

**SUBMISSION REGARDING PAID MATERNITY LEAVE WHICH IS CURRENTLY PROPOSED
TO BE SUBMITTED FOR AN ARBITRARY LENGTH OF 14 WEEKS**

Date of time frame for submissions extended to **12/07/2002** as stated by Pru Goward Sex Discrimination Commissioner on **Saturday 6th July 2002** to the “**Performing Motherhood Ideology...** Conference” held at John Scott Meeting House Latrobe University.

NB Breastfeeding one word is in common use in Australia but has not been included in the American based Spell Check. Breast-feeding is another spelling used in this text from quoted works.

To;
PRU GOWARD
SEX DISCRIMINATION COMMISSIONER

From
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18.06.03 by email
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**1. AN ARGUMENT TO EXTEND PAID MATERNITY LEAVE TO AT LEAST SIX MONTHS
AND ALLOW ROOM TO PUT IN PLACE A LONGER PERIOD OF 12 MONTHS ON THE
BASIS OF THE INFANT'S RIGHT TO BREAST MILK.**

An Infant is part of the mother–infant dyad. On the basis of future harms that may result from the current known harms of cows milk formulae the baby who cannot argue for itself ought to be able to access breast-milk. Access to breast-milk must be the major consideration of any submission for paid maternity leave. Apart from the known benefits to the mother i.e. of avoiding cancer of the breast and ovaries the baby has the potential for morbidity and mortality from breast-milk substitutes based on the evidence currently available. Any Health Care Professional, or Government which does not make this option of breastfeeding easily available to a mother in order that the best choice of nutrition for her children is made, faces a future adult which may claim damages based on the knowledge available at the time of those choices.¹

AMENDMENT

UPDATE SEE Fifty-fourth World Health Assembly WHA 54.2

Agenda item 13.1 18/5/2001 Section <http://www.who.int/gb/EB/WHA/PDF/WHA54/ea54r2pdf>

**The fifty-fourth World Health Assembly.
Infant and young child nutrition**

Agenda item 13.1

See Section 2: Urges paras 3 and 4 Section 3: Requests para 3

The latest recommendation that babies should be exclusively fed breast milk for 6 months was emailed to me yesterday from the WHA/WHO library.

¹ Walker B. 1995. *Breastfeeding Midwives and Autonomy*. Clayton: Monash University presented for Masters Thesis in Bioethics.

.1 THE ECONOMIC VALUE OF BREAST MILK

'Breast feeding is not a transcendental experience each time but it is unconscionable for our culture to insist that women 'choose to leave their suckling babies abruptly at home in order simply to be available for paid work'.² In the year 2002 a new family where one small creature can result in two sleep-deprived adults, plus the pressure to return to work hovering over many mothers, some women feel that the effort is not worth it. If the father is not supportive then cow's milk feeding becomes the mistaken choice.

Breast milk is frequently and erroneously described as free. This is incorrect, if only from the stand-point of the energy cost to mothers and the value of their time during breast-feeding. There is also a nutritional cost. Maternal depletion is a common outcome of breast-feeding. Human milk has not usually been considered or classified as a food by planners or agronomists, as it is not grown agriculturally or purchased in a processed container³.

Currently the United States is the major manufacturer of artificial cows' milk formulae. Apart from the pollution from the 800,000 million cans and the by products of changing cows milk from feed for a 200kg calf to a 2-3 kg baby profit numbers in billions of dollars. The dollars of course constitute quite an incentive for Governments to avoid harming this industry. Long-term breastfeeding would be a counter-productive means to this end.

It is not conceptually difficult to measure the shadow price of breast milk. One could ascertain the opportunity costs in terms of both the time a woman takes for breast-feeding and the additional food required for the mother. That assumes of course a value on the mother's time. One could investigate the availability of alternative forms of milk for a child, its price and the distance to the outlet to obtain the alternative form. But this measure, as a value measurement does not emphasise the fact that **breast milk is better for an infant.**⁴

. 2. BREAST MILK IS LIQUID GOLD

It has been recognised for at least the forty-four years I have been a midwife that breastfeeding provides significant protection for the newborn from opportunistic disease.

In 1989 WHO/UNICEF state that 'breast-feeding is an unequalled way of providing ideally for the health growth and development of infants and has a unique biological and emotional influence on the health of mother and child.' The 'state' then should be protecting promoting and supporting breast-feeding.⁵

The evidence of morbidity and mortality for cows milk fed babies is shocking especially in low socio-economic circumstances. Formulae companies actually donate milk to breastfeeding mothers in third world countries especially following supernatural bombings or devastating war or even when there is no reason. The same companies have a vested interest in following up the subsequent fertility if the woman mistakenly use formulae for their infants instead of continuing with breastfeeding. The fertility arises when infant-led breastfeeding is stopped. Infant led breastfeeding results in Lactational Amenorrhoea a natural contraceptive. Ironically breastfeeding rates may also be obtained from these companies. These same companies have shares in contraceptive pill production - nice follow-up formulae. As an Indian doctor stated to me 'the formulae would be better fed to starving mothers.'

^{2 2} Wolf, N. 2001 *Misconceptions: Truth Lies and the unexpected on the journey to motherhood*. London: Chatto & Windus pp 229-230

³ Waring M.1996. *Three Masquerades: Essays on equality, work and Human rights* Auckland NA: Allen & Unwin.PP158-159

⁴ Waring *loc.cit* p 161

⁵ Waring *ibid*.

“The 1989 convention on the Rights of the Child Article 24 (2) focuses on the child’s right to the ‘highest attainable standard of health’. The Preamble to the WHA International Code of Marketing Breast Milk Substitutes emphasizes ‘the right of every child and pregnant and lactating woman to be well nourished.’ Article 4 Requires governments to educate their populations on the best available infant-feeding method.”⁶

. 3 THE ARGUMENT FOR ANY PAID MATERNITY LEAVE

“What if a movement put pressure on employers and political leaders to treat a new mother’s choice to breast-feed as being as important as her choice to return to an unmediated work schedule? Can government not offer businesses incentives to provide still more supple versions of flexitime – structured say around the feedings mothers find most important.”⁷

In other words, what if we went further than lip service in support of mothers and babies? As a grandmother struggling to get a folded pusher and a twelve month old baby with nappy bag on a bus recently one is reminded that the value placed on motherhood has not changed much since I struggled with my four children on public transport over 30 years ago.

.4 OTHER COUNTRIES AND PAID MATERNITY LEAVE IN PLACE SINCE 1952

The fact that countries such as Sweden and France have 12 months paid maternity leave acknowledges that the baby in order to flourish requires breast milk for at least that amount of time.

The argument for paternity leave acknowledges that fathers need to substantively replace tribal families, which supported the tribal family by carrying out the work associated with the necessities of life. Most fathers play a substitute role in carrying out the unpaid work of the household and other necessities for life in an urban society such as Australia. The father’s role in our society is crucial in helping the physical and emotional recovery of the woman from pregnancy and birth. Fathers ought not to be a substitute breast feeder with cows milk formulae.

Expressed breast milk can and is often fed by bottle to the baby in the mother’s absence. The mother can express with the aid of double breast pumps invented for the working mother. Employers who have given smokers ample break time should be able to give health giving breast-feeding mothers ample time to ‘Express Themselves’!

While statements by the WHO and UNICEF do not legally bind the Australian Government they carry the moral and political weight of soft law. Following 1952 Labour Code French speaking African countries had the right to 14-week cash reimbursed leave. Several countries are mentioned in this paper including third world and developing nations which have followed the International Labour Convention of 1952. Breastfeeding was part of that argument to win unpaid maternity leave in Australia⁸. We trail a long way behind the aforementioned countries such as Sweden and France which have 12 months paid maternity leave.

.5 AUSTRALIAN GOVERNMENT

Australia is acknowledged by the WHO [along with Canada China and the USA] to have increased its breastfeeding rates. This has been due largely to volunteer breastfeeding activists, including me, promoting the implementation of the WHO sponsored Baby Friendly Hospital Initiative via the Midwives Action Group in 1995. In Victoria Mitcham Private in Victoria became the first hospital in the country to achieve this status. The Royal Women’s Hospital Melbourne became the second.

⁶ WHO http://www.who.int/nut/db_bfd.htm 7/8/02

⁷ Wolf, N. 2001 *Misconceptions: Truth Lies and the unexpected on the journey to motherhood*. P 230 London: Chatto & Windus

⁸ ACTU Maternity Leave Case 1978 Section 2 *Changed Role of Women in Society* page 48-49

Dr. Woodlridge in 1997 was responsible for a Federal Government initiative called “*Naturally: the facts about breastfeeding*” meant to accompany the NH&MRC Guidelines which in themselves were not as up-to-date as they could have been. Tom Roper Victorian State Minister for Health in 1986 (circa) gave Government support to breastfeeding. We who are qualified Lactation Consultants and activists appreciated this well publicised but basically ineffectual support. Most people who need to read these documents seem to have a blind spot when encountering the written word.

A dollar value must be put on the breastfeeding work of women, which in economic terms is about the health of the current and future nation. Aboriginal Health has suffered from the donation of powdered cows milk. Some of the aboriginal tribal women in the “Strong Women for Strong Babies” initiative in the Northern Territory are having success at returning to breastfeeding.

CONCLUSION

We cannot hope to have the support of the general public and the media which still see breastfeeding women as offensive unless the breastfeeding woman is more visible. If it takes paid Maternity Leave to raise the breastfeeding woman image then this Government would be valued by the hidden 89% of the 250,000 women (approximate) who initiate breastfeeding in Australia. We need to be proactive in supporting a longer term of paid Maternity Leave. It is time the leaders of our country lead the way. Our National Breastfeeding statistics for continuing breastfeeding at 3 –4 months demonstrate that at least Health Care Professionals and women of the Australian Breastfeeding Association [ABA] know the way. If we are to be a smart nation then as Lee King in the Age 11/072002 states “ research has demonstrated a higher IQ in infants fed to six months and longer.

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Mother of four
Grandmother of five.