
Submission on Refreshing Tasmania's Population Strategy Consultation Paper

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Breastfeeding Coalition Tasmania welcomes the opportunity to provide input to Refreshing Tasmania's Population Strategy. It is pleasing to see that the Population Strategy recognises the special needs of families, particularly during the early years of raising children. We also support the plan to align the Population Strategy closely with Tasmania's Wellbeing Framework.

An investment in breastfeeding is one of the earliest and most impactful ways to support child health and wellbeing. Breastfeeding has many advantages for babies and mothers, and as a result, leads to a healthier and more productive society [1]. In Tasmania most women start breastfeeding however many stop before they had planned. There are many reasons why women stop including negative attitudes towards breastfeeding in public and challenges managing breastfeeding when transitioning back to work. It is important to address barriers to breastfeeding to support families to meet their goals. Creating breastfeeding-friendly environments and policies is a good investment in families and society.

Breastfeeding Coalition Tasmania Response to the Consultation Paper

Enable planning arrangements that improve liveability

1.1 In the next five to 30 years, what liveability related issues do you see impacting your sector; or the community you live in?

To improve liveability for those wishing to have children and young families consideration needs to be given to the built environment and access to health and community services.

Families need safe and comfortable spaces in their local community to care for their babies and young children. Good design in the places where breastfeeding is likely, such as parks, shopping centres and community buildings is an important way to support families [2].

Tasmanian Urban Designer, Jenny Donovan, collaborated with Deakin University to produce Design guidelines for breastfeeding-friendly places. Qualities of spaces that support breastfeeding are:

- Dignified, safe and physically comfortable
- Accessible
- Compatible with other needs and responsibilities (such as caring for children of different ages)
- Offering a high level of amenity [2].

Investment in good design supports all families and shows that our community welcomes and values breastfeeding.

Reduce unnecessary barriers to those wishing to have and raise children

2.1 To increase workforce participation, how can workplaces in Tasmania become more adaptable as the future of work changes?

Family-friendly policies are critical to support families to participate in the workforce and meet their parenting responsibilities. Strategies to support families include providing:

- Flexible paid parental leave policies
- Flexible working arrangements
- Breastfeeding-friendly workplaces (with suitable facilities, supported by policy and culture)
- Access to Early Childhood Education and Care
- Breastfeeding-friendly Early Childhood Education and Care [3]

Parents have varied and complex experiences managing the return to work after the birth of a child. Vignettes from UTAS researcher Dr Jennifer Ayton's work highlight the real challenges families face in managing work and family life [4]. Providing supportive policies and a family-friendly workplace is essential to help people participate in the workforce while raising children.

Vignette 1. Pete and the work family juggle

Pete works full time and has recently become a dad for the first time. He has taken a combination of sick leave, unpaid, paternal leave to try and be a support to his partner. 'I've just run out of leave now' he said – 'I'm just luck I have a great manager who is a dad as well'. He described how their baby had to stay longer in hospital after the birth. He took a few days paternity leave initially and juggled working after Elisa came home. His workplace was really supportive – 'as long as I get the job done, all is ok'.

In the early days when the baby was in hospital, he did not want to 'waste his leave' so would visit the baby during his lunch break and sometimes pick Elisa up and take her in and then go back to work. 'It's luck we live close' he said. When he was with the baby, he would send Elisa videos of the baby - saying how it was good for her to see the baby when expressing. When the baby came home, he would help 'as much as he could' - doing housework, cleaning expressing equipment, go shopping for food. In those first 6 weeks he described returning to work after sleepless nights - 'So I would come to work after being up most of the night, I just wasn't really concentrating because I'd be worry about Elisa and the baby. I'd go home and do it all again-I just need to have flexibility to manage my own time for those early months'. He felt that there were discriminatory attitudes towards dads- 'I think there's a sort of a bias that babies it's just all the mum, and dad -well -you go back to work.'

Vignette 2. Sam and the bar fridge.

Sam is a mother of 2 and works in a professional role in a health care environment and shares an office with three other mothers who are also expressing. She has returned to work after 8 months of a combination of paid and unpaid maternity leave. She really wanted longer – to breastfeed her at home - but the family -just needed the money at this point'. So she decided to express this time thinking that may help them breastfeed for 'a little longer'. The facilities were 'subpar -pretty awful at work. They are just not inviting or very helpful for positive breastfeeding experiences.

Sam offered some advice, 'you need somewhere to go... comfy couches, PowerPoint, flexibility, mini bar /fridge just somewhere to put your breastmilk in. She laughed at the inventive ways the three other women in her office hid their expressed breastmilk because 'you do feel funny for putting breastmilk in a general kitchen.' She described how a friend at work had once left a whole day's worth of expressed milk in her handbag and forgot about it- 'what a waste' she said. In the end they came up with their own solution...they were 'lucky' because they supported each other and went out and brought a \$200 bar fridge together for their small office. 'People get grossed out by breastmilk' she said, 'we just got sick of sneaking around with our milk, so we now keep it in our own fridge.

References

1. Rollins, N.C.M.D., et al., *Why invest, and what it will take to improve breastfeeding practices?* Lancet, The, 2016. **387**(10017): p. 491-504.
2. Donovan J, R.J., Amir L *Here's how to make our cities breastfeeding-friendly*. 2019. <https://theconversation.com/heJw-to-make-our-cities-breastfeeding-friendly-110176>
3. CHC, *Australian National Breastfeeding Strategy: 2019 and Beyond*, D.o. Health, Editor. 2019: Canberra.
4. Ayton J, K.G., Pearson S, Graham A, *Tasmanian Parent's Employment Transitions and the Impact on Infant Feeding*. 2020.

Breastfeeding Coalition Tasmania

Breastfeeding Coalition Tasmania brings together many groups interested in creating a more supportive environment for breastfeeding. We do this by advocating for better facilities, support, and protection for breastfeeding. Initially formed in 1996, the Coalition now extends across the state of Tasmania.

Member Organisations

Australian Breastfeeding Association, Tasmania Branch
Australian Medical Association, Tasmania
Australian Society of Independent Midwives
Baby Friendly Tasmania Reference Group
Calvary Health Care Tasmania
Child Health and Parenting Service, Department of Health
Diabetes Tasmania
Dietetic Department, Royal Hobart Hospital
Division of Women's and Children's Services, Launceston General Hospital
Families Tasmania
Hobart Private Hospital
Lactation Consultants of Australia and New Zealand
Lactation Consultants, Maternity Unit, Royal Hobart Hospital
National Association of Childbirth Educators Tasmanian State Branch
Oral Health Services Tasmania, Department of Health
Public Health Services, Department of Health
Tasmanian Aboriginal Centre
The Lactation Network
Uniting Church in Australia, Synod of Victoria and Tasmania
University of Tasmania