

## **Health-Related Benefits of a Gradual Return to Work**

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### **Introduction**

The Family and Medical Leave Act (FMLA) of 1993 “requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to “eligible” employees for certain family and medical reasons. Employees are eligible if they have worked for their employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles”.<sup>1</sup>

During the postpartum period, the family unit will likely experience various declines in physical and mental health status as they adjust to their new living arrangement. Gjerdingen and Center (2003) surveyed both expectant mothers and fathers during pregnancy and at 6 months postpartum regarding changes in their health status.<sup>2</sup> The authors found that both mothers and fathers experienced significant declines in perceived quality of life and health status that persisted at least 6 months after childbirth. Moreover, parents’ postpartum health was associated with fewer illness days and the following characteristics of their work: total work time and the balance of work between mothers and fathers. Furthermore, employed postpartum women have been shown to experience higher rates of respiratory infections, breast symptoms, and gynecologic problems compared to postpartum women who are not employed.<sup>3</sup>

The following report will summarize the body of research on trends in maternity leave, the relationship between duration of maternity leave on maternal and child health, and economic issues related to maternity leave.

### **Current National Estimates**

Current data from the 2002 National Survey of Family Growth (NSFG) shows that 70.2% of mothers who were employed at the time of their last pregnancy took maternity leave after birth.<sup>4</sup> Advanced maternal age was associated with taking maternity leave after childbirth, while a household income less than 100% of the Federal Poverty Level or Hispanic origin were characteristics of women who were less likely to take maternity leave after childbirth. Eighty percent of women who took maternity leave during their last pregnancy indicated taking 12 weeks or less. Moreover, nearly 30% reported that their full leave was unpaid.

### **Effects on Maternal Health**

With the enactment of the FMLA, several studies have been conducted to assess the effect of maternity leave on maternal and child health outcomes. McGovern and colleagues (1997) analyzed data from a sample of women who delivered in Minnesota during 1991-1992 to assess the effect of time off work on the postpartum health of employed women.<sup>5</sup> The authors found that time off of work had a positive effect on vitality for women taking more than 12 weeks leave, maternal mental health for women taking more than 15 weeks leave, and role function for women taking more than 20 weeks leave. However, most of these women didn’t experience these positive effects because 75% of those studied returned to work by 12 weeks, 85% by 15 weeks, and 91% by 20 weeks after childbirth. The average duration of time off work postpartum in this

study population was 10 weeks. Moreover, seventy percent of women reported limitations to daily role function. Limitations to this study included the time in which it was administered (early 1990's, prior to FMLA) and characteristics of the study population (91% white, 3% uninsured).

Chatterji and Markowitz (2004), on behalf of the National Bureau of Economic Research, examined whether the length of maternity leave affected maternal health using data collected during the 1988 National Maternal and Infant Health Survey, a national sample of women between 15 and 49 years of age who had a pregnancy in 1988.<sup>6</sup> Their sample was limited to women who worked during their pregnancy and returned to work within 6 months of childbirth. The average duration of leave was 9 weeks, with over 75% of women returning to work within 12 weeks. Using two measures of depression and a measure of overall health as an assessment of maternal health, the authors showed that returning to work later may reduce the number or frequency of depressive symptoms in postpartum women. The authors' state that "increasing maternal leave from 6 or fewer weeks to 8 weeks or 12 weeks is associated with an appreciable decline in depressive symptoms of approximately 11 percent and 15 percent respectively" (p. 27).

### **Effects on Infant and Child Health**

Longer maternity leave has been associated with a reduction in infant mortality<sup>7,8</sup> and morbidity<sup>9</sup>. Moreover, in an analysis of data from the National Longitudinal Survey of Youth, Baum (2003) found that returning to work within the first three months of life was associated with lower cognitive scores during childhood.<sup>10</sup>

The duration of maternity leave has also been studied in regard to the effect of maternal employment on breastfeeding duration, which is shown to be associated with enhanced cognitive development among infants.<sup>9</sup> The American Academy of Pediatrics recommends for women to breastfeed exclusively for the first 6 months of life with continued breastfeeding for at least one year.<sup>11</sup> In addition to its beneficial effect on cognition, breast milk affords protection against certain illnesses.<sup>12</sup> Roe and colleagues (1999) showed in a survey of women who planned to return to work within 12 months of childbirth that the greatest decrease in breastfeeding duration occurred when employment was resumed in the first 12 weeks after birth.<sup>13</sup> Each additional week of leave from work increased breastfeeding duration by almost a half week. Moreover, a woman's time out of work was associated with an increase in breastfeeding frequency, which has broader implications for the practice of exclusive breastfeeding.

### **Economic Implications**

There are few studies that address the economic impact of parental leave on health outcomes. Ruhm (2000) analyzed 25 years of data from 16 European countries to examine this relationship and reported that parental leave entitlements substantially reduce mortality during early childhood.<sup>7</sup> The availability of one year of job-protected paid leave was associated with nearly a 20% decline in post-neonatal deaths and a 15% decrease in fatalities occurring between year 1 and year 5. Potential mechanisms for this association could be the ability to breastfeed and increased parental involvement.

However, a recent analysis suggests that even among those with paid antenatal and postpartum leave, most are hesitant to take full advantage of the entitlement. Guendelman and colleagues (2006) recently examined the utilization of California's

legislation to provide paid pregnancy leave up to 4 weeks antenatally and 6-8 weeks postnatally for women working for public or private employers with five or more employees.<sup>14</sup> In an analysis of data based on postpartum interviews, the authors found that 52% of women worked until the time of delivery, 32% took antenatal leave with the expectation to return to their job after delivery, 9% quit their jobs, 5% cut back their hours, and 2% were fired during pregnancy. Sixty-three percent of women and 69% of those who took antenatal leave were offered leave by their employer. Moreover, fifty percent of leave takers, 51% of non-leave takers, and 15% of quitters returned to work by 3 months postpartum. The authors assert that antenatal leave is used in this population as a coping response to stress and tiredness versus as a health-promoting behavior. It is also used as a protective measure against occupational stressors such as night work and when a woman has limited control over the demands of her job. Overall, women seemed cautious in utilizing antenatal leave.

### **Concluding Thoughts**

A review of the literature suggests that the duration of maternity leave is associated with both maternal and child health outcomes, both physical and behavioral. It also clarifies that while women may be able to take maternity leave, it is often unpaid or requires the use of accrued vacation and sick time. In conclusion, the benefit to both mother and child in providing a gradual return to work without financial penalty is sufficient to necessitate a change in policy. Such a change would reflect the recommendations of the World Health Organization, who in their June 2000 Statement to the International Labor Conference, advocated for the provision of at minimum 16 weeks of leave after childbirth to insure a) the optimal growth of the infant, b) the proper bonding between mother and child, and c) the health of both mother and infant.<sup>15</sup>

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