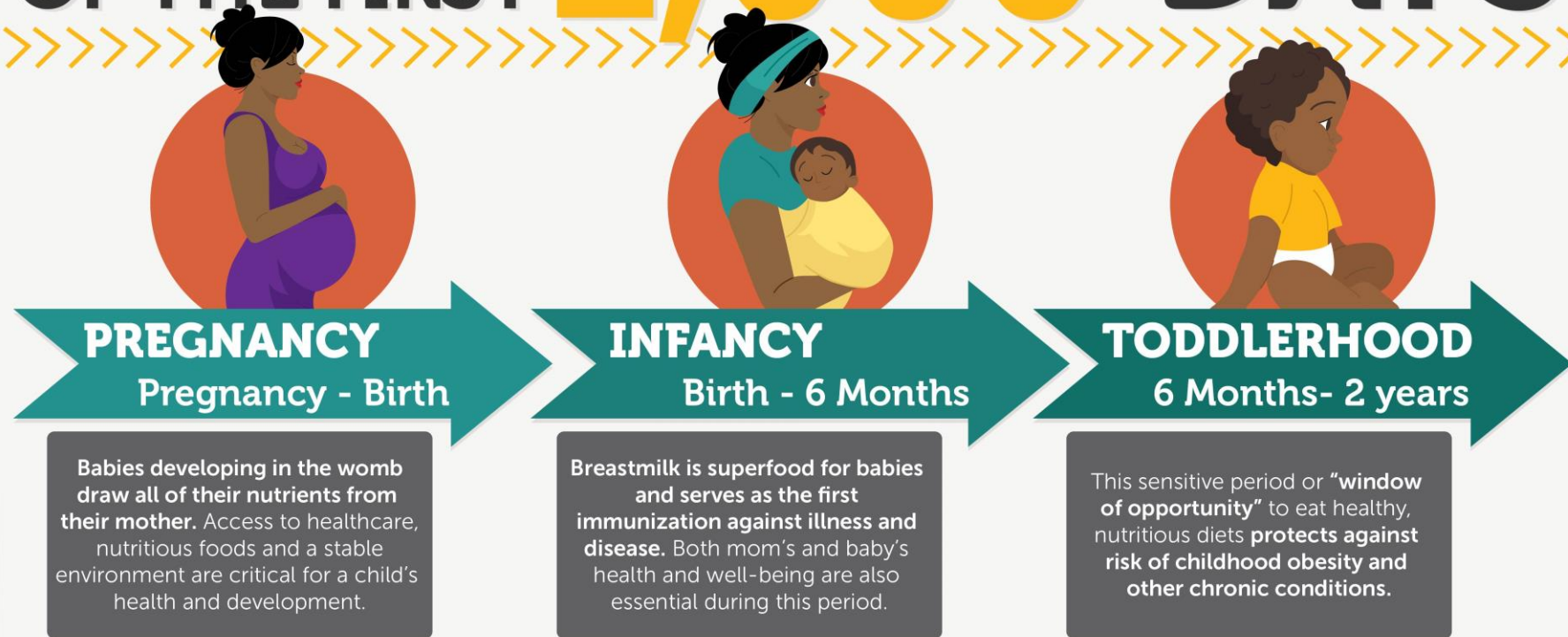


THE POWER OF THE FIRST 1,000 DAYS



Children who get the right nutrition in the first 1,000 Days:



ARE MORE LIKELY TO BE BORN AT A HEALTHY BIRTHWEIGHT.



HAVE A LOWER RISK OF MANY ILLNESSES AND DISEASES, INCLUDING OBESITY AND TYPE 2 DIABETES.



GO ON TO BE BETTER LEARNERS WITH FEWER BEHAVIOR PROBLEMS IN KINDERGARTEN.



ENJOY IMPROVED HEALTH AND ECONOMIC SECURITY AS ADULTS.

“If we want to shape the future, to truly improve the world, we have 1,000 days to do it, mother by mother, child by child.”

*--Roger Thurow, *The First 1,000 Days**



The Fourth Trimester



Mothers and babies today

- Unhealthy diets: too few nutrient-rich foods and too much fat, added sugar, and sodium.
- 1 in 6 infants is never breastfed and only 25% of infants are exclusively breastfed for 6 months.
- About 700 women die each year as a result of pregnancy or delivery complications, even though 60% of these deaths are preventable.
- Close to half (42.3%) of all U.S. births are paid for by Medicaid.
- 1 in 7 women in the U.S. is uninsured at some point during pregnancy.



How many workers in the United States have access to any paid leave through their employer (e.g. paid time off, vacation, sick days, etc.)?

~75%



How many workers have access to paid family leave through their employer?

21%



U.S. Working Moms



- 47% of the total U.S. labor force
- Working later into pregnancy and returning earlier.
- No U.S. federal paid leave policy
- Nearly 1 out of 4 women who take leave return two weeks after giving birth.







The First 1,000 Days: The Case for Paid Leave in America



Paid Leave Can Help Improve Outcomes for Moms and Babies

Evidence shows paid leave can help:

-  Reduce the risk of pregnancy-related health complications
-  Reduce the risk of postpartum depression
-  Increase breastfeeding rates, including initiation and duration
-  Reduce the risk of infant mortality
-  Reduce the incidence of babies born preterm or low-birthweight
-  Improve child health during infancy and childhood
-  Ensure safe and healthy child development
-  Reduce disparities in access to care and health outcomes



"My maternity leave left me only 11 days with my newborn where my job would be protected, but still unpaid. It was the hardest thing I ever had to do, go back to work, leaking incessantly because I was breastfeeding, sleep deprived, depressed, and anxious about the well-being of my two-week-old."

DARLENE, TEXAS



"My son was born three months premature and I spent my maternity leave in the NICU. When he was being discharged, I had to return to work. He still needed special care so I asked for a 2 week extension. When I was denied, I had to quit in order to take care of him."

SAMANTHA, NEW JERSEY



"I worked at a place for a week shy of a year - what it takes to qualify for FMLA leave. If I had made it to my due date, I would have been okay, but they induced me a month early because of low fluid..... 6 weeks isn't long enough to be home with a newborn. That's not enough time for baby to adjust to the real world OR enough time for mom to recover and get on a sleeping schedule normal enough to function properly at work."

MADDY, PENNSYLVANIA

Qualitative Case Study

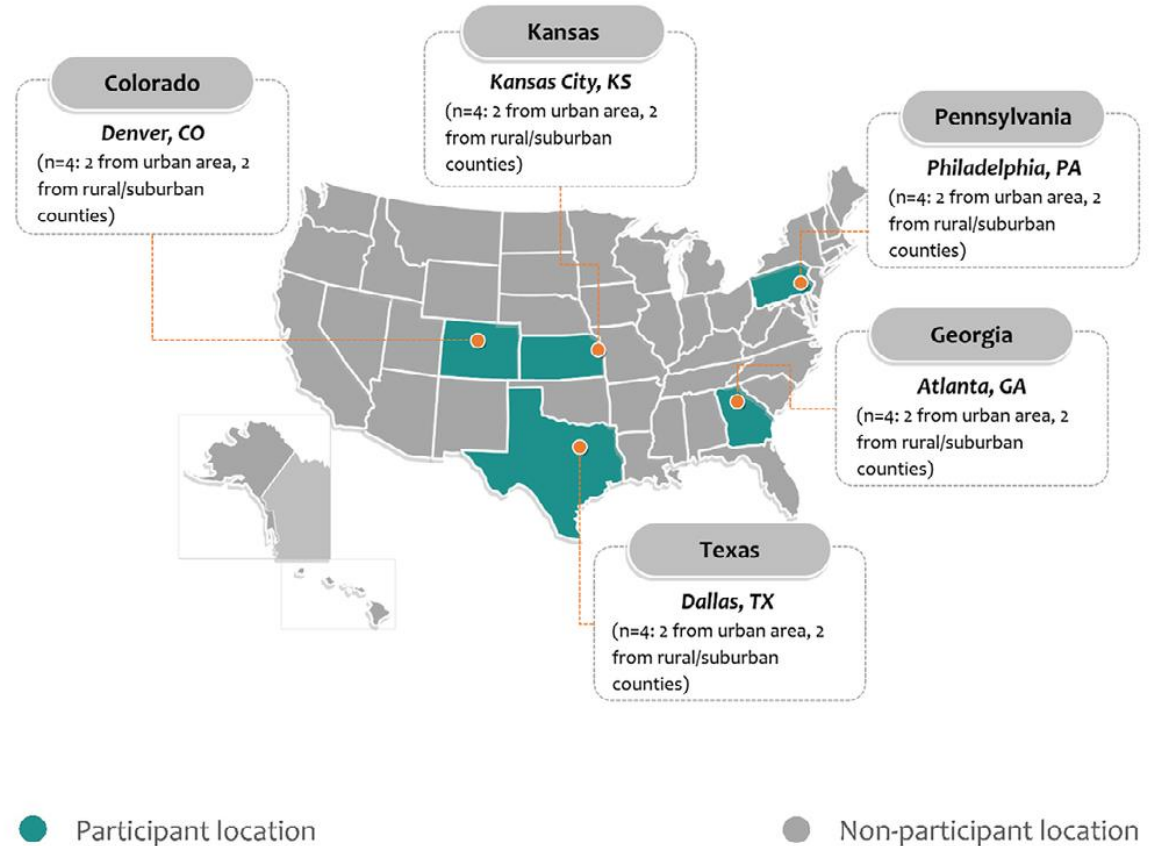
Recruited 20 participants in 5 states without guaranteed paid leave via Facebook.

Online monthly surveys captured real-time data and provided information to probe in interviews.

Research questions:

- How do employers' leave policies influence the well-being of low-income mothers and their infants?
- What are the key barriers and facilitators to good health and well-being among low-wage working women and their infants?
- What are the day-to-day successes and challenges of low-income women navigating employment and motherhood?

MAP OF PARTICIPANT LOCATIONS



(N = 20).

Findings and Stories

During pregnancy:

- Careful budgeting and planning to piece together leave time
- 6 participants experience health issues during pregnancy; 12 took unplanned leave during pregnancy; 5 left work earlier than expected

Postpartum:

- 95% of participants initiated breastfeeding in the hospital; all reported being counseled by a lactation consultant
- At the time of their final interview (3-6 months postpartum), 11 were still breastfeeding exclusively



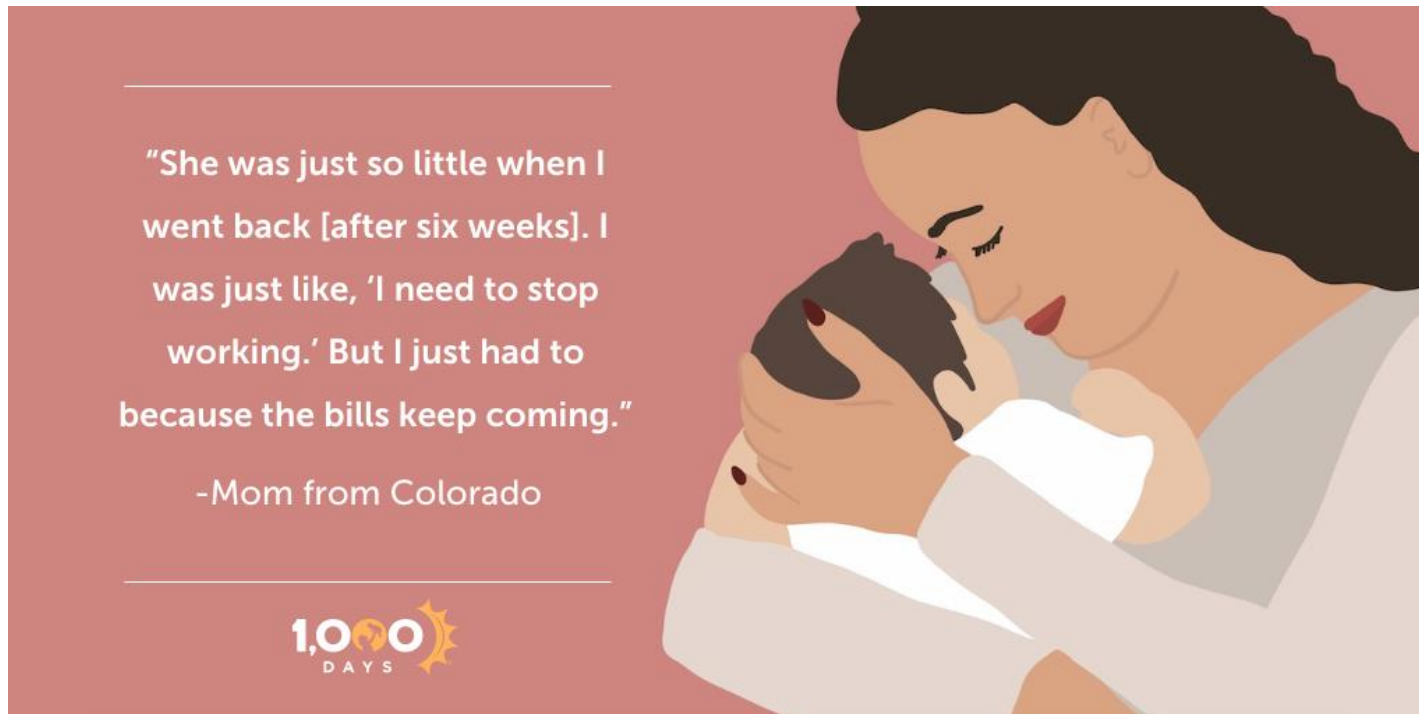
"I wish more of it had been paid. I don't think the 10 weeks is enough for anyone to be home with their newborn baby. So, not generally pleased with that but that's not specific to my particular employer it's more specific to this country."

—A mother from rural/suburban PA

Findings and Stories

Return to work:

- 19 women took some time away from work postpartum, 1 returned to work immediately.
- All participants originally planned to return to work within 6 months of childbirth, but 30% did not.
- 15 participants received some kind of accommodation at work during pregnancy or postpartum.



Findings and Stories

Effects of Returning To Work Too Early

Some women reported negative experiences for both them and their baby due to returning to work too soon. These included a decrease in milk supply or inability to pump, sadness for mother and/or baby, concerns about her baby's health in the childcare settings, and stress while at work worrying about her newborn.

"[Returned to work] because I knew that paid maternity leave was ending and we needed my income. I was entitled up to 12 weeks but it wouldn't have been paid. I feel like I definitely could have used a little longer. Not only just to bond with my new baby but the healing process, my c-section I feel like I could have used a little bit longer. I mean another month would have been ideal, probably like 10 weeks. [...] I didn't get a chance to get back to myself. It was just like you're mostly healed and I have to go back to work and I didn't feel like I had enough time to spend with my baby. [...] It definitely makes me sad that I have to leave him every day. And I know it makes him sad too because he cries when I leave."

—A mother from urban KS



Advocating for Paid Leave



Solutions We Support

FAMILY Act ([H.R. 1185](#)/[S. 463](#))

Current totals: 215 co-sponsors in the House,
37 co-sponsors in the Senate

Paid leave and COVID-19:

- Families First Coronavirus Response Act (P.L. 116-127)
- HEROES Act (H.R. 6800)
- Providing Americans Insured Days of (PAID) Leave Act (H.R. 6442/ S.3513)

Paid leave ballot measure, Prop. 118, passed in Colorado! 9 states and the District of Columbia have now passed paid leave laws

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Call to Action: Paid Leave is a Public Health Imperative



The time has come to view paid leave as not just a policy choice but as a public health imperative. As the evidence shows, paid leave has the potential to improve the health of mothers and babies, save lives and enable children to get a strong start to life. To maximize this impact, policies cannot be exclusive to new mothers, but rather must be inclusive of all the caregiving and health needs of families. A program that is inclusive and comprehensive will best meet the needs of today's workers and their families.

Advancing a national paid leave policy will require new champions and advocates, especially those who work to improve maternal and child health outcomes and address health disparities. The evidence reviewed suggests that the structure of a paid leave policy matters. For paid leave to have the kind of impact that will drive improvements to maternal and child health and child development, the policy must:

- ✓ **Provide sufficient time off:** Workers need access to a minimum of 12 weeks, but ideally 6 months (24 weeks), of paid leave annually to support the health and wellbeing of moms, children and their families.
- ✓ **Cover all employers and all workers:** Policies must be inclusive of all workers to ensure they can care for themselves or a loved one. Paid leave must be available to all workers regardless of the size of their employer, the sector they work in, the length of their employment or whether they work full-time, part-time or are self-employed.
- ✓ **Ensure equitable economic security now and in the future:** Workers should not have to decide between their health or caregiving responsibilities and their job. In addition, workers must retain the right to resume full paid employment after taking leave without fear of discrimination or retaliation. Policies must ensure that taking leave now does not threaten workers' current or future economic security.
- ✓ **Cover medical and family caregiving needs comprehensively:** Any plan should be available for the full range of personal medical and family caregiving needs, such as those already established by the Family and Medical Leave Act (FMLA).

Join Us!



1. **Tell your member of Congress** to co-sponsor the FAMILY Act:
 - <https://thousanddays.org/paid-leave-now/>
 - Home page → Take Action
2. **Share your story** with or without paid leave:
 - <https://thousanddays.org/tell-us-your-experience-with-without-paid-leave/>
 - Home page → Take Action
3. **Share these opportunities** with your family, friends & networks!
4. **Keep in touch** with 1,000 Days for more resources and ways to take action:
 - Website: <https://thousanddays.org/>
 - Facebook & Twitter: @1000Days



Thank you!