1,000 DAYS

The First 1,000 Days:
The Case for Paid Leave in America

1,000 Days is the leading non-profit advocacy organization working in the U.S. and around the world to improve nutrition, particularly during the 1,000-day window between a woman's pregnancy and her child's 2nd birthday. We work to promote action and investment in nutrition in order to build a strong foundation for children, their families and their nations to thrive.

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Paid Leave Can Help Improve Outcomes for Moms and Babies

Evidence shows paid leave can help:

- Reduce the risk of pregnancy-related health complications
- Reduce the risk of postpartum depression
- Increase breastfeeding rates, including initiation and duration
- Reduce the risk of infant mortality
- Reduce the incidence of babies born preterm or low-birthweight
- Improve child health during infancy and childhood
- Ensure safe and healthy child development
- Reduce disparities in access to care and health outcomes

Executive Summary

The 1,000 days between a woman's pregnancy and the first two years of a child's life offer a window of opportunity to build healthier, thriving futures. Research shows that paid leave can improve the health of mothers and babies, save lives, promote breastfeeding and enable children to get a strong start to life.

Yet for millions of workers, economic factors influence decisions about taking time away from work to care for themselves, their partner or their child, putting family and medical leave out of reach.

Unlike in most other countries, parents in the United States are often forced to choose between taking time off from work to care for their young children and earning the income they need to support their families. In fact, only a small minority of private sector workers in the U.S.—typically those who work in higher paid jobs—have access to paid leave. Even more troubling is the fact that many women have to return to work too soon after giving birth, putting their health and that of their infant at risk. Ultimately, it is young children and their families paying the price for the country's inaction on paid leave.

This brief presents findings from a wide-ranging body of research on family and medical leave and its impact on (1) maternal health and on (2) child health and development. We conclude with a call to action urging policymakers to enact a national paid leave policy that ensures all workers can take the time they need to attend to their health needs and care for their loved ones without jeopardizing their economic security.

The first 1,000 days are critical to the long-term health and well-being of both women and children. A comprehensive paid leave policy is a long-overdue investment in America's families, ensuring a brighter and healthier future for them and for us all.

Defining Paid Leave:

Almost everyone has had to take time away from work to care for their health needs or those of a family member. Paid family and medical leave allow working people to continue to earn all or a portion of their income while they take time away from work to meet family caregiving or personal health needs. This can include time to address a serious medical condition or a significant health event such as pregnancy (medical leave); to care for a newborn, newly adopted child or newly placed foster child, or to care for a family member facing a serious health challenge (family leave); or to address family circumstances arising from a military service member's deployment (qualifying exigency leave).[1]

Throughout this document, we use the term "paid leave" to refer to paid family and medical leave. However, we also use terms such as "parental leave" or "maternity leave" when referring to the findings of specific studies and discussing the evidence of the impact of paid and unpaid leave specifically as it relates to new parents.

To best ensure maternal health and child health and development, a paid leave policy must:

- Provide workers with sufficient time off
- Cover all employers and all workers
- Ensure equitable economic security now and in the future
- Cover medical and family caregiving needs comprehensively

“I worked at a place for a week shy of a year - what it takes to qualify for FMLA leave. If I had made it to my due date, I would have been okay, but they induced me a month early because of low fluid..... 6 weeks isn't long enough to be home with a newborn. That's not enough time for baby to adjust to the real world OR enough time for mom to recover and get on a sleeping schedule normal enough to function properly at work."

MADDY, PENNSYLVANIA

Part 1: Paid Leave Landscape in the United States

KEY TAKEAWAYS

- **The U.S. is one of the only countries in the world that does not guarantee paid leave to new mothers and one of a handful of high-income countries that does not provide paid leave to new fathers.**
- **In the absence of a national paid leave policy that covers all working people, the vast majority of Americans have no access to paid leave.**
- **Women in the U.S. are working later into their pregnancies and returning to work earlier after childbirth than previous generations.**

The 1,000 days between a woman's pregnancy and her child's second birth is a time of tremendous potential and enormous vulnerability. It is when children's brains begin to develop and when the foundations for lifelong health are set. The periods of pregnancy and infancy are especially critical to shaping a person's long-term health and their developmental potential. Throughout pregnancy and in the postpartum period, a woman has unique health needs which impact her and her child's future wellbeing. In order to grow and thrive, a new baby requires nurturing care—which is time-intensive by design. While this is essential for all babies, it is even more so for those born prematurely or with serious medical conditions.

Yet astonishingly, the United States does not have a national policy in place that provides workers with paid time off from their jobs to care for their health needs during and after pregnancy or to care for their newborn. In fact, the U.S. is one of the only countries in the world that does not guarantee paid leave to new mothers and one of a handful of high-income countries that does not provide paid leave to new fathers.[2] Instead, employers and states decide whether to provide employees leave, who is eligible, for how long and how to structure the benefit. Often this means workers must patch together time off to care for their medical or family needs using the options available to them, including taking sick leave, vacation, short-term disability, unpaid leave or a combination thereof.

In the absence of a national paid leave policy that covers all working people, the vast majority of Americans have no access to paid leave. According to the U.S. Bureau of Labor Statistics, in 2018 a mere 17 percent of workers had paid leave provided by their employers. Even more striking is that only 5 percent of the lowest-wage workers, who earn an average wage of $10.28 per hour, have access to paid time off to attend to their medical or family caregiving needs.[3] There are also racial and ethnic disparities in workers' access to paid leave, with non-Hispanic black and Hispanic workers being less likely than their white counterparts to have any paid leave.[4]

It is worth noting that nearly 60 percent of workers in the U.S. are eligible for *unpaid,* job-protected leave through the *Family and Medical Leave Act of 1993 (FMLA).*[5] However, not all workers who are eligible for FMLA take the leave to which they are entitled. According to a survey conducted on behalf of the U.S. Department of Labor, 45 percent of workers who are eligible for and covered by the FMLA but who do not take leave say they cannot afford to do so without pay.[6] For many Americans, taking time off work to care for a new baby or deal with a significant health issue comes at the price of forgoing the income they need to support themselves and their families.

In 2018 a mere 17 percent of workers had paid leave provided by their employers. Even more striking is that only 5 percent of the lowest-wage workers, who earn an average wage of $10.28 per hour, have access to paid time off

When it comes to a woman's ability to take time off work during pregnancy, to recover from childbirth or to care for her newborn baby, the picture becomes especially bleak. Women in the U.S. are working later into their pregnancies and returning to work earlier after childbirth than those in previous generations.[7] Additionally, over the last 20 years

there has not been a substantial change in the number of women taking leave.[8] Nearly one-third of employed women who give birth do not take any maternity leave,[9] and nearly 1 in 4 women who do take leave return to work within just 2 weeks of giving birth.[10] The average American maternity leave lasts only 10 weeks, and only a quarter of women take *paid* maternity leave lasting for more than 8 weeks.[11] This is in sharp contrast to leave-taking in other Organization for Economic Co-operation and Development (OECD) countries, where mothers are entitled to an average of 18 weeks of paid maternity leave.[12]

In the U.S., nearly one-third of employed women who give birth do not take any maternity leave, and nearly 1 in 4 women who do take leave return to work within just 2 weeks of giving birth

Although rates of paternity leave-taking have increased in recent years,[13] many fathers (and non-birth parents, more generally) face difficulties in taking paid time away from work. In fact, the median length of parental leave among fathers following the birth or adoption of their child is just 1 week.[14] When a father or non-birth parent does take leave, it benefits the whole family. He is better able to support his partner and bond with his new baby, and his presence in the months following childbirth can even improve maternal mental and physical health.[15] A study of families in Sweden found that providing fathers or other caregivers with flexibility to take paid leave as needed resulted in women having fewer postpartum health complications and better mental health.[16] Leave-taking among men can also help normalize leave-taking for everyone who needs time away from work for medical or caregiving reasons and help close the gender wage gap.[17]

Still, perhaps because of the dearth of family-friendly policies to help parents balance work with caregiving responsibilities, public and political support for paid leave has been growing. Without a federal law, a handful of state governments have taken matters into their own hands and implemented paid leave policies: California, New Jersey, Rhode Island and New York. These four states built on long-standing temporary disability insurance (TDI) programs to create a paid family leave benefit. In addition, four states – Massachusetts, Washington, Connecticut and Oregon – along with the District of Columbia have enacted laws to provide employees with family and medical leave insurance as of mid-2019 and these programs will become operational between 2020 and 2023.[18, 19]

Increasingly, employers are seeing paid leave as an important investment in worker recruitment and retention. In 2016, the Department of Defense announced a change to their military maternity leave policy, providing new mothers up to 12 weeks of paid maternity leave.[20] Then-Secretary Ash Carter made the change to improve retention and better support military families. In addition, 20 companies in 2018 introduced new paid leave policies[21] and an estimated 4.8 million workers gained access to better paid leave benefits.[22] However, workers with access to paid leave tend to be those working in higher-prestige and higher-earning occupations.[23]

As new evidence emerges evaluating state and employer-led paid leave initiatives, we are starting to understand the full impact of these policies on families in the U.S. In addition, evidence from other high-income countries shows that paid leave has positive effects on maternal and child health.24 At a national level, policymakers on both sides of the political aisle are touting paid leave proposals —albeit at varying levels of comprehensiveness and with different financing schemes. Nevertheless, this momentum presents a window of opportunity—one in which advancing a comprehensive and inclusive paid leave program becomes a public health imperative.

"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, leaking incessantly because I was breastfeeding, sleep deprived, depressed, and anxious about the well-being of my two-week-old."

DARLENE, TEXAS

Part 2: Paid Leave Matters for Maternal Health

KEY TAKEAWAYS

- **Prenatal visits are critical for preventing and managing pregnancy complications. Nearly 10 percent of births are preterm or delivered at less than 37 weeks of gestation.**
- **Access to paid leave helps provide women with the time they need to establish and continue breastfeeding, benefitting the health of both mom and baby.**
- **Paid leave is a critical tool to support healthier pregnancies, better birth outcomes, more successful breastfeeding and both physical and mental health in the postpartum period.**

Pregnancy and childbirth are among the most significant health events in a woman's life. During her pregnancy and in the year following the birth of her child, a woman experiences major physical and psychological changes. This section describes why paid leave matters for maternal health. It covers the impact of leave during pregnancy, when recovering from childbirth, on women's mental health and on women's ability to breastfeed.

The impact of leave during pregnancy

Why it matters

A lot goes into a healthy pregnancy, and some women rely on medical leave to get the care they need during this time – whether that means taking intermittent leave to attend prenatal visits, or extended leave to deal with a pregnancy complication or other condition. Regular prenatal visits with healthcare providers are essential to ensuring good outcomes for both mom and baby. Women are encouraged to schedule their first prenatal appointment as soon as they know they are pregnant.[25] Routine checkups typically occur monthly during weeks 4 through 28, twice-monthly during weeks 28 through 36, and weekly from week 36 to birth.[26] These prenatal visits are critical for preventing and managing pregnancy complications. Women with high-risk pregnancies or certain pregnancy complications may need to see their doctors more often. All of this takes *time*.

Unfortunately, a significant number of women in America face complications during pregnancy, often requiring more medical care. Pregnancy complications can affect the mother's health, the fetus's health or both, and even healthy women can experience complications.[27] The U.S. Centers for Disease Control and Prevention (CDC) estimates that 700 women die every year in the U.S. from pregnancy-related complications[28] and more than 50,000 women experience severe maternal morbidity — complications that result from or are aggravated by pregnancy and have a lasting impact on women's health.[29] Especially troubling is the fact that women of color have a higher risk of maternal morbidity and mortality.

An estimated 700 women die every year in the U.S. from pregnancy-related complications and more than 50,000 women experience severe maternal morbidity

High-blood pressure or hypertension during pregnancy occurs in between 1 in 12 and 1 in 17 pregnancies in the U.S. Though common, hypertension during pregnancy can lead to serious complications such as preeclampsia, stroke and preterm delivery.[30] Every year between 2 and 10 percent of pregnant women develop gestational diabetes, which puts mom at increased risk of high blood pressure during pregnancy and increases baby's risk of being born very large (nine pounds or more), being born early, having low blood sugar and developing type 2 diabetes later in life.[31] In addition, nearly 10 percent of births are preterm or delivered at less than 37 weeks of gestation.[32] For some women with pregnancy complications, time away from work during pregnancy can be critical for their health and their babies' health – especially when their work requires heavy lifting, long periods standing or other activities that can put a strain on their health and exacerbate pregnancy complications.

What the evidence shows

Women who take leave during pregnancy have better birth outcomes and fewer complications. In one study in California, women who took paid leave in the four weeks prior to delivery had nearly four times lower odds of cesarean delivery compared to non-leave-takers.[33] This is noteworthy given the numerous short- and long-term health effects of this procedure for both mother and child.[34] Cesarean delivery is a major abdominal surgery. It increases the risk of complications such as uterine rupture, abnormal placentation, ectopic pregnancy, stillbirth and preterm birth. In addition, there is greater risk of maternal mortality and morbidity with cesarean delivery compared to vaginal birth.[35] Babies born by cesarean section may experience altered immune development; an increased risk of allergy, atopy, and asthma; reduced diversity of their intestinal gut microbiome; and even a greater incidence of obesity and asthma later in life.[36]

A recent literature review found relationships between paid leave during pregnancy and reductions in low birthweight and preterm birth, leading the authors to conclude, "Paid antenatal leave offers promise as a population-level intervention for improving birth outcomes."[37] In 2017, almost 1 in 10 babies were born preterm and 8 percent of babies were born low birthweight in the U.S.[38] These babies are at increased risk for infant mortality as well as chronic conditions throughout infancy and into adulthood, making it critical to reduce the rates of these birth outcomes.

Given the importance of a healthy pregnancy to long-term outcomes for both mother and baby, greater access to paid leave as needed throughout pregnancy can help ensure healthier futures for families.

The impact of leave when recovering from childbirth

Why it matters

Childbirth can take a significant physical toll on a woman's body. At a basic level, women need time to let their bodies heal and recover from childbirth—especially if they had a caesarean or medically complicated birth. Many women report feeling mostly recovered by 6 to 8 weeks postpartum, but for others full recovery can take even longer.[39]

ACOG estimates as many as 40 percent of women do not attend a postpartum visit, which hinders the management of acute and chronic medical conditions

One study in Australia found that 94 percent of mothers surveyed reported experiencing at least one health problem in the first 6 months post-delivery; yet a quarter had not talked to a health provider about their health since giving birth.[40] Many women experience pain, bleeding, incontinence, hemorrhoids, headaches, fatigue, infection and other ailments after childbirth. These health issues can persist far beyond a 6-week healing period – especially in the case of cesarean section. At six months postpartum, many women who had assisted deliveries or cesarean deliveries report pain limits their physical activity.[41]

There is a growing recognition that the weeks following the birth of a child are critical to the long-term health and wellbeing of both mothers and babies.[42] The American College of Obstetricians and Gynecologists (ACOG) and other provider groups recognize that women need time off from work to learn how to care for their newborns, establish breastfeeding, develop strong emotional bonds with their babies, attend medical appointments, and adjust to their new caregiving responsibilities.[43,44,45] ACOG recommends that all women have contact with their obstetrician-gynecologist within the first 3 weeks postpartum, followed by ongoing appointments as needed and concluding with a comprehensive postpartum visit no later than 12 weeks after birth.[46] This provides an opportunity to assess her physical, social and psychological wellbeing. The American College of Nurse Midwives also supports increasing the number of postpartum visits for all women.[47]

Despite these recommendations, ACOG estimates as many as 40 percent of women do not attend a postpartum visit, which hinders the management of acute and chronic medical conditions (such as hypertensive disorders, obesity, diabetes, thyroid disorders, renal disease, and mood disorders like postpartum depression).[48] This is of particular concern given that at least one-third of pregnancy-related deaths occur in the year following childbirth.[49]

Several factors contribute to women not choosing to or not being able to attend their postpartum medical visits, but not being able to take time away from work appears to be a key factor. For this reason, ACOG identifies "increasing access to paid sick days and paid family leave" as a key strategy for ensuring that women attend their postpartum visits and get the care they need.[50]

What the evidence shows

Returning to work too soon after delivery can stress a woman's body and impede her healing process, whereas access to paid leave can help facilitate recovery. For example, in one study in Minnesota, women who were back to work at 6 or 12 weeks showed worse physical health than those who were still on leave during those periods.[51] Given the time it takes for a woman's body to recover from childbirth, ACOG recommends that the evaluation of a woman's readiness to return to work include a comprehensive assessment of her physical and psychological health, family needs and work requirements.[52] However, the many women who return to work in the days and weeks after childbirth may not have this opportunity.

Research shows that the length of leave a woman is able to take matters for her health. In a nationally-representative sample of U.S. women who returned to work in the first year after childbirth, women with less than 8 weeks of paid leave had a lower overall health status than those with longer leaves.[53] In another study of leave-taking in the U.S., mothers who took paid maternity leave during the postpartum period cut their odds of being re-hospitalized in half compared to mothers who took unpaid or no leave.[54] A recent analysis of the introduction of paid maternity leave in Norway also found that it had a protective impact on maternal health. Before 1977, Norwegian mothers were eligible for 12 weeks of unpaid leave; in 1977, policy reform expanded this to 4 months of paid leave and 12 months of unpaid leave. This change resulted in improved medium- and long-term health outcomes for women, including body mass index, blood pressure and pain.[55]

Taken together, this body of evidence indicates that paid leave is critical to supporting the health of mothers when they are recovering from childbirth.

The impact of leave on women's mental health

Why it matters

Although the arrival of a new baby is often a joyous event, it can also be stressful for new parents. Becoming a parent represents an enormous transition in one's life—a transition that heightens the risk of mental health problems, particularly when social and economic supports are absent.[56] In the absence of paid leave and other family-friendly policies, many new parents in the U.S. struggle to manage the demands of a full-time job with the demands of caring for a new baby. During pregnancy and after the birth of a child, a woman must grapple with changes to her body, her hormones, her relationships and even her brain. These changes can heighten stress and increase the risk of mental health problems. In fact, the most common medical complications of the pregnancy and postpartum periods are mood disorders such as depression and anxiety.[57]

Most women report feeling stress during their pregnancy. In one study, 78 percent of pregnant women reported low to moderate levels of stress, while 6 percent reported high levels of stress.[58] Research shows that stress can affect a woman's pregnancy and her infant's development.[59,60] It can cause women to be more susceptible to illness resulting in poor nutrition, sleep problems, and other side effects.

An estimated 50 percent of women who are depressed during and after pregnancy are undiagnosed and untreated. This has major implications for the health of women and that of their children and families

Additionally, anxiety and depression affect many women during the perinatal period, though prevalence estimates vary based on the population surveyed. By one estimate, doctors diagnose 8-13 percent of women with anxiety or depression during their pregnancy, while more enter pregnancy already diagnosed.[61] Another estimate finds that

more than 400,000 infants are born to women who are depressed.[62] Maternal depression is associated with lower neonatal birth weight and preterm delivery[63] and pregnancy anxiety is associated with shorter gestational length, making it a risk factor for preterm birth.[64]

In the postpartum period, new mothers may experience pain, sleep deprivation and a host of physical ailments—all while caring for a newborn. Financial stress and parenting stress, such as the kind associated with returning to work or having difficulty finding affordable childcare, can increase the risk for and exacerbate postpartum depression.[65,66] A woman's emotional wellbeing is more at risk if she has little social support or low income or is a single parent.[67,68]

Research by the CDC indicates that about 1 in 9 women experience symptoms of postpartum depression, but rates vary by state and by race and ethnicity.[69] An estimated 50 percent of women who are depressed during and after pregnancy are undiagnosed and untreated.[70] This has major implications for the health of women and that of their children and families. Postpartum depression can negatively affect the development of a baby's brain and has also been associated with behavioral problems and even depression later in childhood.[71,72,73,74,75] It can also affect a woman's ability to breastfeed and to care for herself and her baby properly. Paid leave and other policies that relieve stress on new parents can reduce the risk of maternal mental health problems, strengthen the bonds between parents and their children, and enable more families to thrive.

What the evidence shows

The research looking at the effects of paid leave on maternal mental health is limited. One study following 800 women in Minnesota during the first year of their child's life showed women who were on maternity leave in the first 6 months postpartum had significantly lower postpartum depression compared to those who had returned to work.[76] This study also suggests that the duration of leave matters: each additional day of maternity leave up to 6 months after childbirth reduced postpartum depressive symptoms, indicating that a maternity leave of less than 6 months may increase the risk of postpartum depression for some women. A separate study that also examined the association between the duration of leave and mental health outcomes came to a similar conclusion. In this study of 3,350 mothers in the U.S., taking less than 12 weeks of total leave and less than 8 weeks of *paid* leave was associated with increased depressive symptoms.[77] Finally, a study from Australia found that the country's universal paid parental leave program (18 weeks of leave at the minimum wage rate) benefitted women who were economically disadvantaged. These mothers had significantly better mental health compared to mothers surveyed before the implementation of the paid leave program.[78] Together, these studies point to the important role that paid leave can play in promoting maternal mental health at a time when mothers and their families are especially vulnerable.

The impact of leave on women's ability to breastfeed

Why it matters

Breastfeeding plays a powerful role in women's health. Not only does it give babies the healthiest start to life as discussed later in this brief, but it also provides mothers with a host of important health benefits. Research has shown that breastfeeding is associated with a lower risk of heart disease – the leading cause of death among women in the U.S. – as well as breast cancer, ovarian cancer, type-2 diabetes, and hypertension later in life.[79,80,81] A study of Chinese women found that breastfeeding may help mothers lower their risk of heart attack and stroke decades after giving birth.[82]

While any amount of breastfeeding has benefits for women's health, longer durations provide mothers with the protection against disease. For example, by one estimate a mother's risk of developing invasive breast cancer decreases by 6 percent with each year a mother breastfeeds.[83] The extraordinary health benefits of breastfeeding have led ACOG, the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and other health groups to recommend that women breastfeed their babies exclusively for the first six months, followed by continued breastfeeding alongside the introduction of appropriate complementary foods until at least 1 year. [84,85,86]

What the evidence shows

Despite the documented benefits of breastfeeding, many women in the U.S. are not able to breastfeed in accordance with public health recommendations. According to the CDC, the vast majority of infants in the U.S. (83.8 percent) start out breastfeeding; however, the proportion of women who are breastfeeding at 6 months drops to about 57 percent,[87] and 6 in 10 women stop breastfeeding earlier than they initially planned.[88] Given that the average length of maternity leave is 10 weeks, a lack of paid leave is likely a major barrier to successful and sustained breastfeeding.[89] Women who return to work before 6 weeks postpartum are four times more likely to either not establish breastfeeding

or stop early.[90] Moreover, a mother is more than twice as likely to stop breastfeeding in the month she returns to work compared to a mother who has not yet returned to work.[91] In one study of new mothers in Singapore, working mothers were more likely than non-working mothers to breastfeed for 2 months or less. In addition, the most important reason that these working mothers stopped breastfeeding between 2 and 6 months was work-related factors.[92]

Women who return to work before 6 weeks postpartum are four times more likely to either not establish breastfeeding or stop early

A growing body of evidence shows women are more likely to breastfeed for longer durations when they have the opportunity to take paid time off from work. A literature review on the impact of maternity leave on breastfeeding shows that women with leave of more than three months were three times more likely to maintain breastfeeding at three months than women who returned to work earlier.[93] Additionally, studies in California and New Jersey showed that women who received paid leave breastfed for longer durations once those paid leave policies were implemented.[94,95] For example, a study of California's paid family leave program implemented in 2004, which provided mothers up to 6 weeks of leave at a 55 percent wage replacement rate, found an increase of nearly 18 days in the overall duration of breastfeeding and an increase of 5 percentage points in the likelihood of breastfeeding for at least 6 months. Importantly, the study also found that the policy had larger positive effects in breastfeeding duration among disadvantaged groups, including less educated and poor mothers,[96] though other studies find larger effects for wealthier women.

Together, these studies reveal how paid leave supports mothers to breastfeed, breastfeed longer, and reap the important health benefits of breastfeeding.

Because pregnancy, childbirth and the transition to motherhood can be physically and psychologically demanding, women need time to care for themselves and their health. Paid leave is a critical tool to support healthier pregnancies, better birth outcomes, more successful breastfeeding and both physical and mental health in the postpartum period. Beyond allowing for physical recovery after childbirth, time off from work is essential to providing a strong foundation for mom, baby and their family to thrive.

"I remember my time in the NICU, holding my baby while she slept after her sixth feeding of the day… After being discharged two days after her birth, I spent every possible moment in there with her, teaching her to breastfed and take a bottle so she could survive. I pumped too so that she could eat when she went to daycare and I went back to work – which I have to do to give her a good life. Unfortunately 'going back to work' came sooner than I hoped – five days after she was born, to be exact. Because I didn't get maternity leave and took unpaid leave to care for her when she got home, I had to go back to work almost immediately in order to save what little vacation I did have for when she was actually at home with me."

KRYSTEN, TEXAS

Part 3: Paid Leave Matters for Child Health and Development

KEY TAKEAWAYS

- **It is estimated that providing 12 weeks of paid leave in the U.S. could result in nearly 600 fewer infant deaths per year.**
- **Paid leave helps ensure children receive the health benefits of breastfeeding and the health care they need to thrive.**
- **Access to paid leave helps give parents the time they need to ensure infants have the care and support they need for safe, healthy development.**

Infancy is a time of remarkable transformation. By 1 year of age, a baby has tripled her birthweight and achieved most of her brain growth. It is also a time of enormous vulnerability. From the day they are born, babies need consistent, nurturing care from their parents and other loving adults, a safe environment and good nutrition in order to thrive. These three ingredients provide the fuel that drives a baby's growth and helps build their brains. Science has also shed new light on how a baby's external environment—from the food she eats to her exposures to stress and adversity—shape her future health in powerful ways. Research shows that many adult diseases such as heart disease, type 2 diabetes, obesity and stroke can begin in a child's first 1,000 days based on the nutrition a baby receives and the environment in which she develops.

Research shows that many adult diseases such as heart disease, type 2 diabetes, obesity and stroke can begin in a child's first 1,000 days

In many ways, paid leave is a necessary investment in child health and development—with both short- and long-term payoffs. It gives parents the time they need to bond with and care for their babies, providing the foundation for a child's overall health, cognitive development and future wellbeing. It reduces parental stress, which can in turn provide a healthier, more stable environment for baby. Moreover, paid leave is critical to supporting mothers to breastfeed (and breastfeed longer), ensuring that babies reap the unique immunity-boosting and brain-building benefits of breastmilk.

The impact of leave on children's health

Why it matters

Infancy is a crucial window of opportunity to shape a child's health, and the role that parents and caregivers play during this time cannot be overstated. Caring for a baby's health, nutritional and physical needs—particularly in the newborn period—typically falls to one or both parents and is in many ways its own full-time job.

Breastfeeding, for example—with its powerful health benefits for both mom and baby—relies on women having enough time, energy and capacity. When it comes to giving babies the healthiest start to life, breastfeeding is unmatched. Breastmilk provides babies powerful antibodies that fight off illness and build babies' immunity, as well as probiotics that help build a healthy digestive tract. There is scientific consensus that breastfeeding protects babies against pneumonia, respiratory infections and sudden infant death syndrome (SIDS) and that it can even lower their risk of developing obesity later in life.[97] Despite the critical role that breastfeeding plays in a child's health, too few children in the U.S. are benefitting from it. As discussed above, about 16 percent of babies in the U.S. are never breastfed, and the vast majority are not breastfed in accordance with the recommendations from AAP, AAFP, ACOG and other providers.[98] By 3 months of age, over 47 percent of U.S. infants are exclusively breastfed; at 6 months of age, only about 25 percent are exclusively breastfed.[99] As a result, many babies are missing out on the healthiest start to life.

Another critical way that parents support the health of their new child is by ensuring they receive the medical care they need to thrive. The AAP recommends pediatricians see infants at least 7 times in their first 12 months.[100] During well-baby visits, providers check a child's weight gain and growth, as well as make sure she is meeting key

developmental milestones, eating enough and getting the nutrients she needs. These visits also help ensure that pediatricians identify developmental delays and health conditions early to connect children with treatment options.[101]

While the vast majority of children under 2 in 2017 were seen for at least 1 well-baby check up in the previous year,[102] for many parents access to paid leave, paid sick days and other family-friendly polices plays a role in whether they are able to take their baby to the doctor or care for them when sick. Policies like paid leave and paid sick days are critical to ensuring that parents can attend well-baby visits and care for their sick child without the worry of losing pay or putting their job in jeopardy.

While most babies in the U.S. are born healthy and at full-term, some are born prematurely, with low birthweight or with other serious medical conditions.[103] These babies typically require intensive care as newborns and often continued medical attention throughout infancy and beyond. Parents of sick and vulnerable newborns often find themselves spending time at the hospital with their babies. A lack of paid leave or insufficient paid leave can make an already difficult situation even more stressful. With their baby in the hospital, parents should not have to worry about whether they can afford to take time off from work or whether they will lose their job if they do so.

Perhaps the most important reason to support paid parental leave is that it has the potential to save lives. A nation's infant mortality rate is a good indicator of the overall health of the population – and by this metric, the United States is failing. The U.S. has one of the highest rates of infant mortality of all advanced economies, with more than 22,000 babies dying before their first birthday.[104,105] The leading causes of infant deaths are birth defects, preterm birth, low birthweight, maternal pregnancy complications, SIDS and injuries.[106] Breastfeeding is key to helping reduce infant mortality, as breastfed infants are less likely to die of SIDS, respiratory infections and necrotizing enterocolitis (a devastating condition mainly affecting premature babies).[107] Data from the U.S. show a decreased risk of mortality for breastfed infants.[108] One study of breastfeeding in the U.S. found that, if 90 percent of families met the recommendation to breastfeed exclusively for 6 months, it would prevent more than 900 deaths each year – nearly all of which would be in infants.[109]

There are glaring racial and ethnic disparities in America's infant mortality rate, meaning that some infants are more likely to die than others. For example, black infants are more than twice as likely to die before their first birthday as non-Hispanic white infants.[110] Additionally, American Indian and Alaska Native infants are nearly twice as likely to die as those who are non-Hispanic white. This suggests that there is a need to ensure equitable access to policies such as paid leave that can improve health outcomes for children.

What the evidence shows

Numerous studies have examined the link between paid leave and infant mortality rates, revealing a significant protective association. One study of 141 countries found that an increase of 10 full-time-equivalent weeks of paid maternity leave was associated with a 10 percent lower neonatal and infant mortality rate and a 9 percent lower rate of mortality in children younger than 5 years of age.[111] Another study of 9 European countries found that a 10-week extension of paid leave could reduce infant mortality and post-neonatal deaths by up to 6.6 percent.[112] A study of 19 OECD countries also found that job-protected paid leave significantly reduces infant mortality and post-neonatal mortality, whereas unpaid or unprotected leave does not.[113] Researchers estimate that providing 12 weeks of paid leave in the U.S. would result in nearly 600 fewer infant deaths per year[114] – a notable reduction in the face of about 22,000 total infant deaths.[115]

Black infants are more than twice as likely and American Indian and Alaska Native infants are nearly twice as likely to die before their first birthday than non-Hispanic white infants

Paid leave also has the potential to play an especially critical role for the parents of babies born prematurely and those in the neonatal intensive care unit (NICU), whose development and health are shown to improve with parental presence.[116,117] In this setting, skin-to-skin contact and parental involvement in infant care can enhance neurobehavioral outcomes, help parents establish a relationship with their new baby and improve parents' self-confidence in caregiving.[118] Parental presence can also improve breastfeeding outcomes in sick and vulnerable newborns. In one study of NICUs in 11 European countries, infants cared for in units with policies that allowed for increased parental presence were about twice as likely to be discharged with exclusive maternal milk feeding and exclusive direct breastfeeding.[119]

Parental leave helps keep infants healthy once they have left the hospital. A study of leave-taking in the U.S. found at 21 months postpartum infants had a 47 percent reduction in re-hospitalization when mothers took paid maternity leave.[120]

It is clear paid leave enables mothers to be with their babies in those early days and weeks to establish breastfeeding and continue breastfeeding in accordance with public health recommendations. As noted in the earlier discussion on maternal health and breastfeeding, studies show that children whose mothers take longer leaves from work are more likely to be breastfed and to be breastfed for longer. For example, a study in the U.S. found that mothers who returned to work full-time before 3 months postpartum were about twice as likely to not meet their goal of breastfeeding for at least 3 months, in comparison to mothers who were still on leave at 3 months.[121]

Finally, the benefits of paid leave extend throughout childhood. Children whose parents have at least 12 weeks of paid leave have higher rates of immunization and are more likely to attend their well-child visits.[122,123] Research on paid sick leave also demonstrates how parents' access to paid time away from work benefits children's health. Access to paid sick time increases the likelihood that children receive timely preventative care, which lowers the chance of costly treatment such as emergency room or urgent care visits.[124] In addition, parents with access to paid sick days or vacation leave are more likely to look after their sick child than those without access to leave.[125]

Overall, the evidence on the impact of paid leave on child health and survival is compelling. Given the importance of the early days, weeks, and months of a child's life in setting the foundation for their lifelong health, paid leave is a key component of preventative care.

The impact of leave on children's development

Why it matters

Throughout their first year, babies' brains develop at a remarkable speed as they learn to interact and communicate with the world around them. During a baby's first months and years, her growing brain produces more than one million new neural connections every second. Time spent with parents and caregivers influence these connections.[126] In order to thrive, babies need responsive and stable relationships with their parents or other caregivers. These relationships set a strong foundation for a child's cognitive abilities and socio-emotional development, which in turn profoundly influences a child's future success in school and in the workforce. In this way, building babies' brains—and setting children on a trajectory to flourish as an adult—requires an investment in time on the part of their parents or other caregivers. Paid leave gives parents and babies important time to foster these connections.

Across all income levels, breastfeeding is consistently associated with higher performance on intelligence tests among children and adolescents.

In addition to the role it plays in promoting child health, as discussed earlier, breastfeeding has also been shown to have unparalleled brain-building benefits. Breastmilk contains a variety of nutrients, growth factors and hormones that are vital for a child's early brain development. Research has found that children who were exclusively breastfed (no food or liquids other than breastmilk) for at least 3 months have increased white matter development in several brain regions associated with executive functioning, planning, social-emotional functioning and language.[127] Across all income levels, breastfeeding is consistently associated with higher performance on intelligence tests among children and adolescents. Breastfeeding for 12 months or more is associated with a 3-point increase in IQ as well as higher educational attainment and income.[128] It appears that both the breastmilk itself as well as the experience of breastfeeding contributes to the healthy development of a child's brain. Because the physical act of breastfeeding involves a great deal of mother-child interaction and nurturing, it plays an important role in strengthening a baby's sensory and emotional circuitry, which are critical for both cognitive and socio-emotional development. By giving families the time together they need to breastfeed successfully, paid leave can help ensure that infants reap these powerful benefits.

The environments babies live in can also affect how their brain develops. The plasticity of the young child's brain makes it particularly sensitive to elevated levels of stress hormones in ways that can harm its developing architecture.[129] For example, continued exposure to high levels of stress, such as that experienced by food insecure families, can alter a young child's stress-response system; in turn,

this can lead to heightened arousal, which increases the risk of stress-related disorders later in life.[130,131] In particular, a growing body of evidence has made it clear that adverse childhood experiences (ACEs) -- including traumatic events such as abuse, neglect and witnessing experiences like parental conflict, mental illness and substance abuse – are a critical public health issue.[132] Close to half (45 percent) of children in the U.S. have experienced at least one ACE.[133] These events create dangerous levels of stress that can negatively affect brain development and increase risk for a host of illnesses and unhealthy behaviors later in life.[134] Preventing ACEs before they happen and assuring safe, stable, nurturing relationships and environments for all children is critical.[135] Paid leave can help ensure that parents and caregivers have the time and resources they need to bond with and support their children.[136] Moreover, the CDC calls for strengthening economic supports to families – and implementing family-friendly work policies, in particular – as one important way to prevent ACEs.[137]

Because the physical act of breastfeeding involves a great deal of mother-child interaction and nurturing, it plays an important role in strengthening a baby's sensory and emotional circuitry

What the evidence shows

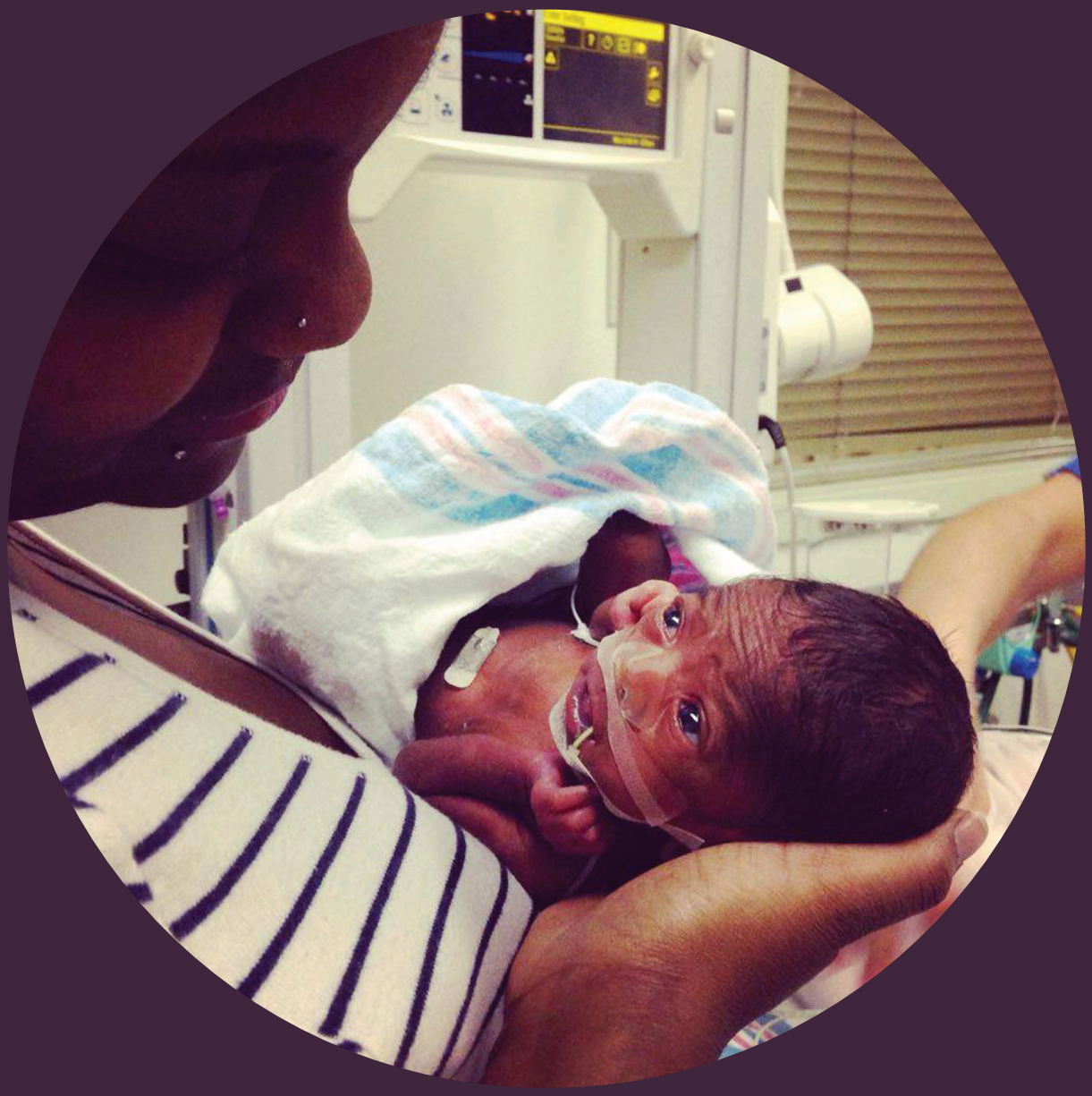
There is a small but growing body of evidence connecting paid leave to positive developmental outcomes for children. As described in previous sections, paid leave can lead to longer durations of breastfeeding, which can have powerful and lasting effects on children's brain development. There is evidence to suggest that child neglect and potential harm to children may be less common among breastfed children in part due to the increased mother-child interaction involved in breastfeeding.[138] Paid leave improves mother-infant interactions, which are foundational for healthy child development.[139,140]

Paid leave can also give parents increased confidence in their caregiving abilities as well as the time they need to ensure their children are well cared-for when they go back to work. For example, an evaluation of Rhode Island's recently implemented paid leave program found that parents who took leave were significantly more satisfied with their ability to maintain financial stability, arrange childcare and re-organize their life.[141] Parents who took leave also reported lower stress levels. Additionally, an examination of California's paid family leave policy found that parents had a greater likelihood of feeling they were coping well with the daily demands of parenting after the program was implemented.[142]

Studies also show positive outcomes when fathers take time off from work to care for their newborns. According to one study, fathers who take longer leave after the birth of a child are more involved in that child's direct care nine months after birth than fathers who take no leave.[143] There is also a positive association between a father's involvement and children's educational attainment and emotional stability.[144]

Economic hardship (i.e., difficulty covering the cost of food and housing) is one of the most common ACEs reported.[145] Though paid leave cannot eliminate economic hardship, it can lessen the stress parents feel about their ability to financially care for their family and gives parents the opportunity to care for and bond with their baby without the worry that they will lose part or all of their income—or lose their job. Research shows that paid leave can help reduce risk factors for child maltreatment. A study of California's policy found that the availability of up to 12 weeks of paid leave was associated with a significant decrease in hospital admissions due to abusive head trauma for children age 2 years and younger.[146]

In all these ways, research suggests that paid leave helps parents create the conditions infants need for safe and healthy development. Paid leave plays an important role in ensuring our nation's babies can grow and thrive and supports parents to give their children a healthy start and to nourish their babies' development.



"My son was born three months premature and I spent my maternity leave in the NICU. When he was being discharged, I had to return to work. He still needed special care so I asked for a 2 week extension. When I was denied, I had to quit in order to take care of him."

SAMANTHA, NEW JERSEY

Part 4: Paid Leave and Racial and Ethnic Disparities in Maternal and Child Health

KEY TAKEAWAYS

- **Black women are dying from pregnancy-related causes at more than 3 times the rate of white women, and American Indian or Alaska Native women are dying at 2.5 times the rate.**
- **Hispanic and black non-Hispanic workers are less likely to have access to paid leave.**
- **Inclusive and comprehensive paid family leave policies can reduce the inequities in access to paid leave, helping to bridge the racial and ethnic disparities in overall maternal and child health outcomes.**

While the proportion of women in the U.S. who have access to any kind of leave is low, women of color are less likely to be able to take paid time off from work than their white counterparts.[147] Because of the critical role that it plays in improving health outcomes for mothers and babies, paid leave can be an important strategy in reducing the troubling racial and ethnic health disparities in the U.S.

The data shows that being pregnant and giving birth are fraught with risk for women of color. Black women are dying from pregnancy-related causes at more than 3 times the rate of white women, and American Indian or Alaska Native women are dying at 2.5 times the rate.[148] Additionally, severe maternal morbidity is more common among women of every racial/ethnic group than among white women. For example, non-Hispanic black women have a nearly 70 percent higher rate of severe maternal morbidity compared with non-Hispanic white women.[149] It is important to note that black, American Indian or Alaska Native and Native Hawaiian or other Pacific Islander women are more likely to receive late or no prenatal care, putting these mothers at greater risk for pregnancy-related complications or death.[150] Ensuring that women—and especially women of color—are able to access health care before and after pregnancy is a key strategy to prevent maternal mortality and other serious health problems. Here, paid family and medical leave plays a key role in ensuring that women can take time off work for medical appointments and to get the care they and their babies need.

There are also significant disparities in health outcomes for babies of color which means that too many children in America do not get a strong or fair start to life. While the rates of preterm birth and low birthweight are stable among white infants (9 percent and 7 percent, respectively), rates are rising among black and Hispanic infants.[151] Black babies in particular account for a disproportionately high percentage of all preterm births: they make up just 14.5 percent of all U.S. births, but they constitute 20.4 percent of all preterm births. Meanwhile, black babies are significantly less likely to be breastfed in accordance with public health recommendations. Only 74 percent of black infants have ever breastfed versus about 87 percent of white infants.[152] And while 29 percent of white babies are exclusively breastfed for the first six months of life, only about 21 percent of black babies are.[153] This suggests that there are unique barriers faced by black mothers who choose to breastfeed—a lack of paid leave chief among them. Expanding access to inclusive, comprehensive paid leave policies has the potential to reduce these disparities.

Disparities in Access to Paid Leave

The FLMA excludes about 40 percent of the workforce from taking *unpaid* leave.[154] Even among the remaining 60 percent of employees who do meet all of the criteria for coverage and eligibility under the FMLA, those from racial and ethnic minority groups and those who are less educated or unmarried are less likely to take unpaid leave.[155] For example, a recent analysis of FMLA leave-taking indicates that 62 percent of black adults and 73 percent of Hispanic adults are either ineligible or cannot afford to take unpaid leave, compared to 60 percent of white adults.[156]

62 percent of black adults and 73 percent of Hispanic adults are either ineligible or cannot afford to take unpaid leave, compared to 60 percent of white adults

It is a similar story when it comes to paid parental leave. According to a recent analysis of data from American Time Use Survey conducted by the U.S. Bureau of Labor Statistics, about 40 percent of respondents have access to paid parental leave; however, Hispanic and black non-Hispanic workers are less likely to have access.[157] Even after controlling for demographics and employment characteristics, there is a 9 percentage-point difference in access between Hispanic and white non-Hispanic workers.[158]

Importantly, paid leave policies – in particular, policies that are inclusive and comprehensive – can reduce these disparities. For example, the nation's longest-running state paid leave program in California has had an equalizing impact. After implementation, mothers' use of maternity leave more than doubled and the average duration of paid leave increased from just under 3 weeks to about 6 to 7 weeks.[159] The duration of leave increased the most – by an average of more than 3 weeks – for mothers who were non-white, less educated and unmarried. Black mothers, in particular, saw an increase of about 6 weeks (from 1-week pre-implementation to 7 weeks post-implementation).

A comprehensive paid family leave program is one of many ways to tackle the glaring racial and ethnic disparities in maternal and child health outcomes in the U.S.

"The lack of paid time off led to some of the most difficult days of mothering an infant. I cried often at the thought of leaving a baby only 8 weeks old! It wasn't natural. My body told me that. I nursed on demand since he left the NICU, and even though I had tried for weeks to introduce the bottle, he wasn't having it. I remember driving 15 miles away on my lunch break to nurse him on days he wouldn't consume enough milk from the bottle."

ERICA, ARKANSAS

CASE STUDIES

California Paid Family Leave (CA-PFL)

In 2004, California became the first state in the U.S. to offer workers paid leave to care for a new child or a sick family member with the implementation of Paid Family Leave (CA-PFL). CA-PFL provides parents up to 6 weeks of paid time off. In January 2018, the wage replacement rate was increased from 55 percent to about 60 to 70 percent (depending on income), up to a cap.[160] The program builds on the California State Disability Insurance (SDI) program, which offers paid medical leave to people who need time off work for their own serious health issue.

Under the CA-PFL program, qualified workers may take time away from work to bond with a new child (birth, adoption, or new foster care placement); to care for a family member with serious health conditions; or to care for their own disability, including pregnancy.[161] To be eligible, an individual must have been paid $300 in wages during the base period (i.e., the 12-month period occurring approximately 5 to 18 months before the leave claim begins).[162,163] All private sector employers are covered; self-employed individuals can opt in.[164]

Since its implementation, the program has been successful. Workers filed nearly 2.8 million paid family leave claims between the program's implementation in 2004 and November 2017—and more than 2.4 million of these claims were by parents taking time to care for new children.[165] The program also supported employee retention: workers in lower quality jobs who took advantage of the state paid leave program reported returning to work nearly 10 percent more than workers who did not.[166]

Women filed nearly 80 percent of all claims for paid family leave.[167] The average duration of leave-taking by mothers increased by three to five weeks under CA-PFL, with the largest gains seen among disadvantaged mothers.[168,169] Many women combine CA-PFL with maternity leave from the SDI system, resulting in leaves longer than 6 weeks. Still, individuals in the lowest earnings quartile and in small firms are the least likely to take leave.[170]

Studies have shown that CA-PFL has had a positive impact on child health. Hospital admissions for infants declined by 3 to 6 percent.[171] In addition, rates of breastfeeding through the first 3, 6 and 9 months of infancy increased by 10-20 percentage points, and there was a 3-5 percentage-point increase for exclusive breastfeeding.[172] The impacts extend beyond infancy as well. Evidence suggests improvements in health outcomes (overweight, ADHD and hearing-related problems) among elementary school children following the implementation of CA-PFL. [173]

CA-PFL has made a difference in the lives of millions of families – and recent policy improvements such as the increased wage replacement rate will help ensure that more families are able to take paid leave.

New Jersey's Family Leave Insurance Program (NJ-FLP)

New Jersey's Family Leave Insurance Program (NJ-FLP) began in 2009 and offers up to 6 weeks of paid family leave for workers to care for a new child or a seriously ill family member. Building on the state's existing disability program, NJ-FLP offers wage replacement of up to 66 percent of weekly pay (up to a cap). A payroll tax on employees entirely funds the program.[174]

The results have been promising. New Jersey workers filed more than 255,000 leave claims between the program's implementation in 2009 and December 2016. Parents seeking time to care for and bond with a new child filed the vast majority of these claims (more than 205,000).[175] Importantly, small businesses in NJ—both large and small—say that they have adjusted to the rule and that it increases worker retention and reduces employee stress.[176]

For low-income families in New Jersey, researchers found that infants of new mothers who use the paid leave program breastfeed, on average, one month longer than those of new mothers who do not use the program.[177] This means that more mothers and babies are able to benefit from the documented health benefits of breastfeeding. Unfortunately, few low-income workers take advantage of the NJ-PFL program,[178] in part because the wage replacement level is too low and in part because of insufficient job protections.

In 2019, the NJ-FLP was significantly modified to address some of the concerns. Beginning in 2020, workers will be eligible to take up to 12 consecutive weeks of paid leave in any 12-month period and wage replacement will expand to 85 percent of weekly wages. The new program includes expanded job protections to cover more employees and ensures a job exists when employees return to work.

"We saved, planned and had everything in place. We thought we couldn't prepare any more than we did. Unfortunately, life happens... I cherished my time at home with both babies, but three months goes by like minutes. It feels like you're just beginning to bond with your beautiful baby, and you have to give them up. I'm grateful for the time that I had but will always wish I could've had just a little bit more without all of the stress!"

ALI, WISCONSIN

Call to Action: Paid Leave is a Public Health Imperative

The time has come to view paid leave as not just a policy choice but as a public health imperative. As the evidence shows, paid leave has the potential to improve the health of mothers and babies, save lives and enable children to get a strong start to life. To maximize this impact, policies cannot be exclusive to new mothers, but rather must be inclusive of all the caregiving and health needs of families. A program that is inclusive and comprehensive will best meet the needs of today's workers and their families.

Advancing a national paid leave policy will require new champions and advocates, especially those who work to improve maternal and child health outcomes and address health disparities. The evidence reviewed suggests that the structure of a paid leave policy matters. For paid leave to have the kind of impact that will drive improvements to maternal and child health and child development, the policy must:

- ☑ **Provide sufficient time off:** Workers need access to a minimum of 12 weeks, but ideally 6 months (24 weeks), of paid leave annually to support the health and wellbeing of moms, children and their families.

- ☑ **Cover all employers and all workers:** Policies must be inclusive of all workers to ensure they can care for themselves or a loved one. Paid leave must be available to all workers regardless of the size of their employer, the sector they work in, the length of their employment or whether they work full-time, part-time or are self-employed.

- ☑ **Ensure equitable economic security now and in the future:** Workers should not have to decide between their health or caregiving responsibilities and their job. In addition, workers must retain the right to resume full paid employment after taking leave without fear of discrimination or retaliation. Policies must ensure that taking leave now does not threaten workers' current or future economic security.

- ☑ **Cover medical and family caregiving needs comprehensively:** Any plan should be available for the full range of personal medical and family caregiving needs, such as those already established by the Family and Medical Leave Act (FMLA).

The health needs of children, new parents and other family members do not end after the first months of a baby's life. Children's wellbeing is inextricably linked to their parents' ability to take leave to address their own serious health needs or the serious health issues of a loved one without risking their ability to meet their family's basic expenses or to keep their job.

Enacting family-friendly policies like paid leave can pay dividends in terms of lower healthcare costs, increased educational attainment and reduced disparities. As the evidence shows, enacting a paid leave policy can support optimal child development, improve maternal health, reduce disparities and enable future generations to live healthier lives. Increasing our investments in mothers, young children and their families and making their wellbeing a national priority is essential to ensuring a brighter future for them and for us all.

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The views expressed in this report are those of 1,000 Days and all errors are ours alone.

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