

Paid Family Leave Ensures Health Equity for All

In order to balance work, caregiving, and medical responsibilities, individuals must have a meaningful opportunity to take extended time off work. Paid family leave (PFL) provides a straightforward way for workers to care for their health and the health of their families while providing them the income they need to take care of life's necessities.¹ Research on California's PFL law, the nation's first PFL program, shows that PFL greatly increases leave-taking among mothers and fathers after a child's birth;^{2,3} moreover, use of PFL following childbirth increased most dramatically among non-college educated, unmarried, black, and Hispanic mothers.²

This literature review summarizes the domestic and international research on the health effects of PFL that result from the ability to take leave to care for newborn and very young children. It focuses on the potential of PFL to reduce health inequities, and takes a broad view of health that encompasses the social determinants of health (SDOH), physical health, mental health, and other factors that contribute to well-being. The research is grouped in 3 sections: PFL's effects on whole family health, on child health, and on mothers' health.

Terminology used to refer to these types of leave is inconsistent in the literature, particularly with regard to the definition of "maternity" leave.

In some instances, maternity leave refers to the period of time spent recovering from childbirth. In other contexts, it refers to any recovery or bonding leave taken by a woman. This review notes the leave type in the relevant study or report, relying on the terms used in the source material – including maternity, paternity, parental, adoptive, or family leave – and clarifies when appropriate.

For more on the federal Family and Medical Leave Act, an overview of enacted state PFL laws, and aspects of existing state PFL policies that promote more equitable access by increasing PFL availability for all working parents, see, ChangeLab Solutions' [Fact Sheet: Paid Leave Ensures Health Equity for All](#).



PFL improves whole family health by reducing stress, a determinant of poor health

Exposure to stress is a key SDOH, and has been shown in numerous studies to be connected to a wide variety of health outcomes.⁴ Psychological stress is associated with adverse health outcomes in adults and children including: coronary heart disease, hypertension, upper respiratory illnesses, stomach ulcers, elevated glucose levels (a precursor to diabetes), migraines, and impaired reproductive functioning.^{5,6} Stress also leads to unhealthy habits like overeating, smoking, and not making time to exercise.⁷ Studies show that PFL can improve health by providing time to manage and alleviate common stressors in life that create tension between work and family responsibilities! This finding creates a logical connection between PFL and many public health issues: PFL can relieve stress and stressful conditions, thereby potentially improving any health condition created or worsened by such stress.

PFL can improve stress associated with having children in marital relationships

Several studies have shown that the short-term, additional stress on couples created by childbirth leads to a decline in the quality of marriage, which, in turn, affects the couple's mental health.⁸⁻¹⁰ Research indicates taking less maternity leave is associated with greater marital dissatisfaction.¹⁰ Seventy-four percent of participants surveyed in one study believed that their maternity leave was too short, but that they could not afford to take longer leaves.¹⁰ In setting forth its policy implications, the study asserted, "[l]onger leaves with financial security will allow women and families the necessary time of transition to a new baby and will strengthen marriages rather than strain them."¹⁰

PFL can reduce low-income mothers' stress and anxiety associated with childbirth and child rearing¹¹

A report that summarized the findings of 3 focus groups comprising mothers in New York City concluded PFL interrupts the "negative cycle of accumulated debt, dependence, poor health, depression, and despair set in motion by the loss of compensation, secure employment, or both when low-income working women have no choice but to take time off to have a baby."¹² The focus group participants were mostly black or Latina and had worked through their pregnancies and given birth within the past 12 months. Half of the participants had income levels below the poverty line, and the other half had income levels between the poverty and double the federal poverty level; the women were generally employed in the service industry.

PFL can provide stress relief to pregnant mothers affected by intimate partner violence

Intimate partner violence (IPV) refers to violence perpetrated by a current or former intimate partner, including physical and sexual violence, or threats of such violence, stalking, and psychological aggression.¹³ In the United States, there is a higher prevalence of IPV among ethnic and racial minorities.¹⁴ The WHO states that "[IPV] during pregnancy has been found to be associated with fatal and non-fatal adverse health outcomes for the pregnant woman and her baby due to the direct trauma of abuse to a pregnant woman's body, as well as the physiological effects of stress from current or past abuse on fetal growth and development."¹⁵ PFL can be used to improve the health of workers affected by IPV during pregnancy by allowing them, or someone who can care for them, to take leave from work to seek the medical treatment they require.¹⁶⁻¹⁸

Paid family leave improves children's health

PFL improves children's health at various stages of their lives.^{19,20} Following birth, mothers who have access to PFL are more likely to take steps to promote the health of their babies.²¹⁻²³

PFL can reduce infant mortality rates

A geographic area's infant mortality rate (the number of deaths in children below age 1 per 1000 live births in the same year) is used as a key SDOH and indicator of health inequities within a community.^{23,25} In the United States different racial and ethnic groups experience radically different infant mortality rates.²⁶ For example, the rate of infant mortality among black mothers has more than doubled in the past 10 years to 11%, compared with 5% of white mothers, primarily due to preterm birth.^{27,28} As one study finds, "a 10-week increase in paid leave is predicted to reduce infant mortality rates by between 2.5% and 3.4%. By contrast, unpaid leave is unrelated to infant mortality, which makes sense if parents are reluctant to take time off work when wages are not replaced."²⁹

PFL improves breastfeeding initiation and continuance, and may especially promote initiation among low-income mothers

- Children whose mothers take longer leaves from work are more likely to be breastfed, and to be breastfed for longer, both of which are associated with better health outcomes for children.^{30-32,34} For example, studies indicate that breastfeeding reduces the risk, and rates of, infant mortality and mortality from respiratory infection and diarrhea.^{30,33,35} However, research over the last two decades shows that white, high-earning women are more likely to initiate breastfeeding than women of any other racial or socioeconomic group.^{36,37} A study examining breastfeeding initiation before and after California introduced PFL indicates that self-reported breastfeeding rates in California have increased by about a third

since the introduction of PFL, and that PFL could increase rates of breastfeeding among low-income women, by making maternity leave more affordable to working mothers."²¹

- A Swedish study analyzing the effects of fathers' socioeconomic status and their use of paternity leave on breastfeeding duration for infants 1 year or younger found that policies aimed at increasing fathers' involvement in the child's first year of life, including paid paternity leave policies, may have beneficial effects on breastfeeding for children up to 6 months old.³⁸ Among the fathers of roughly 50,000 infants included in the study, infants whose fathers had lower disposable household income were less likely to be breastfed at 2, 4, 6, and 9 months of age. Additionally, infants were significantly less likely to be breastfed at 2 and 6 months if their fathers did not take paternity leave during the first year of their infant's life.

Paid maternity leave is associated with improved mother-infant interactions and involvement

At least one study provides empirical support for the notion that improved mother-infant interactions, which are critical for infant development, and particularly for preterm infant development,^{39,40} can be improved by PFL. A study of a sample of nearly 200 mothers of 4-month-old infants found that, when compared to mothers with longer leaves, mothers who had shorter leaves who also reported depressive symptoms, or who believed their infant had a more difficult temperament, "were observed to express less positive affect, sensitivity, and responsiveness in interactions with their infants."⁴¹ The authors conclude, "[u]npaid parental leave policies require early return to work for many women, placing at risk both their relationship with their infants and their infant's functioning."⁴¹

PFL may reduce a number of health risks during early childhood that rely on parental input

- One study aggregates data from 16 European countries from 1969 through 1994 to understand the relationship between leave entitlements and pediatric health.⁴² The study finds that "rights

to parental leave are associated with substantial decreases in pediatric mortality.⁴² Moreover, the study revealed that the longer the length of leave, the lower the number of post-neonatal mortalities and fatalities among children between 1 and 5 years old. The author posits parental inputs are likely to play a major role in deterring such fatalities, given that 4 out of 5 leading causes of post-neonatal mortality, “are almost certainly substantially influenced by the activities of parents.”⁴²

- PFL is additionally linked to better management of children’s chronic diseases, more timely immunizations, and better pediatric care, which rely on parental input.^{29,43}

PFL is necessary for parents to appropriately care for adopted children’s health

Over 2 million children in the United States are adopted,⁴⁴ and adopted children are more likely to have special health care needs than biological children.⁴⁵ Policies that enable adoptive parents to take paid leave before and after adoption placement may promote the facilitation of working parents’ secure attachment with their adopted child, which is defined as the emotional bond between an infant and one or more adults.⁴⁶ Children with insecure attachment to their parents have a more difficult time regulating stress, which, in turn, contributes to poor health.^{5,47}

PFL can reduce rates of child maltreatment and neglect

Several pathways link PFL to reductions in child maltreatment and neglect. Mothers who take leave before returning to work experience fewer depressive symptoms, and paid time off lowers depression and stress, which also decreases the risk that their children will experience child abuse or neglect.⁴⁸ The Centers for Disease Control and Prevention recognizes the association between paid maternity leave, paid sick days, and paid vacation days and reduced rates of child maltreatment and neglect, and highlights research linking PFL with a reduction in children’s hospitalizations for abusive head trauma.⁴⁸

PFL improves new mothers’ health⁴⁹

Studies show that that paid maternity leave is associated with improved physical and mental health for new mothers.

PFL benefits new mothers’ physical health

- It takes about 6 weeks to physically recover from a typical birth, or longer for cesarean or otherwise complicated deliveries.⁵⁰ Physical symptoms experienced by women during the postpartum period include breast discomfort, hemorrhoids, constipation, fatigue, and sexual dysfunction.^{50,51} There is a marginally significant positive linear association between work leave duration and physical health, with at least one study finding that taking leave affords mothers with an opportunity to rest and recover from pregnancy and childbirth.⁵⁰
- As discussed above, paid leave is associated with increased initiation and duration of breastfeeding.⁵² A review of evidence on the effects of breastfeeding on short- and long-term maternal health outcomes revealed that a history of lactation was associated with a reduced risk of type 2 diabetes, breast, and ovarian cancer for the breastfeeding mother.⁵³

PFL benefits new mothers’ mental health

- A CDC study of risk factors for postpartum depressive symptoms (PDS) found that 12% to 20% of women who gave birth self-reported experiences with PDS.⁵⁴ Moreover, “[y]ounger women, those with lower educational attainment, and women who received Medicaid benefits for their delivery were more likely to report PDS.”⁵⁴ According to a separate study, taking less than 6 months of leave may increase the risk of PDS for some working women.⁵⁰ The same study notes that the 12 weeks of unpaid leave provided by the FMLA is not sufficient for mothers at risk for PDS; many parents find it unfeasible to take the duration of leave they need when such leave is unpaid.⁵⁰

- Several studies indicate women, and especially low-income women, are prone to high levels of stress and anxiety following childbirth as they try to manage competing demands of work and family.^{1,9,55,53} A study of general postpartum mental health status in relation to length of maternity leave concluded that “taking a longer maternity leave and limiting work hours during the postpartum period may have positive health consequences for mothers with infants,” especially for women needing to work longer hours to make up for time lost during pregnancy, and for those women whose jobs provided for a maternity leave of less than 24 weeks.⁵⁶
- Separate studies have also found a significant association between rates of depression and anxiety during the postpartum period and the length of maternity leave.^{50,55} One of those studies indicated that medical leave of only 6 weeks was a risk factor for depression, whereas 12-week leaves were associated with lower levels of depression.⁵⁵ Longer periods of PFL, therefore, can help new mothers recover and adjust to the unique mental stresses associated with having a child.⁵⁰
- Studies suggest that breastfeeding is positively linked to lower rates of postpartum depression. A literature review on effects of breastfeeding on maternal health outcomes in developed countries found that, “[e]arly cessation of breastfeeding or not breastfeeding was associated with an increased risk of maternal postpartum depression,”⁵³ and at least one study indicates PFL is linked to an increase in breastfeeding initiation and continuance, especially among low-income women and women of color.²¹

Conclusion

Research suggests that PFL is a key contributor to positive physical and mental health and lower stress levels among employees who are able to use it. Paid family leave has been shown to address existing health inequities, for example, by decreasing rates of infant mortality and increasing breastfeeding among low-income women and women of color. Despite these equity implications, nationwide only an estimated 13% to 14% of workers in the United States have access to employer-sponsored PFL.^{57,58} This disparate access to PFL promotes health inequities; leaving decisions about PFL up to individual workplaces means that the ability to take time to care for one’s own health, or the health of one’s family, will continue to be a luxury reserved for high earners whose workplaces treat PFL as a “perk.”⁵⁸ Expansive PFL policies are one way to create a more equitable PFL landscape. Three states currently have PFL policies in place; several others have either passed or are considering PFL legislation. For more on best practices for creating an equitable PFL policy that promotes good health for all workers, please refer to ChangeLab Solutions’ [Fact Sheet: Paid Leave Ensures Health Equity for All](#).

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