

## **Submission to the Productivity Commission regarding paid parental leave**

**Judith Russell**

### **Personal experiences related to lack of paid maternity leave**

#### **Breastfeeding**

My children were born in 1987, 1988 and 1991. I was employed as a registered midwife in a Victorian public hospital and was not eligible for paid maternity leave. I was eligible for 12 month's **unpaid** maternity leave.

I returned to work part time when my first child was only 11 weeks old due to financial circumstances. My husband was establishing a business and our cash flow was very limited. We also had very little savings.

The main difficulty with returning to work at this early stage was that it had a devastating effect on my breastfeeding relationship with my daughter. Expressing milk at work was problematic, even though I am a midwife and I worked in a maternity unit with access to breast pumps and storage facilities. Finding time to express when I needed to was difficult as I worked night shift and with fewer staff to cover each other, there were many times when I could not express as we were too busy to take a break.

My daughter was fed my breastmilk in a bottle when I was at work and she soon developed a preference for the bottle teat and began to refuse the breast. I struggled to continue to breastfeed her but my milk supply decreased due to her breast refusal and limited and erratic opportunities to express at work. We managed to combine breastfeeding with bottle feeding until she was 12 months old; however, it was a constant struggle. I feel that if I had been able to stay at home longer, at least until she was 6 months old, these difficulties may not have arisen.

It was difficult and stressful to return to work while my daughter was so young, not only because of the impact it had on breastfeeding, but also because I believe that mothers and babies should be together as much as possible at such a crucial stage. I had given birth to her by caesarean section and had really only just begun to recover from that when I needed to go back to work. I feel that it would have been much better for me to stay at home and care for my daughter and look after my own health rather than return to working night shift simply in order to afford

the basic necessities like rent and food. (I chose night shift because it paid better rates and so I was able to work less shifts.)

After my second and third children were born I was able to stay at home until they were both over 10 months old as we had established a regular income. However although our income was regular, it was still quite basic and so financially this was a very difficult and lean time. But I chose to remain at home longer and we managed to survive on this income because I did not want to experience the same breastfeeding difficulties that I had with my first baby.

Because I was able to stay home for longer, I established a solid and successful breastfeeding relationship and once I returned to part time work I did not need to express as often or for so long. Breastfeeding was never a problem after my return to work, as they were both older and not entirely dependent on breastmilk. I successfully and easily breastfed these children until 2 years and 18 months of age respectively, when they both weaned themselves, unlike my first whom I struggled to partially breastfeed until 12 months. I know for certain that this longer period at home contributed to a much better and longer breastfeeding experience. I returned to work when I felt ready, and when I felt my children were ready to be left not just because we needed to eat!

### **Career development**

I do not believe that taking a longer period of time off work following the birth of my second and third babies adversely affect my career opportunities. In fact, I was more engaged with my work when I returned after having these children as I felt much more physically, mentally and psychologically ready.

After my first baby, when I returned to work after only 11 weeks, I worked night shift for better pay and fewer hours overall so that I could spend as much time with her as possible. I was still recovering physically from her caesarean birth and was exhausted most of the time. I worked all night three nights per week then had to stay up all day to care for my baby so my husband could continue to build our new business. This not only adversely affected my health, my milk supply and my ability to parent effectively but it also meant I was disinterested in work and put in only as much as I needed to; no extra. I had little interest in career development at this time as I was just trying to survive each day and could not imagine putting in anything extra at work. In this respect, returning to work early had a **negative** impact on my career.

After my second baby was born, I returned when I felt ready, and this time I was much more engaged at work. I took on extra responsibilities and challenges at

work and I was promoted to a Clinical Nurse Specialist position. I also studied for and gained qualification as an International Board Certified Lactation Consultant. After I gave birth to my third child I returned to study and gained a Bachelor in Nursing degree (my original nursing training was hospital based) by external studies whilst continuing to work part time. Even though I was busier than ever, with three children, study and a part time job, I was physically and mentally able to take on these challenges and advance my career because I had been able to take the length of time off that I needed following the births of my children. In this respect, a longer period of maternity leave had an overwhelmingly **positive** impact on my career.

### **Paternity/Parental leave**

Paid or unpaid parental leave was not an option for my husband as he was self employed. However he was able to take some leave and also worked flexible hours in order to care for me and the babies in the first few weeks following birth. This was invaluable for me as it helped me to meet the challenges of those early weeks. He was also able to enjoy this time with the babies and bonded strongly with them. He felt that this role was important and could not have imagined having to go back to work within days of their births.

I strongly support policies to enable partners to take parental leave so that they can support new mothers and participate fully in the hard work of caring for a newborn in those early weeks. In our society, families are often fragmented and geographically isolated and new mothers do not have the support of their own mothers or families during this time. This support must then be provided by the partner. The role of partners in this crucial time should not be underestimated. Women who feel supported by their partners are more likely to continue breastfeeding. Partners too, need time to get to know and bond with their new infant and should be entitled to paid parental leave.

### **Professional experience**

As an International Certified Lactation Consultant as well as a midwife, I have over 24 years experience in assisting mothers and babies to establish and maintain breastfeeding. I am a qualified Baby Friendly Health Initiative Assessor and Educator and I lecture in lactation to midwifery students, registered midwives and doctors.

From both personal and professional experience, I know how difficult it can be to combine paid work outside the home with exclusive breastfeeding, even if the work environment is supportive. Establishing a successful breastfeeding

relationship takes most women around three to four months. Many women stop breastfeeding during this time for a multitude of complex reasons, one of which is returning to the workforce either out of necessity or choice. Australian statistics show an alarming and disturbing drop in breastfeeding rates between birth and three months and another major decline to 6 months.

The Commonwealth Government's 2007 Best Start Report on the enquiry into the health benefits of breastfeeding identifies these rates as requiring urgent action and offers 22 recommendations to reverse this trend. The enquiry identified returning to work under 6 months of age as having the potential to negatively impact on breastfeeding, through a combination of fatigue, stress, lack of workplace support and difficulties in finding time and appropriate places to express and store breastmilk.

Both the WHO and the NHMRC recommend that babies should be exclusively breastfed until at least 6 months of age. However, when women return to work within 6 months of birth, exclusive breastfeeding becomes the exception rather than the norm. Many women do manage to combine expressing and breastfeeding with working but this places an enormous stress on them particularly in workplaces and industries which are not family friendly and which are unsupportive of breastfeeding or lactation breaks. In these situations, artificial milk is often also introduced, which is known to negatively impact on breastfeeding especially under 6 months of age.

Supportive policies and practices such as the Australian Breastfeeding Associations 'Baby Friendly Workplace Accreditation' have the potential to alleviate many of these stressors and obstacles to breastfeeding and working. However, combining breastfeeding and working under 6 months involves much more than having a room to express and a fridge to store milk.

Research tells us that breastfeeding works best when babies and mothers are close to each other, when the baby is able to determine his or her own milk intake and when the breast is not restricted. Maintaining a good milk supply requires frequent and adequate emptying of the breast by a hungry infant and breast pumps are limited in their capacity to do this. When breastmilk is not frequently removed from the breast, breastmilk production can rapidly and irreversibly decrease.

When women are working, they may be able to express only once or twice in an eight hour period and then perhaps only for five or ten minutes over a rushed lunch or coffee break. Milk let down is inhibited by stress, lack of privacy, a feeling of being rushed, fatigue and when using breast pumps. These infrequent

and erratic opportunities to express, for short periods only, using artificial machines in a hurried, stressful workplace with little or no privacy is not conducive to optimal milk production. Many women find their supply decreases under these circumstances and so need to supplement with artificial formula. This in turn leads to a further decline in milk production and eventually, to the cessation of breastfeeding altogether.

In contrast a young baby under 6 months old would normally feed around three or four times in an eight hour period for around 20 to 30 minutes or longer at each feed. This ensures the breasts are frequently and adequately drained over a 24 hour period, seven days per week and therefore that milk production is optimal. Before 6 months of age, when breastmilk is the only source of nutrition for infants, and when frequent and effective milk removal is the key to continued milk production, it is vital for an adequate supply that breastfeeding is not restricted by unnecessary separation of mothers and infants.

### **In summary**

I believe that women need a minimum of 6 months paid maternity leave AFTER the birth of their baby in order to recover from the birth, establish and consolidate breastfeeding and care for their infants at home without the stress of returning to work at this time. There are many women who will feel ready to return to work before 6 months, and many for whom returning to work at all is unthinkable. However, primarily for the purposes of promoting and supporting successful breastfeeding which has far reaching consequences for the physical mental, psychological and environmental health of the nation women should have access to paid maternity leave until their baby is 6 months of age. Partners should be entitled to 4 weeks leave to support new mothers in those crucial early weeks following birth.

As I am not qualified to comment on who should fund paid maternity leave I have chosen not to discuss this.

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