

Think Babies™ NC 2021-2025

Prenatal to Age 3 Policy Priorities for Infants, Toddlers, and their Families



Adopt Paid Family and Medical Leave for all North Carolina Employees

Paid family leave refers to policies or purchased plans that allow workers to take paid time off for family or medical reasons. Paid family leave is a public policy that benefits workers, employers, children, and families, and has strong bipartisan support, as well as support from the business community.¹ Studies have found that most employers report “a positive effect” or “no noticeable effect” of paid family leave on employee productivity, profitability, turnover, and morale.^{2,3} Some businesses have found that paid sick leave makes it more likely that employees will receive preventive health care, reducing later health care costs.⁴ The Think Babies Alliance endorses paid family and medical leave insurance, a policy that is already in place in 9 states and DC⁵, that supports all business owners – regardless of size – in providing paid leave to their employees. This policy would enable all workers to meet their family caregiving needs while remaining economically secure and helping businesses retain valued employees.

In March 2019, the Duke Center on Child and Family Policy conducted a study that examined the potential implementation and impacts of a paid family and medical leave insurance program in NC. They found a number of likely benefits to children, families, employers, and the overall economy, including:

- 26 infant lives saved each year if NC offered twelve weeks paid leave at 80% wage replacement;
- Decreased nursing home usage;
- Decreased reliance on public assistance; and
- Support for individuals and families battling opioid addiction.⁶

Despite the benefits to both child health and business interests, only 21% of American workers have access to paid leave.⁷ In North Carolina, only 12% of workers have access to paid leave.⁸ Many families struggle to make ends meet when they have to take unpaid leave, and others cannot afford to take any unpaid time at all. The federal Family and Medical Leave Act (FMLA), which provides 12 weeks unpaid leave, provides important job protections but is not available to all workers — and many can’t afford to take it. There are significant racial disparities in eligibility, which affect birth outcomes and child health. 59% of white workers, 72.5% of Latino workers, 62.2% of Black workers, and 58.1% of Asian workers either are ineligible for FMLA or can’t afford to take it.⁹ These families experience higher rates of infant mortality, premature birth, low birth weight, and are at greater risk for poor child development outcomes.

Providing new parents with the opportunity to care for a child benefits everyone involved. The first weeks and months of a child's life are critical to development. Because of the important role of parents in this early period, paid family leave can have effects on relationship-building, parental involvement, health, and well-being that last throughout a child's life.¹⁰

Nationwide, 1 in 4 moms returns to work within 2 weeks of giving birth.

Despite North Carolina's commitment to supporting the healthy development of infants and toddlers, access to paid family and medical leave varies statewide, and most workers remain ineligible.

All workers: An increasing number of states are passing policies to provide paid family and medical leave insurance for workers, but North Carolina is not yet among them. There is currently no law or policy in North Carolina that provides paid leave to the majority of workers and no state law guaranteeing the right to unpaid leave beyond the federal protections offered by the FMLA.

State employees: Executive Order 95 provided paid parental leave to state employees under Gov. Cooper's purview. The order has been voluntarily extended to the Administrative Office of the Courts, Department of Agriculture and Consumer Services, Department of Labor, Department of Justice, Department of Public Instruction, Office of the Commissioner of Banks, Office of the Secretary of State, Office of the State Auditor, and Office of the State Controller, covering a total of more than 59,000 employees.¹¹ In addition, in January 2020, the University of North Carolina at Chapel Hill elected to offer a paid parental leave benefit that provides eligible employees leave time to care for and bond with a newborn or adopted child, foster care placement, or other legal placement.¹²

Municipal employees: Various local governments have approved paid parental or family leave policies for local government employees, including 21 locales statewide, from Charlotte and New Hanover County to Rolesville and Person County.

Private employers: Several North Carolina private employers also offer paid leave for new parents, including Duke Energy, Blue Cross and Blue Shield, and Citrix. However, the majority of North Carolina employers do not offer paid family leave. Across the South Atlantic region, only 11% of private-sector workers have access to paid family leave.¹³ Despite the lack of widespread paid leave, North Carolina businesses recognize the value of adopting such policies, with 71% of employers agreeing that family-friendly practices are just as beneficial to employers as they are to employees.¹⁴

Why Is This Important to Do Now?

The COVID-19 crisis made it clear that paid family and medical leave is necessary to support families' health and wellbeing.

Without access to paid family and medical leave, many families with young children were left without a means of financial support throughout the COVID-19 crisis, forced to choose between their income and caring for themselves or their loved ones during a pandemic. Federal COVID-19 relief through the Families First Coronavirus Response Act created an emergency paid family and medical leave program, but it provided only a temporary solution. A permanent policy is needed to ensure that all families can provide their babies with the care and stability necessary for a strong future.

Paid family and medical leave allows families time to bond, strengthening the relationship between parent and child.

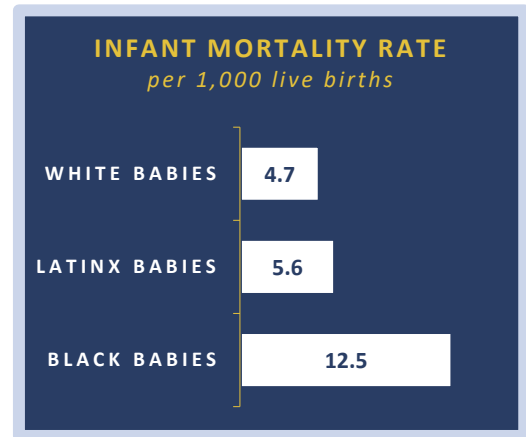
Children's brain development is shaped through their experiences and relationships during the first few months and years of life. Research shows that caring, consistent relationships can help children mitigate the impacts of stress and develop the foundations of their ability to learn, exercise self-control, and establish positive relationships.¹⁵ Having time to focus on the new addition to their family supports parents in becoming responsive caregivers, helping establish patterns that impact children's cognitive, social, and emotional development throughout their lives.¹⁶

Paid leave supports stable care arrangements for new children, especially in the early weeks and months of life.

With 25% of mothers returning to work within two weeks of giving birth, parents can face challenges in identifying quality child care options, especially for the early weeks and months of life.¹⁷ North Carolina is experiencing a shortage of licensed child care options for infants and toddlers,¹⁸ and the child care subsidy waiting list stretches into the thousands, leaving many parents faced with the choice of taking unpaid leave that they may not be able to afford and leaving their children in unstable child care situations.

Paid leave improves child health outcomes and prevents infant mortality.

Both medical research and the North Carolina Medical Examiner's office recognize paid leave as an effective approach to decreasing infant and child deaths. One study analyzing infant and child mortality found an increase of 10 full-time-equivalent weeks of paid leave was associated with a 10% reduction in the infant mortality rate and a 9% lower rate in child mortality.¹⁹ This is especially significant in North Carolina, where the infant mortality rate is 6.8 deaths per 1,000 live births, higher than the national average and disproportionately impacting babies of color.²⁰ Babies whose parents have access to paid leave are also more likely to attend well-child checks and receive all their necessary immunizations.²¹



Paid family and medical leave minimizes barriers to breastfeeding.

Four out of five U.S. mothers start out breastfeeding, but fewer than half are still breastfeeding at 6 months postpartum.²² Many moms want to breastfeed, but the lack of paid family and medical leave is one of the barriers that keep women from meeting their breastfeeding goals.²³ In addition, mothers of color disproportionately report experiencing greater barriers to breastfeeding compared to other groups, contributing to increased health disparities.²⁴ With paid family and medical leave, babies are three times more likely to start breastfeeding and two times more likely to still be breastfeeding at 6 months. Breastfeeding can help decrease infant mortality and childhood disease, helps a mother's health and healing following childbirth,²⁵ and recent studies have shown that mothers meeting medical recommendations for breastfeeding could save the US economy nearly \$13 billion per year in pediatric health costs and premature deaths.²⁶

Paid leave facilitates the early detection of developmental delays.

Paid leave allows for detection of potential developmental delays at a time when problems can be most effectively addressed through intervention. Adequate time with parents is especially crucial for infants considered at high risk for a variety of developmental difficulties, such as babies born preterm or with illnesses, birth defects, or low birth weight.²⁷

Paid leave decreases rates of child abuse and maltreatment.

Research suggests that paid leave may also help prevent child maltreatment, perhaps by reducing risk factors such as parental stress and depression.²⁸ The Center for Disease Control's National Center for Injury Prevention and Control recommends paid leave as a strategy for child abuse prevention, citing the increase in frequency and duration of breastfeeding,²⁹ which research indicates is potentially protective against child abuse and neglect.³⁰ In addition, the Center notes that mothers who delay returning to work after giving birth experience fewer depressive symptoms than those who return to work earlier, which may have an impact on child abuse and neglect.³¹ Finally, paid family leave is also significantly associated with reductions in hospitalizations for abusive head trauma.³²

Paid family and medical leave increases fathers' involvement in child care.

Paid leave for fathers has been shown to increase fathers' involvement in their children's direct care nine months after birth, more equitable division of parental responsibilities, and greater comfort and confidence among fathers in their co-parenting skills. Involved fathers also promote educational attainment and emotional stability. In addition, paid leave for fathers may also increase women's labor force participation by promoting men's involvement at home, making it easier for women to return to the workforce and impacting income, family economic security, and retirement over the course of the woman's life.³³

Paid leave is endorsed by leading child well-being and medical organizations.

Leading child well-being plans of action, including the NC Perinatal Health Strategic Plan, NC Perinatal System of Care Task Force recommendations, the Early Childhood Action Plan, the Pathways to Grade-Level Reading Action Framework, the Essentials for Childhood Initiative, NC Council for Women recommendations, and the NC Families Care coalition are all in favor of enacting paid family leave to support families across North Carolina. In addition, the American Academy of Pediatrics, the Society for Maternal-Fetal Medicine, the American College of Obstetricians and Gynecologists, the Academy of Breastfeeding Medicines, and the Centers for Disease Control and Prevention all endorse paid leave as a proven strategy to improve the health and well-being of children and families.



Think Babies™ NC Alliance

The Think Babies™ NC Alliance seeks to ensure that North Carolina's youngest children, prenatal to age 3, benefit from effective and equitable public policies, programs, and funding so that all children have what they need to thrive: healthy beginnings, supported families, and quality early care and learning experiences.

For more information:

Think Babies™ NC Alliance: Info@ThinkBabiesNC.org

February 2021

-
- ¹ Prenatal-to-3 Policy Impact Center. (2020). Prenatal-to-3 State Policy Roadmap 2020: Building a Strong and Equitable Prenatal-to-3 System of Care. Child and Family Research Partnership. Lyndon B. Johnson School of Public Affairs, University of Texas at Austin. <http://pn3policy.org/pn-3-state-policy-roadmap>.
- ² Baum, C., & Ruhm, C. (2016). The effects of paid leave in California on labor market outcomes. *Journal of Policy Analysis and Management*, 35(2), 333–356. <https://onlinelibrary.wiley.com/doi/epdf/10.1002/pam.21894>
- ³ Das, T. & Polachek, S. W. (2015). Unanticipated effects of California’s paid family leave program. *Contemporary Economic Policy*, 33(4), 619–635. <https://doi.org/10.1111/coep.12102>
- ⁴ Bullinger, L. R. (2019). The effect of paid family leave on infant and parental health in the United States. *Journal of Health Economics*, 66, 101–116. <https://doi.org/10.1016/j.jhealeco.2019.05.006>
- ⁵ National Partnership for Women and Families. (August 2019). “State Paid Family and Medical Leave Insurance Laws.”
- ⁶ Gassman-Pines, Anna and Elizabeth Ananat. (2019). “Paid Family Leave in North Carolina: An Analysis of Costs and Benefits.” Duke Center for Child and Family Policy.
- ⁷ U.S. Bureau of Labor Statistics. (2020, September 24). National Compensation Survey: Employee Benefits in the United States, March 2020 (Tables 16 and 32). Retrieved from <https://www.bls.gov/ncs/ebs/benefits/2020/employee-benefits-in-theunited-states-march-2020.pdf>
- ⁸ Gassman-Pines, Anna and Elizabeth Ananat. (2019). “Paid Family Leave in North Carolina: An Analysis of Costs and Benefits.” Duke Center for Child and Family Policy.
- ⁹ Data Diversity Kids (2015) Working Adults Who Are Eligible for and Can Afford FMLA Unpaid Leave (Share) by Race/Ethnicity
- ¹⁰ Zero to Three (2018) The Child Development Case for a National Paid Family and Medical Leave Program. <https://www.zerotothree.org/resources/204-the-child-development-case-for-a-national-paid-family-and-medical-leave-program>
- ¹¹ Executive Order 95: Providing Paid Parental Leave to Eligible State Employees <https://governor.nc.gov/documents/executive-order-no-95-providing-paid-parental-leave-eligible-state-employees>;
- ¹² University of North Carolina at Chapel Hill (2020). Department of Human Resources policy statement: <https://hr.unc.edu/paid-parental-leave-available-2020/>
- ¹³ NC Families Care. “Get the facts on Family Leave Insurance.” Accessed December, 2018.
- ¹⁴ Family Forward NC, North Carolina Early Childhood Foundation. (2018). North Carolina Employers Agree: Family-friendly practices are good for business
- ¹⁵ Zigler, E., Muenchow, S., & Ruhm, C.J. (2012). Time Off With Baby: The Case for Paid Care Leave. Washington, DC: ZERO TO THREE.
- ¹⁶ Ibid.
- ¹⁷ Lerner, 2015.
- ¹⁸ Jessen-Howard, S., Malik, R., Workman, S., & Hamm, K. (2018). Understanding Infant and Toddler Child Care Deserts. Center for American Progress.
- ¹⁹ Heymann, J., Raub, A., & Earle, A. (2011). Creating and Using New Data Sources to Analyze the Relationship Between Social Policy and Global Health: The Case of Maternal Leave. *Public Health Rep.* 126(3): 127–134; Ruhm, C.J. (2000). “Parental leave and child health.” *Journal of Health Economics*. 19: 931–960.
- ²⁰ North Carolina Department of Health and Human Services. (2019). 2019 Infant Mortality Statistics.
- ²¹ Kamerman, S.B. (2006). *Parental Leave Policies: The Impact on Child Well-Being*. In Peter Moss and Margaret O’Brien, Eds., *International Review of Leave Policies and Related Research*, 16-21. London, UK: Department of Trade and Industry.
- ²² Centers for Disease Control and Prevention. (2018). Breastfeeding Report Card.
- ²³ Office of the Surgeon General. (2011). The Surgeon General’s Call to Action to Support Breastfeeding.
- ²⁴ Jones, K.M., Power, M.L., Queenan, J.T., & Schulkin, J. (2015). Racial and Ethnic Disparities in Breastfeeding. *Breastfeed Med*, 104 (4): 186-196.
- ²⁵ Bartick, M.C., Jegier, B.J., Green, B.D., Reinhold, A.G. & Stuebe, A.M. (2017). Disparities in Breastfeeding: Impact on Maternal and Child Health Outcomes and Costs. *Journal of Pediatrics*, 181 (6): 49-55.
- ²⁶ Bartick, M. (2011). Breastfeeding and the U.S. Economy. *Breastfeed Med*.
- ²⁷ Zigler et al, 2012.
- ²⁸ Klevens, J., Luo, F., Xu, L., & Latzman, N. E. (2016). Paid Family Leave’s Impact on Hospital Admissions for Pediatric Abusive Head Trauma. *Injury Prevention*.
- ²⁹ Berger, L. M., Hill, J., & Waldfogel, J. (2005). Maternity Leave, Early Maternal Employment and Child Health and Development in the U.S. *The Economic Journal*, 115: F29-F27.
- ³⁰ Strathearn, L., Mamun, A. A., Najmun, J. M., & O’Callaghan, M. J. (2009). Does Breastfeeding Protect Against Substantiated Abuse and Neglect? A 15-year cohort study. *Pediatrics*, 123: 483-493.
- ³¹ Chatterji, P., & Markowitz, S. (2005). Does the Length of Maternity Leave Affect Maternal Health? *Southern Economic Journal*, 72(1): 16-41.
- ³² Klevens et al, 2016.
- ³³ Morefield, B., Hoffman, A., Bray, J., & Byrd, N. (2016). Leaving it to the Family: The Effects of Paid Leave on Adult Child Caregivers. Washington, DC: L&M Policy Research.