



Multiples Matter

**Investigating the support needs
of multiple birth families**

March 2023

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MULTIPLES MATTER: INVESTIGATING THE SUPPORT NEEDS OF MULTIPLE BIRTH FAMILIES.

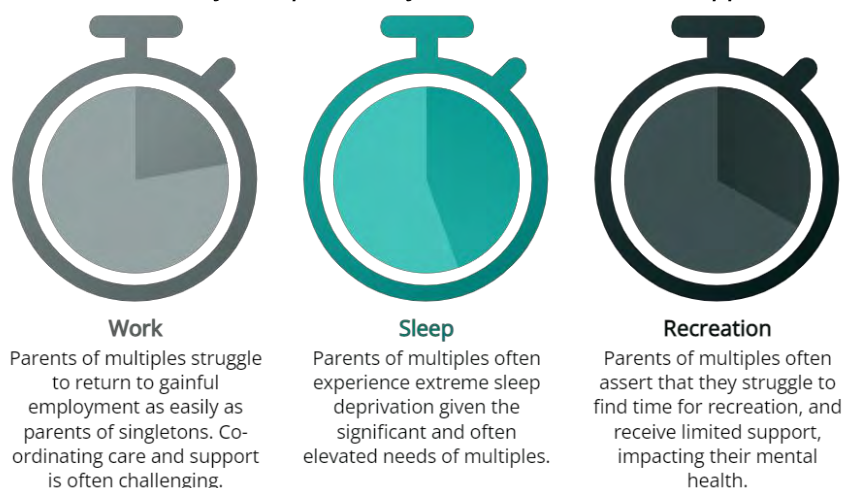
Introduction

Families who experience a multiple birth face significantly greater challenges than parents of singletons. These challenges are not well understood given the lack of longitudinal research exploring the issue. It is critical to acknowledge that parents raising multiples, report feeling genuine gratitude for their children and the experience of raising multiple children. Nonetheless they report encountering many unique and significant challenges not evident when raising singletons.

Multiple births place significant financial pressures on families, given the high costs of raising children and the challenge of incurring many child specific costs concurrently, rather than with some term of delay. The situation may also necessitate greater time committed to child rearing and consequently may reduce the time available for gainful work and time for recreation. Many families also report significant physical exhaustion, particularly mothers who may be recovering from childbirth.

This often coincides with less sleep as child rearing duties are multiplied often resulting in significant sleep deprivation, further impacting the family's capacity to engage in their gainful employment activities. Research shows that families observe a decline in income after the birth of multiples, placing greater strain on the family unit. Families that are not able to access significant familial supports or social supports from friends, may feel isolated and may have limited capacity to return to work.

Figure 1 - Twice the Joy, but potentially more than twice the support is needed.



Source: AMBA (2023), Per Capita (2023)

Meeting the developmental needs of multiple births is also, arguably, more challenging due to potential birth complications and the frequency of premature birth. There is less time relatively to dedicate to developmental activities with each child, which has the potential to hinder their progress. There is also often significant energy dedicated to coordination and logistics, given that existing children often have school, child-care, co-curricular and extra-curricular activities.

Smith et al. (1998) conducted a seminal study into the levels of stress experienced by mother of twins noting that mothers of twins evidenced far greater levels of stress than singleton mothers. Later works by Segre et al. (2003), Hall (2005) and Gavazzi et al (2007) indicated that mothers of twins evidenced both greater stress levels and lower levels of support than comparable mothers of singletons. A significant meta-analysis conducted by Paulson et al (2010) surveyed all major representative studies exploring these issues supporting the assertions of the earlier noted authors. These elevated levels of stress place undue burdens on the mothers of multiple children and their family units. The potential for significant psychological harm is self-evident.

Yet within Australia there is little by way of financial and co-ordination/welfare support afforded to the families with multiple births notwithstanding modest payments for higher order births, excluding twin births. Notably even the modest support that could be afforded to families with higher order births (triplets or greater) excludes many assigned given the existing eligibility criteria.

The available support programs within Australia have not kept pace with the standards and conventions of other advanced economies, with Australia ranking near last with respect to the level of support afforded to mothers after the birth of multiples.

The current report estimates the 'financial shock' effect associated with the birth of multiples and examines the policy response to multiples within advanced OECD economies before examining the extant response within Australia.

About AMBA

AMBA, the Australian Multiple Birth Association, is Australia's leading charity for twins, triplets and more. On their site you will find the official AMBA directory for finding local club support, tips about what to expect while you are pregnant, information on common issues for multiple births, and there is useful information if you are already a multiple birth family.

Formed as a volunteer organisation in 1974, AMBA is the only national charity in Australia focused on improving the lives of twins, triplets or more and their families.

About Per Capita

Per Capita is an independent public policy think tank. We work to build a new vision for Australia based on fairness, shared prosperity and social justice.

Our office is located on the stolen lands of the Wurundjeri people of the Kulin Nations, which were never ceded. We strongly support the Uluru Statement from the Heart and the call for a First Nations Voice to Parliament. Per Capita's research and policy prescriptions are rigorous, evidence-based and long-term in outlook. All our publications and activities are intended to deepen political, social and economic democracy, and we are focused on challenges for the next generations rather than the next election cycle.

Our approach to public policy

Per Capita's approach to public policy **challenges the dominant narrative that disadvantage arises from personal fault or failure** by pointing out the policy choices that have deepened inequality and proposing alternative choices that will lessen it.

Our policy analysis and recommended solutions seek to **recognise the challenges, and work within the complex economic, political and social conditions, of our age, such as:**

- The impact of rapid climate change and extreme weather events;
- Growing economic inequality, with increasing returns to capital and a decline in returns to labour;
- The growing difficulty of accessing good jobs, adequate income support and secure housing; and
- The negative effects of privatisation and the deliberate shrinking of essential public services.

In doing so, **we strive to incorporate new thinking in social science and economics, innovative ways of working with data**, and effective evaluation tools to measure outcomes. We also engage actively with organisations across society, including the union movement, civil society, the community sector, academia, business, government and the public service, and social change movements.

In all our work, we seek to **understand and highlight the experiences of those who bear the brunt of the effects of policy choices that exacerbate inequality, including** underpaid and exploited workers, people who can't get a decent job, women, First Nations people, members of the LGBTQ+ community, people with disability and their carers, migrants and refugees, and others who are marginalised by our economic and social structures and denied their fair share of power and resources.

We live and work in hope and solidarity

The democracy Per Capita works for is one that shares its knowledge, wealth and power, to ensure all its citizens can live meaningful and fulfilling lives, able to take care of each other and of our shared planet.

About the Author:

Dr Michael D’Rosario, Chief Economist, Per Capita

Michael is an experienced economist/econometrician and interdisciplinary research lead with longstanding associations and experience working with the NFP sector, universities and social impact focused organisations. He has worked in community development in both Australia and Asia. Prior to working with Per Capita, Michael served as a chair at Deakin University, the manager of a large research program/organisation affiliated with the University of Melbourne, the ESG & Impact Advisor and SME to CPA Australia, and as Research, Policy and Communications Advisor to the Victorian Aboriginal Legal Service and the National Aboriginal and Torres Strait Islander Legal service. Michael has published extensively in Economics, Data Science journals and led a number of large economic evaluations.

At Per Capita, Michael serves as Chief Economist and Head of Data Science, focusing largely on leading economic evaluation, economic modelling, ensemble forecasting and interdisciplinary research projects. Michael has served as a health economist and advisor to a number of refugee, youth and health focused charities, most recently Anchor, YouthConnexions, NDS, Deaf Connect, Deaf Australia, Minderoo Foundation, as well as peak hygiene charity Pinchapoo. In addition to his work with Per Capita Michael teaches postgraduate Research methods and offers supervisory support and research skills training at a leading Australian university.

Overview of the scope and purpose of the paper

This report was commissioned by the AMBA to explore the differential experiences and costs of multiple births versus singletons and to examine the level of government investment needed to provide sufficient support to families experiencing multiple births to achieve equality.

The report considers the extent of support provided to families with multiple births within a number of advanced economies broadly comparable to Australia as well as a select number of LICs, to consider the practices deemed valuable in supporting multiples abroad.

The report offers estimates of the financial shock experienced by families with multiples and examines the non-pecuniary costs of multiples within families.

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To access a copy of the concise version of this report, visit www.amba.org.au

Research Approach

In formulating a viable and appropriate research strategy, we engaged in a series of consultations with several community stakeholders, academia and relevant members of AMBA.

Presentation of Research Strategy and Methodology to Stakeholders

Upon establishing a viable research framework, we initiated a consultation process with representatives of the cyber security community. During these consultations we outlined the following:

- The methodological approaches proposed for the research;
- The availability of different data sources (and those that required specific permissions); and
- The approaches available for the dissemination of research.

We obtained feedback from the group and sought to reflect this feedback in the research methods to the extent appropriate.

Research Reference and Advisory Group

While conducting this research, we sought feedback from, and consulted with, experts from our internal reference group. The reference group informed the following aspects of the research:

- Offering insights into the viability of the research approaches, and identifying key studies;
- Providing support in securing key third party datasets; and
- Supporting the communication and dissemination of findings.

Members of the Research Reference and Advisory Group

We would also like to acknowledge the significant efforts of the reference group.

- Silje Andersen-Cooke – Director, Australian Multiple Births Association
- Emma Dawson – Executive Director, Per Capita
- Professor Jeffrey M. Craig - School of Medicine, Faculty of Health, Deakin University, Honorary Senior Research Fellow and Team Leader, Murdoch Childrens Research Institute, Deputy Director, Twins Research Australia
- Julia McCarthy - Director, Australian Multiple Births Association
- Larissa Jordan – Director & Chairperson, Australian Multiple Births Association

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Acronyms, Abbreviations and Key Terminology

Relevant Acronyms and Abbreviations

- AMBA - Australian Multiple Birth Association, which is a non-profit organization that provides support and resources to families with multiples.
- NICU - Neonatal Intensive Care Unit, which is a specialized unit in a hospital where premature or sick newborns receive medical care.
- SCN - Special Care Nursery, which is a specialized unit in a hospital that provides care for newborns who do not require the NICU but still need extra medical attention.

Key Terminology

- Apgar score: A measure of the physical condition of a newborn infant. It is obtained by adding points (2, 1, or 0) for heart rate, respiratory effort, muscle tone, response to stimulation, and skin coloration; a score of ten represents the best possible condition.
- Cohort Study: refers to a study in which a group of individuals with a common characteristic, such as having multiple births, is followed over time to observe outcomes.
- Controlled Study: refers to a study in which participants are randomly assigned to different groups and the effects of the intervention being studied are compared between these groups.
- Cross-Sectional Study: refers to a study in which participants are selected from a particular population at a single point in time and their health or other outcomes are measured.
- Economic Burden: refers to the financial cost associated with a particular event, such as having multiple births.
- Health Care Utilization: refers to the use of health care services, such as hospital visits, doctor visits, and medical procedures.
- Home care leave (or childcare or child raising leave): employment-protected leaves of absence that sometimes follow parental leave and that typically allow at least one parent to remain at home to provide care until the child is two or three years of age.
- Longitudinal Study: refers to a study in which participants are followed over a period of time to observe changes in their health or other outcomes.
- Low Birth Weight: refers to a birth weight of less than 2,500 grams.
- Maternal Health: refers to the physical and mental health of the mother before, during, and after pregnancy.
- Maternity leave (or pregnancy leave): employment-protected leave of absence for employed women directly around the time of childbirth (or, in some countries, adoption). The ILO convention on maternity leave stipulates the period of leave should be at least 14 weeks. In most countries, beneficiaries may combine pre- with post-birth leave; in some countries, a short period of pre-birth leave is compulsory, as is a period following birth.
- Multiple Birth: refers to a birth in which more than one child is born at the same time, such as twins, triplets, or quadruplets.
- Multiple: a child that is a twin, triplet or higher order multiple
- Neonatal Intensive Care Unit (NICU): refers to a specialized hospital unit that provides care for premature or critically ill newborns.
- Parental leave: employment-protected leave of absence for employed parents, which is often supplementary to specific maternity and paternity leave periods, and frequently, but not in all countries, follows the period of maternity leave.
- Parental Stress: refers to the stress experienced by parents in relation to their children, such as the stress of having multiple births.
- Paternity leave: employment-protected leave of absence for employed fathers at or in the first few months after childbirth. Paternity leave is not stipulated by international convention. In general, periods of paternity leave are much shorter than periods of maternity leave.
- Perinatal Outcomes: refers to the health outcomes for mothers and babies during pregnancy and the first few weeks after birth.
- Preterm Birth: refers to a birth that occurs before 37 weeks of pregnancy.
- Quality of Life: refers to an individual's overall well-being and satisfaction with life.
- Singleton Birth: refers to a birth in which only one child is born.
- Singleton: a child that was born on their own, not a twin or higher order multiple

Note – Definitions are based on accepted Australian definitions or OECD definitions as applicable.

Exploring Multiple births and singleton births in Australia

Multiple pregnancies are considered higher risk and women who have multiple births, as well as their babies, face an increased risk of certain conditions, such as preeclampsia, anemia, gestational diabetes, postpartum hemorrhage, preterm birth, low birth weight, twin-twin transfusion syndrome, and developmental delay (TRA, 2019). Additionally, families with multiple births may experience financial stress, social isolation, and difficulties accessing appropriate education (TRA, 2019).

Providing additional care to families with twins or other multiples is crucial to prevent or manage complications related to multiple pregnancies (TRW, 2019). Adequate support is necessary from early pregnancy through the babies' early years, including frequent antenatal care visits, access to specialist obstetric and pediatric care, and services to support child development (TRA, 2019).

In Australia, the number of multiple births each year is small, with a relatively stable rate of 2-3% of all births, declining from 3.1% (9,442) of births in 2010 to 2.9% (8,469) of births in 2020. In 2020, almost all multiple births (98%) were twins, with the remaining 2% comprising triplets, quadruplets, or higher order multiples.

While most babies from multiple births had an Apgar score of 7–10 at 5 minutes (95%), indicating that they have adapted well post-birth, multiple births often result in preterm birth, low birth weight, and a higher risk of complications for both the mother and babies. This can result in a longer hospital stay and associated costs. More than half of babies in multiple births were born low birthweight (57%) or pre-term (66%), including babies who were both low birthweight and pre-term. As a result, 68% of multiple births were admitted to SCN or NICU, and 50% had hospital stays of 6 days or more.

The birth of multiples, while welcomed by families, is often a source of consternation due to the increased financial burden associated with the birth and thereafter. Having a multiple birth can result in higher medical expenses and other costs, such as the cost of purchasing multiple baby supplies concurrently, rather than being able to defer such additional expenditure or, in the case of singletons born apart, the reuse supplies such as cots, bassinets and capsules. This can place a significant financial burden on parents. The increased demands of caring for multiple babies can lead to a reduced quality of life for parents, including less time for self-care, leisure activities, and relationship building.

The rigours of maintaining feeding routines, concurrent care, coupled with the financial strain of multiples may lead to elevated levels of anxiety. Caring for multiple babies at once can be physically and emotionally demanding for parents, as well as reducing opportunities for socialization given the challenges associated with accessing support.

TRA (2019) notes that “the physical workload of caring for infant twins or triplets is often underestimated. A breastfeeding mother of newborn twins is likely to be feeding them 16–24 times and changing 20 nappies each day. While number of feeds per day declines over time (from 19 at two weeks post-discharge from hospital to 13 at 20 weeks, in one study) at all ages, basic care needs are higher in multiples. In the neonatal period, while mother and babies learn to tandem (simultaneously) feed, feeds are often given separately, taking more time. Many mothers also mechanically express milk to increase or maintain supply (with 2¾ hours per day spent expressing, if recommended guidelines are followed). Another survey reported that it takes 197 hours per week to care for triplets, or 28 hours and 12 minutes per day; even if split evenly between parents, that’s nearly 99 hours per week each. Hay

and colleagues (1990) reported that at three months, 43% of Australian mothers of twins were anxious, 30% depressed and 76% exhausted.”

This can lead to increased stress, sleep deprivation, and a higher risk of depression and other mental health issues. Hay et. al. (1990) reported that at three months, 43% of Australian mothers of twins were anxious, 30% depressed and 76% exhausted (TRA, 2019).

We examined the impact of these factors on the wellbeing of families experiencing multiple births. There have been several studies that have explored the financial impact of having twins or multiples compared to singletons. These studies typically consider factors such as medical expenses, cost of childcare, lost wages, and other related expenses.

Chambers (2014) notes that the cost of multiples may be between 5 and 13 times the cost of singletons, primarily due to increased medical expenses and the need for specialized care. A comparable study conducted in the United States found similar results, with families of multiples incurring higher costs for prenatal care, delivery, and postpartum support¹.

Few studies have considered the differential ‘financial shock effect of multiple births’ and multiple singletons births to a family unit, essentially considering the impact of birth order and timing on the financial standing of families. The present report addresses this dearth of research. The analysis considers the differential impact of having twins versus two singleton births. The findings emphasise the need for additional support for multiple and higher order births.

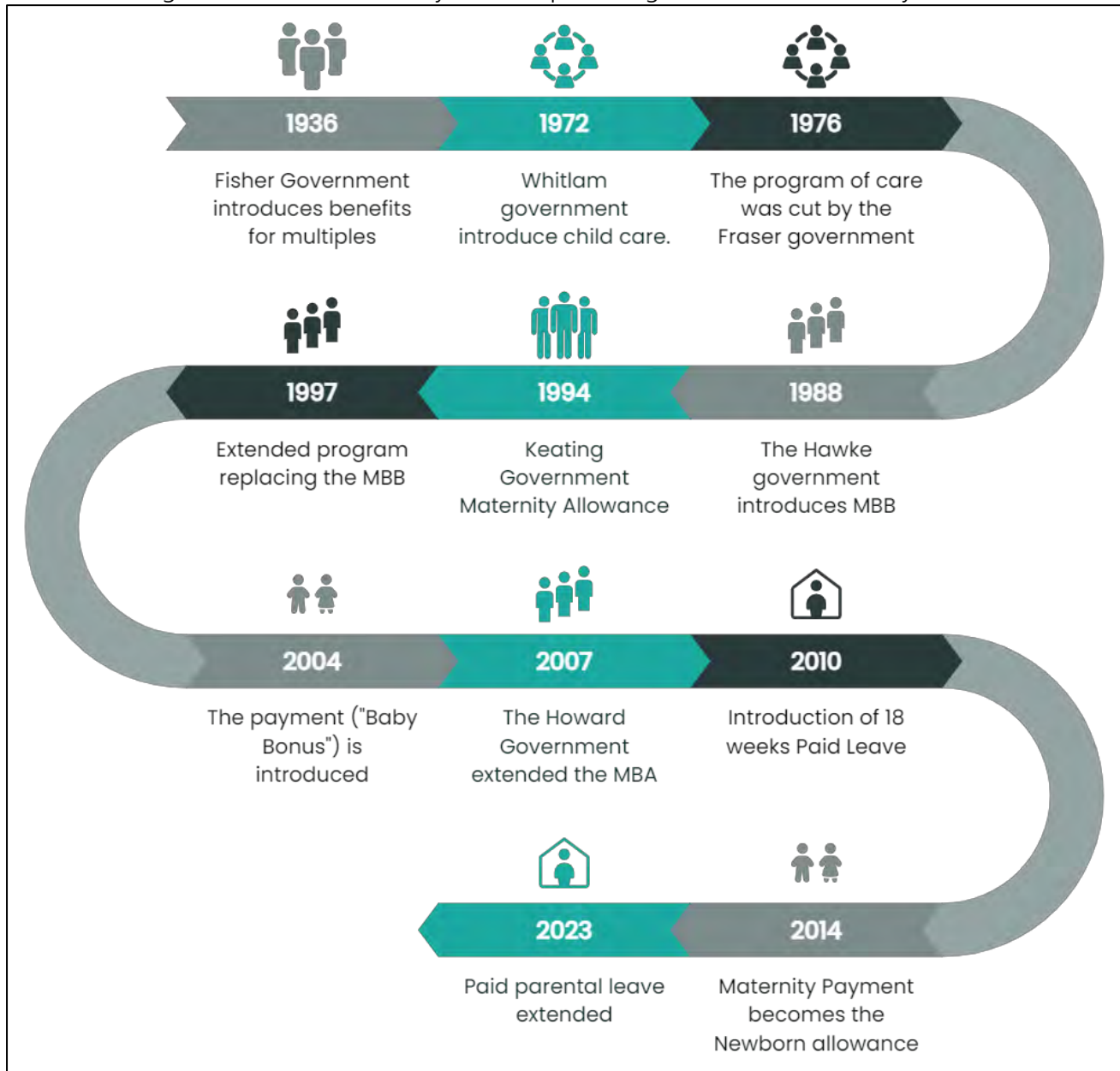
The changing dynamics of support for multiple births in Australia

The support for multiple births was modest until the major reform agenda of the Hawke Labor government, the Keating Labor, and the Howard Coalition governments sought to acknowledge the complex challenges associated with raising multiples. This bi-partisan support for families with multiples resulted in a then innovative program of supports for the time.

However, there has been little progress since with respect to progressive policy that addresses the significant economic and familial shocks associated with multiple births, through structured support. While other advanced OECD economies have made significant strides forward enacting elaborate programs of support for families with multiples (including additional once off payments and paid parental leave), multiples appear to be a forgotten cohort within Australia.

¹ Lemos (2013) note that “On average, combined all-cause healthcare expenses for mothers with twins or higher-order multiple births were about five and 20 times more expensive, respectively, than singleton delivery.”

Figure 2 – Timeline of Policy Reforms pertaining to births and maternity child.



Consider Figure 2, summarising the major reforms impacting births, and child rearing, the vast major of reforms occurring over the last 20 years (while amiable), do little, if anything at all for children with multiples. The most recent reforms to Paid Parental Leave treat individuals the same way regardless of whether families have multiples or singletons, and regardless of prematurity. Current parental leave policies treat the mother of a singleton child born at full term the same way as the mother of triplets born prematurely, when one birth is largely without complication and the other births evidence greater risks, financial costs and maternal and paternal engagement. While the reforms towards paid parental leave are to be enacted between 2023 and 2026 are worthwhile for singleton parents, they do nothing to acknowledge the complex needs of parents of multiples.

The Early Years and the Maternity Allowance

In October 1912, the Fisher Government implemented a financial assistance program aimed at aiding families with children. The program manifested in the form of a Maternity Allowance (MA), which amounted to five pounds. This sum was equivalent to over two weeks' wages for an unskilled worker and was issued to both married and unmarried mothers without a means test.

The program was devised as an poverty alleviation measure and was bestowed upon all eligible parties as a universal payment to eliminate the potential stigma of charity. It was paid on the birth of a child, MA was not subject to a means test and was not taxable; only one allowance was paid where multiple births occurred (ParlInfo, 2023). A comparable system had been introduced in the UK in 1911, but its benefits were less substantial and insurance-based (Ibid, 2023).

The Maternity Allowance garnered substantial public support and, by the late 1920s, it was automatically claimed in nearly all cases of confinement. Despite government austerity measures implemented during the Great Depression, the program persisted. From 1931 the Financial Emergency Act reduced the rate of MA to four pounds and an income test on MA was introduced. No MA was payable where the joint income of the family exceeded 260 pounds per year.

The first additional provision for multiple births was made in 1936 when the minimum MA was increased to 4 pounds 10 shillings and the system of graduated payments was eliminated, except for an extra 10 shillings where there was more than one child. In 1978, the Maternity allowance was repealed in full as the government of the day felt it was not necessary given other supports.

In 1994, the Keating Government pledged to implement a paid maternity leave scheme in adherence to the International Labour Organization's Convention No. 103. This commitment was made in the context of the Accord Mark 7 agreement with the Australian Council of Trade Unions. Two years later, in 1996, the Maternity Allowance was reintroduced in the form of a lump sum payment, which was equivalent to six weeks of the Parenting Allowance. This amount translated to 840.60 dollars per child, calculated in 1994 currency terms.

The Maternity Payment

The Baby Bonus, as it is now known, was introduced by the Howard Government in Australia in 2004, could be seen as an extension of the Maternity Allowance. At the time, it was called the Maternity Payment and was a non-means tested lump sum payment provided to eligible parents upon the birth or adoption of a child.

The Maternity Payment replaced two existing benefits - the First Child Tax Rebate and the Maternity Allowance. The First Child Tax Rebate was a tax deduction that families with a dependent child could claim on their tax return, while the Maternity Allowance was a means-tested payment for mothers who did not qualify for paid maternity leave from their employer.

The Maternity Payment was designed to provide more comprehensive financial support to families with newborn or adopted children. Eligible parents received a lump sum payment of \$3,000 for each child born or adopted, regardless of their income or employment status.

The Baby Bonus proved to be a controversial policy, with some arguing that it disproportionately benefited higher-income families and did not adequately support low-income families. In response to these concerns, the Australian Government made changes to the policy over the years. In 2008, the Baby Bonus was means-tested, so that families with a higher income received a reduced payment or were not eligible for the payment at all.

The Newborn Upfront Payment and Newborn supplement

In 2014, the Australian Government announced that it would be phasing out the Baby Bonus, replacing it with an expanded Paid Parental Leave scheme. The replacement scheme involved a lower, means-tested payment called the Newborn Upfront Payment and the Newborn Supplement, which provided \$2,000 to eligible families upon the birth or adoption of a child. The Newborn Supplement was also included as part of the Family Tax Benefit Part A, which is means-tested and provides ongoing financial support to families with dependent children.

The Multiple Births Allowance

Notwithstanding the actions of the Fisher Government in 1936, the Hawke Government were, arguably, the first to offer significant additional supports to families with multiples. The Hawke Labor Government introduced the Multiple Births Allowance in 1985. The benefit was a non-means-tested, non-taxable payment for mothers with multiple births and was designed to help offset some of the extra costs associated with raising multiple children, such as increased food, clothing, and medical expenses. These payments would be made at the rate of \$150 a month for triplets and \$200 a month for quadruplets and higher multiples. This measure was legislated in the Social Security and Repatriation (Budget Measures) Amendment Act 1985.

The introduction of the Multiple Births Benefit was seen as a positive step by many parents of multiple births, who often faced financial hardship and struggled to meet the needs of their children. The payment helped to ease some of the financial burden and provided much-needed support to families. The Multiple Birth Allowance was amended 1997, which continued to provide financial assistance to families with multiple births. This allowance was means-tested, but it continued to provide much-needed support to families with multiple births.

In 2007, the Howard Coalition Government in Australia extended the Multiple Birth Allowance to provide additional financial support for families with multiple births and eligible children under the age of 16. The extension of the allowance was announced as part of the 2007-2008 Budget and was legislated through the Families, Community Services and Indigenous Affairs Legislation Amendment (Further 2007 Budget Measures) Act 2007.

Additionally, the extended policy also included full-time students who were undertaking studies until the end of the calendar year in which the student turned 18 years old. This meant that families with multiple births or eligible children could continue to receive financial support while their children were in school.

Table 1 – Multiple Birth Allowance Rates

Family situation	Per fortnight	Per year
Triplets	\$171.08	\$4,460.30
Quadruplets or more	\$227.92	\$5,942.20

Source: Services Australia 2023

The extension of the Multiple Birth Allowance was welcomed by many families, as it provided additional financial support to help cover the costs of raising children, including easing some of the financial burden on families with multiple births or eligible children, and supporting families with children who were still in school. It is notable however that the program in its current form is only available to families that meet eligibility criteria. This specifically excludes twins, therein only being applicable to triplets and higher order multiples. In 2021 there were only 63 triplets and higher order multiples.

Given both the eligibility criteria and current rate of higher order multiples, we estimate that the current investment in this program would equate to between 111,000 and 149,000 annually; a nominal investment and one that largely excludes the majority of multiples.

Paid Parental Leave Provisions

As noted, in 1994, the Keating Government promised to adhere to ILO Convention No. 103 by introducing paid maternity leave as part of Accord Mark 7. Two years later, in 1996, they reintroduced the Maternity Allowance as a lump sum payment equal to six weeks of the Parenting Allowance, amounting to 840.60 dollars per child in 1994 currency terms. This was arguably the first step towards a comprehensive program of support.

In 2008, the Assistant Treasurer of Australia, Chris Bowen, requested that the Productivity Commission (PC) undertake an inquiry into paid maternity, paternity, and parental leave. The aim of the inquiry was to examine the current state of these policies in Australia and make recommendations for improvements.

As part of its inquiry, the Productivity Commission proposed a model for paid parental leave that would not be affected by the birth of multiple children. Under this proposed model, eligible parents would be entitled to up to 18 weeks of paid parental leave at the minimum wage, regardless of whether they had one child or multiple children in a single birth. This approach remains. However, it is at odds with the approaches of comparable advanced economies which acknowledge the need to provide greater supports to families with multiples, given both the practical challenges and financial shock associated with multiple births.

While the PC's proposed model was not immediately adopted, it did contribute to ongoing discussions and policy changes regarding paid parental leave in Australia. In 2010, the Australian Government introduced the Paid Parental Leave scheme, which provides up to 18 weeks of paid leave at the national minimum wage. While the scheme does not specifically address multiple births, it does

provide more comprehensive support for eligible parents who take time off work to care for their newborn or newly adopted child.

The Act also introduced paid paternity leave for eligible working fathers and other partners, providing the opportunity for fathers and partners to receive up to two weeks of paid paternity leave, with remuneration set at the level of the national minimum wage. This legislative change was a notable milestone in Australia's social policy framework, as it acknowledged the vital role played by fathers and partners in nurturing newborns and contributing to the welfare of their families.

The overall PPL model was designed to provide more equitable and fair support to families. The proposed model was laudable in many respects and represented a significant and positive shift in policy. The policy did not appear to consider the cost implications (or challenges associated with care and care co-ordination) associated with multiple births in the manner that multiple birth policies within other advanced economies do. A number of advocacy groups and service agencies asserted the need for a policy addressing the specific needs of families with multiples, who as evidenced throughout the research literature exploring familial needs, often face additional financial and practical challenges in raising multiple children. Most notably the Benevolent Society and the Women's Action Alliance both asserted that the consideration need to be given to the needs of multiples, asserting the logical need for a greater term of leave².

Child-care and Child care subsidies

The history of childcare subsidies in Australia can be traced back to the 1970s. In 1972, the Whitlam Government introduced the first national child care program, which provided funding for the establishment of child care centres and family day care services. However, the program was short-lived, and its funding was cut by the Fraser Government in 1976.

It wasn't until the 1990s that the Australian government started to provide more consistent and comprehensive support for child care. In 1990, the Hawke Government introduced the Child Care Act, which established a national system for the regulation and accreditation of child care services. The Act also provided funding for childcare services, but it was limited in scope and didn't provide direct financial support for families.

In 1996, the Howard Government introduced the Child Care Benefit (CCB), which provided means-tested financial assistance to families to help cover the cost of childcare. The CCB was replaced by the Child Care Rebate (CCR) in 2004, which provided a rebate of up to 30% of out-of-pocket expenses for childcare. The CCR was means-tested but not income-tested, and it was capped at \$7,500 per child per year.

In 2018, the Australian government introduced a new childcare subsidy system, which combined the CCR and the means-tested Child Care Benefit (CCB) into a single means and income-tested subsidy. The new subsidy system provided more support to low and middle-income families and removed the annual cap on the amount of childcare subsidy that families could receive.

² See the submissions from the notable voices within the NFP sector, [Benevolent Society](#) and the [Women's Action Alliance](#).

Families with multiples may also be eligible for additional childcare subsidies under the Australian Government's Child Care Subsidy (CCS) scheme. The CCS provides financial assistance to families to help cover the cost of approved childcare, including long day care, family day care, and outside school hours care.

Additionally, some childcare providers may offer discounts or other forms of support to families with multiples, such as reduced fees or additional staff support to help manage the care of multiple children. Providers are incentivised to do so within some states, though data collected by AMBA (2023) suggests that accessing places remains challenging for many families with multiples.

Overall, the level of support provided to families with multiples is modest, comprising an additional potential Newborn payment subject to stringent eligibility criteria. Most notably there is no additional support for home care, additional supported parental leave, or additional leave based on birth prematurity.

Examining the support of singleton and multiple births within advanced OECD economies

There are a number of mechanisms to support children and families after the birth of a singleton, or multiples within Advanced OECD economies, notwithstanding their absence in Australia. Most are designed to acknowledge the economic shock caused by this event. There are a number of significant direct pecuniary and non-pecuniary costs arising from the birth of children. Having considered the modest program of supports offered within Australia it is worthwhile examining the supports offered within other advanced OECD economies.

The types of supports identified within these other jurisdictions include once off birth payment provisions, acknowledging the elevated costs associated with the birth(s); and paid parental leave provisions, recognising the importance of supporting families in caring for their newborns.

Once of birth payment provisions and once off non-pecuniary supports

The values of once-off payments for multiple births vary widely across the OECD countries. In some countries, there is no provision for a once-off payment for multiple births. In others, the amount varies depending on the number of children born. Most advanced economies provide both an initial payment in acknowledgement of the financial shock associated with the birth, but also additional payments for multiple births. Some nations such as Belgium supplement this additional financial support with additional home care support eligibility, allowing for the appointment of a part time carer in addition to the payment provision.

Switzerland

In Switzerland the allowances afforded to parents vary somewhat at a canton level. In the canton of Vaud, you receive an allowance of 3,000 francs per child in the event of multiple birth or adoption (instead of 1,500 francs for a single child). In the canton of Valais, you receive an allowance of 3,000 francs per child in the event of multiple birth or adoption (instead of 2,000 francs for a single child). The Swiss program of support sees the amount provided to families increase based on the number of children born through the pregnancy, acknowledging the economic difficulties that often arise when a family has multiple births. Parents with two singletons born in succession receive a smaller quantum than parents with a twin birth.

Belgium

In the Brussels Region, the birth grant amounts to € 1,288.87 for the first child and € 585.85 for subsequent children. In the case of multiple births, each child receives €1,288.87. You can already receive this amount two months before the expected date of delivery. Similar programs of support are in place in Flanders, Wallonia and Broader Belgium. Notably, within larger cities such as Brussels, additional supports are available to parents through gratis personal carers to assist with child rearing, in addition to the payment amount. Belgium also provides a universal child benefit of USD 5709 annually, with greater amounts paid for larger families.

France

In France, families receive a once-off payment (Allocation de naissance). It is now 1,003.97 euros per unborn child. The birth grant is paid during the 7th month of pregnancy. The grant is intended to financially help parents prepare for the arrival of the child before birth. This program supplements the program of family level supports provided to French families. France also provides a universal child benefit of USD 1779 annually, with greater amounts paid for larger families.

Singapore

The program of supports in Singapore is comprehensive incorporating individual payment supports supplemented by additional matched savings initiatives. The government has also introduced an enhancement to the cash gift called the Enhanced Baby Bonus Cash Gift, which provides an additional Baby Bonus Plus of \$2,000 on top of the existing cash gift. The program comprises the Cash Gift and the CDA (Child Development Account) Initiative.

Considering the cash gift model in Singapore, the government provides a cash gift to parents of newborns to help with the expenses of raising and caring for a child. The amount of the cash gift varies depending on the birth order of the child, as shown in a table provided by the government.

The government also provides a matched savings account also contributing the first deposit of \$3000 SGD Through the CDA First Step Grant.

Table 2 – Maternity Payment benefits in Singapore

Birth Order	Cash Gift	CDA Benefits		Total Baby Bonus Benefits
	(Including the \$2,000 (SGD) Baby Bonus Enhancement)	CDA First Step Grant	Dollar-for-Dollar Matching Cap	
1st and 2nd child	\$8,000	\$3,000	Up to \$3,000	Up to \$14,000
3rd and 4th child	\$10,000		Up to \$9,000	Up to \$22,000
5th child and higher	\$10,000		Up to \$ 15,000	Up to \$28,000

Source: Government of Singapore

This means that families in Singapore actually receive twice as much support in the case of a twin birth, equating to 16,000 (SGD) while a triplet birth is supported with a payment of \$26,000 (SGD), excluding the CDA benefit of \$3000 (SGD).

New Zealand

The Work and Income Multiple Birth Home Help Payments in New Zealand aim to provide financial assistance to families of multiples for home help services such as cleaning, cooking, and laundry, which are typically performed in the home. This benefit is not means-tested and is available to New Zealand citizens or permanent residents who have given birth to twins, adopted twins, and have another child under the age of five years old, or have given birth to or adopted triplets or higher-order multiples.

Families with twins are entitled to 240 hours of home help, to be used within 12 months. Families who have given birth to or adopted triplets or more are entitled to 1560 hours, to be used within 24 months. The benefit is granted from the date of the birth of the babies if they are born at home, or from the date of their discharge from the hospital. The equivalent value of the benefit to a family with twin births is \$7947 AUD, based on the prevailing rate for such services. The equivalent value for families with triplet births is \$52744.

Sweden

In Sweden, the government has enacted a program of universal annual childcare benefit, providing a larger amount for multiples, and families with more than one child, that commences shortly after the birth of the child. The current level of support for twins is \$3507 USD.

Finland

In Finland as with Sweden, the government has enacted a program of universal annual childcare benefit, providing a larger amount for multiples, and families with more than one child, that commences shortly after the birth of the child. The current level of support for twins is \$2883.90 USD.

Ireland

In Ireland the government adjusts both once off payments and ongoing payments (Sochar Leanaí) in acknowledgement of multiple births inclusive of twins. A Multiples allowance of 635 Euros is paid on all multiple births. Monthly individual payments of €140.00 are made for singletons, with multiple births treated as a unique case.

Multiple births are a special case. In cases of multiple births, such as twins, parents are entitled to receive a payment of 150% of the standard monthly payment per child. For triplets or higher order multiple births, the payment is doubled to 200% per child, contingent on the children remaining qualified by staying in further education until the age of 19. Furthermore, a one-time payment of €635 is granted for all multiple births.

UK and Scotland

In the UK families with multiples are eligible for the Sure Start maternity grant. Families may be entitled to a Sure Start maternity grant if one or more of the parents are on a low income, and are claiming certain benefits. This grant is aimed at people who are expecting their first child, but multiple pregnancy is a special circumstance. Parents remain eligible if they already have one child or more aged under 16, provided none of them is from a multiple birth. The maternity grant is a one-off payment to help with the cost of your twins. You receive £500 for each first set of twins or £1,000 for each first set of triplets.

Multiples are also considered a unique circumstance for the purposes of universal credit. If parents are eligible for universal credit (UC), parents may apply for an extra amount to help with the cost of having twins. Parents of singletons don't usually get additional benefits with UC if they have more than two children (unless they were born before 6 April, 2017). However, if they have one child already and then have twins or triplets, this is a special circumstance, or exception. They are then able to access universal credit.

Denmark

Child allowance (Børnetilskud) is a payment paid in special circumstances, on top of child/youth benefit with multiple births considered an eligible-circumstances. The size of the child allowance depends on your situation. In 2022, the child allowance for a single parent is 1,517 kroner per child each quarter. This allowance is in addition to the regular parental benefits that all parents in Denmark are entitled to. Denmark also provides a universal child benefit of USD (TBA 2023) annually, with greater amounts paid for larger families.

Spain

Legal residents in Spain who fulfill their tax obligations are eligible for a government-issued payment of 2500 Euros on the occasion of the birth or adoption of every newborn infant. In circumstances where a family comprises three or more children or consists of a single-parent household, the payment increases to 3,500 Euros.

Japan

In Japan, families receive a one-time payment of ¥420,000 (approximately €3,285) for each child (approximately €2,343). Payments vary within some cities, with additional incentives of 100,000 yen for the first child, and up to 1 million yen (about \$9,400) for the fourth child. Notably even lower income countries (noted below) provide greater standardised non means tested supports with more modest eligibility criteria than the benefits offered in Australia.

Programs within LICs

A number of LIC also provide direct payment supports to families to attenuate the economic impacts of a birth event. the male employee is entitled to a lump sum of US\$128 (VND 2,980,000) per child, equivalent to double the basic salary.

In Turkey, parents receive a single payment for the birth of each child — for the first they are given 300 Turkish lira (€45.21), the second child 400 (€60.28) and any subsequent children 600 (€90.43).

In comparison, the once-off payment for multiple births in Australia is \$595 for each child, subject to stringent eligibility criteria. A further \$1785.42 may be available subject to income testing, and family tax benefits eligibility. These payments are lower than in other advanced OECD countries, although it is worth noting that Australia also provides ongoing child payments to support families with the costs of raising children where some other countries may not. While such supports are amiable they are not commensurate with programs of universal child support evident with advanced economies.

Furthermore, the Australian provisions are highly restrictive, precluding access to the Newborn upfront Payment and supplement if parents utilise Parental Leave Pay for the same child (Services Australia,

2023). The scheme allows families to benefit from Parental Leave Pay for one child and Newborn Upfront Payment and Newborn Supplement for the other child or children (Ibid, 2023).

When compared to these advanced OECD countries (and even many LICs), it is clear that Australia provides more restricted and less generous support payments in the event of a birth, and notably, only modest additional payments for multiples (only triplets and higher order multiples are afforded any ongoing support, and both the frequency of such occurrences and the eligibility criteria cause many to be excluded from these supports). The exclusion of twins from supports is perplexing given the obvious need (see inter alia Chambers (2014) for medical expenditure estimates and Per Capita's estimates in the latter portion of the document).

The once-off birth payment in Australia is currently \$595 for each child, regardless of whether it is a single birth or a multiple birth, with this amount restricted to higher order multiples when utilising paid leave. While this payment can be helpful for families, it does not cover the additional costs associated with having multiples. A further quandary is the absence of additional paid leave when a parent has multiple births in Australia (particularly given the average term of prematurity of birth is 4.5 weeks for twins, and greater for HOM), which can make it difficult for parents to balance work and caring for their children. Parents frequently delay their return to work as a consequence, often at significant financial (opportunity) cost.

Again, we return to our central and critical refrain, the cost of raising multiples can be significantly higher than raising a single child. Multiple children may require more food, clothing, and other essential items. The cost of childcare can also be significantly higher for families with multiples, as they may need to pay for multiple childcare arrangements.

It is clear that Australia's once-off birth payment provisions for families with multiples are not adequate, and appear somewhat antiquated when compared to those provided by other advanced OECD countries. While the payment can be helpful for families, it does not cover the additional costs associated with having multiples.

Paid parental leave provisions and additional support(s) for multiples

Paid parental leave policies can have significant impacts on the health and well-being of parents, children, and society as a whole (Cite). They provide parents with much-needed time to bond with their newborns, recover from childbirth, and adjust to their new family situation. In addition, paid parental leave can improve workforce participation, promote gender equality, and reduce the gender pay gap.

Notably, when considering all paid leave available to mothers (inclusive of paid maternity leave, paid parental leave and home care leave) Australia ranks amongst the lowest overall, with Australia's ranking within the bottom two nations within the OECD when accounting for full rate equivalent weeks provided.

Table 3 – Summary of paid leave available to mothers in OECD Countries

	Paid maternity leave			Paid parental and home care leave available to mothers			Total paid leave available to mothers		
	Length (weeks)	Average payment rate (%)	Full-rate equivalent (weeks)	Length (weeks)	Average payment rate (%)	Full-rate equivalent (weeks)	Length (weeks)	Average payment rate (%)	Full-rate equivalent (weeks)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)=(1)+(4)	(8)	(9)
Australia	12.0	43.1	5.2	6.0	43.1	2.6	18.0	43.1	7.7
Austria	16.0	100.0	16.0	44.0	71.2	31.3	60.0	78.9	47.3
Belgium	15.0	64.7	9.7	17.3	20.3	3.5	32.3	40.9	13.2
Canada	16.0	39.5	6.3	35.0	44.8	15.7	51.0	43.2	22.0
Chile	18.0	100.0	18.0	12.0	100.0	12.0	30.0	100.0	30.0
Colombia	18.0	100.0	18.0	0.0	0.0	0.0	18.0	100.0	18.0
Costa Rica	17.3	100.0	17.3	0.0	0.0	0.0	17.3	100.0	17.3
Czech Republic	28.0	63.7	17.8	40.6	88.2	35.8	68.6	78.2	53.7
Denmark	18.0	50.7	9.1	32.0	50.7	16.2	50.0	50.7	25.4
Estonia	14.3	100.0	14.3	67.9	100.0	67.9	82.1	100.0	82.1
Finland	17.5	74.6	13.1	143.5	18.7	26.8	161.0	24.8	39.9
France	16.0	91.4	14.6	26.0	13.5	3.5	42.0	43.2	18.1
Germany	14.0	100.0	14.0	44.0	65.0	28.6	58.0	73.4	42.6
Greece	43.0	65.1	28.0	8.7	42.2	3.7	51.7	61.3	31.6
Hungary	24.0	100.0	24.0	136.0	40.8	55.6	160.0	49.7	79.6
Iceland	26.0	71.3	18.5	6.0	71.3	4.3	32.0	71.3	22.8
Ireland	26.0	25.7	6.7	5.0	25.7	1.3	31.0	25.7	8.0
Israel	15.0	100.0	15.0	0.0	0.0	0.0	15.0	100.0	15.0
Italy	21.7	80.0	17.4	26.0	30.0	7.8	47.7	52.7	25.2
Japan	14.0	67.0	9.4	44.0	59.9	26.4	58.0	61.6	35.8
Korea	12.9	83.7	10.8	52.0	44.6	23.2	64.9	52.4	34.0
Latvia	16.0	80.0	12.8	78.0	46.3	36.1	94.0	52.0	48.9
Lithuania	18.0	77.6	14.0	44.0	77.6	34.1	62.0	77.6	48.1
Luxembourg	20.0	100.0	20.0	26.0	67.1	17.4	46.0	81.4	37.4
Mexico	12.0	100.0	12.0	0.0	0.0	0.0	12.0	100.0	12.0
Netherlands	16.0	100.0	16.0	0.0	0.0	0.0	16.0	100.0	16.0

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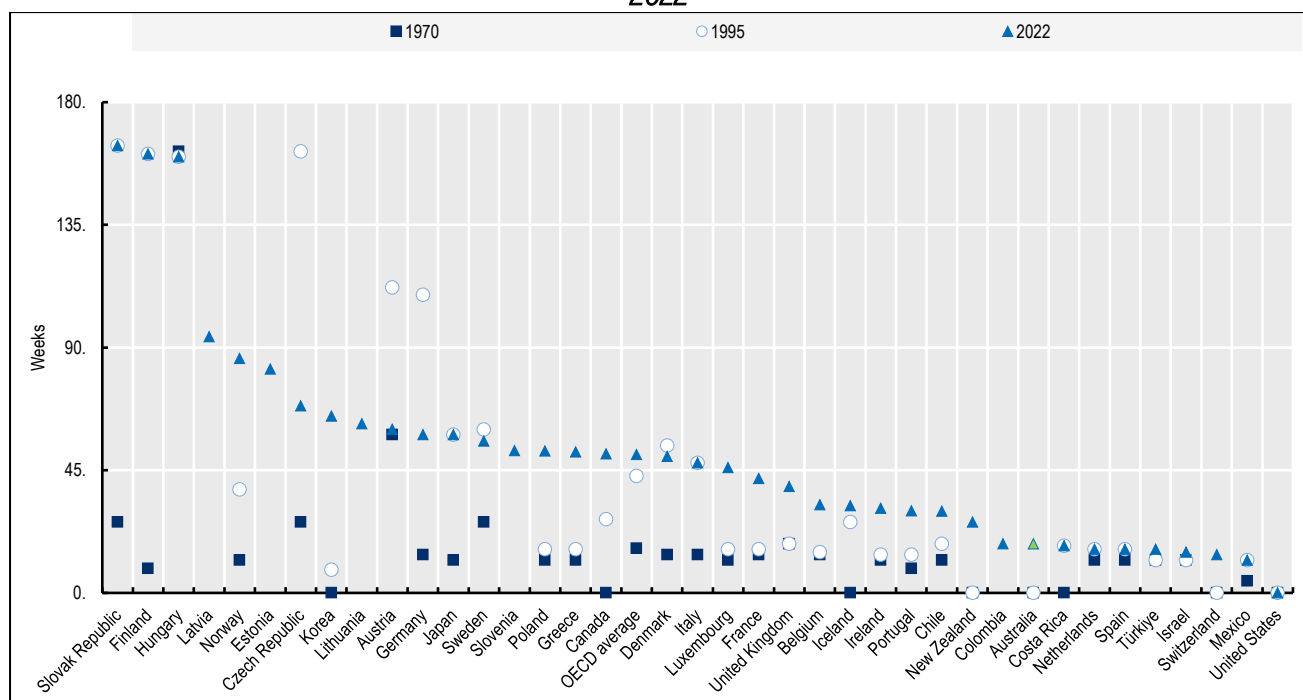
New Zealand	26.0	48.9	12.7	0.0	0.0	0.0	26.0	48.9	12.7
Norway	18.0	100.0	18.0	68.0	34.0	23.1	86.0	47.8	41.1
Poland	20.0	100.0	20.0	32.0	67.5	21.6	52.0	80.0	41.6
Portugal	6.0	100.0	6.0	24.1	59.6	14.4	30.1	67.7	20.4
Slovak Republic	34.0	75.0	25.5	130.0	32.7	42.5	164.0	41.5	68.0
Slovenia	15.0	100.0	15.0	37.1	100.0	37.1	52.1	100.0	52.1
Spain	16.0	100.0	16.0	0.0	0.0	0.0	16.0	100.0	16.0
Sweden	12.9	77.6	10.0	42.9	57.2	24.5	55.7	61.9	34.5
Switzerland	14.0	53.9	7.6	0.0	0.0	0.0	14.0	53.9	7.6
Türkiye	16.0	100.0	16.0	0.0	0.0	0.0	16.0	100.0	16.0
United Kingdom	39.0	29.5	11.5	0.0	0.0	0.0	39.0	29.5	11.5
United States	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OECD average	18.5	-	-	32.3	-	-	50.8	-	-
Bulgaria	58.6	90.0	52.7	51.9	44.5	23.1	110.4	68.6	75.8
Croatia	30.0	100.0	30.0	26.0	62.0	16.1	56.0	82.4	46.1
Cyprus	18.0	72.0	13.0	0.0	0.0	0.0	18.0	72.0	13.0
Malta	18.0	86.3	15.5	0.0	0.0	0.0	18.0	86.3	15.5
Romania	18.0	85.0	15.3	90.7	85.0	77.1	108.7	85.0	92.4
EU average	21.1	-	-	43.5	-	-	64.6	-	-

Source: OECD 2023. Notes: Information refers to paid parental leave and subsequent periods of paid home care leave to care for young children (sometimes under a different name, for example, "childcare leave" or "child raising leave"). The table refers to paid leave entitlements in place as of April 2022. Data reflect entitlements at the national or federal level only, and do not reflect regional variations or additional/alternative entitlements provided by states/provinces or local governments in some countries (e.g. Québec in Canada, or California in the United States).

To make a consistent comparison of different maternity-, parental-, and paternity leave systems across countries various assumptions need to be made. These include: (i) The relevant birth is of a single child and is of the first child in the household. (ii) Prior to birth, both parents are employed in the private sector at 100% of average gross earnings. (iii) Both parents meet the eligibility criteria for leave entitlements and payments. (iv) Mother and child are healthy with no birth-related complications. (v) Where there is a choice, parents use paid leave first before taking any unpaid leave. (vi) Where there is more than one option regarding length and payment rate (as in Austria, Canada, the Czech Republic, Lithuania and Norway), parents take the option with the highest available weekly payment rate for an average earner. (vii) Following that, parents attempt to maximise the length of paid leave available: first, they maximise combined paid leave; second, mothers maximise their use of paid leave over fathers, in other words, it is assumed that mothers use the available shareable part of parental leave. (viii) Parents use their entitlements in one continuous block, both individually and in combination, with the mother using their entitlement first and the father second. (ix) Where participation of the father/partner is rewarded with an extension or bonus weeks of leave, the number of weeks for which the father/partner needs to take leave in order to qualify for the bonus are considered as "earmarked" for the father/partner. (x) Options that require the permission of the employer are not included. (xi) Leave durations are expressed in weeks. (xii) Mothers maximise their pre-birth maternity leave.

The "average payment rate" refers to the proportion of previous earnings replaced by the benefit over the length of the paid leave entitlement for a person earning 100% of average national full-time earnings. If this covers more than one period of leave at two different payment rates then a weighted average is calculated based on the length of each period. In most countries benefits are calculated on the basis of gross earnings, with the "payment rates" shown reflecting the proportion of gross earnings replaced by the benefit. In Austria, Chile, Germany, Lithuania and Romania (parental leave only), benefits are calculated based on previous net (post income tax and social security contribution) earnings, while in France benefits are calculated based on post-social-security-contribution earnings. Payment rates for these countries reflect the proportion of the appropriate net earnings replaced by the benefit. Additionally, in some countries maternity and parental benefits may be subject to taxation and may count towards the income base for social security contributions. As a result, the amounts actual amounts received by the individual on leave may differ from those shown in the table. Data on all earnings refer to 2021 and net earnings for Chile refer to 2016. "

Figure 3 - Length of paid maternity, parental and home care leave available to mothers, 1970, 1995, and 2022

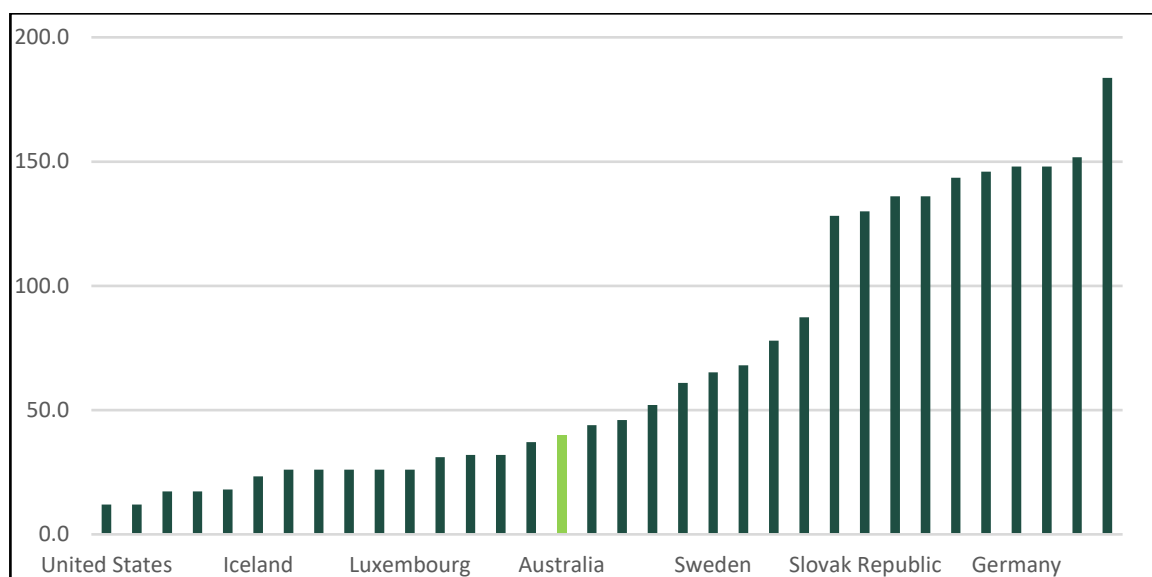


Source: OECD 2023. Note: Information refers to weeks of paid maternity leave and any weeks of paid parental leave and paid home care leave in place as of April of the respective year (sometimes under a different name, for example, "childcare leave" or "child raising leave") that are available to mothers. Data reflect entitlements at the national or federal level only, and do not reflect regional variations or additional/alternative entitlements provided by states/provinces or local governments in some countries (e.g. Québec in Canada, or California in the United States). To make a consistent comparison over time of different maternity-, parental-, and paternity leave systems across countries various assumptions need to be made. These include: (i) The relevant birth is of a single child and is of the first child in the household. (ii) Prior to birth, both parents are employed in the private sector at 100% of average gross earnings. (iii) Both parents meet the eligibility criteria for leave entitlements and payments. (iv) Mother and child are healthy with no birth-related complications. (v) Where there is a choice, parents use paid leave first before taking any unpaid leave. (vi) Where there is more than one option regarding length and payment rate (as in Austria, Canada, the Czech Republic, Lithuania and Norway), parents take the option with the highest available weekly payment rate for an average earner. (vii) Following that, parents attempt to maximise the length of paid leave available: first, they maximise combined paid leave; second, mothers maximise their use of paid leave over fathers, in other words, it is assumed that mothers use the available shareable part of parental leave. (viii) Parents use their entitlements in one continuous block, both individually and in combination, with the mother using their entitlement first and the father second. (ix) Where participation of the father/partner is rewarded with an extension or bonus weeks of leave, the number of weeks for which the father/partner needs to take leave in order to qualify for the bonus are considered as "earmarked" for the father/partner. (x) Options that require the permission of the employer are not included. (xi) Leave durations are expressed in weeks (xii) Mothers maximise their pre-birth maternity leave.

Protected Leave terms

With respect to terms of protected leave Australia ranks marginally better, albeit the notion of leave being protected, while highly beneficial does not render it accessible if not matched by a viable term of PPL, and this is particularly problematic when considering the adequacy of both paid paternity and maternity leave provisions in Australia. Protected leave provisions are particularly perplexing for parents with multiples as financial constraints and practical needs may preclude their use given the elevated costs of multiples.

Figure 4 – Protected term of parental leave



Source: OECD 2023. Note: Information refers to parental leave and subsequent periods of home care leave in place as of April 2022 (sometimes under a different name, for example, "childcare leave" or "child raising leave"). Data reflect entitlements at the national or federal level only, and do not reflect regional variations or additional/alternative entitlements provided by states/provinces or local governments in some countries (e.g. Québec in Canada, or California in the United States). In some countries (for example, Australia, Iceland, New Zealand, Norway and Sweden), there is no separate regulation for job-protected maternity leave. Here it is assumed that the mother takes quotas, primary carers leaves or other entitlements in accordance with the coding notes laid out in OECD indicator PF2.1. This may reduce the mother's entitlement to job-protected parental and home care leave as displayed in this figure. In Spain, parental leave carries full job protection only for the first year. For the last two years of the leave, only a return to a similar job or job of the same category is guaranteed.

Paid paternity leave provisions

The provision of paternity leave in Australia is comparably lacking when compared to other advanced and emerging economies, according to the Organisation for Economic Co-operation and Development (OECD). OECD research suggests that fathers who take paternity or parental leave are more likely to be involved in activities such as feeding and bathing their children. This early engagement has a long-term effect as fathers who engage in early childcare are more likely to remain involved as their children grow up. Furthermore, children who have fathers that participate more in childcare and family life have been shown to experience improved cognitive and emotional outcomes, and better physical health. Additionally, fathers who are more involved with their children tend to report greater life satisfaction and better physical and mental health than those who are less engaged.

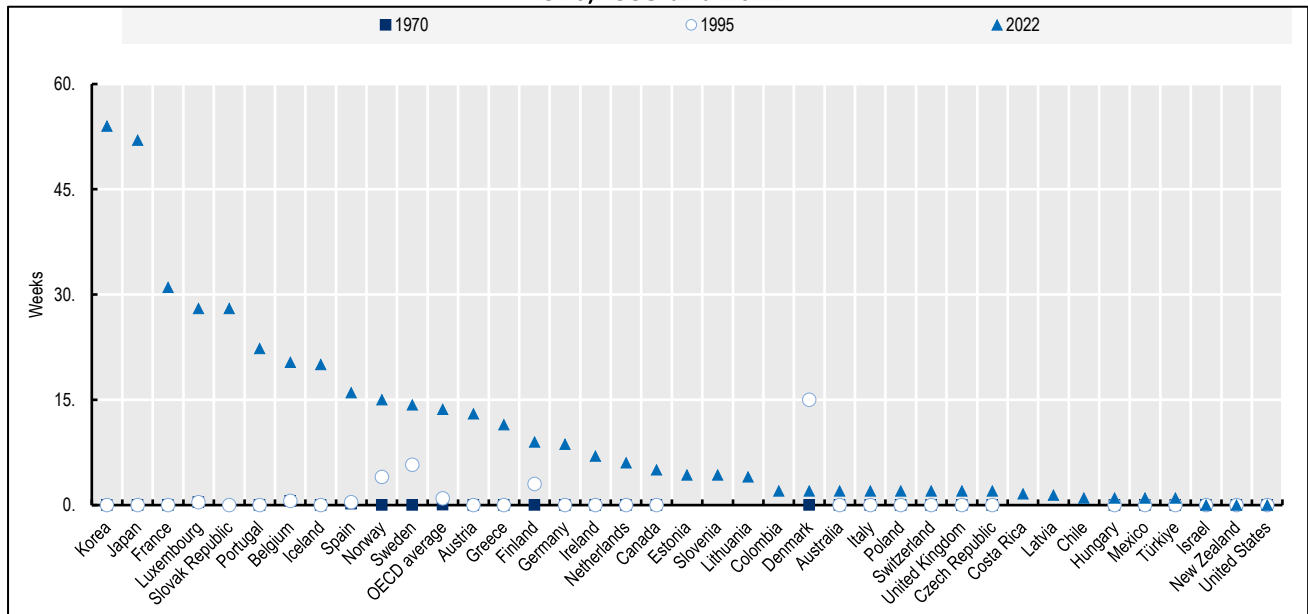
In many OECD countries, societal gender norms and cultural traditions can result in mothers taking all or most of the leave entitlement. However, data provided by the Australian Multiple Birth Association

(AMBA) and the study research reference group suggest that fathers of multiples are more inclined to engage in child-rearing and support their spouses, given the heightened care responsibilities associated with multiple births. Mothers have reported experiences where partners have provided significant support in child-rearing, but it came at a considerable financial cost to the family unit (AMBA, 2023). The financial strain resulting from the loss of earnings had significant negative consequences for the family (AMBA, 2023). Additionally, some mothers have reported that it was not financially feasible for their child's father to take leave (Ibid, 2023).

The OECD suggests that financial reasons may explain the lower uptake of paternity leave in OECD countries. In instances where the mother earns less than her partner, which is still the case in the OECD where the gender pay gap stands at approximately 15% on average, fathers are more likely to continue working. This financial logic likely influences leave-taking decisions in Australia, as families may not be able to afford for fathers to take significant periods of leave. In response, more and more OECD countries are turning towards reserving non-transferable periods of paid parental leave exclusively for use by fathers. This approach has several advantages. If a father decides to take leave it does not affect his partner's entitlement. Also, it legitimises the idea of fathers taking parental leave, so easing potential objections from employers.

As a reaction to the modest uptake in paid parental leave uptake, an increasing number of OECD nations have adopted policies that reserve non-transferable durations of paid parental leave specifically for fathers. This approach offers several benefits, including the preservation of a partner's entitlement to parental leave in the event of the father's decision to take leave. Moreover, it serves to legitimize the concept of fathers taking parental leave, potentially mitigating opposition from employers.

Figure 5 - Length of paid paternity leave and paid parental and home care leave reserved for fathers, 1970, 1995 and 2022



Note: Australia is denoted in green. Information refers to entitlements to paid paternity leave, 'father quotas' or periods of paid parental or home care leave that can be used only by the father and cannot be transferred to the mother, and any weeks of sharable paid leave that must be taken by the father in order for the family to qualify for 'bonus' weeks of parental leave. The figure refers to paid leave entitlements in place as of April of the respective year. Data reflect entitlements at the national or federal level only, and do not reflect regional variations or additional/alternative entitlements provided by states/provinces or local governments in some countries (e.g. Québec in Canada, or California in the United States).

Table 4 – Paid Paternity leave, parental leave, and home care leave for fathers (2022)

	Paid paternity leave			Paid parental and home care leave reserved for fathers			Total paid leave reserved for fathers		
	Length (weeks)	Average payment rate (%)	Full-rate equivalent (weeks)	Length (weeks)	Average payment rate (%)	Full-rate equivalent (weeks)	Length (weeks)	Average payment rate (%)	Full-rate equivalent (weeks)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)=(1)+(4)	(8)	(9)
Australia	2.0	43.1	0.9	0.0	0.0	0.0	2.0	43.1	0.9
Austria	4.3	24.4	1.1	8.7	49.0	4.2	13.0	40.8	5.3
Belgium	3.0	70.5	2.1	17.3	20.3	3.5	20.3	27.7	5.6
Canada	0.0	0.0	0.0	5.0	44.8	2.2	5.0	44.8	2.2
Chile	1.0	100.0	1.0	0.0	0.0	0.0	1.0	100.0	1.0
Colombia	2.0	100.0	2.0	0.0	0.0	0.0	2.0	100.0	2.0
Costa Rica	1.6	100.0	1.6	0.0	0.0	0.0	1.6	100.0	1.6
Czech Republic	2.0	63.7	1.3	0.0	0.0	0.0	2.0	63.7	1.3
Denmark	2.0	50.7	1.0	0.0	0.0	0.0	2.0	50.7	1.0
Estonia	4.3	100.0	4.3	0.0	0.0	0.0	4.3	100.0	4.3
Finland	3.0	62.8	1.9	6.0	62.8	3.8	9.0	62.8	5.7
France	5.0	91.4	4.6	26.0	13.5	3.5	31.0	26.1	8.1
Germany	0.0	0.0	0.0	8.7	66.3	5.7	8.7	66.3	5.7
Greece	2.8	100.0	2.8	8.7	42.2	3.7	11.5	56.4	6.5
Hungary	1.0	100.0	1.0	0.0	0.0	0.0	1.0	100.0	1.0
Iceland	0.0	0.0	0.0	20.0	71.3	14.3	20.0	71.3	14.3
Ireland	2.0	25.7	0.5	5.0	25.7	1.3	7.0	25.7	1.8
Israel	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Italy	2.0	100.0	2.0	0.0	0.0	0.0	2.0	100.0	2.0
Japan	0.0	0.0	0.0	52.0	61.3	31.9	52.0	61.3	31.9
Korea	2.0	100.0	2.0	52.0	44.6	23.2	54.0	46.7	25.2
Latvia	1.4	80.0	1.1	0.0	0.0	0.0	1.4	80.0	1.1
Lithuania	4.0	77.6	3.1	0.0	0.0	0.0	4.0	77.6	3.1
Luxembourg	2.0	100.0	2.0	26.0	67.1	17.4	28.0	69.5	19.4
Mexico	1.0	100.0	1.0	0.0	0.0	0.0	1.0	100.0	1.0
Netherlands	6.0	79.9	4.8	0.0	0.0	0.0	6.0	79.9	4.8
New Zealand	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Norway	0.0	0.0	0.0	15.0	100.0	15.0	15.0	100.0	15.0
Poland	2.0	100.0	2.0	0.0	0.0	0.0	2.0	100.0	2.0
Portugal	5.0	100.0	5.0	17.3	43.6	7.5	22.3	56.3	12.5
Slovak Republic	0.0	0.0	0.0	28.0	75.0	21.0	28.0	75.0	21.0

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Slovenia	4.3	100.0	4.3	0.0	0.0	0.0	4.3	100.0	4.3
Spain	16.0	100.0	16.0	0.0	0.0	0.0	16.0	100.0	16.0
Sweden	1.4	58.2	0.8	12.9	77.6	10.0	14.3	75.7	10.8
Switzerland	2.0	53.9	1.1	0.0	0.0	0.0	2.0	53.9	1.1
Türkiye	1.0	100.0	1.0	0.0	0.0	0.0	1.0	100.0	1.0
United Kingdom	2.0	18.5	0.4	0.0	0.0	0.0	2.0	18.5	0.4
United States	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
OECD average	2.3	-	-	8.1	-	-	10.4	-	-
Bulgaria	2.1	90.0	1.9	0.0	0.0	0.0	2.1	90.0	1.9
Croatia	0.0	0.0	0.0	8.7	62.0	5.4	8.7	62.0	5.4
Cyprus	2.0	72.0	1.4	0.0	0.0	0.0	2.0	72.0	1.4
Malta	0.2	100.0	0.2	0.0	0.0	0.0	0.2	100.0	0.2
Romania	1.0	100.0	1.0	4.3	85.0	3.7	5.3	87.8	4.7
EU average	2.9	-	-	5.6	-	-	8.5	-	-

Additional multiple births specific paid parental leave

While many advanced OECD countries have recognized the importance of additional paid parental leave for multiples and have implemented robust policies that provide additional leave for parents of multiples, Australia's policies fall short in comparison.

Australia provides up to 18 weeks of paid parental leave, which is relatively limited compared to other advanced OECD countries. We examined the policies of a number of comparable OECD economies, to facilitate objective comparison. For example, France provides up to 16 weeks of paid maternity leave, with an additional 18 weeks for twins and a further 20 weeks (18 weeks plus an additional 2 weeks) for triplets. Belgium offers up to 12 weeks of paid maternity leave, with an additional 1 weeks for each multiple birth.

Portugal provides up to 120 days of paid maternity leave, with an additional 30 days for each multiple birth. The Netherlands offers up to 16 weeks of paid maternity leave, with an additional 10 weeks of unpaid leave available. In Japan, mothers are entitled to up to 14 weeks of paid maternity leave, with an additional 8 weeks available for multiple births.

In addition to existing leave provisions of 16 weeks at the full salaried rate, parents within Spain are entitled to La hora de lactancia. La hora de lactancia is the right to one hour per day of leave from work, without affecting your salary, during the first nine months of your baby's life. This benefit applies regardless of whether the parent is breastfeeding or bottle-feeding their baby. If their baby is premature, the nine-month period starts from Week 40 of your pregnancy. This benefit also extends to legal guardians and adoptive parents. If, for example, they have used their holiday entitlement during your 16 weeks of statutory maternity leave, you can still take the one-hour periods for the remaining time until the baby is nine months old.

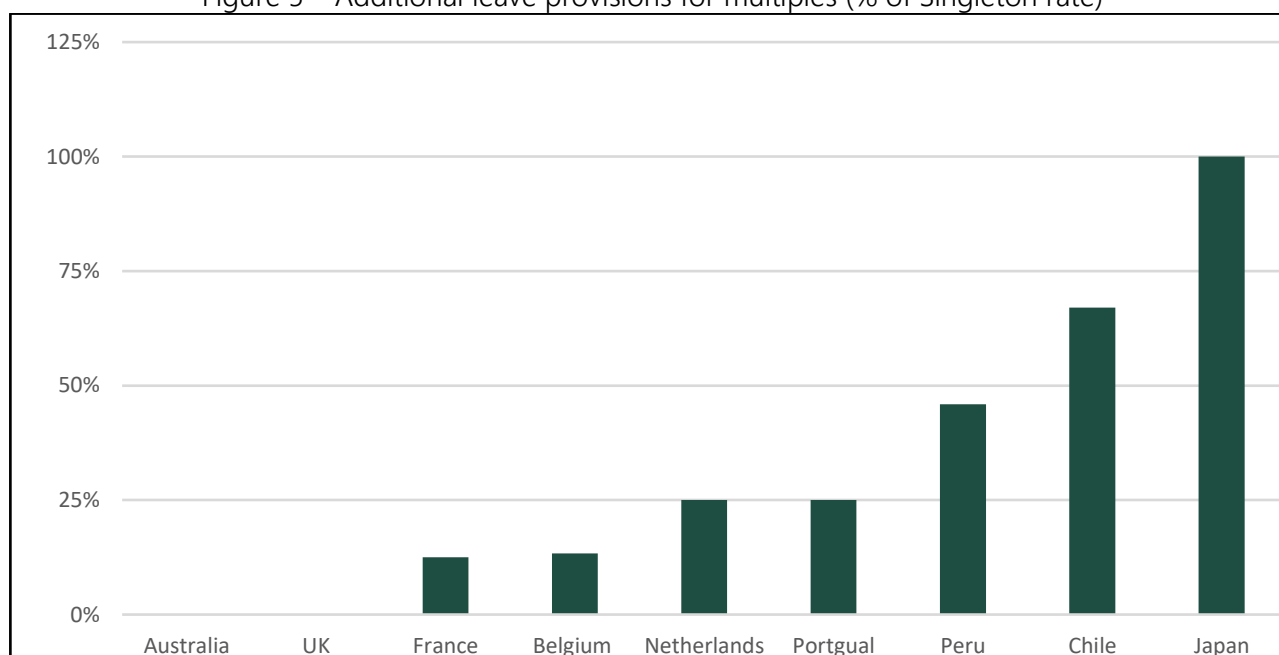
As with birth specific once of payments for multiples, it is not just advanced economies providing additional parental leave support to families with multiples, a number of LICs also provide additional

paid maternity leave for multiples. Vietnam offers up to 6 months of paid maternity leave, with an additional month for each multiple birth. Chile provides up to 18 weeks of paid maternity leave, with an additional 90 days available for multiple births. Peru offers up to 98 days of paid maternity leave, with an additional 30 days available for multiple births.

This lack of additional support for parents of multiples can be particularly challenging, as caring for multiple newborns can be physically and emotionally demanding. Parents of multiples may face higher levels of stress and exhaustion, and may require more time off work to provide the care and support their children need. Without additional leave provisions, parents of multiples may be forced to return to work sooner than they would like, or may struggle to balance work and caring responsibilities.

In addition to the relatively short period of paid parental leave and the lack of additional leave for parents of multiples, Australia's paid parental leave policy also has other limitations. For example, the policy only applies to primary caregivers who have worked for at least 10 of the 13 months prior to the birth or adoption of their child, and who meet certain income requirements. This means that some parents, particularly those who are self-employed or have irregular work patterns, may not be eligible for paid parental leave. In contrast, many other advanced OECD countries have more inclusive policies that apply to a broader range of workers, including self-employed and part-time workers.

Figure 5 – Additional leave provisions for multiples (% of Singleton rate)



Source: OECD data (2023) Per Capita data (2023) Per Capita's calculations. Note: This chart depicts the additional term of leave provided to parents of multiples as a percentage of the singleton rate. The singleton and multiple rates were procured from government agencies within the respective polities.

Most notably the lack of additional leave for multiples is at stark contrast to other advanced economies (See Figure 5) that recognise the need to offer additional leave, but concerningly overall leave provisions are modest in comparison to those that do not. Consider the UK where like Australia, and unlike the rest of the advanced OECD economies discussed, there is no additional term of leave for multiples, the total leave is 273 days, double the term of leave provided in Australia. This leave term in absolute terms is far more generous than the program of paid support available within Australia. When

accounting for equivalent wage levels (essentially how many weeks of equivalent wages are covered by the sum provided rather than the notional term of weeks claimed to be provided within each country) this equates to a 48.5% greater level of support provided within the UK, when compared with Australia. So, the program of supports is arguably the least generous program of supports for multiples of all surveyed, even in comparison to countries such as the UK that do not offer a discrete multiples leave benefit.

So, for emphasis, while Australia provides some support for parents through its paid parental leave policy, it falls well short in comparison to many other advanced OECD countries. The relatively short period of paid leave, the lack of additional leave for parents of multiples, and the limited eligibility criteria mean that many parents may struggle to balance work and caring responsibilities, or may not have access to paid parental leave at all. By contrast, many other countries have recognized the importance of paid parental leave and have implemented more comprehensive policies that provide longer periods of leave, additional support for parents of multiples, and more inclusive eligibility criteria.

Acknowledging the need for additional support in Australia

The support provided to parents of multiples in Australia is modest at best and is notably less generous than other advanced OECD economies. This may be plausibly due to the decline in multiples since 2010 consequential in part to changing protocols pertaining to the use of IVF. It appears far more likely that policies enacted within Australia have simply not kept pace with advanced economies, and that families with multiples have simply been forgotten by recent governments.

The lack of support appears unjustifiable given the obvious elevation in need evidenced by families with multiples. Understanding the pecuniary and non-pecuniary impacts of multiples is pertinent. Additionally given the rising costs of living and inflationary conditions more broadly, families with multiples are likely to be disproportionately impacted when compared with families of equivalent size that have had two singletons in succession (with an average 2.1 year age difference), particular given the ability of families with singletons to access additional paid leave benefits, without having to take unpaid leave as is often the case with parents of multiples.

The following case studies and shared lived experiences of parents of multiples highlight the dearth of support, and the need for a program of support that acknowledges the timing and substance of economic and non-economic impacts caused by twins and higher order multiples. Data collected by the AMBA and supplied to Per Capita as part of the research process suggests that these examples are not isolated but rather are highly representative of the experiences of many families with multiples. Further analyses of supplied experience datasets are included within the ensuing segment of the report.

I was pregnant with triplets and had to start my maternity leave when I was 28 weeks pregnant as I was unable to physically work. I gave birth to my triplets at 35 weeks and they spent 19 days in the NICU.

Before I had even brought the babies home I had used almost 11 weeks out of the 18 weeks leave prescribed by the Government. My partner's work only gave him 2 weeks of parental leave, that was nowhere near enough.

I physically needed someone else in the house to help feed my three premature infants, but we very quickly had a single income and my partner had to go back to work. We ended up going into debt and borrowing money just to pay for in-home support because there was nothing else out there to help. It was crippling financially, and I don't know if we will ever recover in this economy.

Mother of triplets

We have quadruplets based in Queensland (and we have 6 other kids) they were born at 27 weeks. We waited months after they had been brought home for our Multiple Birth Allowance payments to be processed, we had to rely on a charity to provide us with nappies and essential items. The payment will barely cover the costs of nappies and formula.

Mother of quadruplets and 6 singletons

It's expensive to have both of them plus our singleton in (who is only 19 months older than the twins) so we have to rely on older grandparents and also both partners reduce work hours to cover the care as it's too expensive to have 3 of them in more than 2 days a week. If we ever need to put the twins in an extra day (which we needed to recently as their grandmother had an operation and couldn't care for them) we couldn't get both twins in to a casual day care day because there's two of them.

Mother of twins & a singleton

The rising costs of living and care for families with multiples.

The costs of raising children in Australia

Raising children in Australia can be a significant financial challenge for families, with the cost of providing for a child increasing each year, however the impact on families with multiples is greater given the higher costs of multiple birth children with greater incremental and differential costs. According to a report by the University of Canberra, the estimated cost of raising a child to the age of 18 in Australia is up to \$548,000 (Phillips & Taylor, 2017). This includes expenses such as housing, food, healthcare, education, clothing, and other daily living necessities. The early stages of a child's life can be particularly costly for families, with expenses such as baby items, childcare, and medical costs adding up quickly. The cost of medical care during pregnancy and childbirth can also be significant, with out-of-pocket expenses for private health insurance increasing by 45% between 2010 and 2015 (AIHW, 2017).

These high costs can put a significant strain on families, especially those with lower incomes or with multiple children. Families may need to make difficult financial decisions, such as sacrificing other necessities or reducing their working hours to care for their children. This can lead to financial stress and can negatively impact parents' mental and emotional well-being.

Given the high cost of raising children in Australia, it is important for policymakers to consider ways to support families, particularly during the early stages of a child's life. Programs such as paid parental leave, affordable childcare, and financial assistance can help alleviate the financial burden on families and improve the well-being of both parents and children. It is critical however that the design of such policies acknowledges the critical impact of the timing of births on parents, given the significantly different financial and personal challenges that arise from singleton births in succession, and the birth of multiples. Birth timing appears to be a critical determinant of the cost associated with children, particularly during the earliest years of life.

Multiple births specific impacts of inflationary conditions

The rising costs of living have been shown to have a significant impact on families with multiple children, particularly those with multiple births. Families with twins and triplets experienced a higher financial burden than families with singletons due to increased expenses for childcare, medical care, and daily living necessities such as food and clothing (Lemos, 2013; Luke et al 1996). Further studies reported that families with twins had higher expenses for medical care and insurance than families with singletons (Kinzler et al, 2003).

The financial challenges faced by families with multiple births can lead to increased stress and anxiety for parents, which can negatively impact their mental and emotional health. This may impact their ability to secure and participate in gainful employment. Mothers of multiples reported higher levels of depression and anxiety than mothers of singletons, with plausible associations with a number of factors including financial need (Wenze et al, 2015; Thorpe et al 1991). The emotional and psychological toll of raising multiple children can further exacerbate these challenges, as parents may struggle to balance the demands of caring for multiple children with the financial and emotional stress of meeting their needs.

Within highly inflationary conditions the impact of birth timing is likely exacerbated. This is because families with multiples are having to expend a greater proportion of income on goods that are subject to greater inflation. Our latter differential cost estimates rely in part on cost of living evaluations. For conservatism we take the average of the most recent estimate sets pertaining to raising children, noting that such estimates do not account for the rising cost of living, and are also based on low living standards expectations.

In considering the costs of living it is important to acknowledge the differential timing and differential absolute costs incurred by singleton and multiple families. This is critical in evaluating the extant policies pertaining to singletons and multiples. What remains largely absent from the Australian policy framework in recent times is the formal acknowledgement that raising multiples is more challenging (and presents as a greater initial economic shock) than raising singletons with greater age variations, particularly during the earliest vestiges of childhood.

We model these differential costs during the earliest vestiges of childhood to evaluate the extant policy responses within Australia. Before proceeding to the estimates and policy analyses it is critical that we consider the non-financial impacts of multiple births. The following segment of the report surveys the extant literature pertaining to the non-financial impacts of multiple births for the family unit.

The Differential Experiences of Multiple Births versus Singletons, the challenges of recovery, care and financial burdens

As noted by Umstad (2019), women carrying multiple pregnancies are more susceptible to experiencing various pregnancy-related complications, ranging from minor to severe. Such complications include, but are not limited to, nausea, vomiting, fatigue, constipation, hemorrhoids, frequent urination, varicose veins, heartburn, and leg cramps, all of which occur at higher rates among women with multiple pregnancies (Ibid, 2019, Umstad & Gronow, 2003). This makes the elevated care requirements of multiples all the more challenging to content with³.

Fitzsimmons (2019) states that in comparison to singleton pregnancies, preterm birth occurs considerably more frequently in twin pregnancies, with at least 50% of twins being born preterm. Moreover, twins face a six-fold increased risk of developing cerebral palsy, along with other potential risks, including foetal growth discordance and congenital abnormalities (Ibid, 2019). Twins sharing the same placenta are particularly vulnerable, as they are at an elevated risk for twin-twin transfusion syndrome (TTTS) and twin anemia polycythemia sequences, which is a variant of TTTS (Ibid, 2019). These additional health challenges add to the care duties of parents with multiples⁴.

The mode of delivery for Australian twin and triplet pregnancies is overwhelmingly via caesarean section, with approximately two thirds of twins and almost all triplets being born in this manner (Bloch,

³ Umstad (2019) in Twins Research Australia (TRA). Multiple perspectives: what support do multiple birth families need to live happy and healthy lives. TRA, The University of Melbourne, Melbourne, 2019.

⁴ Fitzsimmons (2019) in Twins Research Australia (TRA). Multiple perspectives: what support do multiple birth families need to live happy and healthy lives. TRA, The University of Melbourne, Melbourne, 2019.

2019). In contrast, only a third of singleton pregnancies result in a surgical birth. Upon examining randomized controlled studies of multiple childbirths, it was found that 43% of women who initially planned a vaginal birth for their twins required a caesarean section for at least one of the infants (Ibid, 2019). Additionally, mothers of twins who opted for a vaginal delivery reported greater satisfaction with their childbirth experiences in comparison to those who underwent caesarean section⁵.

Research has demonstrated that caesarean section is associated with reduced maternal sleep and an increase in sleep disturbances during the first week after delivery, as well as a more prolonged recovery period of four to six weeks, compared to just one to two weeks for vaginal births (Bloch, 2019).

Half of all twin pregnancies, as well as over 90% of triplet pregnancies, necessitate admission to a neonatal intensive care unit or a special care nursery. This circumstance presents significant logistical and emotional challenges for parents tasked with caring for multiple medically vulnerable children. These challenges include attending to infants with varying levels of medical needs, which may require separation into different units or even different hospitals (Ibid, 2019).

Furthermore, parents must navigate conflicting feeding and care schedules, have limited opportunities for physical contact with their infants individually and collectively, and may face difficulties with providing expressed breastmilk and establishing oral feeding. Additionally, staggered discharge, in which one infant leaves the hospital before the others, is a common practice that can pose additional emotional and practical difficulties.

A new mother of twins is faced with the challenge of caring for a newborn, who is frequently born prematurely, at home, while also having to travel back and forth to the hospital to visit and care for her hospitalized co-multiple. Furthermore, if her hospitalized infant is receiving breastmilk, the mother must express and transport her milk, while simultaneously attempting to establish a feeding schedule with her discharged twin.

Research suggests that staggered discharge significantly increased mothers' sense of strain, as they struggled to balance the demands of caring for a prematurely-born newborn at home with the anxiety of having a child who was still in the hospital.

These obstacles arise at a time when mothers are in the process of recovering from a potentially arduous pregnancy, including a period of physical deconditioning due to bed rest, and a higher likelihood of surgical birth via caesarean section. We explore the demands of raising multiples in comparison to singletons examining the extant literatures on sleep deprivation, mental health, care co-ordination, breastfeeding, and pre-natal and post-partum depression associated with multiple births.

The elevated time demands of caring for multiples

Brandon et al. (2011) discusses the challenges faced by adolescent mothers in establishing and maintaining breastfeeding, which can be particularly challenging for mothers of multiples. Kerstjens et al. (2017) highlights the unique challenges faced by parents of premature multiples, including medical complications and increased risk of developmental delays (see also, inter alia Gleason et al 2021). Murray & Norman (2014) discuss the challenges and joys of parenting multiples, emphasizing the need

⁵Block (2019) in Twins Research Australia (TRA). Multiple perspectives: what support do multiple birth families need to live happy and healthy lives. TRA, The University of Melbourne, Melbourne, 2019.

for parents to seek support and resources to manage the demands of caring for multiple infants (see also Reynolds, 2014).

The recent research examining multiple births strongly supports the assertion that caring for multiples, such as twins, triplets, or more, can be significantly more demanding than caring for singletons (Bloch, 2019, Dias et al., 2019). The demands of caring for more than one infant can be overwhelming and can impact various aspects of daily care, including feeding, changing, and bathing multiple infants. Feeding multiple infants can be particularly challenging, as they may have different feeding schedules and needs (Bloch, 2019, Dias et al., 2019). This can require parents to coordinate their efforts and be strategic in how they feed their infants to ensure that each child receives enough nutrition. Breastfeeding can also be more difficult with multiples, and mothers of multiples may require additional support and resources to establish and maintain breastfeeding.

Changing and bathing multiple infants can also be more challenging, as it requires additional time and resources (Dias et al., 2019). Parents of multiples may need to coordinate their efforts to ensure that each child is cleaned and changed appropriately, which can be stressful and time-consuming. The demands of caring for multiples can also impact parents' mental health. Research has shown that parents of multiples experience higher levels of stress, anxiety, and depression compared to parents of singletons (Dias et al., 2019; Miles et al., 2018).

Parents of multiples may also experience additional financial and logistical challenges compared to parents of singletons. The cost of caring for multiple infants, including purchasing multiple car seats, cribs, and other essential items, can be significant. Additionally, finding adequate childcare for multiple infants can be challenging, and parents may need to rely on family members or hire additional help to manage the demands of caring for multiple infants.

Parents of multiples may experience additional challenges in feeding, changing, and bathing multiple infants, as well as higher levels of stress, anxiety, and depression. It is important for parents of multiples to seek support and resources to help manage the demands of caring for multiple infants and prioritize their own physical and mental health. This support is often challenging to access given the costs associated with such supports and the depleted incomes of families with multiple births.

Chronic Sleep deprivation

Multiple births, such as twins, triplets, or more, can have a significant impact on chronic sleep deprivation compared to singletons. This is because the demands of caring for more than one infant can be overwhelming and exhausting, resulting in sleep deprivation for parents and caregivers. Research has shown that parents of multiples experience more sleep deprivation compared to those with singletons.

TRA (2019) note that “disabling exhaustion occurs nine times more frequently, contributing to 12 times the expected rate of admission of mothers and babies to early parenting residential services (“sleep schools” and mother–baby units). Fathers have five times greater prevalence of reduced daily functioning than fathers who have singletons”.

Mothers of multiples had significantly poorer sleep quality, shorter sleep duration, and more sleep disruptions compared to mothers of singletons (Bloch, 2019; Dias et al 2019). The lack of sleep generally

occurs during a term of recover from caesarean birth. Additionally, fathers of multiples reported poorer sleep quality and more daytime sleepiness compared to fathers of singletons.

The demands of caring for multiples can make it difficult for parents to establish a regular sleep routine, leading to chronic sleep deprivation. Multiple infants may have different sleep schedules and may require frequent feedings, diaper changes, and soothing. This can make it challenging for parents to get enough sleep, leading to feelings of fatigue, stress, and mood disturbances.

Furthermore, sleep deprivation in parents of multiples can have negative impacts on their physical and mental health, including an increased risk of depression, anxiety, and obesity. Chronic sleep deprivation can also impair cognitive function, including memory, attention, and decision-making.

Multiple births can significantly impact chronic sleep deprivation in parents and caregivers, resulting in negative physical and mental health outcomes. It is essential for parents of multiples to prioritize their sleep and seek support from family, friends, or healthcare professionals to help manage the demands of caring for multiple infants. Yet research clearly evidences the challenges faced by families with multiples accessing additional support.

Complex care co-ordination

Complex care coordination is an important aspect of caring for multiples, as parents may need to coordinate the care of multiple infants with various healthcare providers, therapists, and other support services. However, compared to caring for singletons, caring for multiples can present unique challenges in accessing childcare services, scheduling appointments, and coordinating support services.

Accessing childcare services for multiples can be particularly challenging, as many traditional childcare providers may not be equipped to care for multiple infants at once. This can limit parents' options for childcare and may require them to seek out specialized providers, which can be more expensive and less available. Additionally, finding childcare providers who are able to accommodate the specific needs of multiples, such as feeding and changing multiple infants, can be challenging. A study published in the *Journal of Reproductive and Infant Psychology* found that mothers of multiples reported greater difficulties in finding suitable childcare arrangements than mothers of singletons (McHale et al., 2003).

Scheduling services for multiples can also be more difficult, as parents may need to coordinate appointments for multiple infants with various healthcare providers, therapists, and other support services. This can require significant time and effort, and parents may need to rely on support from family members or hire additional help to manage the demands of scheduling and attending multiple appointments. Studies have found that mothers of multiples reported greater difficulties in scheduling appointments and accessing support services compared to mothers of singletons (Cox et al., 2015).

Coordinating support services for multiples can also be more challenging, as parents may need to seek out specialized resources and support for caring for multiple infants. This can include support groups for parents of multiples, specialized healthcare providers, and other resources to help manage the unique challenges of caring for multiple infants. However, these resources may be less available or more difficult to access compared to resources for parents of singletons. Parents of multiples reported greater difficulties in accessing support services compared to parents of singletons (Garel. et al., 2012).

Data provided by AMBA as part of the research process strongly supported this conclusion within an Australian setting (AMBA, 2023).

The challenges of complex care coordination (impacting various aspects of daily care, including accessing childcare services, scheduling appointments, and coordinating support services) frequently have a significant impact on parents of multiples, who may experience higher levels of stress, anxiety, and depression compared to parents of singletons. Research has shown that parents of multiples are more likely to experience financial and logistical challenges associated with caring for multiple infants, as well as higher levels of stress and social isolation. Mothers of multiples experienced higher levels of depression and anxiety compared to mothers of singletons (Cox et al., 2015).

Breastfeeding, formula feeding and feeding routines

Breastfeeding multiples can be particularly challenging, as infants may have different feeding schedules and needs, and mothers may struggle to produce enough milk to meet the demands of multiple infants. A study by Sazon et al (2015) found that mothers of multiples had a lower breastfeeding rate compared to mothers of singletons, and were more likely to discontinue breastfeeding earlier than mothers of singletons. Mothers of multiples may require additional support, such as lactation consultants experienced in feeding multiples and breastfeeding support groups, to establish and maintain a successful breastfeeding routine.

Solid feeding multiples can also be challenging, as infants may have different feeding needs and preferences. Parents may need to coordinate feeding schedules and ensure that each infant receives enough nutrition, which can be time-consuming and stressful. A study found that mothers of multiples were more likely to report difficulties with feeding their infants solid foods, such as coordinating meal times and feeding multiple infants at once (Moss et al., 2012).

The challenges of feeding multiples can have a significant impact on parents' mental health. Research has shown that parents of multiples experience higher levels of stress, anxiety, and depression compared to parents of singletons. A study by Bütikofer (2015) found that mothers of multiples experienced higher levels of anxiety and depression compared to mothers of singletons.

Feeding multiples can present unique challenges related to establishing and maintaining successful breastfeeding and solid feeding routines. Parents of multiples may require additional support and resources to coordinate feeding schedules and ensure that each infant receives enough nutrition. The challenges of feeding multiples can have a significant impact on parents' mental health, highlighting the importance of providing support and resources to help parents manage the unique challenges of feeding multiples.

Pre-mature birth effects

Premature birth is a significant risk factor associated with multiples, and parents of multiples may experience unique challenges related to preterm birth when compared to parents of singletons. Twins and higher-order multiples are at an increased risk for preterm birth compared to singletons, with nearly 60% of twins and almost all higher-order multiples born before 37 weeks gestation.

Preterm birth can result in a range of complications, including respiratory distress syndrome, apnea, and feeding difficulties. Multiple preterm infants can also place a significant emotional and financial

burden on parents, including extended hospital stays and ongoing medical care. parents of multiples were more likely to experience anxiety, depression, and post-traumatic stress disorder (PTSD) compared to parents of singletons, particularly in the case of preterm birth.

In addition to the physical and emotional challenges associated with preterm birth, parents of multiples may also face unique logistical challenges related to caring for multiple preterm infants. These challenges may include coordinating medical appointments, managing multiple hospital visits, and arranging for ongoing care for multiple infants after discharge. Further challenges may arise due to staggered discharge and more frequent visits to hospitals and allied health facilities.

Multiples are at an increased risk for preterm birth compared to singletons, which can result in a range of complications and emotional and financial burdens for parents. The unique challenges associated with preterm birth in multiples highlight the importance of providing comprehensive support and resources to help parents manage the complex care needs of multiple preterm infants, as well as the emotional impact of caring for multiple preterm infants.

Figure 6 – Percentage of Pre term births by gestational group (2020)

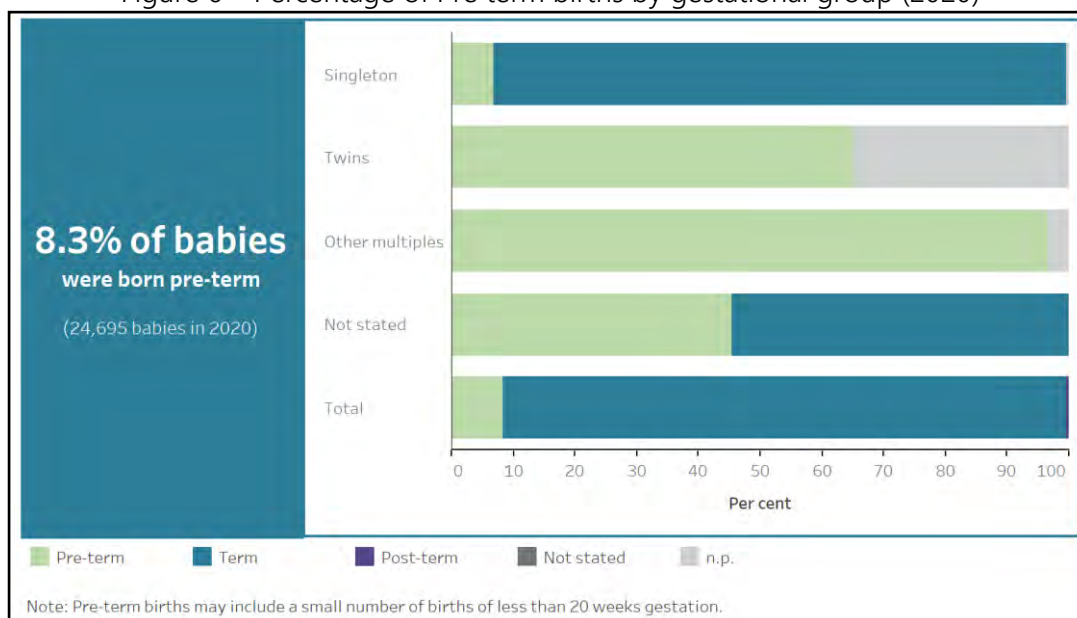
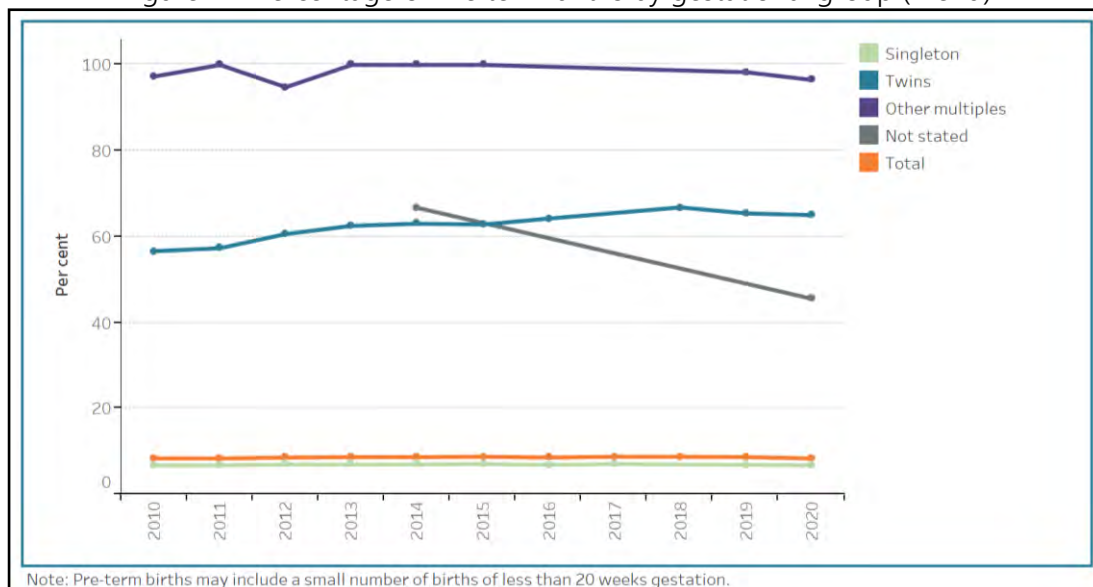


Figure 7 – Percentage of Pre term births by gestational group (Trend)

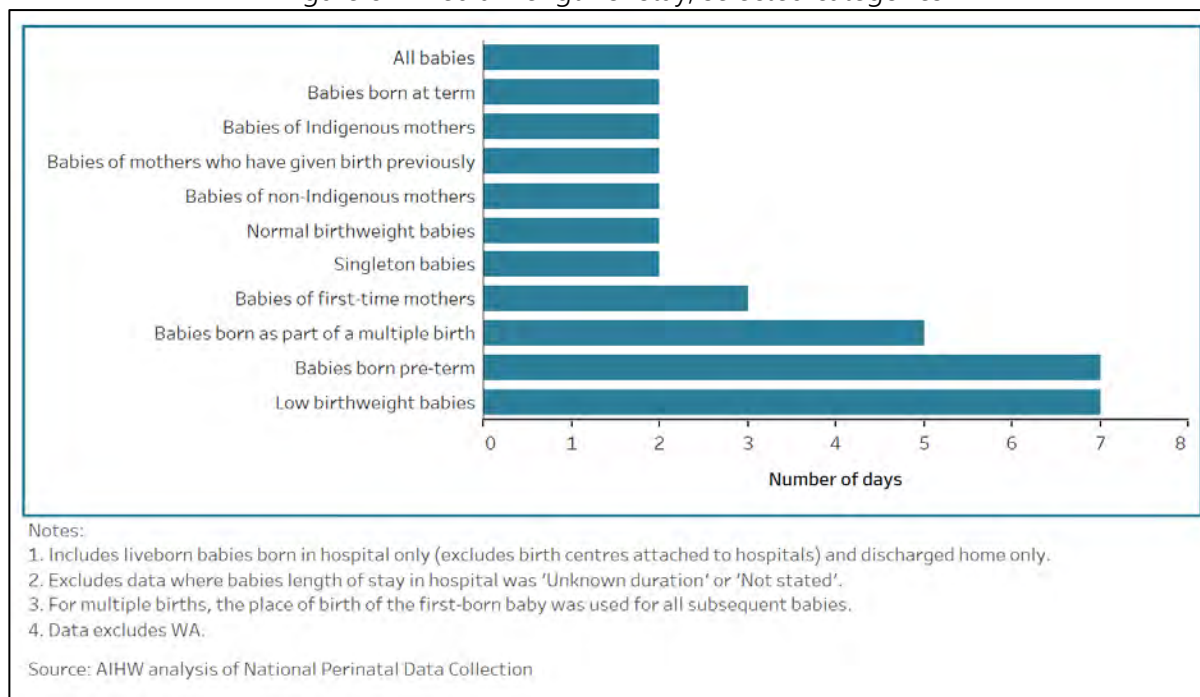


Complex Health care needs

Multiple pregnancies, including twins, triplets, or higher-order multiples, are associated with a higher risk of certain health challenges and issues compared to singleton pregnancies. These challenges can impact both the infants and the parents of multiples.

Infants born from multiple pregnancies are at higher risk of prematurity, low birth weight, and developmental delays compared to singletons (Luke, 2017). Twins are 5 to 6 times more likely to be born prematurely than singletons (Govindaswami et al., 2018). Preterm birth is associated with an increased risk of complications, such as respiratory distress syndrome, cerebral palsy, and developmental delays (Govindaswami et al., 2018).

Figure 8 – Median length of stay, selected categories



Parents of multiples may also experience unique challenges related to the increased risk of health issues in their infants. Caring for multiple infants with health challenges can be overwhelming, stressful, and time-consuming, which can negatively impact parents' mental health and well-being (Agostini et al., 2019, Bloch, 2019). Mothers of multiples experienced higher levels of anxiety and depression compared to mothers of singletons (Cellini et al., 2021, Bloch, 2019).

Figure 9 – Percentage of births admitted to the SCN or NICU by gestational group

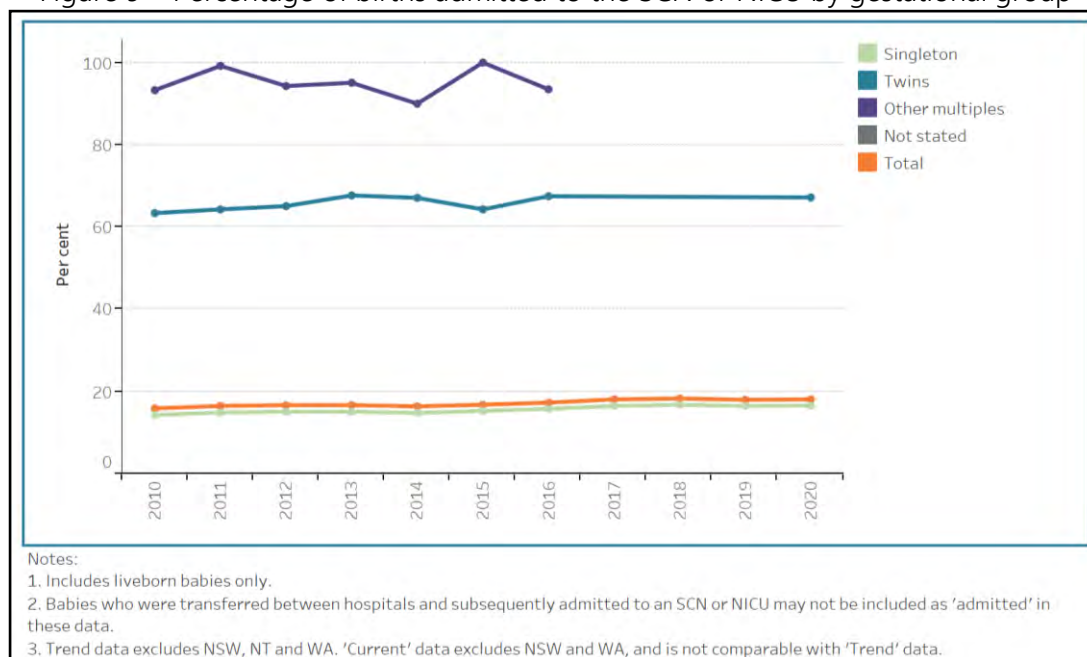
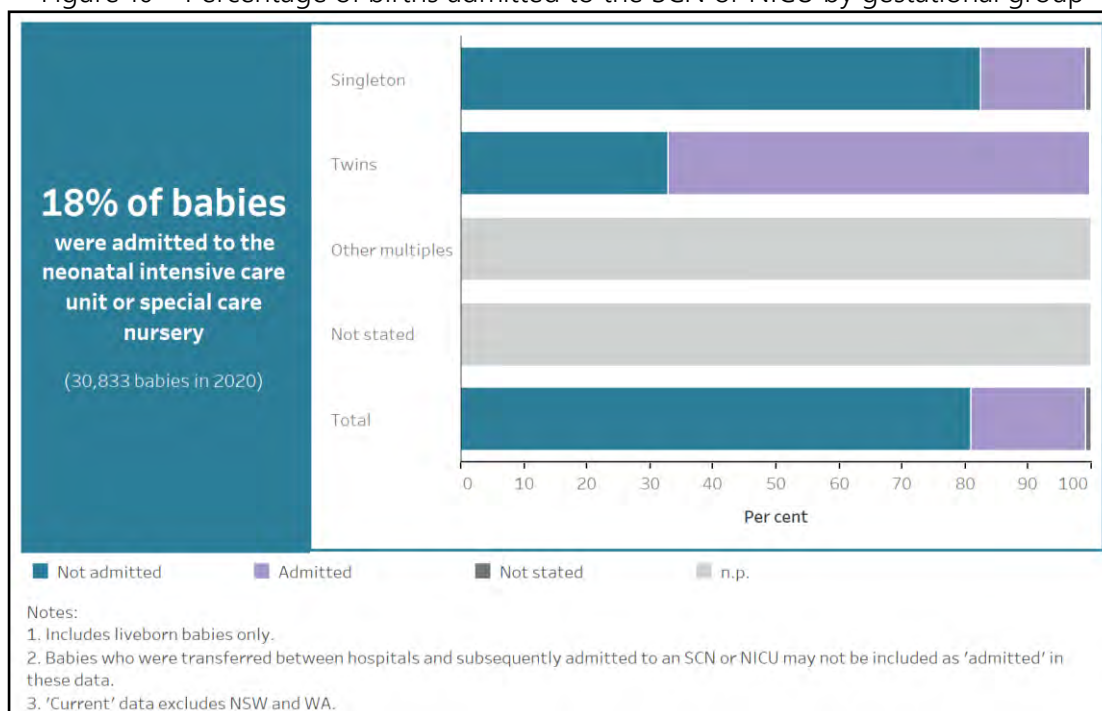


Figure 10 – Percentage of births admitted to the SCN or NICU by gestational group



Multiple pregnancies are associated with a higher risk of certain health challenges and issues for infants compared to singletons, such as prematurity and developmental delays. Parents of multiples may also experience unique challenges related to caring for infants with health challenges, which can negatively impact their mental health and well-being. Providing support and resources for parents of multiples can help alleviate some of the challenges and improve outcomes for both the infants and the parents.

Pre-natal and Post partum depression amongst parents of multiples

Pre-natal and postpartum depression are common mental health concerns that affect many parents, but parents of multiples may be at higher risk compared to parents of singletons. Studies have shown that mothers of multiples have a higher prevalence of pre-natal and postpartum depression compared to mothers of singletons (Jarde et al., 2016; Rich-Edwards et al., 2016).

The stress of managing the additional needs of multiple infants, combined with physical and emotional demands, can contribute to the development of depression in parents of multiples (Barroso et al., 2010). In addition, parents of multiples may face unique challenges related to sleep deprivation, social isolation, and financial strain, which can further contribute to depression (Dorheim et al., 2009).

Pre-natal depression, which occurs during pregnancy, can impact fetal development and increase the risk of premature birth and low birth weight infants (Bonari et al., 2004). Mothers of multiples may be at higher risk of pre-natal depression due to the increased stress and anxiety associated with managing a high-risk pregnancy and the potential for complications (Bloch, 2019).

Postpartum depression, which occurs after childbirth, can have long-term effects on maternal mental health, infant development, and family functioning (Dennis & Ross, 2006). Mothers of multiples may be

at higher risk of postpartum depression due to the demands of caring for multiple infants, lack of social support, and increased stress levels (Goodman, 2009).

The impact of pre-natal and postpartum depression on parents of multiples can be significant, including negative effects on bonding with infants, parenting confidence, and overall family functioning (Campbell et al., 2018). Therefore, it is important for healthcare professionals to identify and provide support for parents of multiples who may be at risk of developing pre-natal and postpartum depression.

Parents of multiples may be at higher risk of pre-natal and postpartum depression compared to parents of singletons due to the unique challenges associated with caring for multiple infants. These mental health concerns can have a significant impact on maternal and infant health, as well as family functioning. Healthcare professionals should be aware of the increased risk of pre-natal and postpartum depression in parents of multiples and provide appropriate support and resources to address these concerns.

Children born in multiples face difficulty socializing, developmental delays, and behavioural problems, whereas their parents risk exhaustion, depression, and anxiety. In addition to personal costs faced by families, society often bears the financial costs of overburdened hospitals, caps on insurance and/or inability of parents to cover expenses. The statistical evidence supporting the need for greater care and support is evident. Bloch (2019) notes that;

“Rates of clinical anxiety among mothers of multiples are three times higher than among mothers of singletons; rates of depression are five times higher, and disabling exhaustion occurs nine times more frequently, contributing to 12 times the expected rate of admission of mothers and babies to early parenting residential services (“sleep schools” and mother–baby units). Fathers of multiples experience twice the levels of anxiety, four times rates of depression and a five times greater prevalence of reduced daily functioning than fathers who have singletons.”

Multiple births can place significant physical demands on parents. Sleep deprivation, increased workload, breastfeeding challenges, and a lack of time for self-care can all contribute to physical and mental health problems for parents of multiple births. These demands can also have financial implications, further adding to the stress and strain on parents. It is important to recognize and address these challenges to support parents of multiple births and ensure they receive the care and resources they need to thrive.

The Differential Costs of Multiple Births versus Singletons

Multiple pregnancies present significant clinical risks to both mothers and babies, which are widely acknowledged in the medical community (Dennis & Ross, 2006, Bloch, 2019). However, the long-term economic consequences that follow such pregnancies are often overlooked. Despite the scarcity of economic analyses on this topic, existing studies consistently demonstrate that the costs associated with twins and higher-order multiples are significantly higher when compared to singleton infants, thereby warranting greater support for parents of multiples.

It is crucial to consider both the pre-birth and downstream costs associated with multiple births. The clinical risks associated with preterm birth and other complications not only impact the physical and emotional well-being of the parents and children, but also impose a significant burden on healthcare systems and society as a whole. Furthermore, the additional costs associated with childcare, education, and other expenses for raising multiple children can be substantial and often underestimated.

Therefore, it is imperative to provide greater support and resources for parents of multiples to help alleviate the economic burden associated with raising multiple children. This could include increased access to affordable childcare, educational programs, and financial assistance for families with multiples. By acknowledging the economic consequences of multiple births and providing adequate support, we can ensure that all families, regardless of the number of children, have access to the resources and support they need to thrive.

Examining the increased financial costs for families with multiple births

For emphasis, Multiple births, such as twins or triplets, are often seen as a joyous occasion for families, this is acknowledged within the research conducted by the AMBA examining the experiences of parents with multiples (AMBA, 2023). However, the financial burden that comes with having multiple children at once can be significant. Parents of multiples face increased costs for things such as baby clothing, diapers, and food, as well as the cost associated with adjustments to residences. Moreover, the medical costs associated with multiple pregnancies and births can be substantial. We will examine the increased financial costs for families with multiple births. The evidence presented makes clear why it is important for governments to provide adequate support to these families, given the deleterious consequences of failing to do so.

The cost of essential baby items and supplies can be significantly higher for parents of multiples compared to those with a singleton child. For example, parents of twins or triplets will need to purchase multiple cribs, car seats, and strollers, with these costs not being inconsequential. Moreover, these parents will need to buy more clothing, diapers, and formula to keep up with the needs of their children. The cost of day care (or babysitting services) is also higher for families with multiples. All of these additional expenses can put a significant strain on a family's budget, especially if they were not prepared for the increased costs.

In addition to these basic expenses, parents of multiples often face additional medical costs. Multiple pregnancies are considered high-risk pregnancies, which means that they require more medical attention and monitoring. For example, ultrasounds and other diagnostic tests may need to be performed more frequently to ensure the health of both the mother and the babies. In some cases, bed rest may be necessary, which can lead to lost wages and income. Moreover, the cost of delivery for

multiples is significantly higher than for a singleton birth, as the mother may require a caesarean section or other medical interventions.

Estimating the economic shock of multiples, modelling the pecuniary costs of multiple births

For emphasis research supports the assertion that the birth of multiples is seen as joyous, but does give rise to an economic shock. An economic shock can be defined as an unanticipated financial obligation or event that impacts the financial stability of an individual or household. This can include sudden job loss, unexpected medical expenses, or a major home repair, among other things. These financial shocks can have a significant impact on families, particularly those who are already facing financial instability or living paycheck-to-paycheck.

Research has shown that economic shocks can lead to a range of negative outcomes for families, including increased stress, anxiety, and depression, as well as decreased physical and mental health. A study by the Urban Institute found that families who experience an economic shock are more likely to experience material hardships, such as difficulty paying for food, housing, and healthcare. These hardships can have a cascading effect on family well-being, including impacting children's education and health outcomes.

The impact of economic shocks can be particularly acute for families with multiples, who may face additional financial burdens related to the cost of caring for multiple children. One study found that parents of multiples were more likely to experience financial stress than parents of singletons, and were more likely to report difficulty paying for basic needs like food and housing. This financial stress can in turn contribute to parental stress and mental health issues, including depression and anxiety.

The birth of multiples can present a significant economic shock for families, as it may require additional financial resources to meet the needs of multiple infants. The cost of caring for multiples can be substantially higher compared to caring for a single infant, including costs associated with medical care, childcare, and daily expenses such as diapers, formula, and clothing. According to a study published in the *Journal of Perinatology*, parents of multiples were more likely to report financial stress compared to parents of singletons, and were more likely to experience difficulty paying medical bills.

The economic impact of multiple births can be particularly significant for families with lower incomes. A study published in the *Journal of Family and Economic Issues* found that families with lower incomes were more likely to experience financial strain after the birth of multiples, and were more likely to report difficulty paying bills and meeting basic needs.

The economic shock of multiple births can also have long-term effects on families' financial well-being. A study published in the *Journal of Marriage and Family* found that mothers of multiples were more likely to experience a decline in income after the birth of their children, and were more likely to reduce their work hours or exit the labour force entirely. This can lead to long-term economic consequences for families, including reduced savings and retirement benefits.

Examining the differential and incremental costs of multiple births

To determine the suitability of the extant program of supports Per Capita examined the incremental and differential costs associated with multiple births when compared with singletons. A number of key

differences in the timing of costs incurred and the level of costs incurred were identified between each group. The most significant differences pertained to the costs associated with the first year of childhood, when multiples are likely to incur far greater medical costs associated with birth admission, and subsequently during the first year of life. The mean hospital costs of a singleton, twin, and HOM child to age 5 years were \$2730, \$8993, and \$24 411, respectively (Chambers, 2014).

It is notable that current support programs do not address this obvious disparity in costs incurred and birth experience. The divergence is greater still for higher order multiples. Other key incremental and differential costs associated with multiple births pertained to necessary adjustments to motor vehicles, specifically the plausible need for a larger vehicle and additional baby associated devices within the vehicle, such as the capsule and associated fitting costs. Further discrete costs included the cost of beds, and associated bedding.

Chambers (2014) offers significant insight into the cost differences. This study found that the increased risks of preterm birth and low birth weight are reflected in the substantially higher inpatient hospital use and costs during the first year of life, but we observed that hospital use and cost tend to be similar to those of singletons in later years. The costs of a twin child and an HOM child were almost 5 times and 13 times, respectively, higher than those of a singleton up to age 1 year, with the excess cost concentrated during the initial birth admission.

Table 5 – In-patient Hospital expenditure to Age 5 (WA, Australia, 1999 – 2003)

Variable	Singletons		Twins				HOMs			
	Alive Children	Mean Cost, US \$	Alive Children	Mean Cost, US \$	Crude Difference (Twins vs Singletons), US \$	P Value	Alive Children	Mean Cost, US \$	Crude Difference (HOMs vs Singletons), US \$	P Value
Birth admission	222 752	1026	6682	6721	5695	<.001	268	21 022	19 996	<.001
Birth admission to 1 y	222 310	602	6593	1050	448	<.001	247	1231	629	<.001
Second year	222 009	367	6574	434	67	<.001	247	471	104	.38
Third year	221 904	265	6572	305	40	<.05	246	359	104	.31
Fourth year ^b	221 847	237	6568	264	27	.14	246	839	652	<.001
Fifth year	221 816	236	6568	252	16	.43	246	429	193	<.05
0 to 5 y	222 752	2730	6682	8993	6263	<.001	268	24 411	21 681	<.001

Abbreviation: HOMs, higher-order multiples.

^a Alive Children are the number at the beginning of the period. Mean Cost is per alive child. P values are by t test for difference.

^b Three HOM children incurred significantly higher inpatient costs in their fourth year.

Source: Chambers (2014)

The other broad category of costs pertained to forgone income (opportunity costs) associated with the multiple births. Assuming even modest intervals of forgone employment associated initially with the term of premature birth (averaging 4.5 weeks) and a modest term during which both parents need to be home to facilitate care duties for their twins/HOM, the cost to the family unit is in excess of \$9000, even at the minimum wage level.

Per Capita estimates that the cost of an additional child in a twin birth is 22,115 dollars greater in the first year than for a singleton birth. The cost equates to 12,962 excluding medical expenditure. This cost, largely due to significantly greater medical expenditure rises to 77,252 where two additional children (Triplets) are born rather than a singleton alone.

It is apparent that the incremental and differential costs of Twin and HOM births are disproportionately larger for families of Twins and HOM when compared with singletons, in particularly due to the birth admission associated costs and the costs incurred in the first year.⁶

Given that many health expenditures are accommodated through Medicare and insurance Per Capita Adjusted estimates to reflect the out of pocket medical expenditures for families. We employ estimates of the costs of out of pocket expenditures from Callender (2015), a studying examining the differential medical costs incurred by multiples, with specific and robust estimates of out of pocket expenditures.

Table 6 - Mean out of pocket fees for Women's Health

	Twins	Twins (Inflation Adjusted)	Singleton	Singleton (Inflation adjusted)
Mean out of pocket fees (Women's health service usage)	1247.71	1475.12	1077.32	1273.67
Mean out of pocket fees (Children's health service usage)	700.69	828.4	210.1	248.39

Source: Callander et. al. (2015)

Per Capita estimated the costs of multiple births in the first year by constructing a representative market basket of incremental and differential costs pertaining to the multiple births and employing the estimates of Callender (2015). When accounting for out-of-pocket medical expenditure, net of Medicare and private health insurance the incremental and differential costs of twin births equate to \$15,265 dollars.

⁶ This is in part due to prematurity; the Chambers (2014) estimates indicate "that preterm infants continue to incur additional costs to age 1 year of \$408 (pre-term) and \$878 (very preterm), as do infants born with low birth weight of \$506 (low birth weight) and \$1286 (very low birth weight). The excess birth admission cost associated with being born between 32 and 36 weeks was \$1438 and at less than 32 weeks was \$12 438. Similarly, the excess cost of being born between 1500 and 2499 g was \$3091 and at less than 1500 g was \$30 251". Chambers (2014) note that "on average, an infant born between 32 and 36 weeks and weighing between 1500 and 2499 g is predicted to incur an additional \$4529 during his or her birth admission compared with an infant born at term and of normal birth weight."

Figure 11 – Distribution of incremental and differential costs of multiple births
(second child/twin)(total)

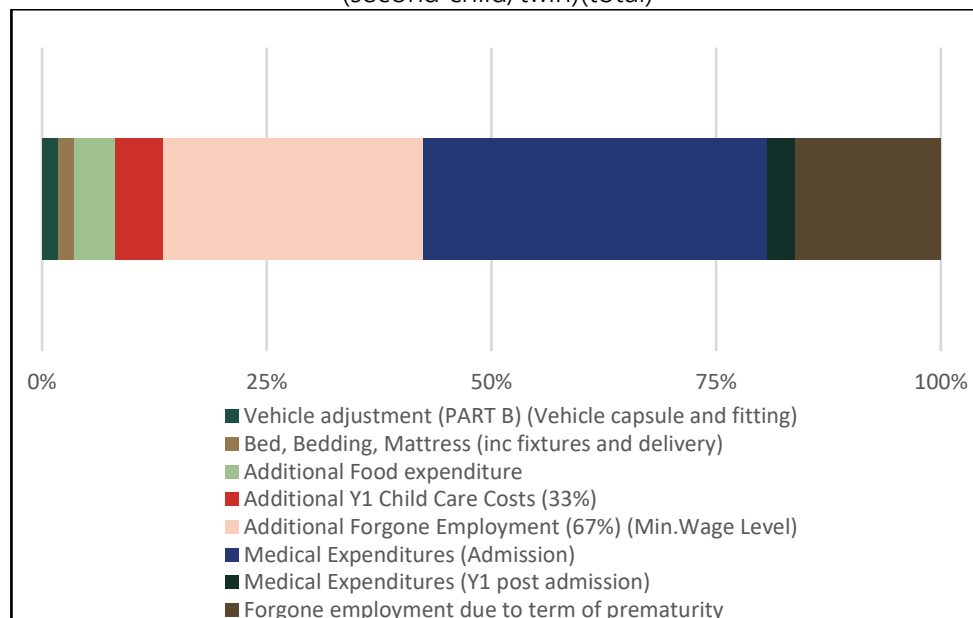
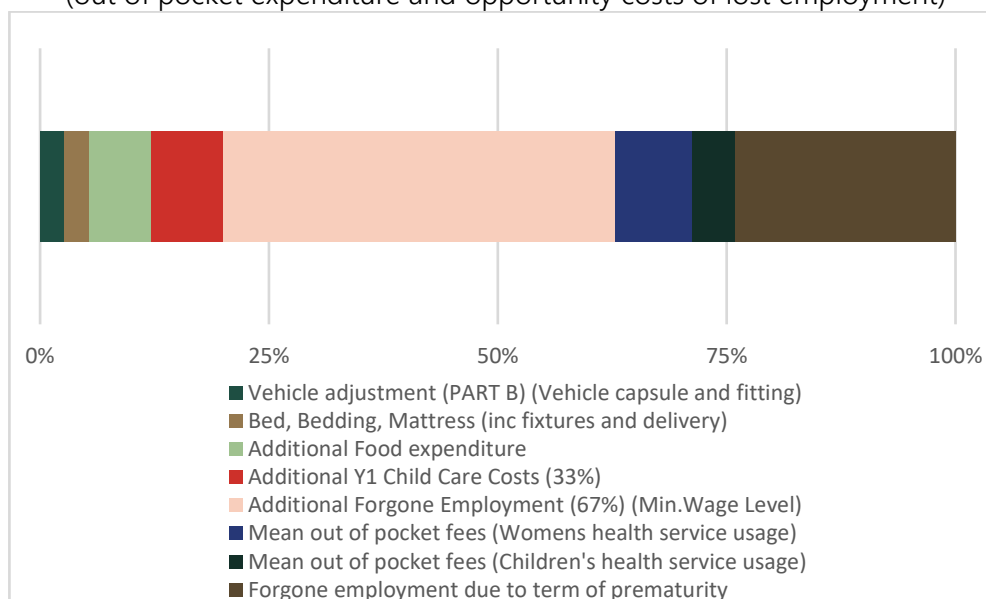


Figure 12 - Distribution of incremental and differential costs of multiple births
(out of pocket expenditure and opportunity costs of lost employment)



Assessing the adequacy of support provisions given the economic shock and non-pecuniary costs of multiple births

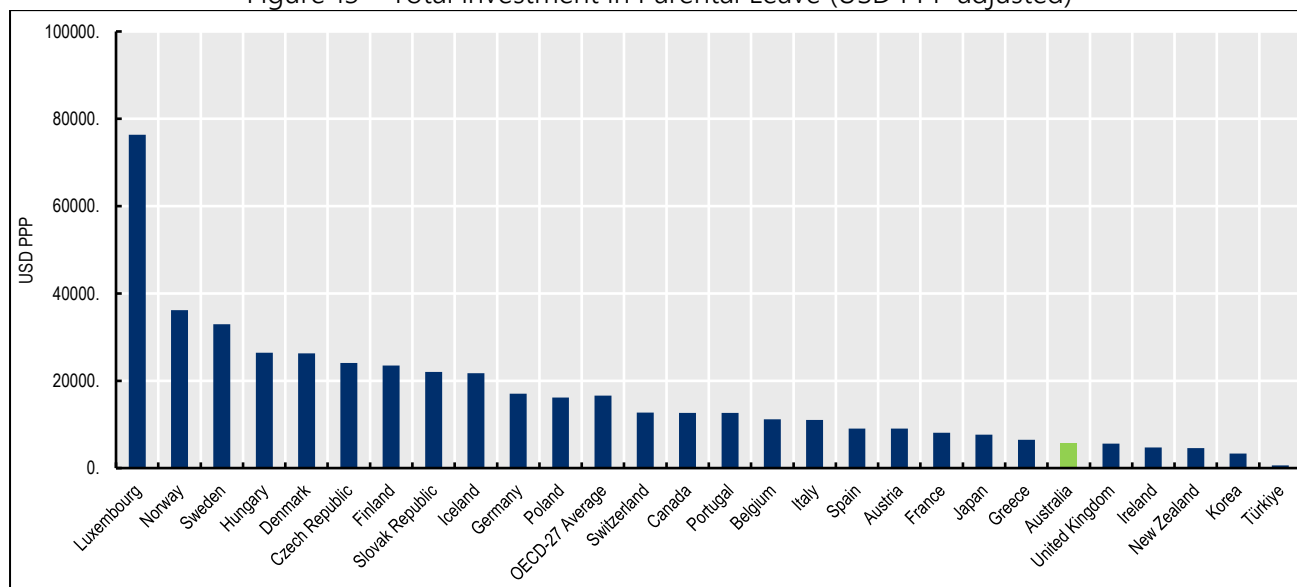
The adequacy of the extant program of supports may be examined in a number of different ways, and each approach is equally compelling. Firstly, and most critically the extant supports may be evaluated when set against the costs incurred by families with multiples, considering their capacity to endure the financial shock that comes with multiple births. Secondly the program of supports may be evaluated in the context of societal expectations and the standards of support evidenced within other advanced OECD economies.

Starting with the former it is evident that the current program of supports falls well short of meeting the needs of families with multiples. The quantum of support provided to families is modest and provided in a highly limiting manner. Two of the most critical supports are provided in a restrictive manner with families not being eligible for the Newborn Payment if they have utilised PPL provisions. The provision of paid parental leave is also modest and limited, with parents of high needs twins and HOM not able to access any additional PPL beyond the term afforded to singleton parents. The inability of the father to access additional leave to support mothers in child rearing and care, without incurring significant financial (opportunity) costs is problematic, disincentivising or more aptly, precluding many fathers from participating in early stage child rearing and caring duties.

AMBA supplied data evidences the desire of mothers to have fathers to participate in child rearing, and the desire fathers to engage in care duties, notwithstanding the financial difficulties that arise as a consequence. Current maternity and paternity level provisions fail to acknowledge the complex care condonation challenges arising from multiple births, including breastfeeding/bottle-feeding routines, dedicated child specific care, elevated health specific care needs, prematurity and associated challenges.

Considering other OECD economies both advanced and emerging, Australia ranks in the lowest decile across critical PPL categories. The term of maternity and total parental leave remain well below the OECD averages. Indeed, when set against other OECD economies the program of support appears to lack pragmatism in design, and generosity in provision. Currently the OECD 27 Average expenditure level (PPP) substantially exceeds the Australian investment in maternity and parental leave.

Figure 13 – Total investment in Parental Leave (USD PPP adjusted)



While the advancements of the Hawke and Howard governments are laudable by the standards of the time, and evidence the legacy bipartisanship and consideration afforded parents with multiples, there has been limited progress in recent decades, notwithstanding the major program of reform enacted by the Albanese government which is equally commendable. The program of reform is highly progressive and will eventually (come 2026) result in Australian PPL provision terms broadly aligning to the OECD average. The program of reform will ensure that parents are able to afford more care and support to their children. But the program of reform does not acknowledge the elevated care, support and financial needs of families with multiples, nor the impact of prematurity on families with multiples.

The program of reform that has passed through parliament in recent weeks is much needed and represents the government acknowledging the need for greater support for families after the birth of a child, or at the time of an adoption event. The government should be applauded for the progress it has achieved, and the program of change to be enacted. A further critical set of reforms are needed to ensure that families with multiples are not forgotten, given the familial, social and financial challenges that arise for such families differ markedly from those associated with most singleton births. While comparable economies extend additional terms of support to multiples, such benefits are not extended within Australia putting immense strain on families with multiples.

Investing in a better approach for Australian families with multiples

Investing in a better approach for Australian families with multiples

Given the inadequate program of supports in place we recommend a program of supports that better reflects the needs of families with multiples. Supports must reflect the significant challenges faced by families with multiples and the timing of financial shocks that impact the family unit. Noting the significant additional incremental and differential costs associated with multiple births at the time of admission and thereafter, supports must align with the magnitude and timing of the major incremental and differential costs that present as a major financial shock.

Recommendation 1: Multiple birth grant: A provision of a multiple births grant(s) that exceeds the level of the Newborn Payment

The current Newborn payment is materially inadequate and does not address even 5% of the differential costs incurrent by parents of multiples in year 1 on average. A new payment program should be initiated to address the elevated costs and to ensure that families are not left destitute. We propose a comprehensive grant provided to all families to accommodate the elevated care, medical, and incidental costs of multiple births.

The Multiple Births Grant

The multiple births grant is a grant provided for each multiple within a multiple birth, to accommodate the elevated costs associated with the term prior to birth, prenatal allied health expenditures excluded from Medicare, admissions costs, and the elevated costs caused by many costs being incurred concurrently. The grant would be paid in two parts. Instalment 1 would occur two months prior to the anticipated delivery date, with the second payment available after the birth event. The recommended level of support is \$15,000, given Per Capita's costs estimates noting the exclusion of household adjustment costs, cost broadly covered by Medicare and automotive vehicle upgrade costs.

For each HOM beyond the first twin, families should be provided with a further \$15,000, provided as a further \$10,000 non-discretionary grant (Part A) (to accommodate additional incremental and differential costs associated with the third child) and an additional \$5000 grant to accommodate costs incurred due to necessary household or automotive vehicle adjustments to accommodate their HOM, where such grants would be subject to application (Part B).

Table 7 – Multiple Births Grant benefits for Twins and HOM

Multiples benefit	Benefit amount
Benefit for the additional child (twin)	15,000
Benefit for the additional children (each child after twins)	10,000 (+5000)

The program of supports provides an additional 15,000 for the birth of a twin. In the case of triplets the family would receive 25,000 (15,000 + 10,000) in non-discretionary funding to accommodate additional medical, wellbeing, food, additional forgone employment due to prematurity and general elevated household expenditures. A further 5,000 would be available via application subject to evidenced need pertaining to elevated medical expenditure, additional housing adjustment expenditure, additional automotive vehicle expenditure, and or additional care costs. So, families with triplets would be afforded a minimum of \$25,000, and up to \$30,000 subject to availability.

This would entitle each HOM to up to an additional 15,000 in total. The frequency of payments equating to 30,000 or more would be modest with less than 69 triplet or HOM births in Australia (between 3-4 triplet or higher order births).

The total investment associated with the program of support based on forecasted birth rates for 2023 equates to \$68,012,500.

Recommendation 2: In-home support network for multiple birth families

Currently there is a national In-Home Care program, which is a flexible form of early childhood education and care where an educator provides care in the child's home. It is restricted to families who can't access other forms of care. However, the criteria is restrictive, despite allowing this flexible form of childcare for families with "complex needs", this does not include multiple birth families.

Multiple birth families need access to early education, carers, nannies and/or housekeepers. It is recommended that the criteria of the In-Home Care program be amended to include multiple birth families.

In addition to this, States and Territories should assist families with access to financial assistance to families of multiples for home help services such as cleaning, cooking, and laundry, which are typically performed in the home. This benefit should not be means-tested and should mirror New Zealand's offering and should be available to citizens or permanent residents who have given birth to twins, adopted twins, and have another child under the age of five years old, or have given birth to or adopted triplets or higher-order multiples.

Families with twins should be entitled to 240 hours of home help, to be used within 12 months. Families who have given birth to or adopted triplets or more should be entitled to 1560 hours, to be used within 24 months. The benefit should be granted from the date of the birth of the babies if they are born at home, or from the date of their discharge from the hospital.

The total investment associated with this recommendation is \$39,522,960.

Recommendation 3: Premature baby leave

In addition to parents of multiples not being afforded any additional term of paid parental leave, mothers usually deliver children earlier than parents of singletons. Children are frequently in SCU or NICU for significant terms, greater than singletons generally. This means that parents often need additional time to render appropriate care and support to their multiples, but when accounting for the average term of prematurity are generally afforded less time on average from the anticipated birth date. It is critical that the term of paid parental leave be extended to account for any term of prematurity. This affords parents sufficient and appropriate time to care for their infants.

The total investment associated with this recommendation equates to \$16,279,533.75

Recommendation 4: Extra parental leave for parents of multiples

Parents of multiples need additional time to care for their infants, and this is supported by the extensive research exploring the time needed to care for multiples. Extending the term of maternity leave by 8 weeks for each additional multiple gives parents the necessary time to invest in each child, in supporting their developmental progress and affording them the care that is needed during these critical early stages. The shift would align total leave provisions with the more advanced OECD economies, and acknowledge the significant evidence base outlining the significantly increased time required to care for multiples rather than singletons.

Paternity leave should be extended to 8 weeks for each HOM to accommodate the needs of caring for HOM, noting the need for 26 hours of care on average daily required for triplets. The term of paternity leave should be able to be taken concurrently to address the elevated needs of twins and other HOM.

The investment necessary to extend this benefit to families is \$29,158,044.00

Recommendation 5: Extending the Multiple Birth Allowance to currently ineligible Twins and HOM for a term of 7 years

The multiple births allowance is afforded to higher order multiples (at the exclusion of all twins and many HOM) but given the modest number of births and its exclusionary nature, it is anticipated that only a modest number of parents with multiples would be eligible for the benefit. Extending the benefit to all parents with multiples, specifically parents with twins is beneficial. Parents recount the immense challenges associated with twin births particular during the early years, with greater costs incurred due to the greater costs of care and medical expenditure associated with twin births. The concurrent timing of costs incurred also presents as a series of financial shocks to many families.

While the program of support is extended to higher order births for 18 years, extending the benefits to twins and ineligible HOM for a term of 7 years affords these currently ineligible groups necessary support during early childhood when incremental and differential costs are greatest, and during the earliest term of school when a number of additional unavoidable costs associated with school entry and participation are incurred. Should the Multiples grant benefit be extended to all multiples then the Multiple Birth Allowance would be extended to currently ineligible families with twins and HOM for a shorter duration commencing after year 1.

The investment associated with extending the MBA to twins and excluded HOM would equate to 19,759,103.00 annually.

Overall investment requirement

The collective investment required to improve the lives of families with multiples is modest. To implement all of the noted recommendations the collective investment would equate to 172.7 million dollars annually.

TABLE 1 – Summary of recommendations

Recommendation 1	Multiple Birth Grant	68,012,500.00
Recommendation 2	In Home support	39,522,960.00
Recommendation 3	Premature baby leave	16,279,533.75
Recommendation 4	Extra parental leave	29,158,044.00
Recommendation 5	Extension of Multiple birth allowance ⁷	19,759,103.00
Total Investment		172,732,140.75

Conclusions

Families with multiples encounter greater challenges in almost every area possible, mentally, physically, financially, family dynamic, socially and medically. All these challenges compound to create significant barriers for multiple birth families to access the support they need. The current support offered in Australia for multiple birth families is the lowest amongst OECD countries. For most families with multiples in Australia, they are treated as if they had one child at a time. This is, simply put, unfair given the extraordinary difference in challenges multiple birth families face.

The critical refrain of this report is simple, both the extant research and families with multiples evidence the challenges associated with raising multiples. Mothers face complex care challenges often when recovering from caesarean births, and challenges associated with staggered discharge, having to care for children at home and within a hospital setting. Multiples are more likely to face greater challenges in their early years, necessitating additional dedicated support. The volume of work involved in the provision of care for multiples is substantially greater than is involved with the care of singletons. Yet families with multiples receive little by way of additional support notwithstanding the modest Multiple birth allowance afforded to higher order multiples and subject to rigid means testing.

⁷ This the program cost for Year 1, the eventual annual cost will equate to a multiple of 7, in year 7 of the program. The size of investment need would be smaller with the implementation of the Multiples grant; with the allowance commencing after year one and for a shorter duration, depending on the quantum of the Multiples grant extended.

The financial shock of multiples is often extremely significant, with many mothers recounting their experiences, noting often dire financial circumstances (AMBA, 2023). These shocks can lead to enduring challenges, financial instability and material hardships, as well as negative outcomes for family well-being, including stress, anxiety, and depression. It is important for policymakers to consider the unique challenges faced by families with multiples when developing policies and programs aimed at mitigating the impact of economic shocks. A program of supports that better reflects the timing, quantum and duration of financial needs would afford significant benefits to families with multiple and likely yield significant downstream benefits, both non pecuniary and financial, for direct recipients and society more broadly. Such material changes would also align programs of support with international standards pertaining to the provision of paid leave and discrete supports identified as critical by advanced economies.

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