

Submission to the Productivity Commission Inquiry: Paid Maternity, Paternity and Parental Leave

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Overview of Main Points in relation to Maternal Health

1. Need for further Australian research on postnatal maternal health, recovering from birth, & the transitioning to parenthood.
2. Issues related to the Transition to Parenthood (TtoP) (international research)
 - a) A national campaign to promote gender equal families
3. In conjunction with the current National Review of Maternity Services
 - a) Need for a national core curriculum for Maternity and Child Nurses to focus on issues related to maternal health, and issues related to the Transition to Parenthood:
 - changes to identity,
 - changes to relationships
(partner, family & friends, & negotiating a form of gender equal family)
 - changes to life course,
 - negotiating more housework and
 - finding a line between self and baby.

Attachments

Review of international literature on Transition to Parenthood and related issues;

Bibliography on research related to maternal health (Australian emphasis);

Tensions between Equity and Care in the Transition to Parenthood and Bibliography
(unpublished paper);

A point of vulnerability: links between domestic violence and mothering
Annotated bibliography and issues paper.

POSTNATAL HEALTH, SOME INDICATORS:

Wendy LeBlanc's research with focus groups and individual interviews quantifies some disturbing findings regarding postnatal maternal health:

90%	of mothers suffer from exhaustion;		
85%	“	“	altered relationship to partner – disharmony;
82%	“	“	feeling out of control;
75%	“	“	isolation;
72%	“	“	loneliness;
71%	“	“	feeling unable to achieve;
71%	“	“	decline in feeling of self-worth;
59%	“	“	fear of damaging baby;
57%	“	“	loss or confusion over identity;
57%	“	“	feeling trapped by motherhood;
57%	“	“	grief over loss of pre-mother lifestyle.

(LeBlanc 1999)

Summary of international review of literature on Transition to Parenthood (TtoP)

In 2004 the European Economic Union established a working group (with 8 participating countries) called *Transitions*, and their mandate was to examine how young European adults negotiate motherhood and fatherhood and work-family boundaries. Policy recommendations from the report concluded thus:

“A frequently recurring theme across the countries is the ways in which gender shapes parenthood and makes motherhood different from fatherhood both in everyday family life and in the workplace. The Transition to Parenthood appears to be a critical tipping point on the road to gender equity.” (Nilsen & Brannen: 2005)

(see <http://www.workliferesearch.org/transitions/whatsnew.html>)

The Transition to Parenthood (TtoP) is a term that has come to represent a range of adjustments that both men and women negotiate, particularly when they become first time parents. The indicators generally fall under five categories:

- changes to identity,
- changes to life course,
- changes to relationships (including partner, friends and family),
- negotiating more housework,
- and finding the line between self and baby.

An important impetus for the study of issues related to the Transition to Parenthood (TtoP) has been gender equity within the household but further to this the most commonly referenced authors, Cowan and Cowan (1998) stated that they were concerned to strengthen the couple relationship and support children. Herein, is a key tension between care and equity. The TtoP most often occurs within families and the couple relationship is central to family dynamics. Couples often negotiate issues related to equity and care within a social and economic system that has been built on an assumption of the male-breadwinner model.

The birth of a child is said to be linked to significant changes for both parents, “a critical life stage” that is often experienced as overwhelming. There is ample evidence of a return to what is termed ‘traditional’ gender role practices once a baby is born, that is, men often work longer hours so as to provide financially for their families and the vast majority of women take on a greater load of the household and childcare duties (even if they too are working full-time). This dynamic is evident even with couples who have expressed a belief in equality in the home and a desire to go against the trend. Cultural expectations are outstripping the ability of the system to change and, consequently, there is a significant trend towards what is often called traditional gender roles when a couple have a baby.

My findings are drawn from fourteen studies representing research from the United States, Australia, Europe (Switzerland, Finland, Sweden) and the United Kingdom. Gendered stratification in the workplace clearly contributes to the perpetuation of traditional roles within families, particularly after the birth of a child; it is the logic of gendered choices. This claim is substantiated by (Singley & Hynes, 2005) who argued that the link was inextricable. They furthermore pointed to a lack of research on how couples jointly made use of work-family policies to arrange their family lives when they became parents, even though in the Australian context, there has been a rise of 15% in the number of women (with dependent children) in the workforce between 1985 and 2003 (Cartwright, 2005). Fourteen percent of women work full-time when their youngest child is one year old but the largest proportion, with dependent children, work part-time. Cartwright cited studies by McRae, Compton and Harris, Fagan, Himmelweit and Sigala, Samson, Lupton, and Pocock that point to issues related to structural constraints, the sociol-economic context of rules, systems, and forms, that affect the choices women make about work/life choices or balancing work and family responsibilities.

The TtoP is related to, and a product of, the larger social system (Perren, Von Wyl, Burgin, Simoni, & Von Klitzing, 2005). One of the studies (Nystrom & Ohrling, 2004) found that it was difficult for fathers because they often have less time to engage with their children as infants (a consequence of workplace practices), and they proposed that this, more than gender differences, may be a major source of perceived differing styles between mothers and fathers. Furthermore, family patterns of interaction tend to be predictable and coherent because they are embedded in powerful, albeit unseen structures (McHale, Kazali, Rotman, Talbot, Carleton & Lieberman, 2004). The authors stated that in newly emerging systems such as the family triad, interactions do indeed shape structure but that ultimately structure (the existing dyadic relationship) comes to shape interactions, and that both co-parenting partners unwittingly collude to maintain early emerging co-care-giving patterns, often despite their expressed discontent with them.

An Australian study (Strazdins & Broom, 2004) argued that women primarily took on the emotional work within families which affected their (but not men's) experience of love and conflict, and thus fuelling gender differences in psychological distress. These gender differences were entrenched through rationalizations and consequently women took on the tasks even though they suffered deterioration in their health. An inability to change the circumstances, embedded practices, and a kind of vicious cycle develops.

There are few occupations associated with cultural norms and prescribed behaviours to rival that of mothering. Because the gendered structuring of dependency has been privatized through the family as a social unit, women are required to respond individually to the demands of care and thus experience the issues in relation to identity. Who am I? What do I want? Regulations are entrenched through powerful cultural discourse on what it means to be a 'good mother' that is perpetuated through traditions, beliefs and embedded through everyday practice; the requirements of care. A conclusion echoed in the report by McDermott and Graham (2005). The pregnancy and the birth of a child is said to mark the beginning of a new phase of life for women (Bailey, 1999). She continued that the pregnant woman's new experience of her body often led to an embracing of a newly gendered identity; gender is produced through the process of acquiring a self conception rather than preceding it. This claim by Bailey is well substantiated by the literature. The fact that the experience of first time mothering is generally profound indicates that there is a link with desire and meaning.

The themes of desire and meaning surfaced in other studies though the focus and outcomes varied. One of the reports (Cowdery & Knudson, 2005) divided the respondent's style of parenting into three groups: traditional, gender legacy, and post gender.¹ Even though the authors identified a trend towards collaborative parenting styles amongst their respondents they concluded that "In order to change the unequal distribution of labour, parents of young children have to consciously work against the prevailing motherhood discourse." (Cowdery & Knudson, 2005, p. 343). They furthermore, proposed that the meanings and practices of motherhood are intricately related to how fatherhood is constructed and that there is a need for further study on these dynamics.²

Drawing from Australian findings, (Maher, 2005) however, Maher argued, much of the work on motherhood falls within the realm of 'being' at the expense of 'doing'. Activities associated with being a mother arise from the relationship to the child within the cultural and social context.

¹ Amongst the conclusions the authors noted that issues of equality were rarely addressed in couple's education.

² Two of the studies identified what they saw as an emerging ideology of fatherhood that has consequent effects on maternal experience. The first by Vanessa May (2003) drew from the life stories of seventeen Finish women who were lone mothers between the 1940s and the mid-1990s. she concluded that their stories reflected an overlapping of traditional and contemporary narratives. She maintained that the material demonstrated the extent to which life stories are embedded in the social context, both past and present, and that the differences that were shown between the older and the more recent accounts are a product of historical, social and individual contexts. May argued that the stories showed how gender relations do not develop uniformly in one direction and even though there was evidence of improved conditions and expectations of the younger cohort there was an accompanying expectation on them to both explain and make up for the missing fathers. She argued that there is an ideology of fatherhood at work that has created new tensions and difficulties. The second Australian study by Singleton and Maher (2004) concluded that generation X men were engaging with more childcare because of an emerging ideology of fatherhood rather than a commitment to equality.

Maher argued that structural constraints that women face, clearly limit their choices and she noted a cultural ambivalence on critical issues to accommodate parental leave in the workplace which is reflected in studies (Pocock, 2003) and (Summers, 2003). Furthermore, there are numerous studies that clearly indicate an unwillingness in the workplace to take on family friendly practices (McKie, Gregory & Bowlby, 2002). These social and economic determinants are said to intensify across the life course and became a “logic of gendered choices” (Singley & Hynes, 2005, p.395). Maher went on to explore what she called ‘the contested terrain of mothering’. She argued that the women in her studies adopted multiple strategies to manage mothering and paid work and that issues to do with time, rather than identity, were of concern. Furthermore, the authors (McKie, Gregory and Bowlby, 2002) spoke of ‘carescapes’ as a useful tool to identify the demands of the everyday and a fluidity of time and space for mothers. These are clearly themes that could be explored and developed.

(Bibliography and further information in attached paper: *Tensions between Equity and Care.*)

Australian studies and emerging fields

To date, little work has been carried out in Australia on issues that surface in the early years of parenting (mothering and/or fathering) under the banner of TtoP; with the notable exception published in *Becoming Families: exploring the bonds between mothers, fathers and their infants*, (Feeney, Hohaus, Noller, & Alexander, 2001). This was a psychology based project that found links between the parent’s experience of infancy and difficulties in the TtoP phase (when they became a parent).

The *Parenting Information Project* (FaCS, 2004) included: a literature review; consultations in selected locations across the nation (focus groups and telephone surveys); consultations with the relevant professionals; and a national audit of the relevant services. The study identified the TtoP as one of seven key areas for the information needs of parents. Government follow-up, however, continues to emphasise infant/child health and development with little attention going to the needs of the parents, particularly in this transition phase.

An emerging, and relevant field of research is under the auspice of ante and post natal services. The *Healthy Mothers, Healthy Families Project*, at La Trobe University have released studies looking at postnatal services (Brown, Davey, Bruinsma 2005; Brown & Bruinsma, 2006; Forster, McLachlan, Yelland, Rayner, Lumley & Davey, 2006; and Hegarty, Brown, Gunn, Forster, Nagle, Grant, & Lumley, 2007). And a study conducted at the Griffith University (Gamble, Creedy & Teakle, 2007) focused on women’s expectations of maternity services. A limitation of this research is that it is concerned with care within the hospital framework and therefore focuses predominantly on the very early stages of new mothering. Infant care can be usefully divided into stages, with the first three to six months being intensively focused on both recovery from the birth and intensive caring routines. Therefore, issues related to TtoP will not be fore-grounded. Cowan and Cowan (Cowan & Cowan, 1998), who have written extensively on issues related to the TtoP, caste the net as wide as a three year period, beginning in the nine months before birth, and two years after. A limitation of many of the studies on TtoP, is that they too, focus on the first three to six months of the postnatal phase, though there is some recognition over the breadth of the research of the importance of, at least, the first year after the birth.

A second body of work in Australia is coming out of the Maternity and Child Nurse sector. This group, along with midwives represent front line services with mothers, fathers and babies. Historically, the focus has been on the health and wellbeing of the baby but as this TtoP research shows there is a need to widen the agenda. The Victorian Government (Department of Human Services, 2006) set up a review of services and published the findings. A PhD study (Taylor, 2003) looked into postnatal fatigue, and a recently released edited collection of papers (Barnes & Rowe, 2008) looked at strengthening communities via child and family health services. Though, this second focus can lead to instrumental policies and practices rather than a targeted response to issues identified in the field.

The findings from a Victorian review of hospital practices in the assessment of maternal psychosocial health in the early postnatal period found that there was little consistency across the state in relation to routine observations of the mother. Furthermore:

“Physical checks were much more common than enquiring about how women felt physically. Practice in psychosocial assessment was also diverse, with care plans/maps (clinical pathways) being the main tool to guide assessment. Most participants reported that psychosocial assessment was undertaken during pregnancy. Follow-up after birth also varied. Hospital respondents reported that emotional well-being is assessed postnatally by observation and conversation with women. Participants who were interviewed reported that midwives had mixed skills in assessing and dealing with complex psychosocial issues. Three hospitals administer the Edinburgh Postnatal Depression Scale to women in the days after birth, and three hospitals provide routine sessions of structured debriefing. Survey participants reported that the busy and, at times, chaotic nature of postnatal wards affected the provision of care and the level of psychosocial support offered to women.” (Yelland, McLachlan, Forster, Rayner and Lumley 2007)

A Victorian survey of recent mothers conducted over the past decade identified that:

“... women are consistently less satisfied with the care they received in hospital following birth compared with other aspects of maternity care. Little is known of caregivers’ perspectives on the provision of hospital postnatal care: how care is organized and provided in different hospitals; what constraints the provision of postnatal care (apart from funding) and what initiatives are being undertaken to improve service delivery. A state-wide review of organizational structures and processes in relation to the provision of hospital postnatal care in Victoria was undertaken. This paper focuses on the impact of staffing issues on the provision of quality postnatal care from the perspective of care providers.” (Forster, McLachlan, Yelland, Rayner, Lumley and Davey 2006)

There is limited Australian research on maternal health in the postnatal phase. Attached is a bibliography of the most recent studies that I have found to date. There is clearly a need for further studies in this area. If women are to combine work and family there needs to be a firm knowledge base in the related health and psychosocial issues.

Recommendations

The **ACT report on Maternity Services (2004)** titled *A pregnant pause: the future of maternity services in the ACT* included in its recommendations: **Recommendation 2, 3.44**. The Committee recommends that the Government, in consultation with relevant stakeholders, develop a core curriculum for antenatal education and that this be offered free of charge to all women at key locations across the ACT.

Lareen Newman completed a PhD on issues related to conception, pregnancy, birth and early parenting. In her paper presented to the Australian Population Association 12th Biennial Conference in 2004 at the Australian National University **she argued for a diversification of policy to address the socio-psychological and physical costs of parenthood.**

The annotated bibliography and issues paper titled: *A point of vulnerability: links between domestic violence and mothering* identified research showing a significant rise in domestic violence when women become pregnant, and a process of ‘mother blaming’ which had the affect of isolating mothers from their children. Amongst the findings highlighted in the study were recommendations by Dr Robyn Seth-Purdie and Professor Ken Halford:

“**Dr Robyn Seth-Purdie** noted a need for “significant changes in attitudes toward partnership in marriage, responsibility for child-care, and support networks, to take the place of the extended family in relieving the stress of child-care and guarding against the development of chronic abuse”. Furthermore, among the strategies suggested to prevent further violence the paper included: the development of a national relationship skills/parenting skills program in a range of culturally appropriate forms, to teach techniques of conflict resolution and stress management, and to raise awareness of basic human rights with the family. The emphasis was reinforced by **Professor W. Kim Halford**, in *Australian couples in millennium three*, a paper prepared for the Department of Family and Community Services, National Families Strategy. Halford recommended the development of skills based relationship education materials and programs that prepare couples for the variety of life transitions including the transition to parenthood.”

There is a need for **further Australian research** on maternal health and issues related to Transition to Parenthood. I recommend that consideration be given to a national **core curriculum for Maternity and Child Nurses** to incorporate issues related to maternal health, and issues related to the Transition to Parenthood (for both mothers and fathers), and that the necessarily support services be provided.

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