

Title: Paid Family Medical Leave to Decrease Maternal and Infant Mortality

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On behalf of AMWA Advocacy Committee.

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Position Statement: The American Medical Women's Association (AMWA) advocates for **paid** family leave to decrease maternal and infant mortality.

Background: The paucity of paid family leave in the United States is considered a public health crisis by career public health officials, and nations around the globe. While the purpose of the Family and Medical Leave Act (FMLA) is to help families attend to the medical needs of family members, there are significant limitations to this act, including implementing this policy without pay.

The Centers for Disease Control (CDC) reports a continued high rate of maternal mortality in the U.S.¹ In the past 30 years, maternal mortality rates have dropped globally, but have more than doubled in the US. Research shows that access to paid leave, both maternal and paternal, is correlated with improved maternal health and lower maternal mortality rates. Countries with paid family leave, including France, Sweden, and Germany, have seen at least 50% decreases in maternal mortality rates in the past few decades.² Paid maternity leave is associated with improved maternal physical health, a decrease in rehospitalizations, a decrease in postpartum maternal depression, and a decrease in intimate partner violence.³

The U.S. has one of the highest rates of infant mortality in the developed world, with over 21,000 infant deaths in 2018.⁴ Research shows that improved maternal health and access to paid maternity leave can lead to a decrease in infant mortality. High-income countries saw a 13% decrease in neonatal and infant mortality rates for each additional month of paid maternity leave.⁵ Paid maternity leave is associated with decreased prenatal stress, a decrease in low birth weight and preterm (premature) deliveries, improved infant attachment and child development, increased likelihood of breastfeeding, a decrease in infant rehospitalizations, and increased pediatric check-ups and immunizations.

In 1993, when the FMLA was introduced, it moved the U.S. a step further in the care of American families. However, the FMLA introduced is not only insufficient, it unethically fails to meet the needs of today's working families. Maternal and infant mortality rates, especially in

¹ Dagher, R. (2020). *Can Paid Maternity Leave Help Address Disparities in Maternal Mortality?* NIMHD Insights Blog. <https://nimhd.blogs.govdelivery.com/2020/06/28/can-paid-maternal-leave-help-address-the-disparities-in-maternal-mortality/>.

² Dagher, R. (2020). Hoyert DL. *Maternal mortality rates in the United States*, 2019. NCHS Health E-Stats. 2021. DOI: <https://doi.org/10.15620/cdc:103855>.

³ Van Niel, M. S., Bhatia, R., Riano, N. S., de Faria, L., Catapano-Friedman, L., Ravven, S., ... & Mangurian, C. (2020). *The impact of paid maternity leave on the mental and physical health of mothers and children: a review of the literature and policy implications*. *Harvard review of psychiatry*, 28(2), 113-126.

⁴ America's Health Rankings (2020). *Infant Mortality*. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/IMR_MCH/state/ALL.

⁵ New America. (n.d.). *Paid Family Leave: How Much Time Is Enough?* <https://www.newamerica.org/better-life-lab/reports/paid-family-leave-how-much-time-enough/infant-and-child-health-and-wellbeing/#:~:text=Job%2Dprotected%20paid%20leave%20of,percent%20decrease%20in%20infant%20mortality>.

minoritized people, are increasing at an alarming rate. The U.S. must acknowledge and address these public health concerns and update the FMLA to include paid leave benefits.