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## Summary of the Rigorous Research on Paid Family and Medical Leave

Paid family leave policies allow employees to take time off work and receive a portion of their salary for qualifying reasons which include the birth, adoption, or fostering of a child or caring for a loved one with a serious medical condition. Paid medical leave policies allow employees to take paid time off to recover from one's own serious medical condition, which includes childbirth. The US is the only Organisation for Economic Co-operation and Development (OECD) member country without a national paid family leave policy.



### EMERGING EVIDENCE FOR IMPACTS ON CHILD AND FAMILY WELLBEING

The US does have a federal unpaid family leave policy, however. The Family and Medical Leave Act (FMLA), enacted in 1993, requires that qualifying workers receive 12 weeks of unpaid, job-protected leave with continuous health insurance coverage. Because the FMLA provides only unpaid leave, the policy largely benefits workers with higher incomes. Parents who earn low incomes may be unable to use the time off or may shorten the duration of leave to avoid lost wages.

Several states have enacted statewide paid family and medical leave policies which vary in the number of weeks offered, the portion of wages paid, eligibility requirements, job protection provisions, and funding mechanisms. Most states with a paid family and medical leave policy fund it through employer and employee payroll contributions (where employers are required to withhold contributions from their employees' pay). Other states fund the policy through employee contributions only.

Studies on access to paid family and medical leave in the US reveal that the policy improves a variety of child and family outcomes, but studies are generally limited to policies in California, New York, New Jersey, and Rhode Island, which built upon existing Temporary Disability Insurance (TDI) programs to provide 6 weeks of parental leave for all parents and an additional 6 weeks to parents recovering from childbirth beyond the 6 to 8 weeks of leave already available. Although more states are now offering at least 12 weeks of paid leave for all parents, these policies have not yet been rigorously studied to indicate if they provide additional benefits to parents and children.

States can implement a paid family and medical leave policy that requires employers to provide a minimum of 12 weeks for parents who give birth and at least 6 weeks for all parents following the birth, adoption, or foster placement of a child. A policy of this length is effective in increasing the length and likelihood of leave-taking, increasing mothers' labor force participation, improving parents' mental health, and fostering better child-mother relationships and child health.

### EVIDENCE-BASED POLICYMAKING

The Prenatal-to-3 Policy Impact Center at Vanderbilt University analyzes rigorous evidence to determine which policies are proven to produce positive outcomes for young children, their families, and society. Our comprehensive review of evidence demonstrates that a state policy providing at least 12 weeks of paid leave for parents recovering from childbirth and 6 weeks of paid leave to all parents with a new biological, adopted, or foster child increases the likelihood and length of leave-taking, reduces racial disparities in leave-taking, and has beneficial effects on mothers' labor force attachment, postneonatal infant mortality, parent and child health, and nurturing and responsive parenting.

## RIGOROUS STUDIES FIND THE FOLLOWING IMPACTS

### Access to paid family and medical leave reduces racial disparities in parents' access to leave and postpartum care.

- Increased the receipt of postpartum care by 1.5 percentage points for White women and 3.4 percentage points for women of other racial groups.
- Increased the rates of leave-taking by 14.4 percentage points among Black mothers and 6.4 percentage points among Hispanic mothers.

### Access to paid family and medical leave increases mothers' likelihood of returning to the workforce after giving birth.

- Increased maternal labor force participation in the months surrounding birth by up to 8 percentage points.
- Increased the likelihood of mothers returning to their prebirth employer in the year following birth by 13%.
- Increased the probability of mothers working 1 year following birth by 18.3 percentage points.

### Access to paid family and medical leave helps parents and children stay healthy.

- Increased the number of parents who report coping well with the day-to-day demands of parenting by 5.3 percentage points.
- Decreased parental consumption of any alcohol by 12 percentage points.
- Decreased the likelihood of infants receiving late vaccinations among families with low incomes by up to 7 percentage points.
- Decreased hospital admissions for pediatric abusive head trauma by 2.8 admissions per 100,000 children under age 2 and 5.1 admissions per 100,000 children under age 1.

### Access to paid family and medical leave literally saves infants' lives.

- Reduced postneonatal mortality (infant death between 28 and 364 days of life) by 12%.

### Access to paid family and medical leave strengthens the time parents spend with their children.

- Increased mothers' time spent with children, including reading to their children 2.1 more times per week, having breakfast with children 0.7 more times per week, and going on outings with children 1.8 more times per month.

### Access to paid family and medical leave improves families' economic security and resources.

- Reduced the official poverty rate by 2 percentage points, with even greater effects among single mothers with low levels of education and income.
- Reduced the rate of families' food insecurity by 2 percentage points, with even greater effects among households with multiple children.

### For more information on paid family and medical leave:

- Refer to our comprehensive evidence review for additional detail on and citations for the above-referenced studies: <https://pn3policy.org/policy-clearinghouse/paid-family-leave/>.
- Refer to our Prenatal-to-3 State Policy Roadmap for state progress and variation: <https://pn3policy.org/pn-3-state-policy-roadmap-2024/us/paid-family-leave/>.
- Refer to our state policy lever checklist for the choices states can make to maximize effectiveness of a paid family and medical leave program: <https://pn3policy.org/state-policy-lever-checklist-paid-family-leave/>.