



**Multiple Births
Canada / Naissance
multiples Canada**

613-834-TWIN

(8946)

Toll Free in

Canada:

1-866-228-8824

*Supporting
Multiple Births
Together*

March 2013

Dear Member of Parliament:

On behalf of Sana Hassainia's office and Multiple Births Canada, please find attached a position paper with an outline on the needs of multiple-birth infants and their families and an overview of our organization, Multiple Births Canada, to address Bill C-464: *Parental Leave for Multiple Births or Multiple Adoptions*.

In a few weeks, following the second hour of the second reading of this Bill, you will be asked to vote on this important proposal. We believe your vote will be more informed if you read our position, and the other background information provided within, before deciding how you will vote.

Voting to extend parental leave for multiple-birth families will make the following positive changes to the lives of multiple-birth families:

Parents will be able to provide their infants with better (quality and quantity) bonding time - with more weeks, with one primary caregiver or two parents at home, parents will have more opportunities to interact individually with their infants, responding to each one's unique needs and circumstances, while accomplishing the best start outcome desired from Canada's EI Parental Benefit Program.

The primary caregiver will be better equipped to handle physical and emotional stress - with more time for one primary caregiver or two parents at home, parents can take shifts more easily and be less sleep-deprived and less exhausted. They have more time to breastfeed, to bond with each baby individually, and to spend one-on-one time with each baby attending to their needs and promoting healthy development.

Parents can better focus on short or long term health needs of the infants - with more weeks of leave, parents have more time to care for infants in hospital and at home, to attend many medical appointments or therapies, or to grieve the loss of one or more babies - all situations that are much more prevalent in a multiple pregnancy.

Parents can focus on their babies, not their financial challenges - with more weeks of leave, families will have less urgency to return to work, more financial resources to meet the increased costs of two or more babies, and more flexibility to work when it best meets their needs. Also, there will be less need to seek daycare for the infants, which is difficult to find for two or more babies at the same time and extremely expensive for twins or more.

Mothers will have better support after pregnancy complications - with more time, be it with one primary caregiver or two parents at home, mothers have more time to rest and recover while caring for their babies - which also addresses the higher incidence of post-partum depression documented for multiple-birth mothers.

In comparing the Parental Leave experience of caring for a single-born child to that of caring for multiple-birth infants, you should recognize these differences will be addressed and provided for within the EI Parental Benefit Program with extended Parental Leave for multiple-birth families. Please vote YES to Bill C-464.

Respectfully submitted,

Acting Executive Director

Kimberley.Weatherall@multiplebirthscanada.org

MBC Advocacy and Awareness Coordinator

Gail.Moore@multiplebirthscanada.org

Multiple Births Canada's POSITION ON BILL C-464

1. Canada's Employment Insurance Parental Benefit Program (PBP) was designed for the purpose of protecting the jobs of qualified EI recipients while they care for their newborn. Parental Leave offers a three way benefit in that babies receive quality parental care, employees' jobs are protected, and employers are assured their employees can return to work capable of performing at their former productivity levels.

"The PBP is deemed a core component of the National Children's Agenda and, as in other countries, is designed to "promote child development" and help parents "balance the demands of work and very young children" (HRSDC, 2005). An evaluation of these changes found positive outcomes related to the aforementioned objectives, including the length of leave taken, the length of breastfeeding, and the quality of parent and child interactions." (HRSDC 2005).

<http://www.statcan.gc.ca/pub/75-001-x/2008106/article/10639-eng.htm>

MBC POSITION: The current method of allocating Canada's Parental Benefits Program (PBP) is failing Canada's multiple-birth families – it does not provide them with sufficient time and financial support to adequately care for and bond with two or more babies. Each infant deserves the same attention, care and bonding time with parents that a single-born baby receives. The goal of the PBP should be to have multiple-birth infants reach a comparable level of child development as single-born babies, while helping parents balance the double (or more) physical demands of caring for newborns. (See attached Needs of Multiple Birth Infants and Their Families)

2. On February 4th, during the 2nd reading of Bill C-464, Erin O'Toole, MP for Durham, ON stated, *"While we understand the good intentions of the honourable member, her Bill would be economically challenging and would run contrary to the structure and ideals of our EI system."* He also said, *"... the Bill that is presently before the House would not be financially responsible at this time and would undermine the insurance-based principle of the EI system."*

Canada's Employment Insurance Act has previously been amended to provide special provisions for Parental Benefits. **Fairness for Military Families: Bill C-13 (2010)**, introduced by the Conservative Party, was recently adopted by parliament as a justified special consideration. The intent of Bill C-464 is also justified as it will provide multiple-birth infants the same quality and level of parental care singletons receive during their formative months.

Bill C-13 "Recognizes the importance of parent-child bonding in establishing a foundation for subsequent growth and development."

http://www.hrsdc.gc.ca/eng/employment/ei/reports/eimar_2011/annex/annex1_1.shtml

In addition, **Helping Families in Need Act: C-44 (2012)** recognizes more categories of differential need – time off when a child becomes gravely ill OR time off when a child is kidnapped or goes missing. It is therefore evident the government already agrees with differential benefits and should also view multiple births as a unique situation that should be addressed with proper legislation.

MBC POSITION: Bill C-464: An Act to amend the Canada Labour Code and the Employment Insurance Act (parental leave for multiple births or adoptions) is based on the same principles as previously adopted Bills. Precedent has been set, therefore the ideals of our EI system will not be compromised with the adoption of Bill C-464.

3. The estimated cost to enact Bill C-464 will be lower than the cost estimate submitted by the Office of the Parliamentary Budget Officer (PBO) as that contains some errors, explained below. Additionally, there are unique challenges faced by multiple-birth parents that will affect the total weeks taken for parental leave.

On February 4th, during the first hour of the second reading of Bill C-464, Erin O'Toole, MP for Durham, ON stated, "It was estimated by the Member of Parliament for Verchères—Les Patriotes that the extension of parental benefits proposed through her Bill would cost \$27 million. However, the government estimates that program costs alone could be closer to \$100 million, not mentioning possible administrative costs. Therefore the financial implications on the EI program could be four times the hon. member's estimate."

- Most PBP recipients only receive 55% of their wages (no top up) through the PBP while facing double (or more) infant care costs, so most multiple-birth families are not in a financial position to take extended Parental Leave. When possible they will depend on extended family support and may return to work without using all their Leave entitlement – we estimate this to be half of multiple-birth families. Likewise, through experiential evidence we know that when the father or partner has chosen to take concurrent leave with the birth mother he does so for an average of 13 weeks – to cover the months when the infants have the highest need.
- The author attributes 3.3% (multiple birth-rate) to the 191,000 PBP claims. This is an error. It should have been assessed against total births for 2010 (378,683). But, first we need to deduct the multiple-birth figure. 378,683 births – of which 366,183 are single-born infants and 12,500 are multiple-birth infants = approximately 6,200 sets of twins, triplets or more. The next step should be to add 366,183 + 6,200 to calculate 372,383 individual claimants. Then, use the 191,000 PBP claims figure to calculate the percentage of families who accessed the benefit. $191,000 \text{ PBP claims} / 372,383 = 51.28\%$. Using this percentage for the individual claimants of multiples – $51.29\% \text{ of } 6,200 = 3180 \text{ claims coming from multiple-birth families}$.
- The author also assumes the multiple-birth rate will continue to rise, when the numbers are showing that it is finally starting to decrease as a result of the concerted efforts of fertility specialists, and the new funding in place in Quebec for single embryo transfers.
- Daycare spaces for newborns are limited. Additionally, multiple-birth parents face the dilemma that infant spaces only become available "one at a time" which is reflective of specific regulations daycare centres must follow for babies up to 18 months of age. Many multiple-birth parents have been unexpectedly put in the position of having to leave their jobs because they could not find quality daycare for their infants. Remember, multiple-birth parents were expecting and preparing to have one baby when they decided to add to their family. Along with the adjustments of a high-risk pregnancy and the extra demands and costs of having more than one infant, they are also facing the issue of how to return to work with this additional stress. Some parents are forced to split up their newborns and travel to two or more daycares until they reach 18 months of age. Others take a leave of absence or quit their jobs because there are no regulations in place to protect them.
- We estimate that half (1,590) of parents (those needing daycares) will use their second 35 week leave for this purpose, but will cut it short at 25 weeks, bringing their infants to the 18 month milestone needed for daycare. We estimate the other half (1,590) of parents will use the second 35 week leave for additional care during the hectic first months but again will use less at approximately 15 weeks. *It should be noted that some parents will need to access both, but there will also be some parents who will not need either – we have measured these two effects against each other and estimate a balanced outcome.*
- A more accurate cost estimate for Bill C-464 is $(1,590 \times \$420 \text{ per week} \times 25 \text{ weeks}) + (1,590 \times \$420 \text{ per week} \times 15 \text{ weeks}) = \$26.7 \text{ million per year}$.

MBC POSITION: The additional costs for Bill C-464 will be about \$26.5 million per year. We believe this is how much the government of Canada has been saving since 2000 when the current PBP was introduced. The intent and benefits of parental care coupled with the higher demands and challenges faced by multiple-birth infants should have been addressed when it was first offered to Canadian families.

NEEDS OF MULTIPLE-BIRTH INFANTS AND THEIR FAMILIES

Compared to parents with a single baby, parents who give birth to two, three or more babies need more time at home for the following reasons:

1. Since mothers of multiples are more likely to have a caesarean delivery and other *pregnancy complications*, they experience delayed recovery, and difficulty in holding, carrying and caring for infants.
2. Over half of all multiple-birth infants are *born early and/or too small*, are more vulnerable and at greater risk of infant death, and have short and long term health problems. In particular:
 - Many require extended neonatal care;
 - Premature babies require more frequent feedings and vigilant care;
 - Developmental delays and Cerebral Palsy are common and may require parents to commit to intensive and ongoing involvement in therapies throughout the first few years;
 - Multiples have an increased risk of congenital anomalies, monozygotic twins in particular;
 - When a major defect occurs in monozygotic twins, 80 percent of the time, only one child is affected. Again, the bonding and attachment processes are further challenged by the complex parental feelings accompanying these discrepancies.
 - Stillbirths and infant deaths are nearly five times greater. Parents experiencing this anguish need extra time to grieve for their lost baby(ies) and yet cope with caring for the survivor(s) and managing the home;
 - When one or more of the babies need prolonged hospitalization while the healthier multiple(s) is released from the hospital, it adds stress for the parents if they need to travel back and forth to an out of town hospital to visit sick baby(ies) and at the same time care for the baby(ies) and/or other siblings at home. This situation can have a negative impact on both the breastfeeding and attachment processes.
 - Low and discrepant birth weights between multiples can compound the parental perceptions and attitudes that influence the bonding and attachment processes. The maternal and paternal emotional attachment process takes longer and is more complex.



3. *Physical and emotional stress* for parents and caregivers, due to the demands of caring for the babies, other siblings (if any), and running the household:



- Without additional support, it is very difficult for parents with twins, triplets or more to hold and *transport* several babies at the same time;
- Many mothers suffer from *sleep deprivation*, but still maintain an unrelenting workload, unless professional help is acquired;
- Mothers of multiples require informed, sufficient and sustained *support to breastfeed* their infants successfully;
- Parents must *divide their attention* between two (or more) children with similar developmental needs which is likely to affect the quantity and quality of interactions experienced by each infant.

- These challenges may result in anxiety, depression, and feelings of isolation for multiple-birth parents.
- As a result, families of multiple-birth children are at a higher risk for family dysfunction and postpartum depression.

4. Parents often face a *financial dilemma* – they assume extraordinary financial commitments yet if they return to the paid labour force, suitable childcare for two or more babies can be very expensive and difficult to find. For instance:

- Purchasing *special equipment* such as strollers designed specifically for two or more children;
- A *larger vehicle* to accommodate several infant car seats safely within the law;
- A larger home or renovations may be needed;
- Compared to the first year costs of basic infant needs for a single baby, expenses are \$5,000.00 higher for twins, \$10,000.00 higher for triplets, and \$17,000.00 higher for quadruplets;
- Consistent *volunteer help* is difficult to find. To purchase additional in-home support services can cost as much as \$7,000.00 for the first year;
- Daycare costs (without subsidies) for one set of twins under the age 2 is over \$25,000.00 per year;
 - Daycare vacancies are difficult to find; often parents are forced to separate their babies to ensure daycare placement – this improves once the babies reach 18-24 months old as regulated by each province. Separate placement increases the financial and time stressors imposed on already busy parents.

“Creation of healthy public policies must recognize the need for and benefits of additional supports for multiple-birth families. Programming must address barriers to supports and services for multiple-birth families including lack of services, long waiting lists for services, and the need for service coordination.”

*Low Birth Weight & Preterm
Multiple Births:
A Canadian Profile
Best Start – Meilleur Départ 2005*

For more information on Risks for the Mother visit this link:

http://multiplebirthscanada.org/mbc_factsheets/FS-RisksforMothers-Part1_FINAL.pdf

For more information on Risks for the Children visit this link:

http://multiplebirthscanada.org/mbc_factsheets/FS-RisksforChildren-Part2_FINAL.pdf

ABOUT MULTIPLE BIRTHS CANADA

Multiple Births Canada (MBC) is a national charitable organization with a mission to improve the quality of life for multiple birth individuals and their families in Canada. We fulfill our mission by providing support, education, research, and advocacy both nationally and internationally to individuals, families, local Chapters, and organizations that have a personal or professional interest in multiple birth issues.

MBC has a dedicated team of volunteers who work on behalf of Canadian multiple-birth families and individuals. Some of our key activities include:

- Working to improve the support networks and services available to multiple birth individuals and their families across the country.
- Producing educational resources and informative publications for multiple-birth families and professionals; including our quarterly e-magazine *Multiple Moments*, and a wide variety of booklets, pamphlets, and fact sheets.
- Promoting stronger relations between parents of multiples and professionals who are interested in multiple-birth issues (e.g., doctors, nurses, doulas, educators, researchers). This work helps to ensure that professionals are aware of the unique needs and concerns of multiple birth families.
- Representing the Canadian multiple-birth community with representation on national committees (i.e. Multiple Birth Patient Committee and Healthy Singleton Birth Committee with Health Canada (formerly Assisted Human Reproduction Canada), at national and international conferences, and in research, health promotion, and other related initiatives. Activities such as these help raise awareness of multiple birth issues and help to ensure that the needs and concerns of multiple-birth families are taken into account by health care professionals, educators, researchers, government officials, and other professionals.
- Networking with other national organizations (e.g., Health Canada, the Society of Obstetricians and Gynaecologists of Canada, the Canadian Institute of Child Health, the Canadian Health Network, and Infertility Awareness Association of Canada) to promote multiple birth issues within Canada. These organizations seek out Multiple Births Canada to represent the Canadian multiple-birth community and provide input on key policies, programs, and proposals that affect multiple-birth families.
- Networking with international organizations such as the International Society for Twin Studies (ISTS), the International Council of Multiple Birth Organizations (ICOMBO), and other national organizations in countries world-wide to promote multiple birth issues on the international stage. This work resulted in the often-cited Declaration of Rights and Statement of Needs of Twins and Higher Order Multiples.
- Advising professionals who support multiple-birth families (e.g., nurses, prenatal instructors, educators, bereavement counselors) to ensure that the best and most up-to-date care is provided to all multiple-birth families.
- Advising local and national media on multiple birth issues to ensure that the interests and concerns of multiple-birth families are accurately conveyed.
- Working with government agencies to enhance services, supports, and opportunities for multiple-birth individuals and their families.
- Sharing information and research findings with multiple-birth individuals, professionals, members and MBC Affiliate Chapters through publications, e-newsletter bulletins, the MBC web site, and at Multiple Birth Canada's Annual General Meeting and Conference.

SUPPORT NETWORKS

Multiple Births Canada offers several Support Networks for families facing unique situations and challenges.

These networks are intended to provide multiple-birth families networking opportunities with other multiple-birth families in the same or similar situation through a listing service that allows them to share concerns and areas of expertise with one another. It is expected that the registered families will contact each other directly through e-mail, the MBC Facebook group, regular mail and telephone.

Some Support Networks produce a newsletter and are included in Multiple Births Canada's magazine, Multiple Moments, and the Members Only section of the MBC website. The Loss of Multiples Network distributes a FREE e-newsletter, Forever Angels, by e-mail 10 times annually.

- [Breastfeeding Support Network](#)
- [Preterm Birth Support Network](#)
- [Higher Order Multiples Support Network](#)
- [Loss Support Network](#)
- [Special Needs Support Network](#)
- [Lone Parent Support Network](#)
- [Francophone Support Network](#)
- [Father Support Network](#)
- [LGBTQ+ Support Network](#)
- [Adult Multiples Support Network](#)

PUBLICATIONS

Publications available from Multiple Births Canada include booklets, pamphlets, fact sheets and Multiple Moments (the magazine for the Canadian Multiple-Birth Family), with information on everything from prenatal care, breastfeeding multiples, special needs and loss of a multiple.

For our list of Fact Sheets visit this link:

<http://multiplebirthscanada.org/index.php/education/publications/fact-sheets>

Multiple Moments is a quarterly publication full of stories from parents of multiples, multiples and professionals in areas such as health care and child development. Multiple Moments is the only Canadian publication produced for multiple-birth families.

Contact Us:

Phone: 613-834-TWIN (8946)

Toll Free: 1-866-228-8824

Email: office@multiplebirthscanada.org

Website: www.multiplebirthscanada.org