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Paid Leave Helps California Families Stay Healthy

California was the first state to broadly promote family and community well-being by providing paid time off for working people to care for an ill family member or for a child who is new to the family. Implemented in 2004, California's paid family leave program built on the state's longstanding disability insurance program, which allows parents to take paid time off before and after childbirth. Since California led the way on paid family leave, seven other states and Washington, D.C. have passed their own paid family leave policies. Research shows that paid leave, among other benefits, can help to foster healthy communities by promoting positive health outcomes for families. This brief highlights the health benefits of paid leave for children and birthing parents.

How Does Paid Leave Work in California?

California's paid family leave program provides six weeks of paid time off for working people to care for a seriously ill family member or bond with a child who is new to the family through birth, adoption, or foster care.¹ Birthing parents can access *additional* paid time off through California's state disability insurance program.² This program typically provides four weeks of paid time off before birthing parents' expected due date and six weeks of paid leave after the birth.³ By combining state disability insurance with paid family leave, a birthing parent could take 16 weeks of paid leave – four weeks *before* the birth and 12 weeks *after* the birth.⁴

California's paid family leave and state disability insurance programs are funded entirely with payroll contributions from workers. Under both programs, workers with very low incomes who take paid time off receive payments that are equal to 70% of their earnings; for other workers, payments are set at 60% of their earnings.⁵

Paid Leave Promotes Positive Health Outcomes for Families

Research shows that paid leave promotes positive health outcomes, including for children and birthing parents, and can be an effective tool in reducing health inequities for communities of color.⁶ Health inequities are avoidable differences in health that are rooted in social injustices that negatively impact some children, families, and communities more than others.⁷ Families of

color are more likely to experience poor health outcomes such as a lower life expectancy, higher infant and maternal mortality, and greater incidence of chronic diseases. Given these inequities, California must continue to strengthen policies that promote improved health outcomes, including paid leave policies.

Paid Leave Is Good for Children's Health and Well-Being

Paid leave allows parents to spend more time with their children, especially during the critical early years of life. This time away from work gives parents an opportunity to bond with a new child and attend well-child doctor appointments, which could result in the child receiving "more immunizations and more consistent medical care."⁸ Additional health benefits of paid leave for children include:

- **Reduced infant mortality, which is a key indicator of population health.**⁹ In California, the overall infant mortality rate is 4.7 deaths for every 1,000 live births. This rate varies by race and ethnicity. For example, the mortality rates for black babies (9.3 per 1,000) and Latinx babies (4.6 per 1,000) exceed the rate for white babies (3.9 per 1,000).¹⁰ Yet, infant mortality rates have declined in California since the late 1990s and early 2000s – both overall and across racial and ethnic groups.¹¹ Strengthening paid leave could help to further reduce infant mortality rates in California. According to one multi-country study, "a 10-week extension in paid leave is predicted to decrease the infant mortality rate by 2.5%."¹²
- **Supporting parents to initiate and continue breastfeeding, which can help to promote infant health.** After paid family leave was implemented in California in 2004, rates of breastfeeding during the first three, six, and nine months of infancy increased by 10 to 20 percentage points, one study showed.¹³ Breastfed babies have a lower risk of sudden infant death syndrome (SIDS), asthma, ear infections, childhood leukemia, obesity during childhood, Type 2 diabetes, and other health conditions.¹⁴
- **Improvements in overall child health.** Research has found that overall child health – based on parents' assessments – improved after paid family leave took effect in California.¹⁵ Moreover, one study suggests that with the implementation of paid family leave, elementary school children in California had a reduced likelihood of being

overweight, experiencing Attention-Deficit/Hyperactivity Disorder (ADHD), or developing hearing problems.¹⁶

Paid Leave Is Good for Birthing Parents' Health and Well-Being

Paid leave provides time to prepare for and recover from labor and delivery, which in turn can help to promote positive health outcomes – physical and mental – for the birthing parent. The health benefits of paid leave for birthing parents include:

- **Allowing time to prepare for childbirth.** California's disability insurance program allows birthing parents to take up to four weeks of paid leave prior to delivery. This time off can play a critical role in promoting healthy pregnancies, particularly for birthing parents who stand for long periods of time at work, work night shifts, or do physically demanding labor – all of which can cause poor pregnancy outcomes.¹⁷ Moreover, one study found that birthing parents who take time off before delivery were nearly four times less likely to need a C-section compared to those who worked until delivery.¹⁸ (C-sections can pose risks to the baby as well as to the birthing parent and require more recovery time compared to vaginal births.)¹⁹
- **Allowing time to recover from pregnancy, labor, and delivery.** Paid leave can boost the amount of time that women take off from work after childbirth. One study found that the average duration of maternity leave increased from about three weeks to around six or seven weeks after California implemented paid family leave in 2004.²⁰ In the case of black women, the average duration of leave jumped from around *one* week to seven weeks.²¹ Longer leave generally helps to support the health of birthing parents. One study, for example, reports a positive link "between leave duration and maternal physical health, especially during the first twelve weeks after childbirth."²² According to another study, extending paid leave to more than eight weeks increases the likelihood that the birthing parent will be "in excellent health."²³
- **Promoting the birthing parent's mental health.** Parents often experience a range of emotions during and after pregnancy. While most birthing parents experience the "baby blues," some endure "a more severe, long-lasting form of depression known as postpartum depression."²⁴ Research indicates that paid leave can help to protect

birthing parents' mental health. One study, for example, suggests that taking more than eight weeks of paid leave "is associated with declines in depressive symptoms [and] a reduction in the likelihood of severe depression."²⁵

- **Supporting parents to initiate and continue breastfeeding, which can promote maternal health.** In addition to the benefits for children (discussed above), breastfeeding lowers the risk that mothers will develop Type 2 diabetes, breast cancer, or ovarian cancer.²⁶

Expanding Paid Family Leave Will Be on California's Policy Agenda in 2020

Governor Newsom has committed to expanding California's paid family leave program. The 2019-20 state budget package took steps toward this goal by increasing the duration of paid family leave from six weeks to eight weeks, effective July 1, 2020. This change will benefit working people who need time off to bond with a child who is new to the family or to care for a seriously ill family member.²⁷ In addition, policymakers created a task force to recommend ways to further improve paid family leave. Additional progress is critical to ensuring that Californians can take sufficient time off work to care for their families without facing financial hardships and compromising their own health and well-being.²⁸

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¹ Unemployment Insurance Code, Section 3301(a)(1). For a comprehensive overview of California's paid family leave program, see Kristin Schumacher, *Paid Family Leave: Helping Workers Balance Career and Caregiving Commitments* (California Budget & Policy Center: November 2019).

² Unemployment Insurance Code, Section 2626(b)(1).

³ A birthing parent may be able to receive state disability benefits for a longer period under certain circumstances, including if they cannot perform their "regular or customary job duties" or if there are medical complications. See Employment Development Department, *FAQ – Pregnancy* (no date).

⁴ A birthing parent who has a Cesarean section qualifies for an additional two weeks of paid leave through the state disability insurance program, which allows them to take at least 18 weeks of paid time off. See Employment Development Department, *Paid Family Leave – Mothers* (no date).

⁵ Unemployment Insurance Code, Sections 2655(e) and 3301(b).

⁶ National Partnership for Women & Families, *Paid Family and Medical Leave: A Racial Justice Issue – and Opportunity* (August 2018).

⁷ Adriana Ramos-Yamamoto, *Advancing Health Equity: How State Policymakers Can Increase Opportunities for All Californians to Be Healthy* (California Budget & Policy Center: March 18, 2019).

⁸ Maya Rossin-Slater and Lindsey Uniati, "Paid Family Leave Policies and Population Health," *Health Affairs Health Policy Brief* (March 28, 2019).

⁹ The infant mortality rate is "an important indicator of health for whole populations, reflecting the intuition that structural factors affecting the health of entire populations have an impact on the mortality rate of infants." Daniel D. Reidpath and Pascale Allotey, "Infant Mortality Rate as an Indicator of Population Health," *Journal of Epidemiology and Community Health* 57 (2003), pp. 344-346.

¹⁰ The preceding rates are averages for 2011 to 2013. These period-linked birth/infant death data are from the National Center for Health Statistics (retrieved on July 29, 2019 from www.marchofdimes.org/peristats). Infant mortality refers to a death that occurs within the first year of life.

¹¹ This conclusion is based on period-linked birth/infant death data from the National Center for Health Statistics for 1999 to 2001 and 2001 to 2003 (retrieved on July 29, 2019, from www.marchofdimes.org/peristats).

¹² Sakiko Tanaka, *Parental Leave and Child Health Across OECD Countries* (no date), p. 22.

¹³ California's paid family leave program "could" have contributed to the increased breastfeeding rates, according to the authors. Rui Huang and Muzhe Yang, "Paid Maternity Leave and Breastfeeding Practice Before and After California's Implementation of the Nation's First Paid Family Leave Program," *Economics & Human Biology* 16 (2015), pp. 45-59.

¹⁴ US Department of Health and Human Services, Office on Women's Health, *Making the Decision to Breastfeed* (no date). See also Stanley Ip, et al., *Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries* (prepared for US Department of Health and Human Services, Agency for Healthcare Research and Quality: April 2007), p. v.

¹⁵ Lindsey Rose Bullinger, "The Effect of Paid Family Leave on Infant and Parental Health in the United States," *Journal of Health Economics* 66 (2019), pp. 101-116, and Shirlee Lichtman-Sadot and Neryvia Pillay Bell, "Child Health in Elementary School Following California's Paid Family Leave Program," *Journal of Policy Analysis and Management* 36 (2017), pp. 790-827.

¹⁶ Shirlee Lichtman-Sadot and Neryvia Pillay Bell, "Child Health in Elementary School Following California's Paid Family Leave Program," *Journal of Policy Analysis and Management* 36 (2017), pp. 790-827.

¹⁷ Ellen L. Mozurkewich, et al., "Working Conditions and Adverse Pregnancy Outcome: A Meta-Analysis," *Obstetrics & Gynecology* 95 (2000), pp. 623-635.

¹⁸ Sylvia Guendelman, et al., "Maternity Leave in the Ninth Month of Pregnancy and Birth Outcomes Among Working Women," *Women's Health Issues* 19 (2009), pp. 30-37.

¹⁹ On the risks associated with C-sections, see Mayo Clinic, *C-section* (no date). One study found that compared to vaginal deliveries, C-sections "were associated with significantly worse physical function, role limitations, and vitality" five weeks following childbirth. Pat McGovern, et al., "Postpartum Health of Employed Mothers 5 Weeks After Childbirth," *Annals of Family Medicine* 4 (2006), pp. 159-167. In recognition of the longer recovery period associated with C-sections, California's disability insurance program provides two additional weeks of paid time off for birthing parents who undergo this procedure.

²⁰ Maya Rossin-Slater, Christopher J. Ruhm, and Jane Waldfogel, *The Effects of California's Paid Family Leave Program on Mothers' Leave-Taking and Subsequent Labor Market Outcomes* (National Bureau of Economic Research: December 2011), pp. 1 and 13.

²¹ Maya Rossin-Slater, Christopher J. Ruhm, and Jane Waldfogel, *The Effects of California's Paid Family Leave Program on Mothers' Leave-Taking and Subsequent Labor Market Outcomes* (National Bureau of Economic Research: December 2011), p. 17.

²² Rada K. Dagher, Patricia M. McGovern, and Bryan E. Dowd, "Maternity Leave Duration and Postpartum Mental and Physical Health: Implications for Leave Policies," *Journal of Health Politics, Policy, and Law* 39 (2014), pp. 369-416.

²³ Pinka Chatterji and Sara Markowitz, "Family Leave After Childbirth and the Mental Health of New Mothers," *The Journal of Mental Health Policy and Economics* 15 (2012), pp. 61-76.

²⁴ Mayo Clinic, *Postpartum Depression* (no date).

²⁵ Pinka Chatterji and Sara Markowitz, "Family Leave After Childbirth and the Mental Health of New Mothers," *The Journal of Mental Health Policy and Economics* 15 (2012), pp. 61-76. See also Bidisha Mandal, "The Effect of Paid Leave on Maternal Mental Health," *Maternal and Child Health Journal* 22 (2018), pp. 1470-1476.

²⁶ US Department of Health and Human Services, Office on Women's Health, *Making the Decision to Breastfeed* (no date).

²⁷ Department of Finance, *California State Budget 2019-20* (July 2019), p. 31.

²⁸ For recommendations on how state policymakers can improve paid family leave, see Kristin Schumacher, *Paid Family Leave: Helping Workers Balance Career and Caregiving Commitments* (California Budget & Policy Center: November 2019).