

Resolution #99T

2020 Annual Leadership Forum

TITLE: Paid Parental Leave and Mother/Baby-Friendly Workplaces

SPONSORED BY: Section on Neonatal-Perinatal Medicine, Council on Community Pediatrics

DATE: November 1, 2019

DISPOSITION:

Whereas, the Academy is committed to the development of rational, equitable, and effective parental leave policies and the United States is the only industrialized nation without a national paid family and medical leave policy, and only 8 states and the District of Columbia have enacted paid family and medical leave legislation; and

Whereas, taking unpaid family and medical leave disproportionately marginalizes low-income families and those of color and contributes to the cycle of poverty; and

Whereas, research demonstrates the medical, mental health, and economic benefits of paid family and medical leave for both children and their families and the newborn period is the most critical time for brain development and parental bonding and attachment, but also bears the greatest risks for morbidity and mortality; and

Whereas, the Academy in 2017 last supported proposed federal legislation, the Federal and Medical Insurance Leave (FAMILY) Act, that mandated paid leave for eligible workers due to parental, family or personal medical events for 12 weeks. However, a national paid family and medical leave policy has yet to be passed by Congress, therefore be it

RESOLVED, that the Academy develop and lead a well-coordinated coalition of medical organizations, partner with paid leave advocates and researchers, and actively work with federal legislators to raise awareness, advocate for and promote the passage of a national paid family and medical leave program that includes a minimum of 12 weeks parental leave after the birth of a newborn; and be it further

RESOLVED, that the Academy actively advocate for workplaces to develop mother/baby-friendly spaces to facilitate prolonged exclusive breastfeeding after a mother returns to work.
BACKGROUND INFORMATION: Background Information from the Author

The Academy and World Health Organization recommend exclusive breastfeeding for the first 6 months of life, and the Academy is a role model in providing paid parental leave benefits for 12 weeks and mother/baby-friendly workplaces for its employees.

National paid family and medical leave is gaining bipartisan momentum. There is broad national public support for paid leave in the context of birth, adoption, personal illness or a family member’s illness demonstrated in public opinion surveys (1). There is also support among small businesses (2). In Congress, a national paid family leave policy has bipartisan support. The FAMILY Act has been reintroduced every year since 2013. Most recently in 2019, it was sponsored by Senator Kirsten Gillibrand (D-NY) and Representative Rosa DeLauro (D-CT) (3). This year Senators Marco Rubio (R-FL) and Mitt Romney (R-UT) introduced the New Parents Act, a voluntary paid parental leave option allowing parents to use a portion of their Social Security after the birth or adoption of a child (4). However, a national paid family and medical leave policy has yet to be passed. While a coordinated effort amongst national advocacy and research partners (MomsRising, National Partnership for Women & Families, New America, PL+US, and others) for paid family and medical leave is advancing, the American Academy of Pediatrics last publicly supported the effort in 2017 (5).

The United States is the only industrialized country that does not mandate paid family and medical leave that would, for instance, apply to both mothers and fathers upon birth of a child (6,7); as a
result, only 19% of employees in the US have access to paid family leave (8). In the US, one in ten of parents who need leave cannot afford to take any leave after the birth of a child because the only guaranteed leave for family or medical needs, including parental leave, is unpaid (9). The national Family and Medical Leave Act of 1993 (FMLA) provides some employees with the option of taking unpaid job-protected leave, but approximately 40 percent of employees are ineligible due to restrictions around employer size and hours worked (10). Even for those employees who are eligible for FMLA, 46 percent cannot afford to take time off without pay (11). With only an unpaid standard in place, the adoption of paid leave is long overdue. Because no national paid family and medical leave legislation currently exists in the US, families are forced to make difficult choices between work and care, resulting in lost wages for unpaid family caregivers and sustaining income, wealth, and health disparities across gender and race.

Disproportionate care burdens fall on women, limiting them from labor force participation and advancement and forcing their families to forgo much needed income that could help to promote more safety and security for their children and families. Additionally, only 25 percent of Latino workers and 43 percent of Black workers report having access to any paid or partially paid parental leave, compared to 50 percent of white workers (12).

For new mothers, lack of access to paid family and medical leave poses substantial health risks. In fact, nearly 1 in 4 U.S. women return to work within 2 weeks of giving birth (13). For women with pre- and post-partum risks, maternal mortality is a substantial concern; the risks are higher for women of color – who also may be less likely to have access to paid family and medical leave (14). Adding to this disparity is another sobering statistic: The infant mortality rate of 5.9 deaths per 1,000 live births puts the US is 33rd out of 36 member countries of the Organization for Economic Cooperation and Development (15).

The neonatal period carries the greatest risks for morbidity and mortality (16). Positive effects of paid parental leave on population health includes lower rates of preterm births, low birth-weight infants, and congenital anomalies, as well as reduced infant mortality rates (17). For example, paid maternity leave reduces the likelihood of low birth weight births by 3.2% and early term birth
by 6.6% (18). These effects require longer durations of paid family leave (19, 20). For newborns admitted to the Neonatal Intensive Care Units, physical and emotional closeness to parents is critical for the physical, emotional, and social well-being of both the infant and the parent and contributed positively to the infant’s brain development, the parent’s psychological well-being and the parent-infant relationship (21). Paid leave improves day-to-day parenting (22). Paid leave is associated with a 50% reduction in re-hospitalization a doubling of the likelihood that mothers adhere to recommendations for exercise and stress management (23).

Furthermore, women who received 12 or more weeks of paid maternity leave are more likely to initiate breastfeeding and still be breastfeeding their child at six months (24) as recommended by AAP (25) and World Health Organization (26). Perhaps most strikingly, studies have shown that paid leave was associated with ten percent lower rates of neonatal, infant, and under 5 year mortality (27) even in industrialized countries (28).

Paid leave policies not only benefit the health of the child and parents, but positively affect businesses and the economy. For example, research suggests that paid family leave promotes economic growth positively for individual businesses and the national public market (30). Paid leave also secures parental contributions to and retention in the workforce and increases the ability to attract talented workers (31,32). Furthermore, employers in New Jersey found that the state’s paid family and medical leave reduced stress levels and improved morale among employees (33). The multitude of positive economic outcome led to an increase in length of paid parental leave time given to parents in California (31).

Instead of creating a national standard, the US has left it up to states to pass their own paid leave laws. While 8 states and the District of Columbia have enacted requirements, 42 states still have not passed legislation to support working families. It is critical that the Academy lead the coalition of national partners and actively work with legislators to raise awareness, advocate for and promote the passage of a national paid family and medical leave policy in 2020.

REFERENCES:

1. Horowitz JM, Parker K, Graf N. Americans widely support paid family and medical leave but differ over specific policies.


