

C.4 PARENTAL LEAVE AND ENTITLEMENTS

Good practice statement and remarks

GOOD PRACTICE STATEMENT C.4 (NEW)

Parental leave and entitlements should address the special needs of mothers, fathers and other primary caregivers of preterm or low-birth-weight infants.

Remarks

- The GDG made this good practice statement in recognition of the costs and burdens to parents and families of implementing preterm and LBW infant care.
- Based on the studies in the review, the GDG considered that parental leave and entitlements should include additional days of leave from work and additional financial payments. However, there was insufficient information available to enable the GDG to make recommendations about the number of days of leave parents should be given or what type of financial entitlements they should receive.
- The GDG also noted that the special needs of mothers and fathers/partners of preterm and LBW infants vary according to individual preferences and setting. They include: support for long hospital stays, multiple medical appointments, transport and equipment; support to help manage stress and anxiety about the infant; and support for caring for other children and family members.
- The GDG noted that parental leave and entitlements are in place in some countries but recommended that they should be expanded globally across high-, middle- and low-income countries.

Background and definitions

Families of preterm and LBW infants are well known to have increased risks of financial impoverishment, stress, anxiety and depression (188,195,196). Leave from work is needed to help families care for the infant. Families may also need financial support for transport and equipment as well as for the costs of the hospitalization and caring for other children

or family members (189,191,197). Government and regulatory policies and entitlements are important ways to ensure families receive the financial and workplace support they need. However, there have been few reviews of policies for parental leave and entitlements for families of preterm or LBW infants across high-, middle- and low-income countries.

Summary of the evidence

OVERVIEW	C.4 Parental leave and entitlements
PICO	<p>Population – Preterm or LBW infants</p> <p>Intervention – Parental leave and entitlements</p> <p>Comparator – Usual care</p> <p>Outcomes – All-cause mortality, morbidity, growth, neurodevelopment at latest follow-up</p>
Timing, setting, subgroups	<p>Timing of the intervention – Birth to 6 months of age</p> <p>Setting – Health-care facility or home in any country or setting</p> <p>Subgroups</p> <ul style="list-style-type: none"> • Gestational age at birth (< 32 weeks, ≥ 32 weeks) • Birth weight (< 1.5 kg, ≥ 1.5 kg)

Effectiveness: Comparison – Parental leave and entitlements versus usual care

Sources and characteristics of the evidence

A systematic review of 37 trials (35 RCTs and 2 non-randomized studies) located no studies of the effectiveness of parental leave and entitlements in terms of critical infant outcomes (mortality, morbidity, growth, neurodevelopment) or family outcomes (stress, anxiety, depression) (193).

An additional policy review was done of the most recent relevant policy reports:

- (i) WHO sexual, reproductive, maternal, newborn, child and adolescent health policy survey, 2018–2019 (2018) (198);
- (ii) International Labour Organization database on conditions of work and employment programmes (2022) (199);
- (iii) International Network on Leave Policies and Research (2021) (200).

One hundred and forty countries had policies for parental leave for childhood illness or complications. Twenty-eight countries had a parental leave policy specifically formulated for families of preterm infants: 20 high-income countries (Austria, Canada, Chile, Croatia, Cyprus, Finland, France, Germany, Hungary, Israel, Romania, Italy, Latvia, Lithuania, Luxembourg, New Zealand, Portugal, Slovenia, Spain and the United Kingdom), 6 upper-middle-income countries (Argentina, Belarus, Bulgaria, India, South Africa and Uruguay), 1 lower-middle-income (India) and 1 low-income country (Yemen). Seventeen countries only had policies for maternity leave (Argentina, Austria, Bulgaria, Canada, Chile, Croatia, Finland, France, Hungary, India, Italy, Latvia, Lithuania, Luxembourg, New Zealand, South Africa and Spain) and six had policies for both maternity and paternity leave (Cyprus, Germany, Portugal, Slovenia, the United Kingdom and Uruguay). Five countries did not specify whether the leave was maternal, paternal or both (Belarus, Israel, Romania, Türkiye and Yemen). The amount of leave time was equivalent to the number of weeks early that the baby was born in most cases.

Two countries – Canada and Germany – reported that they provided families with additional financial support for their preterm infants, called “parental allowance”, but details were not available.

Values and acceptability

The systematic review about what matters to families about the care of the preterm or LBW infant (see Table 1.1) reported that families want workplace support, parental leave and financial incentives – especially support for the costs of accommodation, treatment, hospitalization and transport (14). No other specific evidence was located about what types of policies and entitlements for parental leave and financial support families value or find acceptable.

Resources required and implementation considerations

Organization of care

Families need leave and entitlements when the infant is in the health-care facility and also at home, after discharge. Support and planning should be started in the antenatal period where possible or from the time of birth. Services should follow national and local guidance for health-care facilities.

Infrastructure, equipment and supplies

National or local guidance for health-care facilities should be used.

Workforce, training, supervision and monitoring

Health workers at all levels can provide support and referral for parental leave and entitlements, though detailed discussions are often managed by social care staff. Services should follow national and local guidance for health-care facilities. Standardized packages can be used for training, supervision and monitoring.

Feasibility and equity

There was no specific evidence about the feasibility and equity of parental leave and entitlements for preterm or LBW infants.

Summary of judgements

Comparison: Parental leave and entitlements vs usual care (C.4)

- Justification**
- There were no studies comparing the benefits and harms of parental leave and entitlements.
 - This good practice statement was based on a review of 27 global policies for parental leave and entitlements for families of preterm and LBW Infants.

Evidence-to-Decision summary

Benefits	Large
Harms	None
Certainty	Unknown
Balance	Favours parental leave and entitlements
Values	No uncertainty or variability about outcomes
Acceptability	Acceptable
Resources	Moderate
Feasibility	Varies
Equity	Equitable