

PAID LEAVE IS ESSENTIAL FOR HEALTHY MOMS AND BABIES

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THE PROBLEM: THE LACK OF NATIONAL PAID LEAVE COMPROMISES THE HEALTH AND WELL-BEING OF PREGNANT PEOPLE AND THEIR INFANTS

The United States is one of just a few countries in the world with no national paid leave of any kind. This federal policy failure leaves more than 100 million people – 80 percent of U.S. workers – without paid time off after the birth or adoption of a child.¹ Nearly half of workers (46 percent) are not even guaranteed unpaid, job-protected leave through the Family and Medical Leave Act.² Further, about one in 14 workers each year needs leave but does not take it, most often because they cannot afford to take unpaid leave.³

Paid time off is necessary for many reasons. Pregnant and parenting people[†] need time to recover after pregnancy and birth, care for and bond with a newborn (including, for most, to establish breastfeeding), adjust to changing family dynamics, and obtain postpartum and well-child care. Moreover, the need for paid leave includes people who are recovering from stillbirth, miscarriage, and other pregnancy complications. Paid leave is also critical for three out of four people who take leave each year for reasons other than maternity or paternity care.⁴ Other reasons include caring for other family members or addressing their own serious health conditions.

The COVID-19 pandemic presents many additional challenges for pregnant and parenting people, making the need for paid leave even more essential. This is a time when many are being forced to make difficult decisions about returning to work to support their families, potentially exposing themselves, their infants, and loved ones to the harmful and sometimes deadly virus.

[†] We recognize and respect that pregnant, birthing, postpartum, and parenting people have a range of gender identities, and do not always identify as “women” or “mothers.” In recognition of the diversity of identities, this series prioritizes the use of non-gendered language where possible.

ABOUT THE SERIES:

Our maternity care system often fails to provide equitable, respectful, culturally centered, safe, effective, and affordable care. It spectacularly fails communities struggling with the burden of structural racism and other forms of inequity, including: Black, Indigenous, and other People of Color (BIPOC); rural communities; and people with low incomes. The multiple crises of the COVID pandemic, economic downturn, and national reckoning on racism have underscored the need to address the social influencers of health. This series identifies ways to improve maternal and infant health by tackling some of these factors. Topics were chosen based on importance and urgency, and availability of systematic reviews and complementary research.



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PAID LEAVE IMPROVES THE HEALTH OF MOMS AND BABIES

Systematic reviews (rigorous appraisals that collect, assess, and synthesize the best available evidence from existing studies) conclude that:

- Paid maternity leave improves maternal and infant health, including physical health and well-being.⁵
- Women who receive paid leave have a lower chance of reporting intimate partner violence.⁶
- Increases of paid parental and/or maternity leave decreases rates of infant mortality.⁷
- Paid leave has reduced the incidence of head trauma caused by abuse among children less than 2 years of age due to lower levels of stress and abusive behavior of parents.⁸

One study found that the introduction of paid maternity leave in five states (California, Hawaii, New Jersey, New York, and Rhode Island) led to a reduction in low birthweight and preterm births, especially for Black mothers.⁹

Several studies have found that that the length of paid leave matters for maternal and infant health.

- Less than eight weeks of paid leave is linked to a reduction in overall health status and increased depression.¹⁰
- Every additional week of paid leave a mother takes reduces the likelihood of reporting poor mental well-being by 2 percent.¹¹
- Longer paid leave significantly increases breastfeeding initiation and duration, which has innumerable benefits for moms and babies, including improving the function of the digestive and immune system of the child, and reduces risk of breast and ovarian cancer, diabetes, and obesity for the mother.¹²
- Paid leave greater than 12 weeks increases infant immunization uptake.¹³

One literature review found that, compared with mothers who were only able to take unpaid leave or no leave at all, for mothers who were able to take paid leave:

- Their chances of being re-hospitalized are reduced by more than half (51 percent).¹⁴
- The likelihood of their infants being re-hospitalized in the first year is reduced by almost half (47 percent).¹⁵
- They are almost twice as likely to have more success in managing stress and engaging in regular exercise.¹⁶

That literature review also found that among heterosexual couples, paid leave for fathers can improve their engagement with the infant, decrease the intensity of depressive symptoms in the mother, and improve the child's overall development.¹⁷



PAID LEAVE IS ESSENTIAL FOR HEALTHY MOMS AND BABIES

BLACK, LATINX, AND LOW-WAGE WORKERS BEAR THE BRUNT OF LACK OF PAID LEAVE

- There are racial and ethnic disparities in workers' access to paid leave, with Black and Latino^{††} workers being less likely than their white counterparts to have any paid leave.¹⁸ This is, in part, due to past and present systemic racism that has resulted in significant health and economic inequities.
- For people working in low-wage and part-time jobs – most of whom are women and people of color – access to paid leave is limited; among the 25 percent lowest-paid workers, only 9 percent had access to paid family leave in 2020.¹⁹
- A disproportionate number of workplace pregnancy discrimination claims were filed by Black women between 2011 and 2015. These claims included being fired for taking maternity leave, being denied a promotion or raise due to pregnancy, having inadequate maternity leave allowance, and having to endure physically taxing work conditions or extreme manual labor during pregnancy.²⁰

†† To be more inclusive of diverse gender identities, this bulletin uses “Latinx” to describe people who trace their roots to Latin America, except where the research uses Latino/a and Hispanic, to ensure fidelity to the data.



“ MY MATERNITY LEAVE LEFT ME ONLY 11 DAYS WITH MY NEWBORN WHERE MY JOB WOULD BE PROTECTED, BUT STILL UNPAID. IT WAS THE HARDEST THING I EVER HAD TO DO, GO BACK TO WORK, LEAVING INCESSANTLY BECAUSE I WAS BREASTFEEDING, SLEEP DEPRIVED, DEPRESSED, AND ANXIOUS ABOUT THE WELL-BEING OF MY TWO-WEEK-OLD. ”



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RECOMMENDATIONS

1. Congress must pass the Family and Medical Insurance Leave (FAMILY) Act (H.R. 1185 / S. 463), which would guarantee access to paid leave and meet the needs of pregnant people, caregivers, and families. Paid Leave be universal, substantial, include job protection, include family care that reflects what today's families truly look like, and include personal medical leave in order to meet the basic needs of working people, families, and the economy.
2. Until a comprehensive federal paid leave law is passed, states and businesses should join California, Colorado, Connecticut, Massachusetts, New Jersey, New York, Oregon, Rhode Island, Washington, the District of Columbia, and the almost 200 major companies that have announced new or expanded paid leave programs.^{†††}
3. Employers should consider supplementing the baseline benefit provided through the existing FAMILY Act by providing additional weeks of leave and/or supplementing the amount of wage replacement employees receive.
4. Congress must pass the Healthy Families Act to allow working people to take smaller increments of leave, in hours or days, to care for themselves and their families.
5. Congress must pass the PUMP for Nursing Mothers Act to ensure that all working parents who need to express breastmilk during the workday have access to reasonable break time and a private, non-bathroom space.
6. Employers should nurture a workplace culture that supports leave-taking by all new parents and those caring for them, regardless of gender, and ensure employees returning after leave have adequate sick leave and schedule flexibility, as well as access to a clean and private location for lactation if they choose to breastfeed.
7. Congress must pass the Pregnant Workers Fairness Act (H.R. 1065) to address pregnancy discrimination by requiring that employers provide reasonable accommodations to allow pregnant workers to continue working safely without risking their health or their pregnancies.

THE INTRODUCTION OF PAID MATERNITY LEAVE IN FIVE STATES LED TO A REDUCTION IN LOW BIRTHWEIGHT AND PRETERM BIRTHS, ESPECIALLY FOR BLACK MOTHERS.ⁱⁱ

††† For more information on the growth of paid leave policies, please see "Leading on Leave: Companies With New or Expanded Paid Leave Policies (2015-2020)," August 2020, <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/new-and-expanded-employer-paid-family-leave-policies.pdf>



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