

FACT SHEET:

Parental Leave and the Health of Infants, Children and Mothers



November 2011

When workers take leave to treat a health condition, care for a sick family member or bond with a new child, there are significant impacts on the health of those workers and their family members. The health benefits of parental leave – leave for pregnant women, new parents and parents of seriously ill children – are well established in the literature. In this fact sheet, we highlight the impacts of parental leave on the health of infants, children and mothers. We find that:

- New mothers experience improved mental and physical health as a result of taking leave.
- Parental leave results in better prenatal and postnatal care and strengthened parental bonding over a child's life. This time provides long-term benefits that improve a child's brain development, social development and overall well-being.
- Access to leave allows parents to care for children with serious long-term or intermittent health care needs and parents perceive a positive impact of their leave on their child's health.

“Especially in this economy, with even more pressures on working families both financially and emotionally, it is critical that we provide support to parents to get them off to a good start – access to affordable parental leave protects the health and security of children and families.”

Deborah Burger, RN
Co-President, California Nurses Association/National Nurses Organizing Committee

The Need for Parental Leave

There is no question that workers in the U.S. have the need for parental leave. Over the past several decades, there has been increased participation of pregnant women and caregivers in the workforce. Three-quarters of women entering the workforce today will become pregnant at least once while employed,¹ and those who become pregnant while working will generally not leave the workforce.² Research suggests that most will continue working into their sixth – or more commonly their ninth – month of pregnancy and that more than 40% will return to work less than three months after giving birth.³ Corresponding to this change, there are also fewer caregivers at home. For example, in 70% of American families with children, all adults are in the workforce – leaving no one at home to be a full-time caregiver.⁴ Furthermore, nearly one in five households are headed by an unmarried woman and rely exclusively on her income.⁵

Given this reality, public policy could promote the health of pregnant women and new parents in the workforce by making parental leave more accessible and affordable. Despite the known health benefits, too many California workers forego or delay leave despite their family's health needs. A complex system of state and federal leave laws⁶ prevents and deters workers from taking parental leave. Data from the California State Disability Insurance (SDI) program – which provides wage replacement to eligible workers on leave – suggests that many workers are not taking parental leave. For example, in any one year, there are between 500,000-600,000 live births in the state of California;⁷ and yet, in fiscal year 2009-2010, there were only 169,957 pregnancy claims and 123,632 female bonding claims filed with the SDI program.

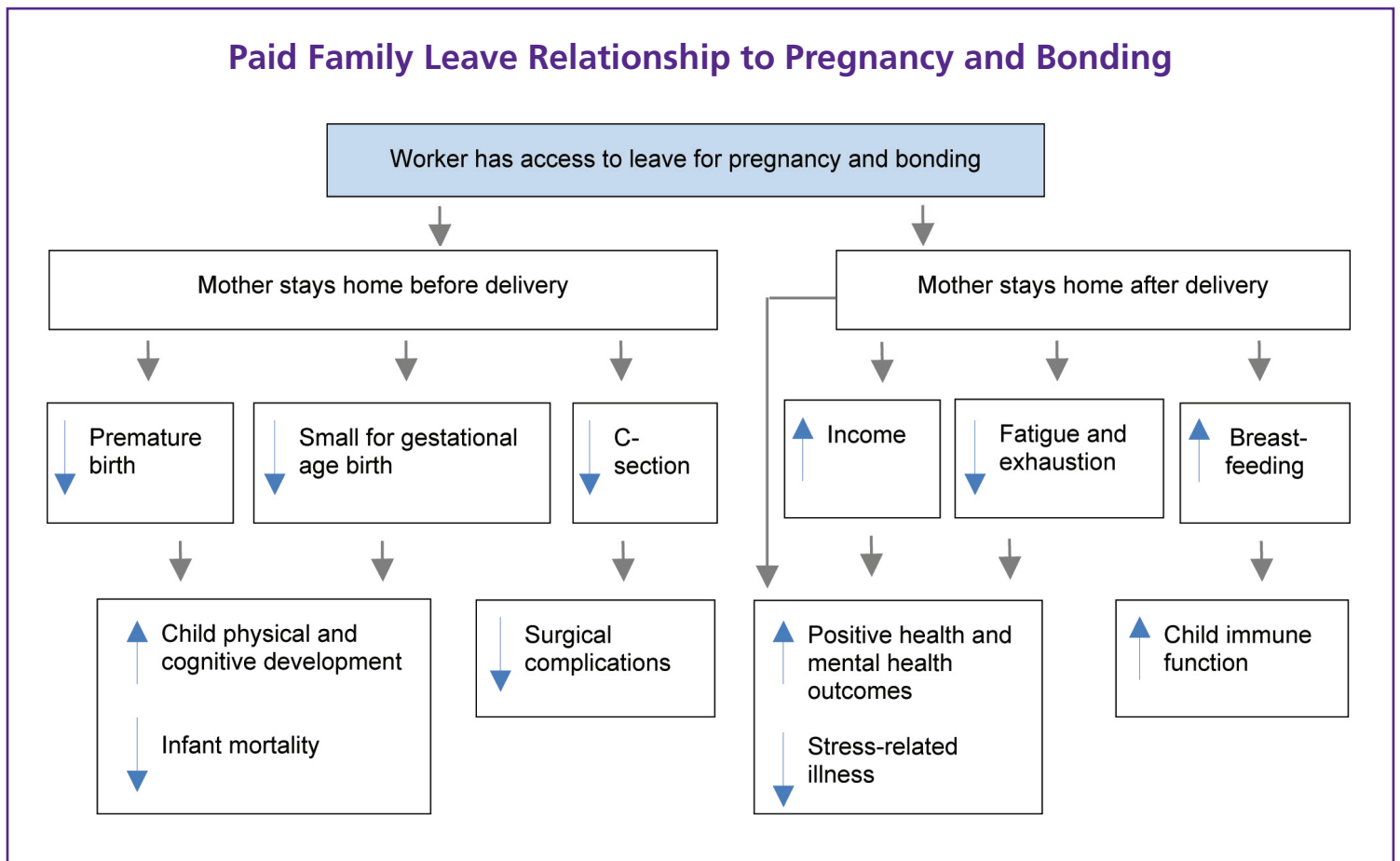
Critical changes to these laws would protect and promote the health of workers, including job protection for all workers on leave, increased leave length and access to wage replacement, and universal continuation of health insurance coverage. Denying pregnant workers and new parents the right to work and be caregivers can deprive their families of vital income and puts their health at risk. Below we elaborate on how these outcomes might occur.

Pathways to Health

The pathways from parental leave to health are diverse: children require care and support from family members to manage illnesses; women need time to recuperate after pregnancy and delivery of a child; families and children need time to bond after adoption or birth. For example, approximately 13% of women will have a complication from pregnancy requiring them to be hospitalized before delivery,⁸ and 20% of pregnant women spend a minimum of one week on bed rest during the course of their pregnancy.⁹ Additionally, the impact of leave is intensified for parents and children who have serious medical complications and health conditions related to pregnancy and delivery.



The diagram below draws out in greater detail some of the impacts on pregnancy and bonding. For example, a mother who is able to take leave after delivery may increase her likelihood of establishing and maintaining breastfeeding, which has been shown to impact immune function in children and to help establish bonds between the new mother and child.



Research Findings

Knowing that I could take 6 weeks to bond with my baby helped me control the postpartum depression I was falling into after my baby's birth. Taking the extra weeks helped me not only bond with my baby, but feel more relaxed to go back to work.

– Quote from a Parent

1) New mothers experience improved mental and physical health as a result of taking leave. Studies have found that:

- Women who did not take leave prior to delivering were almost four times more likely to have a c-section than women who took leave before delivering.¹⁰
- Returning to work later or an increase in the length of maternal leave from work has been shown to reduce depressive symptoms on average by 5-10%.¹¹
- Taking more than 12 weeks of leave is associated with increased energy and lack of fatigue; taking more than 15 weeks leave is associated with positive maternal mental health including reduced depression and anxiety; and taking more than 20 weeks of leave is associated with positive effects on overall maternal function.¹²

2) Parental leave results in better prenatal and postnatal care and strengthened parental bonding over a child's life. This time provides long-term benefits that improve a child's brain development, social development and overall well-being. Various studies have found the following outcomes:

- Women without prenatal leave were more likely to deliver small-for-gestational-age babies and to give birth prematurely.¹³
- Parental leave policies increased the likelihood that children would be immunized and, as a result, were associated with lower death rates for infants.¹⁴
- Among workers in low-quality jobs who used paid family leave for bonding leaves, 91% reported a positive effect on their ability to care for the new child, compared with 71% of those who did not use paid family leave.¹⁵
- In one study of mothers, those who took less than six weeks of leave after delivery were four times less likely to establish breastfeeding and were more likely to stop breastfeeding after successful establishment, relative to women not returning to work.¹⁶ In another study, paid family leave doubled the median duration of breastfeeding for all new mothers who used it, from five to eleven weeks for mothers in high-quality jobs and from five to nine weeks for those in low-quality jobs.¹⁷

[The SDI program] is the reason I was able to afford being on bed-rest during the last 5 weeks of my pregnancy. Without it, I would have been forced into a terrible financial situation as I was physically unable to work without putting myself and the baby at risk.

– Quote from a Parent



- Each month of reduced maternity leave increased the risk of impaired performance on a motor and social development scale for children less than two years of age.¹⁸
- Mothers' return to work in the first year postpartum had detrimental effects on childhood cognitive development, particularly for return to work in the first 3 months postpartum.¹⁹

3) Access to leave allows parents to care for children with serious long-term or intermittent health care needs and parents perceive a positive impact of their leave on their child's health.

- Research shows that access to paid leave is a major factor in a parent's ability to care for a sick child. In one study, parents with paid leave were over 5 times more likely to care for their sick children than those without leave.²⁰
- Hospitalized children are able to go home more quickly and suffer fewer complications when a parent is present during the hospital stay than when a parent is absent.²¹
- In a study of parents of children with special health care needs, 41% of respondents said that at least once in past year they had not missed work even though they believed they needed to because of child's illness; 40% of parents who took some time off for their kids' healthcare needs said they returned too early. The top three reasons for returning to work early were that parents could not afford to lose income, parents thought they might lose job or business, and parents thought they might hurt their job advancement.²²
- In another study of parents who had missed 1 or more workdays for their child's illness, the majority of parents reported that their longest leave had a good or very good effect on their child's physical and emotional health. Most parents also reported that their leave had a good or very good effect on their own emotional health.²³

“My son is diagnosed with Autism as well as a mental illness. He was hospitalized and was not stable enough to enter school after he was released. Paid family leave allowed me to take time off to care for my son until he was stable enough to return to school. Without this program we would not have been able to take care of our family and living expenses.

– Quote from a Parent

Citation: Human Impact Partners. Fact Sheet: Parental Leave and the Health of Infants, Children and Mothers. Oakland, CA: Human Impact Partners, 2011.

Acknowledgements: Human Impact Partners would like to thank Julia Goodman, MPH for conducting research included in this fact sheet and for reviewing it. We also thank Dr. Sylvia Guendelman of UC Berkeley, Deborah Burger, RN of California Nurses Association/National Nurses Organizing Committee, and the Labor Project for Working Families for their review and feedback. Funding for this fact sheet was provided by Family Values @ Work.

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- ⁶ Three key laws guarantee leave to eligible California workers to treat a serious illness, care for a seriously ill family member, or bond with a new child: the federal Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA), and Pregnancy Disability Leave (PDL) law. Eligible California workers may also receive wage replacement during a family or medical leave through two state-run insurance programs, Disability Insurance (DI) and Paid Family Leave (PFL). For more information, visit www.paidfamilyleave.org.
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