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Protecting Breastfeeding Mothers under Queensland's Discrimination Law Amendment Act 2002

Despite anti-discrimination legislation existing in every Australian State and Territory, many mothers who breastfeed their baby in public continue to receive discriminatory treatment or disapproving glances. Queensland was the first Australian State to specifically include breastfeeding as a ground of discrimination under ss 7(1)(e) of the Anti-Discrimination Act 1991 (Qld). The protection afforded by the 1991 provision was limited to prohibiting discrimination on the basis of breastfeeding with respect to the provision of goods and services (ss7 (2)), and it did not extend to other areas such as work or educational activities. By omitting ss 7(2) of the Act and thus removing this restriction, ss 14(4) of the Discrimination Law Amendment Act 2002 (Qld) extended the protection against discrimination on the basis of breastfeeding to all areas covered by the Act, including the workplace, from 1 April 2003.

Research Brief 2003/15 looks at the anti-discrimination laws in Queensland and other Australian jurisdictions with respect to women breastfeeding in public. It also looks at the health and psychological benefits of breastfeeding for both mothers and babies, and at the benefits for workplaces that maintain a breastfeeding-friendly approach to employees and customers. International, national, state and community support for breastfeeding, as well as strategies utilised by governments and community groups to promote and encourage breastfeeding, are examined. Case-study examples of discriminatory behaviour and complaints to the Anti-Discrimination Commission are considered, and prevailing community attitudes towards women who breastfeed in public are revealed by way of survey findings and published commentaries.

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1 INTRODUCTION

Despite anti-discrimination legislation existing in every Australian State and Territory, many mothers who breastfeed their baby in public continue to receive discriminatory treatment or disapproving glances. Queensland was the first¹ Australian State to specifically include breastfeeding as a ground of discrimination under ss 7(1)(e) of the *Anti-Discrimination Act 1991* (Qld). The protection afforded by the 1991 provision was, however, limited to prohibiting discrimination on the basis of breastfeeding with respect to the provision of goods and services (ss7 (2)), and it did not extend to other areas such as work or educational activities. By omitting ss 7(2) of the Act and thus removing this restriction, ss 14(4) of the *Discrimination Law Amendment Act 2002* (Qld) extended the protection against discrimination on the basis of breastfeeding to all areas covered by the Act, including the workplace. This change came into effect on 1 April 2003.

This Brief looks at the anti-discrimination laws in Queensland with respect to women breastfeeding in public, as well as the legislation for other Australian jurisdictions on this issue. It also looks at the health and psychological benefits of breastfeeding for both mothers and babies, and at the benefits for workplaces that maintain a breastfeeding-friendly approach to employees and customers. International, national, state and community support for breastfeeding and some of the strategies utilised by governments and community groups to promote and encourage breastfeeding are examined. Case-study examples of discriminatory behaviour, and complaints to the Anti-Discrimination Commission Queensland, are considered, and prevailing community attitudes towards women who breastfeed in public are also revealed by way of survey findings and published commentaries.

2 THE BENEFITS OF BREASTFEEDING

Breastfeeding is widely acknowledged as being a key contributor to infant health, bringing improved growth, immunity and development.² It is also important for parent-child bonding. Among the protective health effects attributed to breastfeeding, for the mother, there is protection against premenopausal breast

¹ Hon. D M Wells, MP, Attorney-General, *Anti-Discrimination Bill 1991*, Second Reading Speech, *Queensland Parliamentary Debates*, 26 November 1991, p 3194.

² *Valuing Parenthood –Options for Paid Maternity Leave: Interim Paper 2002*, Human Rights and Equal Opportunity Commission –Sex Discrimination Unit, Australia, 2002, p 46.

cancer, ovarian cancer and osteoporosis³, while for the child, breastfeeding is said to protect it from a wide range of illnesses including gastro-intestinal, respiratory tract and middle-ear infections⁴. Other health benefits for infants include lower risk of diarrhoea, insulin-dependent diabetes, asthma, food allergies and immune disorders such as coeliac disease.⁵

The health benefits of breastfeeding have been noted by the World Health Organisation (WHO)⁶:

Breastfeeding is a major determinant of infant health. There is ample evidence on the advantages of breastfeeding for child health and development and for the prevention of child mortality and morbidity. Infants who are exclusively breastfed (that is, receiving only breast milk and no other food or drink) for at least 4 months have significantly less gastrointestinal and respiratory illness including ear infections and asthma, than those who are not breastfed. Breastfeeding is particularly important for the preterm and/or low birth weight infant.

In his second reading speech to the Victorian Equal Opportunity (Breastfeeding) Bill 2000, Hon M R Thomson, MP states that:

The World Health Organisation and UNICEF have established as one of their major goals the encouragement of breastfeeding. They seek to increase the incidence and duration of breastfeeding globally, as set forth in the Innocenti declaration on the protection, promotion and support of breastfeeding, adopted in 1990 by 32 governments and 10 United Nations agencies. The Innocenti declaration states: 'As a global goal for optimal maternal and child health and nutrition, all women should be enabled to practice exclusive breastfeeding and all infants should be fed exclusively on breast milk from birth to four to six months of age. Thereafter, children should continue to be breastfed, while receiving appropriate and adequate complementary foods, for up to two years of age or beyond. This child feeding ideal

³ *Breastfeeding-Friendly Workplace Accreditation Information Booklet*, Australian Breastfeeding Association, Victoria, p 2. As downloaded on 21 May 2003 from <http://www.breastfeeding.asn.au/bfinfo/mfwp.html>

⁴ *Breastfeeding-Friendly Workplace Accreditation Information Booklet*, Australian Breastfeeding Association, Victoria, p 2. As downloaded on 21 May 2003 from <http://www.breastfeeding.asn.au/bfinfo/mfwp.html>

⁵ *Illawarra Breastfeeding in Public Project – Information Kit for Participating Venues*, Illawarra Breastfeeding in Public Project Group, July 2001, p 2.

⁶ Health aspects of maternity leave and maternity protection as discussed in a statement to the International Labour Conference 2 June 2000, as cited in footnote 121 (p 47) of *Valuing Parenthood*.

*is to be achieved by creating an appropriate environment of awareness and support so that women can breastfeed in this manner.*⁷

The Australian Breastfeeding Association also endorses⁸ a joint statement from the WHO/UNICEF *Meeting on Infant and Young Child Feeding, Geneva, October 1979*:

Breastfeeding is an integral part of the reproductive process, the natural and ideal way of feeding the infant and a unique biological and emotional basis for child development.

The psychological benefits of breastfeeding are recognised by the Australian Medical Association (the AMA) in its position statement on breastfeeding, which states:

*The AMA supports breast-feeding because of its beneficial effects on an infant's nutritional, immunological and psychological development and because of the bonding promoted between mother and child.*⁹

The Federal Government's *National Breastfeeding Strategy* also recognises the importance of breastfeeding for maternal and child health. While about 80% of Australians are breastfed at birth, according to the Australian Bureau of Statistics, only 40% are still being breastfed at 6 months.¹⁰ The Australian Government has made a commitment through its *National Breastfeeding Strategy* to encourage breastfeeding awareness, with the aim of increasing Australia's rate of breastfeeding. Promoting breastfeeding is a preventative health policy intended to result in reduced health care costs in the long term. Encouraging breastfeeding is identified as the first dietary guideline in the National Health and Medical Research Council's 1995 *Australian Dietary Guidelines for Children and Adolescents*.¹¹ According to the *Information Kit of the Illawara Breastfeeding in*

⁷ Hon M R Thomson, MP (Minister for Small Business), Equal Opportunity (Breastfeeding) Bill, Second Reading, Legislative Council, *Victorian Parliamentary Hansard*, 3 May 2000, p 835, quoting the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding. Breastfeeding in the 1990's: A Global Initiative. Florence. Italy. 1990.

⁸ *Policy Statement on Breastfeeding*, Australian Breastfeeding Association, downloaded on 21 May 2003, from <http://www.breastfeeding.asn.au/aboutaba/policy.html>

⁹ *Position Statement: Breast-Feeding*, Australian Medical Association, as cited in footnote 122 (p 47) of *Valuing Parenthood*.

¹⁰ Australian Social Trends, Australian Bureau of Statistics, Canberra, Catalogue No. 4102.0, 1997, as cited in *Balancing Breastfeeding and Work*, Department of Health and Ageing, Commonwealth of Australia, 2000, p 2.

¹¹ *Illawarra Breastfeeding in Public Project – Information Kit for Participating Venues*, Illawara Breastfeeding in Public Project Group, July 2001, p 2.

Public Project, breastfeeding rates still remain well below the *National Breastfeeding Strategy* target set at '80% of all infants to be at least partially breastfed at six months by the year 2000'.¹² The *Illawarra Breastfeeding in Public Project Information Kit* notes at p 2 that 'Recent studies have shown that women can be reluctant to breastfeed outside the home. The primary reasons given are embarrassment, perceived disapproval and lack of facilities.'

3 DOES DISCRIMINATION AGAINST MOTHERS BREASTFEEDING IN PUBLIC STILL OCCUR?

3.1 COMPLAINTS TO THE ANTI-DISCRIMINATION COMMISSION

The *Anti-Discrimination Commission Queensland Annual Report 2001-02* notes at p 15 that there were four complaints lodged with the Commission during the 2001-02 financial year from people claiming to have been discriminated against for breastfeeding, in breach of ss 7(1)(e) of the *Anti-Discrimination Act 1991* (Qld). This equates to 0.31% of all claims lodged with the Anti-Discrimination Commission Queensland (ADCQ) for that period. Of the complaints lodged about breastfeeding discrimination, only one-quarter (1 complaint) was accepted by the ADCQ in that 2001-02 period. Statewide, the Report indicates that the rate of acceptance for all lodged discrimination complaints is 50% (ie. one out of every two complaints lodged was rejected for some reason). Typically, rejection of a complaint occurs because either the behaviour complained of was outside the jurisdiction of the legislation, or the threshold requirements were not met, the behaviour complained of occurred more than twelve months ago, or the complaint is referred to another jurisdiction.¹³

3.2 COMMUNITY ATTITUDES TOWARDS BREASTFEEDING IN PUBLIC

3.2.1 Survey Findings

The *Illawarra Breastfeeding in Public Project - Information Kit for Participating Venues* cites a survey of 468 women in the magazine *Practical Parenting*

¹² *Illawarra Breastfeeding in Public Project – Information Kit for Participating Venues*, Illawarra Breastfeeding in Public Project Group, July 2001, p 2.

¹³ *Anti-Discrimination Commission Queensland Annual Report 2001-02*, Anti-Discrimination Commission Queensland, 2002, p 13.

conducted in partnership with the Australian Breastfeeding Association, which found that 86% of respondents had breastfed in a public place. Sixty-seven percent (67%) cited embarrassment (either for themselves or for others) as the reason for not breastfeeding in a public place. Eighty-eight percent of respondents believed that there should be better facilities for breastfeeding mothers in the community, with shopping centres, supermarkets, restaurants and cafes being the most common locations that needed improved facilities.¹⁴

In congruence with this perception, a survey of restaurants and shopping centres conducted by the University of Adelaide found that the majority of restaurants and shopping centres included in the survey were unsupportive of nursing mothers.¹⁵ The breastfeeding.com website reports that a group of researchers from the University of Adelaide conducted a survey (published in the June 1999 issue of the *Journal of Human Lactation*) which asked nearly 100 restaurant and shopping centre managers about breastfeeding in their facilities. Reportedly only one-third of the restaurant managers and less than half (48%) of shopping centre managers said that mothers can breastfeed anywhere in their facilities regardless of what other customers might say. The remaining two-thirds of the restaurant managers and 52% of shopping centre managers reportedly said that they would either discourage breastfeeding anywhere in their facility or would suggest a mother move to a private area or were unsure of how they would react.

These findings led the researchers to conclude that “*The variability in support for breastfeeding by managers of restaurants and shopping centres will continue to create uncertainty for mothers wishing to breastfeed in these public places.*”¹⁶

Another University of Adelaide (telephone) survey of 3400 people cited in a 1998 *Courier Mail* article reportedly found people were still uncomfortable about seeing a woman breastfeeding in public, yet many were comfortable with breasts being bared on a beach or magazine cover. A number of survey respondents apparently also believed that there was a lack of appropriate places for women who were uncomfortable breastfeeding in main thoroughfares.¹⁷ That same article reported that “*Four out of five people would prefer mothers not to breastfeed in public*” and “*Most people in the community believe bottle feeding is far more acceptable.*”

¹⁴ *Illawarra Breastfeeding in Public Project – Information Kit for Participating Venues*, Illawarra Breastfeeding in Public Project Group, July 2001, p 7.

¹⁵ ‘Breastfeeding in Public’, article on the breastfeeding.com website, downloaded on 14 March 2003, from http://www.breastfeeding.com/advocacy/advocacy_bfinpublic.html

¹⁶ ‘Breastfeeding in Public’, article on the breastfeeding.com website, downloaded on 14 March 2003, from http://www.breastfeeding.com/advocacy/advocacy_bfinpublic.html

¹⁷ ‘Public shuns nursing mums’, Sue Monk, *Courier Mail*, 30 December 1998, p 7.

3.2.2 Anecdotal Examples

General Examples

A 1998 *Courier Mail* article¹⁸ cites then Queensland State President of the Nursing Mothers' Association¹⁹ Suzette Powell as saying that “*complaints from women being told to stop breastfeeding in public are on the rise*”. Ms Powell also reportedly said that she was aware of three instances in as many months where women had been asked to stop breastfeeding in public. One woman was allegedly asked to stop breastfeeding her toddler in the waiting room of a child health clinic. In March 1998 another woman was reportedly asked not to breastfeed her child in a Gold Coast shopping centre. The woman, Meryl Dorey, reportedly lodged a complaint with the Queensland Anti-Discrimination Commission against the Niecon Plaza Shopping Centre after being told to breastfeed her 2 ½ year old daughter in a toilet change room.²⁰

In the article, then Queensland Anti-Discrimination Commissioner Karen Walters said that the Commission had not received many complaints about women being told not to breastfeed in public because women were often not aware of their rights. Ms Walters is reported as saying that:

The small number of complaints may be because there's a greater acceptance of breastfeeding in public than previous generations and because women, and particularly nursing mothers, are not aware it's against the law to not allow women to breastfeed in public.

Kirstie Marshall MP, Victorian Legislative Assembly.

Most recently, on 26 February this year, former Olympic Skier and new Victorian Labor MP Kirstie Marshall was ordered by the Sergeant-at-Arms to leave the Victorian Legislative Assembly chamber for breastfeeding her 11 day old daughter Charlotte in the chamber, as under Standing Order 30, only Members of Parliament and selected Parliamentary officials are allowed to be on the floor of the chamber during sitting times. Standing Order 30 states that: “*Unless by order of the House, no Member of this House shall presume to bring any stranger [non-MP] into any part of the House appropriated to the Members of this House while a House or a Committee of the*

¹⁸ ‘Nursing mothers facing more complaints’, Sue Monk, *Courier Mail*, 30 March 1998, p 3.

¹⁹ The Nursing Mothers' Association has been called the Australian Breastfeeding Association since May 2001 (see <http://www.breastfeeding.asn.au/aboutaba/history.html>)

²⁰ Nursing mothers facing more complaints’, Sue Monk, *Courier Mail*, 30 March 1998, p 3

whole House is sitting."²¹ As a consequence of being asked to leave the House at that time, Ms Marshall MP missed her first question-time.

Victorian law does not allow women to be discriminated against in the workplace if they are breastfeeding, but that law does not apply to Parliament which is governed by its own Standing Orders. Ms Marshall was not, however, ejected from the Parliament for the act of breastfeeding her child per se, but rather because, by bringing a stranger (a non-elected person) into the Parliamentary Chamber during a sitting of the Parliament, Ms Marshall was in breach of Standing Order 30. Nevertheless, the ejection of Ms Marshall from the chamber drew numerous comments from interested lobbyists. A selection of these is given below:

- Victorian Equal Opportunity Commissioner Diane Sisely is reported to have said: *"It is unlawful to discriminate against a woman because she was breastfeeding at work. If an employee is evicted from their place of work, or is prevented from performing certain essential duties, the action could be discriminatory and could breach the Equal Opportunity Act. Parliamentarians, like all employees, are entitled to carry out their work without undue interference. Employers are required to reasonably accommodate workers with parental responsibilities."*²²
- The Victorian Breastfeeding Association reportedly said that *"Charlotte [Ms Marshall's baby] had a right to be with her mother in the chamber."*²³
- Australian Breastfeeding Association Director, Lee King, is reported to have said that it was disturbing that mothers were still prevented from doing what was natural, and that *"We feel that babies should be breastfed anywhere at any time. It's a baby's right."*²⁴
- Women's Electoral Lobby spokesperson Linda Hancock is reported to have said that it was *"incredible that there was not more acceptance of women's ongoing needs when they're mothers."*²⁵

Following the furore that erupted over Ms Marshall MP's removal from the chamber for breastfeeding, the appropriateness of the Victorian Standing Orders

²¹ 'Charlotte makes a meal of question time', Darren Gray, Larissa Dubecki, *The Age*, 27 February 2003, downloaded on 27 February 2003 from <http://www.theage.com.au/articles/2003/02/26/1046064105574.html>

²² 'MP ejected for breastfeeding 'stranger'', *Courier Mail*, 27 February 2003, p 7.

²³ 'MP ejected for breastfeeding 'stranger'', *Courier Mail*, 27 February 2003, p 7.

²⁴ 'Stranger at the breast is evicted from the house', Sydney Morning Herald on AAP, 27 February 2003, downloaded on 27/02/03 from <http://www.smh.com.au/articles/2003/02/26/1046064105279.html>

²⁵ 'Charlotte makes a meal of question time', *The Age*, 27 February 2003.

for modern times was questioned. The Speaker of the Victorian Legislative Assembly, Judy Maddigan MP, issued a statement on 12 March indicating that the parliamentary parties believed that rather than amending the Standing Orders, the decision on the matter should rest with the discretion of the Speaker.²⁶ In accordance with this, the Speaker made a ruling on 18 March 2003 to the effect that if necessary, an infant being breastfed can be brought onto the floor of the Chamber.²⁷ Of this, comment has been made that:

*This may prove effective, though it is debatable whether this approach would prove consistent with Standing Orders, should a Member take exception to it. This is because Victoria (in contrast to Western Australia and New Zealand) vests the control of strangers in the House rather than in the Speaker, through Standing Order 30. In reality, as long as the parliamentary parties are happy with the solution, there should be no problem.*²⁸

An Australian Breastfeeding Association Media Release dated 14 March 2003 stated that:

Changes to parliamentary rules agreed to by the Victorian & ACT Legislative Assembly have been applauded by the Australian Breastfeeding Association, which says it is a common sense solution.

It was decided that a breastfeeding infant would not be considered a 'stranger' under parliamentary rules that were recently used in Victoria to banish a breastfeeding parliamentarian from the chamber.

'In this day and age, we must recognise the reality that many mothers choose to combine breastfeeding with paid work or other public roles.

'Breastfeeding has many health benefits, for the mother, for the baby and for the community as a whole', said ABA president Chris Hoadley.

'Unnecessary rules which make breastfeeding difficult or embarrassing can result in premature weaning with a high social and economic cost.'

'Changing parliamentary rules to make breastfeeding OK recognises the reality that the breastfeeding mother and infant are a biological unit, and the breastfeeding relationship should be supported.'

The World Health Organisation has recommended that exclusive breastfeeding is needed for around the first six months to protect the health of babies.

The changes bring parliamentary rules into line with anti-discrimination laws that already protect breastfeeding mothers against discrimination in other spheres of life.

²⁶ *Strangers! Non-members in the Parliamentary Chamber*, Current Issues Brief No. 25 2002-03, Ian Holland, Department of the Parliamentary Library – Information and Research Services, Commonwealth of Australia, 15 April 2003, pp 8-9.

²⁷ *Strangers! Non-members in the Parliamentary Chamber*, p 9.

²⁸ *Strangers! Non-members in the Parliamentary Chamber*, p 9.

'We congratulate the elected representatives of the Victorian & ACT parliaments for showing leadership on this issue,' said Chris Hoadley.

*'We look forward to other Australian parliaments following their example, and will be approaching them to achieve that.'*²⁹

Queensland's Approach to 'Strangers'

In the Queensland Parliament, Standing Order 328 governs the admission of strangers. It gives only the Speaker the privilege of admitting strangers to the Galleries of the House (ie. the public galleries, Hansard gallery, media gallery). Standing Order 329, which governs the withdrawal of strangers, states that:

If at any sitting of the House or in Committee of the Whole House, any Member takes notice that strangers are present, Mr Speaker, or the Chairman, as the case may be, shall forthwith put the Question that strangers be ordered to withdraw, which Question shall be decided without debate: But Mr Speaker or the Chairman may, whenever he thinks fit, order the withdrawal of strangers from any part of the House.

As noted by the Commonwealth Parliamentary Library in its review of the rules pertaining to non-Members in the parliamentary chamber in jurisdictions around Australia, and in New Zealand, the UK and Canada:

*Given that there is no standing order specifically preventing strangers from being in parts of the House other than the galleries, it seems likely that the Assembly would refer to the House of Commons Rules, under the Queensland Assembly standing order 333 (which indicates that any topic not covered by the Queensland standing orders is to be dealt with consistent with the UK House of Commons' Orders). Those rules do contain a prohibition against strangers being on the floor of the chamber.*³⁰

²⁹ ‘‘Breastfeeding OK’ rules applauded’, Media Release, Australian Breastfeeding Association, March 14, 2003, downloaded on 23 May 2003 from <http://www.breastfeeding.asn.au/mediareleases/media.html#140303>

³⁰ ‘Strangers! Non-members in the Parliamentary Chamber’, p 9.

4 AUSTRALIAN ANTI-DISCRIMINATION LEGISLATION

4.1 COMMONWEALTH

On 26 August 1998, the Federal Attorney-General requested the Human Rights and Equal Opportunity Commission (HREOC) to conduct the first national inquiry³¹ into pregnancy and potential pregnancy discrimination in the workplace. *Pregnant and Productive: It's a right not a privilege to work while pregnant- Report of the National Pregnancy and Work Inquiry*³² presents the findings of that HREOC Pregnancy and Work Inquiry. Submissions and consultations received during the inquiry about post-pregnancy issues indicated the most important issues to be breastfeeding, paid maternity leave and returning to work situations.³³ HREOC made 46 recommendations to combat pregnancy/pregnancy-related discrimination. The Federal Government agreed to implement 23 of those recommendations, including Recommendation 43 making discrimination against breastfeeding women illegal, a move commended by then Sex Discrimination Commissioner Susan Halliday.³⁴

Paragraph 14.6 of *Pregnant and Productive* states that:

*In relation to breastfeeding, HREOC recognises the fact that because it is not specifically covered as a separate ground under the SD (Sexual Discrimination) Act, there is some confusion. HREOC receives a number of inquiries about breastfeeding and discriminatory treatment on that basis, which could generally be covered under other sections of the SD Act such as the prohibition on sex discrimination. To have breastfeeding specified as a separate ground of unlawful discrimination under the SD Act would, however, clarify the situation.*³⁵

³¹ *Pregnant and Productive: It's a right not a privilege to work while pregnant - Report of the National Pregnancy and Work Inquiry*, Human Rights and Equal Opportunity Commission (Australia), 1999, p xi.

³² *Pregnant and Productive: It's a right not a privilege to work while pregnant - Report of the National Pregnancy and Work Inquiry*, Human Rights and Equal Opportunity Commission (Australia), 1999

³³ *Pregnant and Productive*, 1999, p 241.

³⁴ 'Mothers win workplace protection', Michelle Gunn, *The Australian*, 2 November 2000, p 3.

³⁵ *Pregnant and Productive*, 1999, p 241.

In its November 2000 response to the Report, the Federal Government stated that it considered that discrimination on the grounds of breastfeeding was already prohibited by the Act, but it recognised the value of a clarifying amendment.³⁶

Consequently, under the Sex Discrimination Amendment Bill (No.2) 2001 (Cth) introduced on 27 September 2001, discriminating against a breastfeeding woman was specified to be illegal sex discrimination. This proposed amendment to the *Sex Discrimination Act 1984* (Cth) to specifically include breastfeeding as a ground of unlawful discrimination was a positive response by the Federal Government to Recommendation 43 of the (HREOC) Report. The Bill sought to amend the definition of 'sex discrimination' in section 5 of the *Sex Discrimination Act*. Section 5 of the Act provides that for the purposes of the Act a person is discriminated against on the ground of their sex if, amongst other things, the person is discriminated against because of a characteristic that appertains generally to persons of a certain sex. The Bill sought to insert a new ss 5(1A) to make it clear that breastfeeding (including the act of expressing milk) is a characteristic that appertains generally to women. As such, discrimination against a woman on the basis that she is breastfeeding is unlawful under the proposed changes.

That 2001 Bill lapsed with the calling of the 2001 Federal election and proroguing of the Parliament, but was reintroduced into the House of Representatives as the Sex Discrimination Amendment (Pregnancy and Work) Bill 2002 (Cth).³⁷ The 2002 Bill contains the same amendment to s 5 of the *Sex Discrimination Act 1984* as was proposed by the (lapsed) 2001 Bill. The 2002 Bill was introduced into the House of Representatives on 14 February 2002 and passed unamended by the House on 11 February 2003. It was introduced into the Senate on 3 March 2003 and the second reading was adjourned on that date. It has not yet (as of 15 July 2003) been passed by the Senate.³⁸

³⁶ Ms T Worth MP, Parliamentary Secretary to the Minister for Health and Ageing, House of Representatives, *Commonwealth Parliamentary Debates*, 14 February 2002, p 195.

³⁷ Ms T Worth MP, Parliamentary Secretary to the Minister for Health and Ageing, House of Representatives, *Commonwealth Parliamentary Debates*, 14 February 2002, p 194.

³⁸ *Senate Daily Bills Update – Government Bills – as at c.o.b. 25 June 2003*, downloaded on 15 July 2003, from <http://www.aph.gov.au/parlinfo/billsnet/billsupd.pdf>

4.2 QUEENSLAND

Queensland was the first³⁹ Australian State to specifically include breastfeeding as a ground of discrimination under ss 7(1)(e) of the *Anti-Discrimination Act 1991* (Qld). The protection afforded by the 1991 provision was, however, limited to prohibiting discrimination on the basis of breastfeeding with respect to the provision of goods and services (ss7 (2)), and it did not extend to other areas such as work or educational activities. By omitting ss 7(2) of the Act and thus removing this restriction, ss 14(4) of the *Discrimination Law Amendment Act 2002* (Qld) extended the protection against discrimination on the basis of breastfeeding to all areas covered by the Act, including the workplace. This change came into effect on 1 April 2003.⁴⁰

4.3 NORTHERN TERRITORY

Since it commenced operation on 1 August 1993, ss 19(1)(h) of the *Anti-Discrimination Act 1992* (NT) prohibits discrimination against a person on the ground of their possessing the attribute of breastfeeding. Section 28 specifies that the Act applies to prohibited conduct in the areas of education, work, accommodation, good, services, facilities, clubs, insurance and superannuation.

4.4 TASMANIA

From 10 December 1999, ss 16(h) of the *Anti-Discrimination Act 1998* (Tas) has specifically prohibited discriminating against a person for breastfeeding. There is however an exception/exemption provision (s 28) which states that “*a person may discriminate against another person on the ground of family responsibilities, parental status, pregnancy, breastfeeding or marital status if that other person requires special services and facilities, the supply of which would impose unjustifiable hardship.*”

4.5 VICTORIA

The *Equal Opportunity (Breastfeeding) Act 2000* (Vic) commenced operation on 17 May 2000 (s 2). Its purpose was “*to amend the Equal Opportunity Act 1995 to prohibit discrimination on the basis of breastfeeding*” (s 1). Section 3(2) of the 2000 Act did this by inserting a new ss 6(ab) into the 1995 Act which added

³⁹ Hon. D M Wells, MP, Attorney-General, Anti-Discrimination Bill 1991, Second Reading Speech, *Queensland Parliamentary Debates*, 26 November 1991, p 3194.

⁴⁰ Per Subordinate Legislation 51/2003.

breastfeeding as an attribute on which it is unlawful to base discrimination for the areas of activity set out in Part 3. Those areas of activity are:

- Employment and employment related areas
- Education
- Provision of goods and services
- The disposal of land
- Accommodation
- Clubs and club members
- Sport
- Local Government

A definition of breastfeeding was also added into s 4 of the 1995 Act which provided that “breastfeeding” includes the act of expressing milk (see ss 3(1) 2000 Act).

According to the Second Reading Speech for this Act:

The amendment is intended to apply both to acts of discrimination on the basis that a woman is a breastfeeding mother although not breastfeeding at the time the act of discrimination occurs and to acts of discrimination that occur because a mother is breastfeeding. The amendment is not intended to limit any attributes that already exist in the Equal Opportunity Act; rather it is intended to ensure that breastfeeding mothers are fully protected from discrimination.⁴¹

The Australian reported in April 2000⁴² that the amendments were the result of an incident on New Year’s Eve in 1997 when a breastfeeding mother was asked by a security guard to leave Melbourne’s Crown Casino public food court. The woman’s friend reportedly wrote to then opposition Women’s Affairs spokesperson Christine Campbell MP asking for her help to fight discrimination against breastfeeding mothers. In response, Ms Campbell MP reportedly tabled a Private Member’s Bill that was rejected by the (then) Coalition Government.⁴³

⁴¹ Hon M R Thomson, MP, Minister for Small Business, Equal Opportunity (Breastfeeding) Bill, Second Reading Speech, *Victorian Legislative Council Debates*, 3 May 2000, p 835.

⁴² ‘Minister steps in to answer call of nature’, Ben Mitchell, *The Australian*, 3 April 2000, p 7.

⁴³ On 8 April 1998, Ms Campbell sought leave to introduce a Bill to amend the Equal Opportunity Act 1995 “to incorporate the prohibition of breastfeeding as a grounds for discrimination against a woman”. Leave was refused. See the online *VicHansard*, 8 April 1998, p 861.

4.6 AUSTRALIAN CAPITAL TERRITORY

Since it commenced operation on 10 November 1999, ss 7(1)(fa) of the *Discrimination Act 1991* (ACT) has included breastfeeding as an attribute for which discrimination is prohibited under the Act.

4.7 SOUTH AUSTRALIA

The *Equal Opportunity Act 1984* (SA) does not specifically prohibit discrimination against a breastfeeding mother. Part 3 of that Act does however prohibit discrimination on the grounds of sex, sexuality, marital status or pregnancy.

4.8 WESTERN AUSTRALIA

The *Equal Opportunity Act 1984* (WA) does not specifically prohibit discrimination against a breastfeeding mother, but does prohibit discrimination on the ground of pregnancy (s 10) and on the grounds of family responsibility or family status (s 35A).

4.9 NEW SOUTH WALES

The *Anti-Discrimination Act 1977* (NSW) does not prohibit discrimination against a breastfeeding mother. Section 24 outlines what behaviour constitutes sex discrimination, but there is no specific reference to breastfeeding.

5 NON-LEGISLATIVE SUPPORT FOR BREASTFEEDING

5.1 COMMONWEALTH GOVERNMENT INITIATIVES

5.1.1 The National Breastfeeding Strategy

Then Health Minister Dr Michael Wooldridge launched the National Breastfeeding Strategy ('the Strategy') in 1996.⁴⁴ The Strategy was announced by the

⁴⁴ *National Breastfeeding Strategy – Summary Report* – Commonwealth Department of Health and Aged Care, March 2001, p v, downloaded from <http://www.health.gov.au/pubhlth/publicat/document/brfeed/stratfeed.pdf>

Commonwealth Government in the 1996-97 Federal Budget, as part of the *Health Throughout Life* policy statement⁴⁵, which introduced a range of new public health measures in the areas of maternal and child health, childhood immunisation, diabetes, injury prevention, HIV/AIDS and the minimisation of harm from drug abuse. The \$2million National Breastfeeding Strategy, aimed at encouraging breastfeeding awareness and increasing Australia's rate of breastfeeding, was a key component of the *Health Throughout Life* initiative.⁴⁶

The multi-faceted approach to supporting and encouraging breastfeeding adopted by the Strategy includes the following:

- Community and family education
- Education and skilling of health professionals
- Increasing hospital and community support for breastfeeding
- Improving the capacity to monitor trends in breastfeeding by using consistent measurement tools.⁴⁷

A full copy of the *National Breastfeeding Strategy – Summary Report* can be found at <http://www.health.gov.au/pubhlth/publicat/document/brfeed/stratfeed.pdf>

5.1.2 Other Commonwealth Government Initiatives

As well as the National Breastfeeding Strategy, the Commonwealth Government has developed a number of other strategies to encourage breastfeeding, including:

- Developing and disseminating *Dietary Guidelines for Australians* (National Health and Medical Research Council (NHMRC), 1991) highlighting that the encouragement and support of breastfeeding is important to all Australians in light of its nutritional, health, social and economic benefits to the community;
- Facilitation of a self-regulatory model for implementation of the World Health Organisation's *International Code of Marketing Breast Milk Substitutes* in the 1990s. The resulting voluntary agreement is the *1992 Marketing in Australia of Infant Formulas: Manufacturers and Importers Agreement*, covering the marketing of infant formulas by manufacturers;

⁴⁵ *Health Throughout Life* policy statement, (Commonwealth) Department of Health and Family Services, 1996.

⁴⁶ *National Breastfeeding Strategy – Summary Report*, p 1.

⁴⁷ *National Breastfeeding Strategy – Summary Report*, p 2.

- Developing and disseminating *Dietary Guidelines for Children and Adolescents* (NHMRC, 1995) highlighting the message to encourage and support breastfeeding as the most important guideline;
- Developing and disseminating *Infant feeding guidelines for health workers* (NHMRC, 1996) aimed at assisting health workers to promote, encourage and support breastfeeding in a consistent way;
- Allocations totalling \$15million from the Commonwealth to a National Child Nutrition Program to fund community-level projects to improve the diet and eating habits of young children from the pre-natal stage through to the primary school years; and
- Funding of \$50,000 per annum for the three years commencing 1998-99 was allocated to the Nursing Mother's Association of Australia to assist its ongoing work of supporting breastfeeding in the community.⁴⁸

5.2 THE AUSTRALIAN BREASTFEEDING ASSOCIATION

Founded in Melbourne, Victoria in 1964 (and known at that time as the Nursing Mothers' Association) with the primary aim of giving mother-to-mother support to breastfeeding women, the Australian Breastfeeding Association (ABA) is an organisation of people interested in the promotion and protection of breastfeeding. Among these are breastfeeding women and their partners, and health professionals such as doctors, lactation consultants and midwives. The ABA is supported by health authorities and specialists in infant and child health and nutrition, including a panel of honorary advisers. The ABA is also recognised internationally as a source of accurate information about breastfeeding management and research. With the support of the Lactation Resource Centre, the ABA provides information to its counsellors, and educates the wider community, including schools, universities and professional organisations. ABA's volunteer breastfeeding counsellors are experienced mothers who have completed an intensive training program and who have successfully breastfed their own children. They are bound by a code of ethics and offer counselling and support over the telephone, in person, and through a wide range of literature on breastfeeding and parenting issues.⁴⁹

The ABA's Code of Ethics outlines the ABA's aims and objectives as being:

- *To encourage and to give confidence and moral support to those mothers who wish to breastfeed their babies;*

⁴⁸ *National Breastfeeding Strategy – Summary Report*, pp 2-3.

⁴⁹ *About ABA – General Information* – downloaded on 21 May 2003 from <http://www.breastfeeding.asn.au/aboutaba/index.html>

- *To create in mothers an interest in breastfeeding as an aid to the art of skilled and loving mothering, thus encouraging close and happy family relationships;*
- *To create an awareness in the community of the importance of human milk; and of the need for community support for the nursing mother and her baby;*
- *To provide mother to mother contact, particularly through individual counselling and group activities; and*
- *To disseminate information and provide resource facilities.*⁵⁰

Since its inception, over 120,000 people have been members of ABA with thousands more having used the telephone counselling services, literature and community education opportunities. ABA is one of Australia's largest non-profit self-help groups. As of October 31, 2002, the ABA had 1,304 counsellors, 373 trainee counsellors, 355 groups and 11,572 members. A survey of ABA counsellors conducted in May 1998 revealed that during 1998, ABA's counsellors received approximately 261,589 counselling contacts and spent 634,780 hours performing ABA activities. In addition, ABA groups conducted approximately 13,300 community education activities during 1998.⁵¹

6 COMMUNITY INITIATIVES THAT SUPPORT PUBLIC BREASTFEEDING

A national 'breastfeeding welcome' sticker has been developed by the Australian Breastfeeding Association in an attempt to help women feel more comfortable breastfeeding in public places, by alerting them to 'breastfeeding friendly' establishments. Through the auspices of the *Illawarra Breastfeeding in Public Project*, groups such as the Illawarra Area Health Service, Council venues (including Kiama, Wollongong, Shellharbour and Shoalhaven councils) and the Australian Breastfeeding Association award the sticker to premises which meet the essential criteria. Places in the community to be targeted include restaurants, cafes, hairdressers, medical surgeries, community and health services or any other public places where the management and staff are supportive of breastfeeding and basic facilities are provided.

⁵⁰ *About ABA – Code of Ethics* – downloaded on 21 May 2003 from <http://www.breastfeeding.asn.au/aboutaba/coe.html>

⁵¹ *About ABA – General Information* – downloaded on 21 May 2003 from <http://www.breastfeeding.asn.au/aboutaba/index.html>

Essential criteria which an establishment must meet to be eligible for a 'breastfeeding welcome' sticker are that the establishment has:

- A welcoming attitude towards mothers;
- Space to move a pram;
- Comfortable Seating (movable chairs); and
- A non smoking environment;

Further desirable criteria include:

- The premises are kept at a comfortable temperature;
- There is easy access to a toilet with a pram or stroller;
- There is easy access to the premises from the footpath;
- There are provisions for toddlers such as highchairs and toys; and
- The premises provide suitable baby changing facilities.

7 BREASTFEEDING-FRIENDLY WORKPLACES

The HREOC paper *Valuing Parenthood - Options for Paid Maternity Leave: Interim Paper 2002* notes the following with respect to combining a return to work with breastfeeding:⁵²

Various studies have noted the link between return to work and cessation of breastfeeding. In its Guide to Combining Breastfeeding and Work, the former federal Department of Industrial Relations notes that 'while a return to work will not affect the initiation of breastfeeding it can have a negative impact on the breastfeeding relationship by contributing to its early cessation.'

A 1990-91 survey in South Australia by Stamp and Crowther of 222 women found that seven per cent of women had stopped breastfeeding by six weeks due to an impending return to work. Similarly a 1991 survey in Tasmania by Cox and Turnbull of 268 women found that seven per cent of women ceased breastfeeding because of a return to the paid workforce.

A US survey by Auerbach and Guss of 567 women drawn from across the US and five other countries found that timing of return to work influenced infant weaning. In particular, if the mother returned to work before her baby was 16 weeks old, the likelihood of early weaning from the breast increased. In contrast, 'women who begin working after 16 weeks often have a well-established milk supply, and may have successfully negotiated one or more transient breastfeeding crisis, thereby minimizing negative effects that employment can have on breastfeeding.'

⁵² *Valuing Parenthood – Options for Paid Maternity Leave: Interim Paper 2002*, Human Rights and Equal Opportunity Commission, Sex Discrimination Unit, 2002, pp 47-48.

7.1 BREASTFEEDING-FRIENDLY WORKPLACE ACCREDITATION

As noted above in 5.2, the Australian Breastfeeding Association seeks to support and encourage women who choose to breastfeed. In response to the increasing numbers of women who return to work shortly after giving birth, the ABA has developed 'Breastfeeding-Friendly Workplace Accreditation' to assist employers, unions and governments to formulate policies to support breastfeeding women in the workplace.⁵³

To be granted 'Breastfeeding-Friendly Workplace Accreditation' an application to the ABA and payment of an annual fee is required. A site evaluation is completed by the ABA prior to accreditation. A re-evaluation occurs every two years. In the alternate year a questionnaire must be completed by the workplace to ensure accreditation requirements are still being met.⁵⁴

Breastfeeding-Friendly Workplace Accreditation provides:

- Resources from the ABA to provide employees with breastfeeding information prior to maternity leave;
- Information for the workplace to develop their own personalised "Come Back Pack" once maternity leave is drawing to a close;
- Access to information from the ABA;
- Heightened awareness within the workplace of the importance of breastfeeding and of the benefits that breastfeeding provides in the longer term;
- The increased opportunity to attract and retain female employees and reduce on-going training and recruitment costs; and
- Recognition of an establishment's supportive workplace policies.⁵⁵

The ABA has identified several workplace requirements which could be met by an employer organisation to help a breastfeeding mother successfully combine breastfeeding and work. These include:

- **Lactation breaks** to enable a mother to either express breastmilk or go to feed her baby. The International Labour Organization recommends two thirty-minute breaks in an eight hour shift in addition to normal breaks. The ABA notes that the flexibility of adding these breaks to the lunch break

⁵³ *Breastfeeding-Friendly Workplace Accreditation Information Booklet*, Australian Breastfeeding Association, Victoria, p 1. As downloaded on 21 May 2003 from <http://www.breastfeeding.asn.au/bfinfo/mfwp.html>

⁵⁴ *Breastfeeding-Friendly Workplace Accreditation Information Booklet*, p 2.

⁵⁵ *Breastfeeding-Friendly Workplace Accreditation Information Booklet*, p 1.

would allow a mother to travel to breastfeed her baby. The issue of whether the breaks should be paid or unpaid and whether extra time would be worked to compensate the employer would be a matter for private negotiation between employer and employee according to the ABA.

- **Facilities** needed include a clean, hygienic and private area in which women could express breastmilk or breastfeed their babies if the baby was brought into the workplace, a sink, and a refrigerator/freezer to store expressed milk.
- **Flexible work options** could include telecommuting, job sharing, permanent part-time and flexible starting and finishing times around core working hours.
- **Support from employers and colleagues** for the above policies has been identified by the ABA as being crucial to improving the workplace for breastfeeding mothers. Information about an employer-organisation's workplace-breastfeeding policy should ideally be given at the time maternity leave is requested to alleviate employee worry/anxiety and encourage plans to return to work.
- **Proximity to child care** is another key issue noted by the ABA. If child care is reasonably close to the place of work it will be easier for the mother to go to the baby or have the baby brought to her. Work-based child care, employer sponsored child care and assistance with finding nearby child care are options to be considered by employers.⁵⁶

7.2 SOME EXAMPLES OF BREASTFEEDING-FRIENDLY EMPLOYERS

7.2.1 Australian Wheat Board

The Australian Wheat Board established a maternity care room in 1997 in its Melbourne head office. The facility enabled employees to express milk or breastfeed their babies in privacy and comfort during the working day on paid lactation breaks. All women applying for maternity leave had access to information on how they could combine breastfeeding and work and, after the birth, had free access to the ABA's breastfeeding counselling and equipment.⁵⁷

⁵⁶ *Breastfeeding-Friendly Workplace Accreditation Information Booklet*, p 1.

⁵⁷ *Pregnancy Guidelines*, Human Rights and Equal Opportunity Commission, Commonwealth of Australia, March 2001, p 56.

7.2.2 Lend Lease Corporation

Lend Lease Corporation also introduced a range of breastfeeding-friendly initiatives to help employees combine breastfeeding and work. By 2001, breastfeeding rooms were located in its Mulgrave, Victoria workplace and in one of its Sydney child care centres. Representatives of the ABA⁵⁸ were invited to address employees on breastfeeding issues. Flexible work options such as part-time work and home-based work were made available to employees returning from parental leave, and Lend Lease kept a library of computer equipment to help breastfeeding employees telework if that was their preference. A nurse was also employed through the child care centres to provide advice and answer any questions that new mothers returning to work might have.⁵⁹

7.2.3 Telstra

Under the guidance of the ABA, Telstra provides employees with several multi-purpose family rooms that allow access to private facilities for expressing and storing milk, breastfeeding and nappy changing.⁶⁰

7.3 BENEFITS FOR BREASTFEEDING-FRIENDLY WORKPLACES

7.3.1 Benefits For Employers/Workplaces

With increasing numbers of women combining work and motherhood, the issue of whether to support or merely tolerate female employees' breastfeeding at work is one facing many employers. The changing composition of the workforce is, however, increasing the need for employers to view work and breastfeeding as compatible.

The benefits which flow to breastfeeding-friendly employers and workplaces from supporting employees who wish to breastfeed at the workplace include:

⁵⁸ At that time still known as the Nursing Mothers' Association of Australia.

⁵⁹ *Pregnancy Guidelines*, p 57.

⁶⁰ *Pregnancy Guidelines*, p 57.

Reduced Absenteeism

As breastfed babies are claimed to be healthier, it should follow that there will be reduced absenteeism to care for a sick baby and fewer trips to the doctor during working hours as well as less disruptions to team workflow from parental absenteeism. There should also be increased productivity in the workplace because parents will not be exhausted by caring for a sick child. As noted in Section 5.1.1 above, the Australian Government has made a commitment through its National Breastfeeding Strategy to encourage breastfeeding awareness, with the aim of increasing Australia's rate of breastfeeding. This strategy takes a multi-faceted approach that includes producing and distributing information kits such as *Balancing Breastfeeding and Work*,⁶¹ produced under the auspices of the Australian Department of Health and Ageing's *Workplace Support Project Materials*. These target employers, employees and workplaces with information about combining breastfeeding and employment. The package contains a booklet, poster, and flier and has been disseminated to medium to large sized businesses throughout Australia to promote and support women continuing to breastfeed while in paid employment.⁶² It is noted at p 4 of *Balancing Breastfeeding and Work* that:

It is well established from research conducted in Australia and elsewhere that breastfeeding protects babies from many illnesses and infections and that sick babies are more likely to be bottle fed than breastfed (Ball 1999, Lawrence 1997, Campbell 1996). Furthermore, parental absenteeism increases as infant illness rates increase, and by contrast parental attendance improves with healthier infants (Cohen 1995). Thus breastfeeding can be seen as a contributor to lowering parental absenteeism due to infant illness.

Lower Staff Turnover

If female employees are permitted to breastfeed at work it should mean improved retention rates after maternity leave and an earlier return to work following the birth, thereby ensuring that the employer does not lose the valuable skills and experience of the employee. This lowering of staff turnover will also avoid costly recruitment and training of new staff. An earlier return from maternity leave will mean employee skills are retained and less retraining will be required.⁶³ Permitting breastfeeding at work should also mean an easier return to work transition for women returning from maternity leave.

⁶¹ *Balancing Breastfeeding and Work*, Department of Health and Ageing, Commonwealth of Australia, 2000, p 2.

⁶² Breastfeeding Information, Department of Health and Ageing, downloaded on 23 May, 2003 from <http://www.health.gov.au/pubhlth/strateg/brfeed/>

⁶³ *Balancing Breastfeeding and Work*, p 5.

Increased productivity, greater workplace harmony and a positive corporate image

Supporting the needs of breastfeeding employees should improve employer-employee relations by being conducive to workplace harmony and encouraging greater loyalty and respect for the employer from the employee, with flow on benefits of enhanced staff morale, commitment, and productivity.⁶⁴ A ‘good-employer’ reputation and a positive corporate image should result in greater customer loyalty, public goodwill towards the workplace and higher share value, as well as easier staff recruitment through an improved employer image.⁶⁵

7.3.2 Benefits For Mothers In Balancing Breastfeeding And Work

As noted at p 7 of *Balancing Breastfeeding and Work*, there are a number of benefits for mothers who choose to balance the demands of breastfeeding with a return to paid work. Given the health benefits attributed to breastfeeding (see above at Part 2 of this Brief), mothers who breastfeed should need fewer trips to the doctor and fewer sleepless nights attending to a sick baby and should also therefore spend less on health care. They would also be less likely to be absent from work due to illness of the baby and more relaxed and focused on their work without the concerns and worry of a sick child. Mothers should also be more likely to return to work and to return earlier if breastfeeding is supported at the workplace, thus retaining their skills and allowing them to remain competitive in the job market. As noted in Part 2, breastfeeding promotes bonding between a mother and her baby. Combining breastfeeding and work allows for the maintenance of the mother-baby bond and validates the mother’s right to enjoy both a career and motherhood.⁶⁶

⁶⁴ *Breastfeeding-Friendly Workplace Accreditation Information Booklet*, p 2.

⁶⁵ *Breastfeeding-Friendly Workplace Accreditation Information Booklet*, p 5.

⁶⁶ *Balancing Breastfeeding and Work*, p 7.

APPENDIX A – NEWSPAPER ARTICLES

Title **Breastfeeding OK, but MP rules it out**
Author **Darren Gray**
Source **The Age**
Date Issue **13 March 2003**

Title **Friendly workplaces lead to breast-milk revival**
Source **The Age Online**
Date Issue **26 December 2002**

Title **Mothers win workplace protection**
Author **Michelle Gunn**
Source **The Australian**
Date Issue **02 November 2000**
Page **3**

Title **Public shuns nursing Mums**
Author **Sue Monk**
Source **The Courier-Mail**
Date Issue **30 December 1998**
Page **7**

Title **Nursing mothers ‘facing more complaints’**
Author **Sue Monk**
Source **The Courier-Mail**
Date Issue **30 March 1998**
Page **3**

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RBR2003/12	<i>New Rules for Fitness Services: The Fair Trading (Code of Practice - Fitness Industry) Regulation 2003</i>	May 2003
RBR2003/13	<i>Change of Name Provisions under the Births, Deaths and Marriages Registration Bill 2003</i>	May 2003
RBR2003/14	<i>Taking Children’s Evidence Using Technology–Evidence (Protection of Children) Amendment Bill 2003 (Qld)</i>	May 2003
RBR2003/15	<i>Protecting Breastfeeding Mothers under Queensland’s Discrimination Law Amendment Act 2002</i>	Aug 2003

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