

Parental leave, lactation, and childcare policies at top US schools of public health ^[1]

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Abstract

The public health community has long recognized that dedicated time for parents to be with their child in the earliest months of life offers significant benefits for both infant and maternal health. Reflecting this commitment, the American Public Health Association (APHA) recommends at least 14 weeks of paid maternity leave. Workplace policies in the United States, however, are often poorly aligned with the needs of infants and their families. For example, in a worldwide survey of 185 countries, the United States is 1 of only 2 countries that does not guarantee paid maternity leave.

Globally, among the other countries, the average duration of paid maternity leave is between 14 and 17 weeks, as compared with less than 4 weeks for US women. The United States' lack of paid maternity leave has been linked to a range of health consequences for infants and new mothers, including lower rates of breastfeeding and childhood immunizations, along with higher rates of child mortality and maternal depression.

Historically, employment leave for new parents, when available, has typically focused on birth mothers. Yet an accumulating body of evidence suggests that leave for nonbirth parents also has substantial public health impacts. For example, paternity leave is associated with increased rates of breastfeeding, as well as various emotional, psychological, behavioral, and cognitive benefits for children. Paternity leave may also have a positive effect on the return of mothers to the workplace and potentially mitigate work place discrimination against women.

Therefore, parental leave, understood as some form of legal or institutional guarantee that a new parent can take time off to be with their child, is supported by several justifications. Other workplace policies related to childbirth and childcare also have additional public health implications. For example, the public health community has a longstanding commitment to breastfeeding, given its association with a wide-ranging list of benefits for both infants and breastfeeding mothers. For infants, breastfeeding is associated with reduced risk of acute otitis media, gastrointestinal infections, respiratory infections, sudden infant death syndrome, and, for preterm infants, necrotizing enterocolitis. For mothers, lactation has been associated with reduced risks of some types of breast cancer, ovarian cancer, and endometrial cancer, and may also play a critical role in women's recovery from pregnancy and their long-term metabolic health. However, numerous studies suggest that workplace policies, including insufficient accommodations for and support of nursing mothers, may undermine women's ability to successfully combine breastfeeding and full-time employment.

Health professions have an influential role in modeling policies that support the needs of infants and their families. Yet previous studies have documented gaps between the expressed policy statements of health societies and the actual policies operating within individual health institutions. For example, The APHA, along with numerous clinical societies, including the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists, recommends that infants be exclusively fed breast milk for the first 6 months of life and that breastfeeding continue to at least 1 year of age. Policies within medical schools and among both obstetrics and gynecology residency training programs and academic surgeons, however, often fail to align with these expressed ideals.

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