

## Mandating Paid Maternity Leave for America's Working Mothers: Improving the Health and Economic Stability for Families

Mandy Burbank, RD, LRD, CLC  
Meredith Evans, MS, RD, LD

Lauren Hosterman, RD, LDN  
Peggy Leung-Strle, MS, RD, LDN, CLC

### Abstract

Current maternity leave policies in the United States do not meet the needs of the average 21st century family. A mother's income is not supplemental, it is essential to the economic health of the family. In more than 38 percent of households the mother's income is the sole or primary source of income for the family (United States Bureau of Labor Statistics, 2014). This policy brief highlights the research on health benefits that paid maternity leave can provide to mothers and their families. The brief urges policymakers to strengthen the economic stability of the country by creating a national mandatory, paid maternity leave policy.

### Introduction

The labor force has changed dramatically in the United States over the past 50 years. Currently more than 60 percent of mothers with children under the age of three work full-time (United States Bureau of Labor Statistics, 2014). The U.S. is the only industrialized nation that does not provide some form of mandated paid maternity leave for working mothers (Heymann, et. al., 2007). Existing federal leave policies, such as the Family Medical Leave Act (FMLA), fall short in safeguarding the economic health of all families. Eligible beneficiaries of the FMLA are only guaranteed 12 weeks, unpaid, job-protected leave (U.S. Department of Labor, 2012). Without the protection of a national paid leave policy, new mothers must make the difficult decision to take unpaid time off or return to

work prematurely to meet their families' financial obligations. Legislators should instate a national paid maternity leave policy in order to improve the health and economic security for the 35 million working families in the US (U.S. Census Bureau, 2013).

### Paid Maternity Leave Improves Duration of Breastfeeding

Breastfeeding provides countless health benefits to mothers and infants (see chart below for examples). The World Health Organization (WHO), the American Academy of Pediatrics (AAP) and many other professional organizations recommend infants be exclusively breastfed for the first six months of life and continue to breastfeed for a minimum of one (AAP, 2005) to two years (WHO, 2002). The United States fails to meet these minimum guidelines for breastfeeding. U.S. breastfeeding initiation, exclusivity and duration rates lag behind other industrialized nations. Suboptimal breastfeeding rates in the U.S. could partially explain the high rates of infant mortality, chronic and acute diseases that far surpass the rates in other developed nations (Bischoff and Chavkin, 2008).

Benefits of Breastfeeding	
Mothers <i>have lower rates of:</i>	Infants <i>have lower rates of:</i>
<ul style="list-style-type: none"> <li>• Ovarian cancer</li> <li>• Postpartum bleeding</li> <li>• Premenopausal breast cancer</li> <li>• Postpartum weight retention</li> </ul>	<ul style="list-style-type: none"> <li>• Gastroenteritis</li> <li>• Allergies</li> <li>• Diabetes mellitus</li> <li>• Otitis media</li> <li>• Respiratory tract infections</li> <li>• Diarrhea</li> <li>• Sudden infant death syndrome</li> </ul>
(Bischoff and Chavkin, 2008)	

Instituting a paid maternity leave policy would play a key role in ensuring breastfeeding success as many women cite “going back to work” as a reason for stopping breastfeeding (Calnen, 2007). Businesses with less than 50 hourly paid employees are not required to grant pumping breaks (U.S. Department of Labor, 2013). Unfortunately, even mothers who are protected under the Affordable Care Act to have the guaranteed “right” to pump at work often struggle with supervisor and office support; or are unaware of the law altogether.

Research shows a statistically significant association between breastfeeding cessation and length of maternity leave. A study of working mothers in California found a higher risk of breastfeeding cessation among full-time working mothers with maternity leaves  $\leq 12$  weeks when compared to mothers who never returned to work (the reference group) (Guendelman, et. al., 2009). The relationship between different lengths of maternity leave on breastfeeding cessation was still significant after adjustment for education, income, race, parity, marriage/cohabitation and psychosocial stress. In all adjusted categories, those with maternity leaves  $\leq 6$  weeks had the highest risk of early breastfeeding cessation when compared to the reference group (Guendelman, et. al., 2009).

### **Paid Maternity Leave Improves Early Childhood Outcomes**

Research has established that legislation mandating paid maternity leave is associated with better early childhood outcomes. Not only are infants whose mothers are guaranteed compensated maternity leave more likely to be breastfed (Steahelin, et.

al., 2007) they have better attendance at well-baby visits, higher rates of immunizations (Berger, et. al., 2005) and lower rates of infant mortality (Tanaka, 2005). In addition, mothers with paid leave experience improved bonding with their child, —paramount for early brain development— and are better able to care for children with special health care needs (Chung, et. al., 2007). As reported internationally, the benefits of paid maternal leave have lasting effects; research in Canada compared children born to mothers before and after they expanded the length of paid leave for mothers. Children born to the mothers in the longer leave group exhibited better cognitive outcomes up to 4-5 years of age (Haeck, 2011).

### **Paid Maternity Leave Improves Maternal Health**

The availability of paid maternity leave is not limited to the health and well-being of the child; it also impacts the mental and physical health of the mother. Women who return to work before three months postpartum are more likely to experience respiratory infections—like pneumonia or influenza— then those who stay home (Gjerdinger, et. al., 1993). Mental health benchmarks (e.g. depression, anxiety and general affect) are positively associated with longer maternity leaves. A literature review in countries with government mandated paid maternity leave indicate less depressive symptoms in mothers who have leave greater than eight weeks (Steahelin, et. al., 2007). Other studies have found a dose-dependent response in mental health measures relating to depression, anxiety and general affect in leaves greater than nine weeks (Steahelin, et. al., 2007).

Compared to other industrialized countries like Canada or Switzerland, U.S. women have no guaranteed paid maternity leave, return to work earlier, lack access to affordable, high quality child care and their health suffers as a result (Chatterji and Markowitz, 2013).

### Call to Action

The Federal Family Medical Leave Act (FMLA), the only legislation regarding maternal leave in the U.S., requires employers to grant up to 12 weeks of unpaid leave and job protection for certain circumstances (including the birth of a child) (U.S. Department of Labor, 2012). Many families, especially low-income families, cannot afford to go three months without income. Additionally, the FMLA excludes private-sector companies with less than 50 employees; employees that have worked less than 12 months and/or worked less than 1250 hours within the previous 12 months (U.S. Department of Labor, 2012). This leaves many women going back to work prematurely, to the detriment of the health of their child.

The argument has been presented that longer paid maternity leaves will have negative economic consequences. Employers argue that when an employee goes on paid maternity leave, their company will suffer a loss in productivity and profits. They express that it may be a financial burden to pay for a non-active employee while simultaneously recruiting and hiring a temporary replacement. However, research shows that paid maternity leave increases the likelihood of women's return to the same job following child birth; therefore it is an effective employee retention strategy. Both employers and employees benefit from this program through reduced turnover which helps to promote economic security for all families in the U.S. (Fass, 2009).

With an increased number of women in today's labor force, it has become increasingly difficult to balance work and family obligations. Therefore, new mothers need more than what the current policies offer. All women deserve the opportunity to stay home to bond with their newborn without the anxiety that the absence of an income creates.

### Policy Recommendations

The United States must establish a national, legislatively mandated paid maternity leave program.

#### **Amend the Federal Family and Medical Leave Act to include the following:**

- 1) Job-protected paid leave of 12 weeks per year for full-time employees;
- 2) Payment of 55 percent of weekly earnings;
- 3) Part-time employees are eligible if they worked a minimum of 20 hours per week in the previous 12 months;
- 4) Employees in companies with less than 50 employees are eligible if they worked a minimum of 20 hours per week in the previous 12 months.

**Finance the paid maternity leave program with a payroll tax** on all employees, similar to California's Paid Family Leave Insurance Program (Fass, 2009).

**References (In order of Appearance)**

- (1) United States Bureau of Labor Statistics. (2014). *BLS Reports* 1049: 2-3, 82
- (2) Heymann, et. al., (2007). The work, family equity index: How does the United States measure up? The Project on Global Working Families. The Institute for Health and Social Policy; Montreal, QC.  
<http://www.mcgill.ca/files/ihsp/WFEI2007.pdf> Accessed November 2014.
- (3) U.S. Department of Labor: Wage and Hour Division. (2012). Fact Sheet #28: The Family and Medical Leave Act. Whitehouse.gov
- (4) U.S. Census Bureau. (2013). America's families and living arrangements. Family households (F table series), All races. <http://www.census.gov/hhes/families/data/cps2013F.html> Accessed November 2014.
- (5) American Academy of Pediatrics. (2005). Section on Breastfeeding: Breastfeeding and the use of Human Milk. *Pediatrics* 115:496-506
- (6) World Health Organization. (2002). Infant and young children nutrition: Global Strategy on infant and young child feeding. 55<sup>th</sup> World Health Assembly. Accessed at [http://apps.who.int/gb/archive/pdf\\_files/WHA55/ea5515.pdf?ua=1](http://apps.who.int/gb/archive/pdf_files/WHA55/ea5515.pdf?ua=1)
- (7) Bischoff and Chavkin. (2008). The Relationship between work-family benefits and maternal, infant and reproductive health: Public health implications and policy recommendations. Obama-Biden Transition Project.
- (8) Calnen, G. (2007). Paid Maternity Leave and Its Impact on Breastfeeding in the United States: An Historic, Economic, Political and Social Perspective. *Breastfeeding Medicine* 2(1)
- (9) U.S. Department of Labor: Wage and Hour Division. (2013). Fact Sheet #73: Break Time for Nursing Mothers under the FLSA. Whitehouse.gov
- (10) Guendelman, et. al., (2009). Juggling work and breastfeeding: Effects of maternity leave and occupational characteristics. *Pediatrics* 123(1): e38- e47
- (11) Streahelein, et. al., (2007). Length of maternity leave and health of mother and child: A review. *International Journal of Public Health* 52: 202-209
- (12) Berger, et. al., (2005). Maternity Leave, early maternal employment and child health and development in the US. *The Economic Journal* 115: 29-471
- (13) Tanaka, S. (2005). Parental leave and child health across OECD countries. *The Economic Journal* 115: F7-F28
- (14) Chung, P.J., et. al., (2007). Need for and use of family leave among parents of children with special care needs. *Pediatrics* 119(5): e1047- e1055
- (15) Haeck, C. (2011). Increased maternity leave and children's development measured at age 4 to 5: An empirical analysis. Discussion Paper, Katholieke Universitet Leuven. Leuven, Belgium
- (16) Gjerdingen, D.K. et. al., (1993). Changes in women's physical health during the postpartum year. *Archives of Family Medicine* 2: 277-283
- (17) Chatterji and Markowitz. (2013). Effects of maternal health and well-being. *Journal of Popular Economics*, 26(1): 285-301
- (18) Fass, S. (2009). Paid leave in the States: A critical support for low-wage workers and their families. *National Center for Children in Poverty, Mailman School of Public Health; Columbia University* NYC, NY