

Fiona Dixon

Moment by Moment

Fiona@momentbymoment.com.au

0408 689 330

PO Box 7175, Toowoomba Bay, NSW 2261, Australia

Parental Leave Inquiry

Productivity Commission

GPO Box 1428, Canberra City, ACT 2601, Australia

May 26, 2008

To whom it may concern,

Moment by Moment is responding to the Productivity Commission's inquiry into paid maternity, paternity and parental leave.

In particular we are responding to the second point in the inquiry's terms of reference to 'explore the extent of current employer provision of paid maternity, paternity and parental leave in Australia'. This point includes identifying models of paid parental leave and their impact on the post birth health of the mother and baby.

Moment by Moment is an organisation dedicated to providing emotional, physical and, in some cases, financial support to mothers of premature babies and mothers with pregnancy-related conditions, including preeclampsia and HELLP syndrome.

We are therefore especially concerned with the point under the inquiry's terms of reference that deals with the developmental needs of newborn babies and, above all, premature and sick babies who generally develop much more slowly than full-term babies.

In addition, Moment by Moment is advocating greater financial assistance be made available to parents of babies admitted to neonatal intensive care units.

Another significant concern of the organisation is the lack of knowledge that Australian women have of pregnancy-related conditions; and we believe the Federal Government would benefit from introducing educational programs on preeclampsia and HELLP syndrome.

In the instance of a sick or premature birth, Moment by Moment considers that special maternity leave should be extended to both parents.

Your consideration of this submission is greatly appreciated.

Sincerely,

Fiona Dixon

Founder, Moment by Moment: Central Coast Premmie and Sick Newborn Support
(www.momentbymoment.com.au)

Organisation: Moment by Moment

Author: Rhanna Collins

Title: The Federal Government needs to provide support to Australian parents of premature and sick newborns admitted to neonatal intensive care units

Date: 26/05/08

Table of Contents

1. Introduction
2. Background
3. Body
 - 3.1 Types of NICUs
 - 3.2 Babies admitted to NICUs
 - 3.3 High-risk pregnancies
 - 3.4 NICU babies 2005
 - 3.5 Current situation – comparative
4. Conclusions
5. Recommendations
 - 5.1 Simultaneous unpaid parental leave for parents whose babies are admitted to NICUs, which they can choose to take as a lump sum at birth or split the leave over the first 12 months of the child's life.
 - 5.2 Financial support to be provided to parents whose babies are admitted to NICUs
 - 5.3 The Federal Government must implement Australia-wide educational programs on pregnancy-related illnesses including preeclampsia and HELLP syndrome
 - 5.4 Special Maternity Leave to be extended to both parents and the terms of the leave to include parents of sick an premature babies admitted to NICUs

1. Introduction

Moment by Moment makes the following submission on the basis of the belief that paid maternity, paternity and parental leave in Australia is an area underprovided for by the Federal Government.

The purpose of this submission is to put forward arguments to the Federal Government in order to introduce parental leave system changes that will take into account the additional pressures faced by families with premature and sick newborns admitted to a Neonatal Intensive Care Unit (NICU).

2. Background

Moment by Moment is an organisation dedicated to providing all possible support to parents and families of premature and sick babies.

The organisation also supports women who have pregnancy-related conditions, such as preeclampsia and HELLP (Hemolytic anemia Elevated Liver enzymes and Low Platelet count) syndrome.

Moment by Moment believes that the prevalence of premature births in Australia could drop if the above two conditions were more widely discussed and known about in the public arena.

In the federal policy area of parental leave there are currently no provisions that relate specifically to parents of premature and sick babies admitted to NICUs.

3. Body

3.1 Types of NICUs

There are three levels of NICUs in Australia. These are:

- Level One: Able to provide specialised care for newborns but unable to support ongoing care of a high dependency child.
- Level Two: Offers short-term intensive and ongoing high dependency care.
- Level Three: Has all available neonatal medical care except for specialist services, such as neonatal surgery (*Standards for Hospitals Providing Intensive and High Dependency care* 2001, p. 2).

3.2 Babies admitted to NICUs

The Australian and New Zealand Neonatal Network (ANZNN) describes the following characteristics individual to babies admitted to Level Three NICUs in 2003:

- Less than 32 weeks gestation
- Weighing less than 1,500 grams at birth
- Requiring assisted ventilation for a minimum of four hours, or
- Experienced major surgery

In 2003 there were 5,345 babies admitted to Australian Level Three NICUs that met the above requirements of AAZNN. Of those babies 78.2 per cent were premature, equating to 21 admissions per 1,000 births.

Of the 5,345 babies, 27.8 per cent were born in a hospital that did not have the facilities of a Level Three NICU that were ultimately required. As a result, those mothers and their babies had to be transported to the nearest hospital with a Level Three NICU (Darlow, Cust & Donaghue 2003).

3.3 High-risk pregnancies

In some cases, high-risk pregnancies can be anticipated prior to delivery. In those instances, arrangements tend to be made for the transfer of the mother – prior to the birth of her child – to a hospital with the appropriate obstetric and neonatal facilities.

In the instance of a sick or premature birth, babies may need the support of one or more of the following services available at an Australian NICU:

- Incubation
- Constant monitoring
- Fluid and/or drug treatment
- Assisted ventilation
- Venous access
- Specialist X-ray facilities

3.4 *NICU babies 2005*

Of all Australian babies born in 2005:

- 8.1 per cent were premature (less than 37 weeks gestation)
- 6.4 per cent of live babies were underweight (less than 2,500 grams)
- 15.5 per cent were admitted to special care nurseries or NICUs
- 6,044 were admitted to a Level Three NICU
- 78 per cent of babies admitted to a Level Three NICU in Australia were premature (*Australia's mothers and babies 2007*)

3.5 *Current situation – comparative*

To gain an understanding of how far behind Australia is on the issue of paid and parental leave for families with newborn babies, it is well worth considering the levels of care afforded by other countries.

The United Kingdom:

- Ordinary Maternity Leave: 26 weeks paid maternity leave regardless of length of employment.
- Additional Maternity Leave: Available to women who have been employed for 26 continuous weeks with their current employer. The leave begins immediately following the period of ordinary maternity leave and continues for an additional 26 weeks unpaid.
- Sickness Trigger: A woman's maternity leave starts automatically if she is prevented from attending work due to a pregnancy-related illness.
- Statutory Maternity Pay (SMP): Employees are entitled to receive up to 26 weeks paid leave, which consists of 90 percent of their previous wage if they meet a certain criteria.
- Maternity Allowance: If parents do not meet the criteria of SMP they can receive – from Social Security – up to 26 weeks paid leave at 90 percent of their previous wage (Mallett 2005).

Sweden

- Paid Maternity Leave: 16 months, of which 90 days can be shared with the father.

- Paid Paternal Leave: 16 months (not to be taken simultaneously with the mother, apart from the 90 days shared leave) and 10 working days following the child's birth.
- In the event of a sick or premature birth, both parents are given paid leave and their parental leave outlined above does not begin until the child is discharged from hospital. Whilst the child is hospitalised the parent's accommodation and food is catered for by the government (*Children are Sweden's top priority* 2008).

Denmark

- Paid Parental Leave: Can be taken for 52 weeks, 18 of which must be taken by the mother.
- Paid Paternal Leave: Two weeks at birth.

Italy

- Paid Maternity Leave: Five months at 80 per cent of the mother's previous wage, two months of which must be taken prior to the due date.
- Paid Paternal Leave: Three months at 80 per cent of the father's previous wage.
- Additional Unpaid Leave: Parents can take a total of six months additional unpaid leave between them.

France

- Paid maternity leave commences six weeks before the mother's due date. If she has other dependants, there is an additional two weeks.

- Paid maternity leave is extended in the case of pregnancy-related illnesses, multiple births and sick or premature newborns.
- During the leave, protection against dismissal is specifically increased and parents are guaranteed the right to return to the same job.
- Paternity leave is available for a period of 11 days, which is extended in the case of multiple births and/or sick or premature newborns (*Maternity Leave* 2007).

Australia

- The Federal Government's current parental leave policy only applies to "permanent full-time, part-time and eligible casual employees who have had at least 12 months of continuous employment with their current employer" (*Parental leave* 2008).
- Parental leave provisions are outlined under the *Workplace Relations Act 1996 (Cth)*, *Part 7: The Australian Fair Pay and Conditions Standard*, *Division 6*, and provide:
 1. Up to 52 weeks unpaid parental leave, which, other than the week immediately after the birth, both parents cannot take simultaneously.
 2. Special maternity leave in the event of a pregnancy-related illness or if the pregnancy ends in any situation other than by a live birth.
 3. Short paternity leave for fathers, consisting of one week directly following the birth.

4. The right to transfer to a safe job if a medical practitioner reasons that a female employee is unable to continue her employment safely (*Parental Leave* 2008).

4. Conclusions

The federal policy area of parental leave must be altered to include the specialised needs and circumstances of parents whose babies are admitted to Australian NICUs.

This is a very real issue faced by many Australian families and has been ignored by the Federal Government for long enough.

The Federal Government continuously states that it is focused on the needs and protection of working families. As outlined above, the prevalence of premature and sick newborns in Australia is high and has increased over the past five years. Given this situation and the government's stated focus, it is nothing short of imperative that dramatic improvements in job security and financial assistance be afforded to parents of babies admitted to NICUs.

5. Recommendations

Specifically, Moment by Moment is advocating:

- 5.1 *Simultaneous unpaid parental leave for parents whose babies are admitted to NICUs, which they can choose to take as a lump sum at birth or split the leave over the first 12 months of the child's life.*

This is important due to the following reasons:

- Research has shown that parents of babies admitted to NICUs often need additional emotional and physical support due to the sense of loss resulting from the stressful environment and unexpected situation. By having their partner present at the hospital with them, mothers are better able to deal with

their emotional state and fathers do not feel as if they are missing out (*When your baby's in the NICU* 2008).

- Both parents need to be at the hospital to support each other during the time that their baby is in the NICU. This is because they will be dealing with the prospect of losing their baby and hurt by friends and family not acknowledging the birth (*When your baby's in the NICU* 2008).
- During this time, parents do *not* need the additional stress of possible job loss.
- If one or both parents already have one or more dependants, a parent will need to remain at the NICU and the other must look after those dependants.

5.2 Financial support to be provided to parents whose babies are admitted to NICUs.

This is important for the following reasons:

- To provide an example, the demand for peri natal services in the South Western Sydney Health Network (SWSHN) increased by 31 percent in 2006 and is forecast to increase by an additional 5.3 per cent by 2011. This is an area that has the most hospitals with a NICU than anywhere else in the rest of Australia. Within the SWSHN there are NICUs located at the following hospitals: Liverpool, Bankstown, Fairfield and Campbelltown (*Maternal and Perinatal Services* 2008). It appears that this issue will become an increasing concern to many Australians who will need some financial provisions during the time their child is in the NICU.
- The distribution of hospitals with NICUs is uneven across Australia. There are only eight paediatric training hospitals in the country that support babies needing neonatal care. They include:
 - The New Children's Hospital (NSW)

- John Hunter Hospital (NSW)
 - Royal Children's Hospital/Monash Medical Centre (VIC)
 - Adelaide Women's and Children's Hospital (SA)
 - Sydney's Children Hospital (NSW)
 - Princess Margaret Hospital (WA)
 - Royal Children's Hospital (VIC)
 - Mater Misericordiae Children's Hospital (QLD)
 - King Edward Memorial Hospital (WA)
- We will use NSW, the most populated state of Australia to further the argument that parents of NICU babies require financial assistance:
 - In NSW, 20 out of every 1,000 births require neonatal care, yet most hospitals in the state do not have the facilities to support such care (*Neonatal Care* 2004).
 - There are only three specialist children's hospitals in NSW: The Children's Hospital at Westmead, the Sydney Children's Hospital at Randwick and the Royal Hospital for Women at Randwick. Apart from these hospitals there are only a handful of others that have NICUs. These include Newcastle's John Hunter Children's Hospital and Royal North Shore Hospital (*Neonatal Care* 2004).
 - As a result, many sick and premature newborns are transferred to one such hospital. In many cases this can be far from the parents' home and support network. The parents

therefore face enormous financial pressures resulting from accommodation, transport, communication and living expenses.

- A 2003 study of newborns admitted to the Level Three NICU at the Royal Women's Hospital in Brisbane found that *all* the families that had to accommodate near the hospital experienced financial hardship. Certainly, under provisions, such as the *Isolated Patient's Travel and Accommodation Scheme*, funds *are* available to those who need to travel long distances for medical reasons. Such provisions, though, are *not* made available to those who have travelled voluntarily and then require unexpected medical care as in the case of a premature birth (Fry et al. 2003).

5.3 The Federal Government must implement Australia-wide educational programs on pregnancy-related illnesses including preeclampsia and HELLP syndrome.

This is important due to the following reasons:

- Preeclampsia and HELLP syndrome are two pregnancy-related conditions that often result in a premature or sick newborn.
- Preeclampsia affects 1 in 10 pregnancies in Australia, yet when asked, most women (regardless if they are/are not mothers) have never heard of it nor are aware of the symptoms (Wagner 2004).
- Preeclampsia restricts the growth of the foetus, often resulting in a premature birth. Approximately 20 in every 1,000 such cases results in death of the newborn. (Wagner 2004).
- The issue is made particularly serious as both conditions can place the mother in a dangerous health situation. Some of the effects of preeclampsia on mothers include renal failure, cardiovascular complications and in some cases, maternal death (Wagner 2004).

- Early detection of preeclampsia can prevent the condition from adversely affecting the mother and child. This is achieved by means of careful monitoring and appropriate management of the symptoms by a medical professional (Wagner 2004).
- If Australian women of child-bearing age were made aware of both conditions, particularly first-time mothers who do not know what to expect, they would then be more attentive of the symptoms and therefore more likely to contact a medical professional should those symptoms arise.
- HELLP syndrome is a modification of preeclampsia. It is a life-threatening obstetric impediment that occurs in the later stages of pregnancy (Wagner 2004).
- By funding an educational program focusing on the symptoms of both conditions (HELLP and preeclampsia) the Federal Government could well save valuable funds allocated to the health industry through focusing on prevention rather than the more costly process of caring for a newborn with neonatal problems.

5.4 Special Maternity Leave to be extended to both parents, and the terms of the leave to include parents of premature and sick babies admitted to NICUs.

This is important for the following reasons:

- Premature births account for 88 per cent of NICU admissions in Australia (*Maternal and Perinatal Services* 2008). This would appease a large percentage of the voting public.
- The current provisions of the Special Maternity Leave scheme only covers mothers with pregnancy-related illnesses or if the pregnancy does not end with a live birth. This is not sufficient, as both parents need the security of having their jobs held whilst they support their NICU baby. In addition, fathers need to

be present to support their partners, who, most likely are recovering from a traumatic labour or caesarean.

- A 2003 study of newborns admitted to the Level Three NICU at the Royal Women's Hospital in Brisbane whose parents had to accommodate near the hospital, found that the infant's median length of stay was 45 days (Fry et al. 2003). During this period both parents should be with the child or their other children without fear of becoming redundant.
- Currently, parents of premature and sick babies do not meet the criteria of the Federal Government's Special Maternity Leave as their child is still living. However, parents in this circumstance require the unpaid leave provided by the scheme with the guarantee of returning to the same position. Both the mother and father need this time to bond with their baby, who may or may not survive, to support each other and also, look after any other dependants. It is lacking that the legislation *only* covers sick mothers and *does not* cater for sick newborns and the impact a sick or premature newborn has on an entire family.

5.5 The Federal Government to implement a standard that all Australian hospitals with NICUs also have free separate counselling services available to the parents of babies admitted to the NICU.

This is important for the following reasons:

- Fathers often feel a sense of guilt with family responsibilities to attend to, financial pressures, a partner who is most likely sick herself and has just gone through a traumatic labour and must come to terms with an unexpected sick or premature baby.
- Parents are sometimes disinclined to bond with their babies due to the risk that their child might not survive. If a counselling service were provided to them

free of charge it would assist parents to deal and come to terms with the situation.

- When a period of stay is lengthened, often the case with parents of premature babies, financial hardships for living expenses are substantial and can increase the pressure felt by families and impact on their emotional strain as a result of the events.

References

Australia's mothers and babies 2005 2007, University of New South Wales, viewed 12 May 2008, < <http://www.npsu.unsw.edu.au/NPSUweb.nsf/page/ps20>>

Children are Sweden's top priority 2008, BBC News, viewed 12 May 2008, < <http://news.bbc.co.uk/2/hi/health/7202694.stm>>

Darlow, BA; Cust, AE; Donaghue DA 2003, 'Improved outcomes for very low birth weight infants: evidence from New Zealand national population based data', *Archives of Diseases in Childhood*, Ed, 88, p. 23-28, viewed 07 May 2008

Fry, MJ, Cartwright, DW, Huang, RC & Davies, MW 2003, 'Preterm birth a long distance from home and its significant social and financial stress' *Australian and New Zealand Journal of Obstetrics and Gynecology*, vol. 43, pp. 317-321, viewed 20 May 2008, <http://209.85.173.104/search?q=cache:6OT1av1FG24J:eprint.uq.edu.au/archive/00001734/01/mwd_ajo_03.pdf+%22neonatal+intensive+care+units%22%2B%22median+length+of+stay%22%2B%22Australia%22&hl=en&ct=clnk&cd=9&lr=lang_en&client=safari>

Mallett, F 2005, *UK Maternity Leave Laws*, The Galt Global Review, viewed 12 May 2008, < http://www.galtglobalreview.com/careers/UK_Maternity.htm>

Maternal and Perinatal Services 2008, South Western Sydney Health Network, viewed 12 May 2008, < <http://www.swsahs.nsw.gov.au/healthplan/pdf/03%20-%20Maternal%20and%20Neonatal%20Services.pdf>>

Maternity Leave 2007, European Foundation for the Improvement of Living and Working Conditions, viewed 05 May 2008, < <http://www.eurofound.europa.eu/emire/France/MaternityLeave-FR.htm>>

Neonatal Care 2004, Parliament of New South Wales, viewed 20 May 2008, <<http://www.parliament.nsw.gov.au/Prod/Parlment/HansArt.nsf/V3Key/LA20040914022>>

Parental Leave 2008, Australian Government employment and industrial relations services, viewed 06 April, 2008, <http://www.workplace.gov.au/workplace/Pages/ContentPage.aspx?NRMODE=Published&NRORIGINALURL=/workplace/Programmes/WorkFamily/ParentalLeave.htm&NRNODEGUID={349CD329-1C4B-4972-BB53-5D1E93CCBDDF}&NRCACHEHINT=Guest#paid_parental_leave>

Standards for Hospitals Providing Neonatal and High Dependency Care 2001, Australian Association of Perinatal Medicine, vol 31, no. 2, p. 2, viewed 07 May 2008

Wagner, LK 2004, 'Diagnosis and Management of Preeclampsia' *American Academy of Family Physicians*, viewed 20 May 2008, <<http://www.aafp.org/afp/20041215/2317.html>>

When your babies in the NICU 2008, Nemours Foundation, viewed 12 May 2008, <http://www.kidshealth.org/parent/system/ill/nicu_caring.html>

Productivity Commission: Improved Support for Parents with Newborn Children

Public Inquiry

The Australian Government has announced that the Commission will undertake an inquiry into paid maternity, paternity and parental leave.

Inquiry Terms of Reference

I, Chris Bowen, Assistant Treasurer and Minister for Competition Policy and Consumer Affairs, pursuant to Parts 2 and 3 of the *Productivity Commission Act 1998*, hereby refer strategies for improved support for parents with newborn children to the Commission for inquiry and report by the end of February 2009. The Commission is to hold hearings for the purpose of the inquiry.

Background

The Australian Government wants to consider how to improve support for parents with newborn children. The context for this is the need to ensure strong and sustainable economic growth, adjust to the imperatives of an ageing population, promote the early development of children and support families in balancing work and family responsibilities.

Scope of Inquiry

In undertaking the inquiry the Commission is to:

- Identify the economic, productivity and social costs and benefits of providing paid maternity, paternity and parental leave.
- Explore the extent of current employer provision of paid maternity, paternity and parental leave in Australia.
- Identify paid maternity, paternity and parental leave models that could be used in the Australian context.
- Assess those models for their potential impact on:
 - The financial and regulatory cost and benefits on small and medium sized business;

- The employment of women, women's workforce participation and earnings and the workforce participation of both parents more generally;
- Work/family preferences of both parents in the first two years after the child's birth;
- The post-birth health of the mother;

The development of young children, including the particular development needs of newborns in their first 2 years; and relieving the financial pressures on families.

Assess the cost effectiveness of these models.

Assess the interaction of these models with the Social Security and Family Assistance Systems.

Assess the impacts and applicability of these models across the full range of employment forms (e.g. including for the self-employed, farmers, shift workers, etc).

Assess the efficiency and effectiveness of Government policies that would facilitate the provision and take-up of these models.

The Commission is to report by February 2009. The Commission is to hold public hearings and seek public submissions for the purpose of the inquiry and is to produce a report for public release by government.