



March 25, 2019

TO: Rep. Jeff Barker, Chair  
Rep. Greg Barreto, Vice Chair  
Rep. Janelle Bynum, Vice Chair  
Members of the House Committee on Business and Labor

Re: OPS Support for HB 3031, paid family and medical leave

I am Dr. Peter Reed, a pediatrician practicing in Tigard, Oregon and a member of the Oregon Pediatric Society (OPS). OPS is the state chapter of the American Academy of Pediatrics. Our members are committed to improving the health and well-being of all Oregon children. We carry out our health equity mission through policy advocacy; quality improvement programs that support practice change; and the ongoing education of providers who serve children. We support HB 3031 to create a paid family leave program in Oregon.

### **Paid family leave improves child and maternal health**

Paid family leave allows new parents to spend time at home with their newborn or adopted child, developing the nurturing, protective bonds that enhance brain development and ward off toxic stress. In addition, parental leave has direct, immediate impacts on the health of infants:

- Maternity leave correlates with higher rates and longer duration of breast-feeding (1, 2)
- Maternity leave is associated with higher birth weights and lower infant mortality (3)

- Parental leave improves rates of vaccination and attendance at well-child checkups (4)
- Fathers who take longer leaves to be with their newborn are more likely to be directly involved in care-giving nine months later (5)

Paid family leave is also important if a child becomes seriously ill and requires more than a few days of hospitalization or care at home.

For new mothers, maternity leave correlates to increased energy, decreased fatigue, and decreased symptoms of depression (6, 7).

### **Paid family leave can help relieve childhood poverty**

Access to paid family leave in the United States is extremely limited. Nationally, it is a privilege that only 17% of workers have (8). In Oregon, higher-income workers are more likely to have access to paid family leave (9). The birth or adoption of a child, or a child's serious illness, are events that increase household emotional and financial stress. Low-income workers are least likely to be able to afford a disruption in pay during one of these events. As a result, many parents who get unpaid leave after the birth or adoption of a child return to work early because they cannot afford to go without pay.

Universal paid family leave would allow many more parents to take leave, and to receive pay during that leave, at a time when financial demands on a family are relatively high. These benefits would accrue especially to low-income families.

### **Pediatricians support HB 3031**

Paid family leave in Oregon can improve parent-child bonding, decrease infant mortality, and increase breastfeeding and vaccination rates. It can also help to relieve childhood poverty and will have a particular benefit to low-income families, reducing financial stress. For these reasons, Oregon's pediatricians support HB 3031.

If the committee would like more information from the Oregon Pediatric Society or myself, please do not hesitate to contact us.

## References

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- (2) Guendelman S, et al. 2008. Juggling work and breastfeeding: effects of maternity leave and occupational characteristics. *Pediatrics* 123(1):e38-e46
- (3) Rossin M. 2011. The effects of maternity leave on children's birth and infant health outcomes in the United States. *Journal of Health Economics* 30(2): 221-239
- (4) U.S. Department of Health and Human Services. 2014. Work family supports for low-income families: Key research findings and policy trends. Office of the Assistant Secretary for Planning and Evaluation. [http://aspe.hhs.gov/hsp/14/WorkFamily/rpt\\_WorkFamily.pdf](http://aspe.hhs.gov/hsp/14/WorkFamily/rpt_WorkFamily.pdf)
- (5) Nepomnyaschy, L., & Waldfogel, J. 2007. Paternity Leave and Fathers' Involvement with their Young Children. *Community, Work, and Family*, 10 (4)
- (6) Chatterji P and Markowitz S. 2004. Does the length of maternity leave affect maternal health? National Bureau of Economic Research Working Paper No. 10206
- (7) McGovern P, et al. 1997. Time off work and the postpartum health of employed women. *Medical Care* 35(5):507-521.
- (8) US Bureau of Labor Statistics. 2019 <https://www.bls.gov/opub/ted/2019/access-to-paid-and-unpaid-family-leave-in-2018.htm>
- (9) OHA Fact Sheet: Paid Parental Leave and Maternal and Child Health (primary source PRAMS - 2 data). [https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/PRAMS/Documents/Family%20Leave%20Fact%20Sheet\\_March2017.pdf](https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/DATAREPORTS/PRAMS/Documents/Family%20Leave%20Fact%20Sheet_March2017.pdf)