

Inquiry into Paid Maternity, Paternity and Parental Leave.

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Presented by Beverley Walker 70 years of Age

B. App. Sc. M. Bioethics

Retired Senior University Lecturer RMIT 1989-1998

Midwife of 45 years

Mother of 4

Grandmother of 7.

Four (4) of these grandchildren were breastfed - at 9 months 12 months 18 months and 2 years

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- Firstly my last child was born in 1977 shortly before maternity leave was introduced. I was very aware that having to leave work to take care of the baby was a big disadvantage financially. Health wise for my daughter going back to work became a health risk for my daughter. Secondly the result was that I lost access to uninterrupted long service by 3 months. Up till that time I had been in the work force for 5 years.
 - I had not been re-educated about breastfeeding management. Similar to many Health Care Workers of that period our the management was wrong. In particular the medical profession in Victoria was even more out of date. Breastfeeding management was not included in their curricula. I abandoned breastfeeding to my regret when the baby was 3 months old. I returned to night duty to help pay for an extra room for this fourth child.
 - I have argued purely on the basis of the rights of the baby (which cannot argue for itself) to breastmilk. The content does not intend to discriminate against paternal or adoptive parents. Fathers and adoptive parents can access breast milk through donors. Breastmilk banks which screen donor milk for disease are available in many countries. One has finally recently been introduced, I believe, in Victoria. I visited two established Milk Banks in the United States of America in 1995. One at Georgetown University Hospital, Washington DC and at the Duke University Hospital in Durham North Carolina USA.

Points to consider:

My argument for Paid Maternity Leave is partly based on cost benefits to the Health System, of avoiding, specifically cows' milk formulae, as an unhealthy substitute for breast milk. ¹

I am attaching the Chapter 4, Double Entity Double Jeopardy the last chapter of my Masters Thesis (Monash) to the Email sending this document *See Footnote 1*. Page numbers are listed below under the *attachments* heading.

¹ Walker B. 1996 revised 2008. *When ought midwives intervene in the decision the woman makes about the nutrition of her newborn baby?* Successfully Presented for M. Bioethics Clayton: Monash University

The argument for Government funded paid maternity leave at home to stay up to 12 months includes the right to have a level of leave which ensures that the woman can maintain herself and her child in conditions which equate to a reasonable standard of living².

1. Paid maternity leave provides an essential service to the community because of the baby's right to species-specific human milk nutrition. Human milk is meant for babies - average weight 3 kg – cow's milk is meant for calves - average weight 100 Kg.
2. I will not explicate the number of adaptations which are made to cows' milk in order to avoid major harm – to the human infant. I have been around long enough to know how many changes have happened since we boiled whole milk and took the cream off in the early 1950's! I was breastfed for 3 years and born on the hospital steps?!
3. Access to human milk results in better health outcomes for the **baby**:
 - a. Improved health of the baby, especially if the mother continues to give breast milk for a 6 month period³.
 - b. Benefits include: due to the muscular action of breastfeeding, enhancement of speech and teeth development.
 - c. Due to the dynamic nature of breastfeeding, the rapid and varying brain development of the breastfeeding baby is responded to with matching calorie nutrient quality and quantity.
 - d. Adapted cows milk formulae is static therefore does not respond to inconsistent growth spurts. It also does not contain the same passive immunity to disease.
 - i. 6 months exclusive (that is no other food) breast feeding is recommended by the WHO⁴ and followed by at least another 6 months partial up to 12 months by WHO⁵ Lactation Consultants⁶.
 - ii. The most important potential advantage of exclusive breastfeeding for the infant in developing country settings [includes aboriginal communities in Australia *et seq*] and developed countries relates to prevention of infectious disease *morbidity* and *mortality*, especially that due to gastro-intestinal infection (diarrhoeal disease).
 - iii Other diseases with strong links to cows' milk formulae fed to newborns include chronic lung disease, respiratory infections, coeliac disease and lymphoma and necrotizing enterocolitis.⁷

² Human Rights and Equal Opportunity Commission. 2002 *A time to value* ISBN 0 642 26983 1 Sydney: Sex Discrimination Unit: p 197

³: WHO 2001 *The optimal Duration of Exclusive Breastfeeding* Geneva Switzerland Report of an Expert Consultation 28-30.3 2001 page 1

⁴ loc cit

⁵ loc cit

⁶ International Board Certified Lactation Consultants [IBCLC]

⁷ Cunningham, A.S. 1990 Breastfeeding and Bottle feeding an illness. *An annotated Bibliography. LRC Series: 2 Colombia University*

Other maternal and baby benefits with indirect links to paid Maternity Leave.

- i. Emotional well being of the mother leads to less stress and thus better milk supply⁸⁹
- i. Breastfeeding is protective against osteoporosis.
- ii. Breastfeeding reduces the retention of pregnancy acquired fat.
- iii. And does not aggravate multiple sclerosis.
- iv. And is well tolerated by diabetic mothers.
- v. Highly effective contraception is provided when there is exclusive long term breastfeeding.¹⁰
- vi. There is evidence linking breastfeeding to a reduced likelihood of breast cancer to both pre-menopausal and post-menopausal women.
- vii. Improved aboriginal health.
- viii. Improved health of aboriginal babies.

Financial Incentives provided the baby is breastfed long term.

- ix. Reduced costs to the Medicare system.
- x. Less admissions to the health care system.
- xi. Cans of formulae are now \$20.00 which last for varying periods. The inconvenience of, the cost of petrol to acquire cans and equipment ought to be taken in to account .

Environmental incentives

I Cans and the waste from the production of powdered and canned milk are an environmental hazard. Billions world wide.

Discrimination Incentives

- i Does not discriminate against low paid workers.
- Ii Evens out for part-time and casual workers.
- Iii Does not discriminate against the self-employed.

Breastfeeding discrimination in the workplace incentives¹¹

- i. Workplace provision for milk production – i.e.
- ii. Time to express themselves?!
- iii. (Just as for others who have long lunches).

⁸ Newton, M & Newton, N. 1948 The Let-Down Reflex in Human Lactation *The Journal of Paediatrics* Vol. 33:5 pp 698-704 July-December St. Louis: CV Mosby Company

⁹ Odent, M. 1992. *The Nature of Birth and Breast-feeding*. Westport Connecticut: Bergin and Garvey

¹⁰ Cunningham *ibid* p 27. Breastfeeding Australia publication.

¹¹ Walker, B pages 168-9 (attached).

iv. Time out to feed a baby who after all leads the feeding times and is fed on demand. (If you limit the leave to 14 weeks who feeds the baby?)

- The argument for extended breastfeeding in the workplace up to 12 months would be analogous to all of the above.
- Conversely it is imperative that the nation understands the harms of interrupting the baby's right to optimal nutrition i.e. breastmilk and the mother's right to have a healthy baby together with the benefit of nourishing her own emotional and physical wellbeing.
- Being able to provide the financial physical and emotional benefits of breastfeeding for herself and her infant is not only universal, but a unique benefit in the form of liquid gold to society.
- Saving to the national purse

ATTACHMENTS

Attachment 1 Chapter 4 of my successful 1997 [revised 2008] presentation for a Masters In Bioethics (Monash) "Double Entity Double Jeopardy" In particular pages 151,153,166,167,168,169 and the conclusion. p 175 last paragraph.

Attachment 2

A previous submission probably still relevant submitted to the Proposal for a National Paid Maternity Scheme in 2002 (Prue Goward) see reference above.

My previous submission argues for longer paid maternity leave (4 pages only). I refer briefly to the economic value of breastfeeding.