Chairman Wyden, Ranking Member Crapo, and distinguished members of the Senate Finance Committee, thank you for your commitment to the well-being of all Americans, including moms and babies, by holding this hearing.

March of Dimes was founded 85 years ago as an organization dedicated to eradicating polio in the U.S., a goal that we achieved. We continue that fight today as we work to address some of the biggest threats to moms and babies, such as premature birth and maternal mortality, through research, education, programs and advocacy.

Our ongoing work to improve maternal and infant health is more important than ever as our nation is in the midst of a dire maternal and infant health crisis. The Center for Disease Control and Prevention reported 1,205 from maternal causes in 2021. This is an increase of nearly 89% in the maternal mortality rate since 2018. The maternal mortality rate for Black mothers was 2.6 times higher than white mothers. Although preterm birth rates declined slightly in 2020, they rose to a 15-year high in 2021. Infants born to Black moms were 62% more likely to be born premature than those born to white moms. As such, the U.S. remains one of the most dangerous places to give birth in the developed world, and there are unacceptable disparities in maternal and birth outcomes for women and infants of color and their white peers. We know the COVID-19 pandemic has only worsened this crisis.

We also know both the physical and mental well-being of mothers and infants are inextricably linked. By improving the health of women before, during and between pregnancies, we can improve outcomes for both them and their infants.

An excellent way to contribute to ensuring healthy pregnancies, postpartum care, and family support is establishing a national paid family and medical leave policy.

Most Americans will face the demands of having a baby, developing a serious illness, or needing to care for a sick loved one at some point in their lives. In those cases, retaining some level of income can mean the difference between being able to maintain stability and financial independence versus facing the challenges of having no income to support themselves and their loved ones. The U.S. is the only industrialized nation that does not offer some form of paid family leave at the national level.

For example, Leigh Townsend’s, a neonatal intensive care unit employee in Louisiana, second child was born six weeks early, weighing just four pounds, she quickly used up the six weeks of paid leave her employer offered, plus an additional four weeks of unpaid leave. When she went back to work, her 9-week-old son weighed only 6 pounds.
Like many families, Leigh had to choose between financial security or ensuring a healthy first year for her baby, putting both the mother and child at risk of health complications. In addition, a mother’s health is also at stake as they are dealing with intense mental stress and often recovering from life-threatening birth complications, but are too worried their leave could run out, putting them in long-term financial strain.

The Family and Medical Leave Act of 1990 (FMLA) requires private employers with at least 50 employees and all government agencies regardless of number of employees to offer 12 weeks of leave for childbirth, adoption, or the serious illness of one’s self or a close relative. However, that leave is not required to be paid, which represents a significant financial burden for most Americans. In 2023, only 27% of civilian workers have access to paid family leave.iii

Research has shown the significant benefits paid family leave can have for women and their families, including reducing poverty and improving maternal and child health.

- Recent research of California’s Paid Family Leave policyiv showed that moms with access to paid family leave had a 10% lower risk of poverty and had 4% higher incomes in the year following a birth.
- Paid family leave programs are associated with lower rates of neonatal and infant death and increased duration of breastfeeding, which can protect babies from infection and illness.
- Paid leave improves morale and productivity, and can save costs for businesses by reducing turnover.
- Businesses report substantial return on investment from implementing paid leave.
- State paid leave programs work well for employers – particularly small businesses that can struggle to provide paid leave on their own.
- An international evaluationv of paid leave policies showed that for every increase of 10 weeks of paid maternity leave, there was a 10% lower neonatal and infant mortality rate and a 9% lower rate of mortality in children under age 5, even after controlling for other known risk factors for infant and child death.
- An evaluationvi of California’s Paid Family Leave policy reported that the median duration of breastfeeding doubled for all new mothers. In addition, the overwhelming majority of businesses reported positive or no impact on productivity.

Paid family and medical leave policies also have economic benefits as they help to retain employees long-term once they return to the workforce.vii

For this reason, March of Dimes strongly supports the Family and Medical Insurance Leave (FAMILY) Act (H.R. 3481/S. 1714). This legislation would:

- Provide workers with up to 12 weeks of partial income when they take time to address a wide range of family health issues, including pregnancy and childbirth recovery; the serious health condition of a family member; the birth or adoption of a child, and to make certain arrangements arising from the military deployment of a spouse, child or parent;
- Ensure workers in all companies, no matter the size, would be eligible for benefits; and
- Guarantee that workers who have been at their job for more than 90 days will be reinstated.
It is paramount that the U.S. join the rest of the world in providing paid family and medical leave to allow working moms and dads to care for a new child. The evidence clearly shows that it improves infant and maternal health outcomes. We strongly urge Congress to come together on bipartisan basis to pass paid family and medical leave legislation as soon as possible.

March of Dimes appreciates the opportunity to provide this statement to the Senate Finance Committee. If we can provide further information or otherwise be of assistance, please direct any follow-up questions to Jay Nichols, Deputy Director, Federal Affairs (jnichols@marchofdimes.org, 703.650.5627).

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ii https://www.marchofdimes.org/report-card
iv https://www.journals.uchicago.edu/doi/abs/10.1086/703138?mobileUi=0&
v https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3150137/pdf/phr126s30127.pdf