

To: Bicameral Paid Leave Congressional Working Group  
Re: [Request for Information on Expanding Access to Paid Leave](#)  
Date: January 30, 2024

Dear Members,

Thank you for the opportunity to respond to this request for information. As pediatric clinicians, child and family health researchers, and policy experts at PolicyLab at Children's Hospital of Philadelphia, we applaud the working group and its members for continuing to pursue solutions on the critical issue of expanding access to paid leave for all Americans.

PolicyLab is a Center of Emphasis within Children's Hospital of Philadelphia Research Institute, one of the largest pediatric research institutes in the country. The mission of PolicyLab is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. Thus, in this response, we focus on question eight (what the research tells us), with an emphasis on the impact of paid leave on infant, perinatal, child development, and caregiver health outcomes.

There is a wealth of evidence, including from PolicyLab researchers, demonstrating that paid leave supports the health and well-being of children and families, including improved infant and child development,<sup>1,2</sup> increased rates of breastfeeding initiation and continuation,<sup>3,4</sup> reduced infant mortality<sup>5,6</sup> and improved maternal health.<sup>7,8</sup> Research to date has focused primarily on maternity leave, which is associated with improved physical and mental health of both mothers and children, including a decrease in postpartum maternal depression and intimate partner violence, improved infant attachment and child development.<sup>8</sup> Women who have access to and take paid maternity leave also have lower odds of being re-hospitalized after giving birth.<sup>9</sup> The studies available on paternity leave show that it is associated with fathers' increased involvement with their children,<sup>10,11,12,13</sup> higher satisfaction with parenting,<sup>11,12,13</sup> better developmental outcomes for their children<sup>10,11,14,15</sup> and higher cognitive test scores for their children.<sup>11,16</sup>

In the following sections we go into more detail on research findings relevant to health outcomes of interest detailed in the working group's request for information.

## **Infant mortality**

Infant mortality is considered an important measure of a country's overall health because its causes are related to structural factors that affect the health of entire populations.<sup>17</sup> Large international studies show that paid family leave is associated with reductions in infant deaths in the first year of life.<sup>18,19</sup> Infant mortality rates in the United States have persistently been higher than other wealthy nations,<sup>20</sup> and much of this disparity is related to postneonatal mortality—death after the first 28 days of life. The literature on the impact of paid family leave on neonatal mortality—death in the first 28 days of life—is mixed,

which may reflect the fact that some deaths are unpreventable due to congenital anomalies that occur in the first month of life.<sup>21,22</sup>

However, research from PolicyLab and others has shown evidence that paid family leave is associated with decreased postneonatal mortality.<sup>23</sup> A PolicyLab study found that the implementation of paid family leave in California in 2004 was associated with a 12% reduction in postneonatal mortality.<sup>23</sup> At the time of its publication, the study was the first large-scale study limited exclusively to births in the United States, and the first to find an association between paid parental leave and lower postneonatal mortality in this country.

While it is not entirely known why paid family leave is associated with decreased rates of postneonatal mortality—and overall infant mortality—one important mechanism appears to be the association between paid family leave and increased rates of breastfeeding.<sup>24</sup>

### **Breastfeeding initiation and continuation**

Breastfeeding/chestfeeding has numerous well-described short- and long-term health benefits for infants and caregivers,<sup>25</sup> thus making it important to look to public policies that support it. A 2023 study that assessed the impact of California's paid family leave policy on breastfeeding initiation and duration found that access to paid family leave is associated with at least a 15% increase in exclusive breastfeeding for at least six months.<sup>3</sup> Importantly, paid family leave has been shown to preferentially benefit Black birthing peoples' breastfeeding rates, which is critical given known racial disparities in breastfeeding initiation and continuation in the United States.<sup>26,27</sup> The effects of the aforementioned California study were larger for historically disadvantaged birthing people. In this way, paid family leave may represent a policy solution to pressing racial disparities in infant health outcomes.

### **Economic stability for parents of children with medical complexity**

Paid leave is also important for supporting economic stability for caregivers of children with medical complexity. These parents face particular challenges balancing caring for their children while also maintaining employment and earning income that their families need. Children with medical complexity require frequent medical appointments, a great deal of care coordination and are at an increased risk of recurrent hospitalizations that can require lengthy hospital stays.

A PolicyLab qualitative research study looked at the needs of parents of children with medical complexity and examined the availability and appropriateness of unpaid leave through the Family Medical Leave Act (FMLA) in supporting these individuals as caregivers *and* employees.<sup>28</sup> Parents described that caring for their child required ongoing and unpredictable time commitments that conflicted with job duties or schedules. For some parents, the 12 weeks of job protection offered by FMLA was not enough. Some of the

parents in the study had access to employer-specific leave policies, but these policies were inconsistent and failed to offer the formal protections of FMLA.

Related to FMLA eligibility specifically, the study found:

- Prioritizing caregiving responsibilities led to frequent employment changes that negatively impacted financial health, personal well-being and eligibility for FMLA.
- Many parents said that they could not realistically use FMLA benefits because the time away from work would be unpaid. Others were unable to access FMLA due to their part-time employment status.
- The FMLA requirement that employees work a full year before becoming eligible left some parents unable to use FMLA because their caregiving responsibilities necessitated time away from work before being employed for a full year, ultimately resulting in them leaving jobs before they reached a full year of employment.

In conclusion, the research evidence clearly supports paid leave as a critical tool to ensure the health and well-being of families and communities, and to address disparities in infant and maternal health outcomes. We thank you for your consideration of these comments. Please contact PolicyLab's Health Policy Director Rebecka Rosenquist ([rosenquizr@chop.edu](mailto:rosenquizr@chop.edu)) with questions or if there is an opportunity to further discuss any of the points raised.

Sincerely,

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