

**Capstone: Maternity Leave and Breastfeeding Duration**

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## **1.0 Introduction**

Maternal and child health is a multifaceted topic that has multiple parties involved, including mother, child, partner, healthcare practitioners and Public health policies.

Although health professionals seem to understand the physiological needs that will lead to overall health for mother and child, the overall health of mother and infant relies heavily on Public Health policy and governmental support. Maternal and child health is defined by the World Health Organization (WHO) as, “the health of women and infant during pregnancy, childbirth and the postpartum.” Public Health professionals analyze, develop and implement programs to support and protect the health of mothers and their infants. Part of this involves examining governmental and international policies that are used to support families during this sensitive period. Initiatives include the Baby Friendly Hospital Initiative, WHO health recommendations, maternal and child support policies and employment insurance.

A large part of maternal and infant health is breastfeeding. There are many benefits of breastfeeding, both for mother and infant, and it is considered the “gold standard” for infant feeding. The WHO understands the importance of promoting breastfeeding, and has recommended exclusive breastfeeding for the first six months of infancy (WHO, 2011). Breastfeeding is physically, psychologically, economically and socially beneficial for mother and child. In infants, breastfeeding decreases rates of diarrhea, otitis media and respiratory infection in the first three months (Statistics on Breastfeeding, 2014; Turck, 2005). Further, exclusive breastfeeding for the first six months is associated with lower incidences of allergic diseases in infants with parents or siblings who have allergies (Turck, 2005). Lower incidences of obesity and hypertension later in life, and increased performance on cognitive

development tests are also associated with breastfeeding (Turck, 2005). For mothers, breastfeeding is associated with returning to prepregnancy weight sooner, decreased risk of breast and ovarian cancer and delayed menstruation after birth (Turck, 2005).

Breastfeeding is an important part of mother-infant bonding, and has been shown to relieve psychological stress in mothers. Further, breastfeeding may be considered an economic advantage, as it does not cost money besides adequate feeding of the mother.

It is clear that the benefits of breastfeeding are prominent for both mother and child, but we still see a lack of it today. For example, France has an extremely low prevalence of breastfeeding, with only 58% of infants being breastfed when leaving the maternity ward (Turck, 2005). Why are women not breastfeeding? There are a variety of reasons, both individual and collective. Personal preferences play a role, as well as cultural norms and values. However, maternal support plays a great role, specifically in terms of finances. To further understand the financial support for new mothers, we have to look at policies that governments implement to support this practice for their residents. The Government of Canada defines maternity leave as “employment insurance benefits that are offered to biological mothers, including surrogate mothers, who cannot work because they are pregnant or have recently given birth”. Canada has another “parental leave benefits” section for parents who are caring for a newborn or newly adopted child. Overall, countries have implemented policies that pay a mother, and sometimes father, to stay at home during a period of pregnancy and after a child’s birth. Finances, duration and employer contribution varies between countries, and companies may choose to contribute to maternity leave funds or leave it completely up to the government. These policies play a crucial role in the duration of breastfeeding, as many women have to return to work once

their funding ends from the government. Proximity is a key determinant in breastfeeding, meaning when a mother goes back to work breastfeeding usually terminates.

The purpose of this paper is to understand the connection between maternity leave policies and breastfeeding duration, specifically exclusive breastfeeding for the first six months of infancy. It is important to understand how public policy can affect the health outcomes of individuals, in this case, the mother and infant. Although many countries have adopted the WHO breastfeeding recommendations, their policies may not be supportive of exclusive breastfeeding for six months, demonstrating contradictory ideology. Firstly, maternity policies will be examined in Canada, Norway, Sweden, Denmark and the United States of America. Canada is the central focus of this review, and will be compared in relation to the other countries mentioned. I researched countries with the “best” maternity leave policies and the “worst” policies in order to understand how maternity leave policies can affect breastfeeding. I wanted to compare breastfeeding data between these countries to see if there was a correlation between maternity leave policy and infant breastfeeding rates. Although there are many other countries that could be examined, these countries are all considered similar in regards to economy, government and development. The United States of America is the only developed nation on countless lists that describe the “worst maternity leave policies in the world”, which is why it is being used in this review as the “worst” maternity leave policy. The USA is listed among countries in economical, political and sociological despair, such as Swaziland and Tunisia (McPhedran, 2016). It is hypothesized that Norway, Denmark and Sweden will have the highest rates of exclusive breastfeeding, as they have the “best” maternity leave policies.

## **2.0 Maternity Leave Policies**

### *Canada Maternity Leave Policy*

Canada infant benefits are divided into two categories under *Employment Insurance Act*: Maternity Benefits and Parental Benefits. Maternity Benefits are “offered to biological mothers... who cannot work because they are pregnant or have recently given birth”.

Parental Benefits are “offered to parents who are caring for a newborn or newly adopted child or children,” (Government of Canada, 2016). Unlike Scandinavian policy, the length of time off is not altered if an individual gives birth to more than one child. It is important to note that Quebec has its own parental insurance program, and is excluded from the Government of Canada for these purposes.

The Government of Canada outlines the eligibility for receiving parental benefits as someone who is:

- Employed in an insurable employment
- Meets specific criteria for receiving employment insurance parental benefits
- Normal weekly earnings will be reduced by more than 40%
- You have accumulated at least 600 hours of employment during the qualifying period

In insurable employment, the employer deducts employment insurance premiums from individuals' salaries. This is one way that the government taxes individuals in order to help pay for the welfare programs set in place throughout the country. For every \$100 an individual earns, \$1.63 is deducted to reach a yearly amount of \$51,300. The specific

criteria outlined by the Government describes that parents must provide proof of pregnancy and the child's birth in order to be insured.

In total, 52 weeks of employment insurance are given under maternity and parental benefits. 35 of the weeks are parental benefits and may be split between two parents while the remaining 17 are maternally allocated.

The basic rate for benefits is 55% of an individual's average insurable weekly earnings, up to a maximum of \$51,300 (up to \$543 per week).

In 2015, Canada elected its first Liberal Government in nine years, led by Justin Trudeau. The government budget for 2017 introduced the notion of extending parental leave to 18 months (72 weeks) with the same coverage of 55% of salary. Another large benefit of the new insurance is maternity insurance will be able to be claimed 12 weeks before the expected birth, an increase from eight weeks.

*The "Best Maternity Leave Policies in the World: Scandinavia- Denmark, Sweden and Norway*

Scandinavia is known for its high quality of life, welfare programs and the high taxes that fund these government programs. All three countries placed top 5 in Save the Children's Mothers' Index Ranking of *Top 10 Best Places to be a Mother*, with Norway being ranked as the number one country in the world. Scandinavian policies, such as government sponsored college education, paid parental leave and universal healthcare are noteworthy programs that reflect the collective values of the country and help explain why these countries are consecutively voted as top places to live in the world. In the 1970s and 1980s, these countries were among the first to develop policies of paid parental leave to

include both the mother and father (Eydal, G. B., Gíslason, I. V., Rostgaard, T., Brandth, B., Duvander, A. Z., & Lammi-Taskula, J., 2015.)

Scandinavian countries raise a lot of revenue from income taxes by using a flat rate income tax system. In Denmark, the top marginal tax rate of 60% applies to all individuals who make 1.2 times the average income in Denmark. In Sweden and Norway, top marginal tax rates are 56.9% and 39% and apply to all incomes 1.5 times and 1.6 times the average incomes, respectively (Tax Foundation, 2015). The countries have further taxes, including Value-added taxes (VATs), and business and capital taxes to contribute to the countries' GDPs (Tax Foundation, 2015).

#### *Danish Maternity Leave Policy*

Overall, there are three types of leave related to having a child: during pregnancy, maternity leave and parental leave (Rasmussen, N. 2015). These three types of leave total 52 weeks of paid parental leave (Government of Denmark). The mother has the right to four weeks of leave directly before the planned birth, and then a further 14 weeks of leave after birth. During the first 14 weeks after birth, the father or co-mother is entitled to two weeks of leave. The remaining 32 weeks following can be divided between mother and father or co-parent, and can be extended by another 14 weeks. If parents decided to extend the 32 joint weeks, they will receive a smaller amount of parental allowance each month. The amount of pay that parents are entitled to from the government is less than the full amount of salary. However, it is common for private companies to have an employee agreement in which they pay for full salary for a period of time. The amount paid by the government is reimbursed to the company, which in turn pays for the parent's salary.

These agreements are determined by employer/ employee agreements and therefore differ from workplace to workplace.

#### *Swedish Maternity Leave Act*

Paid parental leave is for a total of 480 days (69 weeks) and can be taken at any time until the child reaches the age of eight (Government of Sweden, 2017). Both mothers and fathers are entitled to share the leave, although one parent may take up to 420 days. Of those, fathers are allotted 90 paid paternity days to help promote father-infant bonding. The amount of money to which an individual is entitled to depends on their circumstances. Generally, individuals who have been working in Sweden for over 240 days are entitled to 80% of their salary for 390 of the days, while the remaining 90 days are paid a flat rate. Specific policies are in place for single parents, low-income parents and parents who have not worked 240 days. Another policy in play gives parents the legal right to reduce their normal working hours by 25% until the child turns eight, although they are only paid for the time they work.

#### *Norwegian Parental Benefit Period*

In Norway, mothers can take up to 49 weeks off work with 100% of their pay, or may opt for 59 weeks off work with 80% pay (Government of Norway, 2017). Similar to Denmark, the mother has 3 weeks reserved for her that must be used prior to the infant's due date. Mother's may begin to use the parental benefit period up to 12 weeks before the due date, and the weeks will be subtracted from the parental shared period. The Norwegian government claims that total parent benefit paid is greater if parents choose 100% coverage for 49 weeks. Parents may follow up with unpaid leave, however if it is longer than 14 days it may affect one's rights to sickness benefit and attendance allowance

(Government of Norway, 2017). In the event of multiple births, leave is extended by five weeks per additional child with 100% coverage and by seven weeks per additional children with 80% coverage. Norway allots ten weeks to each parent, and the remaining 26 or 36 weeks is considered a “shared period” between parents. The entire period of parental benefit does not have to be used in one continuous time frame, and may be take on a part-time basis until the child is three years old. Statistics Norway (2010) found that two out of three women opt for long leave at 80% pay and three out of five fathers took six or more weeks of leave.

Overall, these countries are applauded globally for their maternity leave policies, and many countries try to model their policies after these countries. It cannot be denied that parents of newborns are given financial compensation from the government that allows them to take off extended periods of time to spend with their newborn. The percentage of earnings paid for parental leave in 2013 ranged from 77.9% in Sweden to 100% in Denmark (Eydal, G. B. et al., 2015).

	<b>Number of Weeks</b>	<b>Pay</b>
<b>Denmark</b>	52	Based on private company agreements
<b>Sweden</b>	69	80% salary (with a maximum) for first 390 days Flat rate for late 90 days

<b>Norway</b>	49/59	100% pay at 49 weeks* 80% pay at 59 weeks* * amount of pay has a maximum
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Table: Scandinavian Parental Leave Policies

United States of America

The United States of America is the only developed country in the world to not have mandatory paid maternity leave (Maternity Leave in the United States). Employers may opt to pay their employees, however it is not mandatory. Some of the major companies in the United States, such as Amazon, opt to have around 10 weeks maternity leave for their workers. Compared to the maternity leave policies we have just explained above, this is quite low. Further, healthcare in the country is so expensive and inaccessible that many women are not provided the tools they need to breastfeed, such as a breastfeeding coach or home-visit nurse.

**3.0 Breastfeeding Trends**

Canada Breastfeeding Trends

Canadian trends seem to be improving, according to Statistics Canada. In 2011-2012, 89% of mothers breastfed their baby, with 26% breastfeeding exclusively for six months or more (Gionet, 2013). Canada’s rate was higher than the United States, 77%, but lower than that of Norway, 95%, and Australia, 92% (Gionet, 2013). The 2011-2012 Canadian rates increased significantly compared to the 85% and 17%, respectively recorded, in 2003. Canada’s overall breastfeeding rate is high, although it widely varies province-to-province, from 57% in Newfoundland and Labrador to 96% in British Columbia and Yukon (Gionet,

2013). Although Canadian trends changed from 2003 to 2011-2013, trends among provinces did not have significant changes.

Table. Canada Breastfeeding.

	2003	2011-2012
Breastfeeding Initiation	85%	89%
Exclusive breastfeeding 6 months	17%	26%

The WHO, Health Canada, Canadian Paediatric Society and Public Health Agency of Canada all recommend exclusive breastfeeding for an infant's first six months (Gionet, 2013). With the Government of Canada in support of this effort, public policies and programs should reflect Canada's health recommendations. We can see that breastfeeding frequency is high in this country, but the duration is where Canada is failing. With only 26% of mothers meeting national and international public policy standards of six months exclusive breastfeeding, it would be reasonable to examine maternity leave policies as a potential explanation for the lack of continuation. At longer durations, women reporting the need to return to work as the leading reason to stop breastfeeding (Baker & Milligan, 2008). If women are forced to return to work out of financial and professional necessity, they are more likely to stop exclusive breastfeeding. Clearly, there is a contradiction between public health goals and labour market policies regarding job-protected leaves.

Further, many workplaces do not provide paid breaks for women to breastfeed or “pump”, creating a greater barrier to achieving Public Health standards.

### Potential Explanations for Breastfeeding Trends

Canadian mothers who do not breastfeed tend to be younger, have less formal education and are more likely to be single compared to mothers who initiated breastfeeding (Gionet, 2013). The average age of Canadian mothers has increased in the past 10 years, with women age 30-34 being the largest percentage age group giving birth in 2011. This is significantly different to the age group of 25-29 in 2001, and could account for the marked increase in breastfeeding rates seen in the recent decade. About 77% of mothers who exclusively breastfeed for six months were aged 30 and older, contributing to the explanation of breastfeeding trends presented above (Gionet, 2013). In 2011-2012, 76% of mothers who exclusively breastfed for six months or more had postsecondary qualifications. It can be insinuated that of this 76% with postsecondary qualifications have jobs with maternity leave benefits that go above what the Government of Canada offers. For a woman to be qualified for maternity leave, she must have 600 hours of paid employment over 12 months prior to the date of claim (Baker & Milligan, 2008). This means that someone women are unable to claim maternity leave and are left unfunded by the government.

### *Norwegian Breastfeeding Rates*

Norway’s breastfeeding statistics came as a surprise, and warranted further explanation in this review. Norway nearly has universal initiation of breastfeeding, with approximately 1% of babies never receiving breast milk. Breastfeeding at six months is high at about 80%, although exclusive breastfeeding is approximately 7% (Statistics

Norway, 2010). In 2007 a study surveyed 1,635 infants were surveyed and it was found that rates of any breastfeeding were 75% at seven months of age, 63% at nine months and 46% at twelve months of age (Norwegian Health Directorate, 2009).

In 2010, Statistics Norway (Kristiansen, Lande, Overby, Andersen, 2010) released a study with a sample of 3,000 Norwegian infants who were born from April 17 to May 8 in 2006. 92% of these infants were breastfed exclusively at one week of age, although 10% of them were introduced to solid foods before four months. At six months of age, 82% of infants were breastfed but only 10% were breastfed exclusively. Kristiansen et al. (2010), found a negative association between breastfeeding at 12 months old and for having the infant cared for during the day by someone other than the parents. If this country is considered to have the best maternity leave policy of any country in the world, there has to be another explanation for why breastfeeding rates are so low. These results do not support the hypothesis that a longer and more financially sound maternity leave policy will increase a country's breastfeeding rates.

The Norwegian Government published an Action Plan for Better Nutrition 2007-2011, with one of the goals for better health being that infants breastfeed in line with international recommendations. The government set forth a plan to increase percentages of infants being exclusively breastfed at four, six and twelve months and published objectives to meet these goals. One of these objectives was to "maintain established maternity leave arrangements for women..." Under the Working Environment Act, woman can take two thirty minute breaks a day to breastfeed her child, or can have reduced work hours, up to an hour a day, although the leave is unpaid. The Action Plan describes exploring the possibility of paid breastfeeding breaks for women at work, to create greater accessibility

to the continuation of breastfeeding once returning to work. The Action Plans Goals include:

- Infants who are exclusively breastfed at four months of age to increase from 44% to 70%
- Percentage of infants who are exclusively breastfed at six months of age to increase from 7% to 20%
- Percentage of infants breastfed at 12 months of age to increase from 36% to 50%

These goals demonstrate the high value the Norwegian Government places on breastfeeding in the first 12 months of life.

**Comparison of Breastfeeding Rates Between Countries**

2012-2014	Breastfeeding Initiation	Exclusive Breastfeeding 6 Months
Canada	89%	26%
Denmark	-	17%
Norway	100%	10%
Sweden	94.5%	15.4%
United States of America	79.2%	18.8%

**Chart CO1.5.B: Proportion of children who were exclusively breastfed at 3, 4 and 6 months, around 2005**

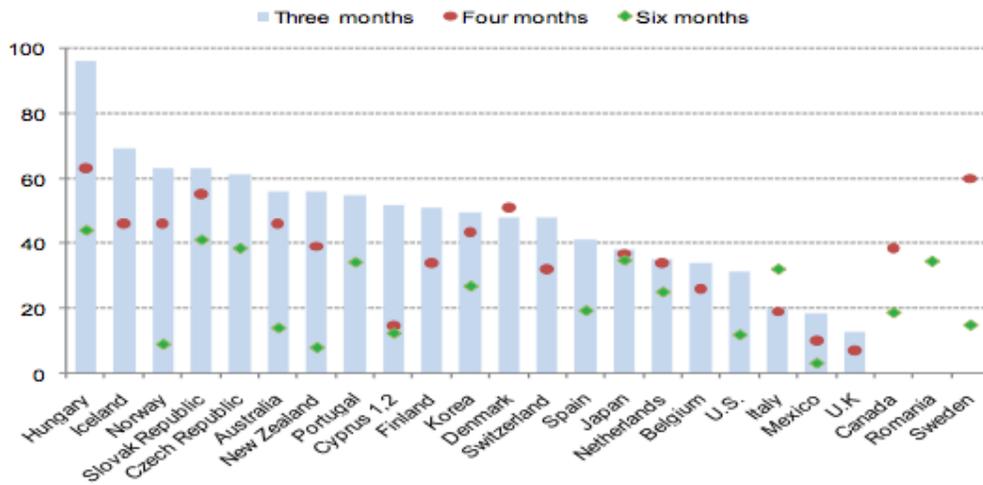


Image Source: OECD

#### **4.0 Discussion**

Based on the literature, statistics and policies explained above, maternity leave does impact the duration of breastfeeding. However, there seems to be other factors that are more influential, and thus our hypothesis was proven incorrect. Mother's age and education are strong factors in whether a mother decides to breastfeed exclusively for six months. However, this could indirectly be related to the maternity leave that they receive from their work benefits, and would have to be studied on a case-by-case basis. Overall, all countries, with the exception of the United States, provide adequate maternity leave. Realistically, Canada is unable to provide the maternity leave that Scandinavian countries have, as it has to do with the differing of political ideology and collective values of each country. Prime Minister Trudeau's new budget for maternal and child health will help more women take extended periods of time off. The next steps that should be taken are providing paid breaks in workplaces for women to breastfeed and pump breast milk. This has been stated many

times as a deterrent for women to continue exclusively breastfeeding once they return to work. Throughout the literature searches done, maternity leave was not seen as a prominent influencer on whether a child is exclusively breastfed for six months. However, it was found that based on a woman's maternity leave policy, they had an idea of how long they planned on breastfeeding for before the child was born. Statistics Canada states the main reported reasons for stopping breastfeeding before six months were "not enough breast milk" (44%) and "difficult with breastfeeding technique" (18%). This suggests that tangible support for mothers, such as lactation consults and nurses should be looked at more thoroughly as means of increasing breastfeeding rates in the country.

## **5.0 Conclusion and Competencies**

The purpose of my capstone was to gain a better understanding of how public maternity leave policies could affect breastfeeding duration of women. To better understand this, countries of similar status around the world were examined. Maternity leave policy and breastfeeding trends were examined in each country to gain a better understanding of the influence policy has on a country's health outcomes. In conducting this research, I believe that I developed five key competencies:

1. Compare the organization, structure and function of health care and public health systems across national and international settings
2. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels

3. Assess population needs, assets and capacities that affect communities' health
4. Advocate for programs and political, social and economic policies that will improve health in diverse populations
5. Evaluate policies for their impact on public health and health equity

Understanding each country's maternity policies could be confusing, and I often had to search multiple sites in order to concisely, and effectively describe them in this paper. I believe that through this, I have developed a better understanding of how to analyze governmental policies, which I believe will be an asset for me in the future. Further, researching breastfeeding trends could be difficult, and it took time to find the data that I needed to support my thesis.

An underlying competency I developed was the ability to understand and discuss social inequities that undermine health, creating challenges in achieving health equity. Most literature regarding breastfeeding duration highlighted the fact that older, more educated women are more likely to breastfeed. Many companies provide further maternity leave support, and in some instances, like the USA, provide all of the support. It can be assumed that more educated women will likely have a more stable, higher paying job with better health benefits. Women with less education will likely have less maternal support, needing to go back to work earlier and thus stop breastfeeding. Overall, more educated women are likely to breastfeed for longer for many reasons, but one is likely that they have more maternity leave support than one who is working a lower paying job.

Part of this Capstone was assessing policy to see if women are receiving all of the support they need in order to meet the health standards set for them by their federal

governments and the WHO. Competencies three, four and five were complementary and intertwining, and gave me a better understanding of policies that help or hinder breastfeeding goals of a country. Scandinavian countries do an impeccable job providing the support women need to take time off of work. It has been shown that proximity is a major factor in breastfeeding, the closer the mother being to the child, the more likely she is to breastfeed. By these countries providing the financial support women need to stay at home longer with their child, they are directly affecting the duration of breastfeeding. The USA is not providing any support for women postpartum, and it is reflected in their low breastfeeding rates. Some women may receive maternity leave benefits from their employer. The government has put women of lower socioeconomic status and lower education in a situation where they have no choice but to return to work shortly after their child is born. This decreases the rates of breastfeeding, but frequency and duration, and can have some serious health repercussions such as lower immunological strength and stunted growth.

Overall, maternity leave can effect breastfeeding duration, however it does not seem to be the most important factor. Ensuring women are properly educated about the benefits of breastfeeding exclusively, providing training and lactation support in hospital and once they return to home, and educating the father as well are all strategies that could be used to increase exclusive breastfeeding in Canada. The maternity leave policies in Canada seem to be effective and provide women with financial support. Although Scandinavian policies are for longer duration or more finances, Canadian government and citizen ideology would make reaching similar compensation nearly impossible. Canada seems to be increasing

their breastfeeding rates with the maternity policies in place, and it should continue to increase over the next few years.

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