

28th November 2008

Parental Leave Inquiry
Productivity Commission
GPO Box 1428
CANBERRA CITY ACT 2601

Submission by the Australian Breastfeeding Association to the Draft Inquiry Report into Paid Parental Leave: Support for Parents with Newborn Children

The Australian Breastfeeding Association appreciates the opportunity to review and comment on the draft inquiry report 'Paid Parental Leave: Support for Parents with Newborn Children'.

The Association acknowledges that the Commission's proposal is inclusive and equitable, and endeavours to provide a suitable foundation for Australia to commence a statutory system of paid parental leave and enhance child health and development.

However, we urge the Productivity Commission to strengthen the provisions and ensure that there is scope for introduction of strategies which will bring Australia in line with international convention and supporting evidence. To this end, the Australian Breastfeeding Association makes a number of recommendations and supporting statements in the attached submission and refers the Productivity Commission to the Association's initial submission for further evidence.

The Australian Breastfeeding Association aims to support and encourage women who want to breastfeed their babies, and to raise community awareness of the importance of breastfeeding and human milk to infant and maternal health. The Association is recognised as Australia's leading authority on breastfeeding. More information about the Australian Breastfeeding Association can be found on the organisation's website at www.breastfeeding.asn.au

Please contact me if you would like further information about the Australian Breastfeeding Association or this submission.

Yours sincerely



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Introduction

The Australian Breastfeeding Association (ABA) urges the Commonwealth to introduce a paid maternity leave scheme despite the current economic climate. There is significant potential gain in terms of maternal and child health, workforce participation and work/family balance for the small 2% increase on existing expenditure. In the absence of paid parental leave, it is possible that added financial pressures from the recent global financial environment will lead to an increase in the number of mothers returning to work soon after the birth of their baby. A delay in the introduction of a paid parental leave scheme further compromises the health and wellbeing of vulnerable infants and their families and leads to increased cost burden to our society.

This submission makes recommendations and outlines a number of factors for the Productivity Commission's consideration prior to finalisation of the report.

Recommendations

- That the government ratify the ILO Convention 183 that establishes women's rights to paid maternity leave; paid lactation breaks and appropriate facilities in the workplace, consistent with Australia's commitments to women under CEDAW.
- That all eligible mothers should have access to a minimum of 6 months paid maternity leave from birth regardless of their employment status.
- That provision is made for breastfeeding-friendly employment conditions such as permanent part-time employment, flexible working hours, job sharing or job splitting, lactation breaks and workplace facilities.
- That any paid parental leave scheme be evaluated in terms of the effect on maternal and child health, and in particular its effect in increasing the initiation and duration of breastfeeding in Australia.
- That workplace support for breastfeeding includes educational programs and strategies aimed at promoting positive cultural attitudes for breastfeeding support.
- That draft recommendation 2.11 delete references to the first six months.
- That paternity access to leave include the option to take part-time leave.

Length of leave

The ABA is concerned that the proposed 18 weeks of paid leave will not meet the objective outlined by the Commission to enhance maternal and child health and development. By the Commission's own admission 'the evidence of child and maternal health and welfare benefits from a period of absence from work for the primary carer of around six months and a reasonable prospect that longer periods (of up to nine to 12 months) are beneficial' (2008, 4.44)¹. We consider the proposed 18 weeks inadequate and maintain our position in recommending a minimum of 6 months paid leave after the birth of their child.

The Commission's draft report suggests that parents be encouraged to contribute their personal resources to allow most families access to six months paid leave from employment. Some families are not in a financial position to self-fund accumulated leave exclusively for 6 months by co-

¹ Productivity Commission (2008). Paid Parental Leave: Support for Parents with Newborn Children. Draft Inquiry Report, Canberra.

funding arrangements. The limited capacity to self-fund a period of six months paid leave for this subgroup is likely to have negative affect on those infants at greatest risk of poor developmental outcomes. The ABA therefore proposes that the Commission include safety net measures that protect low income families and enable them to access six months paid leave.

Flexible leave options

To allow families the ability to make decisions best suited to their individual circumstances, the ABA recommends that the Commission consider the option to allow fathers access to part-time paid parental leave. This may help facilitate a gradual return to employment for mothers and allow a greater time of exclusive parental care. For mothers that are continuing to breastfeed this transition provides the opportunity for parents to refine the process of expressing and storing breastmilk before introducing alternative care arrangements.

Re-designing job roles and responsibilities to allow part-time, work from home or job sharing arrangements may be practical and reasonable for some workplaces to consider. This allows parents more options that will assist them maintain a work/life balance. Reduced working hours whilst maintaining job security is also likely to be attractive to parents and provides benefits for employers with increased productivity and retention of skilled labour.

Government programs that support parents

Government programs aimed at supporting parents are fragmented and tend to be orientated more to those families who have been identified as being 'at risk'. Existing government programs vary from state to state and those run by non-government and community organisations are frequently targeted to specific groups and regions. Support networks for parents are available through friends and family and other community based organisations such as the Australian Breastfeeding Association, Playgroup Association, local church programs and other peer groups.

The Australian Breastfeeding Association services to parents include:

- National 24 hour breastfeeding helpline service staffed by trained volunteer counsellors
- Peer support programs implemented nationally in local communities
- E-Support through moderated on-line parenting forums and email counselling
- Breastfeeding Education Classes for parents during pregnancy
- Breastpump hire
- Resources and products for parents and health professionals, including maternity bras, clothing, literature and breastpump equipment
- Workplace programs.

Most parents have access to immediate postnatal support in hospital and following discharge with a midwifery home visiting service. An initial home visit by maternal and child health services within the first couple of weeks of life is available in many areas (although this does vary with each state). Maternal and child health services usually provide support for parents up to school age, although they are increasingly under funded which has precipitated a reduction of services. Early childhood services for families usually include facilitated early parenting groups, consultations for developmental screens and queries. There are also limited places available for more intensive services through day stay cottages and residential services. It seems that a large majority of parenting programs available tend to focus on those families identified as 'at risk' but fewer services are available to the majority of parents.

Parenting and workforce issues are not routinely included in general parenting programs. This gap in service provision was the impetus for the Australian Breastfeeding Association's vision to assist workplaces to become more family friendly and implement the establishment of the Breastfeeding Friendly Workplace Accreditation Program.

With nearly 80 workplaces accredited as Breastfeeding Friendly, ABA is proud to say that there is continuing evidence of cultural change within these workplace environments in accommodating parent needs. We acknowledge the efforts of those accredited workplaces that are listed on our website at www.breastfeedingfriendly.com.au.

Complementary Policies

It is imperative that any system of paid parental leave in Australia also examines the transition back into the workforce from parental leave. When parents return to the workplace after leave, there are extra pressures for them in balancing their work and family commitments.

The most immediate needs of the mother will be workplace support for breastfeeding in line with public health recommendations. Paid lactation breaks and facilities in the workplace are consistent with Australia's commitments to women under CEDAW. The ILO Convention 183 establishes women's rights to paid maternity leave also includes provisions for continued breastfeeding (nursing). Article 10 states that:

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

Further recommendations under the ILO R191 state:

6. (1) Members should take measures to ensure assessment of any workplace risks related to the safety and health of the pregnant or nursing woman and her child. The results of the assessment should be made available to the woman concerned.
(4) A pregnant or nursing woman should not be obliged to do night work if a medical certificate declares such work to be incompatible with her pregnancy or nursing.
7. On production of a medical certificate or other appropriate certification as determined by national law and practice, the frequency and length of nursing breaks should be adapted to particular needs.
8. Where practicable and with the agreement of the employer and the woman concerned, it should be possible to combine the time allotted for daily nursing breaks to allow a reduction of hours of work at the beginning or at the end of the working day.
9. Where practicable, provision should be made for the establishment of facilities for nursing under adequate hygienic conditions at or near the workplace.³

The ABA urges the Australian government to ratify ILO Maternity Protection Convention 183 and recommends that the right to paid lactation breaks be enacted in Commonwealth legislation, thereby becoming part of standard workplace practice.

² International Labour Organisation. Maternity Protection Convention 183 (2000) (revised) <http://www.ilo.org/ilolex/english/convdisp1.htm>

³ International Labour Organisation Maternity Protection Recommendation (2000) R191 Maternity Protection Recommendation <http://www.ilo.org/ilolex/english/recdisp1.htm>

For lactation breaks and other breastfeeding-friendly provisions to be more widely implemented and accessible to Australian women, it is not sufficient to rely on the efficacy of the Sex Discrimination Act or the goodwill of Australian employers.

Other provisions that may help facilitate recruitment and retention following maternity leave may include:

- Breastfeeding Friendly Workplace Accreditation program - a consultancy service that helps employers make changes within their workplace environment to assist women make the transition back into the workforce following maternity leave. This program includes resources and seminars designed to assist parents and managers to prepare for maternity leave and cope with the return to work.
- A Keeping in Touch program as already suggested by the Commission can be useful and there are a variety of ways that this program can be implemented. However, it needs to sensitively avoid any intrusion on the needs and privacy of the family on leave.
- Onsite childcare arrangements for young children (0-2 years crèche) have been expressed by some workplaces as a desirable option but the difficulty of navigating and meeting legislation requirements has become a barrier to these arrangements.
- The establishment of parent networks in the workforce to create the social support and sharing of experiences. These networks may include an experienced mentor or someone else who has recently returned to work. This type of support is invaluable for learning new strategies and ideas that develops further confidence. Online forums can also provide opportunities for parents to seek advice and share their experiences with other parents.

Breastfeeding

1. Draft recommendation 2.11

The Association welcomes draft recommendation 2.11 that refers to more resources to allow effective support for breastfeeding. However, we request the removal of the reference to a limit of six months. As all health authorities recommend that breastfeeding continues beyond six months, ABA's experience is that mothers returning to work after this time still need access to support if they are to continue breastfeeding.

Providing support for breastfeeding is complex and needs a multifaceted approach. Accordingly, we strongly encourage the Commonwealth to enact the recommendations from the Standing Committee on Health and Ageing report on the inquiry into the health benefits of breastfeeding entitled 'The Best Start' (2007). These recommendations are consistent with providing the necessary support for mothers to continue breastfeeding.

2. Breastfeeding Recommendations

The Australian National Health and Medical Research Council (NHMRC) recommendations are not accurately described in Box 4.3 of the 'Breastfeeding recommendations'. The citation does not include a reference for the period following the six month period of exclusive breastfeeding which is still relevant. The NHMRC states that:

For Australia, it is recommended that as many infants as possible be exclusively breastfed until 6 months of age. It is further recommended that mothers then continue breastfeeding until 12 months of age—and beyond if both mother and infant wish. Although the greatest benefits from breastfeeding are to be gained in the early months, especially from exclusive breastfeeding for at least six months, there is no doubt that breastfeeding provides benefits that continue beyond this

time. After six months, continued breastfeeding along with complementary foods for at least 12 months will bring continuing benefits (2003; 305-306).⁴

3. Breastfeeding is the biological norm

It is common for breastfeeding to be described in terms of the benefits or the advantages it provides as the optimum and best source of nutrition. Whilst it is true there are no infant feeding methods that offer superior or equivalent benefits to breastfeeding, it is important to place in context some cultural assumptions and misconceptions that are frequently made about infant feeding, particularly relating to research on infant feeding.

Breastfeeding is the biological reference point and the expected standard in infant nutrition. Breastfeeding is the assumed normal food for infants against which all other foods should be measured. Human milk is produced for human babies to support normal growth and development. As such, artificial baby milks, often referred to as infant formula, provide babies with less than standard nutrition.

There are many properties in breastmilk such as the very long chain poly unsaturated fatty acids (VLCPUFA) that are so long and complex that they are impossible to reproduce. No other mammal has these types of fatty acids which are essential for growing human brains. Breastmilk is a living fluid that cannot be replicated. Active constituents include hormones, enzymes, antibodies, oligosaccharides, nucleotides, cytokines, lactoferrin. Human milk is constantly changing; from the beginning of the feed to the end of the feed, from one feed to the next and from day to day and also from mother to mother. Mothers of premature infants have different milk composition better suited to the needs of their small, immature babies. Bottle feeding is more stressful for the premature infant than breastfeeding.

It is not possible to artificially produce a substance that comes close to human milk. Even the act of breastfeeding and interaction between mother and baby, enhance the infant's social development, visual acuity, speech and jaw development. Human babies are born very vulnerable to infection and need the support of their mother's milk and the immunity that it provides until they can build immunity of their own. Babies who are weaned early don't have the support of their mother's immune system and are more at risk of adverse outcomes.

4. New Study

Ogbuanu et al (2008) recently reported that sucking from a bottle resulted in decreased lung capacity in children which was evident at 10 years of age.⁵ It had previously been assumed that respiratory protection was related to components in breastmilk but it appears that it is more likely to be related to the physical act of breastfeeding, which also develops the correct oral, facial and respiratory functions.

This study serves as a timely reminder of the implications associated with early weaning. It has brought into question not only the use of artificial formula but also the use of expressed breastmilk given in a bottle. As this is the most common method used by mothers returning to work it further strengthens the arguments to allow mothers time to exclusively breastfeed, through a system of paid maternity leave that will have long term positive health outcomes for both mother and child.

Conclusion

⁴ NHMRC (2003). Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers. Canberra

Goldfield EC, Richardson MJ, Lee KG, Margetts S Coordination of sucking, swallowing, and breathing and oxygen saturation during early infant breast-feeding and bottle-feeding. *Pediatr Res.* 2006. 60(4): 450-455.

⁵ U., W. Karmaus, et al. (2008). "The effect of breastfeeding duration on lung function at age 10 years: a prospective birth cohort study." *Thorax: thx.2008.101543.*

We all have a vested interest in providing conditions that enable our most vulnerable Australians to receive the intensive care they need to thrive and grow into healthy, independent and productive adults.

The quality of the attachment that forms between infants, their parents and caregivers can have a profound influence on children's social, emotional and cognitive development.

The foundations that are laid down in infancy have a significant influence on the psychological, physical and mental health of the mature adult.

We consider that a system of paid parental leave in Australia is well overdue and urge the Commonwealth to implement the scheme without delay.