

Working Families Need NICU Leave: Expand the Family and Medical Leave (FMLA) to Protect NICU Parents and Babies

The Family and Medical Leave Act (FMLA) is the only federal law in the United States that provides guaranteed workplace leave for workers to take care of themselves and their families without worrying about their job security. Specifically, the FMLA provides eligible workers with up to 12 weeks of unpaid time off to bond with a newborn, in addition to other family and medical leave needs.¹

While neonatal intensive care unit (NICU) parents are eligible to use the FMLA to care for and bond with their seriously ill baby, the FMLA fails to fully meet the needs of NICU parents, especially during a stressful and challenging time in their lives.² Working parents with an infant in the NICU can easily use up most or all of their 12 weeks of FMLA leave while their infant is receiving NICU care and then have no time left when the baby returns home. By expanding the FMLA to include up to 12 additional weeks of leave while a worker's infant in the NICU, working parents will not have to risk their job while being present for their baby during such a critical time.

NICU Leave Under the FMLA Can Help Address the Maternal and Infant Health Crisis in America

- ***The United States has a maternal and infant health crisis.³ A NICU leave expansion to the FMLA would help to address this crisis and support better health outcomes for new parents and their babies.*** According to March of Dimes, the preterm birth rate in the United States is over 10%.⁴ Most babies are in the NICU because they are born preterm, while other NICU babies may be low birth weight or have a health need requiring specialized care.⁵
- Preterm birth and low birth weight are a leading cause of infant death.⁶ These rates are strongly associated with race and ethnicity.⁷ Preterm birth rates are highest for Black mothers (15%), followed by American Indian/Alaska Native (13%), Pacific Islander (12%), and Latinx mothers (10%).⁸
- The U.S. has the highest rate of maternal deaths among any high-income country.⁹ NICU parents are more likely to sacrifice their own postpartum health in order to care for their babies, further exacerbating the country's maternal health and mortality crisis.¹⁰
- ***Additional NICU leave under the FMLA is essential to support postpartum recovery while a newborn receives care in the NICU.***

NICU Leave Can Increase Parental Presence and Lead to Better Health Outcomes for NICU Babies

- ***Expanding the FMLA to include NICU leave allows working parents to spend more time with their baby, which has been shown to improve neonatal health outcomes.***¹¹ For example, research has shown that parental engagement and more skin-to-skin care from NICU parents is associated with better developmental outcomes for NICU babies.¹²
- The NICU environment can be stressful for babies due to loud noises and bright lighting in addition to regular and painful medical interventions.¹³
- In addition to the comfort of being held, 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.¹⁴

- The competing demands of work and family for parents can mean less time with their preterm infant at a time when parental engagement is developmentally important.¹⁵ This may be especially true for those who live in rural areas and have to drive long distances to visit their baby at the hospital.
- NICU babies and their parents can also face unique challenges with initiating lactation. The ability of new parents to have time off to be present with their babies in the NICU can help to facilitate longer-term lactation, with proven health benefits for infants.¹⁶

Additional Job Protected NICU Leave under the FMLA Will Protect the Financial Security of NICU Parents During a Costly and Challenging Time

- Currently, the FMLA provides critical job protection to eligible new parents who need to recover from childbirth and take leave to bond with a new baby or to care for a seriously ill baby in the NICU—ensuring they can meet family and medical needs without sacrificing their job security. ***However, NICU parents can easily burn through their current FMLA leave when their child is born preterm and needs advanced medical care in the hospital.*** Without adequate leave to care for a baby—both in the NICU *and* when the baby comes home—NICU parents may have no choice but to sacrifice a job and face significant economic consequences.
- If parents must return to work while their baby is in the NICU, they are sacrificing critical time with their new baby.¹⁷ Working parents may also have to balance taking care of older children in the home along with visiting a baby in the NICU.¹⁸ Young parents also experience a high rate of preterm birth, translating to a greater likelihood of having a baby in the NICU,¹⁹ and are also less likely than other parents to have access to paid leave.²⁰
- ***An expansion of the FMLA to cover NICU leave would enable parents to remain present for their infant's care and address other caregiving responsibilities, all without risking job loss.***
- With added NICU leave, NICU parents are more likely to have bonding leave after their baby is discharged, allowing them time to bond instead of going straight back to work or leaving a job altogether.

NICU Leave Also Supports the Emotional Well-Being Of Working NICU Parents

- ***Parental experience in the NICU can be overwhelming and emotionally challenging.*** Due to the need for preterm infants to receive advanced, specialized medical care, NICU parents may experience less control over their newborn's primary caregiving needs.²¹ This shift in parental expectations can often result in high levels of stress among NICU parents, which can in turn affect the ways in which they engage with their new baby.²²
- Women with babies in the NICU are at increased risk for anxiety and depression compared to mothers whose babies are not in the NICU, with studies also showing that mothers of preterm infants have higher rates of postpartum depression than mothers whose infants are born full-term.²³ NICU parents must manage their own health needs while navigating care for their critically ill infants.
- It can be a challenge for NICU parents to navigate their daily responsibilities, along with caring for an infant who is in the hospital rather than at home.²⁴ During such an emotionally-taxing time, NICU leave can improve their well-being by allowing them to focus on their personal and family needs.
- ***With guaranteed NICU leave under the FMLA, parents will have the time they need to adjust and cope with their new normal, with fewer outside pressures.***

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- ¹ A Better Balance, *Fact Sheet: The Family and Medical Leave Act (FMLA)* (April 2025), <https://www.abetterbalance.org/resources/fmla-factsheet/>.
- ² See A Better Balance, *Issue Spotlight: NICU Leave is a Common-Sense Policy that Supports Working Families and Improves the Health of NICU Parents and Babies* (January 2026), <https://www.abetterbalance.org/resources/issue-spotlight-nicu-leave-is-a-common-sense-policy-that-supports-working-families-and-improves-the-health-of-nicu-parents-and-babies/>.
- ³ March of Dimes, *US Earns D+ for Fourth Year in March of Dimes 2025 Report Card* (November 2025), <https://www.marchofdimes.org/about/news/us-earns-d-fourth-year-march-dimes-2025-report-card>.
- ⁴ March of Dimes, *2025 March of Dimes Report Card: The state of maternal and infant health for American families* (2025), 14, <https://www.marchofdimes.org/sites/default/files/2025-11/25-MOD-RC-PolicyActions-Full-Booklet-r05.pdf>.
- ⁵ Stanford Medicine Children’s Health, *The Neonatal Intensive Care Unit (NICU)*, <https://www.stanfordchildrens.org/en/topic/default?id=the-neonatal-intensive-care-unit-nicu-90-P02389> (last visited January 22, 2026).
- ⁶ March of Dimes, *2025 March of Dimes Report Card*, *supra* note 4, at 15.
- ⁷ 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/>; March of Dimes, *Peristats – Birthweight* (Jan. 2024), <https://www.marchofdimes.org/peristats/data?reg=99&top=4&stop=45&lev=1&slev=1&obj=1>.
- ⁸ March of Dimes, *2025 March of Dimes Report Card*, *supra* note 4, at 14.
- ⁹ 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>.
- ¹⁰ 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/>.
- ¹¹ See A Better Balance, *Issue Spotlight: NICU Leave*, *supra* note 2.
- ¹² Roberta Pineda et al., *Parent participation in the neonatal intensive care unit: Predictors and relationships to neurobehavior and developmental outcomes* (Feb. 2018), *EARLY HUMAN DEVELOPMENT*, 117, 32–38, <https://doi.org/10.1016/j.earlhumdev.2017.12.008>.
- ¹³ *Id.*
- ¹⁴ *Id.*; see also Lauren Reynolds et al., *Parental presence and holding in the neonatal intensive care unit and associations with early neurobehavior* (2013), *JOURNAL OF PERINATOLOGY*, 33(8):636–641, <https://pmc.ncbi.nlm.nih.gov/articles/PMC3700586/>.
- ¹⁵ Roberta Pineda et al., *supra* note 12, at para 3.
- ¹⁶ See Camille A. Boucher et al., *Mothers’ breastfeeding experiences in the NICU* (2011), *NEONATAL NETWORK*, 30(1), 21-30, <https://doi.org/10.1891/0730-0832.30.1.21>; see also Tomlinson C, Haiek LN, *Breastfeeding and human milk in the NICU: From birth to discharge* (Dec. 2023). *PAEDIATRIC CHILD HEALTH*, 28(8), 510-526, <https://academic.oup.com/pch/article/28/8/510/7480203>.
- ¹⁷ Roberta Pineda et al., *supra* note 12, at para 3.
- ¹⁸ *Id.*
- ¹⁹ Johns Hopkins Medicine, *Adolescent Parents in the NICU* (October 2011), <https://www.hopkinsmedicine.org/news/articles/2011/10/adolescent-parents-in-the-nicu>.
- ²⁰ 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>.
- ²¹ Roberta Pineda et al., *supra* note 12, at para 3; see also 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>.
- ²² Roberta Pineda et al., *supra* note 12, at para 3; see also Diane Holditch-Davis et al., *Patterns of psychological distress in mothers of preterm infants* (2015), *INFANT BEHAVIOR AND DEVELOPMENT*, 41, 154–63, <https://www.sciencedirect.com/science/article/abs/pii/S0163638315300023?via%3Dihub>.
- ²³ 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>; Cindy Goodman, *Special Report: Steep cost of long-term preemie care takes heavy toll on overburdened families*, South Florida Sun Sentinel (April 15, 2024), <https://centerforhealthjournalism.org/our-work/reporting/steep-cost-long-term-preemie-care-takes-heavy-toll-overburdened-families-0> (also available at <https://centerforhealthjournalism.org/our-work/reporting/steep-cost-long-term-preemie-care-takes-heavy-toll-overburdened-families-0>).
- ²⁴ Roberta Pineda et al., *supra* note 12, at para 3.