Can employers help prevent infant mortality?

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Why should employers be a partner?

• Programs to improve infant health can improve worker health, too—saving money and improving productivity.

• Employees with healthy pregnancies and babies:
  • Are more productive
  • Miss less work
  • Have lower healthcare costs

• Employers have a unique set of tools at their fingertips.
The employer’s toolbox:

Job tasks and work environment

Employment policies

Workplace culture
Putting the tools to use:

1. Prevent hazardous exposures in the work environment
2. Promote healthy behaviors before, during, and after pregnancy
3. Facilitate access to prenatal and postnatal care
4. Help parents balance work and family caregiving
1. Preventing hazardous exposures

• Are workers kept safe from recognized reproductive hazards?
  • Good occupational safety and hygiene standards
  • Recognize that legal limits (OELs) were based on non-reproductive outcomes
  • Allow accommodations for pregnant workers if warranted

• Do toxicants get taken home from work?
  • Personal protective equipment
  • Locker rooms to change clothes/shoes
  • Washrooms/showers
2. Promoting healthy behaviors

• For all workers:
  • Non-smoking environment
  • Healthy eating options
  • Encourage physical activity
  • Workplace health screenings and promotion programs
  • CDC work@health® Program: https://www.cdc.gov/workplacehealthpromotion/initiatives/index.html

• Healthy maternity
  • Prenatal health programs
  • Lactation rooms and support
3. Facilitate access to care

- Paid sick leave
- Maternity and paternity leave
- Workplace flexibility
  - Flexible schedules
  - Compensatory/credit time
- Policies (on paper) must be supported by practices (actions)
4. Help balance work and family

- Family-friendly time and leave policies
  - Paid leave
  - Predictable schedules
  - Flex-time and flex-place (e.g. telework)
  - Job sharing or temporary changes in hours
- Childcare assistance
- Including family issues as part of an employee assistance program
The business case for health promotion

• Workplace health promotions to improve general worker health might improve maternal and child health
  • Smoking cessation programs
  • Weight management programs
  • Physical activity promotions

• Worksite health promotion programs generally have a high return on investment (ROI)
  • $3.27 in medical costs per $1 spent
  • $2.73 in absenteeism costs per $1 spent
  • Can take 2-5 years to see ROI
The business case for family-friendly practices

• Improved employer’s recruiting
• Reduced employee turnover
• Increased employee productivity
  • Reducing stress
  • Reducing presenteeism
• Reduced absenteeism
  • Healthier babies = fewer sick days for parents
  • Timely access to care can prevent longer, more severe illness
  • Pregnancy and labor complications are major cause of short-term disability
The business case for family-friendly practices

• Reduced costs for employer-sponsored benefit plans
  • Maternal and child health services account for about 20% of healthcare costs to employers
  • Adverse birth outcomes can be very expensive
  • Preterm birth affects 11% of babies covered under employer-sponsored insurance
  • Preterm birth costs an estimated $12 billion per year to employers
Case studies

• Paid parental leave
  • Background
  • Impact on workers and families
  • Impacts on workplaces
  • State examples

• Corporate lactation programs
  • Background
  • Impact on workers and families
  • Impact on workplaces
  • Case examples
Case study: paid parental leave

• In 1952, International Labour Organization (part of UN) recommended 14 weeks paid maternity leave
• ILO updated recommendation to 18 weeks paid in 2000.
• US: Family and Medical Leave Act (1993):
  • 12 weeks of unpaid leave
  • Eligibility limited:
    • worked at the employer for at least a year
    • worked at least 1,250 hours in prior year
    • work for an employer with 50 or more employees
How parental leave in the US is used:

- Maternity leave duration:
  - 33% take less than 1 week of maternity leave
  - 16% take 1-4 weeks
  - 51% take 5 weeks or more
  - Mean: 10 weeks
Paid parental leave impacts:

• Fewer babies born too soon or too small
  • Access to medical care during pregnancy
  • Prenatal leave reduces pregnancy complications, preterm labor for women at risk
• Higher rates of breastfeeding
• Improved infant/child vaccination rates
• Reduced infant mortality
Infant mortality and FMLA

• Not everyone has access
• Not everyone can afford to use unpaid leave
• Effects on infant mortality
  • No effect among lower income families and single mothers
  • Reduced infant mortality by 10% among two-parent households that weren’t low income
• Widened disparity in infant mortality
Long-term impacts of paid parental leave

- Improved mental health in parents
- Longer lifespan for parents
- Increased long-term health and achievement for children
- Increased involvement by fathers when dedicated paternity leave is offered
State Mandated Paid Leave

### Paid Family Leave:

<table>
<thead>
<tr>
<th>State</th>
<th>Year</th>
<th>Annual Limit</th>
<th>Mechanism</th>
<th>Wage replacement</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>2004</td>
<td>6 weeks</td>
<td>Temporary Disability Insurance (TDI)</td>
<td>~ 55% (max. $1,104/week)</td>
</tr>
<tr>
<td>NJ</td>
<td>2009</td>
<td>6 weeks</td>
<td>TDI</td>
<td>66% (max. $604/week)</td>
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<tr>
<td>RI</td>
<td>2014</td>
<td>4 weeks</td>
<td>TDI</td>
<td>~ 60% (max. $770/week)</td>
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</table>

### Paid Sick Leave:

<table>
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<th>State</th>
<th>Year</th>
<th>Annual Limit</th>
<th>Mechanism</th>
<th>Wage replacement</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
<td>2012</td>
<td>5 days</td>
<td>paid by employers</td>
<td>100%</td>
</tr>
<tr>
<td>MA</td>
<td>2015</td>
<td>40 hours</td>
<td>paid by employers</td>
<td>100%</td>
</tr>
<tr>
<td>CA</td>
<td>2015</td>
<td>3 days</td>
<td>paid by employers</td>
<td>100%</td>
</tr>
</tbody>
</table>
California’s lessons for employers

• Most employers (>90%) reported positive or no effect on:
  • Productivity
  • Profitability
  • Employee morale
  • Employee retention

• Small businesses benefited most

• Employee retention/morale improved most among businesses with primarily low-wage jobs
California’s lessons for workers

• Parents reported being better able to care for their children
• Mothers who used leave doubled their median breastfeeding duration
• Women who used antenatal leave had fewer C-sections and increased gestation length (among women with high-strain jobs)
• Significant barriers existed
  • Almost half of workers unaware of availability
  • Almost a third of eligible workers who knew about the benefit didn’t use it
Further research

• Opportunities for research as states/localities adopt leave policies
  • Health effects
  • Family dynamics
  • Impact on workplaces
  • Economic impact

• Other research questions:
  • Health impacts of other family-friendly workplace policies (flex-time, scheduling)
  • Do workplace accommodations (like light duty) have similar benefits as prenatal leave in extending gestation length?
How employers support parental leave:

Work environment:
• Provide equipment and space to support flex-time and flex-space if possible
• Childcare programs, subsidies, EAP programs
• Predictable scheduling as much as possible

• Policies and practices:
• Parental and sick leave policies
• Avoid policies that punish employees for preventive health care
• Flex-time and flex-space options clearly identified when available

Work culture:
• Train supervisors on business benefits of paid leave
• Express support of parents in language and actions
Case study: Work and breastfeeding duration

• Breastfeeding has benefits for moms and babies
  • WHO goal: all infants exclusively breastfed for first 6-12 months
  • Reduces infant mortality
  • Reduces infections in moms and babies
• Short maternity leave is major reason for not initiating breastfeeding
• Return to work is major reason for breastfeeding cessation
Work and breastfeeding in the US

• Only 10% of mothers who initiate breast-feeding, who are employed full-time, were still breastfeeding (at all) at 6 months

• Federal law (29 U.S.C. 207(r)): Employers with >50 employees must provide:
  • Break time (unpaid) for pumping for 1 year after child’s birth
  • A place, other than a bathroom, for a mother pump when she needs it that is shielded from view and protected from public/coworker intrusion
  • Temporary pumping spaces/conversions allowed
  • Additional protections in some states but not most
Real corporate lactation rooms...
Where do you think breastfeeding moms are more comfortable?
And, perhaps more importantly, what do these spaces tell employees about how the company:
- values women and moms as employees
- supports breastfeeding
- supports parents
- supports work-life balance
- cares about workers and their families
How employers support breastfeeding:

Work environment:
  • Comfortable, clean, well-equipped pumping rooms

Policies and practices:
  • Formal lactation program
  • Lactation consultant/resources

Work culture:
  • Support for lactation program at all levels of management
  • Programs connecting new moms to support

Efficacy:
  • >75% of women who participated in corporate lactation programs are able to successfully complete at least 6 months of breastfeeding
A public health issue

• Family-friendly workplace issues are often treated as:
  • A woman’s issue
  • A labor issue
  • A business issue

• Workplace policies, practices, and culture also affect:
  • Maternal health
  • Pregnancy outcomes
  • Infant health
  • Parent’s long-term health
  • Children’s long-term health
References


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