



Paid Leave: An Opportunity to Reduce Racial and Ethnic Disparities in Maternal and Child Health

The first 1,000 days from pregnancy to age 2 offer a powerful window of opportunity to create a healthier and more equitable future. During this time, a child's brain undergoes rapid development and the foundations for lifelong health are built. Policies and programs that increase access to optimal nutrition, health care, and support can help families thrive now and in the future.

In 2019, 1,000 Days released a first-of-its-kind report, [The First 1,000 Days: The Case for Paid Leave in America](#), which established paid leave as a public health imperative. We analyzed a wide-ranging body of research, and the evidence showed that paid leave can improve health, save lives, and enable children to get a strong start to life. Paid leave supports healthier pregnancies, better birth outcomes, more successful breastfeeding, and both physical and mental health in the postpartum period.



However, in the absence of a national paid leave policy in the United States, many workers are unable to take time to care for themselves and their loved ones without jeopardizing their economic security. An abysmal 79% of workers lack access to paid family leave, and 60% of workers do not have access to short-term disability insurance to recover from an illness or injury.¹ Additionally, as this brief will describe in more detail, there are troubling racial and ethnic disparities in access to leave.

Since the release of our 2019 report, the need for a comprehensive, equitable paid leave policy has become even more urgent. The COVID-19 pandemic has drawn attention to and exacerbated preexisting disparities, creating both a health crisis and an economic crisis that has disproportionately affected women, low-income families, and families of color. And many of these same workers have struggled to take time away from work to recover from COVID-19 or care for a sick loved one without risking their paycheck and their livelihood.

In this update to our 2019 report, we present the latest research and data from the last two years on the opportunity to reduce racial and ethnic disparities in maternal and child health through the passage of a universal, comprehensive paid family and medical leave policy in the United States.

¹ U.S. Bureau of Labor Statistics, March 2020. <https://www.bls.gov/ncs/ebs/benefits/2020/employee-benefits-in-the-united-states-march-2020.pdf>



INEQUITIES IN ACCESS TO LEAVE AND LEAVE-TAKING

There are glaring racial and ethnic disparities in access to paid leave in the United States.

Black and Latinx workers are less likely than their white counterparts to have access to paid leave. According to the newest American Time Use Survey (ATUS) data from 2017-18, 62.6% of Black workers had access to any kind of paid leave, compared to 66.3% of white workers; additionally, only 49.9% of Hispanic or Latino workers had access to leave, compared to 69.2% of non-Hispanic or Latino workers. Access to leave among Asian workers (71.5%) was higher than among white workers (66.3%).^{2,3}

These disparities in access to paid leave are particularly concerning given that *unpaid* leave is out of reach for most workers. Only 39% of workers across the nation are eligible for and can afford unpaid FMLA leave.⁴ As a result, there are notable disparities in whether families are able to take the leave they need.

Black, Latinx, and Indigenous workers take paid maternity leave at significantly lower rates than white workers. A new analysis of data from 10,700 mothers in states without paid leave programs found that Hispanic and Black workers used paid maternity leave 25% less often than white workers, and Native American/Alaska Native/Hawaiian workers used paid maternity leave more than 40% less. Usage of paid maternity leave was not significantly different between Asian and white workers.⁵ Another recent study of family leave-taking in New York City suggests that when Black women do take maternity leave, they take more *unpaid* leave than white women.⁶

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One in 10 Black and Latinx workers cannot take leave when they need it. According to a nationally representative survey conducted in 2018, 11% of African American workers and 10% of Hispanic workers needed to take family or medical leave in the last year but could not, in comparison to 6% for both white and Asian workers.⁷ Among all workers with an unmet need for leave, the most common reason for not taking leave was an inability to afford unpaid leave (66% of respondents).⁸

² U.S. Bureau of Labor Statistics, August 29, 2019. <https://www.bls.gov/news.release/leave.t01.htm>

³ Although the statistical significance of these differences has not been assessed, an analysis of older data from the 2011 ATUS found significant differences by race and ethnicity. Bartel, AP, Kim, S, Nam, et al. Racial and ethnic disparities in access to and use of paid family and medical leave: Evidence from four nationally representative datasets. Monthly Labor Review, U.S. Bureau of Labor Statistics. January 2019. <https://doi.org/10.21916/mlr.2019.2>.

⁴ Diversity Data Kids, June 9, 2020. https://data.diversitydatakids.org/dataset/fmla_a_eligaff_re_p-working-adults-who-are-eligible-and-can-afford-fmla-unpaid-leave--percent--by-ra

⁵ Hawkins D. Disparities in the usage of maternity leave according to occupation, race/ethnicity, and education. *Am J Ind Med*. 2020;63(12):1134-1144. doi:10.1002/ajim.23188

⁶ Slopen M. Type and Lengths of Family Leave Among New York City Women: Exploring the Composition of Paid and Unpaid Leave. *Matern Child Health J*. 2020;24(4):514-523. doi:10.1007/s10995-020-02884-9

⁷ Brown, S, Herr, J, Roy, R, Klerman, JA. Employee and Worksite Perspectives of the Family and Medical Leave Act: Results from the 2018 Surveys. Abt Associates, July 2020:43. https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHD_FMLA-2018SurveyResults_FinalReport_Aug2020.pdf

⁸ Ibid. p. 41, 45

AN OPPORTUNITY TO REDUCE DISPARITIES IN MATERNAL AND CHILD HEALTH

Paid leave plays a critical role in improving health outcomes for birthing people, mothers, and babies. However, in the United States today, the same families who are most at risk for poor maternal and child health are also the least likely to have access to paid leave. Passing a universal, comprehensive paid leave policy is an important opportunity to help eliminate our nation's striking racial and ethnic health disparities by ensuring that every family can take time away from work to care for themselves and their loved ones.



BIPOC communities experience greater rates of maternal morbidity and mortality,⁹ in part due to a lack of access to adequate medical care – but paid leave helps ensure pregnant people and new parents can attend medical appointments and get the care they and their babies need to be healthy. As described in our 2019 report, paid leave during pregnancy leads to fewer medical complications for both mom and baby. This includes a reduced risk of c-sections, reductions in low birthweight and preterm birth, and reduced risk of postpartum depression and anxiety. New research affirms the power of paid leave to help improve maternal and child health, especially among BIPOC communities. One recent study of California's 2004 paid family leave policy found that it resulted in significant decreases in postpartum psychological distress

⁹ Artiga, S, Pham, O, Orgera, K, Ranji, U. Racial disparities in Maternal and Infant Health: An Overview. Kaiser Family Foundation, November 10, 2020. <https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/>

– a measurement of depression and anxiety – with greater benefits among Black and Hispanic mothers compared to white mothers.¹⁰

Infant mortality disproportionately impacts families of color¹¹ – but paid leave has the potential to save babies' lives. As described in our 2019 report, researchers estimate that providing 12 weeks of paid leave in the U.S. could result in nearly 600 fewer infant deaths per year—a notable reduction in the face of more than 21,000 infant deaths.¹² A new analysis found that rates of postneonatal mortality (i.e., death after the first 28 days of life) dropped by 12% after California enacted paid family leave. The authors estimate that this translates into 747 fewer infant deaths as a result of this policy.¹³

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Racial disparities in breastfeeding rates persist¹⁴ – but paid leave supports mothers to breastfeed and breast-feed longer, which improves the health of both mom and baby. Our 2019 report explains that a mother is more than twice as likely to stop breastfeeding in the month she returns to work compared to a mother who has not yet returned to work. Similarly, a study published this year found that women who returned to work within 3 months of giving birth were less likely to meet the recommendation of breastfeeding for at least 12 months.¹⁵ A literature review published last year affirms that paid maternity leave is associated with beneficial

¹⁰ Doran EL, Bartel AP, Ruhm CJ, Waldfogel J. California's paid family leave law improves maternal psychological health. *Soc Sci Med.* 2020;256:113003. doi:10.1016/j.socscimed.2020.113003

¹¹ Artiga, S, et al., op. cit.

¹² Centers for Disease Control and Prevention, September 10, 2020. <https://www.cdc.gov/reproductivehealth/maternalinfant-health/infantmortality.htm>

¹³ Montoya-Williams, D, Passarella, M, Lorch, SA. The impact of paid family leave in the United States on birth outcomes and mortality in the first year of life. *Health Serv Res.* 2020; 55: 807 – 814. <https://doi.org/10.1111/1475-6773.13288>

¹⁴ Centers for Disease Control and Prevention, August 2, 2021. https://www.cdc.gov/breastfeeding/data/nis_data/results.html

¹⁵ Hamner HC, Chiang KV, Li R. Returning to Work and Breastfeeding Duration at 12 Months, WIC Infant and Toddler Feeding Practices Study-2 [published online ahead of print, 2021 Jul 28]. *Breastfeed Med.* 2021;10.1089/bfm.2021.0081. doi:10.1089/bfm.2021.0081

effects on breastfeeding, including an increase in initiation and duration.¹⁶

Systemic racism and racial trauma threaten the mental and physical health of BIPOC families¹⁷ – but paid leave can help parents give their children a thriving start at a time when they are most vulnerable. Research reviewed in our 2019 report shows that paid leave can help parents cope with the stresses and demands of caring for a new baby and can reduce the risk of abuse or neglect. Recent studies also find that paid leave can help families access the nutrition and care they need to be healthy. For example, evidence shows that California’s paid family leave program resulted in a roughly 2-percentage point reduction

¹⁶ Van Niel MS, Bhatia R, Riano NS, et al. The Impact of Paid Maternity Leave on the Mental and Physical Health of Mothers and Children: A Review of the Literature and Policy Implications. *Harv Rev Psychiatry*. 2020;28(2):113-126. doi:10.1097/HRP.0000000000000246

¹⁷ Mental Health Alliance, accessed August 31, 2020. <https://www.mhanational.org/racial-trauma>

in the incidence of very low food insecurity¹⁸ and up to a 5-percentage point reduction in late vaccinations among infants,¹⁹ with stronger improvements among low-income households. Given that the highest rates of poverty are experienced by American Indian or Alaska Native women, Black women, and Latinas,²⁰ these findings have important implications for reducing racial health disparities.

¹⁸ Lenhart, O. The effects of paid family leave on food insecurity—evidence from California. *Rev Econ Household* 19, 615–639 (2021). <https://doi.org/10.1007/s11150-020-09537-4>

¹⁹ Roy Choudhury A, Polachek SW. The impact of paid family leave on the timely vaccination of infants. *Vaccine*. 2021;39(21):2886-2893. doi:10.1016/j.vaccine.2021.03.087

²⁰ Bleiweis, R, Boesch, D, and Cawthorne Gaines, A. The basic facts about women in poverty. Center for American Progress, August 3, 2020. <https://www.americanprogress.org/issues/women/reports/2020/08/03/488536/basic-facts-women-poverty/>

RECOMMENDATIONS

Universal access to a comprehensive paid leave program is an important step in addressing maternal and infant health disparities. It is time to ensure that all pregnant, birthing, postpartum, and parenting people and their children can have a healthy first 1,000 days.

We have reached a tipping point. In the coming weeks, our nation must invest in a comprehensive, inclusive, equitable paid family and medical leave program that:

- **Provides sufficient time off:** Workers need access to a minimum of 12 weeks of paid leave to support the health and wellbeing of moms, children, and their families.
- **Covers all employers and all workers:** Policies must be inclusive of all workers to ensure they can care for themselves or a loved one. Paid leave must be available to all workers regardless of the size of their employer, the sector they work in, the length of their employment, or whether they work full-time, part-time, or are self-employed.
- **Ensures equitable economic security now and in the future:** Workers should not have to decide between their health or caregiving responsibilities and their job. In addition, workers must retain the right to resume full paid employment after taking leave without fear of discrimination or retaliation. Policies must ensure that taking leave now does not threaten workers’ current or future economic security.
- **Covers medical and family caregiving needs comprehensively:** Any plan should be available for the full range of personal medical and family caregiving needs, such as those already established by the Family and Medical Leave Act (FMLA).



"My son was born three months premature and I spent my maternity leave in the NICU. When he was being discharged, I had to return to work. He still needed special care so I asked for a 2 week extension. When I was denied, I had to quit in order to take care of him."

SAMANTHA, NEW JERSEY



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