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VIEWPOINT

Missing out on precious time: Extending paid parental leave for parents of babies admitted to neonatal intensive or special care units for prolonged periods

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In Australia, approximately 18% of newborn babies are admitted to a neonatal intensive or special care nursery. While most babies admitted to a neonatal intensive or special care nursery are discharged home within a few weeks, around 6% of babies spend more than 2 weeks in hospital. For the parents of these babies, much of their leave entitlements (Australian Government Paid Parental Leave Scheme is up to18 weeks for the primary care giver and up to 2 weeks for partners) are used before their baby comes home from hospital. The time babies and parents spend together in the early developmental period, during the hospitalisation and when the baby is discharged home, is crucial for optimal child development and bonding. Yet care givers who have a baby admitted to neonatal intensive or special care for extended periods are not currently entitled to any extra parental leave payments in Australia. We recommend the Australian Paid Parental Leave Act is changed to allow primary carers access to 1 week of extra parental leave pay for every week in hospital (for babies admitted to hospital for more than 2 weeks), up to a maximum of 14 weeks. For fathers and partners of these babies, we recommend an additional 2 weeks of extra Dad and Partner Pay. The net cost, taking into account likely productivity benefits, would be less than 1.5% of the current cost of the scheme and would improve health and socio-economic outcomes for the baby, family and society.

In Australia, over 300 000 babies are born each year, with 18.2% of babies admitted to a neonatal intensive care unit (NICU) or special care nursery (SCN) after birth.[1] While most babies born at term (≥37 weeks' gestation) are healthy, a small proportion (12.3%) are admitted to a NICU or SCN for a variety of reasons, including respiratory distress, sepsis, jaundice, surgical conditions or management of specific conditions related to birth, such as hypoxic-ischaemic encephalopathy.[2] Of babies born preterm (<37 weeks' gestation), who account for 8.2% of live births in Australia, most (79.8%) will be admitted to NICU or SCN.[2] Although many babies admitted to NICU or SCN are discharged home from hospital within the first few weeks after birth, approximately 6% remain in hospital for two or more weeks.[1] Babies born very preterm (<32 weeks' gestation), extremely preterm (<28 weeks' gestation), or with complex medical or surgical conditions, may spend many weeks or months in hospital, with parents using a large proportion of annual, personal or parental leave while their baby is in hospital. In such situations, parents may feel financial pressure to return to work when their babies are still very young or even when their baby is in hospital so they can then use their leave when the baby is discharged. Furthermore, throughout hospitalisation and early parenthood, parents of preterm babies are at increased risk of anxiety, depression, post-traumatic stress and attachment difficulties.[3–6] These emotional and psychological impacts are fuelled by factors such as parents' separation from, and ongoing health concerns for, their babies, as well as financial stress.[3,4] After babies come home from hospital, parental financial and emotional stress may be exacerbated by their baby's likelihood of increased medical needs and increased risk of hospital readmission in the first year of life.[7,8] Furthermore, many parents are advised not to enrol their child in childcare due to concerns with infection, interfering with planned return to work.[8]

Current Australian Paid Parental Leave Policy

The Australian Government Paid Parental Leave (PPL) scheme commenced in January 2011, enabling an eligible primary carer to take up to 18 weeks of Australian government-funded parental leave pay (PLP) for newborn or adopted children at the national minimum wage (as at 2 July 2021 AUD $772.60 per 38 h week before tax).[9,10] Under the Act, there is also a Dad and Partner Pay (DaPP) that enables working dads or partners to

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receive 2 weeks of pay at the same rate as PLP.[11] To be eligible for either scheme, parents need to meet the requirements of Australian residency, a work test and income test (less than $AUD 150 000).[12] In Australia, there is also an unpaid scheme, in which each parent can access 12 months of unpaid leave under the Fair Work Act 2009 (Cth).[12] Australian working parents may also be eligible for funded parental leave via privately funded workplace schemes, which are not a statutory requirement, which is provided in addition to the Australian Government PPL scheme.[13] The current Australian PPL scheme can be started on or after a baby's date of birth, with some provisions for special unpaid maternity leave for women with pregnancy-related illness within the unpaid scheme.[14] Under the current Australian PPL and DaPP policies, there are no additional entitlements for parents of babies requiring extended neonatal intensive or special care from birth.

Recently, greater flexibility has been introduced into the PPL scheme, by allowing a portion of days to be used flexibly over a 2-year period, rather than consecutively used within the first year as previously required. The Australian government recently passed a new bill to amend the unpaid scheme (Fair Work Act 2009) to better support the needs of parents of sick or premature babies.[15] The new bill enables parents of sick or premature babies are able to put unpaid parental leave on hold if agreed by the employee and employer, which would enable them to return to work while their baby is in hospital and subsequently resume their leave once discharged home. Furthermore, they can use 30 days of unpaid leave flexibly over 2 years. This new bill is remarkably inadequate, failing to address the fundamental need to increase financial support to families within the paid scheme. Even more concerning, the proposed policy change encourages parents to spend time away from their baby, counterintuitive to promoting optimal child development and parent–child relationships in the early neonatal period. We strongly urge the Government to revisit the bill and consider the evidenced-based recommendations presented by this viewpoint.

Why Extend PPL for Parents of Babies Admitted to NICU or SCN?

Parents whose baby is admitted to NICU or SCN for an extended period are not currently entitled to any extra PLP or DaPP under the Australian PPL Act of 2010.[9] This is of concern as these parents are at increased risk of mental health challenges; mothers and fathers of babies born very preterm report 10- and 11-fold increases, respectively, in rates of depression shortly after birth compared with mothers and fathers of babies born healthy at term, and mothers report spending less time with babies while in hospital.[3,4] The time parents and babies spend together in the early developmental period is crucial for promoting optimal child development and parent–child relationships. Extending PPL and DaPP for parents of babies requiring admission to NICU or SCN for prolonged periods may therefore facilitate better health and socio-economic outcomes, and promote better post-natal care in babies at-risk of hospital readmission.[16] By providing additional government financial support, parents may have a better capacity to spend time with their baby while hospitalised,[17,18] engage in caring and medical training for their baby's future needs, and experience lower levels of financial stress.[19] Importantly, neurodevelopmental treatment approaches increasingly focus on parental engagement in neonatal care and have shown clear health benefits, including reduced length of hospital stay.[20] However, inadequate provision of government PLP and DaPP may impede the use of evidence-based health-care approaches due to the time, availability and mental capacity of parents to engage in such therapies. Both mothers and fathers of preterm babies are at risk of poorer mental health and well-being in comparison to those of healthy term babies.[3,4] However, working fathers who access DaPP only receive 2 weeks of paid leave, which limits the time spent in hospital with their babies over an extended stay. By extending both DaPP and PLP, parents can be financially supported to spend the necessary time with their babies to optimise both their own and their baby's health outcomes. Globally, PPL policies are designed to enhance child development, encourage female work force participation, promote gender equality, and encourage better work and family life balance.[21,22] We come together as consumers, advocate groups, health professionals, (neonatologists, paediatricians, obstetricians, nurses and allied health) academic researchers, health economists and epidemiologists, to call on the Australian Government to reform PLP and DaPP policy to support this vulnerable population of parents and babies.

Consumer Perspectives

Parents of babies admitted to NICU or SCN have identified a need for the Australian Government to provide additional financial support during this challenging period. The Miracle Babies Foundation recently surveyed 349 Australian parents of babies born preterm or sick requiring neonatal care.[23] Overwhelmingly, 99% of respondents supported extending PPL, with 83% reporting financial impacts from hospitalisation, and a further 41% nominating that 8 weeks or more of additional PPL would have been helpful in their situation.[23] The challenges faced by parents were further highlighted by a recent Delphi study conducted by some members of the current authorship team and the NHMRC (National Health and Medical Research Council) Centre of Research Excellence in Newborn Medicine, which included 393 parents and adult survivors who were born preterm.[24] Table 1 provides illustrative quotations from parents. This study identified specific costs incurred during hospitalisation which exacerbated financial stress, including accommodation, parking, travel and purchasing food. For families, financial impacts persisted even after returning home from hospital due to the costs of attending hospital appointments, medications, accessing therapy and loss of earnings due to restricted work capacity for a prolonged period. Consumers have clearly highlighted the financial and emotional burden associated with their babies' time in neonatal intensive or special care, and the need for additional financial support to mitigate the cascade of negative effects.

Parental Leave Policies around the World

Parental leave policies vary widely across Organization for Economic Cooperation and Development (OECD) countries, with policies for maternity (available only to mothers), paternity (available only to fathers/partners) or parental leave (available equally to both parents).[14,25] Some countries also offer a

Table 1 Financial and emotional challenges faced by parents of babies requiring admission to a neonatal intensive care unit or special care nursery; supporting quotations from the Delphi study[24]

I finished work at 22 weeks and my husband did restricted work after our daughter was born for 12 weeks to support us. [mother]
Government assistance in terms of a 'premature birth special maternity leave' payment would have helped here. [mother]
Maternity leave is only accessible for 3 months or so, so my maternity leave would have been absorbed during most of my babies stay at hospital leaving me nothing when we finally got home. This is very stressful. My husband used up a lot of his leave to have time with us in hospital which meant he didn't get much time to be at home with us when we were finally discharged. [mother]
Being told by my employer that my maternity leave would commence immediately after my baby was born via emergency c-section at 28 weeks. As if this time in my life wasn't stressful enough, they dismissed the fact I was unwell & had just had surgery, they dismissed my medical certificate & commenced my maternity leave instead. I could neither care for my baby at this time, or return to work. There needs to be better support & understanding in these situations. These employment laws need to change to better support already unstable NICU Mums. [mother]

subsequent period of leave (child or home care leave) once these entitlements have finished.[14] Across OECD countries, the duration of parental leave varies from nothing (e.g. the USA, although federal workers will have access to 12 weeks of PPL from October 2020 and some states provide paid leave), to policies allowing up to 36 months of well-paid entitlements. Importantly, across OECD countries, increases in PPL are associated with better child health outcomes, with unpaid leave not granting the same benefits.[22] Overall, the current Australian PPL scheme offers 18 weeks of paid maternity or parental leave, which is markedly less than the OECD average of 53.2 weeks.[25] Furthermore, Australia's PPL scheme offers payment set at the national minimum wage, providing only 7.7 weeks of paid maternal or parental leave at the equivalent level of average earnings, with only two of 36 other OECD countries (Ireland and the USA) offering lower provisions.[25] Likewise, Australia's paternity leave of 2 weeks is well below the OECD average of 8.5 weeks.[21] A comparison of PPL across OECD countries is provided in Table S1 (Supporting Information). Australia's PPL scheme provides less financial support with payment set at the national minimum wage, making it one of the lowest provisions of PPL of OECD countries.[25]

Current Australian PPL policy is already sub-optimal compared to other OECD countries, making it totally inadequate for parents of babies requiring extended periods in NICU or SCN. In comparison, the New Zealand Government offers 26 weeks of paid primary carer leave from June 2020,[26] with a Preterm Baby Payment (introduced in 2017) allowing parents of babies born before the end of 36 weeks' gestation to access additional leave payments of up to a maximum of 13 weeks depending on gestational age at birth.[27] Although this policy accommodates preterm babies, it does not extend to hospitalised term babies (e.g. with complex surgical conditions), which we believe is a shortcoming in this policy. In Canada, in addition to 15–18 weeks of paid maternity benefit, a Parents of Critically Ill Children benefit is available for babies born preterm or sick with a life-threatening illness or injury who require ongoing parental care or support, allowing up to 35 weeks of additional benefits.[14] Evaluation of the Parents of Critically Ill Children Benefit found that parents experienced less financial stress, and had greater success at returning to the workforce.[19] There have been recent advancements with the introduction of the Australian Government's Stillborn Baby Payment of $3639 for each stillborn baby but similar policies for preterm and sick babies are not available.[28]

Recommendations

We propose that parents whose babies require a prolonged hospital stay, which we have defined pragmatically as a minimum of 14 days, in NICU and/or SCN after birth, have access to extended PLP and DaPP. We propose that primary carers have 1 week of extra PLP for every week in hospital (>2 weeks), up to a maximum of 14 weeks of extra PLP. We further propose that fathers and partners of these babies are eligible for an additional 2 weeks of paid DaPP leave, to be taken at any time over the first 24 months, to assist in managing the ongoing medical and health needs of the baby and to support their partner.

Impact of Our Proposed Changes to Paid Parental Leave

Our proposed changes to PPL for primary carers are estimated to cost the federal government $28.7 million per year (Table 2). On average, eligible mothers of a preterm or sick baby would receive an additional $3285 paid leave in total under the proposed PPL scheme (an amount similar to the Stillborn Baby Payment). In addition, the proposed additional 2 weeks of DaPP leave is estimated to cost the government $8.1 million per year (Table 2). The total of both schemes will be less than $36.9 million per year. The model assumes all preterm infants born <36 weeks' GA will be in hospital until 37 weeks' GA and the primary carer would get additional PPL for all of this time, that is if a baby was born at 23 weeks' gestation the primary carer would get 14 weeks additional PLP and the partner an additional 2 weeks DaPP if eligible. All estimates are conservative and represent overestimates based on the most recent official statistics, and have included a small proportion of babies who are born preterm but who do not survive after birth, and are thus ineligible. Therefore, the net cost would be approximately 1.5% of the 2020–2021 projected cost of the total PPL scheme of $2 398 479 000.[32]

Productivity Impact

The short-term cost of the proposed extension to PPL is likely to be offset by medium to long-term productivity gains. Estimates from the USA suggest that lost household and labour market productivity costs associated with health conditions of preterm babies were $11 200 per preterm infant (2005 US$).[33] Furthermore, parenting an unwell child reduces a mother's probability of working by 8%, and her hours of work by three per week when

Table 2 Federal budget estimates (2021 Australian $) for proposed extended paid parental leave

Extended paid parental leave for primary carers					
Gestational age, weeks	Additional leave, weeks	Additional PPL, $	Total births, %	Number of babies†, *n*	Total amount, $
Extended leave for primary carer for preterm births: Source 1: AIHW†					
23	14	10 816.4	0.05	148	1 600 827
24	13	10 043.8	0.06	171	1 717 490
25	12	9271.2	0.07	200	1 854 240
26	11	8498.6	0.08	256	2 175 642
27	10	7726	0.09	285	2 201 910
28	9	6953.4	0.12	362	2 517 131
29	8	6180.8	0.13	406	2 509 405
30	7	5408.2	0.18	560	3 028 592
31	6	4635.6	0.26	785	3 638 946
32	5	3863	0.37	1128	4 357 464
33	4	3090.4	0.57	1717	5 306 217
34	3	2317.8	1.01	3063	7 099 421
35	2	1545.2	1.62	4928	7 614 746
Total for preterm				14 009	45 622 030
Extended leave for primary carers for sick babies: Source: AIHW[29] RCH[30]					
36–44	2	1545.2	0.58	1746	2 697 919
36–44	4	3090.4	0.41	1257	3 884 633
36–44	14	10 816.4	0.16	489	5 289 220
Total for sick babies				3492	11 871 772
Total for preterm and sick babies			5.8	17 501	57 493 802
Extended leave for primary carer (50% of mother uptake expected)‡					28 746 901
Extended leave for fathers/partners					
Flat rate	2	1545.2	5.8	17 501	27 042 545
Budget estimate for fathers/partners (30% of father uptake expected)§					8 112 764
Total budget for extended PPL					36 859 664

The 2017 Australian births from the Australian Bureau of Statistics (ABS) were used (303 478 newborns in total, AIHW).[29]

† The population of preterm birth was taken from these data (8.2% of all live births; 4.6% born 23–35 weeks' gestational age (GA). Babies born 20–22 GA do not survive and are excluded. Most babies born ≥36 weeks stay >2 weeks in hospital and therefore are likely to be included as sick babies, and have not been included in the preterm rows of the table. For infants who require neonatal intensive and special care unit born 36–44 weeks, two data sources,[29,30] Royal Children's Hospital Department of Neonatal Medicine[30] and the ABS[29] were used to predict the population percentage and length of stay. According to the ABS, 2.3% of infants stay at least 2 weeks in the hospital where they were born, and 3.5% are transferred to another hospital, thus a total of 5.8% of live births. Accounting for 4.4% of births beings 22–35 GA, the remaining 1.4% of births (total 5.8%) who require extended neonatal intensive and special care are assumed to be born 36–44 weeks GA. Data from the Royal Children's Hospital neonatal intensive care unit report the mean length of stay is 16 days, with a median of 6 days and interquartile range of 3–17 days; 9% of patients stayed 3–5 weeks; 10% of patients stayed >6 weeks.

‡ The percentage of mothers who are most likely to claim the PPL was assumed to be 50%, which is an overestimate based on the 2013–2014 Annual Report of the Department of Social Services where 46.7% of all mothers were paid under the PPL scheme in 2013–2014.[31] According to the same report, 36% of all mothers in 2013–2014 claimed baby bonus as it suits the family best.

§ The percentage of fathers/partners who are most likely to claim the PPL was assumed to be 30%, which is an overestimate based on the 2013–2014 Annual Report of the Department of Social Services where approximately 26% claimed PPL.[31]

PPL, paid parental leave.

she is employed, which translates into a significant economic and social impact.[34] According to the Australian Productivity Commission report in 2009, additional support for mothers could achieve a range of commonly agreed objectives, including increasing retention rates for business while minimising the costs of losing workforce, such as recruitment and time spent training new employees.[35] This is particularly relevant at the current time, as maintaining and promoting workforce participation has been highlighted by the Australian Government in their Economic Recovery Plan.[36] Increasing the duration and benefit level provided to women through paid leave policies has been shown to increase rates of women's labour force participation in the medium and long term.[22] The positive productivity impact of our proposed PPL extension on mothers alone would be almost half of the budget impact estimated above (i.e. $28.7 million for mothers) if 3% more mothers in the PPL scheme return to full-time work, or if 30% of the mothers in the PPL scheme have work hours increased by 4 per week in a single year (Table S2, Supporting Information).[37,38]

Long Term Impact

Additional PLP has been found to have positive effects on parental health, including improved maternal physical and mental health, associated with reduced stress from receiving a secure and predictable income.[39,40] These health benefits are likely to enhance longer-term productivity. Furthermore, our proposed extension to PLP has implications for promoting child as well as parental health; children recover from illness and injury faster when their parents are able to provide care.[21] Longer periods of leave are associated with reduced rates of infant mortality across all income levels, likely due to increased rates of breastfeeding and timely immunisations.[21]

Conclusion

Approximately, 6% of all Australian babies are admitted to NICU or SCN after birth for an extended period of over 2 weeks, causing both emotional and financial stress for parents, with implications for long-term health and economic outcomes for families and the community. Neither the Government's changes to the PPL Act nor the unpaid parental leave provision of the Fair Work Act, 2009 (Cth) addressed the need to provide better support to emotionally and financially stressed families. Appropriate parental leave policies encourage work and family life balance, promote gender equality through female work force participation, and have the potential to improve child and parent outcomes. We encourage the Australian Government to extend PLP provisions for parents of babies who are admitted to NICU and SCN for extended periods.

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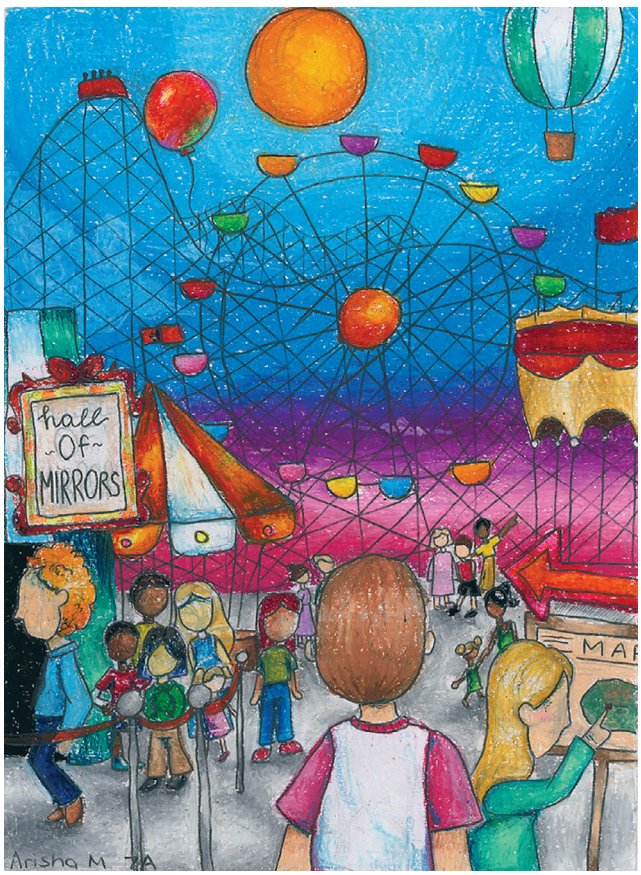
Supporting Information

Additional Supporting Information may be found in the online version of this article at the publisher's web-site:

Table S1. Comparative paid parental leave entitlements across OECD countries: total paid leave and full-rate equivalent leave.
Table S2. Estimated productivity impacts for 17 501 women, assuming 50% of the mothers are likely to be eligible for the PPL scheme.



Hall of mirrors by Arisha Maswar (age 12) from Operation Art 2021