



Adopt Paid Family and Medical Leave for State Employees

Introduction

Despite the clear benefits to child health and business, only 17% of American workers have access to paid leave.¹ Many families struggle to make ends meet when they have to take unpaid leave and others cannot afford to take any unpaid time at all. The federal Family and Medical Leave Act (FMLA), which provides 12 weeks unpaid leave, provides important job protections but is available to fewer than 60% of workers — and many can't afford to take it.² This is why one in four new moms is back at work just two weeks after having a baby.³

Providing new parents with the opportunity to care for a child benefits everyone involved. The first weeks and months of a child's life are critical to development. Because of the important role of parents in this early period, paid family leave can have effects on relationship-building, parental involvement, health, and well-being that last throughout a child's life.

Despite North Carolina's commitment to supporting the healthy development of infants and toddlers, very few workers have access to paid family and medical leave:

All workers: An increasing number of states are passing policies to provide paid family and medical leave insurance for workers, but thus far North Carolina is not among them. There is currently no law or policy in North Carolina that provides paid leave to the vast majority of workers and no state law guaranteeing the right to unpaid leave beyond the federal protections offered by the FMLA.

State employees: State employees are eligible for the unpaid family and medical leave provided by the federal FMLA. The state also offers an additional 52 weeks over 5 years of unpaid job-protected family illness leave to care for a serious health condition of a child, spouse, or parent.

Municipal employees: At the local level, 14 local governments, including Wake and Durham counties, offer paid leave for public employees who have given birth or adopted a new child while Mecklenburg County also provides paid family leave for other caregiving responsibilities covered by the FMLA.

Private employees: Several North Carolina private employers also offer paid leave for new parents, including Duke Energy, Blue Cross and Blue Shield, and Citrix. However, the majority of North Carolina employers do not offer paid family leave. Across the South Atlantic region, only 11 percent of private-sector workers have access to paid family leave.⁴ Despite the lack of widespread paid leave, North Carolina businesses recognize the value of adopting such policies, with 71 percent of employers agreeing that family-friendly practices are just as beneficial to employers as they are to employees.

Why Is This Important to Do Now?

Paid family and medical leave allows families time to bond, strengthening the relationship between parent and child.

Children's brain development is shaped through their experiences and relationships during the first few months and years of life. Research shows that caring, consistent relationships can help children mitigate the impacts of stress and develop the foundations of their ability to learn, exercise self-control, and establish positive relationships.⁵ Having time to focus on the new addition to their family supports parents in becoming responsive caregivers, helping establish patterns that impact children's cognitive, social, and emotional development throughout their lives.⁶

Paid leave supports stable care arrangements for new children, especially in the early weeks and months of life.

With 25% of mothers returning to work within two weeks of giving birth, parents can face challenges in identifying quality child care options, especially for the early weeks and months of life.⁷ North Carolina is one of the states experiencing a shortage of licensed child care options for infants and toddlers⁸ and child care subsidy waiting lists can stretch into the thousands, leaving too many parents faced with the choice of taking unpaid leave that they may not be able to afford and leaving their children in unstable child care situations.

Paid leave improves child health outcomes and prevents infant mortality.

Both medical research and the North Carolina Medical Examiner's office recognize paid leave as an effective approach to decreasing infant and child deaths. One study analyzing infant and child mortality found an increase of 10 full-time-equivalent weeks of paid leave was associated with a 10% reduction in the infant mortality rate and a 9% lower rate in child mortality.⁹ This is especially significant in North Carolina where the infant mortality rate is 7.2 deaths per 1,000 live births, higher than the national average and with disproportionate impacts on babies of color.¹⁰ Babies whose parents have access to paid leave are also more likely to attend well-child checks and receive all their necessary immunizations.¹¹

Paid family and medical leave minimizes barriers to breastfeeding.

Four out of five U.S. mothers start out breastfeeding, but less than half are still breastfeeding at 6 months postpartum.¹² Moms want to breastfeed, but the lack of paid family and medical leave is one of the barriers that keep many women from meeting their breastfeeding goals.¹³ In addition, mothers of color disproportionately report experiencing greater barriers to breastfeeding compared to other groups, contributing to increased health disparities.¹⁴ With paid family and medical leave, babies are three times more likely to start breastfeeding and two times more likely to still be breastfeeding at 6 months. Breastfeeding can help decrease infant mortality and childhood disease, helps a mother's health and healing following childbirth,¹⁵ and recent studies have shown if mothers could meet medical recommendations for breastfeeding it would save the US economy nearly \$13 billion per year in pediatric health costs and premature deaths.¹⁶

Paid leave facilitates the early detection of developmental delays.

Paid leave allows for detection of potential developmental delays at a time when problems can be most effectively addressed through intervention. Adequate time with parents is especially crucial for infants considered at high risk for a variety of developmental difficulties, such as babies born preterm or with illnesses, birth defects, or low birth weight.¹⁷

Paid leave decreases rates of child abuse and maltreatment.

Research suggests that paid leave may also help prevent child maltreatment, perhaps by reducing risk factors such as parental stress and depression.¹⁸ The Center for Disease Control's National Center for Injury Prevention and Control recommends paid leave as a strategy for child abuse prevention, citing the increase in frequency and duration of breastfeeding,¹⁹ which is potentially protective against child abuse and neglect according to research.²⁰ In addition, it notes that mothers who delay returning to work after giving birth experience fewer depressive symptoms than those who return to work earlier which may have an impact on child abuse and neglect.²¹ Finally, paid family leave is also significantly associated with reductions in hospitalizations for abusive head trauma.²²

Paid family and medical leave increases fathers' involvement in child care.

Paid leave for fathers has been shown to increase father's involvement in that child's direct care nine months after birth, a more equitable division of parental responsibilities, and greater comfort and confidence among fathers in their co-parenting skills. Involved fathers also promote educational attainment and emotional stability. In addition, paid leave for fathers may also increase women's labor force participation by promoting men's involvement at home, making it easier for women to return to the workforce and impacting income, family economic security, and retirement over the course of the woman's life.²³

Paid leave is endorsed by leading medical organizations.

Leading medical organizations including the American Academy of Pediatrics, the Society for Maternal-Fetal Medicine, the American College of Obstetricians and Gynecologists, the Academy of Breastfeeding Medicines, and the Center for Disease Control all endorse paid leave as a proven strategy to improve the health and well-being of children and families.



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- ⁵ Zigler, E., Muenchow, S., & Ruhm, C.J. (2012). *Time Off With Baby: The Case for Paid Care Leave*. Washington, DC: ZERO TO THREE.
- ⁶ Ibid.
- ⁷ Lerner, 2015.
- ⁸ Jessen-Howard, S., Malik, R., Workman, S., & Hamm, K. (2018). Understanding Infant and Toddler Child Care Deserts. Center for American Progress.
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- ²¹ Chatterji, P., & Markowitz, S. (2005). Does the Length of Maternity Leave Affect Maternal Health? *Southern Economic Journal*, 72(1): 16-41.
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- ²³ Morefield, B., Hoffman, A., Bray, J., & Byrd, N. (2016). Leaving it to the Family: The Effects of Paid Leave on Adult Child Caregivers. Washington, DC: L&M Policy Research.

About Think Babies™ NC:

Think Babies™ NC seeks to advance policies that support the healthy development of North Carolina's babies and toddlers. It is aligned with the NC Pathways to Grade-Level Reading initiative and the NC Early Childhood Action Plan. Think Babies™ NC is led by the NC Early Education Coalition with support from the NC Early Childhood Foundation and a Leadership Team of state and local organizations focused on advancing public awareness and policy solutions for infants, toddlers, and their families.