



AIR FORCE DIVERSITY HANDBOOK: **SUPPORTING BREASTFEEDING MOTHERS IN AIR FORCE**

Compiled and produced by Air Force Workforce Diversity Director General Personnel–Air Force

AIR FORCE



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If you have any further information you would like to see included in this handbook, please contact Air Force Workforce Diversity at RAAFDWD@drn.mil.au

FOREWORD


High calibre people are essential to Air Force's ability to deliver air power. Women are critical to our future capability. Data shows that women and men have marked differences in retention behaviours, with Air Force losing many women around the time, or soon after, they start a family. The military environment can provide unique challenges for mothers who continue to breastfeed when returning to work. Air Force must provide greater support to women returning to the workplace after periods of maternity leave if we seek to retain higher numbers of valuable personnel in future.

The Air Force Diversity Handbook: Supporting Breastfeeding Mothers in Air Force has been designed to assist personnel and their supervisors to better manage breastfeeding in Air Force workplaces. The handbook has been developed by experts in this area, supported by significant input from Air Force women with both positive and negative breastfeeding experiences. It is just one of the many initiatives being developed for parents in Air Force, to ensure Air Force is well-placed to counter some of the workforce challenges in our future.

I am committed to ensuring that Air Force continues to develop innovative strategies to confirm our place as an employer of choice for all Australians. Our future success as an Air Force depends on it.



Air Marshal Geoff Brown, AO
Chief of Air Force

A man in a military uniform is shown in profile, looking down at a baby he is holding. The scene is dimly lit with a strong blue tint. The man's uniform features a camouflage pattern on the sleeve. The baby is lying in his arms, and the man's hands are gently cradling the child. The background is dark and indistinct.

THIS HANDBOOK DOES NOT PRETEND TO HAVE ALL THE SOLUTIONS AS INDIVIDUAL CIRCUMSTANCES ARE UNIQUE; HOWEVER IT DOES OFFER SOME INSIGHTS THAT HOPEFULLY YOU MAY FIND RELATE TO YOUR SITUATION.

BACKGROUND

This handbook has been compiled with the assistance of Air Force mums who themselves have continued to breastfeed on returning from maternity leave (MATL). They have provided some great advice to help support others who may be experiencing this transition or contemplating the balances of motherhood and work. This handbook is not intended to replace or substitute extant Defence and Air Force policy. The aim of this handbook is to provide additional information to Air Force mums through a friendly, empathetic and relaxed approach based on shared experiences, lessons, advice and tips.

Being a parent is one of the hardest jobs you will have in life. The challenges facing women trying to balance motherhood as well as a career are compounded when they return to work, particularly if they continue to breastfeed their child(ren). In addition, trying to manage this with an Air Force career, which throws in a mixture of Service demands, adds complexity. Ultimately, you need to try and manage to get the best outcomes for you, your child and your career.

This handbook does not pretend to have all the solutions as individual circumstances are unique; however it does offer some insights that hopefully you may find relate to your situation. You may feel you are alone when in fact there are many other people who have been or are in your situation. The guidance in this document has attempted to remove the emotional aspects of any situation and relies on anecdote and understanding from mums who have experienced many of the challenges of balancing breastfeeding and a return to service.

INTRODUCTION

In 2011, The Australian National Health and Medical Research Council (NHMRC) recommended exclusive breastfeeding of babies until around 6 months of age, and for women to continue breastfeeding with appropriate complementary foods until 12 months and beyond¹. This reflects the World Health Organisation (WHO) recommendations that mothers continue breastfeeding until at least 12 months of age as a minimum, and preferably until 2 years and beyond².

Providing a supportive environment for breastfeeding mothers returning to work can be challenging in any workplace, however the military environment provides additional unique challenges. Identified key challenges to breastfeeding in a military workforce include: returning to work, unsupportive supervisors, lack of adequate facilities, physical fitness requirements, absence requirements or separation from the child for Service reasons.

Recent Australian Defence Force (ADF) research³ found the most common reason ADF women cited for ceasing breastfeeding was 'returning to work' (43%). The research found that Air Force women return to work from Maternity Leave (MATL) at a median of 8.7 months following a birth, and achieve a median breastfeeding duration of 8 months. However many women return after a minimum MATL period and in such cases their child may be less than 3 months of age. It is encouraging the research also found that almost a third of Air Force women were still breastfeeding at 12 months. This demonstrates that it is possible to overcome the challenges you may be faced with.

POLICY

In 2012, Air Force commenced the process of becoming a Breastfeeding Friendly Accredited Workplace in conjunction with the Australian Breastfeeding Association (ABA). This accreditation process will help the Air Force establish facilities and policies to support breastfeeding women meet both their work and family commitments. Defence has also recently provided a guide to support breastfeeding which pertains to legal and discrimination issues <http://intranet.defence.gov.au/fr/RR/breastfeeding.htm>

ADF Health Directive on pregnancy (HD235 Management of Pregnant Members of the ADF) provides for breastfeeding education classes where antenatal education is encouraged and where costs will be met by the Commonwealth. Discounts for ABA classes are available through our Breastfeeding Friendly Workplace Accreditation process.

1 NHMRC, 201
2 WHO, 2003
3 Stewart, 2009

TERMS AND DEFINITIONS

Breastfeeding. Breastfeeding includes provision of breast milk to a child at the breast or via expressed breast milk (EBM) from a bottle.

Breastfeeding Support Plan (BSP). A plan to help managers and breastfeeding mothers discuss and negotiate breastfeeding requirements on return to work.

Engorgement. Engorgement is a swelling of the breasts caused by expanding veins and the pressure of new milk. When engorged, the breasts may swell, throb, and cause mild to extreme pain. Engorgement may lead to mastitis (inflammation of the breast) and untreated engorgement puts pressure on the milk ducts, often causing a plugged duct. Breast engorgement can be exacerbated by insufficient breastfeeding or expressing and/or blocked milk ducts.

Expressed breast milk (EBM). Although a mother may choose not to directly breastfeed her child, she may choose to continue to express milk via a pump (manual or electric) to feed her child at a later time. EBM has specific sanitation and storage requirements to ensure its nutritional value is maintained while stored. EBM can safely be stored in communal refrigerators.

Lactation break. A lactation break is a paid break from work for the purpose of breastfeeding a child or expressing breast milk. The individual workplace and childcare arrangements will call for different workable solutions.

Mastitis. Mastitis is the inflammation of one or both of the breasts, felt as a reddened, hard, sore spot within the breast. Mastitis can be caused by an infection in the breast, breast engorgement or by a plugged milk duct. Early treatment includes rest, applying warm compresses to the affected area, and breastfeeding or expressing milk frequently. However antibiotics may need to be prescribed. The likelihood of mastitis occurring can be reduced or avoided by allowing a mother adequate time to breastfeed or express milk as sudden stoppage of this activity can lead to engorgement and mastitis.



THE BENEFITS SUPPORTING BREASTFEEDING PROVIDES AIR FORCE – IT MAKES GOOD SENSE

A flexible approach that supports breastfeeding mothers on return to work provides many benefits to Air Force and makes good business sense through:

- **increased retention of personnel** –translating to reduced cost of turnover and recruitment costs
- **reduced absenteeism** - military women who breastfeed have been found to use less sick and carer's leave due to personal or child illness
- **greater effectiveness and productivity** - provision of breast milk can also make a woman feel less anxious about separation from their child, making her workplace efforts more productive. Women may also return to work earlier knowing their workplace supports their continued breastfeeding.

FINDING THE BALANCE

Most managers and Commanders will try to provide mothers with as much flexibility as possible to accommodate their breastfeeding requirements. It also goes a long way if mothers also demonstrate their willingness to be flexible and adaptable when it comes to unit/section needs and appropriate work-arounds. If mothers can demonstrate to their managers that they are willing to be flexible and 'meet them halfway', then mutually agreeable outcomes are more likely to be achieved.

CHALLENGES AND STRATEGIES FOR BREASTFEEDING MOTHERS ON RETURNING TO WORK

Any breast milk a child receives is better than no breast milk at all. However, when returning to work, complicating factors such as location, time, facilitates, work demands and stress can provide additional challenges for a mother to overcome while continuing to breastfeed.

Communication

As a mother breastfeeding your child, you will be intimately aware of your and your child's needs and requirements when it comes to breastfeeding. However, for some managers and Commanders this may be the first time they have needed to consider breastfeeding requirements, particularly in the work environment. So it is vital that you are open, honest, upfront and also understanding with your colleagues and Commanders to ensure the communication channels are open both ways. This will enable you to convey your needs as well as address any questions or concerns your manager may have.

The vast majority of women have usually decided whether or not they were going to breastfeed their child before the birth. This usually gives you and your manager time to consider how to incorporate breastfeeding into your return to work plans following completion of MATL. Consideration of breastfeeding issues is most appropriately raised by you during your pregnancy to determine how best the unit can support you and allow the workplace time to make any necessary assessments or adjustments. A Breastfeeding Support Plan (BSP) is provided at annex A to assist pregnant members/mothers and their managers in arranging workable lactation breaks and other requirements for her.

Communication between you and your manager is also just as important after you return to work. A child's feeding needs will change as they grow and work arrangements may need to be revised every few weeks.

Communication with colleagues is also important. This can be a double-edged sword as some colleagues may not be as familiar or comfortable with the notion of breastfeeding or expressing. It is important to remember that while you have usually had many months to become comfortable and used to breastfeeding or expressing, this may be the first time your work colleagues have been exposed to the idea. Also relevant for consideration is that colleagues may have difficulty in reconciling your different identities; between being a colleague/superior/subordinate and the notion, and knowledge of you undertaking such a personal activity.

Effective communication relies on an accurate assessment of each situation and the people involved. This will help implement the best strategy to make it a comfortable work environment for all those involved.

'I've been pretty open with my colleagues - I will simply state 'I need to go and express' - and then go and do it rather than make it all mysterious. I've had several students come up and comment about how they have found my openness refreshing.'

Time for Lactation Breaks

'Without a doubt the greatest challenge is fitting expressing into a normal work day! Inevitably meetings go overtime, a CO calls needing urgent advice or a lecture is scheduled right over the time when you need to express.'

Recent research into breastfeeding in the ADF identified that more than half (53%) of respondents felt they experienced time restrictions or a job which was too busy to provide lactation breaks. For many women, they can feel stressed or pressured by time restrictions and anxious about being interrupted whilst expressing. The time required for breast milk expression varies and is highly dependent upon several factors including the age of the child, amount of milk produced, the pump quality, the privacy and unreasonable time restrictions. There are health risks associated with inability to feed or express breast milk for an extended period, including risks of mastitis or engorgement.

'I found it difficult (and painful) at times when I could not get away from meetings/courses.'

Therefore, to find the best solution for you, it is vital that you discuss your needs with your manager at the earliest possible opportunity. In approaching this, it can be effective to provide solutions to the manager, rather than just highlighting problems. Often you will be more experienced and knowledgeable about requirements and solutions than your manager. Present it in a way that helps your manager implement a solution for you.

Breastfeeding models. There are a number of ways for a mother to continue to provide breast milk to her child after she has returned to work, even in a military environment. You may be able to exclusively or fully breastfeed your child directly, or combine breastfeeding with provision of expressed breast milk (EBM) in a bottle to your child whilst in childcare. You may also plan to partially breastfeed out of work hours, in combination with providing formula milk during any separation.

To assist breastfeeding mothers and their managers, annex B provides an overview of various breastfeeding models that may be used by you to find an appropriate option to suit both your and your unit's needs and requirements. It also provides different options for consideration to improve the chances of finding a workable solution. Ideally, breastfeeding mothers should be afforded 15-30 minutes every three to four hours to express breast milk for at least 12 months following the birth of a child.

'Fortunately, childcare was only 5min away so work let me have 3 lactation breaks a day (around 30mins each) to feed her - no questions asked! But I was very conscious of this impact this had on my work and colleagues.'

'In the end I adjusted my body to not need expressing during the working day and substituted 1-2 formula feeds for baby - not ideal but much better for me mentally and physically.'

Facilities

Unfortunately, due to dated facilities and buildings on Defence bases, the majority of buildings do not have dedicated breastfeeding rooms that are now the standard in most new buildings. The recent research found that nearly two thirds of ADF women returning from MATL (63%) believed there was a lack of appropriate facilities for feeding/expressing and storing EBM in the military workplace. This can prove challenging, but is not insurmountable. There is usually a room or facility somewhere on base, hopefully in close proximity to the workplace that can be used for breastfeeding or expressing milk. Air Force is addressing the lack of facilities through working to become an ABA Breastfeeding Accredited Workplace.

At a minimum, breastfeeding mothers should be afforded the availability of a clean, private space (not a toilet space) for the purpose of breastfeeding her child or expressing breast milk. If expressing, there should be ready access to power (if using an electric breast pump), running water and refrigeration for safe handling and storage of EBM. EBM can safely be stored in a communal kitchen refrigerator, ensuring it is in a sealed container and clearly labeled. It may be appropriate to utilise a discrete outer casing as overtly storing/labelling EBM in a communal fridge may undermine the creation of a supportive and accepting breastfeeding environment, should some work colleagues be unaware of the arrangement, unfamiliar or not comfortable with breastfeeding requirements. However the temperature control of the stored EBM is paramount.

Mothers must supply their own breast pump and equipment for storage of EBM. If refrigeration is not available in the workplace, it may be necessary to provide appropriate storage for EBM, such as a portable fridge or an esky with ice. Access to power may be needed for storage requirements.

Look for alternatives. When finding a suitable area to breastfeed or express, it is important to think outside the box and consider different options to find suitable support or facilities. Circumstances and facilities change, so what might not be available immediately, may be available soon. It is also important to use networks on base to investigate potential solutions. For example, speaking to other mothers who have breastfed on returning to work to find what facilities/solutions they used or speaking to other work areas that may have space for mothers to breastfeed/express, such as Medical, First Aid rooms, DCO or other offices/buildings.

'I have a small flexible 'esky' that I keep my milk in with two ice blocks for when I'm away from my normal fridge.'

'It can be difficult when I am away from my usual workplace at different times during the day to find a place to express. I've expressed in empty classrooms, disabled toilets and other people's offices (no quicker way to clear a room than say 'I need somewhere to express breast milk, can you think of anywhere?').'

Extended/periodic absence from your child

The recent ADF research also found that some mothers (27%) experienced difficulties on returning to work where they were required to travel away from their child for Service reasons/ requirements. This can be challenging particularly with the need to store large quantities of breast milk for the child for the duration of the mother's absence. Another challenge is having the time and facilities to express and store breast milk while away. Experience from other breastfeeding mothers suggests that it can be difficult to build up enough EBM to last any longer than around two days away, even with a significant lead time to build up the stores.

'I've gone on one two day course away from my baby since coming back to work and it almost completely exhausted my frozen milk supply.'

It is important for you to help your managers and Commander understand the limitations you face when it comes to temporary duty in other locations. It is helpful to ensure Commanders are aware of the prior planning and organisation needed to accommodate any travel requirements and that short notice trips place difficult demands on you and your child to meet. However, it is also incumbent on you to communicate and negotiate with your manager and Commander about travel away.

It is still possible to undertake temporary duty elsewhere, but this does require advanced notice to ensure you have adequate time to plan for the absence. However, travel away from the posted location should be limited to essential travel only, such as exceptional circumstances, or for mandatory training etc where alternative locations or timing is not possible. An effective strategy may also be to look at alternative solutions if you are required to be away for an extended period. Solutions may include splitting the time up over various days, or delaying the travel by 4-6 months when you may no longer be breastfeeding or when the quantity and frequency of feeds for your child are reducing.

'I was able to do my weapons handling test and shoot on separate days so I didn't have to be away from my child all day. She was at the on-base childcare centre and I was able to feed my child.'

Flexibility also applies to work-related travel where mothers otherwise may think that travelling is impossible while breastfeeding. Some mothers have been able to take their child with them (for shorter periods of travel) and have the child attend the local base day care or nearby casual care in order to continue to breastfeed.

'I was able to take my baby with me on a flight to Canberra to attend meetings. I had to arrange a baby seat for the hire car and people to look after her for the duration of the meeting, but at least I could continue to breastfeed her.'

'I was able to take my baby with me to two conferences interstate. She attended the on-base day care centre, but she couldn't stay in the Mess with me.'

Work routines

Mothers who work shifts experienced significant challenges in switching between day and night shifts. While on day-shift mothers can breastfeed/express milk for their child according to their usual routine. However it can be challenging for mothers who then switch to night-shift (which is technically their 'daytime'). This results in some mothers choosing to continue to express multiple times during the day when they were meant to be sleeping to ensure minimal disruption to their milk supply/demand. Alternatively for mothers on permanent night shifts, the baby's sleep pattern can sometimes be adjusted to match. For mothers who are shift workers, this issue should be discussed with your manager at the earliest opportunity to allow the workplace to consider strategies to ease this burden and disruption on you such as restricting you from undertaking nightshift while breastfeeding.

'Working during the day allowed me to feed before work, express during the day, and feed 1 to 2 times during the night. If I were on night shift I would have to be expressing 6-8 times during the day when I was meant to be sleeping. I wasn't interested in changing my baby's sleep cycle to match night shift.'

Breastfeeding and expressing can also have an impact on your availability for meetings or other scheduled activities. Most managers and colleagues will understand your requirement to be absent for a short time if it coincides with a lactation break, and may also be able to move the activity time to de-conflict the time. But this may not always be possible.

'It may have been possible to request to have the meetings/discussions re-scheduled in some instances; I chose not to do that most of the time and I understand the difficulty of coordinating a number of people in the same place, at the same time.'

Productivity. Breastfeeding mothers are acutely aware of the impact that frequent or extended lactation breaks have on their workplace and colleagues.

'Childcare was only 5min away so work let me have 3 lactation breaks a day (around 30mins each) to feed my baby – no questions asked! But I was very conscious of this impact this had on my work and colleagues.'

Some mothers have chosen to work reduced hours (under flexible working arrangements) to ease the stress and pressure associated with periodic absences (however, this is NOT mandatory but may be a personal choice). In an office environment, you may have access to an office or space where you can continue to undertake work such as reading documents, answering emails or making phone calls while feeding or expressing.

'I reduced my working hours from 8-3 in an 8-5 job whilst I was expressing, and have now moved to 8-4.'

'I am lucky in that I have my own office where I can close the door. I try to save phone calls and reading for that time as I can easily talk on the phone, or read materials, while expressing.'

Transition from breast to bottle

For mothers who choose to transition their child from direct breastfeeding to accepting expressed milk, or formula, from a bottle in anticipation of returning to work, this can be a particularly stressful time. You may experience feelings of guilt, loss or separation from your child you have fed since birth, which can be amplified if your choice is reluctant or forced based on limitations already discussed.

Another challenge in transitioning a child from breast to bottle, is that your child may initially or continue to refuse to accept the bottle, with either EBM or formula. After an extended period of receiving milk direct from the breast, it can be a difficult adjustment for your child to accept something as foreign as a bottle and plastic/rubber teat. Your child may also feel separated from you without this direct feeding contact. However, for other mothers and children, the transition from breast to bottle is seamless. There is no tried and true strategy for this challenge; rather a trial and error approach may determine what works best for each individual mother and child.

'My child did not take the bottle as well as I'd hoped, so expressing into a bottle or giving her formula in a bottle was an issue, therefore, I would leave work twice a day during the work day to breastfeed her at home as we were lucky enough to have lived only 5 min away.'

Fortunately, most babies will accept a bottle after a period of adjustment. Strategies that other mothers have found helpful to assist this process include:

- Have dad or a different person give the child the bottle to break to association of mum=breastfeeding
- Don't give up after the first try; try the bottle/teat on several occasions
- Try different brands/types of bottles and teats
- Try different formulas as they each have a different taste/composition
- If using formula, trial packs or sachets are available to purchase from supermarkets which can be more cost effective, particularly if the child doesn't like a particular formula, rather than buying a whole tin
- Using a staged approach of gradually incorporating bottle feeds over a period of time
- It may take some time, so consider starting on a weekend when you have the time and space to dedicate to the transition
- Exposing/socialising the child to other children drinking from a bottle such as in a daycare environment or with older siblings
- Considering cup-feeding you child or depending on the child's age, consider going straight to a 'sippy cup'
- Perseverance and patience

'My daughter was breastfed the first 6mths then I started to introduce her to the bottle, which I knew was going to be a challenge as she wouldn't take a dummy either. We gave her the bottle to hold with warm water or EBM (if I could) and she would play with the bottle and sometimes put it in her mouth and chew on the teat but didn't force her to take it. Then after a few days I would encourage her to drink (around her feeding time) from the bottle. It took a good 1-2 weeks of doing this every feed and one day she just started drinking and I was too scared to move in case she let go. It didn't happen straight away but I just found I had to be patient and not stress about it ... hard at the time I know!

'My daughter was a comfort feeder and I had a nightmare putting her onto a bottle...she outright refused to be both breast and bottle fed. In the end it was one or the other so I gave her the last breast feed and battled with the bottle... it was a tough two days where she only took in tiny amounts from the bottle when she was very hungry (not a full feed)... but in the end she gave in and we didn't look back after that.

Uniform

Many breastfeeding mothers also report having difficulty fitting into their service dress shirts. This is particularly noticeable in the earlier stages of breastfeeding or when returning to work in minimal time, where a mother's bust size and body will be quite different to before they were pregnant. However, this should only be a temporary issue and should settle down the longer a mother breastfeeds as the milk supply evens out. Also as the child gets older and begins to use other food sources and reduce their milk demand, bust size will begin to return to the pre-pregnancy state and shirts will fit better once again. To prepare for this it is advisable to purchase an additional dress shirt in a larger size before going on MATL in preparation for returning to work, or negotiating with your manager to wear DPCUs as the standard everyday dress. Otherwise you may be able to borrow a service dress shirt(s) from friends or colleagues.

'I could not fit into my service dress shirts across the bust. But I am in a job where I can wear DPCUs – thankfully! On the odd occasion I have had to wear SD shirt I have expressed before or worn a jacket.'

While on the topic of uniforms, it is also crucial to keep a spare change of uniform/shirt at work. This is necessary to manage those unfortunate, but inevitable occurrences where milk may leak or be spilt on your uniform, or times when the child possets/small vomits when burping during the feeding process.

'I used to leave a t-shirt and coat-hanger at childcare so I could take off my SD shirt (and all the sharp accoutrements) hang it up and put on a soft t-shirt for feeding. The t-shirt could be dribbled on no problems and it also seemed more discreet.'

Location

The ease of being able to breastfeed a child on returning to work will be greatly impacted by the proximity of your work location to the child care arrangement you choose. Childcare facilities are sometimes too far away from work to allow feeding during working hours due to transit times, so some mothers may choose to express milk for their child instead.

'I chose to express breast milk rather than direct feed because of the commute between my child and work.'

THE IMPACT BREASTFEEDING MAY HAVE ON YOUR AIR FORCE CAREER

Breastfeeding may have an impact on different aspects of a woman's career including, Individual Readiness (IR), physical fitness, weapons testing, Medical Employment Classification, health and safety, flexible employment and career development.

Individual readiness

Breastfeeding may affect your Individual Readiness, for example, if you have agreed to or negotiated a MEC downgrade, or delays in undertaking an annual PFT and weapons testing requirements; or if you choose to make yourself unavailable to deploy.

Air Force policy (DI(AF)OPS 4-8 - Individual Readiness) directs that members returning from MATL are required to indicate availability for deployment from a date not less than six months from the date of the birth of the child/ren. However, the ADF Policy (DI(G)PERS 36-2 - ADF Policy on Individual Readiness) provides that Commanding Officers may grant waivers for components of Individual Readiness to members who are unable to comply with requirements due to temporary reasons beyond their control. This option should be explored as a component waiver for 'availability' for the duration of the breastfeeding period, if desired by you.

In endorsing this document, CAF has agreed that breastfeeding is an acceptable reason for Commanders to grant IR availability component waivers. Therefore, members who choose to continue providing breast milk to their child may be made 'unavailable' for up to 12 months by their Commander. Any requests for extending past 12 months should be made on a case by case basis. 24 months post partum should be considered a reasonable maximum for any waivers associated with breastfeeding, unless there are special circumstances.

Fitness testing. Although breastfeeding is not a barrier to resuming fitness following a pregnancy, breastfeeding may potentially make most of the elements of the fitness tests more difficult. Air Force fitness policy (DI(AF)PERS 53-13 - Physical fitness in the RAAF) reflects the ADF policy (HD235 - Management of pregnant members in the ADF) such that when a member returns from Maternity Leave and resumes duty, she must obtain Medical Officer's certification of medical fitness (MEC upgrade), after which the member is granted 90 days before she is required to comply with an annual PFT. The ADF policy acknowledges that women may need referral to a rehabilitation program to achieve a pass in that time frame. Recent research into ADF women who breastfed on return to work indicated that 63% identified physical fitness requirements caused them some difficulties upon return to work.

Weapons testing. Similar limitations to fitness testing discussed above may also apply to weapons testing. The Weapons Handling Test and Live Fire shoot are physically arduous and require member's to adopt various positions to handle and fire the weapon. Some of these positions may be uncomfortable for women, particularly in the earlier stage of breastfeeding with high milk supply.

'I did not feel comfortable in completing a PFT or weapons test (due to discomfort and leaning, especially when firing weapon from prone position, etc).'

Medical Employment Classification. ADF policy (DI(G)PERS 15-15 - ADF Medical Employment Classification System) is silent on breastfeeding. The policy classifies pregnancy as MEC J33, which is allocated for a maximum period of 24 months and remains effective until returning to work postpartum when the member's MEC will be reviewed. Consideration and allocation of a MEC for breastfeeding needs to be discussed between you and your treating MO. Such MEC considerations will be dependent on each individual situation and your requirements so to avoid risks such as mastitis through breast engorgement and/or forced weaning through separation of you and your child.

'My MEC review is not going to occur until I finish the breastfeeding (at my request) which means I still cannot do my PFT or weapons training [nor would I want to attempt these things at the moment]. Given my rank and appointment this is not a big deal, though given I have always maintained my IR and the high visibility and focus on IR currently, it does affect the way I am perceived by those who don't know (nor have a need to know) I am still breastfeeding.'

Work Health and Safety

The work environment is very different to the mother's home environment in terms of environmental and occupational hazards. It is important to consider the work environment in the context of any possible adverse outcomes on you and your child's health. Some roles are not compatible with breastfeeding, eg. jobs which require regular and long trips away, or risk breast milk contamination due to Health and Safety reasons, e.g. Lead worker jobs.

Due to the risk of a child's exposure to inorganic lead through breast milk, it is important to be aware of, and if necessary exclude yourself from lead-risk jobs. If you are at risk of exposure to environmental or occupational hazards, you should discuss this concern immediately with you manager or Commander.

If you deal with potentially hazardous chemicals, a risk assessment must be completed in accordance with the Defence WHS Manual, Volume 2, Part 3A, Chapter 2, *Management of Hazardous Substances*. Breastfeeding women must also be excluded from lead-risk jobs (refer HD288 - *Health Surveillance of Inorganic Lead Exposure for Australian Defence Force Personnel and Defence WHS Manual*, Volume 2, Part 3A, Chapter 8 Inorganic Lead).

Possible solutions might be to undertake different duties on return to work for the duration of breastfeeding or undertaking the same duties but in a different work location to remove yourself from the potential hazard.

Although you may choose not to breastfeed or express milk during work hours, you may still be feeding your child before and after work, therefore should still be identified where the impact of certain work hazards and requirements could have a detrimental impact to you and your child.

'Being an Aircraft Technician, I did not want to return to flight line duties as there is a possibility that my milk could get contaminated (fuel, chemicals etc, same as pregnancy, technicians are removed from the flight line environment). With each pregnancy, MATL and Breastfeeding I would not be employed in a Flight line environment for at least 2yrs possibly longer.'

Flexible work arrangements

Breastfeeding may trigger an application for flexible work arrangements under ADF policy (DI(G) PERS 49-4 – *Flexible Work Arrangements for Members of the ADF*). Applications for flexible work arrangements, such as temporary home-located work, variable working hours, and part-time leave without pay (PTLWOP), should be considered when negotiating a BSP. This flexibility may be particularly useful if you are returning from MATL within the first 6 months whilst exclusively breastfeeding (i.e. where the child relies on the mother for all of his/her nutritional needs), and/or if lactation breaks cannot be adequately supported within the work environment. **However, as Air Force supports paid lactation breaks, it is not appropriate to enforce arrangements such as PTLWOP as a way to facilitate unpaid lactation breaks.**

Career development

Although members cannot be discriminated against due to their breastfeeding status regarding selection for course, exercises or deployments, you may choose to make yourself unavailable. This has the potential to have a flow on effects to further career development and progression, particularly where such milestones are pre-requisites for advancement or mandatory training. It is incumbent on both you and your Commander to understand the limitations that breastfeeding implies through travelling/absence restrictions.

'I have indicated to my command chain that I do not want to go away from my baby while I continue breastfeeding and while they have been nothing but supportive, I was worried about the impact it may have on my career as it means that I won't be selected for courses or exercises while I am breastfeeding. My peers who are able to participate on these courses will clearly advance more rapidly than I will. Personally I think this is my choice and I am willing to take any potential impacts it might have - I think women who want to continue breastfeeding need to balance their desire to do so with the reality of the implications. Conversely though, superior officers need to balance those things as well and not expect the breastfeeding mother to be able to travel for weeks on end.'

THE IMPACT YOUR AIR FORCE CAREER MAY HAVE ON YOUR DECISION OR ABILITY TO CONTINUE TO BREASTFEED

The standard employment requirements on Air Force members may present some challenges for women who continue to breastfeed their child on returning to work. However, it is important to realise that no challenge is impossible to overcome. With advance notice, communication and understanding between you and your Command, negotiated workable solutions can be found to ensure the you are able to breastfeed your child for as long as you want to.

'It is certainly in the back of my mind that finding the time to express has, on some days, the ability to impact upon my job. I've had to cut short lectures and meetings in order to go and express. However, with appropriate planning I have not found it to be too difficult.'

'I left it up to my children to decide how long they would continue breastfeeding, although I had a goal of 6mths then 12mths it wasn't until my 2nd daughter was 18mths old that she decided not to breastfeed any more. I didn't allow it to effect my decision to continue breastfeeding at work, as my children came first.'

'I originally made myself unavailable for deployment for 12 months so I could breastfeed my daughter. I ended up breastfeeding her up until the morning I deployed to the Middle East. I did not want to deny myself to her in two stages, which meant I breastfed her until she was 17 months old. This made weaning interesting for me. I sometimes wonder how many other people have had to express for comfort on-route to their Task Group location.'

THE TOP TIPS FOR MOTHERS BREASTFEEDING ON RETURN TO WORK

Following are some observations which were made by other Air Force mothers during the preparation of this handbook. While they are presented to offer authentic viewpoints from Air Force mothers who breastfed on returning to work, it is important to remember that every situation is unique, and some of these observations may not align with your own personal experiences.

- **Flexibility in approaches/ideals**

- You may need to seek flexible work arrangements or be flexible in how you meet your workload and commitments.
- Your child may have different ideas about bottle feeding than you would like, or may refuse either the bottle or the breast.
- If expressing is too difficult then you will need to decide if you should go back on leave, have your child cared for closer to you to be able to offer the breast, or consider introducing formula for some feeds.

- **Communication and planning**

- Understand your rights and responsibilities, check for updates in policies. If you are going to request or negotiate something, you need to know what you are entitled to.
- Talk to your supervisor (or a trusted senior member if you do not feel comfortable talking to your direct supervisor) - they cannot help you if they do not know what you need.
- Don't be afraid to approach your hierarchy, chances are that your managers or Commanders, through their own experiences, can appreciate what you are going through.
- Engage with your chain of command early about your intentions so that everyone is clear that upon your return to work you will still have child-related commitments during the day.
- Start planning and preparing for your return to work as soon as possible. Identify a location for you to express and store milk (if that is what you are going to do) before you return to work - not on your first day back - forward planning will make your transition back to work smoother
- Understand that your supervisor may not embrace your breastfeeding as much as you do; you should not force intimate details upon them.

- **Feeding options**

- **Expressing.** Expressing is not always easy. Depending on the quality of the pump, and/or your ability to get a letdown, you may not be able to express as much milk as your child would take from the breast. This may lead to supply issues or possibly mastitis. You may need to feed more frequently during the night.

- Expressing is time consuming and adds a heap of cleaning and sterilising which, in short, you may not have time or energy to do. It also does not come easily for a lot of first time mothers whose breasts are still developing with their first birth. Breast pumps are expensive and you may need to buy two if you are unable to clean it properly at work and re-use it.
- Buy the best quality electric breast pump and be confident with your technique/ equipment at home before you try it at work.
- Build up a store of frozen EBM at home before you go back to work - having a bit of extra at home helps in the event that it takes a while to get into the groove of expressing at work, so that you can supplement the milk you express or cover for the inevitable day when you don't have time to express.
- **Breastfeeding.** Breastfeeding doesn't always come naturally to everyone and can take time to feel comfortable that you know what you are doing.
- Be aware your breastfeeding may not have 'settled down' by the time you go back to work if you are only taking the minimum prescribed maternity leave on full pay. This is really very important to understand as it is not publicised through the medical pre-natal classes and associated websites which suggest your breastfeeding will be routine after 6 weeks or maybe even by the time you are home with your child after the birth.
- Returning to work after only maternity leave of 14 weeks means your body is still adjusting to feeding the child who also has a changing demand. As a result, having predictable expressing is almost unrealistic.
- **Bottle feeding.** Even if planning on exclusively breastfeeding, introduce your child to a bottle as soon as you can so that they are used to feeding from both breast and bottle, thereby reducing the likelihood of bottle refusal when you return to work.
- Use a variety of family and friends to give your child a bottle so that they are used to feeding from different people.
- **Formula.** Formula is still ok! Breast is best but you need to be flexible on your attitude to formula and make decisions based on what is best for you and your child. Remember that it's not all or nothing. Supplementing your breastfeeding with formula can be a successful combination.



- **Patience and resolve**

- **Remember why you're doing it.** You will face many people with varying opinions on breastfeeding and child bearing in general. Be sure of yourself and do what's right for you.
- Enjoy your child and breastfeeding. You and your children should come first.
- Seek support from other like-minded people or supportive organisations.
- Don't be afraid to approach the hierarchy – it's possible they have breastfed or have partners who have so they can appreciate what you are going through.
- **Period of adjustment.** You may be tired and sore and remember your hormones are still altered when feeding so you may also still be overly emotional compared to how people knew you before.
- **Everyone has an opinion.** Remember how everyone had an opinion on all things baby while you were pregnant and were never shy to share it with you? Well the same may happen once people find out you are breastfeeding and returning to work. Most people assume because you are at work you are no longer breastfeeding and your child is in childcare. Be very sure of yourself in what you and your partner want and need for the child and mum. Do what is right for you.

- **Uniform**

- Have a spare uniform shirt at work – always! Whether you are feeding your child at work or day care, or expressing, especially in the early days there will be times that milk leaks or your child vomits on your rank slides.

- **Facilities/equipment**

- Try to negotiate the use of a private office if you don't normally have one. Often there may be a spare office you can use, or in some cases, colleagues will be willing to let you use their office as a regular arrangement.
- Buy a microwave steriliser so you can clean/sterilise expressing equipment at work.
- I kept my (hand) pump in the fridge too – so I didn't need to sterilize it during the work day.

THE LESSONS LEARNT BY OTHER MOTHERS WHO BREASTFED ON RETURN TO WORK

Following are some observations which were made by other Air Force mothers during the preparation of this handbook. While they are presented to offer authentic viewpoints from Air Force mothers who breastfed on returning to work, it is important to remember that every situation is unique, and some of these observations may not align with your own personal experiences.

- **Expectations**

- Becoming a mother/having a baby alters the way you perceive things and the way you feel. Things at work I could deal with in the past with little to no emotion now affect me in ways I cannot control and will never be able to change back to how I was. I'm not 'softer' - I just prioritise things differently now.
- Time flies and time drags! This is only one phase of your life and your child will consume every second of it; all your thoughts and planning will be around your child.
- Most info on breastfeeding available is just not that realistic. I understand they do not want to dissuade women from trying to breastfeed in the first instance but women need to understand it is hard work, takes time to establish, but most of all is worth it, not just for baby but mum too.
- Everyone is different. Each pregnancy/birth/ breastfeeding experience is different. What may suit you now, might not suit you in the future or might not suit someone else in a similar situation. 10minutes expressing may be suitable for some, others may need 30mins, some may want to feed for 6weeks, others for 4yrs.

- **Leave too short.** Consider if the leave plan you have chosen is what is best for you and your child. In retrospect, some mothers wish they had taken maternity leave at half-pay to extend the time away from work to ensure the child was in an established routine and settled before returning to work.

- **Network and support**

- The single greatest resource is your own network for support and advice. Don't be afraid to ask for help or advice, particularly from those who have been there before you. It is a hard job to return to work and continue to breastfeed and you may need support every now and again if things get a bit tough.
- Be realistic/kind to yourself; breastfeeding/expressing needs to be balanced with everything else in your life. It can be overwhelming enough returning to work and caring for a new child then add on top of that breastfeeding.

GUIDANCE FOR COMMANDERS AND MANAGERS OF BREASTFEEDING MOTHERS

The Benefits Supporting Breastfeeding Provides Air Force

A flexible approach that supports breastfeeding mothers on return to work provides many benefits to Air Force and makes good business sense through:

- **increased retention of personnel** – translating to reduced cost of turnover and recruitment costs
- **reduced absenteeism** - Military women who breastfeed have been found to use less sick or carer's leave due to personal or child illness
- **greater effectiveness and productivity** - Provision of breast milk can also make a woman feel less anxious about separation from their child, making her workplace efforts more productive. Women may also return to work earlier knowing their workplace supports their continued breastfeeding.

Communication is key

Most women decide whether or not they will breastfeed before the birth of their child. Identification of an early decision will allow women and their supervisors the time to consider how to best incorporate breastfeeding once they return to work from MATL. To ensure the most workable solution is achieved, managers should consider and discuss a member's potential breastfeeding requirements with the member during her pregnancy to determine how best to support her and facilitate the prompt evaluation of the workplace. This will work towards creating a seamless transition and reduce stress for the member on her reintegration into the workplace. It may also put the member at ease with opening up the channels of communication as the member may be unsure how to broach the subject with their manager.

Different Breastfeeding Options

There are a number of ways for a mother to continue to provide breast milk to her child after she has returned to work, even in a military environment. She may be able to:

- exclusively or fully breastfeed her child directly,
- combine breastfeeding with provision of expressed breast milk (EBM) in a bottle, or
- partially breastfeed (for example at night), in combination with providing formula milk during the day.

Refer to Annex B for potential breastfeeding models.

Lactation Breaks

The time required for breast milk expression varies and is highly dependent upon several factors including the age of the child, amount of milk produced, the pump quality, the privacy and time given. **Ideally, breastfeeding mothers should be afforded 15-30 minutes every three to four hours to express breast milk for at least 12 months following the birth of a child.** The requirements will change as the child gets older and moves onto solid foods where the feeds/expressing will become shorter and less frequent.

There are health risks for the mother associated with inability to feed or express breast milk for an extended period, including risks of mastitis or engorgement. Appropriate management of breastfeeding requirements for working mothers is therefore important for the health and wellbeing of the mother and her child.

Annex A provides a Breastfeeding Support Plan (BSP) to help members and managers facilitate agreement on workable lactation breaks and other requirements.

Out of work hours breastfeeding. Although a member may choose not to breastfeed or express milk during work hours, either on directly returning to work or as the child grows older and milk needs reduce, a member may choose to continue to breastfeed or express milk out of work hours, either before work or during the night. Commanders and supervisors must therefore be cognisant of the impact certain work hazards and requirements will have on a member's decision to continue to breastfeed or express milk, even if she chooses not to partake in this activity during work time. Therefore factors such as exposure to lead or chemicals, or being absent from home for extended periods need to be considered and discussed with the member.

Facilities

In selecting an appropriate location for a breastfeeding mother, key considerations should be sanitation, cleanliness, privacy, the ability to lock the room/space and the discreteness of the area, for example offices, first aid rooms or small conference rooms. At a minimum, breastfeeding mothers should be afforded the availability of:

- a clean, private room or space (**not a toilet space**) preferably that is quiet and an appropriate temperature,
- a comfortable chair

If expressing, in addition to the above, the mother will need:

- access to power (if using an electric breast pump),
- running water/wash basin for hygiene and cleaning
- refrigeration for safe storage of EBM
- a clean space to store equipment (such as a locker or cupboard)
- EBM can safely be stored in a communal kitchen refrigerator, ensuring it is in a clearly labeled and sealed container. For goodwill in the workplace, the use of discrete outer casing may be considered to protect other workers from objections and/or potential embarrassment; however appropriate temperature control for the EBM is paramount.

If there are, or are likely to be, a number of breastfeeding women at the unit or base, consideration should be given to establishing a dedicated lactation room with the necessary facilities.

Mothers must supply their own breast pump and equipment for storage of EBM. If refrigeration is not available in the workplace, it may be necessary to provide appropriate storage for EBM, such as a portable fridge or an esky with ice. Access to power may be needed for storage requirements.

Alternate facilities. If appropriate facilities are not available within the unit's direct work area, supervisors and members should investigate the availability of appropriate facilities in other work areas or units nearby to the workplace. If no appropriate facilities can be located within a reasonable distance to the member's workplace, as an absolute last resort, a quieter area of the workplace may be sectioned off with a curtain to ensure privacy. Signage is also recommended to protect the privacy of the woman and save potential embarrassment for other members.

Health and Safety

It is important to consider the work environment in the context of any possible adverse outcomes on the health of the mother and her child. Due to the risk of a child's exposure to hazardous materials through breast milk, it is important to be aware of, and if necessary exclude the mother from hazardous jobs such as hazardous chemicals, exposure to lead or other material.

Hazardous chemicals. Where a breastfeeding mother deals with potentially hazardous chemicals, Commanders must ensure a risk assessment is completed in accordance with the *Defence WHS Manual*, volume 2, part 3A, chapter 2, Management of Hazardous Substances. A risk assessment of the breastfeeding member's workplace is required to identify possible adverse outcomes for the health of the member and her breastfed child.

Lead exposure. To avoid any risk of exposure to inorganic lead through breast milk, Commanders must also ensure that breastfeeding women are excluded from lead-risk jobs (refer HD288 - *Health Surveillance of Inorganic Lead Exposure for Australian Defence Force Personnel and Defence WHS Manual*, volume 2, part 3A, chapter 8 Inorganic Lead).

For affected mothers, possible solutions might be to undertake different duties on return to work for the duration of breastfeeding or undertaking the same duties but in a different work location to remove the member from the potential hazard.

Although a member may choose not to breastfeed or express milk during work hours, the member may still be feeding her child before and after work. These women should still be identified where the impact of certain work hazards and requirements could have a detrimental impact to the member and/or child

Extended/periodic absences

Managers and Commanders need to be cognisant of implications for breastfeeding mothers should they be required to travel away for work for a duration greater than a normal work day. Extended/periodic absences can be challenging particularly with the need to store large



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quantities of breast milk for the child for the duration of the mother's absence. Other challenges entail being able to, and having access to facilities to express and store breast milk while away (for health reasons and keep up supply). **Experience from other breastfeeding mothers suggests that it can be difficult to build up enough EBM to last any longer than around two days away, even with a significant lead time to build up the stores.**

This is particularly important where Commanders are considering short notice tasks or travel. It is preferred that breastfeeding mothers are not directed to undertake duty away from their home location, except in exceptional circumstances, or where the member agrees if sufficient notice is provided. An effective strategy may also be to look at alternative solutions if the mother is required to be away for an extended period. Examples include splitting the time up over various days, or delaying the travel by 4-6 months when the mother may no longer be breastfeeding, or when the quantity and frequency of feeds for the child are reducing. Some mothers have also been able to take their child with them (for shorter periods of travel) and have the child attend the local base daycare or nearby casual care in order to continue to breastfeed.

Work routines

Mothers who work shifts experienced significant challenges in switching between day and night shifts. While on day shift mothers can breastfeed/express milk for their child according to their usual routine, however it can be challenging for mothers who then switch to night shift (which is technically their 'daytime'). This results in some mothers choosing to continue to express multiple times during the day when they were meant to be sleeping to ensure minimal disruption to their milk supply/demand and the child's routine. For mothers who are shift workers, consideration should be given to restricting her from undertaking nightshift while breastfeeding.

Breastfeeding and expressing can also have an impact on the mother's availability for meetings or other scheduled activities. Most managers and colleagues will understand the mother's requirement to be absent for a short time if it coincides with a lactation break, and may also be able to move the activity time to de-conflict the time. But this may not always be possible.

Individual readiness

Breastfeeding may affect member's Individual Readiness.

Air Force policy (DI(AF)OPS 4-8 - Individual Readiness) directs that members returning from MATL are required to indicate availability for deployment from a date not less than six months from the date of the birth of the child/ren. However, the ADF Policy (DI(G)PERS 36-2 - ADF Policy on Individual Readiness) provides that Commanding Officers may grant waivers for components of Individual Readiness to members who are unable to comply with requirements due to temporary reasons beyond their control.

In endorsing this document, CAF has agreed that breastfeeding is an acceptable reason for Commanders to grant IR availability component waivers. Therefore, members who choose to continue providing breast milk to their child may be made 'unavailable' for up to 12 months by their Commander. Any requests for extending past 12 months should be made on a case by case basis. 24 months post partum should be considered a reasonable maximum for any waivers associated with breastfeeding, unless there are special circumstances.

Fitness testing. Although breastfeeding is not a barrier to resuming fitness following a pregnancy, breastfeeding may potentially make most of the elements of the fitness tests more difficult. Air Force fitness policy (DI(AF)PERS 53-13 - Physical fitness in the RAAF) reflects the ADF policy (HD235 - Management of pregnant members in the ADF) such that when a member returns from Maternity Leave and resumes duty, she must obtain Medical Officer's certification of medical fitness (MEC upgrade), after which the member is granted 90 days before she is required to comply with an annual PFT. The ADF policy acknowledges that women may need referral to a rehabilitation program to achieve a pass in that time frame. Recent research into ADF women who breastfed on return to work indicated that 63% identified physical fitness requirements caused them some difficulties upon return to work.

Discrimination on the grounds of breastfeeding

Section 7AA of the *Sex Discrimination Act (1984)* makes discrimination (both direct and indirect) on the grounds of breastfeeding illegal, and this section of the Act applies to ADF personnel. However, some conditions, requirements or practices which could be imposed by the ADF are permissible even if they have a disadvantaging effect that is reasonable when taking into account the circumstances. This "reasonableness test" must include the nature and extent of any disadvantage; and the feasibility of overcoming or mitigating the disadvantage; and whether the disadvantage is proportionate to the result sought by the ADF. Where unsure, Commanders should seek further legal advice to protect the member and the ADF from unlawful discrimination. Refer to Fairness and Resolution Branch's Supporting Breastfeeding in the Workplace guide (<http://intranet.defence.gov.au/fr/RR/breastfeeding.htm>) for further information.

FURTHER INFORMATION

Support Groups/Social Networks

The Australian Breastfeeding Association provides a list of local support groups in your area. You are encouraged to contact these groups should you feel you need further support or contact to discuss breastfeeding issues.

<https://www.breastfeeding.asn.au/contacts/groups>

Your local Defence Community Organisation can provide a list of local support groups and networks available in your area.

Other sources of information

Fairness and Resolution Branch: Supporting Breastfeeding in the Workplace <http://intranet.defence.gov.au/fr/RR/breastfeeding.htm>

The Australian Breastfeeding Association:
<https://www.breastfeeding.asn.au/>

Breastfeeding website for women in the US military
<http://breastfeedingincombatboots.com/>

NHMRC (2011) Draft Infant Feeding Guidelines for Health Workers. National Health and Medical Research Council, www.nhmrc.gov.au

ROCHE-PAULL, R. (2010). Breastfeeding in Combat Boots – A Survival Guide to Successful Breastfeeding while Serving in the Military. Hale Publishing, Amarillo Texas. (Note: this book is available through the Defence Library Service)

STEWART, K.M. (2009). Breastfeeding Rates and Behaviours amongst Military Women returning from Maternity Leave. [Masters thesis] (Objective Id: AF1330680, File number: 2007/1084080)

WHO. (2003). Global Strategy for Infant and Young Child Feeding. Geneva, Switzerland, World Health Organisation, <http://whqlibdoc.who.int/publications/2003/9241562218.pdf>

Related orders/instructions:

DI(G) PERS 49-4 - Flexible Work Arrangements for members of the ADF

ANNEX A TO SUPPORTING BREASTFEEDING IN AIR FORCE HANDBOOK BREASTFEEDING SUPPORT PLAN

Introduction

This plan provides Commanders, Supervisors and pregnant or breastfeeding members with guidance on implementation a breastfeeding arrangement on returning to work. It also provides a template to be completed jointly by management and the pregnant or breastfeeding members to formulate a breastfeeding arrangement on the member's return from Maternity Leave (MATL).

Meeting

Supervisors and pregnant serving members should discuss the member's plan to breastfeed upon return to work prior to commencement of Maternity Leave (MATL). An opportune time to initiate a Breastfeeding Support Plan (BSP) discussion is at the time of approval of the MATL application.

The child's age upon the member's return to work should be considered in the member's initial work schedule on returning to work. Children less than 6 months of age are recommended to be exclusively breastfed, meaning they get all (or at least most) of their nutritional requirements from breast milk. Further, as the child gets older, their need and/or demand for breast milk is likely to decrease. Therefore, BSPs will need to be periodically reviewed over the first weeks or months of the member's return to work to ensure they continue to meet the needs of the child, mother and workplace.

Meeting with supervisor to discuss BSP on return to work, or for an amendment, is scheduled for

Work Schedule

The time required for breast milk expression varies and is highly dependent upon several factors including the age of the child, amount of milk produced, the pump quality, privacy and time restrictions. Annex B to this handbook should be used to identify a variety of workable breastfeeding models for consideration by management and the member. As a general guide, the BSP should include an agreement on the number, duration and timing of lactation breaks, to ensure the best possible breastfeeding outcomes for the member and her child.

Breastfeeding model

Breastfeeding mothers should be given 15-30 minutes every three to four hours to express breast milk for at least 12 months after the birth of a child. Although some flexibility is preferable, the schedule may also necessitate structure for Service or duty requirements.

The breastfeeding model agreement is [circle] 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 ; OR

other individual model as agreed by management and member [circle]

Yes / No / Not Applicable

Lactation Breaks

Schedule for lactation breaks is as follows [insert times as appropriate]:

Morning break: _____

Lunch/midday break: _____

Afternoon break: _____

Before PT (as applicable): _____

Other (e.g. shift work): _____

Facilities for breast milk expression

The minimum facilities to be provided include a clean, private space (not a toilet space) with access to power (if using an electric breast pump), a nearby sink and refrigeration for safe handling and storage of EBM. EBM can safely be stored in a communal kitchen refrigerator.

Location of Room / Space to Express _____

Location of place to store EBM _____

Work Health and Safety

An assessment of the breastfeeding member's workplace may be required to identify possible adverse outcomes on the health of the member and her breastfed child. An inherent risk of breastfeeding is mastitis or engorgement if the lactating member is unable to feed or express breast milk for an extended period. Another potential hazard exists when the member deals with hazardous chemicals or lead. In this case, Commanders must ensure a Risk Assessment has been completed (refer Defence WHS Manual, Vol 2, Part 3A, Chap 2, Management of Hazardous Substances).

Are there any potential health risks identified? [circle] Yes / No / Not Applicable

Risk Assessment completed? [circle] Yes / No / Not Applicable

Contingency Planning

In emergencies, or other situations such as field-training exercises, weapons training, long duty days or work-related travel to another location, the following processes will be implemented for expressing/storing/transporting EBM:

Express and freeze/store EBM Yes / No

Arrange for transport of EBM to child or carer Yes / No

Allow child to be brought to member for breastfeeding Yes / No

If care can be arranged at destination, allow child to travel with member Yes / No

(NB. children under 2 years travel free on commercial aircraft)

Express and dispose of EBM Yes / No

Other _____

ANNEX B TO

SUPPORTING BREASTFEEDING IN AIR FORCE HANDBOOK

DIFFERENT BREASTFEEDING MODELS

As each military environment is unique, the needs and requirements of each breastfeeding mothers and child will be individual. As such, a range of varying models for provision of breast milk to a child are outlined to help provide adequate and appropriate support in a variety of individual and work situations. The table below provides models that may be appropriate to different work roles and proximity to the child when on duty. These models are in descending order of preference for maintenance of an appropriate milk supply.

	Morning	Lunch	Afternoon
Model 1 Only possible when there is access to the child through proximity to care/ carer and where there is significant flexibility of work schedule	"On demand" breastfeeding. Breastfeed every 3-4 hours following advice that the child has woken and/or is due to be fed, e.g. via phone call from Childcare Centre.		
Model 2 Only possible when there is access to the child through proximity to care/ carer.	Breastfeed at Childcare	Breastfeed at Childcare	Breastfeed at Childcare
Model 3 An adequate solution where the member has only limited access to the child	Express 15 mins	Breastfeed at Childcare	Express 15 mins
Model 4 An adequate solution where the member does not have ready access to the child	Express 15 mins	Express 20-30 mins	Express 15 mins
Model 5 Child may require some formula supplementation when on duty. Expressed milk is unlikely to meet needs.	Express 5 mins to relieve engorgement	Express 20-30 mins	Express 5 mins to relieve engorgement
Model 6 Child may require some formula supplementation when on duty. Expressed milk is unlikely to meet needs.	Express 15-20 mins		Express 15-20 mins
Model 7 Child is likely to require some formula supplementation when on duty. Expect milk supply to be reduced.		Express 20-30 mins	
Model 8 Child will require formula supplementation when on duty.	No expressing during the work day but continuing to breastfeed at home. Supervisors must still consider WHS implications at work.		

The image features a dark blue sky with scattered, lighter blue clouds. A white, brushed metal bar runs diagonally across the bottom portion of the frame. The text is centered on this bar.

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