



Paid Family Leave

Strengthening Families and Our Future

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Life for 21st-century children and families is defined by rapid economic, social, and technological change, with profound implications for human and workforce development. The demographics of the American workforce bear little resemblance to those of past decades. In most families today, all adults are in the workforce and two-thirds of dual-earner couples work a combined total of more than 80 hours a week.¹ Many more families are also headed by a single working parent, usually the mother. More than 55 percent of women with children under 3 years old are in the workforce.² Among those employed, the number of hours of work has also increased, most noticeably among women.³ Despite this, women commonly retain primary caregiver responsibilities – for both young children and elderly relatives.

Unlike elsewhere in the industrialized world, our federal and state family and work policies have failed to keep pace with these demographic changes. In 2012, the United States remains the only industrialized nation without a national paid family leave program that supports workers who need time off to attend to important family needs, such as caring for a new baby or a sick child.⁴ This policy vacuum has created a generation of families in which parental work obligations increasingly compete with children's needs for parental time and energy. The

conflict between job and family demands is especially acute for low-income parents, who often work in jobs that provide few family-support benefits. This scenario is shockingly common in the United States, where 44 percent of children live in low-income families and more than one child in five lives in poverty.⁵

To date, much of the focus of research and advocacy in the states and nation has been on the benefits of paid family leave to business – including improved employee retention and job satisfaction – and workers' rights, in particular, gender equity. A growing body of research, however, suggests that paid family leave also has beneficial effects on child and parental physical and emotional health.⁶ Yet, the child and maternal health outcomes of paid family leave are largely absent from the national policy debate.

This policy brief looks at the effects of maternal employment and parental leave policies on child health, child cognitive and emotional development, maternal health, and the health of parental relationships. It highlights compelling new arguments that strengthen the case for paid family leave, and includes a set of research-based recommendations to advance policy for this important social benefit.

Paid Family Leave: A Viable and Timely Solution

A viable and timely solution to fill the family-work policy vacuum, paid family leave:

- ◆ Builds on existing policies, including the Federal Family Medical Leave Act and State Temporary Disability Insurance Programs;⁷
- ◆ Is supported by robust research that documents its benefits for business, families, and children;
- ◆ Has been enacted in two states (California and New Jersey) which can serve as models; and
- ◆ Can be either cost neutral or of minimal expense for states struggling with stagnant or decreasing tax revenues.

Indeed, research suggests that failure to enact this policy may exact substantial economic costs, including higher disability claims and staff turnover. Several studies have shown that when workers are provided with paid leave, they demonstrate increased job satisfaction and commitment, which leads directly to enhanced productivity.⁸

Ensuring Healthy Children and Mothers

Research assessing the direct effects of paid family leave policies on child health and development and maternal health is still sparse, partly because of limited data and thorny methodological challenges to isolating the influence of leave policy from a host of other variables that influence these important outcomes. Larger bodies of research examine associations between maternal *employment* and maternal health, child health, and child development. Although direct conclusions about paid family leave cannot be drawn from research on maternal employment, this research offers a relevant and promising context for examining the leave literature.

Concern about adverse effects of work on the health of mothers and children has motivated maternal leave policy in industrialized nations since Germany first introduced such a policy during the 1880s. But only recently have these presumed health effects been rigorously tested. Researchers point to two conditions associated with parental leave that might explain its benefits for child health: longer duration of breastfeeding among mothers on leave, and more parental time spent with children.

The Benefits of Breastfeeding

A robust body of evidence suggests that breastfeeding has multiple health benefits for infants, and that paid family leave (and other forms of maternity leave) significantly increases the length of time that mothers breastfeed. In a review and analysis of studies of breastfeeding in developed countries, the U.S. Agency for Healthcare Research and Quality found that full-term infants fed formula are at substantially greater risk than breastfed infants for acute ear infection, eczema, gastrointestinal infection, hospitalization for lower respiratory tract diseases in the first year of life, asthma, childhood obesity, Type 2 diabetes, leukemia, and sudden infant death syndrome (SIDS).⁹

Research also suggests that skin-to-skin breastfeeding promotes bonding and attachment between mother and child and the neurological and psychosocial development of the infant.¹⁰ For these and other reasons – including evidence showing health benefits to mothers – the American Academy of Pediatrics and other leading public health organizations recommend that most infants in the U.S. be breastfed for at least 12 months, and exclusively

breastfed for about the first six months. Although 75 percent of mothers initiate breastfeeding, only 43 percent breastfeed at six months and 22 percent at 12 months. Moreover, only 33 percent of mothers breastfeed exclusively through three months and 13 percent do so through six months.¹¹

While the evidence is mixed on whether mothers who take paid family leave are more likely to initiate breastfeeding, research clearly shows that mothers who use paid leave substantially increase the length of time that they breastfeed their infants, compared to those who do not benefit from such leave.¹² Studies also show positive associations between the length of maternity leave and the duration of breastfeeding.¹³ Various workplace obstacles are believed to hinder breastfeeding, including lack of a private and hygienic place to breastfeed or express milk, insufficient break time, inflexible work hours, and lack of support from coworkers and supervisors.¹⁴ As part of its current action plan to support breastfeeding in the United States, the U.S. Surgeon General calls for paid maternity leave to be granted to all working mothers.¹⁵

Time for Parents and Children

While research is still evolving, a limited number of studies offer some evidence that more parental time at home may confer health benefits to young children. One study found an association between early maternal return to work after giving birth and reductions in immunizations, well-baby care and breastfeeding.¹⁶ Two influential studies found that more generous (longer) parental leave policies are associated with lower mortality rates among infants and young children, with one of the studies (Tanaka, 2005) reporting an association with higher birth weight.¹⁷ Tellingly, the research shows that although job-protected paid leave has a large impact on mortality, leave that is unpaid or does not protect jobs has no significant mortality effect, possibly because of low take-up of these forms of leave.¹⁸ Surveyed beneficiaries of California's paid family leave program reported being better able to care for their children because of their leave time.¹⁹

Positive Effects of Paid Family Leave on Child Health

- Lower infant and child mortality
- Higher birth weight
- Multiple health benefits due to increase in breastfeeding duration
- More well-baby doctors' visits
- Complete immunizations
- Better parent-infant bonding
- Better parental care for children with special health needs

Supporting Children with Special Health Care Needs

Children benefit physically and emotionally when parents are present to protect and support them in times of need.²⁰ Parents of children with serious chronic illnesses and other special health care needs – about 15 percent of all U.S. children – require both scheduled and unscheduled time off from work to fulfill this responsibility. Parents interviewed in two cities reported that taking leave from work (both unpaid and employer-paid) had positive effects on the child's physical and emotional health as well as a positive effect on their own emotional health, but strained family resources and sometimes compromised job performance. Furthermore, a large percentage of parents in the sample (including those ineligible for unpaid leave) reported that they were not able to take needed time from work to care for their sick child. Parents who received full pay during leave reported better outcomes for every indicator.²¹

Cognitive and Social-Emotional Development: The Infant's Laboratory for Learning

In the earliest months of life, children's brains grow at a dizzying pace, their primary relationships a laboratory for learning. It is well established that the experience of interacting with familiar, responsive and stimulating primary caregivers during the first two years of life is critically important to a child's

social, emotional and intellectual development.²² Health researchers have shown that young children denied “the buffering protection afforded by stable, responsive relationships” with caregivers are at risk for “toxic stress” – excessive or prolonged physiologic stress that can damage brain development and contribute to behavioral and physical health problems persisting into adulthood.²³ Paid family leave makes it possible for parents to spend more time with their babies during this crucial developmental period.

Without such leave, parents often have no choice but to return to work earlier than they wish and that is optimal for the developing child. Numerous studies have found a negative association between full-time maternal *employment* and healthy child development during the first year of life.²⁴ The positive cognitive and behavioral outcomes for children whose mothers postponed work or worked part-time during the first year are well-established.²⁵ When mothers do return to work early, the quality of child care is important to positive cognitive and other development outcomes.

A study examining a sample of mothers in the United Kingdom who returned to work within 18 months after birth links adverse outcomes to informal (unpaid) child care arrangements provided by relatives and friends and finds no such outcomes for children when more formal child care arrangements were used.²⁶ A large body of research in the U.S. has shown a positive association between the quality of child care and the child’s cognitive-academic performance, although the effect sizes are typically modest.²⁷ Other research also suggests that “the quality of both child care and parenting may mediate some of the links between first-year maternal employment and later childhood outcomes.”²⁸

As is the case for child health, research is still sparse on the effects of *parental leave policies* (as opposed to employment) on child cognitive and social-emotional development outcomes. Much of the research that does exist compares families benefiting from longer and shorter paid family leave periods as

opposed to families that do or do not receive paid leave.²⁹ The findings of such studies are mixed. One longitudinal study finds longer maternity leaves are associated with better mother-infant interactions.³⁰ A recent study using Canadian data and comparing children whose mothers received an expanded paid leave with those whose mothers received a shorter period of leave has shown positive cognitive effects on children aged 4 and 5 years.³¹

Two other recent studies using the Canadian data, however, find increased maternity leave has no positive effect on measures of children’s behavioral development at 24 months or their cognitive and behavioral development at ages 4 and 5.³² Interestingly, these researchers find a small negative impact of longer leave on cognition at 4 and 5, and speculate that this might reflect the greater stress arising from separating from the mother at 6 to 12 months of age compared to earlier ages. Finally, a recent U.S. study finds that more generous state maternity leave laws are not associated with positive child development at age 4. The authors speculate that the leave benefits examined may be too modest to show measurable changes in development outcomes.³³

Evidence of the long-term effects (on young adults or adolescents) of extended parental leave is still emerging.³⁴ Several studies that followed reforms extending parental leave in a number of European countries find no positive association between longer leave and a range of educational and labor market outcomes. Another study, however, did find that increased paid and unpaid maternity leave in Norway decreased high school drop-out rates.

Although there is at present only modest evidence directly linking paid family leave to improved child cognitive and social-emotional outcomes, such an association is likely and may be better observed as scholars refine their methods. Parental time to bond with new babies and provide reliable, stimulating care is critical to healthy child development. Without paid family leave, working parents often have no choice but to place their babies in child care (often of low quality) for long hours at very young ages.

Almost half of all children of 9 months of age were in child care in 2001, and among this group, 39 percent were first placed into child care before they were 3 months old, and 47 percent when they were between 3 and 6 months old.³⁵ The American Academy of Pediatrics and the American Public Health Association have recommended 3 months as the minimum age for enrolling healthy, full-term infants in child care, noting elevated risks to infant health and development in enrollment at earlier ages.³⁶

The Benefits of Parental Time with Babies

- Higher cognitive scores
- Fewer externalizing behaviors
- Better bonding with parents
- Increased parental responsiveness to child's cues

Keeping Mothers Physically and Mentally Healthy

The period following the birth of a baby and the early months of parenthood is characterized by vulnerability, stress, and rapid change – for the infant, mother, and father, and the new family they form. New parents need time to adapt to their new responsibilities and rhythm of life and to learn from and bond with their baby. Breastfeeding offers the infant and mother one of their first opportunities for interaction, the beginning of the process of bonding and attachment. In qualitative studies, breastfeeding mothers report significant physical and emotional benefits. Interviewed mothers frequently report that an important contributor to their decision to breastfeed is to feel a close bond with their child, suggesting the practice confers significant psychological rewards to the mother.³⁷

Breastfeeding also appears to have multiple benefits for mothers' physical health. Numerous studies have shown that mothers who do not breastfeed are at higher risk for both breast and ovarian cancer compared to breastfeeding mothers.³⁸ Given that paid parental leave is clearly associated with longer duration of breastfeeding, mothers benefiting from such leave may be expected to be at lower risk for these cancers, all else equal.

A number of studies that examined the length of maternity leave and maternal health have found some evidence of improved mental health among mothers with longer leaves. Positive findings include a reduction in the number of maternal depressive symptoms post-partum, lower incidence of depression, and greater vitality and life satisfaction, while findings for anxiety are mixed.³⁹ However, Canadian researchers observed no significant associations between longer maternity leave mandates and self-reported indicators of depression and a range of post-partum physical and mental problems.⁴⁰ There is also evidence that the six weeks traditionally considered adequate to physically recover from childbirth may be insufficient for many women.⁴¹

Health Benefits for Moms

- Lower rates of depression
- Fewer depressive symptoms postpartum
- More complete physical recovery from childbirth
- Greater physical and emotional well-being from longer period of breastfeeding

Family Economic Security and Gender Equity in the Workplace

California and New Jersey, the first states to successfully implement paid family leave programs, are a crucible for examining program effectiveness across the dimensions of family economic security and gender equity in the workplace. Researchers examining the effects of California's groundbreaking paid family leave law have found multiple positive outcomes for parental relationships, family economic security and work/family gender equity. The number of fathers taking leave to bond with their infants has steadily increased and fathers are taking longer leaves. Some 26 percent of paid leave claims taken to bond with a new child are now filed by fathers, up from 17 percent when the state program was first implemented in 2004.⁴²

California's paid family leave law increased family economic security, especially for workers in "low quality" jobs, or those that pay \$20 or less per hour and/or do not provide employer-paid health insurance. Nearly 84 percent of workers employed in low-quality jobs who took advantage of the state's paid family leave law received at least half of their usual pay during leave, compared to only 31 percent of those who took family leave but did not avail themselves of the new law – often because they were unaware of its existence. Workers in low-quality jobs who used the state paid family leave program were also more successful in retaining their jobs than leave-takers who did not, although the California law, unlike the FMLA, does not protect jobs for leave-takers.

Family Benefits: Strong Relationships, Economic Security, and Gender Equity

- More time spent by fathers caring for and bonding with the child
- Greater job retention
- Greater economic security
- Greater working hours, employment rates, and compensation for women

Other research has found that the California law may have helped employed mothers of young children modestly increase their working hours and wage incomes. Studies of other leave programs show that extended leaves are associated with somewhat higher employment rates for women.⁴³ However, there is also evidence that mothers who take very long leaves (well in excess of one year) may pay a penalty in the labor market. Women may also confront employer discrimination when such lengthy leaves are mandated.⁴⁴

A recent study of New Jersey's paid family leave program, implemented in 2009, concludes that women who report taking paid leave are more likely to be employed nine to 12 months after a child's birth compared to those taking no leave at all.⁴⁵ Women who report leaves of 30 days or longer are also much more likely to report wage increases in the year following the birth compared to those taking no leave. The study suggests that paid leave strengthens mothers' labor force commitment by giving them an option other than quitting when they need to care for a new baby.

Recommendations

The evidence is clear that paid family leave policies can improve child health and development, maternal health, family economic security, and gender equity in the home and the workplace. Yet there is much work to be done across the spectrum of players – researchers, advocates, policymakers, businesses, labor unions, and engaged citizens – to advance paid family leave policy for American workers. Paid family leave in the United States is a work in progress, and the following recommendations are offered in that spirit.

Recommendations for Policymakers

- ◆ Establish universal paid leave of at least 14 weeks for new mothers.
 - ◆ Permit leave to be taken intermittently for other purposes, including caring for children with chronic illnesses and other special health needs.
 - ◆ Replace at least two-thirds of wages to make leave-taking more affordable to workers and guarantee job protection.
 - ◆ Extend coverage to both full- and part-time workers, to employees in small businesses, and to self-employed workers.
 - ◆ Effectively monitor employer practices to protect employees using or likely to use leave from discrimination.
 - ◆ Invest in publicizing paid leave through media, in the workplace, in physicians' offices, in family planning clinics, in agencies providing Special Supplemental Nutrition Program for Women, Infants and Children (WIC) services, in community-based organizations, and elsewhere.
- ◆ Work with policymakers to collect health, child development, and family economic data in the states with functioning paid family leave programs.
 - ◆ Conduct yearly surveys of small businesses and companies in states that currently offer paid family leave to evaluate the long-term impacts on businesses.
 - ◆ Work with policymakers to include family leave questions in national and local demographic surveys such as the Current Population Survey, American Community Survey, and the Panel Study of Income Dynamics to determine the incidence of paid and unpaid leave in the labor force and the associated demographics of leave-takers.
 - ◆ Work with policymakers to include family leave questions in national surveys of maternal and child health, such as the Centers for Disease Control and Prevention's Pregnancy Risk Assessment Monitoring System (PRAMS) survey, the National Survey of Children's Health (NSCH), and the National Survey of Children with Special Health Care Needs (NS-CSHCN).⁴⁶
 - ◆ Conduct comprehensive long-term cost-benefit analyses of paid family leave programs that take into account public health, child development, social welfare and economic outcomes.
 - ◆ Investigate methods to administer paid family leave efficiently in states without temporary disability insurance programs.

Recommendations for Public Health and Early Childhood Stakeholders

- ◆ Ensure that paid family leave and its benefits are an integral part of an early childhood and public health public policy agenda and support cross-disciplinary research and advocacy efforts.
- ◆ Make the case that a high-quality early care and education system includes a robust paid family leave policy as a starting point for young children and their families.

- ◆ Integrate paid family leave policy into the life-course perspective in public health.
- ◆ Educate health, public health and early childhood practitioners about the importance of paid family leave.

Recommendations for Business Groups

- ◆ Publicize the evidence-based advantages of universal paid family leave programs for companies: leveling the competitive playing field, offering savings for companies already providing employer-paid leave, and improving employee morale and job retention.

Recommendations for Federal, State, and Local Education Agencies and School Districts

- ◆ Ensure that paid family leave is an integral part of the “Cradle to Career” education reform agenda.
- ◆ Support and collaborate with local initiatives – including Community Schools and Promise Neighborhoods, which integrate children’s health, development, and education – to advance paid family leave.

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