

Productivity Commission Inquiry into Paid Maternity, Paid Paternity and Parental Leave

**Submission from Ms Ros Lording
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I applaud the Productivity Commission's Inquiry into Paid Maternity, Paid Paternity and Parental Leave, and believe it is time Australia joined the ranks of all OECD countries (with the notable exception of the United States) and established a national paid parental leave scheme.

In this submission, I will refer to my experiences in accessing paid maternity leave with the birth of my two children. I will also comment on the benefits of parental leave in terms of health and wellbeing, particularly the implications for breastfeeding.

PART A – Personal experiences

The current arrangements for parental leave

As a public sector employee, I was eligible for 12 weeks and 8 weeks paid maternity leave respectively for the births of my two children in 2005 and 2007. It was possible to access paid maternity leave at full pay or at half pay. In both cases, I took all my paid maternity leave entitlements.

After the birth of my daughter in 2005, I took 12 weeks paid and a further 6 months unpaid leave before returning to work. My daughter was 7½ months old when I returned to part-time work. After the birth of my son in 2007, I took 8 weeks paid leave, and am currently on unpaid leave. I plan to return to work 12 months after commencing maternity leave. By then, my son will be 10½ months old. Had I not been able to access some paid leave, I imagine I would have returned to work earlier, largely for financial reasons.

With both pregnancies, I stopped work at 34 weeks, as I wanted to be as physically and mentally rested as possible before going through childbirth. My ability to access prenatal leave through paid maternity leave most definitely influenced my decision to stop work when I did.

Had I not been able to access paid leave on both occasions, I expect I would have worked up until between 2 to 4 weeks before my babies' due dates. As it turned out, my babies were both born close to their due dates so I was able to get ample rest before their births. I have friends, however, who have not been so fortunate, as they have either had premature labours or have worked right up until the day of their children's term births. They have told me that they believe their lack of time in which to rest beforehand resulted in prolonged, painful labours.

Being able to access both paid and unpaid maternity leave has meant that I have been able to spend what I consider a reasonable amount of time at home with my children before returning to work.

The benefits of parental leave on wellbeing

Having a break from paid work enabled me to focus my attention on my children, without having to worry about finances and the demands of work. In turn, this enabled me to:

- Bond with my children, and
- Exclusively breastfeed my children for the first six months of life, in line with the World Health Organization's infant feeding recommendations.

As such, I consider my time off work with my new babies vitally important.

Being able to spend time at home most definitely helped me to establish breastfeeding with my first child. I found it took me several weeks before I mastered the art of breastfeeding, and during this time I needed assistance from a lactation consultant and Australian Breastfeeding Association counsellor. I believe it was very important for my daughter and I to be close together during these early weeks, and to not have to endure any separations, so that I could feed her according to her needs. Fortunately this experience made it significantly easier for me to establish lactation when my son was born.

My son is a very 'wakeful' baby, and even now, at 7 months, he wakes up two or three times each night (sometimes more frequently). Being able to stay at home thus means that I can keep my own fatigue and exhaustion levels in check by taking naps while my son sleeps during the day. I do not believe it would be possible for me to function properly if I was back at work and also having to get up several times at night to feed and settle a baby.

My husband took annual leave after the births of both our children, as he was not able to access paid paternity leave. He took 2 weeks when our first child, our daughter was born, and 4 weeks after our son's birth. This time at home was really important as it enabled him to get to know both babies, and by sharing the physical care, enabled me to have a break from the demands of parenting. My husband took a longer period of leave after the birth of our second child, partly so he could spend time with our older child and help her to adjust to the arrival of her new sibling.

I returned to work when our daughter was aged 7½ months. At that time, I felt psychologically ready to return to work and looked forward to the job satisfaction I associated with my employment. However, in retrospect, I now think that those moments at home with a young child were very precious, and passed so quickly, and perhaps I was too hasty to return to work when I did.

I would like to add some further comments concerning the benefits of parental leave on breastfeeding. These comments are based on research I have undertaken in the area of maternal employment, parental leave policy and infant health and wellbeing, and are located in Part B of this submission.

The impacts of leave and return to work decisions on career prospects and family income

Although my decision to return to work when my daughter was aged 7½ months was largely a financial one, I was also very mindful of the negative impact an extended break from work can have on your career. I was concerned that I might be perceived by some employers as becoming de-skilled if I was out of the workforce for too long, and that this in turn could compromise future career development and promotional opportunities.

If I could have afforded to take a longer period of parental leave, I expect I still would have wished to return to work before my child was 12 months, largely because I fear the consequences of an extended break on my work prospects.

After the birth of my daughter, I returned to my first ever employer. Apart from the interesting and varied nature of work with this employer, I chose to return to work here as the workplace was 5 minutes from home, my family could bring my daughter in at lunchtime for her feeds, and the employer had a proven track record as a family-friendly employer.

I believe that my taking maternity leave for 12 months has had minimal impact on my current employer, as they were easily able to recruit an internal staff member to fill my position. This employee's position was subsequently back-filled too.

I believe that any form of paid parental leave will greatly help employees to balance their work and family goals, particularly as such a small proportion of employees have access to any form of paid parental leave in Australia.

Characteristics of paid parental leave schemes

I believe that an ideal paid parental leave scheme would encompass the following features:

- Minimum 26 weeks at full pay for prospective mothers (as this would facilitate recovery from pregnancy and childbirth, and exclusive breastfeeding until the child is aged 6 months), based on the mother's pre-pregnancy weekly earnings and paid as a weekly/fortnightly salary.
- Minimum 4 weeks at full pay for prospective fathers (or the non-birth mother in lesbian couples), based on the father's weekly earnings.
- Women not currently in the paid workforce (such as stay at home mothers) would also be eligible – this is to reward them for the hard work involved in bringing up children. Women in this group would receive payments at the rate of the minimum wage.
- Payments to be made on a weekly or fortnightly basis, not as a lump sum, so that funds last longer.
- Financing the scheme: either
 - a) fully-financed by government (through general government revenue), or

- b) government funded at the minimum wage, with employers paying 'make-up payments' for workers earning more than the minimum wage (as happens for government employees receiving workers' compensation benefits).

As a taxpayer, I would be more than happy to know that my taxes are funding a scheme which ultimately helps new parents with the important task of raising the next generation.

PART B – Additional notes concerning benefits of parental leave policy and implications for breastfeeding

As the Productivity Commission's Issues paper suggests, there is a higher incidence of breastfeeding among women who have been able to access paid maternity leave. Breastfeeding is an important public health issue, with implications for infant and child health, maternal health, employers, society and the environment.

Why is breastfeeding important for infant health, maternal health, employers and the environment?

Breastmilk is a living, dynamic substance, uniquely suited for human infants. It contains nutrients such as protein, fats, salts and sugars in the amount and quantity required by an infant. It also contains complex and vital anti-bacterial, immunological, hormonal and growth factors which promote optimal growth and development, and which help protect infants from infection and disease¹.

Breastfed infants generally enjoy superior health than their formula-fed counterparts. Compared with breastfed infants, those fed infant formula have:

- an increased risk of developing a range of infectious diseases, such as bacterial meningitis, diarrhoea, respiratory tract infections, and otitis media (middle-ear infections)²;
- an increased risk of developing other conditions, such as sudden infant death syndrome (SIDS) during the first year of life, diabetes mellitus (type 1 and type 2), lymphoma, leukaemia and Hodgkin's disease, overweight and obesity, hypercholesterolaemia, and asthma, in later childhood and adulthood³; and
- a slightly decreased performance on cognitive performance tests⁴

Breastfeeding is also important for maternal health. In terms of direct benefits, breastfeeding promotes recovery from childbirth, helps the uterus to return to its pre-pregnancy state faster, reduces the amount of post-partum bleeding, promotes lactational amenorrhea, and facilitates an earlier return to pre-pregnancy weight⁵. Breastfeeding can enhance the quality of the parent-

¹ Binns C (2003) 'Encourage and support breastfeeding' *J Home Economics Inst Aust* 11(1):28–38.

² American Academy of Pediatrics (2005) 'Breastfeeding and the Use of Human Milk' *Pediatrics* 115(2):496–506.

³ American Academy of Pediatrics (2005) *ibid*.

⁴ American Academy of Pediatrics (2005) *ibid*.

⁵ American Academy of Pediatrics (2005) *ibid*.

child relationship, whilst also having a positive effect on a mother's emotional and psychological health and wellbeing⁶.

Breastfeeding can also improve the health of women throughout their lives. Compared to women who have breastfed infants, women who have *not* breastfed have an increased risk of developing breast cancer, ovarian cancer, and may have an increased risk of developing hip fractures and osteoporosis following menopause⁷.

Many of the costs associated with not breastfeeding, or breastfeeding for reduced durations, are passed onto workplaces⁸. These costs comprise higher rates of employee absenteeism, and consequently, productivity and material losses. For instance, one US study which compared maternal absenteeism and infant illness rates among a sample of 101 breastfed and formula-fed infants found that 28% of the infants in the study experienced no illness during the study period; of these infants, 86% were breastfed whilst 14% were formula-fed⁹. Furthermore, when infants became unwell, 25% of all one day maternal absences were among breastfed babies, whilst 75% were among their formula-fed counterparts¹⁰.

Breastfeeding is equally important for society and the environment. In Australia, research examining the hospital system costs of formula-feeding revealed that the attributable hospitalisation costs of five illnesses in the ACT are approximately \$1–2 million a year¹¹. Extrapolated nationally, the costs of early weaning are \$60 to \$120 million annually¹².

Furthermore, breastmilk is possibly the most environmentally-friendly food available, a fact which cannot be ignored at a time when there is increasing community concern about global warming, food miles and environmental degradation. In contrast, the infant formula manufacturing process involves considerable expenditure on energy and resources. 'Forests are depleted to provide fuel; tin is mined and later discarded; physical and intellectual resources are used to manufacture formula; large tracts of land are needed to breed animals to provide the milk; fertiliser, used to maintain the land, pollutes our waters¹³.

These findings highlight the importance of breastfeeding to the community and to the environment; not only is it a cost-effective primary prevention measure to improve infant and child health, its benefits extend to society as a whole.

⁶ Farquhar SE, and Galtry J (2004) *Breastfeeding support in early childhood centres: practice, policy and research*. *New Zealand Research in Early Childhood Education* 7:135-148.

⁷ American Academy of Pediatrics (2005) *ibid*.

⁸ Cardenas RA, and Major DA (2005) 'Combining employment and breastfeeding: utilising a work-family conflict framework to understand obstacles and solutions' *J Business Psychol* 20(1):31-51.

⁹ Cohen R, Mrtek MB, Mrtek RG (1995) 'Comparison of maternal absenteeism and infant illness rates among breast-feeding and formula-feeding women in two corporations' *Am J Health Promot* 10(2):148-153.

¹⁰ Cohen R, Mrtek MB, Mrtek RG (1995) *ibid*.

¹¹ Smith JP, Thompson JF, and Ellwood DA (2002) 'Hospital system costs of artificial feeding: Estimates for the Australian Capital Territory' *Aust N Z J Public Health* 26(6):543-551.

¹² Smith JP, Thompson JF, and Ellwood DA (2002) *ibid*.

¹³ Australian Breastfeeding Association (2006) *Breastfeeding ... naturally* Second edition. Ed. Jill Day. Australian Breastfeeding Association, East Malvern, Victoria.

Breastfeeding in Australia

The Australian National Health and Medical Research Council's (NHMRC) Dietary Guidelines for Infant Feeding were amended in 2003 to reflect the World Health Organization's recommendation that infants be exclusively breastfed for the first six months of life. Yet whilst the NHMRC guidelines recommend breastfeeding with appropriate complementary foods from six to at least twelve months¹⁴, the World Health Organization advises breastfeeding be continued for up to two years of age or beyond¹⁵. Furthermore, the NHMRC dietary guidelines also contain the following national breastfeeding targets:

- a breastfeeding initiation rate of 90%, and
- 80% of infants are breastfed at six months¹⁶.

Results from the most recent 2001 Australian *National Health Survey* indicate that rates of breastfeeding initiation are high, with some 87% of infants aged 0-3 years having obtained nutrition from breastfeeding¹⁷. This figure is similar to the 86% initiation rate reported in the previous Australian *National Health Survey* in 1995¹⁸.

However, findings from the 2001 and 1995 surveys reveal that the proportion of children receiving any breastmilk declines steadily with age. By around six months of age, only 48% of children were receiving breastmilk¹⁹. No infants aged six months were being exclusively breastfed at the time of either the 2001 or 1995 surveys²⁰. By the age of one, 23% of children were being breastfed, whilst 1% of children continued to be breastfed at the age of two²¹. The proportion of children receiving breastmilk was higher among older mothers and women with higher levels of educational attainment²².

These figures indicate that rates of breastfeeding initiation and duration are falling far short of national targets. These figures suggest that among Australian women, there are strong barriers, actual or perceived, to breastfeeding. Rates of breastfeeding are unlikely to improve significantly unless a much stronger effort is made by concerned parties to protect, promote and support breastfeeding.

Maternal employment and breastfeeding

In recent decades, there has been a marked rise in the labour market participation of women with infants in many industrialised nations. According to the most recent *Pregnancy and Employment Transitions* report from the

¹⁴ National Health and Medical Research Council (2003) *Dietary Guidelines for Children and Adolescents in Australia incorporating the Infant Feeding Guidelines for Health Workers*. National Health and Medical Research Council, Canberra.

¹⁵ World Health Assembly (Fifty-Fourth) (2001) *Infant and Young Child Nutrition: Resolution 54.2* World Health Assembly, Geneva.

¹⁶ Australian Bureau of Statistics (2003) *Breastfeeding in Australia – 2001* Catalogue No. 4810.0.55.001. Commonwealth of Australia, Canberra.

¹⁷ Australian Bureau of Statistics (2003) *ibid.*

¹⁸ Australian Bureau of Statistics (2003) *ibid.*

¹⁹ Australian Bureau of Statistics (2003) *ibid.*

²⁰ Australian Bureau of Statistics (2003) *ibid.*

²¹ Australian Bureau of Statistics (2003) *ibid.*

²² Australian Bureau of Statistics (2003) *ibid.*

ABS, there were an estimated 467,000 women in Australia aged 15 years or more who were the birth mothers of at least one child under two years of age who was living with them at the time of interview (November 2005)²³. Out of the 181,000 women who entered or returned to the workforce after childbirth, 82% were employed on a part-time basis²⁴. The most common reason for returning to work was 'financial reasons' (73%), a finding which was consistent across all income quintiles²⁵.

Implications of current maternal employment trends for breastfeeding

It is certainly possible for women returning to paid employment to successfully combine work and breastfeeding. For women employed outside the home, this can be achieved through having an infant brought into the workplace for breastfeeds, visiting an infant in their place of care for breastfeeds, or leaving breastmilk expressed in the workplace with the infant. However, the low rates of concurrent breastfeeding among large numbers of employed women suggests that competition, or conflict, clearly exists between breastfeeding and maternal employment²⁶.

The literature indicates that there are a number of factors which can exert a positive or negative influence over a women's ability to continue breastfeeding after her return to work. Two factors exerting the greatest influence will now be discussed.

Duration of maternity or parental leave

Numerous studies have shown that whilst employment status generally has little bearing on breastfeeding *initiation*, the timing of the woman's return to paid employment has a significant impact on influencing breastfeeding *duration*²⁷. Indeed, duration of maternity leave is one of the strongest predictors of duration of breastfeeding²⁸.

The following three recent studies support this finding. In an Australian cohort study which examined predictors of breastfeeding duration, an early return to work was negatively associated with breastfeeding duration. Women who returned to work before 6 months were less likely to be exclusively breastfeeding, or to continue breastfeeding to 12 months, compared to women who returned to work between 6 and 12 months²⁹. The large Millennium Cohort Study from the United Kingdom found that the longer a mother delayed her return to work postpartum, the greater the likelihood that

²³ Australian Bureau of Statistics (2006) *Pregnancy and employment transitions, Australia, November 2005* Catalogue No. 4913.0. Commonwealth of Australia, Canberra.

²⁴ Australian Bureau of Statistics (2006) *ibid*.

²⁵ Australian Bureau of Statistics (2006) *ibid*.

²⁶ Roe B, Whittington LA, Fein SB, and Teisl MF (1999) 'Is there competition between breast-feeding and maternal employment?' *Demography* 36(2):157-171.

²⁷ Galtry J (2002) 'Child health: an underplayed variable in parental leave policy debates?' *Community, Work and Family* 5(3):257-278.

²⁸ Johnston ML, and Esposito N (2007) 'Barriers and facilitators for breastfeeding among working women in the United States' *JOGNN* 36(1):9-20.

²⁹ Scott JA, Binns CW, Oddy WH, and Graham KI (2006) 'Predictors of breastfeeding duration: evidence from a cohort study' *Pediatrics* 117(4):e646-55.

she would breastfeed for at least 4 months³⁰. In the United States, a large cohort study which examined the conflict between work and breastfeeding found that the greatest decrease in breastfeeding duration took place when women resumed work in the first 12 weeks following childbirth³¹. Furthermore, Roe and colleagues found that each additional week of leave from work increased breastfeeding duration by almost one half of a week.

A period of leave from work is crucial to the health and wellbeing of mothers and their infants, as it enables them to recover from childbirth, bond with their baby, and establish breastfeeding. Extensive research in labour market policy and the biomedical sciences has led Galtry and Callister³² to argue that the optimal length of parental leave for both child and parental wellbeing is a 6 month period of postnatal leave, thus enabling mothers to exclusively breastfeed their infants during this period.

An inability to access such leave has considerable implications for breastfeeding; one could argue that women in this situation, and whose employers are not supportive of breastfeeding, are left with no alternative but to bottle-feed their infants. Low rates of breastfeeding among such women are unlikely to improve when they lack structural and material support to breastfeed.

Access to paid maternity or parental leave

A woman's ability to access paid maternity or parental leave has a significant impact on the duration of breastfeeding³³. For instance, in the UK Millennium Cohort Study, women were more likely to breastfeed for at least 4 months when they received paid maternity leave³⁴.

Central to this issue are two related issues, namely the degree of government willingness to intervene in labour markets, and the degree of government support for parental leave. To illustrate this point, let us consider the divergent cases of the United States and Sweden.

In the United States, there is no national, universal paid parental leave scheme; indeed, paid parental leave is of limited availability. The government has traditionally been reluctant to intervene in the labour market, and instead places the onus on employers to make workplaces more family- and breastfeeding-friendly³⁵. Consequently, the beneficiaries of such policies tend to be employees in the professional occupations, whose skills are in demand and who have the most negotiating power in the labour market³⁶. This has the potential to exacerbate existing health and social inequities between two classes of employees: the professional workers, who can most afford to

³⁰ Hawkins SS, Griffiths LJ, Dezateux C, Law C; Millennium Cohort Study Child Health Group (2007) 'The impact of maternal employment on breast-feeding duration in the UK Millennium Cohort Study' *Public Health Nutr* 10(9):891-896.

³¹ Roe et al, (1999) op.cit.

³² Galtry J and Callister P (2005) 'Assessing the optimal length of parental leave for child and parental well-being: How can research inform policy?' *Journal of Family Issues* 26(2): 219-246.

³³ Galtry J (1998a) 'Breastfeeding and paid work: are they in conflict?' *Issues* 8(1):48-55.

³⁴ Hawkins et al, (2007) op.cit.

³⁵ Galtry J (1998a) op.cit.

³⁶ Galtry J (1998a) op.cit.

combine paid work and breastfeeding, and the unskilled, low income workers who have the least bargaining power in the market and who face the most obstacles in combining work and breastfeeding. Not surprisingly, the United States has around the lowest rates of breastfeeding among industrialised nations³⁷.

At the other end of the socio-political and ideological spectrum is Sweden, which was the first country to introduce paid parental leave in 1974 and which has among the most generous maternity leave provisions of industrialised countries³⁸. Paid parental leave is regarded as a social right in Sweden, and fundamental to child health and gender equity³⁹. Under the current scheme, parents are entitled to paid parental leave for 480 days⁴⁰. This statutory entitlement provides mothers with the opportunity to breastfeed their infants exclusively in the months following childbirth, and to also retain their attachment to the labour market⁴¹. Almost all Swedish mothers access paid parental leave, taking 11 months leave on average⁴². There is little emphasis placed on employer-provided breastfeeding support measures; such measures do not appear to be warranted considering the length of leave taken by most women covers the period when breastfeeding is most intense⁴³. Sweden has among the highest rates of breastfeeding initiation and duration in the world⁴⁴.

Compared to the parental leave policies of the United States and Sweden, Australia is currently situated closer to the United States' model, particularly since neither country has a nationally legislated paid maternity leave scheme.

In terms of access to paid maternity leave, figures from the ABS indicate that in 2005 some 37% of women in Australia who had worked prior to the birth of their child were able to access such leave⁴⁵. Nevertheless, there are some stark disparities in use of maternity leave. Women who accessed paid maternity leave were more likely to work in the public sector (76%); eligible women working in the private sector tended to be employed in finance or insurance⁴⁶. In terms of occupational group, 60% of women accessing paid leave were professionals⁴⁷. Just under one in five women was entitled to 14 weeks paid leave recommended by the ILO (International Labour Organisation) Maternity Protection Convention; and whilst the duration of leave ranged from 2 days to 18 weeks, the average period of paid maternity leave taken was 11 weeks⁴⁸.

³⁷ Galtry J (1998b) 'Breastfeeding, feminism, and employment' *Breastfeeding Abstracts* 18(1):3-4.

³⁸ Australian Bureau of Statistics (2007) *Australian social trends 2007* Catalogue No. 4102.0. Commonwealth of Australia, Canberra.

³⁹ Galtry (2002) op.cit.

⁴⁰ Galtry (2002) op.cit.

⁴¹ Galtry J and Callister P (2005) op.cit.

⁴² Galtry J and Callister P (2005) op.cit.

⁴³ Galtry J (2003) 'The impact of breastfeeding on labour market policy and practice in Ireland, Sweden and the USA' *Soc Sci Med* 57:167-177.

⁴⁴ Galtry J (2003) *ibid*.

⁴⁵ Australian Bureau of Statistics (2007) op.cit.

⁴⁶ Australian Bureau of Statistics (2007) op.cit.

⁴⁷ Australian Bureau of Statistics (2007) op.cit.

⁴⁸ Australian Bureau of Statistics (2007) op.cit.

Whilst the previous section has demonstrated an association between duration of parental leave and breastfeeding duration, it is evident that the provision of statutory, universal paid parental leave will help to create the social conditions and supportive environments under which breastfeeding can flourish. It is my hope that the current inquiry into paid maternity, paid paternity and paid parental leave in Australia leads to the introduction of paid parental/maternity leave in Australia.