

# Paid Family and Medical Leave

An Official Position Statement of The Society For Maternal-Fetal Medicine

## Position

The Society for Maternal-Fetal Medicine (SMFM) strongly supports paid family and medical leave as a mechanism to optimize the health of women and their families and to improve health equity. Paid, job-protected leave and paid sick leave policies are essential to enable parents to care for themselves and their children. SMFM endorses the implementation of a national policy that would provide paid sick leave in addition to a minimum of 12 weeks of universal paid, job-protected family and medical leave to optimize health and well-being across generations.

## Background

According to an analysis from 2013, the United States is the only high-income country without paid leave and one of only eight countries worldwide that does not mandate paid leave for mothers (Heyman, 2013). However, many states, cities, and individual businesses have implemented paid leave policies with great success. For example, California was the first state to implement paid leave insurance; in difference-in-difference analyses, paid leave was associated with both increased breastfeeding duration (Huang, 2015) and reduced likelihood of children experiencing attention deficit hyperactivity disorder (ADHD), hearing problems, frequent ear infections, and overweight status (Lichtman-Sadot, 2017).

The Federal Family Medical Leave Act (FMLA) provides 12 weeks of unpaid, job-protected leave; however, only 59% of U.S. workers are eligible. Of eligible workers who needed but did not use FMLA, 46% cite lack of pay as the reason for not taking leave (Klerman, 2014).

One in seven parents in the U.S. has access to paid family leave through his or her employer. This access is growing for high-income workers (Stroman, 2017). Among workers in the lowest wage decile, 4% have access to paid leave, compared with 26% of workers in the highest decile. There are similar disparities in paid sick leave, which is available to 31% of workers in the lowest decile, compared with 92% in the highest decile (Bureau of Labor Statistics, 2017). Increased access to paid leave for low-income families thus has the potential to increase health equity.

Paid, job-protected family leave has been associated with improved outcomes and overall health, including lower rates of preterm birth and low birth weight (Stearns, 2015), improved maternal mental and physical quality of life (Hewitt, 2017), and improvements in multiple child health outcomes such as breastfeeding initiation and duration and infant mortality. Effects are dose-dependent: 10 weeks of paid, job-protected leave is associated with lowering post-neonatal deaths by 4.5 to 6.6% (Ruhm, 2000).

During pregnancy, the inability to leave work or school is a barrier to accessing prenatal care (U.S. Department of Health and Human Services, 2013), while paid sick leave increases uptake of preventive care (DeRigne, 2017) and attendance to well-child visits (Hamman 2011; Shepherd-Banigan 2016) and reduces emergency department visits for working adults (Bhuyan, 2016) and their children (Asfaw, 2017).

Among employed women in the U.S., 23% return to work within 10 days postpartum (Klerman, 2014). This early return to work can derail recovery from childbirth, disrupt bonding and breastfeeding, and diminish the positive benefits outlined above. This early return to work may be especially burdensome for the approximate one-third of U.S. women who deliver via cesarean, which is a major abdominal surgery, increasing the risk for both women and infants to experience further health complications after birth.

Further, among parents of critically ill newborns, paid leave enables parents to be present at the infant's bedside. Such parental care improves lifelong outcomes: a recent study found that skin-to-skin care in the neonatal intensive care unit (NICU) improved social and developmental outcomes among high risk infants at age 20 (Charpak, 2017). Moreover, mother's own milk markedly reduced the risk of the neonate developing a life threatening gastrointestinal infection called necrotizing enterocolitis (Colaizy, 2016).

Along with the many health benefits associated with paid family leave and sick leave, such policies are also associated with improved employee morale, engagement and productivity (Stroman, 2017). Despite the many health and economic benefits associated with paid leave, most U.S. families do not have adequate paid leave, and in many cases, families have no paid leave whatsoever.

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Approved by the Board of Directors  
April, 2018