Parental leave: Bad for breastfeeding?

Delyth Wyndham, Faculty of Health & Social Care, University of Chester

Abstract:
The latest UK parental leave reform introduced by the Children and Families Act 2014 could have an unintended impact on breastfeeding outcomes. The revised provision of up to 50 weeks shared leave was introduced in April 2015, with a view to encouraging parents to share infant care responsibilities more equally. This paper explores issues with definitions, policy shifts leading to the incremental change in entitlement and the potential for cascading policy failure.

Introduction

This paper considers how and why recent UK parental leave reform may be negative in the context of breastfeeding. It does not presume to explain the complex impact that parental leave reform may have on parents or infants. Indeed, ongoing research by the author looking at the wider picture is exploring how more flexible shared parental leave may shape infant feeding choices. This paper however explicitly centres upon breastfeeding as an outcome. Breastfeeding outcomes can be described in terms of both prevalence and duration, for example exclusive breastfeeding for the first six months and then breastfeeding for two years or beyond as recommended by health professionals (World Health Organization & UNICEF, 2003).

Outlining boundaries and framing the discussion is important due to the sensitive nature of the topic. For a subset of families, breastfeeding is not an option (Feeg, 2001). Some mothers/infants cannot or mothers explicitly decide (or are advised) not to attempt to breastfeed and therefore in these circumstances breastfeeding will not be an infant feeding outcome (regardless of any other factors). These families are not the subject of this paper, the focus is limited to those who perceive breastfeeding as a feasible choice.

Definitions

Before moving forward, it is essential to note that using terminology such as breastfeeding and parental leave is not straightforward. A significant limitation of the breastfeeding research discourse and to some extent parental leave literature is the notable lack of attention given by studies to clearly and coherently defining the key topics under discussion. Noel-Weiss et al. (2012) highlight somewhat fluid definitions and persistent calls within the literature for consistent application of the term breastfeeding. The debate surrounding breastfeeding definitions is detailed in articles by Labbok, Belsey and Coffin (1997), Renfrew *et al.* (2007), Thulier (2010), Hector (2011), Labbok and Starling (2012), as well as Noel-Weiss et al. (2012). Jurisdictional variance in definitions and provision of parental leave is well documented by Moss (2015) in the annual International Review of Leave Polices and Research. Nevertheless, research frequently treats parental leave as a homogeneous term and rarely offers explanation of the definitions used. Consequently, how both terms can be defined and understood will be explored further in the following sections.

Breastfeeding

Breastfeeding is complex in that it can be described and classified in relation to substance exclusivity (what an infant is being fed) and/or mode of feeding (how an infant is fed). Two of the most frequently used (notably substance based) definitions diverge. The Interagency Group for Action on Breastfeeding (IAGB) schema definitions suggests that exclusive breastfeeding should be limited to infants where “no other liquid or solid is given” (Labbok & Krasovec, 1990, p. 227). However, the

World Health Organization (WHO) (1991) indicator definitions permit medicine, vitamin drops/syrups and more recently Oral Rehydration Salts (ORS) (World Health Organization, 2008) within the exclusive breastfeeding classification.

Both the IAGB and WHO definitions were developed in the context of measuring breastfeeding (Labbok and Krasovec, 1990; World Health Organization, 1991). This is significant as it has led to additional complexity with regards to infants fed breast milk by modes other than nursing directly (Hector, 2011). Researchers are tasked with interpreting the IAGB (Labbok and Krasovec, 1990) and/or WHO (World Health Organization, 1991) definitions by making assumptions and determining how infants fed expressed breast milk via a bottle, cup, spoon, syringe or other aid/supportive feeding device (e.g. nasogastric tube) are accounted for. Applying the WHO (1991) definitions for example, if no other substances are fed infants may be legitimately counted in both the exclusive breastfed and bottle fed categories.

Studies such as the UK Infant Feeding Survey (McAndrew *et al.*, 2012b) reporting using the WHO (1991) substance based definitions, frequently cluster both infants fed expressed breast milk and infants fed breast milk by nursing directly as exclusive breastfeeding. However, Li *et al.* (2012), Strong and Lee (2012) and Gibbs and Forste (2013) amongst others suggest that mode of feeding may introduce some of the risks associated with bottle feeding. They argue that mode is an important factor in relation to health outcomes such as obesity in later childhood.

Not all studies purporting to use the IAGB (Labbok and Krasovec, 1990) and/or WHO (1991; 2008) definitions explicitly document which category infants fed expressed breast milk fall into (see for example Haider *et al.*, 2010). Moreover, where studies do outline definitions the application in practice is not necessarily consistent. Contrast for example, Jessri *et al.* (2013, p. 7) and Ogbo, Agho and Page (2015, p. 2) both citing the World Health Organization (2008) indicators as the source of the definitions utilised. The interpretations are valid in the context of the WHO (2008) indicators but do not facilitate cross study comparison, particularly if examining infants fed expressed breast milk.

Collectively this has wider consequences for the discourse. For example, Briere *et al.* (2014) highlight the impact of definition inconsistency upon literature review and meta-analysis outputs. Supporting this, research by Cattaneo, Davanzo and Ronfani (2000) examined the reliability of country level data in Italy and found that imprecision and/or researcher interpretation of definitions led to an inaccurate picture of breastfeeding prevalence and duration rates. In the context of infants fed expressed breast milk, the significance of definitional discord may be compounded given the increasing prevalence of this mode of infant feeding (Geraghty, Sucharew and Rasmussen, 2013; Johnson *et al.*, 2013).

With the ongoing debate and research literature limitations in mind, it is evident that definitions need to be specific and unambiguous, thus for the purposes of this paper the discussion of breastfeeding and breastfeeding as an outcome will be limited to infants nursing directly at the breast. The term breast milk fed will be used to describe infants who receive at least some of their breast milk via another mode (e.g. bottle fed expressed breast milk).

Parental leave

Similarly, understanding of what is meant by parental leave needs to be clearly outlined. Statutory definitions of parental leave vary by jurisdiction and continue to evolve (Moss and Deven, 1999; Moss, 2015). In the UK context, definitions are generally derived from policy and are taken forward via statutory processes (primary legislation, statutory instruments etc.). The revisionist nature of

provisions and coupled with external edicts has led to a dual definition and somewhat unique entitlement milieu in the UK.

Of note, newborn related parental leave is distinct from parental leave provision during the course of childhood. This wider entitlement of 18 weeks of unpaid parental leave to be taken before a child reaches 18 years old, is the result of a European Union (EU) level directive enacted in the UK as the Parental Leave (EU Directive) Regulations SI 2013 No. 283. Baird and O'Brien (2015) propose that the disjointedness of a "twin track" UK "policy architecture" is the fallout from political contention over EU mandates (p. 211).

The latest UK led reform of parental leave in the form of the Children and Families Act 2014, moved away from gender based (maternity and paternity) provision for the parents of newborn infants to more gender neutral flexible shared leave. The act which came into force in April 2015 is a departure from the historic position of the "law prescribing roles for each parent" (Mitchell, 2015, p. 128). Negotiated within the constraints of a coalition government the policy intent was to lessen the gender pay gap rather than introduce ambiguity with the term parental leave (BIS, 2011).

Therefore, within this paper leave will have a narrow definition as the time away from an occupation associated with the birth or adoption of a newborn infant, incorporating maternity, paternity, adoption and shared parental leave entitlements.

Policy shift

The twentieth century saw a transformation in attitudes towards gender in the UK. Prior to the 1970's women were generally expected to leave formal paid work upon marriage or in any event upon becoming pregnant (see Briar, 1997). There has been a steady increase since in women engaged formal paid employment with rights equivalent to their male counterparts and a rise in the number of dual earner households with young children (Scott, 2008). Scott (2008) notes a persistent pressure upon mothers to be engaged in paid work. Linked to this is the onus upon employed mothers who retain the role of principle carer to create and use more flexibility in their work arrangements to accommodate child related responsibilities (Singley and Hynes, 2005). MacLeavy (2011) highlights that women's dual roles can leave them particularly vulnerable to the results of policy reform.

The development of parental leave provision in the UK has been incremental and fragmented reflecting a step change in policy. Maternity leave, initially in the form of the right to return to work within 29 weeks was introduced by the Employment Protection Act 1975. The act also granted mothers 6 weeks maternity pay at 90% of weekly pay, a provision which remains in place to this day. Statutory paternity and adoption entitlement came much later as part of the Employment Act 2002. As noted above, current UK shared parental leave provision was instituted by the Children and Families Act 2014. The entitlement is in effect a bolt-on to the prevailing gendered leave provisions and both parents are required to explicitly opt in to taking parental leave and out of maternity, paternity or adoption leave.

Where parents elect to take flexible shared parental leave, following a minimum 2 weeks compulsory maternity leave and 2 weeks (optional) paternity leave, parents will then be able to share the remaining 50 weeks leave between them. Thus leave that was previously dedicated maternity leave for the purposes of recovery from childbirth, establishing breastfeeding and coping with fatigue can now be transferred away from the individual arguably in some respects in most need (McGovern *et al.*, 2006). Shared parental leave could see mothers in the future returning to work much earlier, particularly in families where they are the higher earner or in a more secure

position in the current austere economic climate. The discourse has not yet considered the policy shift, nor has research examined whether it will limit breastfeeding.

Breastfeeding outcomes

Policy can shape behaviour over both the short and long term. For example, McAndrew *et al.* (2012b) highlight that an increase in the length of UK statutory maternity pay to 39 weeks, as a result of the Statutory Maternity Pay, Social Security (Maternity Allowance) and Social Security (Overlapping Benefits) (Amendment) Regulations 2006, meant that "mothers returned to work later in 2010 than in 2005" (p. 154). Whilst the government suggest that initial take up of shared parental leave could be as little as 2 to 8%, this fails to recognise longer term attitudinal shifts along the lines of those noted above (BIS, 2013, p. 4). Moreover, O'Brien, Koslowski and Daly (2015) highlight that there are no official contemporary statistics as the government do not record or systematically report upon leave take up. Additionally, whilst data on infant feeding outcomes has historically been recorded as part of the quinquennial Infant Feeding Survey series, the government has withdrawn support for the ninth survey due to take place during 2015 (La Leche League GB, 2015). Thus determining the impact of the parental leave reform on breastfeeding will be difficult to evidence.

Whilst there are limitations (as discussed previously) to the way the Infant Feeding Survey series records breastfeeding based upon the WHO (1991) indicator definitions, it is nevertheless the most robust data available. Unfortunately no detail is available from the series on the prevalence of breastfeeding (infants who nurse directly) as the infants are grouped with those who are expressed breast milk fed. Within the study the exclusively breast milk fed infants are referred to as 'exclusively breastfed' and breast milk fed infants are described as 'breastfed' (McAndrew *et al.*, 2012b). The last Infant Feeding Survey in 2010 highlighted that the UK-wide prevalence of infants 'exclusively breastfed' at birth was 69% and this fell to 23% at 6 weeks (McAndrew *et al.*, 2012b, p. 31).

Whilst 6% of mothers who 'breastfed' (i.e. fed infants any breast milk at all via any mode) overall suggested that returning to work or college was a reason for breastfeeding cessation, this increased to 20% of mothers who 'breastfed' for six to nine months (McAndrew *et al.*, 2012b, p. 111). This suggests that issues related to leave may come to the fore when breastfeeding is established once early practical and social hurdles have been negotiated. A potential consequence of leave reform prompting mothers' early return to the workforce may be a negative impact on already modest duration rates. Only 23% of nine month old infants received any breast milk at all in 2010 (McAndrew *et al.*, 2012a). This is despite the fact the government policy recommends that breast milk "should continue to be an important part of babies' diet for the first year of life" (Department of Health, 2003, p. 2).

Breastfeeding post leave

The likelihood of continuing breastfeeding upon return to an occupation outside of the home/away from the infant is in part contingent upon the age at which leave is curtailed. Older infants who breastfeed less frequently and are well underway with the transition to solid foodstuffs can more readily adapt (Angeletti, 2009). However, few mothers in the UK find work and breastfeeding compatible despite the right to request facilities to support breastfeeding and/or breast milk feeding. The Infant Feeding Survey in 2010 reported that only 8% of working mothers indicated that they were provided with facilities to breastfeed at work (McAndrew *et al.*, 2012b, p. 156). Nevertheless, 19% stated that that return to work had affected how their infant was fed, with 56%

of these mothers suggesting that they had stopped or limited breastfeeding (McAndrew *et al.*, 2012b, p. 156-157).

Bryder (2009) and Kramer (2010) highlight that Infant feeding practices have an impact on both infant morbidity and mortality, particularly where sanitation is limited. A UNICEF evidence review led by Mary Renfrew in 2012 highlighted that "over £17 million could be gained annually by avoiding the costs of healthcare associated with four acute diseases" typically associated with non-breastfed infants (Renfrew *et al.*, 2012, p. 11). Moreover, three cases of Sudden Infant Death Syndrome annually could be avoided by an increase in infants being exclusively breastfed (Renfrew *et al.*, 2012, p. 12). Whilst short duration maternity leave is only one of the numerous barriers to successful breastfeeding (including practical difficulties, health issues, poor and conflicting advice) the impact of leave provision should not be undervalued.

The flexible format of shared parental leave does offer scope for both parents to take leave (albeit low paid) at the same time (BIS, 2011). This may limit the effect of the policy reform on breastfeeding initiation as fathers have the opportunity to be present to support the establishment of breastfeeding (Sherriff, Hall and Panton, 2014). However, at the other end of spectrum the more leave fathers/partners take the less remains to maintain breastfeeding post six months and as noted above, duration rates in the UK are modest.

If more mothers are returning to an occupation outside of the home and increasingly sustain breastfeeding through nursing breaks or prolong breast milk feeding via expressing breast milk during the hours away from their infant, this will eventually normalise these practices. Yet, despite moves to increase workplace facilities for example, for many mothers continuing breastfeeding for any more than a short period post leave remains unattainable (Kosmala-Anderson and Wallace, 2006). Clearly there will always be workplaces where it is not possible support breastfeeding due to the work environment. Furthermore, the UK does not have a culture where infants at work or regular, frequent and (for some) lengthy breaks are accepted (Brown, 2015).

Conclusion

Thus in the present climate, the recent UK parental leave reform introduced by the Children and Families Act 2014 could have an unintended impact on breastfeeding outcomes. In short, shared parental leave may be bad for breastfeeding. In particular, the consequence of the reform exerting further pressure upon mothers to curtail their maternity leave warrants further attention.

Ideally, to reduce the likelihood of cascading policy failure and support breastfeeding, encourage active parent-infant bonding whilst promoting appropriate child development, equal provision of twelve months paid leave dedicated to each parent in the form of maternity, paternity or adoption leave can be envisaged as optimal. The term parental leave could then be reserved for the unpaid leave (currently 18 weeks) available to parents throughout childhood (Parental Leave (EU Directive) Regulations SI 2013 No. 283).

Whilst this represents an enhancement of provision, simplified rules and standardised entitlement may reduce administrative and potentially recruitment overheads for business and give parents much needed clarity in the terminology used. Nevertheless, the risk of any parity of leave (even in its current form) is that gender based discrimination and the gender pay gap may simply evolve into discrimination against those of child bearing age and a family pay gap where both parents and therefore their children suffer financially in the long term.

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