PAID FAMILY LEAVE: A REVIEW OF EXISTING POLICIES AND GUIDANCE ON IMPLEMENTATION IN THE UNITED STATES

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Abstract

This paper investigates paid family leave (PFL) policies at the national-level in Sweden and the state and municipality-level in the United States, determining the benefits that stem from them, and policies like them, around the world. It also reviews national-level policies proposed for PFL in the United States and provides recommendations. The author reviewed literature focusing on the impacts of PFL policies and the logistics of said policies. It was found that paid family leave policies had a positive impact on things like breastfeeding rates, infant mortality, and rates of pediatric abusive head trauma. PFL policies were also utilized as a tool in promoting gender equality in childrearing. It is recommended that the United States develop a national paid family leave policy that recognizes the strengths and weaknesses of already developed policies and improves upon them.
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Introduction

The time after family gains a new child, whether it is through birth or adoption, is a pivotal period where new parents require many different forms of support in order to have the most positive parenting experience possible. One of the most important forms of support that can be provided to decrease the stress levels of new parents is time to adjust. New parents need paid time away from employment to focus on the transition that comes along with welcoming a child into a family, and to engage in bonding with this child. A positive bonding experience has been linked to the child’s future mental health outcomes.\(^1\) The quality of this bonding period has also been shown to impact whether the child has a secure or insecure attachment to its parents. A secure attachment has been linked to curiosity and social function as the child grows older.\(^2\) It is clear that bonding is truly important; therefore, policies that assist in facilitating a peaceful bonding experience should be given priority. Parents should be able to take this time without fear of financial hardship or losing their job, which would likely increase stress and negatively impact the bonding experience.

At its core, the concept of paid parental leave (PPL) is simple – it allows new parents time to take a pause from work outside the home to focus on this important bonding and adjustment period, while still being at least partially compensated. Childbirth is a major medical event, whether it occurs vaginally or through cesarean section, and paid parental leave allows women to rest and heal without the immediate concern about how they will provide for their family. In addition to the physical toll that childbirth plays on a woman’s body, gaining a child has a mental impact that is unrelated
to the act of birth itself; a growing family is a major life transition that requires time to adjust to. Whether the growth occurs by birth, adoption, or fostering, does not matter – paid parental leave (PPL) gives parents the option of taking a period of time to solely focus on all the different aspects of this major life transition.

In practice in the United States, however, this simple concept is often muddled, resulting in conflicting and confusing terminology such as paid family leave, paid parental leave, maternity leave, paternity leave, and the Family Medical Leave Act (FMLA). For the sake of clarity, I will define these terms for the context of this document. Family leave is defined as a period of time off from employment that a person can utilize to care for a sick family member or that a parent can take when they have a new child.³ When a policy solely allows for the care of a new baby, it is defined as parental leave. Maternity leave is time off from employment that is specifically allotted to mothers before or after the birth or adoption, and paternity leave is when this time is specifically allotted for fathers.⁴,⁵ All of the aforementioned policies can be paid or unpaid. FMLA is a federal law that allows for job protected, unpaid leave for those who meet certain qualifications, such as having worked at least 1,250 hours for the company within 12 months and the company having over 50 employees in a 75-mile radius.³,⁶ Throughout this document the topic of paid leave will be addressed broadly, and the terms family leave and parental leave will be used interchangeably, as most established policies include parental leave under the umbrella of family leave.

The United States Bureau of Labor Statistics reported that in March 2016, only 13% of workers had access to paid maternity leave.⁷ This number is low when
considering that more than 50% of new mothers (women with infants under a year old) participate in the labor force outside the home.\textsuperscript{8,9} The United States is “the only industrialized democracy that fails to provide job-protected paid leave to working women and men, despite the status of paid maternity leave as a fundamental tenant of international work standards” and one of three countries worldwide that has not implemented paid maternity leave policies.\textsuperscript{10,11}

The United States does offer the Family Medical Leave Act (FMLA), which mandates all employers with more than 50 employees to provide up to 12 weeks of job-protected leave for employees who need to care for a newborn or adopted child, an immediate family member with an illness or disability, or their own personal illness.\textsuperscript{12} FMLA has major drawbacks, as it does not require employers to pay employees during this leave time and workers at companies that have fewer than 50 employees within a 75-mile radius, or workers that have not worked at least 1,250 hours for the company within 12 months, are not eligible for it.\textsuperscript{6} Data from 2012 show that only 60% of workers in the U.S. are actually eligible for FMLA.\textsuperscript{12} The 40% of workers who are not eligible could be explained, in part, by the way the part-time worker fits into the equation. Businesses will often hire employees as part-time workers only. This status as a part-time employee can lead to irregularity in hours, requiring these workers to obtain multiple part-time jobs in order to make ends meet. Holding multiple part-time jobs, instead of one fulltime position, puts these workers at a disadvantage in meeting these requirements.
If the United States has an end goal of providing leave to all families, policy change needs to occur. The most plausible way to enact this change is through additional policies governing paid parental leave, or a major expansion to FMLA. When deciding what changes to make, it is important to examine the benefits of PFL and then assess what policies are working globally and domestically. Analyzing the changes to these policies that would need to occur in order for them to be applied in the United States is also crucial. This document will describe the benefits of Paid Family Leave, and assess the global gold standard and national PFL policies. It will then utilize the lessons learned from these existing policies to provide critiques and recommendations on recently proposed policies related to paid family leave in the United States.

Proposed Benefits

Global research has unveiled many health and financial benefits to paid family leave policies. Many of these benefits align with the United States’ large scale public health goals, and are essential to improving the overall health of mothers and children in this country; providing an even greater reason to explore putting these policies in place. One major area to consider is the impact that increased paid family leave policies could have on breastfeeding. The World Health Organization (WHO) lists breastfeeding as a global priority and outlines the numerous positive health impacts associated with it, such as a decreased risk for sudden infant death syndrome (SIDS), asthma, diabetes, and obesity. Their recommendation is that infants are exclusively breastfed for the first six months of life, with continued consumption of breastmilk while introducing other foods until age two. Healthy People 2020, a list of science-based objectives for population
health specifically in the United States, lists target goals to increase the amount of infants ever breastfed (from 74% to 81.9%), breastfed at six months (from 43.5% to 60.6%), and breastfed at one year (from 22.7% to 34.1%). Although some progress has been made toward these goals, even more needs to occur to meet them. Paid family leave could be a part of the push that the U.S. needs to get there.

Global studies have shown that paid maternity leave increases the likelihood of a mother breastfeeding for a longer period of time. Consider Scotland, for example, which has a mandatory maternity pay of 90% of a person’s average salary for six weeks, and then a flat rate for an additional 33 weeks ($185.77 USD per week). The impact that this policy has had on breastfeeding duration was examined and the results suggested that longer maternity leaves were associated with longer periods of breastfeeding. Data was collected via Growing up in Scotland (GUS), a national longitudinal survey that captures data on a cohort of children born between June 2004 and May 2005. These children were enrolled in the study at 10 months old. This study analyzed the length of time mothers spent on maternity leave, paid and unpaid, compared to the amount of time that their baby was breastfed. The data showed that mothers who took a maternity leave between six and ten months had the highest rates of breastfeeding for longer than six weeks (57.7%), compared those that took less than six months of leave. This study also discovered that mothers who took between one and two months of leave had a higher rate of discontinuing breastfeeding before six weeks than those that took longer periods of leave. Even in the United States, where paid leave is not mandated, researchers found, during a retrospective study, that initiation and sustained
breastfeeding were correlated with maternity leave. The women who returned to work after 13 weeks had higher rates of breastfeeding initiation than those who went back to work between one and six weeks.\textsuperscript{17} The women who took seven or more weeks of paid maternity leave had the highest rates of breastfeeding initiation, in comparison to women who took zero weeks of paid maternity leave, who had the lowest.\textsuperscript{17} This study also considered breastfeeding duration and found that ultimately, the highest percentage of mothers still breastfeeding beyond the six-month marker were the ones who had not gone back to work at nine months.\textsuperscript{17}

These data matter because the United States has not yet met its breastfeeding goals for Healthy People 2020. Within this group of goals, the U.S. is farthest away from meeting the ones specifically related to continued breastfeeding at six months and one year. Because these are the largest areas where progress needs to made, policy interventions need to occur. Issues surrounding work are consistently brought up as the reason for “non-initiation and early cessation of breastfeeding”, giving clear rationale for a policy change that will support working mothers on their breastfeeding journey.\textsuperscript{17} (p1415) The rush to return to work even impacts mothers who had clear intentions on breastfeeding. A study evaluating maternity leave duration and mother’s ability to meet breastfeeding intention in the United States found that mothers who returned to work full-time before six weeks had 2.25 times the odds of not meeting their intention to breastfeed for at least 3 months. It also found that women who returned after 6 weeks, but before 3 months, had 1.82 times the odds of meeting the same intentions. Both of these groups were compared to mothers that were not working at 3 months.\textsuperscript{18} Paid
family leave could be what the United States needs to allow families to prioritize their desires for their children, which is doubly beneficial because they are in line with the country’s goals.

Infant mortality, defined by the Centers for Disease Control and Prevention (CDC) as infants that die before their first birthday, is another notable public health issue that the US needs to address.\textsuperscript{19} Literature shows that infant mortality rate is “considered a significant indicator of a nation’s overall health because it is associated with a variety of factors, such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices”.\textsuperscript{20} (p2) Unfortunately, by these standards, the United States does not score well. According to 2014 data from the CDC, there are 6.1 deaths per 1,000 live births – a rate higher than most other developed countries.\textsuperscript{20} In addition to this, when considering infant mortality data from 29 developed countries, the United States ranks 26\textsuperscript{th}.\textsuperscript{10} With the United States also lagging behind other countries in providing paid parental leave, several researchers have inquired about a potential correlation between paid parental leave and infant mortality rates. Literature has shown that paid parental leave has been correlated with outcomes that greatly impact infant health, such as extended duration of breastfeeding and adhering to the infant’s immunization and doctor’s visit schedules, which could ultimately lead to a reduced infant mortality.\textsuperscript{10}

Patton, Costich, and Lidstromer completed an analysis estimating the impact of paid maternity and parental leave, grouped together as paid parental leave, on both the general infant mortality rate and the post-neonatal mortality rate (the mortality rate
after the first 28 days of life up until 1 year). Their examination of the post-neonatal mortality rate specifically provides a clearer picture of the true impact that paid parental leave could have. Data on this subject has been collected with a focus on Organization for Economic Cooperation and Development (OECD) member countries. The OECD is a group of 35 member countries, such as Australia, the United Kingdom, Switzerland, Mexico and the United States to name a few, working together to promote global economic and social well-being. Two-thirds of the infant deaths that occur within OECD countries during the perinatal and neonatal periods are due to things like “prematurity, congenital abnormalities, and other perinatal conditions” and realistically, paid parental leave will not greatly impact these deaths. It has the greatest chance for impact in the post-neonatal period, where the majority of deaths are caused by things like Sudden Infant Death Syndrome (SIDS), the effects of congenital abnormalities, injuries, and infections. Of these, PFL has the greatest potential to impact deaths related to the effects of congenital abnormalities. Although a congenital abnormality, such as a neural tube defect, could not be prevented by paid parental leave, it could assist in lessening the stressors that come along with managing it. Congenital abnormalities often lead to longer term care needs, therefore, this leave would allow parents more time to focus on the follow-up care that their child’s medical issue requires, without the potential financial stressors of lost wages. Although increasing the time that parents have to focus on their child’s medical issue won’t directly impact a family’s access to things like medical coverage or monetary resources, it does provide
time to seek out resources and could aid in decreasing delays in seeking necessary medical care in situations where a lack of time is the issue.

The analysis by Patton, Costich, and Lidstromer found that when modeling the impact of paid parental leave, accompanied by other family-friendly policies, that a one week increase in paid parental leave results in a .3 percent decrease of post-neonatal deaths per 1,000 live births. With this being said, increasing paid parental leave to 12-weeks results in a 3.6 percent decrease in post neonatal deaths. This leads one to wonder what impact would be made on this rate if the leave was extended an additional 40 weeks, to incorporate the entire post-neonatal period. Patton et.al also modeled the impact of enacting paid parental leave policies on the overall infant mortality rate and found that a one week increase in paid parental leave decreases it by .2 percent, and a 12-week increase decreases the infant mortality rate by 2.4 percent. This decrease takes the infant mortality rate from 6 to 5.86 deaths per 1,000 live births. This translates to 576 fewer deaths from infant mortality per year and 288 fewer deaths from post-neonatal mortality. This may seem small, but it is important to recognize that these numbers are likely conservative. They provide an generalized overview on a country-wide level and do not account for disenfranchised subpopulations where incorporating paid leave policies may have an even more significant impact.\textsuperscript{10}

Increased breastfeeding rates and decreased infant mortality are just the beginning of the impacts that paid parental leave could have on Americans if implemented universally. It truly has a myriad of other positive impacts, such as increased maternal health and a decreased pediatric abusive head trauma.\textsuperscript{11,23} Linkages
have also been found between paid family leave and increased labor force attachment and wages in women, leading to decreased employee turnover costs for employers. Although women who have access to paid leave are more likely to stay home up to 12 weeks after birth, they are also at a 40% higher risk of actually returning to work after birth than mothers that are not granted this leave; a fact that is good for employers. Paid family leave can also play a role in increased wage opportunity for women, ultimately resulting in less government spending for public assistance. An analysis completed by Angela Rachidi of the American Enterprise Institute, found that the most common reason women of prime working age, ages 25-59, gave for not working was a home or family responsibility. Her analysis goes on to suggest that paid family leave, when coupled with other policies, could increase the rate of work in this population and even have long term effects on future earnings by building experience in the workforce. There is also reason to believe that PFL could help to assist in decreasing workplace safety issues related to fatigue. A study completed by Mellor and St. John found a small, although still statistically significant, inverse relationship between moderate fatigue and on-the-job safety behaviors at 6 weeks and 12 weeks in fathers after their child’s birth. This study suggested PFL as a viable option for preventing this, encouraging fathers with 12 weeks of leave not to take all of their time at once because fatigue only seemed to get worse at 12 weeks. The researchers encouraged fathers to instead cut back on days at work in order to stretch this leave time over a longer period. This leads one to wonder why with data like this, showcasing that the sleep
deprivation during this time correlates with an increase in dangerous work behaviors, is not met with fierce advocacy for more accessible and longer PFL.

In order to find a way to implement paid leave policies in the United States, it is important to take a look at what other countries have done. Reviewing their policies, along with understanding the context that these policies exist in, and how it may differ from the U.S., can help lawmakers to create innovative policies on paid leave.

Examining the Gold Standard of Paid Parental Leave

Most countries around the world offer some form of paid parental leave, however there is some variability in the way these programs are implemented. The Nordic countries, Denmark, Finland, Iceland, Norway, and Sweden, are often held up as examples of what countries should be providing in terms of paid leave for families. Sweden, specifically, is often revered as the best out of the bunch, referring to itself as an overall “family friendly” country. Sweden’s population of ten million enjoy a robust social insurance system that is described as an “integral part of Sweden’s welfare”. This system includes things like a child allowance that provides families with a monthly sum of money that is automatically paid based on the number of children they have, publicly financed healthcare, paid sick time, and additional paid time off to care for sick children, in addition to paid parental leave. Sweden’s paid parental leave program allows for 480 shared days between two parents. In the event that one parent has sole custody of a child, then that parent is entitled to the entire 480 days. Most parents receive 80% of their usual pay for the first 390 days, however this rate is capped at SEK 952 per day, about 116 USD. For the last 90 days, parents receive a flat rate of SEK 180,
which translates to about 23 USD, per day. In order to qualify for parental benefits, a person must have earned an annual income of at least SEK 82,100, which translates into just a little over 10,000 USD, for at least 240 consecutive days. Working at the same place and having the same income is not mandatory, as long as these minimum requirements are met. Those who do not meet these minimum requirements are not left without resources. They are allotted sickness benefits at SEK 250 per day for the first 180 days that are taken, and once 180 days have been taken between the two parents parental benefits can be utilized. These benefits will then grant the parents at least SEK 250 per day.31 An important aspect of this program is the way the days are allocated. While the 480 days are for the parents to share, 90 days are reserved for each parent. That specific parent has to take their 90 days or they will be lost, as they cannot be transferred to the other parent.27 This policy helps to creates a cultural norm around gender equality in childrearing by developing the expectation that each parent should take time off work to care for a new child. It takes a clear and deliberate stance that childrearing is not a responsibility that should be primarily shouldered by the mother. The policy also helps to set the precedent that childrearing should be prioritized over one’s work whether a person is male or female. Sweden took an additional step to encourage gender equality in child rearing in 2008 by enacting a gender equality bonus. A 100 SEK bonus is provided for every day that parents split leave time equally. Excluded from this bonus are the days that are already specifically reserved for each parent, along with days the periods where a flat payment rate is received. These exclusions allow the bonus to target those who are making an effort above and beyond the requirements for
gender equality in the time taken off work to care for children. The bonus funds are
distributed to the parents through their tax account the year after all of the leave days
are utilized.\textsuperscript{32}

This legislation not only provides for families financially during a major transition
time, it also encourages a shift in what has become a societal norm in caretaking that
often puts women at an economic disadvantage. This policy encourages more men to
take time off to bond with and care for their children while also encouraging women to
go back to work earlier. This is relevant because an earlier return to work for women
benefits their lifetime earnings. Consider the fact that when parental leave was
introduced in 1974, prior to revisions that made Sweden’s policies to what they are
now, men used a mere .5% of all leave days. Now, men are using 23.1% of days and
parental leave is used by essentially all mothers and nine out of ten fathers in Sweden.\textsuperscript{32}

Sweden’s policies around paid parental leave are examples of what it looks like to begin
to address the systemic issues that give rise to gender inequality.

**State and Municipality-level Approaches**

California’s state-level paid parental leave policy was passed into law in 2002 and
became available for utilization on July 1\textsuperscript{st}, 2004. This program provides wage
replacement for up to six weeks of leave within a 12-month period, at 55% of a person’s
average weekly earnings. In 2011, the maximum weekly benefit was $987, decided in
relation to the state’s average weekly wage. This leave can be utilized in order to care
for a family member, defined as a parent, child, spouse, or registered domestic partner,
with a serious illness or to bond with a new biological, adopted or foster child. This leave
does not have to be taken continuously, however the parental leave for bonding is only available within the first year after birth or placement.\textsuperscript{33} This program was integrated into the already functioning, State Disability Insurance (SDI) system. In order to qualify for the SDI system, one must have earned $300 and had SDI deductions withheld from their check during their base period, five to seventeen months before filing a claim. The SDI system already provided wage benefits for pregnancy leave, typically covering up to four weeks prior to delivery and six to eight weeks after, based on doctor recommendation. Therefore, the paid family leave benefits are in addition to the already established pregnancy accommodations.\textsuperscript{33,34} There are no direct costs for employers because this program is funded by a 1.2\% payroll tax and, as previously mentioned, these deductions are one of the qualifiers for program eligibility. It is important to note that this program only provides wages for those on leave, and not actual job protection, however, those utilizing this source of funding for their leave are often protected by FMLA or the California Family Civil Rights Act and take these forms of leave at the same time.\textsuperscript{33} Another important aspect of this policy to note is that while it covers most private and non-profit sector employees, many state employees are not eligible because of their union’s disability insurance preference. Each union bargaining unit has the option to opt in to the SDI program and have payroll taxes withheld to become eligible, however only nine out of twenty-one have done so. The bargaining units that have not joined the SDI program are covered by non-industrial disability insurance, which does not include paid family leave.\textsuperscript{35,36}
California’s paid parental leave program has provided positive results for the health of residents with minimal to no negative impact on businesses, despite initial concerns raised when the legislation was proposed.\(^3\)\(^3\) Survey data collected about five years after the implementation of this program has shown that businesses have actually had very little difficulty adjusting to it. Many employers have described decreased costs from the program because of reduced turnover and the ability to coordinate the wage replacement benefits that they provide with the program. Ultimately, most employers surveyed stated that the program had positive or no effects on their productivity, profit, or performance.\(^3\)\(^3\) One positive health-related change that has occurred as a result of California’s paid family leave program is increased breastfeeding rates. Research conducted by Huang and Yang demonstrate that this paid parental leave program has positively impacted California’s breastfeeding rates. Their study evaluates two waves of data from the Infant Feeding Practices Study (IFPS), one focusing on babies born between February and October 1993, which was prior to implementation of the paid family leave program, and the other focusing on babies born between June 2005 and March 2006, about a year after the implementation of the program. Researchers found improvement in California’s breastfeeding practices when reviewing the two waves of data. After implementation of the paid family leave program there was a 3-5% increase in exclusive breastfeeding in the first three and six months, and a 10-20% increase for non-exclusive breastfeeding when considering the first three, six and nine months.\(^3\)\(^7\) These results matter because breastfeeding rates have been noted as a public health
priority within the United States. If paid leave programs positively impact these goals, then it is worth it to consider expanding this program on a national level.

Additionally, data has shown that California’s paid parental leave program has positively impacted rates of abusive head trauma in California. Pediatric abusive head trauma (AHT) is defined as an “injury to the skull or intracranial contents of a child under the age of five due to inflicted blunt impact or violent shaking” and is the most common cause of traumatic death in children under one year of age. Developmental research completed by Ronald Barr explores typical crying curves in infants, and this research has shown that infant crying tends to increase from birth and peak in the second month of life, returning to lower, more stable levels of crying around the fourth or fifth month of life. The majority of children affected by AHT are between nine and twenty weeks old, coinciding with the developmentally typical period of increased crying in infants. Although many of AHT prevention strategies have been focused on educating new parents about the dangers of shaking an infant and the increased crying during this developmental period, these programs have not shown significant results in the incidence of AHT when rigorously evaluated. Although families receive this education, there is still a gap between knowledge and practice that paid parental leave may be able to help fill. Paid parental leave has been associated with reduced family stress, improved income during and beyond the leave period, and positive health outcomes for parents and children beyond the leave period. Data on the number of hospital admissions related to pediatric abusive head trauma has shown that California’s paid parental leave program was significantly associated with the decrease
in hospital admissions for abusive head trauma in children under the age of two.\textsuperscript{23}

Although California’s paid parental leave program does not provide paid leave for the entire duration of the period of increased crying, it does cover the first six weeks where the increased crying typically peaks, explaining why the positive impact is still present.\textsuperscript{39}

A review of the literature shows that the results from California’s paid family leave program are overwhelmingly positive, however, the program does not escape constructive critique. There are several key policy recommendations that, if implemented, could potentially strengthen the program’s positive impact. The first recommendation is expanding program outreach.\textsuperscript{33} An article by Appelbaum and Milkman outlines the results from surveys they conducted in California to gauge the impact of this program. A survey examining adult awareness of the program found that a year after the program was passed, but before its implementation, 22\% of adults in California were aware of it. As time progressed the number of adults aware of the program increased, with 29.5\% aware in 2005 and 28.1\% aware in 2007. However, when examining a breakdown of this survey data, one can see that respondents who held jobs without employer-provided sick or vacation leave, were significantly less aware of the paid family leave program than those who had employer-provided leave (35\% aware versus 54.3\% aware). This is troubling because while those without any leave are the ones that will likely benefit the most from the program, they are less aware of it. Similar disparities exist among other demographic categories; those with the lowest income bracket, those with the least amount of education, the youngest group of workers (ages 18-34), Latinos, and immigrants had the lowest percentage of awareness. This fact is
concerning because these populations are often considered some of the most vulnerable for poor health outcomes, and therefore would likely gain the most from utilizing the program. In order for this program to make its strongest impact, it needs to ensure that it is reaching all populations, especially these vulnerable populations that may need the support the most. Fifty percent of those who actually utilized the paid family leave program received the application from their employer. Because employers seem to be the most common source of information about the paid family leave program, utilizing employers, and potentially requiring them to provide this information is one way to expand program outreach.

Another recommendation is to expand the length of the leave program. Currently, in combination with state disability insurance, biological mothers are able to take off a maximum of twelve weeks. As previously stated, developmental research by Ronald Barr has shown that levels of pediatric abusive head trauma actually peaks between nine and twenty weeks, coinciding with periods that seemingly inconsolable infant crying peaks. This means that under the current program, if there are two parents involved and they take leave at the same time, only four out of twelve weeks during that critical period are actually covered by paid family leave. It is possible that partners could stagger their leave in order to accommodate this, but this is not an option for single parents, and does not guarantee that care will not still fall heavily on one parent. This program was shown to impact the number of hospitalizations from pediatric abusive head trauma in its more limited form, probably because it provides leave up to six weeks, where the increased crying typically peaks. However, there is
potential for an even greater impact by extending the length of the program through
the entire duration of the period of elevated crying. It would be interesting to see the
resulting impact on parental stress levels and pediatric hospitalizations from AHT.

Several other states and cities have prioritized developing and implementing
these policies, despite the fact that there is currently no national-level paid parental
leave policy within the United States. In addition to California’s implementation of paid
family leave, New Jersey, Rhode Island, New York, and Washington have, or have plans
to, incorporate paid family leave policies into their state’s temporary disability insurance
programs, ensuring that pregnant women are at least able to apply for temporary
disability as a result of pregnancy. New Jersey passed a paid family leave policy in
2008 and it began functioning in 2009. Mirroring California’s plan, it takes the
temporary disability allowance a step further integrating an additional six weeks of
partially paid leave specifically for new parents and caregivers into this temporary
disability program. Those taking this leave are able to receive up to two-thirds of their
regular income, without exceeding an allotted income cap. Washington D.C. has also
developed a leave program that will be enacted in 2020 that allows eight weeks of paid
family leave. Municipalities are even providing leave for their workers, with over 50
throughout the United States doing so. San Francisco has developed a paid leave
program for those who are employed by companies not covered under the state paid
family leave plan, such as a large portion of state employees. Other states, such as
Connecticut, have taken smaller steps by introducing job-protected paid sick leave,
however, workers typically only earn about three to seven sick days through this legislation, which is not nearly enough for bonding with a new child.\textsuperscript{42}

\textbf{Funding Paid Family Leave}

Paid leave policies often receive critiques related to cost, however, an increased rate of breastfeeding has potential to save money on healthcare costs related to childhood morbidity. Data analysis from Rollins et al, showed the reduction in childhood disorder treatment costs that would result from a 10% increase in exclusive breastfeeding until six months and continued breastfeeding until one or two years, depending on the country, for four countries. This analysis revealed that these costs in the United States could be reduced by at least $312 million dollars. Further analysis also showed that increasing the exclusive and continued breastfeeding rates within the United States from their current levels to a rate of 90% could reduce treatment costs for childhood disorders by at least $2.45 billion dollars.\textsuperscript{44} Despite the additional cost that paid family leave may incur, this data shows that the positive impact that it would have on breastfeeding rates could assist in a decrease in health-related costs. It is also important to note that the current state and municipality developed paid family leave programs are funded through payroll taxes, which, if put in place nationally, would decrease the financial burden incurred by the government.\textsuperscript{43}

\textbf{Next Steps for the US – A Reflection on Global Policies and Policy Analysis}
Leave policies enacted globally seem to be the best for families, and the maternal and child health population generally, however, many global family leave policies are deeply engrained in social insurance programs. The United States does not have these social insurance programs in place and they would likely not mesh well with the individualistic culture that many value within this country. When considering Sweden specifically, one must recognize that the country has a substantial income tax in order to support this structure and it is a lot smaller than the United States. While this system works well for them, and they have actually been rated as one of the most financially stable countries, it would be nearly impossible to get the US on board with a system like this. It is most reasonable to look toward the policies already enacted in the United States for inspiration on a federal level. However, the US can definitely learn from and incorporate certain aspects of global policies, such as Sweden’s efforts to promote gender equality.

New United States federal tax regulations, instated in 2018, have included a test directive that makes an attempt at encouraging corporations to offer paid family leave. The new regulation gives a tax credit to organizations that provide at least two weeks of paid family leave or medical leave each year to workers that make under $72,000. The company must also cover at least 50% of the worker’s wages during this leave. If these stipulations are met, a tax credit of 12.5% of the amount paid to the worker is provided to the organization. The percentage granted to the organization can increase if it decides to pay more than 50% of an employee’s wages during this leave because it is on a sliding scale. Critics of this legislation are skeptical about its ability to motivate
companies to provide leave, and state that paid parental leave should be a right to all, not “the luck of the draw”. They believe that it will only truly benefit companies that are already providing paid family leave. This portion of the legislation is being implemented as a trial and will end after 2019.46,47

In addition to this newly instated tax regulation, there have been several proposals for national paid parental leave policies. The Trump Administration’s 2017 proposed budget included a request for paid parental leave. Under this policy, paid parental leave would use the Unemployment Insurance System as its base and provide six-weeks of paid leave to new parents by way of a biological or adoptive child. This policy would allow states a large amount of flexibility in designing and financing the program, with no other requirements beyond the six-week time requirement.48 Another proposed policy is called the “Family and Medical Insurance Act”, or “FAMILY Act”, and was sponsored by Representative Rosa DeLauro of Connecticut and Senator Kirsten Gillibrand of New York. The proposed paid family leave program would provide 12 weeks of partial income (up to 66% of their monthly wages, up to a cap) for a person’s own health conditions, including pregnancy and childbirth recovery, the birth or adoption of a child, the serious health condition of a child, parent, spouse, or domestic partner. All workers would be covered, regardless of the size of their organization, and this program would be funded through employee and employer payroll taxes. These taxes will result in an additional cost of less than $1.50 per week for the average worker.49
While both of the proposed policies provide a solid start in making paid parental leave more accessible, both could undergo changes that would create an even greater impact for all. The research established throughout this document has made it clear that although six weeks is better than nothing, a longer paid parental leave period is better. When comparing the leave policy proposed by the Trump Administration and the FAMILY Act, the FAMILY Act proves to be the better option because of its twelve week leave. In an ideal situation, however, paid parental leave would cover more of the post-neonatal period, so that parents can cope with the various transitions that that occur within the first year of a child’s life. Both policies could be improved by incorporating gender equality lens. Although these policies do allow the same amount of leave time for mothers and fathers to take advantage of, there is no incentive of system set up to encourage fathers to actually take this time. Incorporating policies that encourage fathers to take an equal amount of time, such as Sweden’s days set aside specifically for mother and father and their incentive for parents splitting leave days equally. Including a deliberate effort to increase gender equality in child-rearing is a first step in decreasing the incidental economic penalties women often face when they become mothers. Both policies should also include job protection for the amount of paid leave time that they ultimately end up providing. Although FMLA will provide up to 12 weeks of job-protected leave time, all people covered by the new leave policy will not necessarily be covered by FMLA. Incorporating these protections into the paid leave policy will ensure that all that qualify for paid parental leave are able to utilize it without concern of losing their job.
In addition to these critiques, the policy proposed by the Trump Administration should include more specific rules for state incorporation to ensure that it is serving all families adequately across the country. The state-centered requirements allow states to pick and choose how much energy they would like to put in to the program, which may create inequities from state to state. There is major concern that without consistent regulations guaranteeing the highest quality of coverage for all, portions of the United States could end up with a system that repeats many of the same mistakes that FMLA has made, ultimately excluding some groups of people. FMLA’s requirement of a person working 1,250 hours at an organization that has 50 employees within a 75-mile radius, over a 12 month period, for example, ultimately ends up excluding around 50% of all employees. Of this 50% of people without access to employment protected leave, a large number are made up of young people and people of color. This is problematic because, as noted earlier in this document, young people and people of color are some of the most vulnerable in the United for poor health outcomes, and therefore probably need to utilize job-protected leave the most.\textsuperscript{41} Although it is unclear how each state would implement the PFL policy, more elaborate baseline requirements need be put in place to avoid repetition of past mistakes, potentially perpetuating health inequities.

It is clear that as the United States moves forward, paid parental leave, in some capacity, needs to be implemented. The US should prioritize learning from the examples set by other countries, the innovative policies states and cities that are sprouting up, and data, in order to create a strong paid parental leave system. The approach toward developing a nation-wide paid parental leave policy that I suggest utilizes the strengths
and weaknesses of existing and proposed policies. I recommend a six-month leave
period, based on the previously mentioned data showing that mothers who took a leave
period between six and ten months had higher rates of breastfeeding than those who
took less than six months.\textsuperscript{16} In terms of funding, utilizing a funding model similar to the
one proposed for the FAMILY Act, where both employees and employers paying a small
payroll tax, would be best. This creates a funding stream for the program, so that it does
not wholly depend on other government funding. Because of this funding model, it is
reasonable to require employment in order to receive benefits. However, instead of
FMLA’s more stringent requirement, I would suggest utilizing California’s qualification
system and developing a base period, ranging from a few months to a year, and
requiring that $300 be made during that period to be eligible for PFL. This ensures that
those who are receiving the benefits are actually paying into the system, while also
providing leave to those who are not full-time, permanent employees at one
organization.

Finally, integrating an aspect that promotes gender equality in childrearing is
crucial to creating a policy that will encourage change that will positively impact the
lives of women in the future. One way to do this is providing leave in equal amounts to
both parents and framing it as paid time off that will be lost if it is not taken. This means
that each parent, both men and women, would receive six months of leave and this
leave time is solely their own. The time cannot be transferred from one parent to
another, mimicking Sweden’s policy of reserved “use it or lose it” time for each parent.
This framing encourages fathers to utilize their time and spend time bonding with their
child, recognizing that it has little to no monetary downside. The other piece to the
gender equality portion of this policy, mirroring Sweden’s gender equality incentive, is a
tax credit for families where both parents utilize their leave period equally. In families
where two parents are working together to raise a child, a tax credit should be provided
if both parents use an equal amount of leave time, with a higher credit for those who
completely utilize the time. In single parent families, this credit should be provided to
the custodial parent if they utilize their leave period completely. If taking time off after
adding a new child to one’s became a norm for both parents, it could help decrease the
childcare burden that our society often places on women. Additionally, if every parent is
expected to take the same amount of time off after welcoming a child into their family,
there will be less room for discrimination against women in the workplace on these
grounds. Implementing a universal PFL policy in the United States is not only good for
health, but also this country’s progression into gender equality.

The benefits of paid family leave to both the general and the maternal and child
health populations, warrants the implementation of a national level policy. When
developing this policy it is crucial to consider the strengths and weaknesses of those
already existing at the global, state and municipality-level. It is also important to address
the needs of those who have been historically put at a disadvantage by existing policies,
such as people of color, part-time workers, women, and young people. A paid period of
time off work after a family gains a child is incredibly important because of the time it
allows for bonding, adjustment and, if necessary, after-birth healing, to occur without
the burden of major financial stress. Taking the steps to create a data-driven, national-
level policy will allow this and assist in creating a more equitable and positive parenting experience for all.
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