

Impact of Paid Family Leave on Infant and Maternal Health in the United States

Victoria Martens, Business Economics and Accounting Major

INTRODUCTION

ABSTRACT

This research investigates the effects of paid family leave (PFL) on infant and maternal health outcomes. The inability of the United States to guarantee all postpartum mothers paid time off has resulted in adverse effects on both infant and maternal health outcomes. I will be investigating whether infant and maternal health outcomes would be improved by a national PFL requirement. The study will also determine whether a fully or partially paid national leave would be the most effective in terms of costs and effects.

HYPOTHESIS

My hypothesis supports that infant and maternal health outcomes improve slightly with partially paid family leave, much more and significantly with fully paid family leave.

OBJECTIVES

The intended outcome of this study is to expose the need for national fully paid family leave legislation in the United States.

RESEARCH

METHODOLOGY

I plan to conduct a difference-in-difference study on the impact of paid family leave (PFL) on maternal and infant health outcomes. I will implement a six-week 100% PFL in Nevada for the test group, while the control group will not be offered any paid leave. A lottery selection system will be used to randomize participants to control for age, health, and more. I will observe health outcomes including post-partum-depression, hospitalization, and infant mortality. I will then use the difference-in-difference method to compare the effects of fully paid family leave in Nevada to a control state, Arizona, which does not



require employers to provide family leave. I will then conduct a second difference-in-difference analysis to compare California's partially paid family leave to the control state to observe whether PFL affects infant and maternal health outcomes significantly more than partially paid leave. The same difference-in-difference model will be repeated to compare the control state (Arizona) to Nevada. I will then set up null and alternative hypotheses and calculate t-stats to determine if the results are statistically significant. Finally, I will conduct a Cost-Effectiveness analysis of the California program versus the Nevada program to determine the economic feasibility of PFL using an Incremental Cost Effectiveness Ratio (ICER) equation. I have included the setup for this analysis below. C_A is the cost and E_A is the effect of fully paid leave. C_B is the cost and E_B is the effect of partially paid leave.

$$ICER = \frac{C_B - C_A}{E_B - E_A}$$

CONCLUSION

RESULTS

Difference-in-Difference Infant Mortality: Arizona to California

	2002	2006	ΔOver Time
Arizona [Control State]	6.4	6.4	0
California [Treatment State]	5.5	5.0	-0.5
	Effect of CA-PFL on Infant Mortality →		-0.5

Infant mortality rates in Arizona were stagnant from 2002 to 2006 but declined in California in those years. Therefore, there is likely an effect of the California PFL policy on infant mortality.

CONCLUSION

Research supports that paid family leave positively impacts infant and maternal health outcomes. A federal fully paid family leave policy would improve millions of lives in the United States, promoting healthier parent-child relationships and improving infant and maternal mental and physical health.