

Position Statement on Paid Parental Leave

Applies to

All Australian Breastfeeding Association (ABA) staff and volunteers

Definitions

Word or Phrase	Definition
Woman/women/mother	The terms woman, women and mother are used throughout this document. These should be taken to include people who do not identify as women and/or mothers, but who are pregnant, have given birth and seek to breastfeed their infant(s).
Maternity leave	A period in which a woman is legally allowed to be absent from work in the weeks before and after she gives birth.
Paid Parental Leave (PPL)	Leave that an employee can take when they give birth, their spouse or de-facto partner gives birth, or if they adopt a child under the age of 16.
Paid Parental Leave (PPL) Scheme	The scheme through which the Australian Government provides financial support to eligible parents so they can take time off work to care for a newborn or newly adopted child.

Scope

- All ABA publications and communications, national, branch, regional and group.
- All ABA websites, forums, podcasts and social media sites.
- All ABA events (including group meet-ups).
- All ABA Helpline services including telephone and LiveChat.

Objectives

- Ensure the breastfeeding rights of babies and women are recognised, supported and incorporated into PPL and other relevant Australian legislation.
- Ensure that Australia's PPL scheme allows women to make decisions around breastfeeding and returning to work that best suit them.
- Promote an enabling environment for breastfeeding in Australia.

Position Statement on Paid Parental Leave

Position statement

Key statement

The Australian Breastfeeding Association advocates for:

- Six months protected paid maternity leave for Australian mothers to allow them time to recover from birth, establish breastfeeding and exclusively breastfeed for 6 months, in alignment with World Health Organization (WHO) and Australia's National Health and Medical Research Council (NHMRC) infant and young child feeding recommendations.
- When the baby is 6 months old, access to a further 6 months of paid parental leave that can be shared between a mother and her partner, to allow continued breastfeeding for at least 12 months (in alignment with the WHO and NHMRC recommendations for continued breastfeeding) and/or return to work.
- For fathers and partners, a separate provision for paid parental leave of 4 weeks that can be accessed from birth to support the mother's rest and recovery from birth or breastfeeding as recommended or return to work.

The Australian Breastfeeding Association (ABA) understands the principles of shared care and gender equality that underpin the current Australian Paid Parental Leave (PPL) scheme.

- Many aspects of, and decisions about, parenting can have a direct or indirect effect on breastfeeding. Issues such as return to work and care options are matters for personal decision-making. The ABA respects the right of women to make individual decisions in such matters, while offering support for breastfeeding.
- Australia's PPL scheme should acknowledge and protect the economic contribution of women's breastfeeding. Not doing so risks increased health costs, reduced national economic productivity and allowing a key economic asset, women's capacity to breastfeed infants and young children, to decline.
- ABA considers the primary objective of paid parental leave should be to uphold the reproductive rights and health of women and the right to health of children. Decisions around paid maternity leave and PPL must:
 - give priority to the mother-baby dyad
 - fulfill Australia's obligations under international treaties to ensure the rights of women and children in relation to breastfeeding
 - support maternity leave that aligns with World Health Organization (WHO)¹ and Australian National Health and Medical Research Council (NHMRC)² recommendations for breastfeeding
 - align with and incorporate the national priority placed by the Australian Government on breastfeeding of infants and young children in the *Australian National Breastfeeding Strategy: 2019 and beyond* (ANBS)³, which recognises that breastfeeding protects against infant and maternal morbidity and mortality,

Position Statement on Paid Parental Leave

contributes substantial savings in health costs and is a smart, cost-effective investment in society.

- Eligibility for PPL should be broad, and mothers should have access to 6 months paid maternity leave and a further 6 months PPL to enable and support the establishment and maintenance of breastfeeding, in alignment with WHO and NHMRC infant and young child feeding recommendations. Access to 12 months paid leave for mothers would place Australia at the *Organisation for Economic Co-operation and Development (OECD)* average duration for maternal paid leave⁴.
- Payment of PPL should be increased from the current level of the national minimum wage to a payment at the level of two-thirds of prior earnings, the threshold set by International Labour Organization's (ILO) *Maternity Protection Convention No. 183*⁵.
- Provision should be made for accessing PPL on a flexible, intermittent or part-time basis (including single days) in order to allow women to extend their leave length or to facilitate return to work on a part-time basis.
- The *Sex Discrimination Act 1984*⁶ and *Fair Work Act*⁷ contain provisions to protect breastfeeding. Amendments made to the *Fair Work Act* ensure that it is in alignment with the WHO¹ and NHMRC² recommendations for continued breastfeeding past 12 months, to 2 years or beyond. Eligible employees may take up to a total 24 months of unpaid parental leave if they are breastfeeding and may negotiate flexible working arrangements, including time to take breaks for breastfeeding.
- While the Association's focus has always been the need for universal paid maternity leave that enables and supports breastfeeding, we have consistently acknowledged the important role of fathers and partners. We acknowledge and support the need for PPL provisions that allow parents to decide how they access leave, and to provide flexibility for them make decisions that best suit their individual circumstances. However, PPL provisions for fathers and partners must not undermine the ability of women to breastfeed.
 - PPL provisions offered for partners in any 'use it or lose it' manner should be offered in addition to paid maternity leave provisions for mothers so as not to compel women to return to work earlier than they wish to.
 - PPL for fathers and partners should be able to be taken on a flexible, intermittent and part-time basis (including as single days) and concurrently with the mother, in order to best support breastfeeding and maternal physical and mental health.
 - Where extensions to PPL are made for fathers and partners, we urge that the time within which leave can be used be extended to at least 36 months after birth to remove pressure for leave to be only taken during the breastfeeding period.
- ABA considers that the 2023 changes to a 'use it or lose it' component for partners loses sight of the main purpose and rationale for having a PPL scheme (to enable women's rights and protect maternal and child health) and will in fact undermine women's rights, health and financial status, and decrease maternal choice.
 - Experience in Scandinavia in the early 2000s showed that 'use it or lose it' leave for fathers in the first year of a child's life adversely impacted breastfeeding rates⁸.
 - Recent experience in Norway, where they increased the 'father quota' at the expense of the 'mother quota', simply resulted in more women taking unpaid leave,

Position Statement on Paid Parental Leave

including because they wanted to continue breastfeeding, undermining rather than improving women's economic status⁹.

- ABA is concerned that the 'use it or lose it' provisions of PPL are being based on an assumption that paid leave for fathers increases their sharing of infant and domestic care, when it has been found that fathers' leave does not lead to a comprehensive change in paternal involvement in the care of young children or significantly increase their undertaking of domestic work¹⁰.
- ABA understands that the sharing of caregiving and domestic work between women and men is crucial to gender equality and that inequalities in the division of labour are an obstacle to achieving women's equality. However, while we support moves towards gender equality, the 2023 amendment of Australia's PPL legislation has failed to recognise that breastfeeding, like childbirth, is reproductive work that cannot be directly redistributed to fathers or others:
 - As breastfeeding is part of the continuum of reproductive or 'sexed' care work, no actions should be taken to reduce this care work. Rather, this work should be supported to underpin women's human rights and enable governments to implement economic, employment and other policies to empower women and support the health and wellbeing of children¹⁰.
 - The interaction between women's reproductive biology and infant care role needs to be recognised. Initiatives towards gender equality, including Australia's PPL scheme, must not undermine breastfeeding and should be assessed against their impact on women's ability to breastfeed¹⁰.

Workplace support for breastfeeding mothers returning to work after paid parental leave

- With the majority of Australian women returning to work when their babies are of an age when the WHO and UNICEF¹ recommend they be breastfed, PPL must be complemented with support for breastfeeding to continue after return to work. Many mothers still face significant challenges balancing parenting and work. Returning to paid employment is one of the reasons women stop breastfeeding earlier than they planned, and maternal employment has been found to have a negative impact on breastfeeding duration¹¹.
- We call on the Australian Government to ratify the *International Labour Organization Maternity Protection Convention No. 183* which calls for nationally legislated entitlements to paid breastfeeding breaks⁵. While the *Australian Sex Discrimination Act 1984* requires reasonable accommodations for breastfeeding women⁶, Australia is one of the few high-income countries that lacks this federal paid entitlement (for example, it is not in the *Fair Work Act*⁷).

Position Statement on Paid Parental Leave

- The significant contributing effect of motherhood to the superannuation gender gap should be acknowledged and addressed by legislating for employer superannuation contributions throughout maternity leave (paid and unpaid) and PPL.
- Employers should be encouraged to support options for extended unpaid leave and provide enhanced opportunities for mothers to re-enter roles after maternity and/or PPL to support both breastfeeding and work-life goals, while helping retain skilled employees.
- Decisions on the provision of appropriate support for new mothers returning to paid employment must include implementation of the ANBS Priority Action Area recommendation³ that all Commonwealth, state and territory government agencies must be accredited through ABA's *Breastfeeding Friendly Workplace (BFW) program*¹². The *Australian Public Service Commission's Gender Equality Strategy*¹³ also calls for BFW accreditation, in line with the ANBS.

The BFW program aims to remove the workplace as a barrier to breastfeeding by creating work environments with the space, time and supportive culture necessary to support breastfeeding employees. Employers are supported to establish facilities and develop the necessary policies and procedures to develop a workplace culture that supports breastfeeding women.

Through the BFW program, ABA has developed not only a strong understanding of the experiences of women and the difficulties they face as they transition out of the workforce to PPL and back again, but also the benefits employers gain and perceive from supporting employees to combine work and breastfeeding that, in turn, have a real impact on the bottom-line for their organisation.

Background

ABA advocates for the protection of breastfeeding by governments, and actively promotes and supports breastfeeding.

Having identified and responded early to emerging social trends around the intersection of breastfeeding with employment, ABA has highlighted over decades the importance of, and the health and economic arguments for, paid maternity leave to protect breastfeeding and maternal and child health. The Association's advocacy was influential in the design of Australia's 2011 PPL scheme, which included low-income women and those in casual and part-time employment who were least likely to be breastfeeding and least likely to be able to afford unpaid leave¹⁴.

The current piece of legislation governing paid maternity leave in Australia is the *Paid Parental Leave Act 2010*¹⁵.

The Object of this Act is:

Position Statement on Paid Parental Leave

'...to provide financial support to primary carers (mainly birth mothers) of newborn and newly adopted children, in order to:

- o allow those carers to take time off work to care for the child after the child's birth or adoption; and*
- o enhance the health and development of birth mothers and children; and*
- o encourage women to continue to participate in the workforce; and*
- o promote equality between men and women, and the balance between work and family life.'*

The *Paid Parental Leave Amendment (Improvements for Families and Gender Equality) Act 2023*¹⁶ amended the *Paid Parental Leave Act 2010* with the stated aim of better reflecting the needs of modern Australian families by making payments more accessible, more flexible and gender neutral. The amendments saw the existing entitlement of 18 weeks PPL combined with the *Dad and Partner Pay* entitlement to two weeks' pay, enabling partnered couples to claim up to 20 weeks paid parental leave between them, with single parents able to access the full 20 weeks.

- The notion of primary, secondary and tertiary claimants was removed, as was the requirement that the primary claimant must be the mother who gave birth. A two week 'use it or lose it' clause was reserved for each claimant.
- The current maximum of eighteen weeks of PPL available to mothers puts Australia in the bottom third of OECD countries in terms of length of leave. The OECD average duration of PPL available to mothers is 50.8 weeks⁴.
- Australian Government has announced that PPL will be increased to 26 weeks by 1 July 2026¹⁷.

Principles

- The WHO and UNICEF recommend that infants be exclusively breastfed for the first six months of life, with ongoing breastfeeding until two years or beyond with appropriate complementary foods¹. The *NHMRC Infant Feeding Guidelines*² echoes these recommendations.
- The right of children to the highest attainable standard of health is outlined in the *United Nations Convention on the Rights of the Child*¹⁸ and means that children also hold rights in relation to breastfeeding.
- Breastfeeding supports the normal physical, emotional, social and cognitive development of children. It contains the ingredients necessary for the growth and development of infants for the first six months of their lives and remains the most important part of their diet, with the addition of family foods, until around 12 months. Breastmilk continues to provide a valuable source of nutrition and immunological protection for two years and beyond¹.
- The health costs of premature cessation of exclusive or any breastfeeding are significant and in infants include increased risk of: recurrent ear infections that can lead to hearing impairment, respiratory and gastrointestinal infections¹⁹ and

Position Statement on Paid Parental Leave

hospitalisations due to these infections¹⁹; death due to SIDS²⁰; poorer cognitive development and lower IQ¹⁹; overweight and obesity²¹; and chronic diseases including diabetes¹⁹.

- The health costs of premature cessation of breastfeeding to women are also substantial. Women who cease breastfeeding early are at increased risk of breast²², ovarian²² and endometrial²³ cancers, diabetes²⁴ and hospitalisation and death from cardiovascular disease²⁵.
- Mothers and babies form a dyad, an inseparable biological and social unit. The close physical relationship between a breastfeeding baby and the mother contributes to the formation of close emotional ties which support maternal caregiving throughout childhood. This is especially important for disadvantaged mothers who face challenges in caring for their children. Infants who are not breastfed or who are breastfed for a short period are more likely to receive inadequate care from their mothers. Australian research found that children who were not breastfed were nearly four times more likely to be neglected by their mothers than children breastfed for more than four months²⁶.
- Pregnancy, birth and breastfeeding are a reproductive continuum and women hold rights in relation to breastfeeding. These rights include: the right to appropriate prenatal and postnatal care from health professionals who are knowledgeable about and supportive of breastfeeding; the right to education on the importance of breastfeeding, the risks of artificial feeding and the practice of breastfeeding; the right to family and community support in breastfeeding their children; and the right to protection from misinformation on infant feeding and from other factors that can hinder or constrain breastfeeding²⁷.
- There is a broad societal responsibility to support women to breastfeed as *'The success or failure of breastfeeding should not be seen solely as the responsibility of the woman. Her ability to breastfeed is very much shaped by the support and the environment in which she lives. There is a broader responsibility of governments and society to support women through policies and programmes in the community.'* (Dr Nigel Rollins, WHO, and co-author of the Lancet report series into breastfeeding – the most extensive research ever undertaken into the effects of breastfeeding globally)²⁸. Access to paid maternity leave is a form of community support for upholding the reproductive rights of women.
- The right to maternity leave is contained in article 10(2) of the *International Covenant on Economic, Social and Cultural Rights* (ICESCR²⁹ and article 11(2)(b) of the *Convention on the Elimination of All Forms of Discrimination Against Women* (CEDAW)³⁰, to which Australia is a signatory. The ILO's *Maternity Protection Convention*⁵ requires that women have access to paid maternity leave, protection from discrimination based on maternity and the right for a woman to take one or more daily breaks or a daily reduction of hours of work to breastfeed her child.
- Breastmilk and women's breastfeeding work have substantial economic value, contributing not only to the short and long term health and development of babies and to the health of mothers, but as critical components of food systems and food security^{31,32}. The around 42 million litres of milk that Australian mothers produce

Position Statement on Paid Parental Leave

annually, worth an estimated \$3.6 billion dollars, should be recognised and valued as a food resource to be supported³³. Failure to measure the value of breastfeeding work and breastmilk, to include their value in GDP or to invest in reducing premature weaning has significant financial implications for the community and health systems, due to the increased rates of illness and chronic disease among those who were not breastfed or who are prematurely weaned and their mothers^{19,21,22,24,25,34,35}.

- The environmental costs of premature cessation of breastfeeding are also significant. Supporting women to breastfeed at rates set out in the ANBS³ would benefit Australia's environment by reducing the currently substantial land and energy costs incurred in producing commercial milk formulas, feeding and cleaning equipment, extra sanitary products and commercial baby foods, as well as in disposal of waste products associated with formula feeding^{36,37,38}.
- Breastfeeding is time consuming. Australian research found women exclusively breastfeeding infants who were 3-6 months of age spent an average of 17 hours a week breastfeeding with an additional 11-12 hours of associated emotional care (soothing, holding or cuddling)³⁹. Breastfeeds occur throughout the day and night. Exclusively or predominantly breastfed three-month-old infants have been found to breastfeed a median of ten times per day with some feeding in excess of 15 times⁴⁰. UK research found that infants between 6 and 12 months of age breastfeed an average of six times in 24 hours⁴¹. Breastfeeding is therefore more difficult whenever infants and mothers are not close to one another, including due to paid employment and over the first year of a child's life.
- Needing to return to work is a common reason for women to stop breastfeeding. In the last Australian infant feeding survey, almost a quarter of women who stopped breastfeeding between 7 and 12 months indicated that returning to work was the reason⁴².
- Paid maternity leave reduces early cessation of exclusive and any breastfeeding. In California, institution of just six weeks of paid parental leave increased the rate of exclusive breastfeeding to three months by 5% and any breastfeeding to three, six and nine months by 16%, 17% and 18%, respectively⁴³. Expanding paid leave to new mothers in Canada from 6 to 12 months increased rates of exclusive breastfeeding by 40% and increased overall breastfeeding duration by one month on average. It also decreased the proportion of women who said they stopped breastfeeding because of return to work⁴⁴.
- Maternal access to workplace leave has a positive impact on child morbidity and mortality. In the United States of America, the babies of mothers who took maternity leave had almost half the risk of being hospitalised as the infants of mothers who did not take maternity leave⁴⁵. In OECD countries, each ten-week increase in paid maternity leave was associated with a 4% reduction in infant death⁴⁶.
- The ability to access paid maternity leave improves maternal health in the short and long term. The introduction of 18 weeks paid parental leave in Australia in 2011 improved the short-term mental and physical health of new mothers⁴⁷. In Norway, the introduction of four months paid maternity in 1977 saw the women who gave birth immediately thereafter have better health measures when they were 40 years old,

Position Statement on Paid Parental Leave

including healthier body mass index and blood pressure and better mental health⁴⁸.

The introduction of paid maternity leave was also associated with women taking less sick leave for cancers that breastfeeding is protective against (breast and ovarian). In both Australia and Norway, more disadvantaged women benefited the most from the introduction of paid maternity leave. Research has shown that access to paid maternity leave has a consistently positive impact on maternal mental health and the more generous the leave in terms of duration and payment, the greater the benefit⁴⁹.

- The capacity for fathers and partners to take leave after a child is born can have a positive impact upon breastfeeding and maternal and child health. In Sweden, it was found that where fathers were able to take leave at the same time as mothers, breastfeeding duration was longer⁵⁰. Also in Sweden, the ability of fathers to take leave at the same time as mothers, including intermittently and as single days, resulted in a 38% reduction in women requiring inpatient or outpatient treatment for childbirth complications, 31% reduction in maternal antibiotic prescription and nearly a halving of mothers being prescribed an anti-anxiety medication in the first six months of a child's life⁵¹.
- Where father or partner leave displaces leave for mothers, it can have a negative impact on breastfeeding and women's finances. In Sweden, non-transferable paternity/second parent leave has resulted in some women stopping breastfeeding before they wanted to when their partner took on primary care of their infant and they return to work. In Norway, an increase in reserved paternity leave and associated reduction in the amount of paid leave to mothers resulted in an increase in women taking unpaid leave, despite the personal financial cost⁹.
- Overall, international evidence shows that women's and children's health and breastfeeding rights are best supported where women have access to a long duration of maternity and/or PPL, where leave for fathers/partners is in addition to leave provided for mothers and where any reserved leave for fathers/partners can be taken intermittently and concurrently with mothers.

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Position Statement on Paid Parental Leave

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Position Statement on Paid Parental Leave

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Position Statement on Paid Parental Leave

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Position Statement on Paid Parental Leave

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ABA Board

Revision history

Revision	Date	Description of modifications
V1.0	25 September 2023	Creation of a new position statement. Approved by ABA Board at BM meeting 252