

The Importance of Paid Family Leave in Promoting Breastfeeding and Positive Child Outcomes

Introduction

Breastfeeding has been shown to be greatly beneficial to the health and development of children. The American Academy of Pediatrics (AAP) recommends that infants be exclusively breastfed for at least the first 6 months, up to 2 years of age if possible. Breastfeeding is associated with improved neurodevelopmental outcomes as well as decreased childhood morbidity including decreased risk of Sudden Infant Death Syndrome (SIDS), obesity, diabetes and asthma.

In addition to the AAP, another key advocate for breastfeeding is the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC is a federal program that provides supplemental food packages, breastfeeding support and nutrition counseling for low-income women and their children up to 5 years of age, who are at nutritional risk. WIC also strongly encourages its clients to exclusively breastfeed for at least the first 6 months of life due to the multitude of health benefits associated with breastfeeding for mother and baby.

Despite these recommendations, a 2019 CDC survey revealed that only 55.8% of infants were receiving any breast milk at 6 months and only 24.9% received breast milk exclusively. A major barrier to successfully establishing a breastfeeding routine is having to return to work. Many families, especially lower income families, are dependent on their income to make ends meet. A crucial factor in improving breastfeeding rates is providing families with paid leave. For this reason, we are writing to urge your support of The Family and Medical Insurance Leave (FAMILY) Act.

Background

The establishment of the federal Family and Medical Leave Act of 1993 (FMLA) was a major step in providing Americans with the time they need to care for and bond with their newborns. Although under this act, employees are entitled up to 12 weeks of leave, that time is unpaid and difficult to access for many Americans who are dependent on that income. In 2002, the state of California was the first to enact a paid family leave policy that enabled eligible employees up to 8 weeks of paid leave in a 12-month period. Employees are provided 60-70% of their typical earnings during this time.

A WIC staff member, who is currently a breastfeeding mom, shared her first-hand experience taking time off under California's current paid family leave policy. She stated, "In total I got 12 weeks off for my vaginal delivery. I was not well enough to go back to work in 6 weeks and needed more time to physically recover from the delivery. I am shocked that all states do not provide this time off, and this leads to more formula usage. More time is needed to establish a breastfeeding schedule before returning to work."

Another WIC staff member echoed, "Many WIC participants have to go back to work soon after delivery and spend so little time with their newborn that it is very difficult to establish a breastfeeding routine." Additionally, she recalls, "One WIC client returned to work soon after her C-section and did not have enough time to physically heal and developed an infection at the incision site. Many participants work for small companies that don't provide time off. This is why some WIC participants don't breastfeed."

As the WIC staff members alluded to, many lower-income Americans cannot afford to take unpaid time off. Therefore, a federal paid leave policy would decrease socioeconomic disparities in breastfeeding rates

and health outcomes. Promoting breastfeeding by providing families with the time to establish this important practice would also lead to lower reliance on and need for formula.

The Family and Medical Insurance Leave (FAMILY) Act is a bill (H.R. 804/S. 248) that would create a federal paid leave program. It would provide up to 12 weeks of paid leave in a 12-month period at up to 66% of the employee's monthly wages and cover workers in all companies regardless of size. This act plays a critical role in improving the health of mothers and babies, and would create more opportunity for low-income families, who may be at nutritional risk, to initiate and continue breastfeeding practices.

Position

We strongly urge you to support The FAMILY Act. There have been clear benefits for increasing breastfeeding rates and improving the health of mothers and babies at the state level. Studies evaluating the impact of California's paid leave policy found that the median duration of breastfeeding doubled from 5 weeks to 9-11 weeks. Additionally, rates of breastfeeding at 3, 6 and 9 months increased by 10-20% for any breastfeeding and 3-5% for exclusive breastfeeding. The establishment of a federal policy would improve breastfeeding rates and related pediatric health outcomes across state lines.

A potential challenge is that the cost of enacting and supporting such a policy would be substantial. The proposed funding sources would be from taxes on employers, employees and self-employed individuals. However, there could be cost savings with decreased need for formula as well as decreased maternal post-delivery complications and improved child health outcomes leading to decreased overall medical costs.

Summary

California is one of only 11 states that currently provide paid family leave programs. Studies have shown that benefits of this policy include increased breastfeeding rates and lower inequity in breastfeeding access. As pediatric healthcare providers, we ask that you advocate for The Family and Medical Insurance Act so that the benefits seen here in California can be expanded to reduce disparities and help children nationally. The implementation of national paid family leave and its effects on promoting breastfeeding could positively impact the foundational health of American children. We appreciate your time and consideration of this issue.

References

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