

IRISH NEONATAL HEALTH ALLIANCE

REVIEW OF MATERNITY LEAVE FOR MOTHERS OF INFANTS WHO ARE ADMITTED TO THE NEONATAL INTENSIVE CARE UNIT AFTER BIRTH



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DATE: FEBRUARY 2017

PETITION: <https://www.change.org/p/leo-varadkar-minister-for-social-protection-ireland-extend-maternity-leave-for-mothers-of-premature-babies-in-ireland-> 12,804 on Apr 1st 2017

EXISTING SITUATION

Currently in Ireland 26 weeks paid maternity leave is provided. There is the option of taking an additional 16 weeks unpaid leave. The first 2 weeks of the paid leave must be taken before the birth of the baby and at least 4 weeks must be taken after the birth. (see appendices for global maternity leave info-graphic).

A miscarriage or stillbirth after week 24 of pregnancy entitles the Mother to full maternity leave. Fathers are entitled to full maternity leave if the mother dies within 40 weeks of the birth.

There is the option for maternity leave to be postponed for up to six months (at the discretion of the employer). 14 weeks of maternity leave must have been taken before leave can be postponed (or which 4 must have been taken after the birth).

COUNTRIES OFFERING SPECIAL LEAVE FOR PRETERM BIRTHS

Extracted from the “12th International Review of International Leave Policies and Related Research 2016”

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Country	Detail
Austria	Instead of taking 8 weeks after the birth 12-16 weeks are permitted
Belgium	Maternity leave can be extended if the baby is hospitalised
Brazil	15 extra days maternity leave granted
Canada	Maternity leave extended by 6 weeks
Croatia	Maternity leave is extended
Czech Rep	9 weeks extra maternity leave regardless of whether preterm or full term (multiples only)
Finland	For pregnancy > 154 days additional 105 days special leave is granted
France *	Regardless when maternity leave is taken by the mother she is allowed 12 weeks leave post delivery
Germany *	Regardless when maternity leave is taken by the mother she is allowed 12 weeks leave post delivery
Israel	Maternity leave extended by 20 weeks
Italy	Maternity leave extended by 12 weeks
Korea	120 extra days maternity leave regardless whether preterm or full term (multiples only)
Luxembourg	Regardless when maternity leave is taken by the mother she is allowed 12 weeks leave post delivery

Malta **	Extra 5 weeks paid leave (deducted from annual sick leave allowance granted). Any additional time off is unpaid sick leave
Mexico	Regardless when maternity leave is taken by the mother she is allowed 8 weeks leave post delivery
Netherlands	Maternity leave extended by 10 weeks
New Zealand	13 weeks Preterm Payment provided to families
Poland	Maternity leave extended by 11 weeks for twins, 13 weeks for triplets (multiples only)
Russia	Only extended for multiple birth
Slovakia	Only extended for multiple birth
Spain	Maternity leave extended by 13 weeks
Sweden	Maternity leave commences at point of discharge
Uruguay	Maternity leave extended by 5 weeks

* Maternity leave must commence a designated time prior to the birth

** Extended maternity leave is deducted from the annual sick leave allowance : special leave for births which require NICU admission does not exist as a stand alone leave.

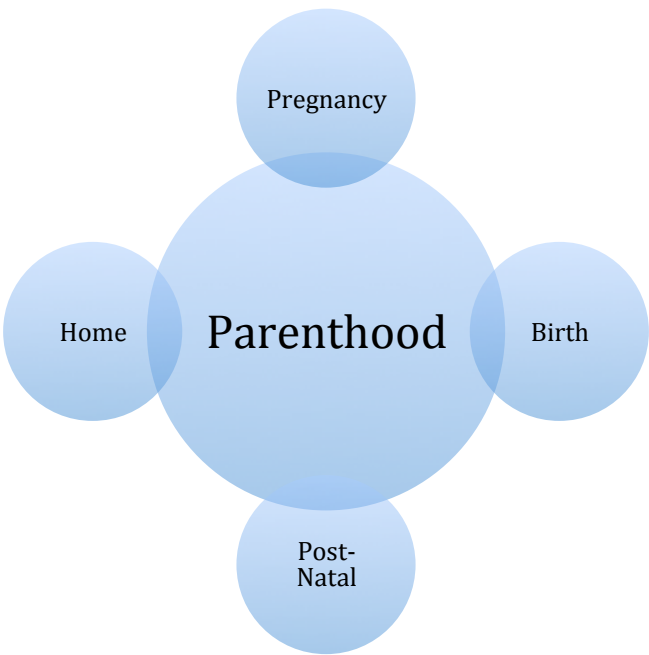
NICU ADMISSIONS IN IRELAND IN 2013

Hospital	Admissions	Hospital	Admissions
Holles St	1508	Tralee	344
Rotunda	1323	Wexford	340
Cork	1208	Ballinasloe	340
Coombe	1095	Sligo	335
Drogheda	500	Clonmel	305
Waterford	450	Castlebar	276
Limerick	400	Portlaoise	270
Letterkenny	384	Kilkenny	250
Cavan	377	Mullingar	250
Galway	350		

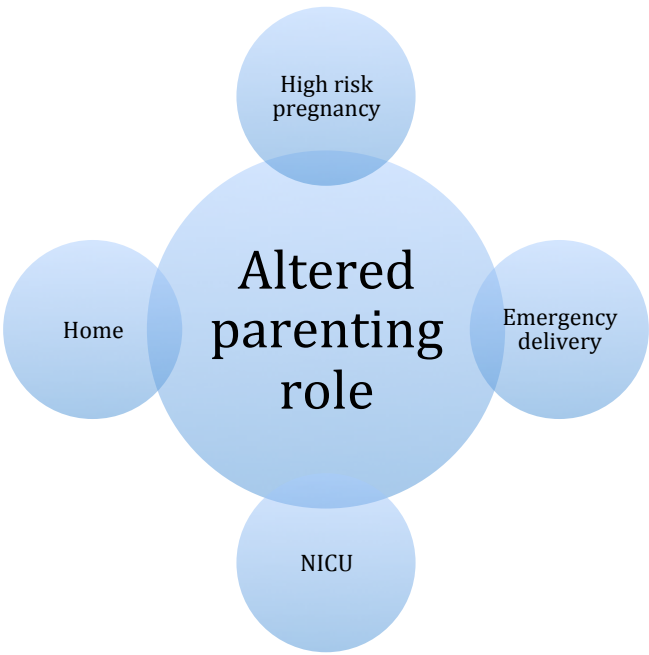
NICU ADMISSIONS BY GESTATION 2014

HOSPITAL	< 26 weeks	26-29+6	30-33+6	34-36+6
Rotunda	29	52	120	431
NMH	30	56	143	392
Coombe	15	57	117	385

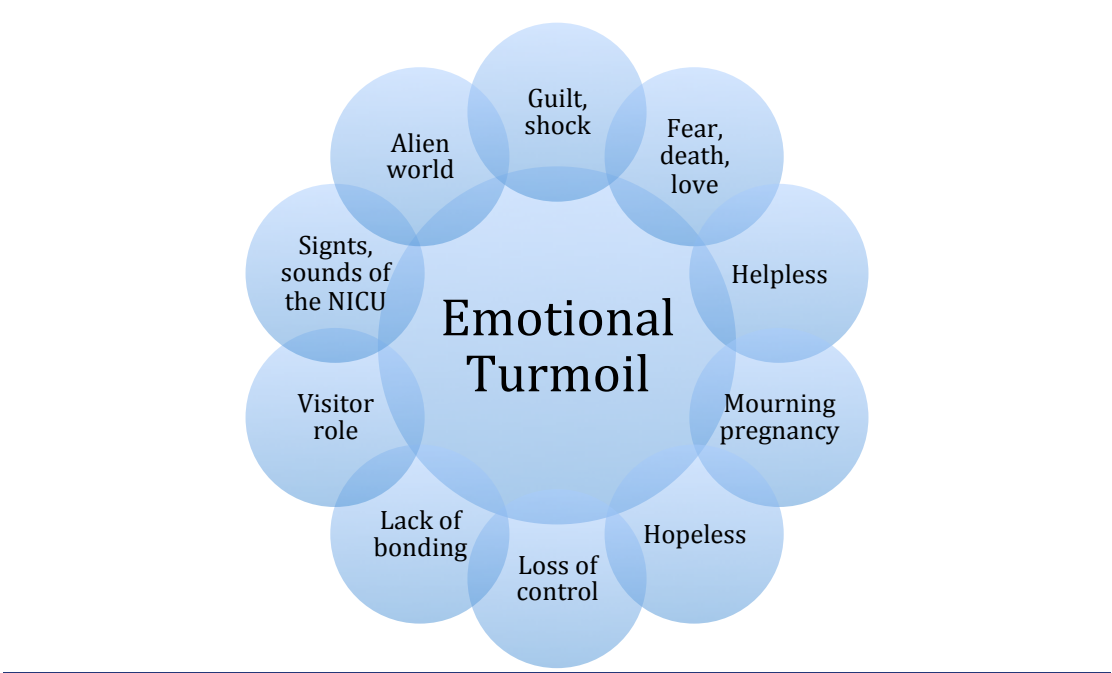
EXPECTED PREGNANCY JOURNEY



PRETERM JOURNEY



EMOTIONAL IMPACT OF PRETERM BIRTH



PHASES OF PARENT EXPERIENCE WITH PRETERM INFANTS IN THE NICU



“PARENTING” IN THE NICU IS NOT MATERNITY LEAVE ***

You leave the hospital empty handed: as you leave the hospital alongside many Mums & Dads with their beautiful bundles (and balloons), you go home with a heavy heart, to an empty Moses basket and an uncertain future.

You are not your baby’s primary care giver: you have to let the medical team take over while you as the parent have to play a somewhat secondary role in the care of your baby for weeks and months (13).

Feeding through the night: waking every 3 hours through the night not to a beautiful baby but instead to an alarm and a breast pump to express milk for a baby that is many miles away.

Visiting your baby by appointment: you have to get up, dressed, leave the house and drive to the hospital, find parking, pay for parking for the next 10 hours, eat in cafes everyday and you are only allowed to visit your baby in accordance with the NICU visitation hours. If you yourself get sick you can’t see your baby at all. (3), (17), (18).

Cuddles with permission: you have to hope your baby is well enough for a cuddle and then when you get that special moment it might only last 15 minutes.

No visitors: for the first many months of your baby’s life, you and your partner will be the only people to see your baby (36-38).

The virtual baby: for siblings and extended family your baby exists virtually through photos and videos (36-38).

The guilt: you are constantly torn between your baby in the hospital and your baby/babies at home. You dream of seeing your children at the same time, on the same day.

The journal: instead of a daily log of your babies feeds and nappies you find yourself taking note of things like intubations, extubations and blood transfusions.

The Fear: NICU is a scary world of the unknown and each day you live in fear of what might happen next.

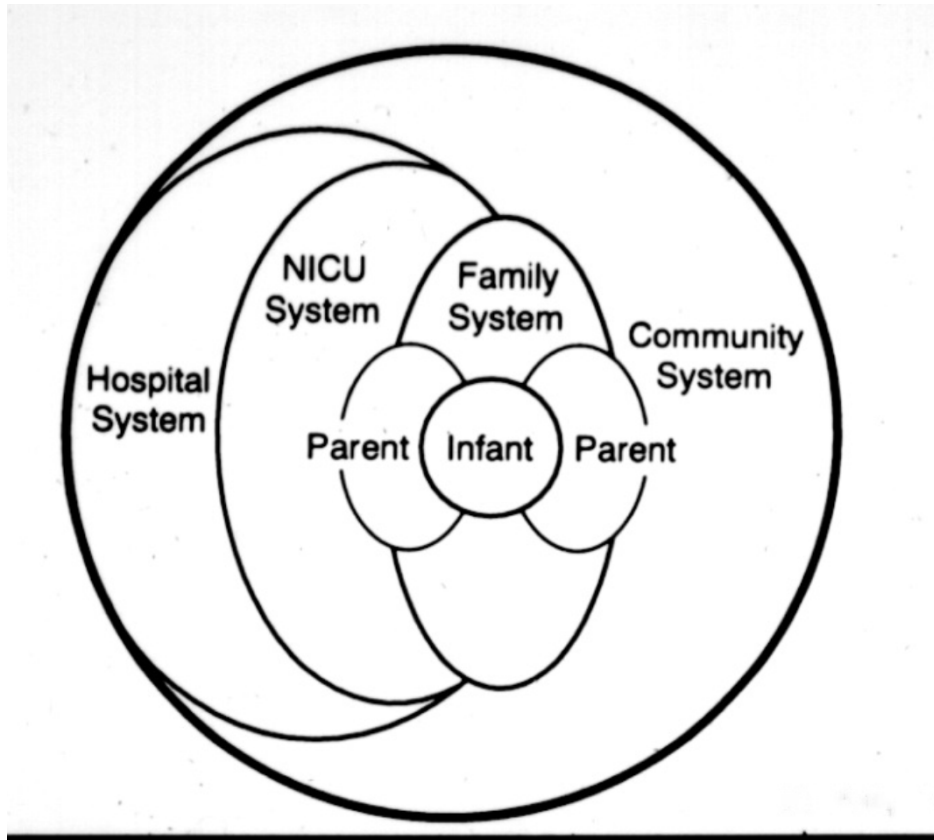
BUILDING FOUNDATIONS IN THE NICU FOR DISCHARGE HOME

In Ireland the average length of time that an infant spends in the NICU is between 60 and 70 days. Although the medical staff aim to involve parents in the care of their infants through developmental supportive care such as skin-to-skin contact (SSC) and Family Centred Care (FCC), it is generally accepted that much of the care required in the NICUs is highly complex and should therefore be administered by experienced professionals. This approach makes the parents feel like passive spectators regarding the care of their infants. This non-participative parental role in the care giving process tends to make the parents feel insecure, more stressed, anxious and less competent about taking the child home upon discharge from the hospital.

In recent years there has been a positive shift in Irish NICUs towards recognizing the family as an integral component of high quality NICU care and procedural changes to implement Family Centred Care have been rolled out in all Irish NICUs. Cork University Maternity Hospital are taking this one step further by developing a family education program (with the Irish Neonatal Health Alliance as Patient Collaborators) to support and empower families to be the primary caregivers for their infant: a program which improves both infant and parent outcomes through greater parent–infant interaction, greater parental confidence, and reduced parental stress. A French study has shown that parents are willing to practice new skills through guided participation, even for more complex care (42).



SYNACTIVE MODEL OF FAMILY FOCUSED NICU CARE



FAMILY CENTRED CARE (35)

- “The professional support of the child and family, through a process of involvement, participation and partnership, underpinned by empowerment and negotiation.”
 - *Smith et Al. 2002*

The existing Irish option of postponing maternity leave whilst the infant is in the NICU and providing the option to the mother to “resume” her maternity leave once the infant is discharged home is detrimental to the infants development and parental well-being, as proven by numerous scientific papers in which parental presence (including opportunities for both parents to Skin-To-Skin care their infant) in the NICU from birth has been demonstrated to be optimum approach to care (***refer to bibliography of scientific evidence for Skin-To-Skin Care***).

BENEFITS OF FAMILY CENTRED CARE

Positive effects on infant neuro-behavioural development (20, (24), (25).	Decreased incidence of nosocomial infection (44)
Reduced risk of moderate to severe chronic lung disease (38)	Reduced pain response by 30% (44)
Decrease incidence of Stage 3 or higher retinopathy of prematurity (44)	Better quality of movement (45)
Improved quality of sleep and weight gain(44)	Decreased maternal stress scores (44)
Increased incidence of breastfeeding at the time of discharge (44)	Less arousal, excitability and stress (47)
Shortened need for incubator and warmer bed (46)	Decreased anxiety and depression (15), (19).
Decreased length of stay in the NICU (38), (39).	Improved confidence in parental care-giving skills (11),(19), (21), (26), (40-41)
Decreased re-hospitalisation (43)	Development of early interaction (5), (7), (15)
Improved parent neonate attachment (15), (23)	Improved parent satisfaction (48)

REASONS FOR REQUESTING A REVIEW OF MATERNITY LEAVE

PRETERM INFANTS

:remain vulnerable beyond the NICU (1), (3). Due to an immature immune system they are at increased risk of infection especially from the potentially fatal respiratory condition RSV. Respiratory Syncytial Virus.
:are at increased risk of developmental (1)(2), cognitive and neuromotor delays requiring multi-disciplinary therapist intervention from birth .
:are at increased risk of feeding difficulties (50)
:are at increased risk of re-hospitalisation.
:must attend numerous medical appointments post discharge and may require follow up for many years.
:cannot avail of normal childcare options.
:can require a more hands on parenting approach.

MOTHERS OF PRETERM INFANTS.....

:Experience increased rates of post natal depression (49) (refer to bibliography).
:Experience increased rates of post traumatic stress disorder (49) (refer to bibliography).
:Are expected to transition from a high risk pregnancy, emergency delivery and the possibility of their infant not surviving to learning how to parent their preterm infant with no time to recover emotionally from the trauma (27-30).
:Spend their time monitoring and protecting their premature babies instead of simply enjoying their baby.
:Must overcome the trauma of being separated from their infant at birth and navigate the fractured parent/infant bonding process. (4), (5), (6), (13-16). Mothers rely upon the support of the NICU team to help them establish bonding with their infant (31-34). Early separation can lead to reduced feelings of maternal attachment (8) and has long lasting effects on emotional programming, neurodevelopmental outcomes and parental health. (5), (9-12)

MATERNITY LEAVE REVIEW OPTIONS

Maternity leave commences upon discharge from the NICU with the time in the NICU being covered by paid “special leave”.

Maternity leave commences upon discharge from the NICU with the time in the NICU being covered by paid “special leave” for a maximum of 17 weeks.

Maternity leave commences upon discharge from the NICU with the time in the NICU being covered by a paid sliding scale “special leave” depending upon the gestation of the baby...ie longer special leave granted for the earlier gestations i.e 25 weeker entitled to 15 weeks special leave unless discharged earlier from the NICU.

Maternity leave commences upon discharge from the NICU with the time in the NICU being covered by unpaid “special leave” with no restriction on the length of the special leave.

If the infant is transferred to a paediatric hospital for treatment or investigations but for medical reasons does not return to the NICU, the paid “special leave” ceases upon the original due date of the infant and maternity leave commences.

STAKEHOLDER ENGAGEMENT

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APPENDICES

GLOBAL MATERNITY LEAVE SITUATION

Country	Summary of Leave		Maximum Length of Post-Natal leave (months)			Flexibility
			Total	Paid	Well Paid	
Austria	...	OB	1.9	1.9	1.9	1
Australia 1	■					
Belgium	...	OB	3.3	3.3	3.3*	1
Brazil 2	...		4 or 6	4 or 6	4 or 6	None
Canada 3	..		3.5-4.2	3.5	x 3	None
Quebec	...		4.2	4.2	4.2*	2
Croatia	... TR	OB	6	6	6	3;4
Czech Rep	... TR	OB	5.1	5.1	5.1*	1;3
Denmark	...	OB	3.3	3.3	3.3*	None
Estonia	...	OB	3.7	3.7	3.7	None
Finland 4	...	OB	2.9	2.9	2.9 4	None
France	...	OB	3.3	3.3	3.3*	1
Germany	...	OB	1.9	1.9	1.9	1
Greece						
Private Sector	..	OB	8.1	8.1	2.1	None
Public Sector	...	OB	3	3	3	1
Hungary 5	...	OB	5.6	5.6	5.6	None
Iceland 6	■	OB				
Ireland	..		9.3	6	x	None
Israel	... TR	OB	6	3.3	3.3*	1;3
Italy	...	OB	3.7	3.7	3.7	1
Japan	...	OB	1.9	1.9	1.9	1
Korea	...		3	3	3 * 30 days	1
Lithuania	...		1.9	1.9	1.9*	1
Luxembourg	...	OB	1.9	1.9	1.9*	1
Malta	...	OB	4.2	4.2	3.3	None
Mexico	...	OB	1.4	1.4	1.4	1
Netherlands	...	OB	2.8	2.8	2.8*	None
New Zealand 7	■					
Norway 8	■	OB				
Poland 9	... TR	OB	4.6	4.6	4.6	1;3;4
Portugal 10	■					
Romania	...	OB	2.1	2.1	2.1	1
Russian Fed.	...		2.3	2.3	2.3*	1
Slovakia	..	OB	6-6.5	6-6.5	x	1
Slovenia	...	OB	2.6	2.6	2.6*	1
South Africa	..		4	4	x	None
Spain	... TR	OB	3.7	3.7	3.7*	1;3;4
Sweden 11	■	OB				
Switzerland	...	OB	3.7	3.7	3.3*	None
United Kingdom	.. TR	OB	12	9	1.4	3

USA ¹²	X				
Uruguay					
Private Sector	...	3.3	3.3	3.3	1
Public Sector	... OB	3	3	3	1

1 Australia: The law only refers to 'Parental leave'.

2 Brazil: 6 months for some public and private sector employers; 4 months for others.

3 Canada: Low-income families can qualify for a higher benefit rate, up to 80 per cent of average insured earnings.

4 Finland: The proportion of earnings paid is reduced beyond a specified level.

5 Hungary: In addition to 24 weeks of Maternity leave, the period of high paid Parental leave (GYED) until 12 months after the birth can only be taken by the mother.

6 Iceland: The law does not distinguish separate Maternity, Paternity and Parental leaves, referring only to 'birth leave', part of which is for mothers, part for fathers, and part for parents to divide as they choose. 3 months of 'birth leave' is reserved for women to take after birth, of which 2 weeks is obligatory.

7 New Zealand: The law does not refer to Maternity leave, only 'paid Parental leave', which mothers can transfer to their partners. This leave is included under Parental leave, along with 'extended leave', which can be taken after 'paid Parental leave'.

8 Norway: The law does not distinguish separate Maternity and Parental leaves, referring only to 'birth leave', part of which is for mothers, part for fathers, and part for parents to divide as they choose. 6 weeks of Parental leave is reserved for women to take after birth, and this is obligatory. This leave is included under Parental leave.

9 Poland: Women have the option to take the first 6 weeks paid at 100 per cent and the remaining 26 weeks paid at 60 per cent. The rest of the leave, after the first 14 weeks that are obligatory, is transferable to the father. Although the second 26 week period in the lower paid option is referred to as 'Parental leave', it is included under Maternity leave since it is an entitlement for the mother, who may choose to transfer some or all of it to the father.

10 Portugal: The law does not refer to Maternity leave, only to 'Initial Parental leave', part of which is reserved for mothers (6 weeks for women to take after birth) with the remainder for parents to divide as they choose. This leave is included under Parental leave.

11 Sweden: it is obligatory for women to take 2 weeks leave either before or after birth; to receive benefit, they must draw on their Parental leave entitlement.

12 USA: there is no separate Maternity leave, but parents may take up to 12 weeks unpaid leave for childbirth or for the care of a child up to 12 months as part of the federal Family and Medical Leave Act; employers with less than 50 employees are exempt. Five states and Puerto Rico provide some benefit payments to parents missing work at around the time of childbirth.

Key:

Summary of leave: _: x no statutory entitlement. _: ■ there is only a parental leave provision. _: • statutory entitlement but unpaid; __: •• statutory entitlement, some period paid, but either at a flat rate or (if income-related) at less than 66 per cent of earnings for all or most of period; ___:••• statutory entitlement, paid for all or most of period at 66 per cent of earnings or more, the latter being an indicator used by the European Commission in monitoring member states' progress in meeting Employment Guidelines (European Commission (2010) Indicators for monitoring the Employment Guidelines including indicators for additional employment analysis, 2010 compendium, Table 18.M3. Available at:

<http://www.nbbmuseum.be/doc/seminar2010/fr/bibliographie/risque/compendiumju12010.pdf> . **TR:** part of Maternity leave is transferable to the father in ordinary conditions. **OB:** part or all of the Maternity leave period is obligatory.

Maximum length of post-natal leave: Paid: payment may be flat rate and/or earnings-related. The generosity of flat rate payments relative to individual earnings varies across and sometimes within countries. **Well paid:** earnings-related payment at 66 per cent of earnings or above; _: **none well paid;** _: ceiling on earnings-related payment.

Flexibility: **1** – additional time for multiple births, higher order births or medical complications; **2** – leave can be taken for a shorter period with a higher benefit paid or for a longer period with a lower benefit; **3** – in all cases part of Maternity leave may be transferred to the father (this does not include cases where transfer is only permitted in the case of maternal death or incapacity); **4** – part of the Maternity leave period can be taken part time, and the length of leave extended. Does not include flexibility in using part of Maternity leave before or after birth.

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