New Zealand's Parental Leave Policy and the Impact it could have on the U.S.

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The famous quote by Abraham Lincoln “all that I am or hope to ever be, I get from my mother” seems like the most logical way to start a paper fighting for something as important as a policy on maternity leave (Shapell & Willen, 2012). While Wellington, New Zealand’s Capital and Coast District Health Board (CCDHB) has implemented a parental leave policy that supports evidence-based practice and societal benefits, the United States is lacking in this evolution of humanity. Under clause 16.15 of the DHB/NZNO Nursing and Midwifery Multi-Employer Collective Agreement 01 August 2020-31 December 2022 employees may be entitled to additional funds to meet their full salary on top of the regulatory paid parental leave payment made by the Inland Revenue (New Zealand Nurses Organization, 2021). Clause 16.15 Paid Parental Leave states:

> “Where an employee takes parental leave under this clause, meets the eligibility criteria in 16.2 (i.e. they assume or intend to assume the primary care of the child), and is in receipt of the statutory paid parental leave payment in accordance with the provisions of the Parental Leave and Employment Protection Act 1987 the employer shall pay the employee the difference between the weekly statutory payment and the equivalent weekly value of the employee’s base salary (pro rate if less than full-time) for a period of up to 14 weeks” (NZNO, 2021, p.39).

Under New Zealand’s Parental Leave and Employment Protection Act of 1987, a primary carer can take up to 26 weeks (continuously) with weekly pay through Inland Revenue totaling the individual's average weekly income or a maximum of $621.76 weekly gross pay. A following 26 weeks unpaid can be taken under this act, with job protection to equal 52 weeks of leave (extended leave) (Types of parental leave, 2020 & Amount of parental leave payment, 2021). Whether this policy comes as a surprise or not, like-policies exist around the world. The

United States is one of four countries that does not guarantee 10 weeks of paid parental leave, and although regulatory directives have crept into some states, this does not deceive the problem (Eaves & Schindler, 2022). Where does evidence need to erupt from to make this change obvious? This paper will review that of stakeholders, the Institute of Medicine's competencies affected, data supporting a nationwide parental leave policy, and the impact an advanced practice nurse (APRN) has on a policy of this degree.

The labor force of women has increased from 34% of women with children in 1976 to 61% in 2015, and the major stakeholders that can advocate for working mothers include patients, practitioners, government/society, and corporations/businesses (U.S. Bureau of Labor Statistics, 2016 as cited in Jou et al., 2018). Decision-making values around the subject of maternity leave fall to the corporations or state governments regarding a policy on paid maternity leave. Practitioners and patients currently have little input on the direct effects of unpaid maternity leave, however their voices are important for change. Corporations have a duty to provide the best outcomes that are supported by services that take care of their employees (DeNisco, 2021). New Zealand is fulfilling that duty as a nation. Even with some businesses in the U.S. implementing a paid maternity leave policy, employees typically do not have a full understanding of what it entails (Goodman, 2017). Although anecdotal, *Glamour.com* highlights that on March 25, 2021, New Zealand passed a law that families (both mother and father) get paid leave for three days after a miscarriage or stillbirth, recognizing just how far behind the US is (New Zealand unanimously passes, 2021). New Zealand, being one of the first places to pass a law like this, highlights the lack of safety, quality, and values toward U.S. working women with no federal policy on paid maternity leave. The pros of the CCDHB Wellington parental leave policy reference evidence-based benefits in maternal and infant health, represent the impacts a

policy like this has on a nation, and aid in the current "gender inequalities in career trajectory and income" among women who want to have children (Hegewisch & Gornick, 2011 as cited in Jou et al., 2018, p.217). The United States Family and Medical Leave Act (FLMA) of 1993 has not evolved with the working women in society, however clear recognition and initiative by other countries around maternity leave policies are evident. India's Maternity Benefit Amendment Act of 2017 was enacted by supporting evidence from the World Health Organization's "recommendations that exclusive breastfeeding (EBF) should be continued until 6 months of age" (Majhi et al., 2021, p.537). The 21st century was the turn for most countries and the implementation of parental leave policies, thus, increasing fertility, better child health, and inclusion of women in the workforce (Alexandre et al., 2021).

Under the Institute of Medicine's (IOM) five competencies, a universal paid maternity leave policy directly impacts the competencies: patient-centered care, evidence-based practice, and quality improvement. Patient-centered care revolves around families (not just mother and infant) with a direct correlation to evidence-based studies (DeNisco, 2021). Studies found evidence that better outcomes exist with six months of maternity leave for infant health, maternal physical and mental health, and breastfeeding success (Jou et al., 2018; Majhi et al., 2021). Women who took paid maternity leave had 47% less chance of re-hospitalization of their infant, and 51% less chance of being re-hospitalized themselves compared to those that took unpaid leave or no leave (Jou et al., 2018). Stress management and exercise wellness were 1.8 times greater in women who took paid leave compared to those that took unpaid (Jou et al, 2018). The quality improvement competency of this policy directly impacts more than half of the laboring force (Eaves & Schindler, 2022). The quality improvement would also need to address a cultural shift in the workforce, and the cons of women being afraid of taking advantage of a maternity

leave policy in full, believing their career will be impacted. With this evidence-based practice, and clear benefits to infant patients and mother patients, quality improvement can take place with immense support.

For this shift to occur in policy and culture, current research is necessary with supporting evidence to initiate a policy on parental leave. Eaves and Schindler (2022) exemplify clear resources for change in a parental leave policy by stating "maternity care clinicians are the experts from whom patients, researchers, and legislators need to hear about the conditions that promote optimal maternal-infant health outcomes and how policies and legislation can create and sustain those conditions for all families" (p. 11). Socioeconomic factors resonate around those businesses that offer some paid maternity leave as compensation in the US is still one of the lowest in the developed world, impacting low-income individuals that cannot afford one day without pay (Neckermann, 2017). Neckermann (2017) compares a California mother's six-week paid leave at 55% of normal pay to a Spain mother's sixteen-week paid leave of 100% compensated to prove just how obvious quality and safety of health are ignored. With no federal policy, the obvious impacts reside around low socioeconomic families that cannot make ends meet with unpaid FMLA leave. The less obvious include workplace culture. Goodman's (2017) study on the missing data/research on antenatal impacts of unpaid leave highlight statements like "a woman may not feel comfortable using all available leave for fear of being perceived as less committed to her job" (p.186). This is catastrophic, not only for families but for society. Although allowance of paid maternity leave could be in the future, cultural environments need to adapt to that policy to benefit the well-being of families.

Eaves and Schindler (2022) emphasize the impact midwives (APRNs) have as being the "agents of change" for a universal paid maternity leave policy (p.9). *The Future of Nursing:*

Leading Change, Advancing Health is described by DeNisco (2021) as a report that revolves around the APRNs impact on the nation's health. There are only nine states (California, New Jersey, Massachusetts, Rhode Island, New York, Washington, Connecticut, Oregon, and Colorado) that have enacted a twelve-week paid maternity leave policy, and no federal acts that protect a mother and her infant, showing just how much impact an APRN can have on this nation (State Paid Family Leave Laws, 2022). Boswell et al. (2005) as cited in DeNisco (2021) describes that an individual "chooses to become influential in the policy arena" by becoming involved on the state or national level," thus, correlating directly to the duty of an APRN in a policy to this degree (p.261). The profession of midwifery has been making initiatives as policy advocates and activists, understanding to promote a maternity leave policy "patient education about the American Families Plan and encouraging patients to contact their local representatives and senators to urge voting on the full plan is the first step toward advocacy" (Eaves & Schindler, 2022, p.11). In addition to this, educating colleagues and spreading information sheets on the American Families Plan through professional networks, clinical websites, and social media would raise awareness. APRNs must advocate for their patients, and something as large as a federal policy on maternity leave could be life-changing for many families throughout the United States.

New Zealand has made serious strides, along with much of the developed world, in the implementation of a paid parental leave policy supporting infant and maternal health. While comparing the United States FMLA of 1993 and the requirement for employers to offer twelve weeks of unpaid maternity leave, the concern lies with New Zealand's Act offering 52 weeks of maternity leave, 26 of those weeks being fulling compensated through government. This dramatic difference is unacceptable and as APRNs become more involved in policymaking and

implementation, recognizing where importance lies is the biggest feat for those individuals. The influence and change through stakeholders, continual evidence-based research for support, and the fight in the advocation of American families could change society forever through a paid parental leave policy. The question is, when will this fight begin?

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