

Paid Work and Family Responsibilities Submission
Sex Discrimination Unit,
Human Rights and Equal Opportunity Commission
GPO Box 5218
Sydney NSW 2001



**Submission by the Australian Breastfeeding Association to Striking the Balance: Women, Men,
Work and Family Discussion Paper**

The Australian Breastfeeding Association (ABA) (formerly named the Nursing Mothers' Association of Australia) welcomes the opportunity to make this submission on paid work and family responsibilities.

Since its' founding by six mothers in 1964, the Association has spread to all Australian States and Territories to become one of the country's largest women's non-profit organisations and Australia's leading source of breastfeeding information and support. The Association aims to support and encourage women who desire to breastfeed their babies, and to raise community awareness of the importance of breastfeeding and human milk.

The Association is a recognised authority on breastfeeding management and lactation. Our Lactation Resource Centre (LRC) provides a scientific basis for the Association's breastfeeding policies and complements the practical experience of breastfeeding mothers with one of the most comprehensive collections of breastfeeding information in the world. The Centre's journal *Breastfeeding Review* contains articles relevant to your deliberations including an article in the July 2005 edition (attached) on the impact of our Association's Breastfeeding-Friendly Workplace Accreditation program in creating supportive workplaces for breastfeeding women. Other LRC publications focus on specific breastfeeding issues, including those associated with workplace support and childcare. See <http://www.breastfeeding.asn.au/lrc/bfreview.html> for more information.

Please do not hesitate to contact me if you would like further information about the Australian Breastfeeding Association or this submission.

Yours sincerely

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Submission by the Australian Breastfeeding Association to Striking the Balance: Women, Men, Work and Family Discussion Paper

Themes of submission:

1. Health authorities recommend exclusive breastfeeding for the first six months of life with continued breastfeeding to two years and beyond.
2. Maternity leave assists in establishing breastfeeding, and improves the health outcomes for mothers and babies.
3. Increasing rates of return to work by new mothers may be reducing breastfeeding. Employer support for breastfeeding and breastfeeding employees is critical to achieving national health goals for breastfeeding.
4. Women returning to work after the birth of a baby may face difficulties in individually negotiating employment conditions that support exclusive or continued breastfeeding.
5. Women and men returning to work after the birth of a baby need flexible work options to help balance their work and family commitments, which will help mothers successfully breastfeed their babies for longer.
6. Through the energy and commitment of the nation-wide network of ABA volunteers, many significant breastfeeding initiatives have been achieved over the past few years. This volunteer network needs to be actively acknowledged and supported by employers and governments.
7. Workplace culture can impact on employed women's capability to feed their infants according to national and international health expert recommendations.

Executive summary

Impacts of workplace culture, family-friendly initiatives and industrial relations legislation

ABA would like to highlight the impact of paid maternity leave and 'breastfeeding friendly' working conditions on Australian breastfeeding rates, and suggest possible government initiatives and industrial relations legislative changes which would help mothers better combine breastfeeding and work.

Breastfeeding rates in Australia are well below levels recommended by health authorities. Very few Australian infants are exclusively breastfed to 6 months and one in two is already weaned by 6 months despite NHMRC recommendations for exclusive breastfeeding to 6 months and health targets for 80% of babies to be at least partly breastfeeding at that age. Poor infant feeding practices increase ill health of mothers and babies, and significantly raise community and family health costs. Promoting 'breastfeeding friendly' workplaces and childcare services is a key element of our *Breastfeeding Leadership Plan* which sets out an action plan to increase breastfeeding in Australia (Attachment A).

Only a minority of mothers in Australia have access to paid maternity leave. ABA supports paid maternity leave to facilitate establishment of breastfeeding. ABA also promotes the establishment of breastfeeding-friendly workplaces to enable employed women to combine breastfeeding and work, where workplace flexibility and family-friendly workplace initiatives are key aspects of a breastfeeding-friendly workplace (Attachments C-D).

ABA is also concerned that possible changes to industrial relations legislation, including the favouring of individual workplace agreements, could stall improvements or narrow access to paid maternity leave for many women and other employment conditions supporting breastfeeding. This

could adversely affect rates of breastfeeding in Australia. ABA would support government workplace relation legislation and educational initiatives that would positively impact on breastfeeding rates.

Proposed changes to unfair dismissal laws could also make it very costly and difficult for many pregnant or breastfeeding women to prove.

ABA understands that reduced collective bargaining in other countries has reduced the relative wage position of low and moderate wage earners. As the majority of low to moderate wage earners in Australia are women, ABA advocates for measures to ensure that greater financial pressures for maternal return to work and workforce participation do not undermine breastfeeding.

The proposed changes to industrial relations legislation could also lead to increased working hours and more people having to work non-standard hours. ABA relies on around 1500 trained volunteers and many other volunteers in local ABA groups to provide its range of free and affordable breastfeeding support and information services. Increased working hours and non-standard hours could further reduce the ability of mothers to undertake volunteer work for organisations like ours.

Recommendations:

1. That universal paid maternity leave and mandatory breastfeeding-friendly workplaces be introduced.
2. That the recent decisions on unpaid parental leave and flexible working-hours handed down by the Australian Industrial Relations Commission (AIRC) be supported by government legislation.
3. That any changes to industrial relations legislation must protect the health and welfare of Australian mothers and babies by protecting and widening access to paid maternity leave and breastfeeding friendly employment conditions.
4. That industrial relations legislation should support and protect breastfeeding as the physiological and social norm of infant feeding, and all mothers and babies irrespective of socio-economic background.
5. That any options presented on workplace agreements and changes to industrial relations legislation be evaluated in terms of their effect on maternal and child health and in particular their effect in increasing the duration and exclusivity of breastfeeding in Australia.
6. That any changes to industrial relations legislation should be assessed for potential effects on the volunteer and unpaid workforce.
7. That governments and employers implement more schemes which financially and structurally support the work of volunteers.

Submission by the Australian Breastfeeding Association to Striking the Balance: Women, Men, Work and Family Discussion Paper

The importance of breastfeeding

Breastfeeding is an important preventative health behaviour with implications for infant and maternal health, national health costs and the environment. The public health benefits of breastfeeding are well documented and continue to accumulate. Artificial formula feeding substantially increases the risk of gastrointestinal illness, respiratory illness and infection, eczema, and necrotizing enterocolitis, with increasing scientific evidence of its links with chronic or serious illnesses or conditions such as childhood diabetes, urinary tract infection, certain types of cancers, diseases of the digestive system such as coeliac disease and Crohn's disease, liver disease and cot death. Breastfeeding is known to promote cognitive development and higher IQ, central nervous system development and visual acuity, and speech and jaw development. Breastfeeding also helps protect mothers against breast cancer and other cancers of the reproductive organs, and osteoporosis.¹

Awareness about the benefits of breastfeeding is relatively high in Australia. Federal, State and Territory Governments have developed policies that promote, encourage and support breastfeeding. For example the National Breastfeeding Strategy was announced in 1996/97 as part of the Commonwealth 'Health Throughout Life' policy statement.² Similarly, there is an increasing recognition that breastfeeding decisions are shaped by the social, cultural and economic environment, as well as by individual or family decisions.

Promoting 'breastfeeding friendly' workplaces and childcare services is a key element of the Association's forward-looking *Australian Breastfeeding Leadership Plan*, launched by Federal Health Minister Tony Abbott in August 2004. While there are challenges associated with this, there continue to be many opportunities to broaden the support for breastfeeding women in the workplace. An action agenda is outlined in the Breastfeeding Leadership Plan (see Attachment A).

Rates of breastfeeding in Australia

The Australian National Health and Medical Research Council's (NHMRC) Dietary Guidelines for Infant Feeding reflect the World Health Organisation (WHO) recommendation that infants be exclusively breastfed for the first six months of life³, with ongoing breastfeeding until two years and beyond with appropriate complementary foods. The proportion of mothers who initiate breastfeeding exceeds 90%, which is compatible with the NHMRC breastfeeding goals. However, maintenance of breastfeeding rates, particularly exclusive breastfeeding rates, falls well short of NHMRC goals. While dietary guidelines recommend ongoing breastfeeding until two years and beyond, some studies show that as many as 72% of mothers had ceased breastfeeding by their infants first birthday.⁴

Australia has a poor record when it comes to exclusive breastfeeding to six months. Figures from the latest National Health Survey (NHS) in 2001⁵, showed that exclusive and sustained breastfeeding rates remain very low, with fewer than one in three **of all** babies aged less than six months being exclusively breastfed. More worrying figures were reported in the Longitudinal Study of Australian

¹ See for example Gartner LM, Morton J, Lawrence RA, Naylor AJ, O'Hare D, Schanler RJ, Eidelman AI, American Academy of Pediatrics Section on Breastfeeding 2005, Breastfeeding and the use of human milk. *Pediatrics* 115(2): 496-506.

² Department of Health and Aged Care 2001, *National Breastfeeding Strategy: Summary Report*, Canberra.

³ World Health Assembly (Fifty Fourth) 2001, Infant and Young Child Nutrition: Resolution 54.2.

⁴ Australian Institute of Family Studies 2005, *The Longitudinal Study of Australian Children 2004 Annual Report*, Melbourne

⁵ Australian Bureau of Statistics 2003, *Breastfeeding in Australia*, Canberra.

Children 2004 Annual Report, which found that 91% of infants started solids before six months of age.⁶ This highlights the lack of improvement in the number of mothers and babies breastfeeding exclusively for the minimum recommended six months.

The cost attributed to the hospitalisation of prematurely weaned babies alone is around \$60-120 million annually in Australia for just five common childhood illnesses.⁷ Conversely, any decline in breastfeeding from current levels has substantial and adverse cost implications for the public health system. Therefore, rates and duration of breastfeeding have significant implications for the Australian economy.

Maternity leave and breastfeeding

The Australian Breastfeeding Association supports the right of women to choose whether or not to enter the paid workforce after the birth of a baby. However, mothers must have real and supported choices.⁸ We support paid maternity leave in order to give women the optimal chance of establishing breastfeeding before a return to work. Paid leave is one of a range of initiatives required to support an increase in the duration of breastfeeding in Australia.

We are concerned that breastfeeding rates have plateaued in Australia in the last decade or so, despite the increasing and clear evidence of significant health risks to both mothers and babies of early weaning. The first 12 to 14 weeks are critical in establishing breastfeeding, and we believe that ensuring adequate financial support for all mothers during the first months of a baby's life should be the priority for policy in this area. It should not be limited to those currently in employment. Extending the time a mother can be with her baby through the provision of adequate financial support should be seen as an investment in the physical and psychological health of families, and a recognition of women's unpaid as well as paid work.

The vast majority of female workers are within small to medium sized workplaces and in industries without access to employer funded maternity leave. Often formalised and Government initiated requirements and regulatory structures are needed for change to happen in workplace provisions. The Association believes that it is especially important for governments to ensure that paid maternity leave is not just for relatively privileged categories of workers. It is especially a concern that mothers in lower socio-economic groups are significantly less likely to breastfeed beyond the early weeks.⁹

Research indicates that only 23% of workplaces in Australia presently offer paid maternity leave to working mothers, and the average period of leave is 8 weeks.¹⁰ Furthermore, the more a working mother earns, the more likely she is to receive paid maternity leave.¹¹ This raises the concern that some women return to paid employment too soon after the birth of their baby out of financial necessity, and with a consequential impact on breastfeeding, and on maternal and child health. The government's own research into work and family policies as industrial and employment entitlements, indicates that there has been no significant growth in family-friendly provisions under enterprise agreements, and that the proportion of enterprise agreements with paid maternity leave has actually

⁶ Australian Institute of Family Studies 2005, *The Longitudinal Study of Australian Children 2004 Annual Report*, Melbourne

⁷ Smith J, Thompson J, Ellwood D 2002, Hospital system costs of artificial infant feeding: Estimates for the Australian Capital Territory. *ANZ J Public Health* 26(6): 542-551.

⁸ ABA submission to *Valuing Parenthood, Options for Paid Maternity Leave in Australia*, Inquiry by the Sex Discrimination Commissioner, 2002, <http://www.breastfeeding.asn.au/advocacy/matleave.html> Accessed 14/09/2005.

⁹ Donath, S. and L.H. Amir, Rates of breastfeeding in Australia by State and socio-economic status: Evidence from the 1995 National Health Survey. *J Paediatr. Child Health*, 2000. 36: p. 164-168.

¹⁰ Pocock, B, *The Work Life Collision*, Centre for Labour Research, Adelaide University, 2003.

¹¹ Work Research Cluster, Sydney University, March 2003.

fallen in the period from 1998-2001.¹² This trend also raises serious questions as to whether or not Australian Workplace Agreements (AWAs) can deliver family-friendly practices like paid maternity leave to all Australian women.

This research also highlighted that employees, and employers, had a serious lack of awareness and knowledge of Anti-discrimination legislation protecting pregnant and lactating women, and maternity leave provisions relevant to their workplace. Pregnancy discrimination, particularly stemming from trying to access maternity leave is still a significant problem.¹³ A recommendation of this research paper was for the establishment of an agency to oversee notification of pregnancy to the employer and relevant rights to the employee. We would welcome and support such an initiative (or similar), and add that relevant lactation information should also be disseminated. This would have the added bonus of prompting women to consider and forward plan their infant feeding decisions. Research has shown that one of the psychological factors that influences the rate and duration of breastfeeding is a woman's attitude towards breastfeeding before the birth of her baby.¹⁴ A notification agency, as suggested above, could be a critical first step in the breastfeeding education chain.

ABA welcomes and supports the AIRC recent ruling granting 8 weeks concurrent parental leave after a baby is born. It takes most women up to 16 weeks to physically recover from the birth of their babies and to fully establish breastfeeding. Fathers are known to play a crucial role in supporting breastfeeding,¹⁵ therefore allowing father's concurrent leave in the first 8 weeks, will not only contribute to stronger family relationships and parental bonding, but also facilitate the establishment of a successful breastfeeding relationship. The early weeks are also a period of transition and many women find them emotionally challenging. The successful establishment of breastfeeding and the resultant well-documented emotional and physical health benefits is more likely to be achieved with the opportunity for unlimited contact between mother and baby in the early weeks. A father's participation in this process can only enhance the likelihood of success. Our only concern is that under the new industrial relations reforms touted by the Federal Government this very important ruling will be lost.

In the absence of a government funded paid maternity leave scheme the Association wishes to acknowledge the AIRC recent ruling extending unpaid parental leave from 52 weeks to 104 weeks. We hope this initiative will give those women, who wish to maintain their connection to the workplace, greater flexibility and choice around their return to work after the birth of a child. Extending this right to fathers as well as mothers will also help families better balance their work-family commitments.

Working and breastfeeding

The issue of breastfeeding and the need for lactation breaks is a particularly female issue. However, it is also an issue of importance to families, as increasingly families struggle to combine work commitments with family needs. In supporting their female employees, employers need to recognise their needs related to pregnancy, birth and lactation.

The NHS showed that the trend to workforce participation by new mothers may impact adversely on breastfeeding, with one in ten mothers reporting return to work as a reason for premature weaning, and with an increased proportion of children receiving solids or breastmilk substitutes during the first six months of life. A recent study in NSW also showed that exclusive breastfeeding may be declining

¹² Information and Research Services Parliamentary Library, *Research Paper No. 2 2004-05, Work and Family Policies as Industrial Employment Entitlements*, Department of Parliamentary Services, 2004.

¹³ *ibid*

¹⁴ Binns C, and Graham K 2005, *Project report of the Perth Infant Feeding Study Mark II (2002-2004) for the Australian Government Department of Health and Ageing*, Curtin University of Technology, Perth.

¹⁵ Scott, J., Binns, C., and Aroni, R. 1997. *Infant feeding practices in Perth and Melbourne; factors associated with duration of breastfeeding and women's breastfeeding experiences*, National Better Health Program, National Health and Medical Research Council, Curtin University of Technology, Perth; La Trobe University, Melbourne, January.

since the early 1990s.¹⁶ In 1996, 25 percent of Australian mothers with a child less than 12 months of age were in the paid labour force.¹⁷ Thus, with about 250,000 babies born each year, potentially around 50,000 mothers may reduce or cease breastfeeding because of the pressures of employment. Figures from the recent Longitudinal Survey of Australia's Children suggest that some 44 percent of mothers are now employed in the paid workforce by the time their child is twelve months old, and that 25 per cent of these women return to work before their child is six months old. Some mothers return to employment only a few weeks after childbirth.¹⁸ Our experience in counselling mothers through our Breastfeeding Helpline indicates that some mothers either do not initiate breastfeeding or only do so for a matter of weeks if they are returning to the paid workforce in the early months after the birth. In a recent Perth study, maternal age and whether a mother returned to work were the two most important socio-demographic factors which affected the duration of breastfeeding for up to six and 12 months. Return to work was also the only socio-demographic factor that determined levels of exclusive breastfeeding to 6 months for mothers who returned to work before 12 months.¹⁹

It could be argued that efforts to promote breastfeeding by health authorities and others have achieved little more than to stem the decline arising from commercial and labour market pressures in the last decade. For Australia to improve breastfeeding rates in line with public health goals and health recommendations, the above evidence suggests a need for more active and innovative promotion and support of breastfeeding in the workplace. With increasing numbers of women returning to work soon after the birth of their baby, adequate maternity leave policies and support for women to combine breastfeeding and work is a central component in any breastfeeding promotion strategy. It is one of the four key elements of the ABA's 2004 *Australian Breastfeeding Leadership Plan*.²⁰

Employer support for breastfeeding is a critical factor in such a strategy. Lactation breaks are the lynch pin for any supportive workplace practices to promote breastfeeding and without them, all else fails.²¹ Although amendments in 2002 to the Federal Sex Discrimination Act 1984 included breastfeeding as an unlawful ground of discrimination, the right to lactation breaks is not included in the Federal award under work and family policies, which currently only cover: part-time work, carer's leave and parental leave.²² The International Labour Organisation (ILO) recommends one or more daily breaks or a daily reduction of hours of work should be counted as working time and

¹⁶ Hector D, Webb K, and Lymer S 2004, *Report on Breastfeeding in NSW 2004*, NSW Centre for Public Health Nutrition, NSW Department of Health, Sydney.

¹⁷ Organisation for Economic Cooperation and Development 2002, *Babies and bosses: Reconciling work and family life*, Australia, Denmark and the Netherlands, OECD, Paris.

¹⁸ Australian Institute of Family Studies 2005, *The Longitudinal Study of Australian Children 2004 Annual Report*, Melbourne

¹⁹ Binns C, and Graham K 2005, *Project report of the Perth Infant Feeding Study Mark II (2002-2004) for the Australian Government Department of Health and Ageing*, Curtin University of Technology, Perth.

²⁰ Australian Breastfeeding Association *Breastfeeding Leadership Plan 2004*, URL: <http://www.breastfeeding.asn.au/advocacy> Accessed 14/06/2005

²¹ Bar-Yam, Naomi Bromberg. Workplace lactation support, Part 11: Working with the workplace. *Journal of Human Lactation* 1988 (December); 14:321-325.

²² Information and Research Services Parliamentary Library, *Research Paper No. 2 2004-05, Work and Family Policies as Industrial Employment Entitlements*, Department of Parliamentary Services, 2004.

remunerated accordingly.²³ The Australian Capital Territory (ACT) is the only Australian State or Territory Government to have approved lactation breaks in line with the ILO recommendation.²⁴

Commonwealth Government responsibilities under CEDAW and domestic anti-discrimination law are relevant. A woman may make choices whilst pregnant, about returning to work after the birth, based on workplace arrangements. Women return to work after the birth of their baby for diverse reasons including financial need and investment in a career. Many feel they must choose between breastfeeding and returning to work. Women need to see institutional support for breastfeeding and working, to feel that this is an option. It is inequitable that only women with significant influence or those who have forward-thinking employers should be able to have access to lactation breaks. The Federal Government's intention to limit collective bargaining capabilities of employees and to favour individual AWAs will only further disadvantage lactating women. 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. Lactation breaks need to become part of standard workplace practice.

Industrial relations legislation should support and protect breastfeeding as the physiological and social norm of infant feeding, and all mothers and babies irrespective of socio-economic background. Based on the experience of many thousands of women, ABA sees the chief requirements for a woman to successfully combine breastfeeding and work to be:

- flexible lactation breaks
- a private place in which to breastfeed or express breastmilk
- a fridge/freezer to store breastmilk, and storage space for related equipment
- support of the employer and her colleagues

This is in line with ILO minimum recommendations for a supportive workplace environment for breastfeeding women. As breastfeeding is the physiological norm, and not a lifestyle choice, and women returning to work while still breastfeeding is a reality of the Australian job market, ABA calls on the government to implement legislation mandating breastfeeding friendly workplaces. The specifics of such legislation would need to be considered carefully to prevent further discrimination against lactating women. However, measures such as fazing in of compliance, financial assistance to small business so they can meet breastfeeding friendly guidelines (particularly with respect to new facilities), tax concessions etc, could all be considered. The Australian Breastfeeding Association's Breastfeeding Friendly Workplace Accreditation (BFWA) program (see Attachments B-E) is a logical starting place for such legislation. BFWA, or similar program, could even be included in workplace health and safety requirements; with administration fees granted tax-deductible status.

An auxiliary affect of mandating breastfeeding friendly workplaces would be the educational opportunities this would deliver. Workplace awareness of breastfeeding as the physiological and social norm would lead to heightened breastfeeding awareness in the community. Partner's attitude towards breastfeeding is a psychological factor in a woman's decision making about breastfeeding, and directly impacts on the duration and exclusivity of breastfeeding.²⁵ Women may also view

²³ International Labour Organisation, Maternity Protection Convention (revised), 1952 (no. C183) – article 10 <http://www.ilo.org/ilolex/english/convdisp2.htm> accessed 26/06/2005.

²⁴ Industrial Relations and Public Sector Management Group 2003, *ACT Public Service Certified Agreement Template 2003*. ACT Government Chief Minister's Department URL: <http://www.psm.act.gov.au/publications/ACTPSTemplateCAfinalfeb03.doc> Accessed 14/06/2005.

²⁵ Binns C, and Graham K 2005, *Project report of the Perth Infant Feeding Study Mark II (2002-2004) for the Australian Governmnet Department of Health and Ageing*, Curtin University of Technology, Perth.

breastfeeding in a more positive light if workplaces were truly breastfeeding friendly. Real and effective industrial relations legislation should be one of the pillars of the Governments health strategy to improve breastfeeding duration and rates in Australia.

Mechanisms that provide more choice to women about when and whether they will return to the paid workforce are likely to have a positive impact on the duration of breastfeeding. Formalised and Government initiated requirements and regulatory structures may be needed to ensure workplace provisions are supportive of continued breastfeeding by employed mothers. We urge the government to ensure that incompatible workforce policies and pressures do not undermine its policies of supporting and promoting breastfeeding.

Breastfeeding-Friendly Workplace Accreditation

The Association's initiatives including on breastfeeding and work have contributed substantially to establishing breastfeeding as best practice in Australia and to a change in workplace culture. The BFWA program complements many other breastfeeding information resources successfully developed by the Association during the last two to three decades. Since July 2002, the Australian Breastfeeding Association has accredited 32 workplaces across Australia,²⁶ and interest continues to grow. Based on the Association's previous Mother Friendly Workplace Awards, the accreditation program has placed breastfeeding firmly on the "work-life balance" agenda, setting best practice for healthy workplaces, with mothers, babies and employers benefiting from this family-friendly intervention.

In September 2003, the first Commonwealth department, the Department of Treasury, became BFWA accredited. At the time, Secretary of the Treasury, Dr Ken Henry, acknowledged that supporting women to breastfeed was not just altruism on his Department's part.²⁷ Like the Association, Dr Henry had identified that this low cost, family-friendly intervention makes economic sense with savings for the bottom line of an organisation.

Since then, BFWA accreditation has been achieved by six more major Commonwealth agencies, several hospitals and health service providers, and a tertiary education institution. State and Territory Government agencies have also gained accreditation for their agencies. Business is also increasingly recognizing the benefits of BFWA accreditation with a major pharmaceutical company accredited in 2004 and another rurally based manufacturing company gaining accreditation recently. Other applications at hand include the first multi-office law firm and a major energy provider.

Access to part-time and flexible working options

The Association welcomes and supports the AIRC recent ruling on part-time work for employees returning from parental leave. Although flexible work options is an optional criteria of the Associations BFWA, ABA has always recognized the need for employers to accommodate breastfeeding mothers on their return from maternity leave. Extending this right of part-time work to fathers, as well as mothers, will only enhance mothers' breastfeeding choices.

Flexible work options, like permanent part-time, flexible working hours, job sharing or job splitting, and home-based work can all help women juggle their work and breastfeeding commitments. (See attachment C). Governments have a responsibility to educate employers as to the benefits of such workplace flexibility and if necessary legislate appropriately to help protect women who do not have the power to negotiate individually.

²⁶ <http://www.breastfeeding.asn.au/products/bfwp-employers.html> Accessed 26 /06/2005.

²⁷ Henry K 2003, Speech on receipt of certificate of accreditation as a Breastfeeding Friendly Workplace, 25 September Department of Treasury, Canberra (unpublished).

Volunteers as the lifeblood of ABA

The Australian Breastfeeding Association is managed by an elected board of (voluntary) directors. The association is administered by a small paid staff based at our office in Melbourne in conjunction with the board and seven units. Each unit is responsible for carrying out the work of the association in their own areas of administration, breastfeeding information, community education, finance, publications, public relations, and training. The units are responsible for the national coordination of ABA's activities and the provision of resources. A number of working groups comprise each unit; each led by a coordinator and with members throughout Australia. The working groups undertake specific tasks to ensure the ongoing functioning of the association and the maintenance of a high standard of service to the community. All work within the units is voluntary.

The structure of the association includes seven branches in line with the seven states of Australia, and these geographical areas are further broken down into regions and local groups. Across Australia there are approximately 370 groups whose regular activities include discussion meetings, social gatherings, breastfeeding education classes, breast pump hire, fundraising and community education activities. The day-to-day activities of the association are carried out by a large volunteer workforce of breastfeeding counsellors, trainee breastfeeding counsellors, community educators and members throughout Australia. Apart from an office administrator in some branches, all work in branches is undertaken in a voluntary capacity. Further explanation of the work of ABA volunteers is contained in attachment B.

Volunteer organisations like ABA provide essential services upon which the community and government have come to rely. It has been estimated that in 1999-2000 the non-profit sector contributed services equivalent to 4.9% of the GDP²⁸. Women who are employed part-time or who are not in the labour force are more likely to volunteer. With female partners with dependent children having the highest rate of volunteering. Although the number of people volunteering has been increasing in recent years the number of hours per week they commit to voluntary work decreases with increasing family and paid work commitments.²⁹ Because of the resultant increase in skill and knowledge base gained through voluntary work, volunteering not only provides direct benefits to the community but also to those employers who's employees undertake voluntary work. Therefore employers as well as government need to acknowledge and encourage workers participation in volunteer work.

A number of counsellors carry out their volunteer work despite personal challenges eg visually impaired, isolated. 54% of counsellors are in the paid workforce, and 20% are studying. (Results of the *Breastfeeding Counsellor Survey* conducted October 1998 and the *Counsellor Activity Survey* conducted May 1998 by the ABA Statistics Working Group.) The trend towards longer working hours, of both working mothers and spouses of home-based mothers, has the potential to reduce ABA's volunteer base, and their ability to commit time and energy to the Association's important community work.

The Government does recognise the importance of voluntary work, for example, current Newstart Mutual Obligation requirements incorporate voluntary work initiatives and the 30% Child Care Tax Rebate can be claimed for approved volunteer work. However, innovative ways to support and encourage volunteers, from the paid and unpaid workforce, in our community need to be devised. Tax incentives or deductions for individuals who undertake volunteer work and employers who implement policies that support their employees' volunteer work could be considered by the federal government. Additionally, many University students, our members amongst them, undertake volunteer work while studying, the federal government could also consider HECS debt concessions for students who do this.

²⁸ 5256.0 *Australian National Accounts: Non-Profit Institutions Satellite Account*, Australian Bureau of Statistics 2002.

²⁹ 4441.0 *Voluntary Work, Australia*, Australian Bureau of Statistics 2001.

Conclusion

ABA's Breastfeeding Friendly Workplace Accreditation (BFWA) scheme aims to promote wider access to breastfeeding friendly workplaces for new mothers. 'Breastfeeding friendly' work conditions such as lactation breaks, supportive workplace policies and practices, and facilities provided for women to express breastmilk or breastfeed their babies are vitally important to ensuring ongoing breastfeeding and are not yet available to all working mothers. It is these breastfeeding friendly conditions that will be more vulnerable to removal during individual women's negotiations with their employer under the proposed AWAs. It would be a matter of public health concern if mothers were to wean their babies prematurely in order to be able to obtain employment or return to work, considering breastfeeding is the physiological norm for infant nutrition.

Women in their childbearing years may be entering and leaving the workforce regularly, and could be adversely affected by individual AWAs. Women, especially those in low paid casual employment may have particular difficulty negotiating paid maternity leave and improved (breastfeeding friendly) employment conditions. It would also be highly inequitable if labour market deregulation resulted in paid maternity leave and breastfeeding friendly work conditions only being made available to women with significant influence or with forward-thinking employers.

It is our understanding that the number of working conditions protected under the existing Australian Industrial Relations Commission set awards will be reduced to 5 under the new AWAs. We strongly advocate that breastfeeding friendly provisions such as paid and unpaid maternity leave and lactation breaks are included as protected employment conditions.

With the rise in women's paid labour force participation in the last two decades, there is an increasing potential for conflict with health policy goals and continued breastfeeding. Retaining and expanding access to paid maternity leave and supportive conditions of employment is important to support an increase in the duration of breastfeeding, and we recommend that the Government give priority to protecting breastfeeding and the health of mothers and babies in its industrial relations and workforce policies.

Volunteers are an integral component of the Australian economy and as such should be afforded more support by government and employers. Government policy needs to adequately reflect and acknowledge this contribution to ensure the essential work that volunteers undertake in our community is not undermined or curtailed in the future.

Family-friendly workplace policies can influence the duration and exclusivity of breastfeeding. How these policies impact on mothers and their partners, and thus the choices they make as a family should be a top priority of any government. Government policy across all departments should complement the long-term goals of other departments and should not be developed in isolation. The government's current industrial relations reforms have the potential to seriously undermine the government's health strategies and targets. HREOC plays a very important role in educating the government on the impact of policy and legislation on different sectors of the community. Pregnant and breastfeeding women have particular needs that need to be acknowledged by governments, employers and the wider community. If the government is serious about supporting families and the real choices they make, they must instigate innovative industrial relations legislation which specifically target families.

Recommendations:

1. That universal paid maternity leave and mandatory breastfeeding-friendly workplaces be introduced.

2. That the recent decisions on unpaid parental leave and flexible working-hours handed down by the Australian Industrial Relations Commission (AIRC) be supported by government legislation.
3. That any changes to industrial relations legislation must protect the health and welfare of Australian mothers and babies by protecting and widening access to paid maternity leave and breastfeeding friendly employment conditions.
4. That industrial relations legislation should support and protect breastfeeding as the physiological and social norm of infant feeding, for all mothers and babies irrespective of socio-economic background.
5. That any options presented on workplace agreements and changes to industrial relations legislation be evaluated in terms of their effect on maternal and child health and in particular their effect in increasing the duration and exclusivity of breastfeeding in Australia.
6. That any changes to industrial relations legislation should be assessed for potential effects on the volunteer and unpaid workforce.
7. That governments and employers implement more schemes that financially and structurally support the work of volunteers.

List of Attachments

- Attachment A - Australian Breastfeeding Leadership Plan
- Attachment B - Summary information about the Australian Breastfeeding Association
- Attachment C - Requirements for Accreditation as a Breastfeeding Friendly Workplace
- Attachment D - Breastfeeding Friendly Workplace Accreditation program Information Kit
- Attachment E - Journal Article, "Breastfeeding Friendly Workplace Accreditation: Creating Supportive Workplaces for Breastfeeding Women", *Breastfeeding Review*, July 2005.

Attachment A: The Australian Breastfeeding Leadership Plan, August 2004

Attachment B: Summary Information about The Australian Breastfeeding Association

Our Vision - for breastfeeding and human milk to be the norm for human babies. For babies to breastfeed exclusively for six months, with continuing breastfeeding for as long as mother and child desire.

Our Mission - As Australia's leading authority on breastfeeding, we educate and support mothers, using up-to-date research findings and the practical experiences of many women. We work to influence our society to acknowledge breastfeeding as the norm for infant nutrition, and as an aid to skilled and loving parenting.

The Association has around 10,000 members, and 308 local groups nationwide, with more than 1200 trained volunteer breastfeeding counsellors and 280 community educators. In the past 40 years, over 145,000 Australians have become members of the Australian Breastfeeding Association. Our strong practical support and advocacy for mothers wanting to breastfeed their babies is credited with increasing breastfeeding rates in Australia from the 1970s when fewer than one in ten mothers breastfed for three months or more.

Medical experts have acknowledged the important contribution of the association to increased breastfeeding rates, and more recently the NHMRC has stated that;

The Australian Breastfeeding Association (formerly the Nursing Mothers' Association of Australia) and other similar organisations have an important role to play within the health care system, providing the one-to-one support that is needed to overcome transient problems with lactation, particularly after hospital discharge.

Increasing the rates and duration of breastfeeding is central to ABA's purpose and activities, and helps ensure all babies have the best possible start in life through good nutrition, optimal health and development, and quality early learning experiences.

Recognising the need for nationally consistent, accurate and evidence based breastfeeding information for mothers and their families and for health professionals, the Association's services are based on a rigorous training system (initiated in 1964), and extensive ongoing education program for our approximately 1500 volunteer breastfeeding counsellors and community educators that ensures consistency of breastfeeding information across Australia.

The LRC, established in 1989, provides a scientific basis for ABA's breastfeeding policies and complements the practical experience of breastfeeding mothers. It has one of the most comprehensive collections of breastfeeding information in the world with a collection of more than 15,000 articles and books, videos and case histories. The LRC provides specialist library services and ensures that counsellors and health professionals have access to up-to-date and accurate information.

The LRC provides comprehensive and readily useable information and resources for the community and health professionals on all aspects of lactation. It is also responsible for the publication of the internationally recognised professional journal *Breastfeeding Review*. In recent years the Association including the LRC has also run several highly successful national and international conferences and seminars on breastfeeding

The LRC's work program draws on both the practical wisdom of mothers and 'evidence based' research to develop and evaluate our activities in supporting breastfeeding. This combination helps

build knowledge about approaches that are both effective and relevant to Australian circumstances and responsive to the diverse day-to-day situations and needs of mothers.

Our promotion of breastfeeding is via a range of strategies consistent with the Ottawa Charter of Health promotion. Australian Breastfeeding Association's community-based programs, provided by our trained breastfeeding counsellors and community educators, include:

- Free and wide access to 24 hour, 7 days per week telephone Breastfeeding Help lines operated by volunteer breastfeeding counsellors;
- Provision of peer support and information to breastfeeding mothers in all States and Territories;
- Over 260,000 counselling contacts per year;
- Counsellor training, with over 500 trainee counsellors receiving training each year;
- Mother-to-mother support through local group activities (referral to which is the crucial evidence-based tenth step of the WHO/UNICEF Baby Friendly Hospital Initiative);
- Antenatal talks introducing ABA and principles of breastfeeding; in conjunction with local midwifery staff;
- Breastfeeding Education Classes (BEC). Last year ABA offered around 170 of these classes Australia-wide, led by ABA counsellors and targeting new and expectant parents;
- Booklets with practical and accurate information for mother and family members on common breastfeeding and parenting issues such as increasing supply, sex and the breastfeeding woman and expressing and storing breast milk; and
- Our high quality magazine *Essence*, focusing on breastfeeding and mothering issues, produced and distributed to 10,000 subscribers four times per year;

ABA also promotes supportive environments in schools, family and community care, primary care, the workplace and childcare settings. Initiatives in this area include:

- Highly successful Breastfeeding Friendly Workplace Accreditation program to promote workplaces that have appropriate infrastructure and human resource policies to support breastfeeding mothers;
- Promotion of Breastfeeding Friendly Businesses (through 'breastfeeding welcome here' stickers) that welcome breastfeeding families, encouraging the community to value and validate public breastfeeding; and
- Widely recognised community Baby Care Room awards for facilities that meet high ABA standards for cleanliness, safety and comfort for parents with babies and children;

Community education helps increase public awareness of the importance of breastfeeding to child health and development outcomes. ABA provides:

- Over 30,000 community education and public awareness events each year around Australia, including pre-school to high school talks, hospital visits, community displays, and mother friendly 'feed and change' facilities at community events;
- Comprehensive and readily useable information and resources for the community and health professionals on all aspects of lactation by the LRC;
- The LRC's internationally recognised professional journal *Breastfeeding Review*; and
- Highly successful national and international conferences and seminars on breastfeeding.

The range of ABA strategies designed to promote breastfeeding in the community also includes:

- Promotion of breastfeeding in local areas during Breastfeeding Awareness Month and National Mothering Week; and
- Participation in consultations relating to policies affecting breastfeeding.

The Association draws on the practical experience and knowledge acquired by our membership and counsellors and collects a range of data and information relevant to breastfeeding and evaluation of breastfeeding programs.

Attachment C – Summary Information about the Breastfeeding Friendly Workplace Accreditation program (BFWA)

Evolution of the BFWA

In the 1980s, the Australian Breastfeeding Association identified the need to support the growing number of women returning to paid employment. Research, together with the experience from its broad community base, led the Association to introduce the Mother Friendly Workplace Award (MFWA) program as well as develop a range of information resources for breastfeeding women in the paid workforce. These one-off awards were presented to workplaces that provided lactation breaks and facilities enabling women to express breastmilk in private. Through a small project funded by the Commonwealth Department of Employment and Industrial Relations in the mid 1990s, the Association developed and published formal evidence guidelines for a 'breastfeeding friendly workplace'. Following evaluation of this program, a system of accreditation was developed to allow an ongoing partnership between the Australian Breastfeeding Association and employers, rather than a one-off award. Hence the Breastfeeding Friendly Workplace Accreditation (BFWA) program was instigated.

Requirements of BFWA Accreditation

Accreditation of BFWA status is based on successful compliance with the following criteria, as judged by a visiting breastfeeding counsellor or community educator from the Australian Breastfeeding Association:

Lactation breaks - Lactation breaks enable the mother to either express breastmilk, have her baby brought to her by a carer, or go to her baby to breastfeed. The International Labour Organisation (ILO) recommends one or more daily breaks or a daily reduction of hours of work should be counted as working time and remunerated accordingly.³⁰ Although many employers are willing to allow breastfeeding mothers to take lactation breaks, payment is a matter for negotiation. Thus the accreditation process considers the scope for breaks and flexibility. The Australian Capital Territory (ACT) is the only Australian State or Territory Government to have approved lactation breaks in line with the ILO recommendation.³¹

Facilities - Employers are required to provide a clean, hygienic and private area to express breastmilk or feed babies, a fridge/freezer to store breastmilk, and storage space for related equipment.

Support from employers and a colleague for these policies - Accreditation requires high-level policy support for breastfeeding in the workplace. Information about workplace policies and facilities relating to breastfeeding is to be displayed, or readily available, and to be provided to women, particularly at the time when maternity leave is requested.

Optional Criteria - There are several optional criteria that are discussed with employers:

- Flexible work options including permanent part-time and flexible work hours, job sharing and home-based work;
- Assistance with childcare, such as on-site childcare, help with locating childcare places, or employer-sponsored childcare;
- Provision of car parking for carer to bring baby to the workplace;
- Library of appropriate breastfeeding information, such as ABA books and booklets;
- Availability of referral to appropriate assistance (e.g. a breastfeeding counsellor) as needed; and
- Provision of a breastpump.

³⁰ International Labour Organisation, Maternity Protection Convention (revised), 1952 (no. C183) – article 10 <http://www.ilo.org/ilolex/english/convdisp2.htm> accessed 26/06/2005.

³¹ Industrial Relations and Public Sector Management Group 2003, *ACT Public Service Certified Agreement Template 2003*. ACT Government Chief Minister's Department URL: <http://www.psm.act.gov.au/publications/ACTPSTemplateCAfinalfeb03.doc> Accessed 14/06/2005.

Benefits of Accreditation

Accredited employers receive:

- Recognition of supportive workplace policies and practices, not only within the workplace, but also externally, by having the organisation listed on the ABA website list of accredited employers, being mentioned in publicity material and the like; A certificate of accreditation; A pack of resources from the ABA to provide employees with breastfeeding information;
- Information to assist the workplace to develop their own personalised information pack to give to employees going on maternity leave, or discounted rates for the ABA 'Come Back Pack'; An employer subscription to the Association's magazine, *Essence*; Annual updates of information;
- Bi-annual workplace visits to check facilities;
- An ongoing partnership with ABA that allows for discussion of issues relating to the program on an 'as needs' basis; and
- Access to information and services from Australia's leading source of breastfeeding resources and support.

Through its substantial experience in this area, the Australian Breastfeeding Association has developed an understanding of the benefit employers perceive from supporting their staff to combine work and breastfeeding. Employers cite benefits of improved retention of female employees after maternity leave, thus preventing loss of skilled staff and the costs associated with recruitment and retraining or replacement. Other benefits include reduced absenteeism and staff turnover because of improved health of mother and baby and increased staff loyalty from this family-friendly intervention. Businesses also value highly the benefits to their corporate image from the public promotion and media recognition of BFWA employers.

Further information regarding BFWA can be found at
<http://www.breastfeeding.asn.au/bfinfo/mfwp.html>

Attachment D – Breastfeeding Friendly Workplace Accreditation program Information Kit