

# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

## Maryland Chapter



TO: The Honorable Antonio Haynes and Joanne C. Benson  
Members, Senate Finance Committee

FROM: Wendy Lane, M.D., MPH, Chair, Child Maltreatment and Foster Care Committee, Maryland Chapter of the American Academy of Pediatrics and Kara Ashby, M.D., MPH, Pediatric Resident, member Maryland Chapter of the American Academy of Pediatrics

DATE: February 8, 2022

RE: **SUPPORT** – Senate Bill 275 – *Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)*

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The Maryland Chapter of the American Academy of Pediatrics is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this letter of support for Senate Bill 0275 – *Labor and Employment – Family and Medical Leave Insurance Program – Establishment (Time to Care Act of 2022)*

SB 0275 will establish Family and Medical Leave Insurance for Marylanders. It will provide employees up to 12-weeks paid leave to care for new children, family members with serious health conditions or disabilities, or themselves.

Newer research has found a direct positive correlation between favorable economic childhood experiences and brain activity patterns associated with the development of subsequent improved cognitive skills<sup>1</sup>. The first few months and years of a child’s life are vital to his or her physical and emotional development<sup>2</sup>. In fact, more and more research has shown that allowing a parent time to stay home with that child during the first months of life provides a myriad of benefits to the child and family. Additionally, a recently published 2022 study “Baby’s First Years” demonstrates causal impact of a poverty reduction intervention on early childhood brain activity, which established family and medical leave insurance may further facilitate. Further positive benefits of established family and medical leave insurance include, and perhaps are not limited to:

- Attention to child health care needs, particularly if a baby is born premature, at low birth weight, or with birth defects<sup>2</sup>.
- Strong establishment of breastfeeding, and longer duration of breastfeeding, which can reduce respiratory tract and ear infections and reduce the risk of sudden infant death syndrome. It may also reduce rates of childhood obesity, type 2 diabetes, allergies, and asthma<sup>2</sup>
- Increased involvement of fathers in children’s care<sup>3</sup>

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<sup>1</sup> Troller-Renfree, S. V., Costanzo, M. A., Duncan, G. J., Magnuson, K., Gennetian, L. A., Yoshikawa, H., & Noble, K. G. (2022). The impact of a poverty reduction intervention on infant brain activity. *Proceedings of the National Academy of Sciences*, 119(5).

<sup>2</sup> <https://www.nichd.nih.gov/health/topics/breastfeeding/conditioninfo/benefits>

<sup>3</sup> Nepomnyaschy L, Waldfogel J. Paternity leave and fathers’ involvement with their young children: Evidence from the American ECLS-B. *Community, Work, and Family*. 2017;104(4):427-453

- Improved vaccination completion<sup>4</sup>
- Increased placement in high quality, stable childcare<sup>5</sup>
- Reduced rates of abusive head trauma (shaken baby syndrome)<sup>6</sup>
- Decreased infant mortality<sup>7,8</sup>
- Reduced rates of maternal post-partum depression<sup>9</sup>
- Positive and long-term influence of parental bonding on social skills<sup>10</sup>

Family leave policies ensure that all parents are afforded the opportunity to stay home with their newborn or sick child, to develop a strong family bond, and to improve health outcomes. For all these reasons, MDAAP strongly urges a favorable report.

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<sup>4</sup> Skinner & Ochshorn, “Paid Family Leave”; Mark Daku, Amy Raub, & Jody Heymann, “Maternal leave policies and vaccination coverage: A global analysis,” *Social Science & Medicine* 74(2012): 120-124.

<sup>5</sup> National Partnership for Women & Families, 2018. <http://www.nationalpartnership.org/our-work/resources/an-agenda-for-progress-for-women-and-families.pdf>

<sup>6</sup> Klevens J, Luo F, Xu L, Peterson C, Latzman NE. Paid family leave’s effect on hospital admissions for pediatric abusive head trauma. *Injury Prevention*. 2016;22(6):442-445.

<sup>7</sup> M. Rossin, “The effects of maternity leave on children’s birth and infant health outcomes in the United States,” *Journal of Health Economics* 30(2011): 221-239; S. Tanaka, “Parental leave and child health across OECD countries,” *The Economic Journal* 115(2005): F7-F28.

<sup>8</sup> Nandi, A., Jahagirdar, D., Dimitris, M. C., Labrecque, J. A., Strumpf, E. C., Kaufman, J. S., ... & Heymann, S. J. (2018). The impact of parental and medical leave policies on socioeconomic and health outcomes in OECD countries: a systematic review of the empirical literature. *The Milbank Quarterly*, 96(3), 434-471.

<sup>9</sup> Kornfeind KR, Sipsma HL. Exploring the link between maternity leave and postpartum depression. *Women’s Health Issues*. 2018;28(4):321-326.

<sup>10</sup> Joas, J., & Möhler, E. (2021). Maternal Bonding in Early Infancy Predicts Childrens' Social Competences in Preschool Age. *Frontiers in Psychiatry*, 1278.