



Brief Health Impact Report: Paid Parental Leave Policy

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Health Impact on San Francisco:

**Differences in Births, Work & Social Conditions, and Health Outcomes
by Health Insurance Status, in San Francisco**

	"Public" Insurance	"Private" Insurance	Total SF
# of Births to SF residents (Total includes "other")	2396	6431	9102
Pregnancy Work Conditions			
% worked during pregnancy	51 %	86 %	76 %
% who worked during month of delivery	42 %	62 %	58 %
Social Conditions			
Woman or partner lost job	29.5 %	9.3 %	15 %
Had no practical or emotional support	9.2 %	3.1 %	5.6 %
Missed postpartum medical visit	18.3 %	3.8 %	9.0 %
Health Outcomes			
Prior Low Birth Weight or Preterm	11.5 %	3.5 %	6.2 %
Postpartum Depressive Symptoms	24.9 %	6.1 %	11.7 %

Data from: SFDPH & CDPH, Data from Birth Master Files, 2012. CDPH & UCSF, Data from MIHA Survey, 2010 – 2012

The majority of women, including those with public health insurance like Medi-Cal, are working through their pregnancy and many work up into the delivery month. SF women with public insurance have significantly less job control, social support, and opportunities to access health services. Consequently, pregnancy and maternal health outcomes are significantly worse for the large population of women with less job security.

Employment of Mothers in SF during Postpartum Period from American Census Survey 2010 – 2014.

- 63% of women report employment in the 12 months after their first child is born
- Few few postpartum employed women report employment leave or reduced hours
 - Only 13% report leave from their job
 - Only 13% report less than 40hrs work per week
- Among first-time mothers (29-44yo), the proportion of unemployment within 12 months
 - increases significantly in both publicly (15% → 28%) and privately insured (4% → 13%)
- Among first-time mothers (29-44yo), the proportion who are "out-of-labor force" within 12 months
 - decreases (36% → 23%) among publicly insured
 - nearly doubles (12% → 19%) among private insurance

The majority of women in San Francisco are employed during the first year of motherhood, but only 13% report leave from their job and 13% report a reduced work schedule. Publicly insured pregnant women were more likely to become "unemployed" and privately-insured women more likely to become "out of the labor force." This local data suggests the importance of income security, job security safeguards, and the disparities in job control among mothers in San Francisco.

Health Impacts of Paid Parental Leave on Women and Children:

Based upon systematic review of research studies published in peer-reviewed health journals by San Francisco Department of Public Health, UC Berkeley School of Public Health, and San Jose State University, the following are the demonstrated health benefits from parental leave.

Pregnancies and Birth Outcomes	Maternal Health	Infant & Child Health
<i>From pregnancy leave</i> Preeclampsia ↓ Preterm birth ↓ Low-birth rate ↓	Physical health of women ↑ Mental health of women ↑ ↓ Depression rates ↓ Parenting stress ↓ Maternal anxiety	Breastfeeding ↑ Immunizations ↑ Infant mortality ↓ Maternal – Infant Interactions ↑ Child behavioral problems ↓ Child cognitive test scores ↑ Child reading and math scores ↑

Health Benefits Brief Summary:

- Expansive breadth of published research affirms many positive health benefits of paid parental leave.
- There was no evidence of health problems caused by policies that offered paid parental leave.
- Data from population-wide perspective may not apply to every individual case.
- “Expanded Health Impact Reports” and Individual research articles available, by request.

Excerpted from Professor Maya Rossin-Slater in the Journal of Health Economics (2011):

“Children of poor, single and low-educated working mothers are a key vulnerable population that was not reached by the FMLA. However, these children and their families may benefit the most from policies that enable their mothers to take time off work during their early life without substantial losses in income. These mothers are often forced to work immediately after childbirth, and their newborn children are then placed in low-quality childcare. Their children already stand at a disadvantage for their later-life opportunities as they are born into low socio-economic status families, and lack of maternal time during their first few months of life may exacerbate this disadvantage. Thus, if policymakers are concerned with decreasing disparities in child health and well-being between children of different backgrounds, they need to consider the fact that an unpaid maternity leave policy may actually increase disparities because it only benefits those mothers who can afford to take it. On the other hand, paid maternity leave policies (such as those in California and New Jersey) may allow poor, single and working mothers to care for their newborn children at home, to seek prompt medical care when needed, and to develop a closer bond with them, thereby saving their lives and improving their life chances from the start.”

- Rossin, M. *The effects of maternity leave on children’s birth and infant health outcomes in the United States. Journal of Health Economics 30 (2011)*

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