

AMERICAN MEDICAL ASSOCIATION WOMEN PHYSICIANS SECTION

Resolution: (Assigned by HOD)  
(I-25)

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Subject: Support for Paid Prenatal Leave

Referred to: Reference Committee (Assigned by HOD)

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1 Whereas, prenatal care utilization is significantly associated with maternal and infant health  
2 outcomes, with lower utilization associated with increased maternal morbidity and mortality<sup>1-7</sup>;  
3 and  
4

5 Whereas, lower socioeconomic status is associated with higher risk of severe maternal  
6 morbidity and lower utilization of prenatal care<sup>8-14</sup>; and  
7

8 Whereas, pregnant people working low wage jobs are less likely to access prenatal care than  
9 pregnant people working high wage jobs and pregnant people in two-income households, with  
10 financial strain often cited as a reason for missing prenatal care appointments<sup>10,15-21</sup>; and  
11

12 Whereas, on January 1, 2025 New York became the first state to enact paid prenatal leave,  
13 which guarantees an additional 20 hours of paid sick leave for prenatal care in addition to  
14 existing sick leave for all privately-employed pregnant workers in New York<sup>22</sup>; and  
15

16 Whereas, many people can't afford to take unpaid leave, and about 44% of U.S. workers don't  
17 qualify for benefits through FMLA, which excludes smaller employers and many part-time  
18 workers<sup>23</sup>; and  
19

20 Whereas, Americans who currently have access to paid leave are much more likely to be  
21 affluent, well-educated, and white<sup>24-26</sup>; and  
22

23 Whereas, people who currently do not have access to paid leave would likely experience the  
24 most improved outcomes from gaining access to paid prenatal leave, including fewer preterm  
25 births, lower infant mortality, decreased risk of poverty, and reduced intimate partner  
26 violence<sup>23,27-30</sup>; therefore be it  
27

28 RESOLVED, that our American Medical Association supports policies that provide employees,  
29 particularly larger organizations and those with the capacity and resources, with paid leave for  
30 prenatal care or any medical care related to pregnancy in addition to other existing forms of  
31 leave (New HOD Policy); and be it further  
32

33 RESOLVED, that our AMA support the creation of state sponsored programs that cover family  
34 and medical leave (New HOD Policy).

Fiscal Note: Assigned by HOD

Date Received: 08/17/2025

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## RELEVANT AMA POLICY

### AMA Statement on Family, Medical, and Safe Leave H-420.979

Our American Medical Association supports policies that provide employees with reasonable job security and continued availability of health plan benefits in the event leave by an employee becomes necessary due to documented medical conditions. Such policies should provide for reasonable periods of paid or unpaid:

1. Medical leave for the employee, including pregnancy, abortion, and stillbirth.
2. Maternity leave for the employee-mother.
3. Leave if medically appropriate to care for a member of the employee's immediate family, i.e., a spouse or children.
4. Leave for adoption or for foster care leading to adoption.
5. Safe leave provisions for those experiencing any instances of violence, including but not limited to intimate partner violence, sexual violence or coercion, and stalking.

Such periods of leave may differ with respect to each of the foregoing classifications and may vary with reasonable categories of employers. Such policies should encourage voluntary programs by employers and may provide for appropriate legislation (with or without financial assistance from government). Any legislative proposals will be reviewed through the Association's normal legislative process for appropriateness, taking into consideration all elements therein, including classifications of employees and employers, reasons for the leave, periods of leave recognized (whether paid or unpaid), obligations on return from leave, and other factors involved in order to achieve reasonable objectives recognizing the legitimate needs of employees and employers.

Our AMA recognizes the positive impact of paid safe leave on public health outcomes and supports legislation that offers safe leave

[BOT Rep. A, A-88 Reaffirmed: Sunset Report, I-98 Reaffirmed: CLRPD Rep. 1, A-08 Reaffirmation A-12 Reaffirmed: CMS Rep.03, A-16 Modified: Res. 302, I-22 Appended: Res. 413, A-23 Modified: Res. 424, A-23 Modified: Speakers Rep. 01, I-24]