

Lack of Leave is a Lack of Love:

A Review of Parental Leave and Mental
Health, Physical Health, and Economic Stress

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Abstract

No standardized leave for American parents

Negative effects:

- Mental health
- Physical health
- Economic stress

Background

Background

Family Medical Leave Act of 1993

- Employer qualifications
- Employee qualifications
- Duration
- Guarantees

Research Method

Qualitative Analysis using Historical Studies

Postpartum Depression

- Depressed mood
- Lack of sleep
- Difficulty bonding with baby
- Guilt
 - Typically, 2 weeks after having the baby
 - Baby blues

Mental Health

Findings – Mental Health

German Study

Technische Universität Dresden in Dresden Germany

Precarious work conditions and Postpartum
Depression

- Wages
- Rights
- Disempowerment

Findings – Mental Health

German Study Results:

- The result of this study shows that precarious work conditions such as a poor work-life balance, low wages, and the lack workers' rights worsen symptoms of postpartum depression.

Findings – Mental Health

Additional study at Benedictine University

- Researchers noted, “longer maternity leaves were associated with significantly lower odds of experiencing with postpartum depression symptoms”.



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Physical Health

Findings – Physical Health

Pregnancy comes with many medical complications:

- Vaginal tears
- Additional recovery time if delivered through a Caesarean section

Findings – Physical Health

The National Institutes of Health (NIH) recommends the following for recovery

- 6 weeks for a Caesarean Section
- 3-6 weeks for vaginal delivery

Findings – Physical Health

The University of Melbourne in Australia conducted a review of maternal health and leave times

- “Having less than 8 weeks leave was associated with an increase in the probability of being in a poorer health category”

Economic Stress

Findings – Economic Stress

A United Nations study focused on Paid Parental Leave as a part of their Sustainable Development Goals

Findings – Economic Stress

Sustainable Development Goals:

- SDG 1 (poverty)
- SDG 3 (health)
- SDG 5 (gender equality)
- SDG 8 (decent work)
- SDG 10 (inequality)

Findings – Economic Stress

The UN Study found the following,

- “In a range of studies, paid leave has been associated with increases in both women’s earnings and their long-term attachment to the labor force”

Findings – Economic Stress

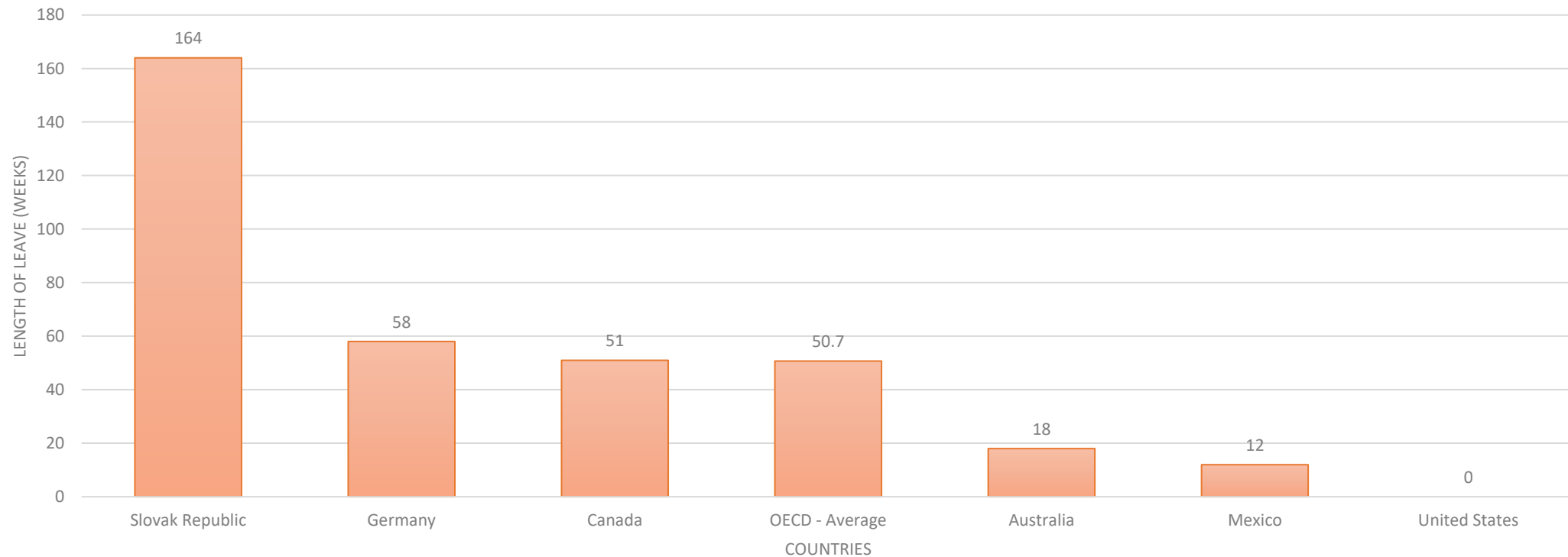
- Paid leave takes away the stress of finances and other economic stressors.

US – OECD Country Comparison

- OECD
- Organization for Economic Cooperation and Development
- 38 Members

Findings – US & OECD Countries

Length of Leave in OECD Countries



Conclusion

The lack of a standardized paid leave in the United States leads to poor mental health, poor physical health, and economic stress.

Discussion – Current State of Leave

- Private companies offer parental leave as a benefit
- Some states have different regulations that add to the Family Medical Leave Act

MN Parental Leave Law

- 12 weeks of unpaid leave
 - Employer has 21 or more employees
 - Employee has worked at employer for at least 12 months for at least part-time

CA Parental Leave Law

- 8 Weeks of Paid Leave
- 60-70% of normal wages

Discussion – Future Research

- Paternity Leave
- Maternity Leave offered as a benefit
- Specific State Programs

Discussion – Future Presentations

- HR Professionals
 - SHRM
- Government Officials
 - Lobbying

Discussion – Future Presentations

**Society for Human
Resource
Management (SHRM)
Conference**

My Proposition

- All new mothers qualify for 12 weeks of paid leave through their employer or through Medicaid
- Pay would be \$7.25/hr*40 hours/week
 - \$290 before taxes

Questions or
Comments?

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Lack of Leave is a Lack of Love: A Review of Parental Leave and Mental Health, Physical Health, and Economic Stress

Abstract:

Being pregnant is a roadblock to many women in business. American businesses are not required by law to provide paid leave to employees who are pregnant. The Family Medical Leave Act is the only requirement for the federal government for employers. Not all employers qualify for the Family Medical Leave Act and not all employees qualify for FMLA. Not providing a paid maternity leave deters female workers from having families. When female employees have children, the lack of paid leave hurts their mental, social, and physical health. Despite the fact that the Family Medical Leave Act offers leave for many employees and some American companies offer a variety of types of leave, the lack of paid leave as a benefit is a direct cause of psychological, physical, and social issues for an employee.

Background:

The Family Medical Leave Act of 1993 was created to provide job security to employees who have some type of medical leave for themselves or to care for a sick spouse or child (Labor, 2015). The Family Medical Leave Act also provides job security for parents who have just

adopted a child. Currently under the FMLA, a woman who gave birth to a child is entitled to twelve work weeks of unpaid leave. The employee and the employer both need to qualify for the Family Medical Leave Act. Not all organizations qualify for the Act. To qualify, a private organization has to employ 50 or more people within 20 workweeks. Public organizations qualify for this leave. For the employee to qualify, he/she/they need to work for a qualifying employer, work at the employer for at least 12 months, worked at least 1,250 hours within the last 12 months, and works for an employer that has at least 50 employees within a 75-mile radius. These requirements for an employee to qualify are limited and exclusive to many American employees. If an employee were to qualify for the Family Medical Leave Act, the employee would have an unpaid leave for 12 weeks. This Act allows the employee to return to the same position without the loss of benefits, reduced pay, or any other type of retaliation regarding the leave. While there is a leave offered by the United States government, there is no universal parental leave policy that provides paid leave to mothers in the United States.

When reviewing the effects of a non-existent paid parental leave policy in the United States, it is important to look at the effects holistically. The women who have to endure no leave or the lacking Family Medical Leave Act are affected mentally, physically, and economically.

Method:

The method for this research is qualitative analysis using historical studies. The historical studies research method uses data from past research to identify relationships with current trends.

Findings:

After giving birth, it is common for most mothers to experience the Baby Blues. The Baby Blues, as published by the Mayo Clinic, “include mood swings, crying spells, anxiety and difficulty sleeping” (Staff, 2018). The Baby Blues may cause a woman great anxiety and stress. The Mayo Clinic’s research shows that the Baby Blues only last up to two weeks. When the Baby Blues last longer than two weeks, a woman is considered to have postpartum depression. Postpartum depression is common among new mothers. “Postpartum depression may be mistaken for baby blues at first — but the signs and symptoms are more intense and last longer and may eventually interfere with your ability to care for your baby and handle other daily tasks” (Mayo). Postpartum depression is common, yet it is not an unbearable aspect of being a post-birth mother.

Postpartum depression, stress, and anxiety are worsened with the lack of maternity leave and the economic stress of not having a paid leave. The symptoms of postpartum depression include, but are not limited to, depressed mood, lack of sleep, difficulty bonding with one’s baby, shame, anxiety, and guilt. Left untreated, these symptoms can last months after birth. A Swedish study focused on the lived experiences of mothers and fathers during and after pregnancy. Mothers were interviewed to speak on their mental and emotional feelings during and after delivery. One mother said, “The pregnancy was tough, I may have felt a bit low, even before delivery. I did not think the baby was pretty, and I had no feelings of love” (Johansson et al., 2020). This saddening quote from a mother displays the strong emotional effects post-partum depression has on mothers.

In a recent study from the Department of Psychotherapy and Psychosomatic Medicine and the Faculty of Medicine of the Technische Universität Dresden in Dresden, Germany, the

researchers focused on the risk factors working conditions have on postpartum depression. This 2020 study aimed at finding the influence work-related conditions have on postpartum mental health. The study's goal was "to investigate the prospective impact of precarious working conditions and psychosocial work stress during pregnancy" (Karl et al., 2020). Precarious work conditions in this study are described through six dimensions: temporariness, disempowerment, vulnerability, wages, rights, and exercise rights. Temporariness is described as contract employment, and disempowerment is the level to which the employee can negotiate. Vulnerability is the defenselessness the employee has to authoritarian treatment. Wages focused low wages or economic deprivation. Rights differ from exercise rights as the former is the existence of workplace rights as the latter is the ability to exercise those rights given.

In this German study, 587 pregnant women were interviewed through a questioning method called DREAM. DREAM which is an acronym for the German Dresdner Studie zu Elternschaft, Arbeit und Mentaler Gesundheit, which translates to Dresden Study on Parenthood, Work, and Mental Health. The surveyors from the Technische Universität Dresden recruited expecting mothers and their partners for questioning. Mothers were questioned six times: during pregnancy, and then the following increments after giving birth: 8 weeks, 14 months, 2 years, 3 years, and lastly at 4.5 years.

To focus on the aspect of postpartum depression, the researchers focused on 8 weeks after delivery. After 8 weeks, the baby blues are typically gone, and postpartum depression will be experienced by the mother if she is undergoing it. The mothers were asked to rate their psychosocial work conditions and disclosed their wage information. Mothers were also asked about their prior mental health history as to not have skewed results from those with preexisting depression. The mothers were also asked to explain their current mental health symptoms to see

if mothers were experiencing any type of postpartum depression. The researchers used the German version of the Edinburg Postnatal Depression Scale (EDS). Using the EDS scale, the mothers self-reported themselves for ten different symptoms on a scale of 0-3. The higher scores indicated some type of postpartum depression. A score greater than or equal to 10 indicated minor depression. These results helped the researchers find a relationship between precarious work conditions and postpartum depression.

The results of the study concluded that precarious work conditions and an effort-reward imbalance were significantly positively associated with the symptoms for postpartum depression. The researchers concluded, “In this prospective cohort study precarious working conditions, WPC, and ERI ratio were individually significantly positively associated with symptoms of PPD with regression models, when controlling for age, professional education, parity, and anxiety during pregnancy” (Karl et al., 2020). The result of this study shows that precarious work conditions such as a poor work-life balance, low wages, and the lack workers’ rights worsen symptoms of postpartum depression.

Employers providing paid leave for mothers would significantly decrease the symptoms of postpartum depression. As seen in the German study, symptoms of postpartum depression are worsened by precarious work conditions. When women are given the opportunity to have a solid work-life balance, better wages, and better worker’s rights, they are empowered and be set up for success in the workplace.

In 2017, researchers from Benedictine University in Lisle, Illinois, conducted a research study that explored the link between maternity leave and postpartum depression. The research study was conducted on American woman who were mothers who were employed full-time before giving birth. The women studied were questioned after they returned to their full-time

employment. Some women had a paid leave through their employer and some of the women had no paid leave (Kornfeind & Sipsma, 2018). The women were asked how long they stayed home on maternity leave. The average leave for the women surveyed was 9.7 weeks, which is less than the 12 weeks that are allowed under the Family Medical Leave Act.

The women were also asked about their experiences with postpartum depression. The researchers noted, “longer maternity leaves were associated with significantly lower odds of experiencing with postpartum depression symptoms” (Kornfeind & Sipsma, 2018). The multivariable model used by the researchers at Benedictine University found that there was a trend in length of maternity leave and postpartum depression. That trend showed that longer maternity leaves allow for less symptoms of postpartum depression.

In addition to the mental health effects of pregnancy and the lack of proper leave, a woman’s physical health is hurt. Giving birth, either vaginally or through Caesarean section, takes a physical toll on a woman’s body. After a delivery, a woman needs time to recover from an intense physical operation. Often with the lack of a standard maternity leave policy, women do not take the proper amount of time to recover from the physical toll of giving birth.

The National Institute of Health (NIH) recommends that a woman take at least 6 weeks to recover from a Caesarean section and 3-6 weeks to recovery from a vaginal delivery. A Caesarean section is a surgery that has a major incision wound. Women usually stay in the hospital for 2-4 days after having the Caesarean section operation (Macones et al., 2019). For women who had a vaginal tear with their vaginal birth, the recovery of the tear can be as long as 8 weeks (Nygaard et al., 2017). These medical studies state that recovery from a Caesarean section operation or a vaginal birth have recovery times that are necessary for the health of the mother.

There has been specific research that shows the lack of parental leave in the United States is harmful to women physically as they try to recover from delivery. Research was conducted in 2015 to look into the physical and medical effects of not having a parental leave have on a mother. The research was conducted through the Gender and Women's Health Unit at the Centre for Health Equity of the Melbourne School of Population and Global Health, The University of Melbourne, the Institute for Social Science Research and School of Social Science at the University of Queensland, Brisbane, and the Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health at the University of Melbourne (Aitken et al., 2015). This study looked at data collected on different types of leave such as less than 8 weeks of paid leave, more than 8 weeks of paid leave, no paid leave, and greater than 13 weeks of paid leave (Aitken et al., 2015). This study was able to look at a large variety of different types of paid and unpaid leave. The results of the study show, "Having less than 8 weeks leave was associated with an increase in the probability of being in a poorer health category" (Aitken et al., 2015). The length of the leave correlates to the health outcomes of the mother. For those who have a shorter maternity leave, they have less time to recover.

Additional results of the research at the University of Melbourne showed that each week of additional leave at reduced the likelihood of reporting poor health. The researchers concluded, "Each week increase in length of leave was associated with a 4% reduction in the odds of reporting poor physical wellbeing" (Aitken et al., 2015). This finding shows that women who have a longer leave are able to have better health outcomes. One main reason longer leaves may help women medically could be due to the longer time to rest and recover after a vaginal birth or Caesarean section.

In their conclusion, the researchers in Melbourne Australia concluded, “The review provides evidence of a positive association between paid maternity leave and maternal health from individual-level studies, suggesting that taking remunerated leave improves maternal health and wellbeing. This study, through thorough analysis of the data, showed that a longer maternity leaves assisted mothers with recovery and provided better health outcomes.

Giving birth can cause many changes to a woman physically. Some of the health complications include vaginal tears, anemia, hypertension or high blood pressure, and gestational diabetes. Women are also susceptible to blood clots, hemorrhages, and infections. These medical complications need to be closely monitored by a physician after delivery and during recovery. When women are not given a proper maternity leave, women are more susceptible to future health problems (Centers for Disease Control and Prevention).

The Family Medical Leave Act (FMLA) does not require employers to pay employees for their leave. FMLA allows the person who took the leave to return to their current position or a similar position. There is currently no federal law in the United States that requires employers to pay women while they are taking a maternity leave. This lack of pay causes intense economic stress in women.

Women must decide to go back to work early or pay for groceries and baby items. This choice causes distress in many women. A 2017 article was published in *Public Health Review* about paid family leave. This research study looked at 193 UN Member States and the policies regarding leave. Research focused on UN Member States that offer paid family leave. This research was a part of the United Nation’s Sustainable Development Goals (SDG). Paid family leave relates to five of the different UN Sustainable Development Goals. Paid family leave relates to the following UN SDGs: SDG 1 (poverty), SDG 3 (health), SDG 5 (gender equality),

SDG 8 (decent work), and SDG 10 (inequality) (Heymann et al., 2017). These five goals relate to paid leave and was a focus of the research conducted by the United Nations.

The researchers looked at women who took parental leave and breastfeeding breaks. These women were separated into groups based high, low, and middle-income countries that are a part of the United Nations. The data from the research showed:

Two of the mechanisms by which paid leave may lower mortality are by increasing the initiation and duration of breastfeeding, widely regarded as one of the most effective downstream infant health interventions, especially in LMICs; and by supporting parents' ability to ensure their child receives essential immunizations and other postnatal care.

(Heymann et al., 2017)

Parental leave, especially paid leave, can help decrease infant mortality. The UN researchers focused on pay with parent leave to further research the effects pay has on a new mother. The United Nations research study cited many other past studies that showed a strong relationship with paid leave and better health outcomes for both the child and the mother. Providing paid parental leave, which is not done universally in the United States, allows for parents and children to thrive.

In terms of economic stress, offering a paid maternity leave has led women to grow within their company and strive professionally.

In a range of studies, paid leave has been associated with increases in both women's earnings and their long-term attachment to the labor force [5, 27–29]. For example, Waldfogel (1998) found that the availability of maternity leave was associated with increases in wages for up to 5 years among mothers who returned

to work at some point after childbirth in Britain and the USA, while Rasmussen (2010) found that introducing 6 weeks of paid parental leave in Denmark, which supplemented the 14 weeks of post-birth leave already available to mothers, had small positive effects on mothers' earnings, work experience, and employment rates in the 5 years after the reform.

(Heymann et al., 2017)

While this study takes place outside of America, there have been positive results from offering a paid leave to women who give birth. The 1998 study in Britain showed the most positive results that women make more money when they return to work after taking a paid leave. This shows that paying women, even just a percentage of their typical salary, for parental leave has benefits for the future work of the woman.

The United States, as stated earlier, does not require paid leave under the Family Medical Leave Act. The United States is one of the only high-income United Nation Member States that does not provide a paid leave for mothers. There is a current standard that is accepted by most high-income United Nation Member States that the United States does not follow. The standard includes the following, "The International Labor Organization (ILO) Maternity Protection Convention (2000) established a minimum global standard of 14 weeks of paid maternal leave for working mothers" (Heymann et al., 2017). The standards set by the International Labor Organization are not followed by the United States; however, through research conducted by the United Nations, paid family leave has a myriad of benefits for working women, especially reducing economic stress and better health for the child and mother. The International Labor Organization is an agency under the United Nations. Since the United States does not follow the

standards set by the ILO Maternity Protection Convention, the United States is behind many other United Nations Member States.

In addition to the findings of the United Nations Sustainable Development Goals, an Australian evaluation was conducted to see the positive effects of paid leave on the health and well-being of the mother. The Australian government has a national 18-week paid maternity leave for mothers. This Australian study focused on the positive effects the paid leave had on mothers (Hewitt et al., 2017). The researchers surveyed 2347 mothers before their paid parental leave and 3286 mothers after their paid parental leave. Mothers were separated by contract type, employer size and income (Hewitt et al., 2017). Other demographic information such as education, spousal status, and partner's income were collected to ensure the most accurate data was collected. These questions helped the researchers figure out what makes paid parental leave successful for parents in Australia.

The mothers in the study were interviewed about their mental and physical health. The data collected from the mothers after they taken parental leave was compared to the data of mothers before paid parental leave. The questions followed the SF-12 system (Hewitt et al., 2017). The SF-12 system is a set of 12 short form questions related to mental and physical health (Larson, 2002). The questions cover the following topics: limitations in physical activities because of health problems, limitations in social activities because of physical or emotional problems, limitations in usual role activities because of physical health problems, bodily pain, general mental health, limitations in usual role activities because of emotional problems, vitality, and general health perceptions (Larson, 2002). These questions gave a great perspective of the mental and physical changes women endure during pregnancy and after pregnancy.

The results varied for the women who were questioned before a paid parental leave and the women who were questioned after a paid parental leave. The scoring is set up that higher scores correlate to a more healthy person both physically and mentally. In the results of the Australian study, the mean scores increased from the scores taken before the paid parental leave and the scores taken after the paid parental leave (Hewitt et al., 2017). The score improved for both mental and physical health. Both scores improved over 1 point in the SF-12 test.

The results of the Australian study show that women who receive a paid leave after giving birth have many benefits. Women's health and mental state improved after the national 18-week parental leave in Australia. The women were paid at the minimum wage rate; however, new mothers did not have to worry about economic stress or finances since the Australian government provides a paid leave (Hewitt et al., 2017). This paid leave program for parents in Australia is proof that stress is reduced, based on the SF-12 test. The SF-12 test is one of the best tests to quantify mental and physical symptoms. Pay being offered to women reduces stress and improve physical health.

In addition to the Australian study, there was a study conducted at the School of Economic Sciences at Washington State University. This study focused on paid parental leave and how it effected the mental health of the mothers (Mandal, 2018). The participants of this study were women who received a paid leave and those who did not. The results of both cohorts of women were compared to see if the results differed between the women who received a paid leave and those who received an unpaid leave.

The researcher in this study on paid maternity leave, Dr. Bidisha Mandal, is an economics professor at Washington State University. To commence the research, Dr. Mandal analyzed data from a few studies. She used data from the Early Childhood Longitudinal Survey,

the Center for Epidemiologic Studies Depression scale, and results from surveyed women. The women gave the length of their leave and the duration of that leave that was paid, if any. Overall, the study was able to find a connection between paid leave and positive mental health outcomes.

The research concluded with the following, “I [Mandal the author] found that receiving paid leave alleviated the negative effect of early return to work after giving birth among women who worked full-time before giving birth. The estimated effect of paid leave was found to be stronger among women who returned to fulltime work within 12 weeks of giving birth” (Mandal, 2018). Having a paid leave, as seen in the study by Dr. Mandal at Washington State University, removes stress from many mothers. Paid leave takes away the stress of finances and other economic stressors.

Conclusion:

Through the many studies, it can be concluded that paid maternity leave makes a woman less likely to have postpartum depression, medical health complications during recovery, and less economic stress. With the many studies quoted above, postpartum depression or the likelihood of having a worse mental health decrease with a longer maternity leave. In terms of medical issues, the longer the maternity leave, it is more likely that a mother will be able to recover from delivery, whether vaginal delivery or through a Caesarean section. Women who are paid during their time on maternity leave, are likely to have improved mental health and physical health. Women do not have to stress about their financial situation, which reduces economic stress.

Discussion:

The research conducted shows that the Family Medical Leave Act (FMLA) in the United States needs to be change. One of the main issues with FMLA is that not all employees qualify for this type of leave. The other main issue with FMLA is that there is no pay requirement for employees. When an employee decides to go on a leave for pregnancy, the employee is not entitled to payment at all. The employer has to give the employee the same job or a similar job when the employee returns from leave without any type of retaliation.

The Family Medical Leave Act needs to be updated to address the following issues:

- Maternity leave for up to 14 weeks for mothers
- Qualifications for women who work in small businesses
- Pay for women who take maternity leave, even if it is just at the federal minimum wage for 40 hours a week for the duration of the leave

Additional research can be conducted in the area of paid leave on American women. This can focus on the current states that offer a paid maternity leave program which are California, Connecticut, Washington, D.C., Hawaii, New Jersey, New York, Rhode Island, and Washington. Only 7 states in the United States have some type of paid leave for parents, which is funded through taxes or disability insurance.

Private companies offer policies to their employees as a part of a benefits package. Parental leave offered by private companies often goes beyond the Family Medical Leave Act. Many large Fortune 500 companies have policies for paid parental leave that go beyond the requirements of the Family Medical Leave Act of 1993. Netflix changed their parental leave policy in 2015 as a part of an improved benefit for full-time employees. In a 2015 article in the *New York Times*, Emily Steel wrote,

Netflix announced on Tuesday that it was starting an unlimited leave policy for new mothers and fathers for the first year after the birth or adoption of a child. As part of the new maternity and paternity policy, employees will receive their normal pay. They will be able to return to work part time or full time, and they may also return to work and then take additional time off, if needed.

(Steel)

This updated policy from Netflix shows that it is possible for organizations to create parental leave policies that improve the lives of new mothers and fathers. Research can be done on organizations such as Netflix to see how well the parental leave policy has been working since its start in 2015.

Further research on the lack of a parental leave policy in the United States and its effects on an employee's mental health, physical health, and economic stress can be presented to the Society for Human Resources Management (SHRM). Human resources professionals often influence what types of benefits packages an employer offers to its employees. As seen in many of the studies above, an employee's mental health and physical health is improved with a paid maternity leave that is over 12 weeks.

Additional research can collect data on paternity leave for fathers who had a spouse give birth. There has been past research on paternal involvement in the life of the child. If the Family Medical Leave Act were to be reformed and some type of maternity leave policy was created, a policy for fathers or spouses needs to be created. Paternal involvement, especially at the beginning of a child's life is imperative. Some American companies after parental leave which is for a parent of either gender. This type of policy should be the norm for workplaces and organizations in America.

These findings can be presented at a SHRM conference to show human resource departments how crucial it is to provide a comprehensive plan for parents. In this current job market with a high demand of jobs and a low supply of employees, an employee can seek the job with the best benefits. It is of the utmost importance that organizations reevaluate their parental leave policies to go beyond what is required by law in the Family Medical Leave Act of 1993.

Employers can also make all employees qualify for some type of parental leave program. To qualify currently, a private organization has to employ 50 or more people. Public organizations of any size qualify for this leave. For the employee to qualify, the employee needs to work for a qualifying employer, work at the employer for at least 12 months, and worked at least 1,250 hours within the last 12 months. Small business, some part-time employees, and newly hired employees often do not fulfill all of the qualifications for the Family Medical Leave Act. Private employers can easily waive these requirements and offer a leave of absence program to new parents who do not qualify for FMLA.

There is an organization of countries in the developed world called OECD (Organization for Economic Co-operation and Development) countries. There are currently 38 member countries of OECD. There was a review in 2018 on the maternity leave policies in the OECD countries (Nandi et al., 2018). Below is a chart that shows the different OECD countries and their national policies for maternity leave.

| Time | | 2020 | |
|-----------------|--|--------------------------------|-------|
| Country | | Length of Leave (weeks) | |
| Slovak Republic | | | 164.0 |

| | | | |
|-------------------------|--|--|-------|
| Finland | | | 161.0 |
| Hungary | | | 160.0 |
| Latvia | | | 94.0 |
| Norway | | | 86.0 |
| Estonia | | | 82.0 |
| Czech Republic | | | 75.1 |
| Korea | | | 64.9 |
| Lithuania | | | 62.0 |
| Austria | | | 60.0 |
| Germany | | | 58.0 |
| Japan | | | 58.0 |
| Sweden | | | 55.7 |
| Slovenia | | | 52.1 |
| Poland | | | 52.0 |
| Canada | | | 51.0 |
| OECD - Average | | | 50.7 |
| Denmark | | | 50.0 |
| Italy | | | 47.7 |
| Luxembourg | | | 46.0 |
| Greece | | | 43.0 |
| France | | | 42.0 |
| United Kingdom | | | 39.0 |
| Belgium | | | 32.3 |

| | | | |
|------------------------|--|--|------|
| Portugal | | | 30.1 |
| Chile | | | 30.0 |
| Ireland | | | 28.0 |
| Iceland | | | 26.0 |
| New Zealand | | | 22.0 |
| Australia | | | 18.0 |
| Costa Rica | | | 17.3 |
| Colombia | | | 17.0 |
| Netherlands | | | 16.0 |
| Spain | | | 16.0 |
| Turkey | | | 16.0 |
| Israel | | | 15.0 |
| Switzerland | | | 14.0 |
| Mexico | | | 12.0 |
| United States | | | 0.0 |

(Nandi et al., 2018)

This chart shows that the United States is last in the ranking of the different OECD countries on maternity leave. The OECD average is 50.7 weeks, which is almost a full calendar year. This ranking shows that the United States is behind in the developed world. The United States needs to follow the lead of 37 of the other OECD countries and offer some type of maternity leave.

When a thorough policy regarding maternity leave is enacted, women are more likely to continue employment after giving birth. Women are encouraged to have a work-life balance. Reform of the Family Medical Leave Act of 1993 is especially important to women who do not currently work for a qualifying employer. It is important for the morale and the workplace culture that employers have family leave policies. Being pregnant in the workplace in America will no longer be a roadblock to women. Women will, one day, be able to have paid maternity leave in America and thrive as both employees and mothers.

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