

## Issue Spotlight: NICU Leave is a Common-Sense Policy that Supports Working Families and Improves the Health of NICU Parents and Babies

In the United States, approximately 10% of babies are born preterm, and these preterm babies often require specialized care in a neonatal intensive care unit (NICU).<sup>1</sup> Preterm birth can have a profound impact on families, contributing to emotional challenges, sudden changes in family dynamics, and increased caregiving and financial demands. During this challenging time, many NICU parents are caught between the competing demands of their jobs and the health and well-being of themselves and their new babies. No NICU parent should be forced to choose between their new baby and their financial security.

As detailed in Sections I and II below, working parents of preterm infants need dedicated NICU leave so they can spend critical time with their babies and heal during the postpartum period. With NICU leave, families will have more flexibility and opportunity to bond with their preterm infants, cope with—and recover from—childbirth, understand their infants' unique developmental needs, and learn how to safely manage ongoing health conditions.<sup>2</sup> Access to workplace leave when a parent has an infant in the NICU not only benefits the infant's health and well-being but also helps working parents take care of themselves and adjust to their new normal. Against the backdrop of high rates of maternal complications and infant mortality in the U.S., guaranteed NICU leave can also help to address existing racial disparities in maternal and infant health outcomes.

Policymakers should explore multiple options for how to best guarantee workplace leave to NICU parents. Section III details several policy opportunities to advance NICU leave and highlights growing momentum on this issue. Ideally, NICU leave laws should be *paid*, to ensure that workers are able to address needs related to their baby's stay in a NICU without sacrificing a paycheck during a stressful and financially demanding time. Unpaid NICU leave laws, which provide job-protected unpaid leave to a worker with a baby in the NICU, can also be an important step for NICU parents by ensuring that they do not lose their jobs while caring for their new child.

### I. Access to NICU Leave Can Improve the Emotional and Physical Health of Parents and Infants

#### A. NICU leave can help address the racial disparities in maternal and infant health, with a disproportionate impact on parents of color and low-wage workers.

- The United States has a maternal and infant health crisis.<sup>3</sup> According to March of Dimes, the preterm birth rate in the U.S. in 2024 was over 10% for the third year in a row.<sup>4</sup> In 2023, over 20,000 infants died before reaching their first birthday,<sup>5</sup> and from 2021 to 2023, preterm birth and low birth weight were the second leading cause of infant death at almost 18%.<sup>6</sup>
- Preterm birth rates in the U.S. are strongly associated with race and ethnicity.<sup>7</sup> From 2022 to 2024, preterm birth rates were highest for Black mothers (14.7%), followed by American Indian/Alaska Native mothers (12.5%), Pacific Islander mothers (12.3%), and Latinx mothers (10.1%).<sup>8</sup> NICU leave can therefore have a disproportionate impact on parents and infants of color, given existing disparities in preterm birth rates.
- Women in low-wage service jobs also have a higher risk of preterm birth than women in other types of work.<sup>9</sup> These women are also less likely to have access to paid leave.<sup>10</sup> Without access to paid NICU leave, these workers too often face employers that are inflexible with hours and

unsupportive of parents who require longer periods of absence to be with their infant in the NICU.<sup>11</sup>

- Young parents also experience a high rate of preterm birth, translating to a greater likelihood of having a baby in the NICU,<sup>12</sup> and are also less likely than other parents to have access to paid leave.<sup>13</sup>
- NICU leave can support recovery after childbirth and help parents to address any related health conditions and complications. A NICU study in Philadelphia found that 41% of parents of preterm infants (born 2010–2019) did not receive postpartum care.<sup>14</sup> Parents with infants in the NICU faced higher rates of chronic illnesses and pregnancy complications compared to parents of healthy newborns.<sup>15</sup>
- Two-thirds of U.S. maternal deaths happen in the postpartum period, up to 42 days after birth.<sup>16</sup> The United States has the highest rate of maternal deaths among any high-income country.<sup>17</sup> Research from March of Dimes shows that Black, American Indian/Alaska Natives, and Pacific Islander women die at two to three times the rate of their white counterparts, and an estimated 40,000 dealt with severe complications during childbirth in 2022.<sup>18</sup> By extending a NICU parent's available paid leave and ensuring NICU parents can care for their baby without exhausting other paid time off, NICU leave can play an essential role in supporting a new parent's postpartum recovery.

## **B. NICU leave policies support the emotional wellbeing of working parents during a stressful time in their lives.**

- A NICU parents' experience can be overwhelming and emotional. It can be a challenge for NICU parents to navigate their daily responsibilities while caring for an infant that is in the hospital, rather than at home.<sup>19</sup> Due to the need for preterm infants to have advanced medical care, NICU parents also experience less control over their newborn's primary caregiving needs.<sup>20</sup> This shift in parental expectations can often result in high levels of stress, depression, and anxiety.<sup>21</sup>
- Women with babies in the NICU are at increased risk for anxiety and depression compared to mothers whose babies are not in the NICU,<sup>22</sup> and must manage their own needs while navigating care for their critically ill infants. For example, studies show that mothers of premature infants have higher rates of postpartum depression than mothers whose infants are born full-term.<sup>23</sup> During such an emotionally-taxing time, NICU leave can improve the well-being of NICU parents by allowing them to better focus on their personal and family needs. The NICU can feel foreign and stressful for new parents, with bright lighting, strange noises, and frequent medical disruptions that interrupt time with their baby.<sup>24</sup> The fragile appearance, size, and perceived vulnerability of preterm infants in the NICU can also heighten parents' distress, anxiety, and fears regarding their baby's well-being and survival.<sup>25</sup> With guaranteed NICU leave, parents will have the time they need to adjust and cope with their new normal, with fewer outside pressures.

## **C. When parents can be present in the NICU, research shows that it can improve the health outcomes of preterm infants.**

- When parents can take paid NICU leave, they can spend more time with their baby, which has been shown to improve health outcomes for infants. For example, research shows that parental

engagement and more skin-to-skin care from NICU parents is associated with better developmental outcomes for NICU babies.<sup>26</sup>

- The NICU can be stressful for preterm infants, and a parent’s presence can provide comfort and make a meaningful difference. Loud noises and bright lighting in the NICU can stress preterm infants and interfere with sleep during a crucial period of brain development.<sup>27</sup> Further, preterm infants are often exposed to regular and painful medical interventions while in the NICU.<sup>28</sup> Infants who are visited and held more often in the NICU show better neurobehavioral development, such as reflexes and motor skills, at discharge than those with less parental contact.<sup>29</sup>
- NICU babies and their parents can also face unique challenges with initiating lactation. Having the time off to be present with their babies in the hospital will increase the chance of successful long-term lactation, with proven health benefits for infants.<sup>30</sup>
- Although preterm infants benefit from parental presence, parents often face difficult decisions about balancing work and other life responsibilities with time in the NICU. Parents of NICU infants face competing demands such as returning to work early or caring for other children at home.<sup>31</sup> These barriers can mean less time with their preterm infant at a time when parental engagement is developmentally important.<sup>32</sup>

## II. Access to NICU Leave Can Lessen the Financial Burden on Working Parents and Protect their Economic Security During an Expensive Time

- The cost to keep a baby in the NICU can be extremely high depending on their condition, the level of care needed, the length of the baby’s stay in the NICU, and other non-healthcare expenses.<sup>33</sup> Without NICU leave, many NICU parents are forced to risk their job or paycheck, which compounds the significant costs associated with a child’s admission to the NICU.
- Research from the Healthcare Cost Institute indicates that in 2021, a preterm baby averaged \$71,000 in NICU costs, with substantial variation in spending on NICU admissions—ranging from about \$4,488 at the 10th percentile to nearly \$162,000 at the 90th percentile.<sup>34</sup> Even with insurance, parents still must pay deductibles, coinsurance, as well as out of pocket costs which can cause a heavy financial burden.<sup>35</sup> In a University of Michigan study analyzing data of 12 million privately insured families across the country, the average out of pocket spending for an infant needing NICU care was just under \$5,000.<sup>36</sup> And for about 1 in 11 families with a baby in the NICU, the cost skyrocketed to over \$10,000.<sup>37</sup> With more infants admitted to the NICU, working families face rising costs, and access to NICU leave can help ease the financial strain.
- Outside of medical bills, parents with a child in the NICU also face many other expenses. For example, parents with a baby in the NICU may incur additional costs including transportation, lodging, and childcare costs for other siblings.<sup>38</sup> Any money that was initially set aside for after a child’s birth may quickly be spent down in advance of their return home, due to a preterm birth and costly stay in the NICU.<sup>39</sup>
- While some infants only need a short stay in the NICU for observation, many others may require extended care for weeks or even months. As the length of a NICU stay increases, the financial pressures quickly mount.<sup>40</sup> Working parents need access to guaranteed NICU leave—ideally with both job protection and extended wage replacement—to bridge the gap between maintaining economic stability and being present for a baby in the NICU.

### III. State and Federal Policymakers Can Support the Health and Well-Being of NICU Parents and Babies by Passing NICU Leave Protections

- NICU parents and babies would be best supported through new *paid* NICU leave protections, ensuring that they can take time off to be with their babies in the NICU without sacrificing a needed paycheck. In Colorado, one of 14 states with a paid family and medical leave law, lawmakers expanded the state’s program in 2025 to provide up to 12 extra weeks of leave when a worker’s baby is in the NICU, in addition to separate leave that can be used by all parents in Colorado to bond with a new baby.<sup>41</sup> As a result, NICU parents in Colorado do not have to exhaust their paid family leave when a baby is in the NICU, and they will be able to use separate paid leave to bond with a new baby once discharged from the NICU.<sup>42</sup> Other states should follow this example and provide standalone paid leave to NICU parents.
- Unpaid leave laws that provide job-protection—but no wage replacement—can also be a first step to better protect NICU parents. In 2025, for example, Illinois passed a law that—as of June 2026—entitles eligible workers to job-protected, unpaid NICU leave.<sup>43</sup>
- Despite the well-researched importance of bonding with a new baby, the United States has no federal paid family leave law, and only provides a nationwide right to *unpaid* leave to eligible workers through the Family and Medical Leave Act (FMLA).<sup>44</sup> Although the FMLA provides covered workers in the U.S. with unpaid leave to bond with a new baby, NICU parents can easily burn through much or all of that available leave in the hospital if their child is born preterm and needs advanced medical care. Congress should expand the FMLA to guarantee dedicated NICU leave to workers, so they can both care for their baby in the NICU and still have sufficient time off to bond with their baby once they return home.
- On the global stage, the United States lags behind the rest of the world by failing to provide any form of paid parental leave. In fact, the U.S. is one of the only countries in the world – and the only developed nation – that lacks a national paid parental leave program.<sup>45</sup> There is also recent international momentum for paid NICU leave provisions, as the United Kingdom recently extended a right to paid time off for NICU parents.<sup>46</sup> The United States should take urgent steps to catch up and similarly protect NICU parents and babies.

<sup>1</sup> March of Dimes, *2025 March of Dimes Report Card for United States* (2025), <https://www.marchofdimes.org/sites/default/files/2025-11/MarchofDimesReportCard-UnitedStates-2025.pdf>.

<sup>2</sup> See, e.g., Ashley Weber et al., *Paid Family Leave to Enhance the Health Outcomes of Preterm Infants* (Aug. 2018), POLICY POLIT NURS PRACT. 19 (1-2), 11-28, <https://pmc.ncbi.nlm.nih.gov/articles/PMC6532630/>.

<sup>3</sup> March of Dimes, *US Earns D+ for Fourth Year in March of Dimes 2025 Report Card* (Nov. 2025), <https://www.marchofdimes.org/about/news/us-earns-d-fourth-year-march-dimes-2025-report-card>.

<sup>4</sup> March of Dimes, *2025 March of Dimes Report Card for United States*, *supra* note 1.

<sup>5</sup> *Id.*

<sup>6</sup> *Id.*

<sup>7</sup> Kaday Kamara, *Risks for Preterm Birth Among U.S. Immigrants Vary By Race, Ethnicity, and Country of Origin* (May 29, 2024), University of Pennsylvania Leonard Davis Institute of Health Economics, <https://ldi.upenn.edu/our-work/research-updates/risks-for-preterm-birth-among-u-s-immigrants-vary-by-race-ethnicity-and-country-of-origin>; see also Alejandra Barreto et al., *Preterm Birth Risk and Maternal Nativity, Ethnicity, and Race* (March 2024), JAMA NETW OPEN, 4;7(3):e243194, <https://pubmed.ncbi.nlm.nih.gov/38512251/>.

<sup>8</sup> March of Dimes, *2025 March of Dimes Report Card for United States*, *supra* note 1.

<sup>9</sup> Ashley Weber et al., *supra* note 2.

<sup>10</sup> *Id.*

<sup>11</sup> *Id.*

<sup>12</sup> Johns Hopkins Medicine, *Adolescent Parents in the NICU* (October 2011), <https://www.hopkinsmedicine.org/news/articles/2011/10/adolescent-parents-in-the-nicu>.

<sup>13</sup> U.S. Bureau of Labor Statistics, *Percent of wage and salary workers with access to paid leave by age and sex, 2011 and 2017–18* (January 2020), <https://www.bls.gov/spotlight/2020/workers-access-to-and-use-of-leave/home.htm>.

<sup>14</sup> Christine Weeks, *Parents of Hospitalized Infants Often Neglect Their Own Health Care* (June 2025), University of Pennsylvania Leonard Davis Institute of Health Economics, <https://ldi.upenn.edu/our-work/research-updates/parents-of-hospitalized-infants-often-neglect-their-own-health-care/>

<sup>15</sup> Sarah Verbiest et al., *Health Needs of Mothers of Infants in a Neonatal Intensive Care Unit: A Mixed-Methods Study* (Dec. 2020), ANNALS OF INTERNAL MEDICINE, 173(11 Supp.), <https://www.acpjournals.org/doi/10.7326/M19-3252>.

<sup>16</sup> Munira Z. Gunja et al., *Insights into the U.S. Maternal Mortality Crisis: An International Comparison* (June 2024), COMMONWEALTH FUND, <https://doi.org/10.26099/cthn-st75>.

<sup>17</sup> *Id.*

<sup>18</sup> March of Dimes, *2025 March of Dimes Report Card for United States: The state of maternal and infant health for American Families* (2025), 3, <https://www.marchofdimes.org/peristats/assets/s3/reports/documents/March-of-Dimes-2025-Full-Report-Card.pdf>.

<sup>19</sup> Roberta Pineda et al., *Parent Participation in the Neonatal Intensive Care Unit: Predictors and Relationships to Neurobehavior and Developmental Outcomes* (Feb. 2018), EARLY HUM DEV. 117, 32-38, <https://doi.org/10.1016/j.earlhumdev.2017.12.008>.

<sup>20</sup> *Id.* (citing Lianne J. Woodward, et al., *Very Preterm Birth: Maternal Experiences of the Neonatal Intensive Care Environment* (2014), JOURNAL OF PERINATOLOGY, 34(7), 555–561, <https://doi.org/10.1038/jp.2014.43>).

<sup>21</sup> Roberta Pineda et al., *supra* note 19.

<sup>22</sup> Ashley D. Osborne et al., *Understanding and Addressing Mental Health Challenges of Families Admitted to the Neonatal Intensive Care Unit* (2025), JOURNAL OF PERINATOLOGY 45, 873–880, <https://doi.org/10.1038/s41372-024-02187-9>.

<sup>23</sup> Cindy Goodman, *Special Report: Steep Cost of Long-Term Premie Care Takes Heavy Toll on Overburdened Families*, South Florida Sun Sentinel (April 15, 2024), <https://www.sun-sentinel.com/2024/04/15/fragile-babies-advanced-technology-helps-preemies-live-but-at-what-cost/> (also available at <https://centerforhealthjournalism.org/our-work/reporting/steep-cost-long-term-preemie-care-takes-heavy-toll-overburdened-families-0>).

<sup>24</sup> Lizelle van Wyk, et al., *Psychological Distress in the Neonatal Intensive Care Unit: a Meta-Review* (2024), PEDIATR RES Vol. 96, 1510–1518, <https://doi.org/10.1038/s41390-024-03599-1> (citing Renske Schappin et al., *Rethinking Stress in Parents of Preterm Infants: a Meta-Analysis* (Feb. 2013), PLOS ONE 8(2): e54992, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0054992>).

<sup>25</sup> *Id.* (citing Leila Valizadeh et al., *Comparison of Anticipatory Grief Reaction Between Fathers and Mothers of Premature Infants in Neonatal Intensive Care Unit* (2013), SCAND. J. CARING SCI. 27(4), 921–926, <https://pubmed.ncbi.nlm.nih.gov/23121553/>).

<sup>26</sup> Roberta Pineda et al., *supra* note 19 (citing Diane Holditch-Davis et al., *Patterns of psychological distress in mothers of preterm infants* (2015), INFANT BEHAV DEV, 41, 54–63. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4654120/>).

<sup>27</sup> *Id.*

<sup>28</sup> *Id.*

<sup>29</sup> *Id.*; see also Lauren C. Reynolds et al., *Parental Presence and Holding in the Neonatal Intensive Care Unit and Associations with Early Neurobehavior* (2013), JOURNAL OF PERINATOLOGY 33(8), 636-41, <https://pmc.ncbi.nlm.nih.gov/articles/PMC3700586/>.

<sup>30</sup> See Camille Boucher et al., *Mothers' Breastfeeding Experiences in the NICU*, NEONATAL NETW., Vol. 30(1), 21-8 (Jan. 2011), <https://doi.org/10.1891/0730-0832.30.1.21>; see also Christopher Tomlinson and Laura N. Haiek, *Breastfeeding and Human Milk in the NICU: From Birth to Discharge* (Dec. 2023), PAEDIATR CHILD HEALTH. 28(8), 510-526, <https://pubmed.ncbi.nlm.nih.gov/38638537/>.

<sup>31</sup> Roberta Pineda et al., *supra* note 19.

<sup>32</sup> *Id.*

<sup>33</sup> Zehra Valencia et al., *NICU Admissions and Spending Increased Slightly from 2017-2021* (July 2023), Health Care Cost Institute, <https://healthcostinstitute.org/all-hcci-reports/nicu-use-and-spending-1/>; see also Rebecca A. Gourevitch et al., *Non-Health Care Costs Associated with Neonatal Intensive Care Unit Visitation* (2025), Health Aff Sch. 3(3), <https://pmc.ncbi.nlm.nih.gov/articles/PMC11909500/>.

<sup>34</sup> Zehra Valencia et al., *supra* note 33 (based on survey of NICU admission costs among people with employer-sponsored insurance).

<sup>35</sup> See, e.g., Progeny Health, *From Birth to Bills: Understanding the Impact of Preterm Births on Financial Well-Being*, (November 2023), <https://www.progenyhealth.com/blog/from-birth-to-bills-understanding-the-impact-of-preterm-births-on-financial-well-being/>.

<sup>36</sup> Beata Mostafavi, *1 in 6 Families in New Study Spent More than \$5,000 to Have a Baby* (June 17, 2021), University of Michigan - Michigan Medicine, <https://www.michiganmedicine.org/health-lab/1-6-families-new-study-spent-more-5000-have-baby>.

<sup>37</sup> *Id.*

<sup>38</sup> Rebecca A. Gourevitch et al., *supra* note 33.

<sup>39</sup> *Id.*

<sup>40</sup> See, e.g., Zehra Valencia et al., *supra* note 33; Rebecca A. Gourevitch et al., *supra* note 33; Christina Caron, *A \$4 Million NICU Bill: The Price of Prematurity* (Feb. 11, 2020), The New York Times, <https://www.nytimes.com/2020/02/11/parenting/nicu-costs.html>.

<sup>41</sup> A Better Balance, *Colorado Exemplifies How to Build Upon Paid Leave Progress to Meet Families' Evolving Needs* (June 3, 2025), <https://www.abetterbalance.org/colorado-exemplifies-how-to-build-upon-paid-leave-progress-to-meet-families-evolving-needs/>.

<sup>42</sup> A Better Balance, *Frequently Asked Questions: Colorado's Paid Family and Medical Leave Insurance Program*, A Better Balance (2026), <https://www.abetterbalance.org/resources/frequently-asked-questions-colorados-paid-family-and-medical-leave-insurance-program/>.

<sup>43</sup> A Better Balance, *Illinois: Know Your Rights* (Last Updated Sept. 2025), <https://www.abetterbalance.org/states/illinois/> (see "Unpaid Family and Medical Leave" under the "Time Off to Care for a Loved One & Other Rights" tab).

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<sup>44</sup> See, e.g., A Better Balance, *The U.S. Needs Paid Family and Medical Leave* (Last Updated April 2025), <https://www.abetterbalance.org/resources/the-u-s-needs-paid-family-and-medical-leave/>.

<sup>45</sup> See, e.g., International Labour Organization, ILO Care Economy Brief (Brief Nr. 1): Closing the Gender Gap in Paid Parental Leaves (June 2025), 5, <https://www.ilo.org/sites/default/files/2025-06/ILO%20Care%20Economy%20Brief%20-%20Closing%20the%20gender%20gap%20in%20paid%20parental%20leaves.pdf>; Livingston and Deja Thomas, *Among 41 Countries, Only U.S. Lacks Paid Parental Leave* (Dec. 16, 2019), Pew Research Center, <https://www.pewresearch.org/short-reads/2019/12/16/u-s-lacks-mandated-paid-parental-leave/>.

<sup>46</sup> GOV.UK, *Neonatal Care Pay and Leave* (Last Visited: Jan. 2026), <https://www.gov.uk/neonatal-care-pay-leave>.