



# The Impact of Paid Maternity Leave on Maternal Health

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*We examine the impact of the introduction of paid maternity leave in Norway in 1977 on maternal health in the medium- and long-term. Using administrative data combined with survey data on the health of women around age 40, we find the reform improved a range of maternal health outcomes, including BMI, blood pressure, pain, and mental health. The reform also increased health-promoting behaviors, such as exercise and not smoking. The effects were larger for first-time and low-resource mothers and women who would have taken little unpaid leave in the absence of the reform.*  
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Across OECD countries, there is substantial variation in maternity leave benefits. In the United States, the Family and Medical Leave Act of 1993 guarantees 12 weeks of unpaid leave for eligible mothers, but no paid leave.<sup>1</sup> In contrast, in most other high-income countries, there has been an increase in paid maternity leave benefits over the last several decades. For example, prior to 1977, only 12 weeks of unpaid leave were available to working mothers in Norway, but currently, women are entitled to almost a full year of paid leave and an additional year of unpaid job protection after the birth of a child. To comprehensively assess maternity leave policies and determine the case for expanded paid leave, one must consider the impact of these policies on the outcomes of children, mothers, and families.

There is a large literature that estimates the effects of maternity leave reforms on maternal employment and earnings as well as a variety of short- and long-term outcomes of children, such as health and cognitive development. However, there is

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