

Expansion of Paid Family Leave to Reduce Breastfeeding Barriers for Mothers in the United States



CAITLIN SNEEDEN, MSW STUDENT

SILBERMAN SCHOOL OF SOCIAL WORK
AT HUNTER COLLEGE

MAY 20, 2016

Introduction



- Despite overwhelming and well-documented benefits of breastfeeding, the U.S. trails similar nations in rates of breastfeeding
 - 74% of infants in the U.S. are ever breastfed
 - 43.5% of U.S. mothers continue to breastfeed though 6 months
- Access to paid maternity leave is linked to increased rates of breastfeeding
 - Longer leaves increase likelihood and duration of breastfeeding
- Paid family leave is **not** a federal mandate in the U.S.
 - **Only 4 states** provide varying levels of paid family leave
- With known benefits of breastfeeding, there is a clear and immediate need for federally-provided paid family leave in the U.S.

Why is Breastfeeding Important?

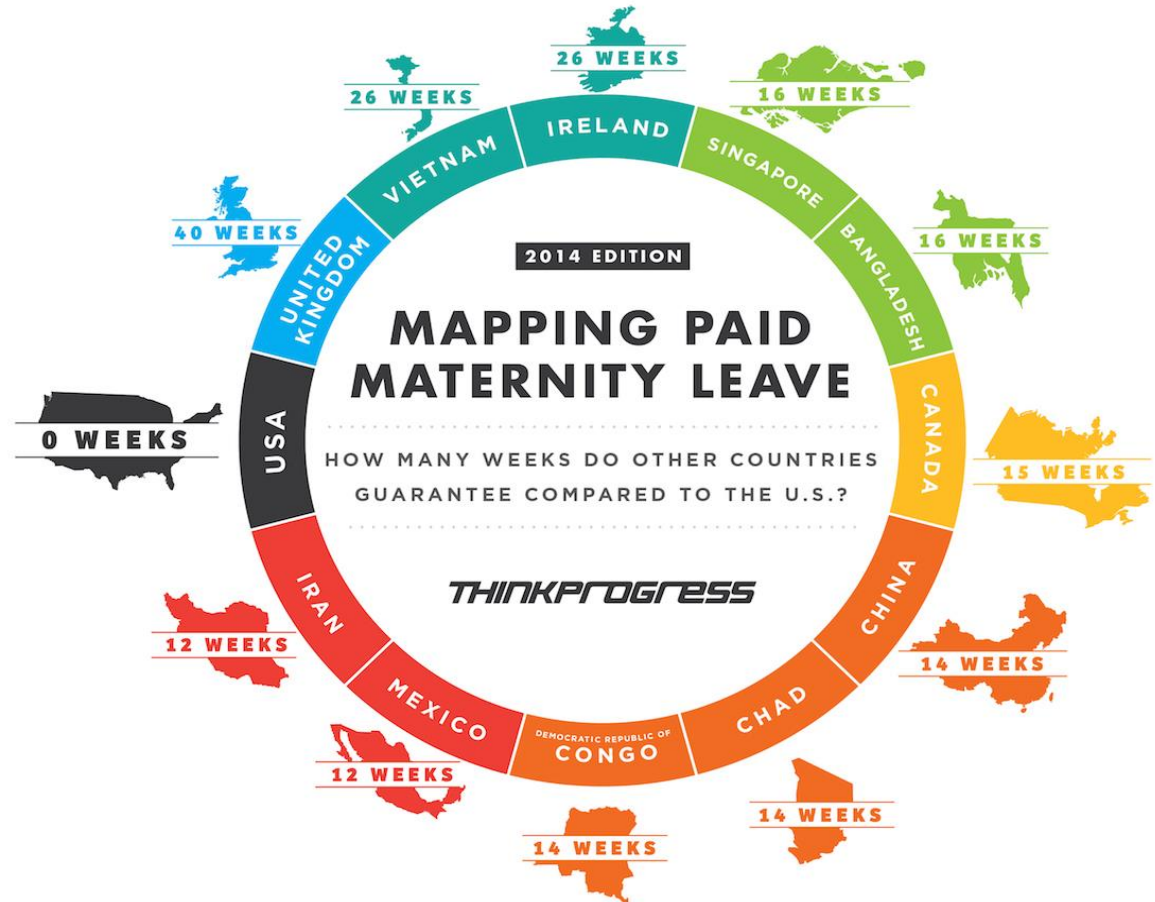


- Exclusive breastfeeding is recommended for an infant's 1st 6 months of life

Child Benefits	Maternal Benefits
<ul style="list-style-type: none">• Breast milk = in tune with infant's nutritional needs• Supports infant's immune system• Linked to a reduced risk of:<ul style="list-style-type: none">- Asthma- Diabetes (Types I and II)- Childhood Leukemia- Sudden Infant Death Syndrome• Can support the development of secure attachment (optimal attachment style for an individual's social and emotional development)	<ul style="list-style-type: none">• Helps mother to recover from childbirth• Linked to a reduced risk of developing:<ul style="list-style-type: none">- Type II Diabetes- Breast cancer- Ovarion Cancer• Breastfeeding cessation has been linked to an increased risk in maternal postpartum depression

Global Breastfeeding Statistics

- U.S. found to have the worst environment for women who want to breastfeed out of 36 industrialized countries
- The U.S. trails other industrialized countries in rates of infants ever breastfed by ~25%
- All other countries in Figure 1 provide paid maternity leave

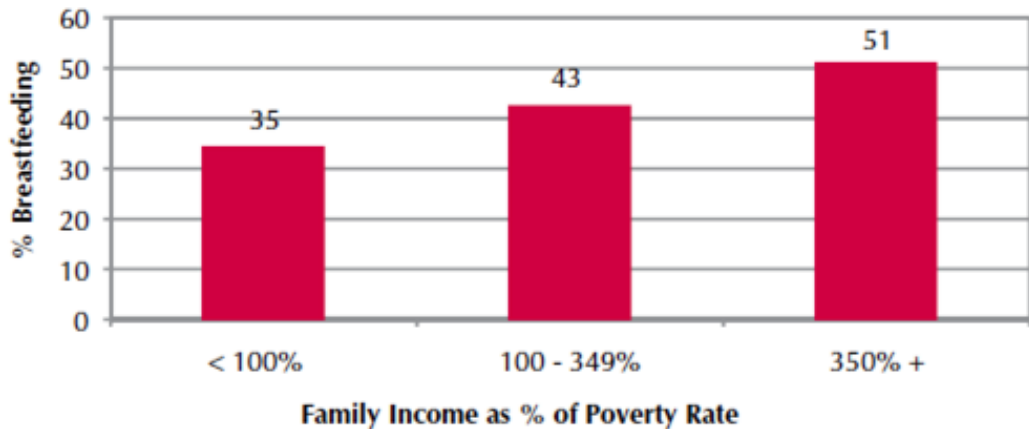




Breastfeeding Rates in the United States

- Breastfeeding rates are impacted by income
- 51% of mothers who make at least 350% above the poverty line are likely to breastfeed
- Only 35% of mothers who live at or below poverty will breastfeed

Figure 2: Breastfeeding Rates and Family Income



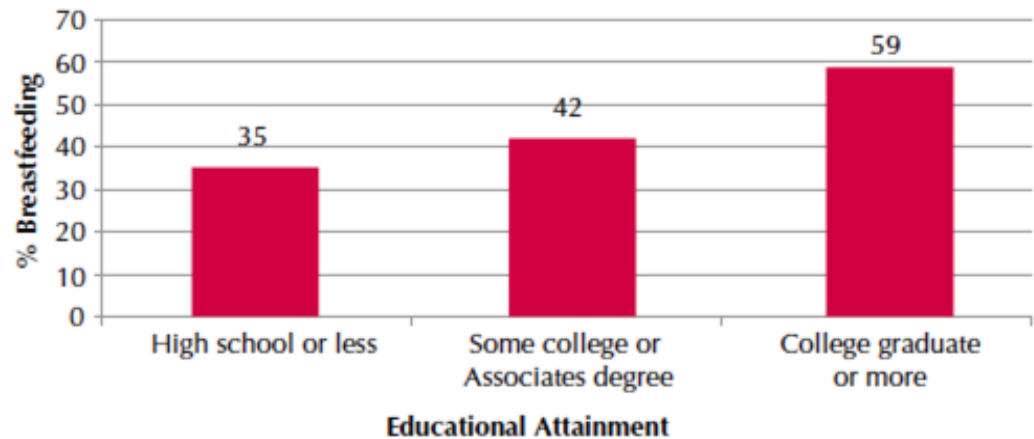
Source: Figures for mothers of children born in 2006 from CDC analyses of the National Immunization Survey (undated). As cited in Drago, Hayes, & Yi, 2010



Breastfeeding Rates in the United States

- Education is positively correlated with likelihood to breastfeed
- 59% of women with a college degree or more are likely to breastfeed
- 42% of women with some college or an associates degree are likely to breastfeed
- **Only 35% of women with a high school education or less will breastfeed**

Figure 3: Breastfeeding Rates and Education



Source: Figures for mothers of children born in 2006 from CDC analyses of the National Immunization Survey (undated). As cited in Drago, Hayes, & Yi, 2010

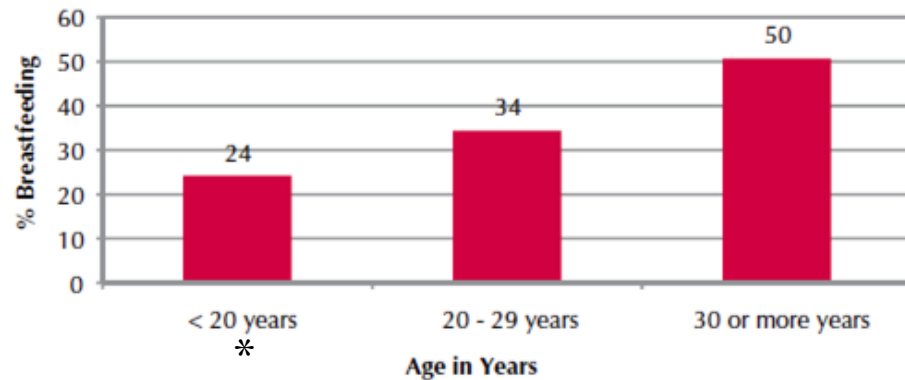


Breastfeeding Rates in the United States

- Age is positively correlated with breastfeeding rates
- 50% of women 30 years or older are likely to breastfeed
- **Only 24% of women 20 years old and younger are likely to breastfeed**

*U.S. has the highest adolescent birthrate of all industrialized countries

Figure 4: Breastfeeding Rates and Age

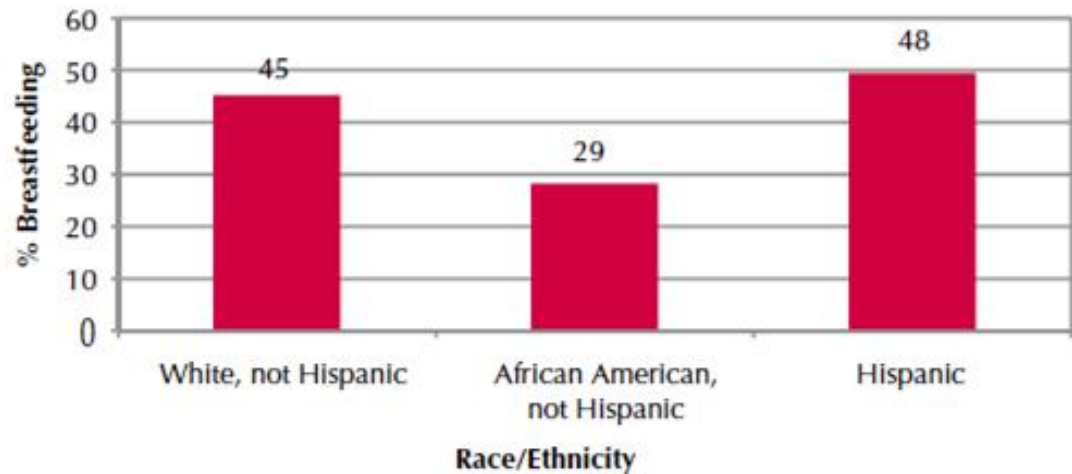


Source: Figures for mothers of children born in 2006 from CDC analyses of the National Immunization Survey (undated). As cited in Drago, Hayes, & Yi, 2010

Breastfeeding Rates in the United States

- 48% of Latina mothers breastfeed
- 45% of White, not Hispanic mothers breastfeed
- **Only 29% of African-American (non-Hispanic) mothers breastfeed**

Figure 5: Breastfeeding Rates and Race/Ethnicity



Source: Figures for mothers of children born in 2006 from CDC analyses of the National Immunization Survey (undated). As cited in Drago, Hayes, & Yi, 2010

Current Federal Policies that Impact Breastfeeding Rates in the U.S.

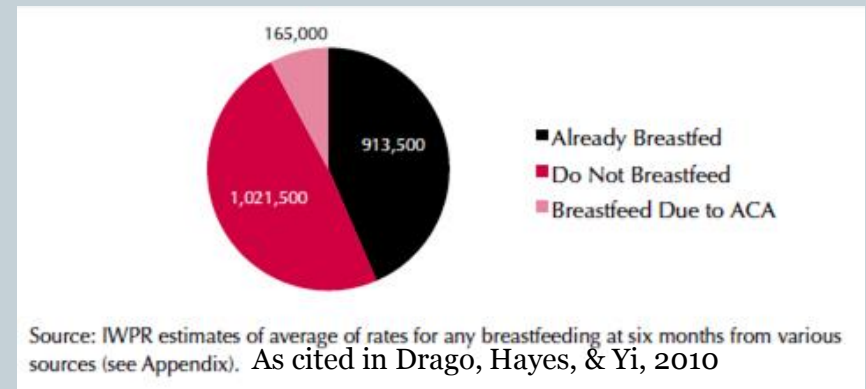


- **Family and Medical Leave Act (FMLA)**
 - Allows eligible employees to take **unpaid**, job-protected leave for qualified family and medical reasons for up to 12 weeks
 - ✦ Birth of a child and care for the newborn (within 1st year of life)
- **Temporary Assistance to Needy Families (TANF)**
 - Provides temporary assistance to pregnant women and families with 1 or more children
 - Recipients **must work** or benefits are reduced/terminated
- **Affordable Care Act (ACA)**
 - Breastfeeding provisions require nonexempt employers to provide nursing breaks and a private, sanitary space (i.e. not a bathroom) for mothers to express breast milk in the workplace

ACA's Projected Impact on Breastfeeding Rates

- Researchers at the Institute for Women's Policy Research predict that ACA's breastfeeding provisions will help **165,000** mothers breastfeed through 6 months each year
 - Should bring national average up from 43.5% to 47.5%
- Leaves **1,021,500** mothers still not breastfeeding
 - Clear need for more supportive policies

Figure 6: ACA's Projected Impact on Breastfeeding Among Working Mothers



Current States with Paid Family Leave



State	Paid Family Leave Program
California 2002	<ul style="list-style-type: none">• Caregivers can receive up to 6 weeks of partial wage replacement benefits (~55% of wages) financed by employee payroll taxes• If eligible, must be taken with FMLA or no job-protection
New Jersey 2009	<ul style="list-style-type: none">• Caregivers can receive up to 6 weeks of partially paid leave• In 2014, provided 2/3 of employee's wages• If eligible, must be taken with FMLA or no job-protection
Rhode Island 2013	<ul style="list-style-type: none">• Caregivers can receive up to 4 weeks of wage replacement• Law requires employer to provide equivalent job to worker upon return
New York 2016	<ul style="list-style-type: none">• Caregivers will be able to take up to 12 weeks of job-protected paid leave by 2021• Paid leave will cover up to 2/3 of weekly wages by 2021

Policy Proposal: Federally-Mandated Paid Family Leave



- Many mother cannot afford to take unpaid leave and are thus prevented from breastfeeding
- Federal government should require all nonexempt employers to provide workers with 12 weeks of **fully** paid, job-protected leave for the same qualifying reasons protected under FMLA
 - Allow caregivers to take time off from work without the financial stress of unpaid leave
 - Give a mother and child the proper time to breastfeed

Benefits of Paid Family Leave



- Research shows that access to paid family leave can increase breastfeeding rates and decrease infant mortality
 - One study found that California mothers who took paid family leave breastfed for **twice as long** as mothers who did not
- Increases in breastfeeding rates can have beneficial effects on maternal health and a child's health and development

Conclusion



- Benefits of breastfeeding are overwhelming
- Breastfeeding rates are lowest among mothers who hold “weak” work positions, are young, are from a low socioeconomic status, do not hold a college degree, and are African-American
 - Many of these working mothers cannot afford to take unpaid leave
- Federal government should encourage breastfeeding by providing mothers with adequate time to breastfeed
- Federally-mandated paid family leave gives all working mothers the time to breastfeed without financial burden

References



- A Better Balance. (2016). NY Paid Family Leave: How Will It Work? <http://www.abetterbalance.org/web/component/content/article/49-familyleave/368-nypfloverview>
- Britton, J. R., Britton, H. L., & Gronwaldt, V. (2006). Breastfeeding, sensitivity, and attachment. *Pediatrics*, 118(5), e1436-e1443.
- Center on Budgets and Policy Priorities. (2015). Policy Basics: An Introduction to TANF. <http://www.cbpp.org/research/policy-basics-an-introduction-to-tanf>
- Chung, M., Raman, G., Chew, P., Magula, N., Trikalinos, T., & Lau, J. (2007). Breastfeeding and maternal and infant health outcomes in developed countries. *Evid Technol Asses (Full Rep)*, 153, 1-186. <http://archive.ahrq.gov/downloads/pub/evidence/pdf/brfout/brfout.pdf>
- Daley, A. M., Sadler, L. S., & Reynolds, H. D. (2013). Tailoring Clinical Services to Address the Unique Needs of Adolescents from the Pregnancy Test to Parenthood. *Current Problems in Pediatric and Adolescent Health Care*. 43(4): 69-102.
- Drago, R., Hayes, J., & Yi, Y. (2010). *Better health for mothers and children: Breastfeeding accommodations under the Affordable Care Act*. Washington, DC: Institute for Women's Policy Research.
- Eidelman, A. I., Schanler, R. J., Johnston, M., Landers, S., Noble, L., Szucs, K., & Viehmann, L. (2012). Breastfeeding and the use of human milk. *Pediatrics*, 129(3), e827-e841.
- Gault, B., Hartmann, H., Hegewisch, A., Milli, J., & Reichlin, L. (2014). Paid parental leave in the United States: What the data tell us about access, usage, and economic and health benefits. *Institute for Women's Policy Research*.
- Peck, A. & Covert, B. (2014). U.S. Paid Family Leave Versus The Rest of the World, In 2 Disturbing Charts. Think Progress. <http://thinkprogress.org/economy/2014/07/30/3465922/paid-family-leave/>
- Save the Children. (2012). Nutrition in the First 1,000 Days State of the World's Mothers 2012. <http://www.savethechildren.ca/document.doc?id=195>
- United States Department of Labor. (2010). Wage and Hour Division: Break Time for Nursing Mothers. <https://www.dol.gov/whd/nursingmothers/#Overview>
- United States Department of Labor. (2015). Wage and Hour Division: Family and Medical Leave Act. <https://www.dol.gov/whd/fmla/>