

## **UNITED STATES BREASTFEEDING COMMITTEE**

### **STATEMENT ON PAID FAMILY LEAVE**

**It is the position of the United States Breastfeeding Committee that guaranteed paid leave associated with the birth or adoption of a child is a vital component of maternal and child health and should be available for all parents across the United States.**

The U.S. Breastfeeding Committee affirms the critical need for guaranteed paid family leave to support family bonding and caregiving, allow women to successfully combine their reproductive and employment roles, and to prevent unequal treatment in the workplace. Paid family leave provides crucial protections to preserve the health of both mother and child, as well as to provide job security, maintenance of wages and benefits, and the right to resume paid employment. Additionally, paid family leave is linked to increased employee retention, reduced employee turnover and worker replacement costs for employers,<sup>1</sup> increased worker productivity,<sup>2</sup> reduced health care costs,<sup>3</sup> and a reduced need for public assistance.<sup>4</sup>

All major medical authorities recommend exclusive breastfeeding for the first six months of life, followed by continued breastfeeding until at least one year of age.<sup>5</sup> While 80 percent of babies born in the United States start out breastfeeding, six in ten breastfeeding mothers stop breastfeeding earlier than they intend.<sup>6</sup> By six months of age, only 22 percent of U.S. infants are exclusively breastfed.<sup>7</sup>

A major barrier to breastfeeding in the United States is the social and economic pressure for women to return to paid employment soon after birth. More than half of mothers enter or return to the labor force before their children turn one year old,<sup>8</sup> with as many as one in four women returning within two weeks of giving birth.<sup>9</sup>

Research shows a relationship between a woman's decision to start and continue breastfeeding and the length of maternity leave available to her.<sup>10</sup> Mothers who return to work before six

weeks postpartum are over three times more likely to stop breastfeeding than women who did not return to work.<sup>11</sup> Research also shows that mothers who return to full-time employment shortly after giving birth are less likely to breastfeed as long as they intend.<sup>12</sup> In California, access to paid family leave doubled the median duration of breastfeeding for all new mothers who used it during the first six years after the state's law went into effect in 2004.<sup>2</sup>

Increasing access to paid family leave is especially crucial among low wealth and vulnerable populations. Only 13 percent of workers in the United States have access to paid family leave. Among low-wage workers (those in the lowest 25 percent of wage earners), this number drops to 5 percent.<sup>13</sup> Further, there are significant disparities in access to paid family leave between racial groups.<sup>14</sup> At the same time, disparities in breastfeeding outcomes between racial groups persist. In 2012, 66 percent of black infants had ever been breastfed, compared to 83 percent of white infants.<sup>7</sup>

The United States currently ranks 57<sup>th</sup> globally in infant mortality<sup>15</sup> and 48<sup>th</sup> in maternal mortality.<sup>16</sup> In both developed and developing countries, paid maternity leave has been found to be associated with significantly lower neonatal, infant, and child mortality rates.<sup>17</sup> Newborns whose mothers take longer leaves are more likely to be taken to the pediatrician for regular check-ups and more likely to be breastfed.<sup>18</sup> Men who take two or more weeks off after the birth of a child are more involved in the direct care of their children nine months later compared with fathers who take no leave.<sup>19</sup>

Maternity protection has been a core issue for the International Labor Organization (ILO), recognizing that expectant and breastfeeding mothers require protection to ensure adequate time to give birth, recover, and breastfeed their children. Current ILO Conventions call for a period of maternity leave of no less than 14 weeks (Convention No. 183, Article 4(1)), with cash benefits at no less than two-thirds of the woman's previous earnings (Convention No. 183, Article 6(3)), provided through compulsory social insurance or public funds (Convention No. 183 Article 6(8)). These Conventions apply to all employed women including those in atypical forms of dependent work such as part-time, informal, casual, or seasonal; contractual, remote, or

piecework; or self-employed.<sup>20</sup> The USBC calls on policymakers and leaders in business, government, and labor to support implementation of these Conventions in the United States.

A supportive workplace environment means more than paid family leave following the birth or adoption of a new child. Universal access to paid family leave, coupled with workplace lactation accommodations that include break time and a private space for breastfeeding employees to express breast milk during the work day are crucial steps toward preserving the opportunity for both parents to meet their caregiving goals and advancing the rights, health, and economic security of women and their families.

*The USBC is an organization of organizations. Opinions expressed by the USBC are not necessarily the position of all member organizations and opinions expressed by the USBC representatives are not necessarily the position of the USBC.*

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<sup>1</sup> Rudd E. *Family Leave: A Policy Concept Made in America*. Boston, MA: Sloan Work and Family Research Network; 2004.

<sup>2</sup> Appelbaum E, Milkman R. *Leaves that pay: Employer and worker experiences with paid family leave in California*. Washington, DC: Center for Economic and Policy Research; 2011.

<sup>3</sup> Bartick M, Reinhold A. The burden of suboptimal breastfeeding in the United States: a pediatric cost analysis. *Pediatrics*. 2010;125(5):e1048-e1056.

Bartick MC, Stuebe AM, Schwarz EB, Luongo C, Reinhold A, Foster EM. Cost analysis of maternal disease associated with suboptimal breastfeeding. *Obstet Gynecol*. 2013;122(1):111-119.

<sup>4</sup> Houser L, Vartanian T. *Pay Matters: The Positive Economic Impacts of Paid Family Leave for Families, Businesses and The Public*. New Brunswick, NJ: Rutgers Center for Women and Work; 2012.

<sup>5</sup> American Academy of Pediatrics Section on Breastfeeding. Breastfeeding and the use of human milk (policy statement). *Pediatrics*; originally published online February 27, 2012; DOI: 10.1542/peds.2011-3552.

American College of Obstetricians and Gynecologists, Committee on Obstetric Practice and Breastfeeding Expert Work Group. Optimizing support for breastfeeding as part of obstetric practice (committee opinion). <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Breastfeeding-Maternal-and-Infant-Aspects>. Published 2016.

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American Academy of Family Physicians. Breastfeeding (policy statement). <http://www.aafp.org/about/policies/all/breastfeeding.html>. Published 1989. Updated 2012.

American Public Health Association. Policy No. 200714: A Call to Action on Breastfeeding: A Fundamental Public Health Issue. <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/29/13/23/a-call-to-action-on-breastfeeding-a-fundamenta-l-public-health-issue>. Published 2007.

Association of Women's Health, Obstetric and Neonatal Nurses. Breastfeeding (position statement). *Journal of Obstetric, Gynecologic & Neonatal Nursing*. Published 2015.

Institute of Medicine. *Early Childhood Obesity Prevention Policies: Goals, Recommendations, and Potential Actions*. Washington, DC: Institute of Medicine; 2011.

U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

World Health Organization/UNICEF. *Global Strategy for Infant and Young Child Feeding*. Geneva, Switzerland: World Health Organization; 2003.

<sup>6</sup> Odom EC, Li R, Scanlon KS, Perrine CG, Grummer-Strawn L. Reasons for earlier than desired cessation of breastfeeding. *Pediatrics*. 2013;131(3):e726-e732.

<sup>7</sup> Centers for Disease Control and Prevention. *Breastfeeding among U.S. children born 2000–2012, CDC National Immunization Survey*. [http://www.cdc.gov/breastfeeding/data/NIS\\_data/](http://www.cdc.gov/breastfeeding/data/NIS_data/). Updated July 31, 2015. Accessed October 8, 2015.

<sup>8</sup> Bureau of Labor Statistics, U.S. Department of Labor. *The Economics Daily: Labor force participation of mothers with infants in 2008*. <http://www.bls.gov/opub/ted/2009/may/wk4/art04.htm>. Published 2009. Accessed April 15, 2016.

<sup>9</sup> In These Times. *The Real War on Families: Why the U.S. Needs Paid Leave Now*. <http://inthesetimes.com/article/18151/the-real-war-on-families>. Published 2015. Accessed October 8, 2015.

Klerman JA, Daley K, Pozniak A. *Family And Medical Leave In 2012: Technical Report*. Cambridge, MA: Abt Associates; 2014.

<sup>10</sup> Ogbuanu C, Glover S, Probst J, Liu J, Hussey J. The effect of maternity leave length and time of return to work on breastfeeding. *Pediatrics*. 2011;127(6):e1414-e1427.

<sup>11</sup> Sylvia G, Jessica LK, Michelle P, Steve G, Julia G, Martin K. Juggling work and breastfeeding: effects of maternity leave and occupational characteristics. *Pediatrics*. 2009;123(1):e38-e46.

<sup>12</sup> Mirkovic K, Perrine CG, Scanlon KS, Grummer-Strawn L. Maternity leave duration and full-time/part-time work status are associated with US mothers' ability to meet breastfeeding intentions. *J Hum Lact*. 2014;30(4):416-419.

<sup>13</sup> Bureau of Labor Statistics, U.S. Department of Labor. *Leave benefits: Access, civilian workers, National Compensation Survey, March 2014*. <http://www.bls.gov/ncs/ebs/benefits/2014/ownership/civilian/table32a.pdf>. Published 2014. Accessed October 8, 2015.

<sup>14</sup> Glynn SJ, Farrell J. *Latinos Least Likely to Have Paid Leave or Workplace Flexibility*. Washington, DC: Center for American Progress; 2012.

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<sup>15</sup> Central Intelligence Agency. *The World Factbook: Country Comparison: Infant Mortality Rate*. <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2091rank.html>. Published 2015. Accessed October 8, 2015.

<sup>16</sup> Central Intelligence Agency. *The World Factbook: Country Comparison: Maternal Mortality Rate*. <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2223rank.html>. Published 2015. Accessed October 8, 2015.

<sup>17</sup> Heymann J. Creating and using new data sources to analyze the relationship between social policy and global health: the case of maternal leave. *Public Health Rep*. 2011;126(suppl 3):127.

<sup>18</sup> Berger LM, Hill J, Waldfogel J. Maternity leave, early maternal employment and child health and development in the US. *Econ J*. 2005;115(501):F29-F47.

<sup>19</sup> Nepomnyaschy L, Waldfogel J. Paternity leave and fathers' involvement with their young children. *Community Work Family*. 2007;10(4):427-453(27).

<sup>20</sup> International Labour Organization. *Maternity Protection Resource Package - From Aspiration to Reality for All: Module 6: Maternity leave and related types of leave*. Geneva, Switzerland: International Labour Organization; 2012.