that impede and constrict the availability of options are evidenced in this study.

My participants supported maternal autonomy and this included opportunities to express breastmilk where this was the chosen way to take a lactation break. Therefore, although they may have been aware of the arguments concerning the embodied and relational nature of breastfeeding, and that expressing breastmilk is a more technologized option which disrupts the mother-infant bond, they were not engaged with this argument. These arguments (Rachael Spencer (2007) Dykes (2010), Ryan, Todres and Alexander (2011) Ryan, Team and Alexander (2013) Bartlett (2000) Regan and Ball (2013) Hassan (2010)) may impact the choices that the mothers make, but my participants often construed their role as to facilitate the decisions that the mother informed them of regarding her preferred option.

REFLEXIVE COMMENTS

There is an irony requiring risk assessments that the law requires for women undertaking lactation breaks. This is echoed by the concern for the wellbeing of the

women which was described by my participants, in terms that would be potentially interpreted as an encouragement to employees to wean their babies. This presentation of the issue portrays breastfeeding and lactation breaks as 'risky'. It is at odds with health promotion messaging. Instead, health research has increasingly referenced the risks associated with feeding artificial breastmilk substitute although the terminology remains contested (Gillis, Gray and Murphy, 2013; Pereira, 2014; Quigley, 2013; Daniels *et al.*, 2012).

The signalling associated with performing risk assessments specifically for lactating women is reflected in the concerns for the welfare of the lactating mother in my sample. In contrast with this, feeding an artificial breastmilk substitute may be perceived as a riskier activity than taking lactation breaks.

Although it was not a part of my study, I was struck by the caring attitude of many of my participants towards all parents in the workplace. While I was concentrating on the situation facing breastfeeding women, it became apparent to me that managers were concerned to support all parents who are employees. The positive emotions associated with having a member of staff become a parent were balanced with a concern to promote the wellbeing and awareness of the stresses and strains of combining parenting and working.

POLICY DEVELOPMENT

It therefore seems to me that it would be appropriate for all parents to be able to access a risk assessment on their return to work. Fathers, adoptive parents and surrogate parents are all at risk of stress, fatigue, role adjustment issues and depression. All mothers may have birth injuries which impact upon their physiological health and mothers using an artificial breastmilk substitute face additional health risks (Giallo and Cooklin, 2015; Foli, Lim and Sands, 2015; Abelsohn, Epstein and Ross, 2013; Perry-Jenkins *et al.*, 2011).

If the risks all parents are exposed to upon their return from maternity, paternity or adoption leave are addressed, one item to include within the risk assessment is the risk of early weaning. Managers would therefore be encouraged to assess and address the workplace factors that might encourage mothers to wean from breastfeeding earlier than they desire. Lactation breaks would therefore become a natural and normal part of the conversations concerning return to work.

This would also address the feature of my study in which conversations about lactation breaks do not appear to be happening on a routine basis throughout Zargg, but participants were willing to discuss the topic and look for ways to support lactation breaks, when they became aware of it as a factor.

A clear legislative right to take lactation breaks during working time would be useful in providing employers with guidance. There are already so many complex legal rights that it is hard to refuse lactation breaks, but the legislative backdrop is confusing for managers. This lack of clarity was regarded as unhelpful by participants.

The reflective experience of taking part in research interviews was welcomed by participants as a way to critically consider their practice and in many cases they contemplated making changes. This suggests that a policy change on the subject would be acceptable to my participants.

A risk assessment for all parents would additionally benefit parents by de-stigmatising the issue of lactation breaks. A further advantage of this proposal is that it would unite all parents in their entitlement for a risk assessment and lead to similar pathways of care for both breastfeeding women and parents feeding artificial breastmilk substitutes.

Arguments over breastfeeding and stay at home mothering, contrasted with working, and the implications for infant feeding, have important psychological consequences for new mothers. Chezem, Montgomery and Fortman (1997) identify negative emotions about infant feeding as common amongst employed mothers, especially for those who do not achieve their intended feeding practices and feelings of failure are common, (See, eg, Redshaw and Henderson (2012)).

The mummy wars can be seen as a limiting and limited argument. Reducing the question of good mothering to a single dimension, whether that is infant feeding or working, may be associated with conflict, guilt, and shame in many new mothers, thus limiting their psychological potential for self-definition in positive terms.

The moralised term good is problematic (See, eg. Murphy (2000), Shaw (2004) and Williams, Donaghue and Kurz (2013)). However, guilt can be construed not in

relation to a mother's failing, but in respect of society as a whole (Labbok 2008; Labbok, Smith and Taylor, 2008)

Many mothers report that they do not experience agency to enable them to fully access a range of choices, although support can help. (See, eg, Valdés *et al.*, 2000; Alstveit, Severinsson and Karlsen, 2011; Hirani and Karmaliani, 2012; Dixit, Feldman-Winter and Szucs, 2015)

Ascribing moral values to infant feeding, therefore, appears inappropriate. This research attempts to synthesise the polarised positions of different feminist schools. Some of feminist positions surrounding the topic, and the debate engendered, have been summarised by other writers (Van Esterik (1994), Robyn Lee (2012) Galtry (2000); Deborah McCarter-Spaulding (2008)). By changing the paradigm to address the context, I am incorporating both public health and autonomy based advocacy in relation to the topic. (McKinley and Hyde, 2004).

Perhaps some of the negative, guilt, feelings can be conceptualised as including anger and frustration at the limitations new mothers experience in their lived context. (See, eg, Labbok (2001), Ryan, Todres and Alexander (2011), and Forster and McLachlan (2010)), Changing the paradigm, to address issues of the circumstances, information, support, and options that mothers experience in their lived context may therefore be a liberating, feminist experience for new mothers.

It also addresses criticisms about over-zealous promotion of breastfeeding and lack of respect for autonomy (See Robyn Lee (2012), Arneil (2000)). This research aims to address structural supports and limitations while respecting maternal autonomy and resisting shame in line with calls by Taylor and Wallace (2012). Therefore, in assessing the context for lactation breaks, the mummy wars might be overcome.

Requiring risk assessments for all new parents, which includes an assessment of the risk of early weaning, is a way to provide an approach which unites all new parents and does not discriminate against a single group. It would help overcome the mummy wars, while still respecting public health issues concerning the importance of breastfeeding.

There was limited awareness among my participants of the risks of feeding artificial breastmilk substitutes, although the potential for mums to be unhappy if they were unable to take lactation breaks was discussed as a reason to support lactation breaks.

Formula milk, and formula feeding mothers, were not criticised by my participants, who spoke of breastfeeding as good and healthy without drawing negative comparisons with artificial breastmilk substitutes. The literature on the topic eg. (Apple, 1987; Baumslag and Michels, 1996; Mathison, 1997; Minchin, 1998; Arneil, 2000; Hausman, 2004; 2008; Bartick and Reinhold, 2010; Bartick *et al.*, 2013) was not referenced by participants.

Risk is a widely understood paradigm for working practices. In relation to breastfeeding, however, there have been calls for it to be contextualised. (Ellie Lee, 2011; 2007a; 2007b; 2008; Lee and Bristow, 2009) It may evoke fear based reactions which can result in messages being rejected (See, eg, Stuebe, 2009; Striley and Field-Springer, 2013).

By examining a range of peri-natal risks and compiling a set of strategies to address them in the workplace, the risks associated with early weaning might be perceived in an appropriate context. The range of arguments in relation to "why" take lactation breaks may be better communicated to a range of employees and managers when the risks of early weaning are addressed.

A risk assessment would also enable managers to formalise some of the concerns and desire to support their staff. The caring attitude of my participants towards their peri-natal employees, which included all mothers whether or not they desired to take lactation breaks, was strongly supported within my data.

A risk assessment would enable greater discussions to be had on a range of factors about how the peri-natal status and working patterns might intertwine, and enable positive solutions to be found which respect the autonomy of the peri-natal parent and the working conditions of the employer.

While lactation breaks continue to be a vexed topic, with contextual barriers, even within supportive organisations such as Zargg, there will continue to be a need for alternative strategies to enable mothers to breastfeed their babies. These supportive

working practices, such as the availability of paid maternity leave and flexible or part-time options on the return to work, remain important for women.

As this study demonstrates, even within supportive environments such as Zargg, lactation breaks remain a contested area.

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Our ref: JW/lt

3rd May 2013

Melanie Fraser

ADDRESS

Dear Melanie

Application number: HLS/13/03/59

Application title: Lactation Breaks: Law and Politics: Employers perspective

Your ethics application was considered by the Faculty Research Ethics Committee and based on the information provided was given ethical approval to proceed with the following conditions:

1. The informed consent process as written suggests the participants will first see the consent form and the information sheet, immediately prior to the interview. However the information sheet states otherwise. Would the researcher confirm that copies of the information sheet and the consent form are being sent to those who are interested after the initial contact with the researcher and before the date of the interview? We are happy with the actual signing at the time of the interview.
2. Please add an additional line to the participant information sheet saying that if participants have any concerns about the study they can contact the Director of Studies and then give Jane Powell's contact details.
3. You have used a very large version of the UWE logo; we suggest you use a smaller one which we have attached to our email.

If these conditions include providing further information please do not proceed with your research until you have full approval from the committee. You must notify the Faculty Research Ethics Committee in advance if you wish to make any significant amendments to the original application.

If you have to terminate your research before completion, please inform the Faculty Research Ethics Committee within 14 days, indicating the reasons.

Please notify the Faculty Research Ethics Committee if there are any serious events or developments in the research that have an ethical dimension.

Any changes to the study protocol, which have an ethical dimension, will need to be approved by the Faculty Research Ethics Committee. You should send details of any such amendments to the committee with an explanation of the reason for the proposed changes. Any changes approved by an external research ethics committee must also be communicated to the relevant UWE committee.
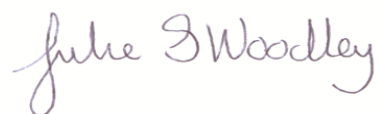
Please note that all information sheets and consent forms should be on UWE headed paper.

Please be advised that as principal investigator you are responsible for the secure storage and destruction of data at the end of the specified period.

Please note: The University Research Ethics Committee (UREC) is required to monitor and audit the ethical conduct of research involving human participants, data and tissue conducted by academic staff, students and researchers. Your project may be selected for audit from the research projects submitted to and approved by the UREC and its committees.

We wish you well with your research.

Yours sincerely

Julie B Woodley

Dr Julie Woodley

Chair

Faculty Research Ethics Committee

c.c   Jane Powell

David Evans

From: Leigh Taylor [mailto:Leigh.Taylor@uwe.ac.uk]
Sent: 15 May 2013 14:19
To: Melanie Fraser
Subject: RE: Ethics Application

Thanks Melanie you now have full ethical approval.

Kind regards

Leigh

Leigh Taylor (Mrs)

Research Administration (Team Leader)

HLS (Post Award Support)

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APPENDIX II: SYSTEMATIC SEARCH METHODOLOGY

Date of search: 3.2.2015

Search Terms:

	S2	Limiters - English Language	
S7	AND		
	S5	Search modes - Boolean/Phrase	
☐	S6	S2 AND S5	Search modes - Boolean/Phrase
☐	S5	S1 N3 S3	Search modes - Boolean/Phrase
☐	S4	S1 AND S2 AND S3	Search modes - Boolean/Phrase
☐	S3	break* or support* or accommodation*	Search modes - Boolean/Phrase
☐	S2	employ* or work* or occupation* or profession* or labor* or labour or workforce* or workplace* or manage* or corporation* or organisation* or organization* or business*	Search modes - Boolean/Phrase
☐	S1	breastfeed* or breast-feed* or breastfed or breast-fed or lactat* or "human milk* or breast-pump* or "breast pump*" or breastpump* or "* or "nursing mother*" or (express* N3 milk)	

CINAHL plus: 629

Medline: 1,255

Embase: 563

Maternity and Infant Care: 1

Business Source Premier: 92

EconLit: 8

Emerald: I did not include the fields s4, s5, s6, or s7: 26

All imported into systematic search folder in Refworks.

After de-deuplication: 1642 articles

QUESTION ONE:

Does the title refer to any of the following, or any synonym.

1) Employment

2) Breastfeeding

3) Lactation Breaks.

If so, read the abstract.

QUESTION TWO:

Does the abstract refer to lactation breaks or any synonym.

For some articles required me to access full text as they do not have an abstract listed in the material imported. I also accessed full text if the abstract was ambiguous.

QUESTION THREE:

I have also excluded articles of less than 5 pages as this is unlikely to add to my knowledge of the subject.

RESULTS:

As of 31.3.2015, I am still awaiting 4 articles from Inter Library Loan. I have been informed that 2 articles cannot be found via Inter Library Loan from UK Sources.

There are 51 Articles relating to Lactation Breaks.

Of which, 12 contain empirical information relating to the employer perspective:

BAR-YAM, N., 1997. *Nursing mothers at work: an analysis of corporate and maternal strategies to support lactation in the workplace*, BRANDEIS U., THE F. HELLER GRAD. SCH. FOR ADV. STUD. IN SOC. WEL.

DOZIER, A.M. and MCKEE, K.S., 2011. State breastfeeding worksite statutes.…breastfeeding rates…and.…. *Breastfeeding Medicine: The Official Journal Of The Academy Of Breastfeeding Medicine,* 6, pp. 319-324.

GARVIN, C.C., SRIRAMAN, N.K., PAULSON, A., WALLACE, E., MARTIN, C.E. and MARSHALL, L., 2013. The business case for breastfeeding: a successful regional implementation, evaluation, and follow-up. *Breastfeeding Medicine: The Official Journal Of The Academy Of Breastfeeding Medicine,* 8(4), pp. 413-417.

KULKA, T.R., JENSEN, E., MCLAURIN, S., WOODS, E., KOTCH, J., LABBOK, M., BOWLING, M., DARDESS, P. and BAKER, S., 2011. Community based participatory research of breastfeeding disparities in African American women. *Infant, Child & Adolescent Nutrition,* 3(4), pp. 233-239.

LEE BENÍTEZ, Y., PARRILLA-RODRÍGUEZ, A.,M. and RÍOS, P., 2005. Effectiveness in the implantation of law 155 of 2002 ordering the designation of spaces for breastfeeding in government agencies. *Puerto Rico health sciences journal,* 24(4), pp. 297-301.

MCINTYRE, E., PISANIELLO, D., GUN, R., SANDERS, C. and FRITH, D., 2002. Balancing breastfeeding and paid employment: a project targeting employers, women and workplaces. *Health promotion international,* 17(3), pp. 215-222.

NGUYEN, T.T. and HAWKINS, S.S., 2013. Current state of US breastfeeding laws. *Maternal & Child Nutrition,* 9(3), pp. 350-358.

SEIJTS, G.H., 2004. Coworker Perceptions of Outcome Fairness of Breastfeeding Accommodation in the Workplace. *Employee Responsibilities & Rights Journal,* 16(3), pp. 149-166.

SEIJTS, G.H., 2002. Milking the Organization? The Effect of Breastfeeding Accommodation on Perceived Fairness and Organizational Attractiveness. *Journal of Business Ethics,* 40(1), pp. 1-13.

SEIJTS, G. and YIP, J., 2008. The Effect of Knowledge Accumulation on Support for Workplace Accommodation. *Journal of Business & Psychology,* 22(4), pp. 311-321.

TSAI, S., 2013. Impact of a breastfeeding-friendly workplace on an employed mother's intention to continue breastfeeding after returning to work. *Breastfeeding Medicine: The Official Journal of The Academy of Breastfeeding Medicine,* 8, pp. 210-216.

WITTERS-GREEN, R., 2003. Increasing breastfeeding rates in working mothers. *Families, Systems & Health: The Journal of Collaborative Family HealthCare,* 21(4), pp. 415-434.

APPENDIX III: QUOTATIONS REGARDING ANDREW LANSLEY'S BREASTFEEDING COMMENTS

NB: - The White Paper itself does not specifically mention legislation; most of the media was driven by Andrew Lansley's comments)

Quote	Person	Representative Body	Media	Date	Article written by (By line) /Any Other Observations
We should be focusing on the women who refuse to contemplate breastfeeding at all and the vast numbers who give up after just eight weeks, not worrying about mothers who breastfeed throughout their maternity leave and then give up	Clare Byam Cook	Former Midwife	The Express	30 Nov 2010	Opinion piece written by Vanessa Feltz. Also referenced below as an Opinion Piece. Received two hits for both Scottish and UK editions.
Said firms struggling to cope with continual new additions to employment legislation. "Each one in itself is reasonable and justifiable, but together, year on year, the cumulative impact is the	Stephen Alambritis	Spokesman for the Federation of Small Businesses	City AM	29 November 2010	Matthew West

cost of a job," he said.

"At a time when the private sector is expected to pick up the job losses in the public sector, now is not the time to be introducing a raft of employment regulations."

I could absolutely weep," she said. "Now we have got the state actually saying to employers in a time of recession you must provide paid breaks, paid facilities, a special fridge for expressed milk and goodness knows what else for women returning to work who have decided, on their responsibility presumably, to have a child. "It is not appropriate for the state to micromanage our lives as they are doing."	Ann Widdecombe	Former Tory Minister	Daily Telegraph (But I think the comments are taken from the Andrew Marr Show on BBC)	29 November 2010	Myra Butterworth

"Small business owners have to acquaint themselves with any new regulation and it could mean that they turn a contract away if they have to employ another person. Ultimately, all this regulation may prevent companies from growing and that means fewer jobs are created."	Stephen Alambritis	Spokesman for the Federation of Small Businesses	Daily Telegraph	29 Nov 2010	Myra Butterworth
Said firms were struggling to keep on top of legislation covering maternity and paternity leave and working hours. He added: 'Each one in itself is reasonable and justifiable, but together, year on year, the cumulative impact is loss of a job.'	Stephen Alambritis	Spokesman for the Federation of Small Businesses	Daily Mail	29 November 2010	Fiona McRae
Warned women could ultimately be the ones to	Ruth Lea	Economist, former head of the policy unit at the	Daily Mail	29 November 2010	Fiona McRae

suffer.

Institute of Directors

She said: 'Inevitably this will lead to extra costs on business, and make it harder and harder for them when they are expected to be creating new jobs. If you are an employer and you are looking for a new recruit and you have a young man and a young woman, what would you do?

'I would worry that this would backfire on women.'

This was not the approach she expected from a Conservative-led Government 'I could absolutely weep,' she told BBC1's Andrew Marr Show.	Ann Widdecombe	Former Tory Minister	Daily Mail	29 Nov 2010	Fiona McRae

'Now we have got the state actually saying to employers, in a time of

recession, you must provide paid breaks, paid facilities, a special fridge for expressed milk and goodness knows what else for women returning to work who have decided, on their responsibility, presumably, to have a child. It is not appropriate for the state to micro-manage our lives as they are doing.'

Welcomed the advent of breast-feeding-friendly offices. The charity's Rosemary Dodd said: 'If it means a woman is relaxed and confident about going back to work, then that's a good thing for employers. Evidence suggests such measures promote loyalty, and stopping breast-feeding can jeopardise the health of	Rosemary Dodds	NCT	Daily Mail	29 Nov 2010	Fiona McRae

a child.'

"We have a Conservative administration and all I am reading in the newspapers is about the intervention of the state.	Ann Widdecombe	Former Tory Minister and Daily Express Columnist	The Express	29 Nov 2010	Macer Hall
"Now we have got the state actually saying to employers in a time of recession you must provide paid breaks, paid facilities, a special fridge for expressed milk and goodness knows what else for women returning to work who have decided, on their responsibility presumably, to have a child."					
Said firms were already swamped with regulations on maternity pay and parental rights.	Stephen Alambritis	Federation of Small Businesses	The Express	29 Nov 2010	Macer Hall

Said it was not the approach she expected from a Conservative-led Government. She declared: "I could absolutely weep. Now we have got the state actually saying to employers in a time of recession you must provide paid breaks, paid facilities, a special fridge for expressed milk and goodness knows what else for women returning to work who have decided, on their responsibility presumably, to have a child."	Ann Widdecombe	Former Tory Minister	The Mirror	29 Nov 2010	Bob Roberts There seems to be two hits here for an identical article but I think it's because there are separate editions listed.
We need to encourage more women to breastfeed. Women who breastfeed have healthier babies. They make fewer visits to the doctor, take fewer sick days and are less likely to	Rosie Dodds	NCT	The Sun	29 Nov 2010	The Sun Says "For"

develop cancer or diabetes.

Mothers in much of the rest of Europe already have this right so it's only bringing us into line. Professional women find it relatively easy to organise breastfeeding breaks at work.

This will help the least assertive women, who may not even be aware they already have the right to breaks under health and safety legislation.

I Worry that this will backfire on women. Inevitably this will lead to extra costs on businesses when they are expected to be creating new jobs. If you are an employer and you are looking for a new recruit and you have a	Ruth Lea	Economist	The Sun	29 Nov 2010	The Sun Says "Against"

young man and a young woman, what do you do? Of course you want to help women.

But my experience is that businesses already bend over backwards. These things should be left to companies to negotiate with their staff.

"I could absolutely weep. It is not appropriate for the state to micro-manage our lives."	Ann Widdecombe	Former Tory Minister	The Sun	29 Nov 2010	CLODAGH HARTLEY
Said that if the proposals become legislation the policies would be "a mistake", particularly during an economic downturn. He said: "We're putting more of a legislative burden on small businesses when	Russell Lawson	Federation of Small Businesses in Wales	Western Mail	29 Nov 2010	Sarah Bunney

we rely on them to take the
employment slack with job
losses in the public sector.

"It may put businesses off
taking on that first member
of staff because of all this
legislation, and that's
exactly what we don't want
at the moment."

"When I came back to work after my two sons [Sam, five, and Frazer, nearly two] I had to stop breastfeeding beforehand," said Mrs Owen, 36. "The policies are a nice thought, but are they really workable?"	Cathy Owen	Mother of two	Western Mail	29 Nov 2010	Sarah Bunney
"Once you're back at work from maternity leave there's no possibility of breastfeeding as you're usually in the office for	Lowri Turner	Western Mail Columnist	Western Mail	29 Nov 2010	Sarah Bunney

eight hours a day, so anything that would allow you to share that special time with your baby at work has got to be a good thing.

"I think critics have this vision of women breastfeeding at their desks - of course that's not going to happen.

"The question is, of course, whether employers will begin to feel obliged to follow this policy."

Said the plans were "absolutely essential".	Peter Acton	MD of Cardiff PR firm Blanket Communications	Western Mail	29 Nov 2010	Sarah Bunney

"It's excellent that this is being talked about," he said.

"When a member of my staff had a baby we often made provisions and it was

absolutely fine - you have to encourage flexibility; that's life.

"It's hard enough bringing up children, so anything employers can do to help should be encouraged."

"When mothers go back to work they have to give up breastfeeding, so having these facilities at work will be a great step forward. "It will be amazing if it works. It's only about providing a room for a little bit of privacy. I can't see what the problem would be with most businesses offering that."	Lu Rees	Mother to four-year-old Harry, set up the charity Parents in Partnership, which runs seven support groups for breastfeeding mothers across South Wales.	Western Mail	29 Nov 2010	Sarah Bunney
"I could absolutely weep," she told The Andrew Marr Show.	Ann Widdecombe	Former Tory Minister	Western Mail	29 Nov 2010	Sarah Bunney

"Now we have got the state actually saying to employers in a time of recession you must provide paid breaks, paid facilities, a special fridge for expressed milk and goodness knows what else for women returning to work who have decided to have a child.

"It is not appropriate for the state to micro-manage our lives as they are doing."

His was not the approach which she expected from a Conservative-led Government. "I could absolutely weep," she told The Andrew Marr Show. "Now we have got the state actually saying to employers in a time of	Ann Widdecombe	Former Tory Minister	Western Morning News	29 Nov 2010	Gavin Cordon. This got four hits, with identical text. Perhaps there are several editions?

recession you must provide
paid breaks, paid facilities,
a special fridge for
expressed milk and
goodness knows what else
for women returning to
work who have decided, on
their responsibility
presumably, to have a child.

"It is not appropriate for the
state to micro-manage our
lives as they are doing."

'These things should be left to businesses, especially small businesses, to negotiate with their staff. 'Of course you want to help women, but these businesses already do. My experience is that businesses bend over backwards on the whole. 'Inevitably this will lead to extra costs on business, and	Ruth Lea	Economist, former head of the policy unit at the Institute of Directors	Mail on Sunday	28 November 2010	Jo McFarlane

make it harder and harder for them when they are expected to be creating new jobs.

'If you are an employer and you are looking for a new recruit and you have a young man and a young woman what do you do? I would worry that this would backfire on women.'

Said firms were already struggling to keep on top of all the new employment legislation, such as maternity pay, paternity leave and the working time directive. 'Each one in itself is reasonable and justifiable, but together, year on year, the cumulative impact is the cost of a job,' he said. 'At a time when the private sector is expected to pick up the	Stephen Alambratis	chief spokesman for the Federation of Small Businesses	Mail on Sunday	28 Nov 2010	Jo McFarlane

job losses in the public sector, now is not the time to be introducing a raft of employment regulations.'

'This has the potential for serious staffing and cost consequences. For many small businesses, space is at a premium and it may be difficult, and expensive, to create space if required to do so by law. It's not the principle behind it Ð we're not trying to be the Victorian mill owner denying employees time with their children. But when these laws are implemented, the impact on small businesses is often overlooked.'	Phil McCabe	Federation of Private Business	Mail on Sunday	28 Nov 2010	Jo McFarlane
'If it means a woman is relaxed and confident about going back to work, then that's a good thing for employers. Evidence	Rosemary Dodds	NCT	Mail on Sunday	28 Nov 2010	Jo McFarlane

suggests such measures promote loyalty, and stopping breastfeeding can jeopardise the health of a child. I would support this as a requirement for employers but it needs to be clear in legislation so everyone understands what it means for them.'

'It's absolutely right we should be supporting women in their choices. If it makes the workplace a positive environment for women then it will be positive for the company and everyone will benefit. 'Having a baby is the most natural thing in the world and it's important to be able to work, so anything that combines the two is a step in the right direction and I applaud the Government for doing it.'	Dr Helen Wright	Headmistress of the independent St Mary's School in Calne, Wiltshire, returned to work hours after giving birth to her third child Jessica, now 11 months.	Mail on Sunday	28 Nov 2010	Jo McFarlane

Said that this was not the approach which she expected from a Tory-led Government. "I could absolutely weep," she said. "Now we have got the state actually saying to employers in a time of recession you must provide paid breaks, paid facilities, a special fridge for expressed milk and goodness knows what else for women returning to work who have decided, on their responsibility presumably, to have a child. "It is not appropriate for the state to micro-manage our lives as they are doing."	Ann Widdecombe	Former Tory Minister	Yorkshire Post	28 Nov 2010	None noted
Rubbished as "micro management"	Ann Widdecombe	MP	Health Service Journal	2 Dec 2010	None noted

Searches performed using UWE News Resources:

Mon 20 December 2010

Nexis "All English Language News"

Searched by keywords:

"Breastfeeding AND work" (More than 3,000 results)

"Breastfeeding AND work AND Lansley (64 results)

Of which Newspapers = 52, Magazines and Journals = 4, Newswires and Press Releases = 4, Aggregate News Sources = 2, Blogs = 2, Industry Trade Press = 1

Items that did not include a direct quotation within the editorial are excluded. Also comments from the Department of Health and Andrew Lansley, as these form the basis of the proposals that are being commented on. Letters Columns also excluded – although it would be useful to have letters where they are proxies for organisations/pressure groups?

Opinion Columns are not included above. However, opinion columns on the subject (minor listings within other discussions excluded) have been written by:

(in order of Nexis listing)

The Daily Telegraph (London)

November 30, 2010 Tuesday
Edition 1;
National Edition

Tories mustn't play nanny to new mothers;
The Coalition should not copy Labour in heaping 'family friendly' red tape on firms, says Cristina Odone

BYLINE: Cristina Odone

SECTION: EDITORIAL; OPINION, COLUMNS; Pg. 22

The Evening Standard (London)

November 29, 2010 Monday

SAM LEITH

Independent Extra

November 29, 2010 Monday
First Edition

A nudge that may do little to help women;
Leading Articles Breastfeeding

SECTION: COMMENT; Pg. 2

LACTATION BREAKS: LAW AND POLITICS:
EMPLOYER'S PERSPECTIVE

INTRO: Can you tell me what your role is within the organisation and the context in which you are managing employees? I'm interested in your views and practices about combining breastfeeding and working.

1. When thinking about women returning to work after maternity leave, can you tell me about any discussions you have with her about breastfeeding? Can you think of a time when a woman has returned to work and still been breastfeeding? Tell me about it. When, if at all, do you discuss lactation breaks with mothers? How are these discussions initiated? What do you recall about these discussions? Did you consider making changes to her duties or workload because of the lactation breaks? How frequently do you receive enquiries on this topic?

2. Does combining breastfeeding and working raise any issues for you? Are there any health and safety factors you would consider?

3. What work procedures are triggered when a woman informs you that she is breastfeeding or seeks to take lactation breaks? Are there workplace policy factors you would use? Do believe there is a need for a policy, or an improved policy, in this area?

4. What provisions or facilities might you be able to offer (her)(breastfeeding employees)? Are there any limitations placed on you by company policy in your ability to support breastfeeding employees?

5. How do you feel about parents bringing babies into the workplace? How do you feel about mothers taking breaks during the working day in order to visit their babies?

6. Can you think of a time when there was (do you perceive any) conflicts between taking lactation breaks and employment? Tell me about them. What impact do you (believe) (observe) on the woman's work stemming from lactation breaks? What impact on team and co-worker relationships might you anticipate (observe) lactation breaks as having? What impact do you (believe) (observe) lactation breaks have on the relationship between the

mother and yourself? How would you describe the long-lasting effects of her lactation breaks on office dynamics?

7. How do you feel that you are able to (what could you do to) encourage employees to continue breastfeeding? How do you feel that you are able to (what could you do to) discourage employees from continuing to breastfeed? Can you tell me about a situation where you were able to encourage/discourage an employee to continue taking lactation breaks?

8. Could you describe how lactation breaks impact the working day on a good day? And on a bad day? Can you remember any particularly stressful periods during which employees wished to take lactation breaks? If there was a conflict between her lactation break and work pressures, where would you expect her priorities to lie?

9. What do you understand the law to be regarding lactation breaks? Where would you seek information about the law or University procedures regarding lactation breaks? Who would you ask? (If the interviewee has made enquiries: How reliable do you believe the source was? Did you do any further investigations? Was the source comprehensive enough for your purposes? Could I have a copy of any documentation). Who else within the organisation would you consult on this issue?

10. What sort of interaction do you feel is appropriate for you to have with your staff on this subject? What goes through your mind when you contemplate a conversation with a member of staff who is looking to take lactation breaks? If there was one main thing you would say about lactation breaks to an employee, what would it be?

Lactation Breaks: Law and Politics: Employer's Perspective

University of the West of England
BRISTOL

Are you a manager within ▮▮▮▮▮▮? Would you like to take part in a research study about combining breastfeeding and working?

Before you decide it is important for you to understand why the research is being done and what is will involve. Please take time to read the information carefully and discuss it with others if you wish. I am interested in your opinions, whether or not you manage women who are breastfeeding. Please ask if there is anything that is not clear, or if you would like more information.

The purpose of the study

The study is intended to find out about the legal and political environment that surrounds women who seek to breastfeed, or express breastmilk, within the workplace. It forms part of my PhD which is likely to be completed in 2016. As such, the study is funded by UWE Bristol.

What you'll be asked to do in the research

I am looking for the views of managers. I will conduct individual interviews, during working time, in a private room on ▮▮▮▮▮▮ premises. Most interviews are likely to take about an hour. I may discover, perhaps during data analysis that I need to ask some interviewees further questions. I would also like to discover whom managers consult so I can ensure those people are also invited to take part in the research.

Do you have to take part?

It is up to you whether to take part or not. If you decide to participate, you will be asked to sign the consent form below. If you decide to take part you are free to withdraw at any time before the interview, or even within the interview itself, and without giving a reason. You may also withdraw your data by sending me an email in the fortnight following the interview.

What are the possible benefits and risks of taking part?

The interview will form part of the growing research on the topic of breastfeeding and working. I want to find out more about employer's experiences, issues, and concerns; and how this impacts managers of breastfeeding employees. I am

interested in your views, opinions, observations, and experiences; many interviewees find that the opportunity to reflect is beneficial to them and their work.

If you have any concerns about the study, please feel free to contact my director of studies, Professor Jane Powell, on jane.powell@uwe.ac.uk

Will what I say be kept confidential?

Confidentiality is very important to this study. The interviews will be audio recorded, and a pseudonym will be allocated to everything you say. If you want to refer to another person during the interview, pseudonyms will be allocated to this person too. If you want to refer me to other people who you feel might be able to contribute to this study, I will make contact with these people without mentioning your name.

Data will be stored, transcribed, and processed anonymously and securely. At all times, data will be held on PCs that are password protected, encrypted, and backed up, or in paper form within a locked or attended environment. Anonymous data will be retained for at least 7 years, but if the study becomes relevant to changes in the law, may be retained indefinitely.

What will happen to the results of the research study?

It is hoped to produce a useful and valuable record of the issues that are relevant to managers within the case study organisation. As such, I hope to use the data for academic purposes, such as publications, presentations, and my PhD thesis.

Contact details:

Please feel free to contact me on melanie.fraser@uwe.ac.uk, or my supervisor, Professor Jane Powell on jane.powell@uwe.ac.uk, with any concerns.

THANK YOU for considering taking part in this study.

Melanie Fraser

PhD Student, UWE Bristol.

Consent form

Lactation Breaks: Law and Politics: Employer's Perspective

The researcher is Melanie Fraser, a Ph.D. student at UWE Bristol. She may be contacted at Melanie.Fraser@uwe.ac.uk. Her supervisor is Prof Jane Powell, who may be contacted at jane.powell@uwe.ac.uk.

I confirm I have read and understood the information sheet for this study and have had the opportunity to ask questions. I understand my participation is voluntary, and I am free to withdraw at any time up to two weeks after the interview, without giving a reason.

I agree to the interview being audio-recorded, transcribed, and processed for academic purposes.

I agreed to the use of anonymised quotes for academic purposes, including publication.

Name of Participant   Date   Signature

……………………………..   …………………………………………

Name of Researcher   Date   Signature

…………………………………..

        ………………………………………………….

Staff who are on maternity leave may decide to visit the workplace for a Keeping in Touch day or meeting, and these visits take place by arrangement. Many staff bring their baby with them at this juncture but this practice does not have universal approval. It is also subject to the rules concerning child access onto the site.

Staff who are on maternity leave, and who are contemplating returning to work, complete a return to work form. This includes a question about whether they wish to take lactation breaks on their return to work. They are invited to request a suitable, private, and healthy area to express breastmilk on this form. However, if the member of staff ticks the box "yes" to indicate that they would like a lactation breaks, there is no process to follow this and no further action is taken. Some staff expressed frustration about this and were keen for the information to be relayed to line managers of returning staff.

Line managers of returning staff do not normally ask if the new mother would like to have lactation breaks. Many were willing to initiate the conversation following the research interview, but this was a change in their practice as a result of the opportunity to reflect which the research provided.

As the organisation are not normally aware if a returning member of staff is breastfeeding or not, no special risk assessment is routinely performed. Should a member of management become aware that the member of staff is breastfeeding (whether or not she is taking lactation breaks), the formal procedure is that a risk assessment should be performed by the line manager but this is sometimes ignored. There are generic risk assessments already in place which include an appraisal of risk to lactating women. It was unclear to what extent extra measures were taken for lactating staff. When asked about risks consequent on lactation, some managers were concerned about psychological aspects and tiredness was mentioned by several managers, who demonstrated a caring attitude towards breastfeeding staff. There was awareness by some managers of night work as a special risk and it would be possible to re-deploy staff if necessary.

All managers interviewed were willing to discuss lactation breaks with returning staff if the staff initiated the conversation. Many were emphatic in suggesting that

employees should discuss the matter with them. Some managers would then discuss the matter, in turn, with workplace teams and attempt to resolve any co-worker issues relating to lactation breaks. All managers interviewed were willing to take further advice regarding the topic. All considered a risk assessment when prompted with a question about health and safety. Many managers also considered if there were reasonable adjustments to the lactating employee's work that might be necessary consequent on lactation. All managers interviewed were willing for employees to use existing flexi-time and break provisions for lactation purposes.

While most managers viewed lactation breaks as a HR issue, it is the Health and Safety department who are responsible for much of the policy. The two departments, however, liaise when necessary, although their websites are separate. Some staff viewed the information as patchy in consequence. A wide range of contacts were suggested by line managers. These included HR, H&S, equalities, staff services, the spirituality service, employee counselling, the women's forum, the maternity group, and trade unions. I was also referred to wellbeing services but these would not assist staff.

Lactation breaks were often seen as a local issue. The Managing Director was especially emphatic about the issue of diversity which required a sensitive response from the manager responsible for the lactating employee. He also emphasised the variety of ethnic, socio-economic, and cultural factors which impact breastfeeding, leading to a need for sensitive discretion and negotiation. The employer procedure had to be linked to the specificities of the situation. This requires a local management dimension for the issue, but within a single policy framework.

The issue was regarded as a low profile issue, and was not raised frequently. Amongst employees returning to work, lactation was rarely a factor in negotiations which tended to focus on other matters such as part time and flexible working. Mothers may be negotiating for practices which enable them to continue breastfeeding without naming lactation as a factor.

When asked what the law on the topic was, almost all managers expressed ignorance except for those involved in HR and H&S. When asked where they would look the law up, a wide variety of sources were cited, especially internet searching, with government websites seen as especially reliable, and the internal HR pages also seen

as a first port of call. Other managers would look up forums relating to their speciality including the CIPD, ACAS, Equalities organisations, and health websites such as NICE or the HSE. Some of these online forums were specialist closed groups, and I was not able to arrange access to them. Some managers would also consult parent support organisations such as the NCT and mumsnet, or community contacts such as breastfeeding counsellors. Some managers had received training in equalities issues and would check their notes from their training courses.

Many small and private rooms in the organisation have been designated as "rooms to rest and recover" as part of a H&S drive on the subject. These are not used only for that purpose, and are in general use as offices and meeting rooms. They are often the space used by senior staff as a private office. Many of the rooms could be made private and have comfortable furniture, but the provision for lying down would be limited to pushing chairs together or using a carpeted floor. This policy is monitored and it is planned to increase the visibility of the dual functionality of these rooms. However, their function as rooms to rest and recover (which includes expressing breastmilk) was not currently known outside the H&S unit, with the exception of one member of staff who was under the impression that these rooms were for user, not staff, use. These rooms are not sufficiently profiled within the organisation; managers are ignorant of their dual use.

Many managers could not nominate a room which would be suitable for expressing breastmilk and believed that there was no space in their locality which they could access for a lactating employee. Many managers could not nominate a space for a lactating employee to lie down. Some managers suggested expressing in the toilets, but other managers thought that this was inappropriate. The toilets are deemed unacceptable by the formal procedural documents. Some managers suggested that the prayer rooms or spirituality spaces could be used for lactation. A space that was suitable, but a long distance away, was not a space that managers were keen for their staff to use, even had it been available. While sometimes ad hoc and temporary arrangements were possible, the provision of rooms to rest and recover was not described by any manager unless they had direct involvement with the policy. There is a room booking service that can be used by managers but only one interviewee referred to this.

Some managers felt responsible for a health and safety assessment of the space to express breastmilk, checking that there was electrical safety and a comfortable chair. Nobody suggested that the room required a sink. Nobody suggested that the lactating employee required lying down facilities unless prompted, and when this was done, the provision amounted to pushing chairs together. Some were concerned that if there was an accident in the room while the woman was locked in, there was no provision for forced entry. Others described rooms that could not be locked. The extent to which the room could be made private – with blinds on all windows and doors, and internal locking, was in conflict with the normal work understanding that rooms can be entered when necessary, and managers were uncertain about how to best resolve this discrepancy.

All managers were happy for women to store their milk in communal fridges but there was hesitation over the cleanliness of the fridge facility. These are not the responsibility of cleaning staff and are done on a co-operative basis by the staff who use them. Some managers mentioned the possibility of using the fridges in the café areas or bringing in a cool bag from home to store breastmilk.

Where a mother wishes to take a short break to express breastmilk, this was normally perceived as a paid break during her working day. The formal policy is ambiguous on this point. If the expressing took a long period of time, it might trigger managerial concern. If the mother took expressing breaks, this was normally seen as a short term adjustment on her return to work. While there was some understanding that some mothers breastfeed for years, and some asserted that expressing breaks should be allowed for the whole of duration of lactation, others thought it was unlikely to impact work on a long term basis. Where lactation breaks result in reduced work output, some managers were willing to re-allocate work towards other members of the department or to employ contractors to cover a shortfall.

Flexi-time is widely available, and utilized by all staff, for a wide range of purposes. Staff are required to make up any time but can accrue a negative flexible working time balance on a short term basis. They therefore continue to receive their normal monthly pay. On return to work, women are asked if they wish to make a flexible working request (including part time hours) and the policy is normally to agree to these requests.

The organisation has a nursery on one site. While no member of staff is guaranteed a place, those who have may be able to visit the nursery in order to breastfeed their baby. All managers were positive about staff using existing break or flexitime in order to breastfeed in the on-site nursery, with some codas about the proportion of working time which might be taken up walking to and from the nursery, especially as part of a short shift. There were also some concerns that this increased the distress of parting as the baby had to be left more often. Where the baby was not cared for on-site, there were more concerns about the mother leaving the workplace to care for the baby, specifically to do with the time that might be taken by travelling to feed the baby during the working day. This time would not normally be included as paid time.

Bringing a baby into work was viewed as a more contentious and complicated matter. While having a brief visit from a carer who brought the child in for breastfeeding was widely viewed positively, there was a lot of concern over the concept that a mother might combine caring for her child in the workplace with working. While many managers agreed that this was something that could be done on a brief, ad hoc, temporary basis, especially out of hours, there were caveats about this. Job role was highly influential, with managers of working class professions (in particular, cleaning) expressing more concerns than managers of middle class employees, but the small numbers of participants preclude confident conclusions on this topic.

The formal policy on the presence of children at the site is described as out of date and rarely cited; only the H&S manager amongst my sample referred to it specifically. It explains the concerns, and the relevant law.

My sample of managers had limited comments about travel for work purposes, which was viewed as potentially difficult for breastfeeding staff. Some expressed concerns about travelling to and from the workplace and general pressures on new mothers' lives. The lack of parking facilities was described as a particular pressure which made it harder for mothers to leave the workplace to visit babies and for child carers to bring the babies to the mothers for feeding while they were at work.

Person	Experience of Lactation Breaks	Number of direct reports	Importance for the study	Parenting status	Sex	Type of Work
Amanda	Indirect	0	Expert	Mother	Female	Office Based, Wellbeing Responsibility
Amelia	Indirect	5	Expert	Not parent	Female	H&S, Risk Assessments
Anita	Indirect	3	HR	Mother	Female	Office Based
Anne	Personal	7	Middle Class Role, Manager	Mother	Female	Office Based
Camilla	None	80	Working Class Role, Manager	Mother	Female	Cleaner
Carla	None	25	Working Class Role, Manager	Mother	Female	Cleaner
Clare	Personal	4	Middle Class Role, Manager	Mother	Female	IT
Colin	None	30	Working Class Role, Manager	Father	Male	Cleaner
Denise	Personal	4	Middle Class Role,	Mother	Female	Office Based

Name						
			Manager			
Doris	None	Not disclosed	Expert	Not disclosed	Female	Office Based, Wellbeing Responsibility
Ella	None	6	Middle Class Role, Manager	Not parent	Female	Office Based
Jane	None	0	HR	Mother	Female	HR
Jess	Personal	4	Middle Class Role, Manager	Mother	Female	IT
Joan	Experienced	80	Working Class Role, Manager	Not disclosed	Female	Catering
Kathy	None	50	Working Class Role, Manager	Mother	Female	Security
Kaye	None	40	Working Class Role, Manager	Mother	Female	Reception
Kirsty	Indirect	0	Expert	Mother	Female	Office Based, Maternity Network
Laura	Indirect	0	Expert	Mother	Female	Office Based, Trade Union
Martha	Indirect	Not disclosed	Expert	Not disclosed	Female	Office Based, Women's Forum
Naomi	Personal	0	HR	Mother	Female	HR
Nigel	None	0	Middle Class Role, Manager	Father	Male	Director
Piers	Limited	1	Middle Class Role, Manager	Father	Male	Office Based

Ricky	Indirect	33	Working Class Role, Manager	Not disclosed	Male	Reception
Samantha	None	11	Middle Class Role, Manager	Mother	Female	Office Based
Simon	Indirect	Not disclosed	Expert	Father	Male	MD, Ultimate Responsibility
Sophie	None	0	HR	Mother	Female	HR
Vera	None	0	HR	Not parent	Female	HR

Experience of Lactation Breaks has been classified as: None (although it is likely that some participants who claimed no experience had indirect experience), Indirect (where the participant was aware of lactation breaks occurring, but was not involved directly); Limited (the participant was involved in lactation breaks but only minimally); Experienced (the participant was involved in managing an employee who took lactation breaks on an ongoing basis), and Personal (the participant actively took lactation breaks themselves.)

Importance to the study has been grouped into Human Resources (HR), which is those whose job role has a significant personnel element; and those who are managers of middle class and working class roles. Expert refers to those whose job role has some relevance or decision making power with regard to the topic.

Not all participants elected to tell me their parenting status, and this is significant as it enabled the participants to decide if their experience of parenting was relevant to the study, and to explain their status with regard to parenting if they thought it was relevant.

APPENDIX VIII: RESULTS CHARTS
1. WHAT ISSUES ARE TRIGGERED FOR MANAGERS BY EMPLOYEES COMBINING BREASTFEEDING OR LACTATING AND EMPLOYMENT?

SUPPORT FOR COMBINING LACTATION AND EMPLOYMENT:

Code relevant to theme:	Number of participants	References
Personal Experience	22	105
Encouraging healthy behaviours	19	45
Interaction with staff	18	27
Part time work	14	26
BF as a health promotion activity	13	20
Solidarity with BF woman	13	21
Awareness	12	22
Workplace etiquette	12	16
Gender dominance in workplace	11	30
Private matter	11	20
Shame of being a BF woman	11	21
Lactation is hard	10	19
Raising awareness	10	14
Vulnerability of BF Employee	10	14
I'm approachable or not approachable	9	16
Keeping workers happy	9	16
Stopping BF because of work	9	23
Gender influence while in conversation	8	8
Maternity Group	8	15
Staff retention	8	13
Local agreement	7	11
Not making mums feel bad about not BF	7	11
BF avoiding illness for mother and baby	5	6
Gender issues	5	9
Importance of BF	5	7
Women's Forum	5	10
Concern not to get it wrong	3	5
Impossible to predict how a mother will feel post birth	3	7
Need for compromise	3	5
Staff development	3	3
Bonding and psychological benefits of BF	2	3
Feeling awkward in the workplace	2	4
Respect for privacy	2	2
Othering	1	1

CONCERNS ABOUT LACTATION BREAKS:

Code relevant to theme	Number of participants	References
Child on site	25	61

Health and Safety	25	49
HR issue	22	71
Mother visiting child during working hours to BF	21	35
Manager's responsibilities	20	62
Impact of lactation breaks on women who take them	17	57
Teamwork and co-worker relations	17	40
Need for communication	15	34
Rare to be asked	15	35
Short maternity leaves	13	23
Space to rest	13	22
Caring attitude	12	32
Work Team	11	18
Pay during lactation breaks	10	17
Exhausted mothers	9	17
Preventing lactation	8	11
Uncomfortable to approach topic	8	13
Chemicals and radioactivity in breastmilk	7	14
Fairness	7	13
Travel for work	7	15
Reasonable adjustment for BF	6	15
Short term adjustment to working terms and conditions	6	8
Under the radar	6	7
Mastitis	5	8
Feeling out of control	4	5
Night working and BF employment	4	5
Redeployment of BF staff on H&S grounds	3	5
Practical advice	2	3
Absence from work due to childcare problems	1	1

FOLLOWING ORGANISATION POLICY:

Codes relevant to theme	Number of participants	References
Flexibility of work	22	87
Suitability of place to express	21	48
Organisational Process	20	59
Organisation Context	20	68
Storage of Milk	20	33
Return to Work	19	49
Baby friendliness of organisation	18	59
On-site Nursery	18	32
Lack of Space	17	38
I don't know	17	50
Practical factors	17	37
Trust between employer and employee	17	35
Variability within Organisation	17	48
Place to Express	16	39
Factors that facilitate lactation breaks	15	30
Risk Assessment	14	29
Facilities for users	12	28
BF as a low priority	10	16
Organisational factors	10	20
Breaks in the working day	10	13
Keeping in touch days	9	13
Nature of site	9	15
Job role	8	19
Unwilling to look to legal rights	7	11
Difficult to plan and anticipate	7	8
Users and BF	6	11
Making up flexitime	6	7
Timing the break	6	6
Meetings	4	5
Unions	4	5
Meetings	4	5
Fall between stools	3	4
Being sensible	2	2
Policy not followed	2	3
Restricting information	2	2
Monitoring policy	1	4
Staff status - different types of role	1	1

QUESTIONING SOCIAL POLICY:

Codes relevant to the theme	Number of participants	References
Comparison with other issues	24	74

Changing attitudes to work over time	18	39
Social policy	18	46
Comparison Organisations	15	35
Individuality of cases	14	27
How long to BF for	13	30
Maternity	13	19
Personal factors	12	22
Co-workers experience	11	18
Irrelevant to me	10	17
BF as a low priority	10	16
Change pressures	9	22
Greedy	8	14
Experiences	7	15
Mothers at home with babies	7	11
Until I became a Mum I didn't understand	7	32
Networking with other organisations	6	7
Passion and strength of emotion	6	7
Taking longer on Mat Leave	5	5
I'm not a mum but	3	4
Convenient job for mothers	2	6
Diversity	2	6
Reference points	2	3
Reluctance to refer to legal rights	2	2
Support from Dad	2	2
Sex Discrimination	1	2

RESERVATIONS ABOUT COMMUNICATION:

Codes relevant to theme	Number of participants	References
Initiating a conversation about Lactation Breaks	16	36
Need for communication	15	34
I'm approachable or not approachable	9	16
BF, but not taking lactation breaks	8	10
Primary obligation of employee	8	20
Under the radar	6	7
Being sensible	2	2

2. HOW DO MANAGERS UNDERSTAND AND ACCESS THE LAW CONCERNING LACTATION BREAKS?

Codes relevant	Number of participants	References
Comparison with other issues	24	74
Legal obligations	24	48
HR issue	22	71
Return to Work	19	49
Changing attitudes to work over time	18	39
I don't know	17	50
Rare to be asked	15	35
Maternity	13	19
Short maternity leaves	13	23
Solidarity with BF woman	13	21
Need for legislation and guidance	10	15
Pay during lactation breaks	10	17
Vulnerability of BF Employee	10	14
Change pressures	9	22
Keeping in touch days	9	13
Stopping BF because of work	9	23
Greedy	8	14
Preventing lactation	8	11
Difficult to plan and anticipate	7	8
Fairness	7	13
Mothers at home with babies	7	11
Reasonable adjustment for BF	6	15
Taking longer on Mat Leave	5	5
Unwilling to look to legal rights	7	11
Fall between stools	3	4
Diversity	2	6
Reference points	2	3
Othering	1	1
Sex Discrimination	1	2

3. WHAT VIEWS DO MANAGERS EXPRESS WITH REGARD TO THE DIFFERENT WAYS IN WHICH A MOTHER MAY SUSTAIN LACTATION ON HER RETURN TO WORK?

Codes relevant to the theme	Number of participants	References
Child on site	25	61
Mother visiting child during working hours to BF	21	35
Suitability of place to express	21	48
Storage of Milk	20	33
On-site Nursery	18	32
Lack of Space	17	38
Practical factors	17	37
Toilet as a place to express	17	23
Place to Express	16	39
Privacy while expressing	16	24
Factors that facilitate lactation breaks	15	30
Facilities for users	12	28
Lactation is hard	10	19
BF, but not taking lactation breaks	8	10
Visiting workplace	8	14
Under the radar	6	7
Only BF outside work hours	4	4

APPENDIX XIX - TRANSCRIPTION PROTOCOL

KEY	
[BACKGROUND NOISE]	Indicates occurrence of noise covering speech
[COUGHING]	Indicates this sound
[CROSSTALK]	Indicates speakers talking simultaneously and not possible to distinguish all speech
[CRYING]	Indicates this sound
[CUT OFF SOUNDS]	Audio tape sound
[EMPHATIC TONE]	Indicates strong tone of speaker
[IN BREATH]	Indicates speaker making this sound
[INAUDIBLE]	Indicates when something was apparently said, but not heard, ie. when shaking head in acknowledgement
[INTERPOSING]	Indicates one person started speaking while another still talking
[LAUGHTER]	Indicates this sound
[LONG PAUSE: mins]	Indicates a long pause in speech and how long in minutes
[MARKED SHIFT]	Indicates marked shift into higher or lower pitch of speech
[MISSING: mins]	Missing speech due to background noise and indication in mins.
[OUT BREATH]	Indicates speaker making this sound
[PAUSE]	Indicates a short pause in speech
[PHONETIC]	Indicates uncertainty; written as heard but not sure of spelling
[REPETITION]	Indicates speaker repeated him/herself
[REPORTED SPEECH] & [THOUGHTS OF OTHERS]	Indicates speaker voiced speech/thoughts of others
[RISING INTONATION]	Indicates rising intonation when not necessarily a question
[SPEAKER EMPHASIS]	Indicates speaker emphasis of particular word
[TITLES]	Indicates words are titles
[TRANSCRIBER COMMENTS]	Indicates comments from Transcriber
[UNINTELLIGIBLE: mumbling, rapid speech or phone ringing obscured speech]	Indicates speech was audible but not intelligible, and reason for this

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