

CAPE HIGHER EDUCATION CONSORTIUM / WESTERN CAPE GOVERNMENT

JOINT RESEARCH PROGRAMME

Final Project Report

Grant recipient: Assoc. Prof. Ameeta Jaga, UCT

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1. COVER PAGE

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Title of project: Exploring the promotion of breastfeeding at work in the Western Cape Government

PSG to which the project is aligned: PSG 3: Increase wellness and safety, and tackle social ills

2. ABSTRACT

This research aimed to identify ways to better support breastfeeding at work, in the context of the WCG as a pilot case. A larger multi-stage project was conceptualised by a multidisciplinary team with this specific research focusing on the initial exploratory stage to gain a deeper understanding of the experiences of breastfeeding at work in the WCG. Using a design thinking process, we interviewed seven mothers and five managers of mothers who returned to work after having a baby, to gain insights into the needs of these two user groups. The insights informed the design of prototypes to improve support for breastfeeding at work which were tested with the user groups and refined iteratively. The findings of this research will inform future behavioural insights interventions that could be implemented within WCG Departments. We hope that this in turn can contribute to positive health, social and economic outcomes for South Africa.

ALIGNMENT TO THE PROVINCIAL STRATEGIC GOALS

This project is aligned to the PSG 3: Increase wellness and safety, and tackle social ills. As noted above, it responds to a key feature of the First 1000 Days initiative – a flagship, interdepartmental programme. However, it also speaks to a factor not currently addressed by the initiative – mothers returning to work and the implications for their decisions to continue breastfeeding. The dynamics driving mothers' decisions to cease breastfeeding because of the need to return to work are still poorly understood in South Africa and so this work will make a significant contribution to a more holistic response to breastfeeding promotion.

Supporting breastfeeding at work contributes to a workplace friendly culture that fosters more contented and productive staff, and mothers who are less likely to be absent from work because breastfed babies are healthier. Breastfeeding mothers who feel that their rights are valued by their employers have improved morale and greater loyalty to the company contributing to lower staff turnover. The benefits of mothers being able to continue breastfeeding whilst at work also lead to positive societal implications as breastfeeding increases the likelihood of upward mobility and earning potential through increased intellectual capacity. It can make an important contribution to the social and economic development of the province and, therefore, to achieving the objectives of PSG 1.

The positive effects of breastfeeding until six months on cognitive development, and conversely avoiding the cognitive delays caused by stunting, have also been well documented. A holistic approach to breastfeeding, therefore, can make an important contribution to the goals of PSG 2.

The improvement in employee wellness and satisfaction at work will also be an important contribution to the values of the WCG as an employer and caring government.

3. INTRODUCTION AND PROJECT AIMS / QUESTIONS

Breastfeeding provides unique advantages to the baby's health, growth and development, as well as to the mother's health and wellbeing and thus contributes to the achievement of the health, food security, education, equity, development and environmental Sustainable Development Goals (SDGs). For example, breastfeeding can prevent breast and ovarian cancer deaths and prevent both infant and maternal morbidity and mortality; reducing associated parental absence from work due to child illness, healthcare costs and contributing to future health and economic gains. These benefits also lead to positive societal implications as breastfeeding increases the likelihood of upward mobility and earning potential through increased intellectual capacity.

South Africa has high breastfeeding initiation rates of 75-97% but in 2012 the exclusive breastfeeding (EBF) rate amongst infants 0-5 aged months was only 8% (the lowest in the world) (Unicef, 2012). This rate has increased to 32% in 2016 (National Department of Health, 2017) but the progress is still too slow and in fact for infants aged 4-5 months the rate is only 23.7%. Women comprise nearly half the South African labour market (45%) with the greatest percentage employed in the formal sector (QLFS, 2016). Returning to formal employment postpartum is one of the main barriers to women continuing breastfeeding. In 2017, women represented nearly half the labour force in South Africa (44%), yet breastfeeding tends to be treated as a matter to be addressed in the health facility, family and community sphere, and the role that workplaces can play in promoting breastfeeding is rarely focused on. In a meta-analysis on the effects of interventions on breastfeeding duration (Rollins et al., 2016), 51 studies were conducted in the health systems and services setting, 43 studies in the family and community setting and only four studies were conducted in the workplace setting, exposing an important research gap. In South Africa, the necessity to focus on mothers' needs in the workplace is even more urgent, given the country's skills deficit and the need to retain women in the workplace to redress past gender discrimination.

Breastfeeding support at work has been identified as a low-cost measure that can lead to considerable positive outcomes for mother and infant, as well as the employer (Rollins et al., 2016). When employers provide mothers who are breastfeeding with favourable environments and support to continue breastfeeding at work, the benefits are reported to outweigh the costs. Employers who do support workplace breastfeeding do not only provide examples of good practice for other employers, they can also become employers of choice, attracting a better workforce.

Project aims and objectives

This study aimed to contribute to the limited body of South African research to understand the factors that may better support mothers to continue to breastfeed after returning to work from maternity leave.

The proposed methodology of a design led thinking process in itself aims to improve lives as the needs, goals and behaviours of the WCG staff because they will be empowered to identify the most appropriate solutions for their context. The use of design led thinking for this project is also a methodological contribution to knowledge generation in understanding breastfeeding at work a socially complex problem. The process is user-driven and based on the premise that ideas are most powerful when developed from the 'inside out'; that is, users are seen as co-creators in developing the problem setting and solutions (Clune & Lockrey, 2014).

Objective 1: To explore mothers' experience of breastfeeding when returning to work post-partum and use their insights to identify and understand their real challenges and their needs around breastfeeding at work.

Objective 2: To produce a comprehensive literature review that is shaped by the context sensitive insights and challenges generated in Objective 1 on the factors influencing breastfeeding at work in the Western Cape.

Objective 3: Generate a number of potential ideas/interventions with different stakeholder groups to address the mothers' needs.

Objective 4: Develop a prototype and test it in the environment with appropriate stakeholders.

Research question

RQ 1: How might we improve the level of support for breastfeeding at work in the WCG?

RQ 2: What potential interventions could we develop that would improve levels of breastfeeding at work?

4. PROJECT PROGRESS AND FINDINGS TO DATE

Project start

As the project awards were communicated on the 21st February, the projected project timeline shifted out by two months, beginning in April.

We established a multi disciplinary project team, which included two representatives from UCT (lead researcher, Ameeta Jaga and PhD student, Bongji Mabaso), a design thinking coach from the D-School (Keneilwe Munyai), three representatives from WCG: Department of the Premier (Tristan Gorgens, Aa-isha Petersen, and Thembisa Blom), one representative from the WCG: Health (Nicolette Henney) and a reflective observer with ethnographic skills (Mariam Waltz until July 2018, Yusra Price August onwards).

On the 16th of April 2018 the project partners hosted the first of two proposed workshops, "Promotion of Breastfeeding for Women at Work", to gain a better understanding of the problem. Experts from diverse fields interested in the topic were invited, including academics, a public health specialist, an actuary, and representatives from the South African Medical Research Council and the WCG: Department of Health.

The workshop was structured into two parts. Part one was aimed at understanding what research has been / is being conducted in the area. For this session we invited four presenters (Two PhD students working on the topic, WCG: Health to present on their recent survey findings, and an academic who conducted ILO funded work on maternity protection in Ghana). The second part of the workshop was facilitated by Richard Perez from the D-School. The purpose of this session was for the team to formulate the research problem(s), in order to better understand the challenge and guide this project.

Project methodology: Design thinking

To meet the study objectives we proposed using the design thinking approach that moves iteratively, from problem understanding to solution making, through three broad phases: discover, ideate / prototype, and test and refine (see figure 1).

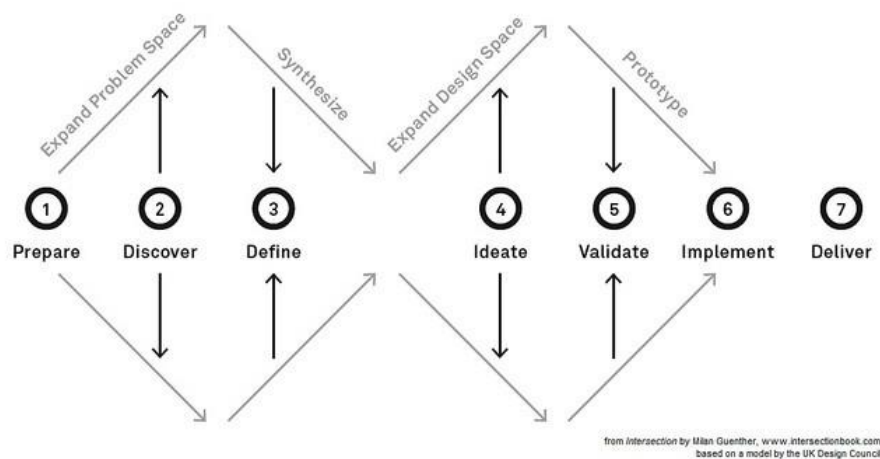


Figure 1. Double diamond

Discovery phase: the project team met regularly to develop a timeline and workshop important aspects of the project including identifying the refined problem, the key stakeholders and developing the interview questions. The selection of stakeholders in the early part of the discovery phase usually leads to reframing of the challenge to a more human centred level as the insights gained guide the project team to a more focused real problem statement. In this case, the project question shifted from how do we increase breastfeeding rates in WCG to how do we improve the level of support for breastfeeding at work in the WCG. At this point we recognised that we would need to also interview managers of mothers who have returned to work after having a baby. Further at this stage we articulated that supporting breastfeeding at work includes aspects relating to the mechanical practice of breastfeeding, expressing milk, weaning and all the relevant associations made with breastfeeding at work. The focus of the project is not necessarily aimed to advocate for “breast is best”, but generate awareness that could lead to informed choices, and practical interventions that are considerate of women’s positionality who are pregnant or returning to work after maternity. The overall aim of this project is to sensitise working spaces to the ‘natural’ transitions that working women experience and generate proactive means of support for these women who occupy different positions of work.

In April, we applied for and received ethics for conducting this study from the UCT Commerce Faculty, Ethics in Research Committee (REC 2018/004/013). Further approval to conduct the study was needed from the WCG Departments that were identified to be part of the study, namely Health, Social Development, and Education. This approval took longer than expected. We only received approval from Social Development and Education and proceeded with these two departments. We worked on a communication strategy to invite volunteers (mothers and managers) to speak to us on their views and experiences of breastfeeding at work. We sent the emails to the department heads for distribution through their departments. This strategy for obtaining participants was unfortunately ineffective as no one responded to the request for study participants and we met to re-strategize our approach of obtaining participants. We therefore used the personal networks of the WCG project partners to find the first participant and used snowballing to obtain the rest of the participants. Our first interview was on the 31st July and continued until October 2018.

While waiting for access and finding participants, members of the team piloted the interview guide with volunteers at UCT, and shared feedback and learnings that the team discussed before conducting the interviews. We also had a mid-year feedback session from the reflective observer in the team who shared her critical reflections on tensions, contradictions, and themes prevalent in team meetings, which included: (1) tensions between traditional research and design thinking and how do we value research in the current African context, (2) the physical space that we used (which was a boardroom) – how this demanded certain behaviours and placed certain restraints on team interactions, and (3) contradictions in the conceptualisation of diversity, culture and identity that surface in the team. Details of these findings will be included in a methodological paper on using design thinking to explore breastfeeding at work in the WCG.

We conducted seven interviews with mothers and five interviews with managers. See appendix A for interview guides. Each interview was conducted with the participant, the interviewer, an observer, and a note taker. Participation was voluntary, and all participants gave written consent prior to the interview being conducted. Participants were explained about the nature and aims of the study without creating an expectation that these interviews will necessarily result in a new intervention at the WCG, but rather that the team aimed to gain an improved understanding of breastfeeding at work in the WCG. Participants were from different settings, job functions and levels. For example we interviewed mothers in administrative, senior management, and teacher positions and managers in director, principal and officer positions. Once the interviews were collected and used to gain a user based understanding of the problem we moved into the next phase of defining the problem from the user's perspective.

Define phase: This phase took place over October and November 2018. In this phase we unpacked the interviews to identify the needs of the users, both mothers who returned to work from maternity leave and managers of mothers. Though the information was obtained from single users, the interviewee inspires a need that pertains to many. To help identify multiple needs, we considered one insight per user at a time. We identified the person, then chose an insight and then derived a need. To validate the need, we asked the question 'why?' several times.

For example:

User: manager

Context: manager within a government department (possibly middle manager)

Insight: lack of conversation between then manager and the mother when she is pregnant about returning to work and continuing breastfeeding.

Need: How might we equip managers to be knowledgeable about maternity protection and the benefits of supporting breastfeeding mothers in the work place?

Using the information derived from this process we were able to refine the problem by reframing the problem from the initial statement to a problem that emerges from the user by developing a point of view statement.

For example:

The user + context	Needs a way to ...	Insight
A male middle manager in a government department...	needs a way to be better understand maternity protection because there is no support for breastfeeding mothers in the work place.	perceives breastfeeding as a private issue and not as a workplace issue

The aim of developing the point of view statement is not that there is not a solution implied yet but rather that there is a need. The need is derived from the insight. (see Appendix B for the additional point of view statement developed for the other users).

Ideation phase: This phase began in December 2018. In this phase we used the point of view statements to develop questions that would generate ideas for solutions. For example: How do we get a male middle manager to perceive breastfeeding not as a private issue but a workplace issue? This is the start of the second diamond, in which we diverged through ideation before converging again for the prototype. We used several activities to generate as many possible solutions to the different point of view statements as possible. The different activity methods of generating ideas included all team members being given a chance to brainstorm on their own first and share, as well as activities that helped participants generate more ideas that were 'out of the box', or where team members had to respond quickly. For example, the building on idea activity is where you fold the page and each person adds to the sentence. In a way that opens up the idea. After all the ideas were generated, the team used a process whereby each team member voted with stickers for their preferred long shot idea, their preferred quick win and the idea that they felt would best delight the user. Following this process, the team had to take one idea forward for prototyping (which could be a combination of some of the ideas). The team felt that the strongest idea was the user's need for more information but that the needs for the mother was different to the needs of the manager. Hence an idea for the manager was to create a cube that could be placed on the managers desk. Each side of the cube has a question or pertinent information regarding breastfeeding at work, that could help a manager have an informed conversation with a pregnant employee about her plans and support

available should she wish to continue breastfeeding upon return to work. For example, What role can I play as a manager in supporting a worker? or Did you know the basic conditions of employment gives mothers two 30min breaks for breastfeeding? Managers would be provided with 20 such points of information or questions (see Appendix C) and asked to select their preferred six that they would like to see on the cube. The second idea for to create a URL link that could offer mothers specific information about breastfeeding at work, such as the BCEA guidelines for breastfeeding at work as well as a platform to share stories of mothers who have returned to work and continued breastfeeding.

Prototyping and testing phase: this phase required the team members to materialise the ideas from a conceptual design to a physical form to validate the design of an actual product. The team used a variety of materials such as pipe cleaners and different textured /coloured paper to create a rapid, inexpensive, low-resolution prototypes (potential solutions) that were used to invite feedback on the idea from the user, without a substantial investment of time and cost (see Appendix D for pictures of the prototypes). The raw form of the prototype was likely to elicit greater feedback from users than a finished product because the user is likely to feel that they can still contribute to the development of the solution. The team was only able to start testing the prototype in February 2019 due to the users' availability. It was particularly challenging to find available time in the managers' schedules. The team began testing the website prototype with mothers as the user in their work setting. The users gave feedback with regard to what they thought the prototype was, if they found the prototype useful, and if they had another way to solve this problem. The team members involved in the testing, captured the users' positive and negatives comments, questions and ideas/suggestions the user provided to use to improve and refine the prototype. There were contradictory views by mothers on whether the stories on this site should be anonymous or not, and whether the website should be internal or external to the WCG site. Mothers voiced the need for information on the practical process of applying for maternity leave, locating breastfeeding spaces at work to express and other physical enablers to make breastfeeding at work easier. The participants were informed that the prototype idea may or may not be a suitable sustainable solution so as to prevent the development of any expectations from the participants. The team was only able to test the cube prototype with one manager, who was a school principal. The participant's feedback was positive in that he felt it could be used as a paper weight, equipping him with relevant information and serving as reference point to start a conversation with a pregnant employee. These prototypes will be tested with a few more users. The feedback from these tests will be fed back into the next design iteration to improve the solution and find a balance regarding the viability, feasibility and desirability of the solution, before being developed and implemented further. Depending on the allowed time, this phase may be repeated a number of times.

On the 1st March 2019, we had a second workshop where we invited experts from diverse fields interested in the topic to present our process and potential solutions. We had representatives from WCG health and WCH organisational development, as well as nutrition from the medical research council. We invited feedback and this was a useful process to get buy in from WCG partners, and discuss ways to take either of

the prototypes forward, as well as where this breastfeeding at work project could be housed at WCG, An initial idea was within Wellness, but further reflections led to this project being broader than a women's issue and that a good place was within Diversity Management.

5. STEPS TO COMPLETION AND CONCLUSION

This project still requires about another 2-3 months to complete the design thinking process of refining the prototypes and testing them. A challenge that has contributed to this project's delay is the availability of WCG employees who are the participants, in both the interviewing phase to help define the problem and in the testing the prototype phase.

Having completed most of the process we are in a better position to start the write up of a manuscript for submission to share how design thinking can be used to explore such a phenomenon from a user centred perspective and how it helped to develop potential solutions that meet the users' needs in the given context of the WCG. We envisage to submit the publication by June 2019 to either a peer reviewed international design thinking journal or a journal in the social sciences field that would be appropriate for the topic of supporting breastfeeding at work.

Finally, we plan to look for opportunities to apply for a larger grant to take this project forward to phase two which would be piloting one or more of the prototypes in the WCG.

6. BUDGET

Budget to date, with an anticipated 3 more months on the project:

The D-School full expense for coaching and support for design led thinking process will be paid on completion of the project = R35 750

Transcriptions of interviews 12 interviews @ R10 per audio minute = R7200

Research assistance: Ethnographic and field work notes: 30 hours @ R325.50 per hour = R9375.00, second invoice for 2019 work to follow estimated at 15 hours = R4882,5.

Refreshments for workshops and meetings R1000, final workshop and presentation refreshments estimated at R700.

Transport and parking for meetings and conducting interviews R1500.

Appendix A: Interview guides and consent forms



Employees (mothers) - Topic guide

Intro

We are a team of researchers working on the challenge of breastfeeding in the workplace. When we speak about breastfeeding in the workplace it includes expressing milk, having breastfeeding breaks, a private space and storing breastmilk at work. We are conducting this study in the context of the very low breastfeeding rates in South Africa that have important social and also economic implications. We would like to understand your views and experiences on this topic.

I am _____ and will be asking you most of the question and my colleagues will also ask a few questions if they are curious about something you have said and would like to know a bit more.

_____ will be taking some notes and observing. Would that be ok?

Also, we would like your permission to audio record the conversation please so that we have the opportunity to go back and listen to any aspect in detail to help improve our understanding of this challenge. Would that be ok?

I am going to begin by asking you some demographic question:

What is your current position? Is it part time or full time? And how many hours a week do you work?

- Probe if any shift work?

What is your highest educational qualification?

How many children do you have? And how old is each child?

How old are you (you may prefer not to answer)?

What is your home language?

How do you travel to work and back home? How long does it take to get to work in the mornings and home in the evenings? Probe where they live?

1. Can you please tell me about your work and what you do? (Establish what they do / nature of activities / which part of the business)
 - a. How long have you been in this position? And at WCG?
2. I am going to ask a few questions about when you were pregnant and when you returned to work after maternity leave:
 - a. When did you tell you manager that you were pregnant?

- b. How long is the maternity leave that the organisation offers? Is it paid? How long did you take? How old was your baby when you returned to work? Did you claim from UIF if not fully paid? If no, why not?
 - c. Did you have a conversation about breastfeeding with your manager before you went on maternity leave or once you returned from maternity leave? Who initiated the conversation?
 - d. In your view, who's responsibility is it to initiate such a conversation?
- 3. Did you breastfeed your child/ren? If no, which feeding method did you use and why? (If yes, establish details around duration of exclusive breastfeeding, how – expressed milk, where and when, and experiences)
 - a. Was there any support for breastfeeding at work when you returned from maternity leave? What did it look like (i.e. information, breaks, private space, storage, co-workers, role models, family, friends, partner, church, childcare arrangements in/near work, paid help)? If yes, did you make use of any of these?
 - b. If lack of support – How did you manage to breastfeed your baby? How do you feel about this lack of support? Does it influence your approach to your work or your feelings toward WCG? and, if yes, how?
- 4. Do you think that there are any benefits of supporting a breastfeeding mother when she returns to work to continue feeding her baby? (Benefits for mother, baby, organisation, society, economy)
- 5. What do you think could realistically be done by your employer to better support women who want to continue breastfeeding after returning to work? Why do you say these could help? Do you know any mothers in other companies who have been supported?
- 6. Are you aware of any policies or guidelines on breastfeeding mothers in the workplace?
 - a. Internal policies or guidelines?
 - b. Laws? If yes, how did you hear about these?
 - c. National policies, guidelines?
- 7. Are there any other issues which you think are important in the context of this study which we have not discussed?



Line managers - Topic guide

Hello

We are a team of researchers exploring breastfeeding in the workplace. When we refer to breastfeeding in the workplace it includes expressing milk, having breastfeeding breaks and supporting facilities. We are conducting this study because breastfeeding has significant health, social economic implications. We would like to understand your views on this topic.

I am _____ and will be asking you most of the question and my colleagues will also ask a few questions if they are curious about something you have said and would like to know a bit more.

_____ will be taking some notes and observing. Would that be ok?

Also, we would like your permission to audio record the conversation please so that we have the opportunity to go back and listen to any aspect in detail to help improve our understanding of this challenge. A reminder that your anonymity will be ensured. Would that be ok?

I am going to begin by asking you some demographic question:

What is your current position?

How long have you been in this position?

Do you have children? If yes, how many? And how old is each child?

1. Can you please tell me about your work role? (Establish what their day to day work life looks like / nature of activities / which part of the business)
 - a. Do you supervise a team of people? (If yes establish how many, and gender composition, age - young / older team for childbearing years, and tenure of team – how long they have been there on average)
2. Have you had any experience with any of your employees having a baby?
 - a. Did you have a conversation about breastfeeding with them before they went on maternity leave or once they returned from maternity leave?
 - b. Who initiated that conversation?
 - c. In your view, who's responsibility is it to initiate such a conversation?
 - d. How were the breastfeeding mothers supported when they returned to work?
3. In your personal capacity what experiences have you had with breastfeeding (e.g. own child, family).
 - a. Did the mother need to return to work / combine breastfeeding and working?
4. What do you think are any benefits of supporting a breastfeeding mother when she returns to work to continue feeding her baby? (Benefits for mother, baby, organisation, society, economy)
 - a. Establish HOW they would be beneficial.

5. In your view, what could be realistically done in the workplace to support breastfeeding mothers
 - a. Probe actual recommendations – any associated barriers (actual or perceived)

6. Are you aware of any policies or guidelines on breastfeeding mothers in the workplace?
 - a. Internal policies or guidelines
 - b. Legal
 - c. National

7. Is there anyone else who you think plays a role in supporting breastfeeding mothers in the workplace? (family, spouse, co-workers, government)

8. Do you feel that there is anything that I have missed? Do you have any questions for us?

Thank you for your time.

Appendix B: Point of view statements

- 1. A mother who spends at least one hour travelling to or from work, using public transport, who has a postgraduate qualification and is a government employee, who sits in a space with access and potential to find information needs a way to make informed decisions around the options available to feed her baby because they are not aware of laws, policies and benefits (to baby, mother and workplace).*
- 2. An early career first time mother, who is an educated, government employee needs breastfeeding to be normalised as part of the workplace culture which is why/because she didn't speak with her manager about breastfeeding.*
- 3. A mother who has chosen to continue breastfeeding upon return to work, she has no/limited flexibility at work, is a government employee, has no private space, spends at least an hour travelling to or from work. She needs to be better empowered in controlling her time and space to meet the complex needs of breastfeeding at work, because expressing at work is a logistical nightmare (space, time, etc).*
- 4. A breastfeeding mother who is a government employee needs support to exclusively breastfeed for 6 months and thereafter continue to 2 years because there is a disconnect between WHO's optimal breastfeeding recommendations and S.A legislation.*
- 5. A healthcare worker – a nurse who is responsible for anti-natal / post-natal care (maternity care) from public and private health institutions needs to support and motivate mothers to breastfeed because surprisingly when nurses show empathy, support and compliment mothers on their breastfeeding practices the mothers are encouraged to continue.*

Appendix C: Potential questions for cube

1. What role can I play as a manager in supporting a worker?
2. Breastmilk production doesn't stop when the woman (mother) returns to work
3. Breastfeeding is not an on and off switch
4. Did you know the basic conditions of employment gives mothers two 30min breaks for breastfeeding?
5. Supporting mothers in the workplace will increase productivity
6. Do we have a safe and clean space for bf mothers? [to express and store milk?]
7. Have you spoken to your pregnant employee about her rights and options to breastfeed?
8. How will we store expressed breastmilk? / What facilities do we have to store breastmilk?
9. What is your understanding of breastfeeding in the workplace?
10. Did you know that bf children have x times greater chance of survival?
11. Supporting bf women at work lowers absenteeism.
12. What have you done to make your work environment mother friendly? 13. Are you aware of the father's role in bf?
14. How do you think male colleagues can support mother's bf at work?
15. did you know that allowing access her rights to bf at work is not preferential treatment?
16. Did you know that bf benefits everyone and not just the baby?
17. Did you know that it's not okay for a mother to breastfeed in the workplace?
18. Are you aware of the employee wellness programme at WCG?
19. Returning to work can be an adjustment for the mother and the team.

Appendix D: pictures of the prototypes

