

PAID FAMILY LEAVE

A paid family leave program of a minimum of 6 weeks is an effective state POLICY to impact:













Nurturing and Responsive Child Care in Safe Settings



A state program providing a minimum of 6 weeks of paid leave following the birth, adoption, or the placement of a child into foster care:

- increases the likelihood and length of leavetaking for mothers and fathers;
- reduces racial disparities in leave-taking;
- boosts maternal labor force attachment:
- improves mothers' mental health;
- · fosters better child-parent relationships; and
- supports children's health and development.

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states have adopted and fully implemented a paid family leave program of a minimum of 6 weeks following the birth, adoption, or the placement of a child into foster care.

A total of nine states have adopted paid family leave policies of any length.

WHAT IS PAID FAMILY LEAVE?

State paid family leave programs require employers to allow eligible parents time off from work to bond with a new child while receiving a portion of their wages. States allow parents to take between 4 and 12 weeks off of work, with pay varying based on a proportion of the employee's wages prior to taking leave. States also vary in eligibility requirements, job protection provisions, and funding mechanisms.

Strong Causal Studies Show That Paid Family Leave Impacts Six Prenatal-to-3 Policy Goals

Examples of Impact:



- Access to paid family leave increased leave-taking by 5 weeks for mothers and 2 to 3 days for fathers (B)
- Among Black mothers, access to paid family leave led to a 10.6 percentage point increase in leave-taking; among White mothers, a 4 percentage point increase (N)



- Access to paid family leave led to a 5 to 8 percentage point increase in maternal labor force participation in the months surrounding birth (D)
- Access to paid family leave led to 7.1 more weeks worked by mothers in the second year of a child's life (B)
- Access to paid family leave led to a 13% increase in the likelihood of returning to prebirth employer in the year following birth (B)
- Access to paid family leave led to a 12.9 to 18.3 percentage point increase in the probability of mothers working 1 year following birth (B)



- Access to paid family leave led to a \$3,400 increase in household income (M)
- Access to paid family leave led to a 2 percentage point reduction in the poverty rate, with the
 greatest effect for less-educated, low-income, single mothers (M)



- Access to paid family leave led to a 7 to 17 percentage point increase in mothers reporting very good or excellent mental health and a 3 to 5 percentage point increase in mothers reporting coping well with day-to-day demands of parenting (C)
- Access to paid family leave led to an 8.2 percentage point decline in the risk of being overweight and a 12 percentage point decline in any alcohol consumption (P)



- Access to paid family leave led to a 10% to 20% increase in parents who reported reading to infants 4+ days per week, depending on the group (C)
- Mothers who took paid leave reported going on outings with children 9.8 more times per month, and having breakfast with children 3.6 more times per week (A)

POLICY: PAID FAMILY LEAVE



 Access to paid family leave led to a 1.3 percentage point increase in exclusive breastfeeding at age 6 months (G)

- Among Black mothers, access to paid family leave led to a 7.5 percentage point increase in initiating breastfeeding (K)
- Among low-income families, access to paid family leave led to a 5 to 7 percentage point decline in the likelihood of infants receiving late vaccinations (E)
- Access to paid family leave led to 2.8 fewer cases of pediatric abusive head trauma per 100,000 children under age 2, and 5.1 fewer cases per 100,000 children under age 1 (I)

Note. Results are based on comprehensive reviews of the evidence. The letters in parentheses in the table above correspond to a strong causal study in the comprehensive evidence review of paid family leave. Each strong causal study reviewed has been assigned a letter. A complete list of causal studies, as well as more details about our standards of evidence and review method, can be found in the Prenatal-to-3 Policy Clearinghouse at pn3policy.org.





