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Productivity Commission,  
Inquiry into Paid Maternity Leave,  
GPO Box 1428, Canberra City, ACT 2601.

Email: parentalsupport@pc.gov.au

Dear Commissioners,

### **Submission on Paid Maternity Leave by Dr Peter S. Cook**

#### **1. Introduction**

Please accept as my submission this letter and also my book *Mothering Denied: How our culture harms women, infants, and society*. I hope you will post them on the submissions website, and this would be its first publication. It has an ISBN, and has been formatted in US style. In your Terms of Reference, this submission relates mainly to:

Reference 1: Identify the economic, productivity and social costs and benefits of providing paid maternity, paternity and parental leave.

To a smaller extent it relates to:

Reference 3:

a) Identify paid maternity, paternity and parental leave models that could be used in the Australian context.

b) Assess those models for their potential impact on....

- iii. work/family preferences of both parents in the first two years after the child's birth;
  - iv. the post-birth health of the mother;
  - v. the development of young children, including the particular development needs of newborns in their first 2 years; and
  - vi. relieving the financial pressures on families; and:
- d) assess the cost effectiveness of these models.

#### **1.1 Questions of Comparative Value**

One of the most essential questions underlying the above terms of reference involves comparing *the value* that is placed on the two quite different contributions to society that can be made by a mother with a new baby.

(a) The mother may take paid employment outside her home, and arranges for someone else to take care of her baby—often in institutional childcare, for which there is increasingly strong evidence of risks for good health and development. Moreover, this is not the preferred choice of most mothers when circumstances allow them some choice in the matter.

(b) The mother may take this once-in-two-lifetimes opportunity of *mothering* her infant during the first 2½ - 3 years. When such nurturing goes well, it is uniquely beneficial for that child's emotional and physical health throughout life, as well as for the mother, her family,

and society at large. Therefore this path offers the best chance that she will ‘*be productive*’ in producing a physically and emotionally healthy citizen, who will be an adult ready to contribute to society in just 18 years’ time. She will also equip herself with skills that are highly valued in the work-place, and may not be otherwise attained (see *Creativity, women and parenting*, by Jenny Cullen (*Mothering Denied*, Frontispiece). The significant long-term contribution of such sound early nurture needs to be recognised as being of unique *productive* value to the community.

The consequences of these choices are really *health* issues, not *primarily* economic ones. So the question then becomes, “what is the most valuable and healthy option for this family and for society at large?” This depends on many things, but it is an underlying, essential theme of this submission that we must work with Nature and not against it, if we are to achieve the best outcome.

## 1.2 The meaning of ‘infancy’

The word ‘infancy’ is here used in its original sense of meaning “without speech”. So it does not cover just the first 12 months after birth, but the whole pre-verbal period of childhood, until a child can understand speech and communicate her point of view in words. By this criterion, infancy may last for 2½ - 3 years, not just for the first 12 months after birth (L. *infans* – without speech; *Mothering Denied*, p.7 Footnote).

## 2. Outline of *Mothering Denied*

Those parts of this book dealing with historical and cultural aspects of how we reached our society’s present situation are less directly relevant to this Inquiry, but some parts that are particularly relevant.

**Part 1** has five chapters that describe how five different lines of evidence converge to support the same conclusion: that there is a natural, biologically-based, best-fit pattern of human mothering that includes breastfeeding, carrying, secure attachment, mutual rewards, enjoyment, and empathy—meaning a mother’s sensitivity to her baby’s feelings and responding accordingly. Mutual playfulness and joy help to sustain healthy development if the environment is supportive and meets basic human needs. (When lines of evidence, coming from *five* different directions, all converge to support the same conclusion, this is a form of *triangulation* that greatly strengthens the likelihood that this conclusion is correct.)

**Attachment.** It is fundamental to understand that, biologically speaking, attachment is not just a strong feeling in which a baby shows a preference for his mother from about 6-7 months of age, as was earlier thought. It really covers something inescapable and basic in the human (mammalian) condition.

Breastfeeding – on which the reproduction and survival of *all* mammals has relied absolutely – has *depended entirely* on an effective bond of attachment between a mother (or mother-substitute) and her infant *from birth*. If attachment fails, then breastfeeding, protection and teaching survival skills are not sustainable, and death soon follows. From the platypus on, through monotremes, marsupials, and placental mammals (including humans and all other primates), this has been a *sine qua non* of survival – that is to say: *without this – nothing*.

We are all descended from an unbroken line of females and their infants, who had an attachment bond that kept them successfully together. Any line where the mothers’ babies did not have such attachment simply died out. It follows that Nature has ‘built-in’ extensive provisions and reward systems for this essential requirement for attachment to work well. These include behavioral, biochemical (including hormonal), emotional, and developmental provisions that are ‘designed’ to work harmoniously together for the healthy survival of the baby. A research instrument that involves recording an infant’s reactions to a “*Strange*

*Situation*” is an established method for assessing some qualities of an infant’s attachment to his mother.

**Part 2** describes how disturbances of physical and emotional development can arise when departures from natural patterns of mothering create *environments that fail to match the basic needs of babies and very young children to an extent where they disrupt significant biological mechanisms that come to us through the human genome*. (There are, of course, other causes of pathology.)

Because of the rapid development that occurs during pregnancy, childbirth, and early childhood, such mismatch can be especially harmful if it occurs during these times. It can occur through the neglect of human needs, resulting from teachings and practices that are based in ignorance and/or misconceived ideologies.

Chapters 7, 8, 9, 10, 11 present historical outlines of how we reached the present situation. Chapter 9, 10 and 11 show how, in the 20<sup>th</sup> century, fundamental misinformation about the nature of human nature led the much-needed movement for ‘women’s liberation’ on a path that sought *equality* with men (equality feminism), rather one seeking a liberation that recognised ‘equality’, *and also* the unique contribution of women as mothers (i.e. maternal feminism, or liberation feminism).

Five different ways in which the present ‘equality feminist’ early child care agenda is misconceived were summarised in *Rethinking the Early Child Care Agenda*, in the *Medical Journal of Australia*, 1999, 170, 29–31, by this author. The opening section is reproduced in Appendix 3, at the end of this letter. The full text is at [www.mja.com.au/public/issues/jan4/cook/cook.html](http://www.mja.com.au/public/issues/jan4/cook/cook.html). I answered the only criticism that the *MJA* published, and I have so far heard no more.

**Part 3** describes some principles for preventive and remedial action to nurture healthier families. It is essential to distinguish the needs of pre-school children from those of infants up to 2½ - 3 years of age. In their earliest years, their primary needs include good mothering, and learning within a supportive environment.

In its conclusion, *Mothering Denied* argues that we should aim to bring our society—that we can change—into better harmony with our biological ‘givens’ that we cannot change, and would therefore do well to accept. During the earliest years this involves supporting healthy mothering, breastfeeding, and attachment, with generous maternity leave, remembering that natural patterns of mothering work best with the support of a father and an extended family and/or social group in a supportive environment.

## **2.2. Relevance of various chapters of *Mothering Denied* for this Inquiry**

Chapters 1 to 5 outline the five main streams of evidence, and are relevant.

Chapter 6 describes how and under what kind of circumstances departures from natural, ‘best fit’ patterns of mothering can impair optimal healthy development and lead to pathology.

Chapter 7 and 8 describe some earlier historical roots of our present family problems, and are less relevant.

Chapters 9, 10, and 11, while not immediately relevant, nevertheless outline important events and ill-founded ideologies that prepared the way in the 20<sup>th</sup> century for the present problematic situation.

Chapter 11 describes how the movement for women’s liberation came to favour “equality feminism” rather than a more maternal, “liberation feminism” (as Germaine Greer belatedly advocated in 1999 in *The Whole Woman*).

Chapter 12 is relevant, presenting conclusions and what can be done.

### 3. Some material in *Mothering Denied* that is particularly significant for this Inquiry.

#### 3.1. Breastfeeding, the economy and working mothers (*Mothering Denied*, Ch.2).

It is much more difficult for a mother to maintain normal breastfeeding while she is in outside paid employment. This is a common reason for ceasing breastfeeding, but even if a 'working' mother tries to continue breastfeeding it can become a cumbersome logistical challenge, with breast-pump, stored supplies, and timetables. This all adds to the stress of the mother, and hence the infant.

In contrast, Nature's 'design' is for breastfeeding to be a relaxing experience where the mother largely *stops* other activity and rests if she can, while she enjoys her baby with the help of pleasures and 'rewards' – including those brought about by hormones and neurological mechanisms that come into play as soon as she starts to feed.

Mutually-satisfying breastfeeding provides emotional security for the baby as well as physical nourishment, but this dimension is lost when breastfeeding is strictly time-tabled, or when breast-milk is given in a bottle by someone else. This is quite different from the natural experience, where Nature's formulation of breast milk is fitted to a pattern of more frequent suckling. In nature it is a mutual skin-to-skin experience, as described in the two authoritative *Early Years Reports*, and other studies described in chapters 2, 4 and 5.

The lifelong health benefits of breastfeeding, especially if the relationship is mutually satisfying, are extensively documented. A valuable and up-to-date account is in *The Best Start: Report of the inquiry into the health benefits of breastfeeding*, by the House of Representatives Standing Committee on Health and Ageing, Canberra, 2007. This and three other authoritative reports are outlined in *Mothering Denied*, chapter 2. There is ample evidence that implementing breastfeeding policies, as recommended in these four reports, is the simplest and most far-reaching step that any government in a developed country can take to improve the health of its people. The steps needed to achieve this are detailed in the Reports.

Please note that a health revolution for breastfeeding has been achieved in Norway, through Dr Brundtland, a medical specialist in public health. As Minister of Health in Norway, and then as Prime Minister, she decided that raising levels of breastfeeding to world best practice was the most important single thing she could do to benefit health and well-being in her country (*Mothering Denied*, pp. 21-2). She went on to become the Director-General of the World Health Organisation.

Yet, in Australia, for the sake of the economy, women have been urged or pressured into the "workforce" to perform paid work outside the home, neglecting the value of mothering and all that it implies. Economists apparently place no value on the benefits that flow from the breastfeeding and healthy mothering of infants. They continue to make the costly mistake of regarding such mothering as of no economic value to the community.

A small example is that money spent on expenses associated with feeding modified cow's milk is seen as adding to 'the economy,' while a woman who feeds her infant with her own breast milk, and nurtures her family is seen as adding nothing to the 'Gross Domestic Product'.

Although economists regard the GDP so highly, it is a seriously defective measure of a nation's wellbeing. Speaking of the impressive Gross National Product of the United States in the 1960s, the late Robert Kennedy said that the GNP "counts air pollution and cigarette advertising and ambulances to clear our highways of carnage ... the cost of nuclear warheads, armored cars for police who fight riots in our streets, and so on. An indicator like GNP does not capture the health of our children, the quality of their education, or the joy of their play –

it measures everything, in short, except that which makes life worthwhile” (see *Mothering Denied*, p.79).

Much paid work is of no lasting value, because the product of the work is designed to have a short life – planned obsolescence and wear-out products. Most of the things we buy have been deliberately designed to fail, or fall apart much more quickly than necessary, to then be thrown “away”, or at best “recycled” – as if this were a simple, energy-neutral means of dealing with yesterday’s manufactures (For example, consider waste from discarded cell-phones, motor vehicles, electronic goods, domestic appliances etc. etc.). If the speed of this turnover from raw materials into waste were to be doubled, then it would boost a country’s ‘economy,’ its GDP, and its pollution, *but not the happiness and wellbeing of their environment, nor its people, who would have to run twice as fast, just to stay in the same place* (*Mothering Denied*, p. 21 ).

The health benefits of breastfeeding are well-documented but not well-costed, especially in total population. In this area alone, the departures from normal breastfeeding must greatly increase health costs. The Australian Breastfeeding Association (ABA) in its July 2008 submission to this Inquiry cited extensive documentation of the increased health risks for the infant, the child, and the mother, arising from bottle-feeding. For the child, there are increased risks of obesity, type 1 diabetes, asthma, allergy, otitis media, gastroenteritis, respiratory infections, urinary tract infection, and sudden infant death syndrome (Australian Breastfeeding Association, 2008).

Note that all these risks occur despite world best practice regulation of formulae, and the recent Chinese milk-powder contamination catastrophe highlights the great vulnerability inherent in formula feeding when such regulations fail.

For mothers, the ABA cites increased risks of hip fracture, breast cancer, rheumatoid arthritis, ovarian cancer, and diabetes. Now, what is the additional cost of all these extra health disorders?

### **3.2 Paid maternity leave is likely to cost less than its absence – collateral damage.**

Cited in *Mothering Denied* (chapter 12) are opinions by Jay Belsky Ph.D. and Ted Melhuish Ph.D. that **paid maternity leave is likely to cost less than its absence**. Both are professors at the Institute for the Study of Children, Families and Social Issues, Birkbeck University of London.

After reviewing the evidence available by 2001, Belsky said that the data should ‘encourage the expansion of parental leaves, preferably paid, and lengthy, as in some Scandinavian countries; also strategies for reducing the time children spend in nonmaternal care across the infant, toddler, and preschool years.’ He argued that “... tax policies should support families rearing infants and young children in ways that afford parents the freedom to make childrearing arrangements which they deem best for their child, thereby reducing the economic coercion that necessitates many to leave the care of their children to others when they would rather not”.

The important question as to whether lengthy parental leave and support would actually cost less than the consequences of their absence has not yet been clearly answered. Economic arguments are so often used to urge mothers’ early return to the workforce, on the assumption that a mother raising her own infants and very young children, as well as running a home, involves no real ‘work’, and so adds no real value. *This policy is overdue for a full economic*

*analysis that takes into account all the externalities and collateral damage that economists find it so easy to ignore but so hard to evaluate.*

Evaluating such things is their field of expertise, and if they agree that all this matters, but they cannot put a price on it, then they should say so, not just ignore it. *Why is it considered that a paid carer who looks after an unrelated infant in an institution is contributing to the 'economy', while a mother doing a much better (unpaid) job of it at home contributes nothing?* Does a mother at home contribute nothing when she does all the other household tasks which are often “outsourced” in “working families”? For example, she may do cleaning, gardening, home maintenance, preparing food, washing, mending and making clothes. Also unacknowledged in economic analyses is the huge contribution that “at home” mothers make to voluntary work, particularly in community pre-schools.

In 2004, Professor Ted Melhuish said that for the first 18 months to two years, the cost of good-quality care is potentially very high, and it is comparable in cost to paid parental leave for two years. He joined Belsky and Penelope Leach in saying that *unless you compromise on quality*, the cost of subsidizing childcare of any acceptable quality for the under-twos is broadly comparable to generous parental leave. He pointed to the case of Sweden as evidence of what parents might want if they had a real choice, “The Swedish case is very revealing—there was high-quality infant care available to all and heavily subsidised. It was widely used in the 70s and 80s, but in the early 90s, parental leave was increased and now there is remarkably little use of childcare under 18 months. Parents voted with their feet”.

**Note that Belsky and Melhuish are suggesting only that the *immediate costs of supporting mothers to care for their own infants may be no higher than the costs of providing quality childcare. But costs in other areas need to be taken into account if these costing considerations are to be meaningful.***

### 3.3 Other areas to be taken into account in costing considerations

The above calculation does not appear to allow for the costs of *any* of the possible, far-reaching adverse impacts of childcare on the developing child. These are simply ignored. But evidence already available (outlined in chapters 1 to 5) shows that the full cost of subsidising childcare, *and* of paying for any long-term negative effects, is likely to be very great. These are not idle speculations, but based on good evidence that, unless the home situation such that care by mother at home would be worse, then care by mother, with suitable help, is generally to be preferred.

**Impacts on school classrooms.** The overall societal costs of too much early childcare on the quality of school education must also be serious. As reported in Chapter 5 of *Mothering Denied*, studies of the National Institute for Child Health and Development (NICHD), through its Early Child Care Network (ECCN), now show that childcare of quality or quantity enough to impair attachment in the second year of life is associated with later adverse consequences in the classroom, such as increased aggressiveness, disobedience, and behavior problems. The more the early childcare, the greater the risk of such behaviour problems. Moreover, it has also been shown that non-childcare children in the classroom then tend to behave similarly. This has educational costs, both for the pupils and for the recruitment of good teachers and their subsequent work satisfaction and stress.

Even if only a few of the children who show increased aggression and problem behaviors in school continue to show such behavior into adolescence and adult life, the costs could be very high. For example, what if such behaviors carry over into how young people drive, drink alcohol, take drugs or become violent?

**Societal effects.** The NICHD Network already acknowledges that even though the adverse effects of early childcare appear small, when large numbers of people are affected, there are likely to be adverse effects on society as a whole.

**The quality of relationships in adolescence and adult life.** The Minnesota Longitudinal Studies, running over many years, followed up the emotional and relationship developments in those who, as infants showed secure and insecure early attachments. Insecure early attachment adversely affected behavior and relationships in adolescence and adult life. If the findings of this well-recognised study are confirmed, then the long-term costs of the insecure attachment arising from the experiences during the early years in childcare may turn out to be very high indeed. Increasing numbers of therapists of various disciplines and skills are called upon—at considerable public and private expense—to counsel and heal such suffering, but healing is often difficult, incomplete, and not always possible.

**The effects of increased stress in childcare during infancy affecting later development.** Post-traumatic stress disorder is becoming commonly diagnosed in adults, and it sometimes leads to litigation. If stress in early childcare can cause abnormal cortisol levels during infancy (and it can), and if this leads to abnormal stress responses in teenagers (and it can), then it is not fanciful to suggest that post-traumatic stress disorder is sometimes causally related earlier childcare stress. The overall cost implications are unlikely to be zero, and this could arouse legal interest.

### **3.4 Infant mental health professionals believe that mother-care is best**

A large, anonymous and confidential survey by Penelope Leach found that most infant mental health professionals privately believe that care by mother is generally best for the child. When asked for how long, if at all, they considered it “very important” for infants to have their mothers available to them “through most of each 24 hours”, most replied “more than a year,” (with a mean of 15 months). When asked whether there is a further period during which it is “ideal” for infants to be cared for “principally by mothers,” most said “more than 2 years” (the mean being 27 months).

Leach concluded, “There are many professionals in infant mental health who believe that children’s best interests would be served by patterns of childcare diametrically opposed to those politicians promise, policy-makers aspire to provide and parents strive to find” (Leach, 1994; 1997). Yet it seems that it would entail too great a risk to their careers if these professionals were to speak out publicly, since they have not done so (*Mothering Denied*, Ch.12).

Certainly, home-care and mothering, and the environment in which it occurs, can be very problematic and need improvement, especially in an urban environment. But the ‘stitch in time saves nine’ principle, suggests that early professional follow-up can help support healthy mothering and check that things are going well in the early period after the baby’s birth – at least through the first year. In addition, supporting the involvement of the father, and provisions such as early parent-child centres and open pre-schools (as in Sweden), are likely to be much more cost-effective and good for ‘the economy’, than the present goal of getting infants into childcare so that mothers can go back into the ‘workforce.’

### **3.5. Universal subsidized high quality childcare is an ‘abstraction’.**

Most of the material in my 1996 book, *Early Child Care—Infants and Nations at Risk*, remains valid and relevant today. In many ways the situation has become worse. It is timely to take account of Anne Manne’s words that **‘few of those proposing quality of care arguments really face the reality of the likely pressures on the welfare state in the foreseeable future. This means we are in a sense talking about an abstraction, for the very things which improve the possibility of high quality care—decent wages and**

**conditions, good staff-child ratios, incentives for stability of tenure—cost money, and a great deal of it. If we are to increase funding, why fund centres and not parental leave?** (Manne, 1996: 12; cited in *Mothering Denied* p.79, and Cook, 1996, 121).

#### **4. What conclusions can we draw?**

##### **4.1 Other models**

I look forward to seeing the Commission's reviews of good models in other countries. In Australia a best model could be implemented in stages as practicable. It could help to save much of the money now spent on attempts to treat the behavioural disturbances and ill-health that arise from faulty early nurture. Such 'tertiary' treatment (e.g. 'counseling') is often not as effective as people may believe or hope.

Manne (2008) describes the opportunities available to Scandinavian parents of children under three: "... either parent can take up to three years' parental leave, much of it paid. They have the right to return to their previous job. They have the choice of a high quality child-care place or taking a home-care allowance.... Where it has been introduced, the home care allowance has been extremely popular. Very few babies are in childcare.... Breastfeeding rates are high. The Swedes also offer the right to work six-hour days on reduced salary until the child is eight. All these measures are regarded as parents' and children's rights." (*Mothering Denied*, pp. 76-7.)

##### **4.2 It is necessary to work with Nature and not against it.**

I ask the Commission to take careful account of the suggestions outlined in the last chapter of *Mothering Denied*, and in the final paragraph on page 82, and accept the principle that:

It is necessary to work with Nature and not against it if we are to promote health and wellbeing in young children, their mothers, and society. The fruits of good mothering and early nurture are among the greatest blessings a person can have in life. In offering these to their babies, mothers, and fathers are setting the pattern of relationships that can be creative, mutually rewarding, and last for the rest of their lives. This may be achieved with joy and satisfaction. For parents who wish the best for their children and themselves, few things are more important for their healthy future—and for the quality of life on our planet."

Prevention is better than cure, and a normal mother-child relationship is a love affair that needs the right conditions to flourish. We were all babies once, and infancy cannot be re-run later.

Yours sincerely,

Peter S. Cook.

#### **Appendices**

##### **1. 13,000 hours in childcare.**

The [Australian] National Childcare Accreditation Council pointed out in 1993 that children could be in childcare for nearly as many hours by the age of five as they would spend in school over the next thirteen years of their schooling. Far from sensing that something was wrong with this childcare agenda, the Council unashamedly used this fact to argue for ever more money and staff—so that childcare could really be of "high quality." ... The 1993 calculation was that childcare can add up to 50 weeks x 50 hours x 5 years = 12,500 hours, while schooling takes: 40 weeks x 25 hours x 13 years = 13,000 hours. Clearly, there may be



local differences, but these are still remarkable figures, and this situation remains the same, thirteen years later in 2006.

## **2. Seriously inadequate staffing levels.**

Although vast sums of money have been made available (and much more is promised), some evidence about the lamentable situation that still prevails after many years after the Report cited in Appendix 1, is damningly provided in the *Report on the implementation of a 1:4 staff-child ratio for children aged under two years in New South Wales children's services* (Cross-Sectoral Task Force, 2006, summarised in *Mothering Denied*, Ch. 5, and Note 8, p. 76).

## **3. Five reasons why the equality feminist childcare agenda is misconceived**

In the *Rethinking the early childcare agenda* in the *Medical Journal of Australia* 140, 1:29-31, I described five reasons why the equality feminist childcare agenda is misconceived. The paper began:

In Western societies, mothers often seek paid employment because of societal or economic pressures or a desire to continue a career, and place their infants in childcare centres. There is a perception that trained carers can rear children as well as, or perhaps better than, the mothers themselves. The Australian Child Care Task Force has recommended subsidised expansion of the "childcare industry", saying that all families should have access to affordable, high quality childcare by trained, professional carers.

"Childcare" in this article refers to institutional day centre care, but in research studies it may variously mean any regular non-maternal care or non-parental care. Theoretically, children can spend as many hours in childcare by the age of five as they will spend in school over the next 12 years.

I argue here that for children up to 2½ to 3 years of age, and particularly during infancy, this agenda of subsidised, universally available, high quality professional childcare is misconceived, and a rethink is needed. Evidence suggests that this agenda:

- Is unrealistic (e.g., high quality childcare for all is not affordable);
- Overlooks accumulating evidence of risks of undesirable outcomes sometimes associated with early childcare;
- Is contrary to much expert opinion about what is likely to be best for infants;
- Is contrary to the desire of many working mothers to care for their own children, if they could afford it; and
- Relies partly on the now-discredited ideology of cultural determinism."

Details were partially cited in *Mothering Denied*, p.71, and are spelled out in the full paper, as may be seen at [www.mja.com.au/public/issues/jan4/cook/cook.html](http://www.mja.com.au/public/issues/jan4/cook/cook.html)