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**UNDERGRADUATE RESEARCH FELLOWSHIP
WORKING PAPER**

***Investing in Maternal Health: Economic
Policies for Improved Outcomes***

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Improved Outcomes

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ABSTRACT: This paper highlights the economic impact of investing in maternal well-being by examining maternal leave policies, healthcare systems, and social support structures. Mothers worldwide struggle in different ways, and this paper will offer strategies to implement depending on the mother's specific needs. Topics such as how maternity care and leave vary across different countries and whether or not there is a standard that world organizations such as the World Health Organization (WHO) and the Organization for Economic Cooperation and Development (OECD) have to support new and expectant mothers are conveyed, as well as questions about how these policies impact maternal health. This paper will also look at best practices from countries with high maternal satisfaction and health outcomes, as well as matters such as how the availability of affordable childcare helps mothers who were once working and who hope to return to their jobs and in what ways governments can help address the unique challenges that single mothers face. The idea of building a supportive framework for mothers is not as simple as providing physical resources. It requires programs, healthcare services, childcare, community-based resources, and so much more to provide mothers with a complete understanding and encouraging foundation that will allow them to get the best base to care for themselves, their families, and their careers.

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INTRODUCTION

The Economic Reasoning for Maternal Care

Maternal mortality is not only a public health crisis from a moral perspective but also an economic one. High maternal mortality rates can have profound long-term effects on a country's economy, diminishing the workforce and reducing overall production. The result of maternal mortality is the loss of individual lives and creates strain on the economy and public healthcare systems. One of the key measures used to assess maternal health is the Maternal Mortality Ratio (MMR), which represents the number of maternal deaths per 100,000 live births in a given year. According to the WHO, the global MMR in 2023 was estimated at 197 maternal deaths per 100,000 live births, with much higher rates in low-income countries compared to high-income ones. This totals 260,000 maternal deaths in 2023, which comes out to 712 women dying each day from complications in pregnancy and childbirth, which is equivalent to one every two minutes.¹ Thus, addressing maternal health is crucial for both ethical and economic reasons. Investing in comprehensive maternal care, including prenatal care, postnatal care, and maternity leave, leads to healthier mothers and babies, reducing future healthcare costs and increasing societal productivity. Global organizations like the WHO and the OECD assert that creating initiatives that focus on improving maternal health and reducing maternal mortality can make significant positive outcomes for society, as healthier mothers lead to healthier children and a healthier society as a whole.²

¹ ("Maternal Mortality")

² ("Maternal and Infant Mortality")

THE CURRENT STATE OF MATERNAL CARE ACROSS COUNTRIES

Across the United States, maternity care is a combination of private and public-based healthcare systems, focusing most on having births based in the hospital. New or expectant mothers have access to prenatal and postnatal care through their own insurance or public programs such as Medicaid. An organization called Nurse-Family Partnership has dedicated over four decades to helping expectant mothers with their pregnancy by partnering them with a nurse who becomes a trusted resource. They have helped nearly 400,000 families across 40 states in the United States.

However, mostly in rural areas in the United States, mothers face difficulties accessing maternity care due to high costs or lack of insurance. Some parts of the United States are referred to as ‘maternity care deserts,’ meaning there is no access to birthing hospitals or obstetric providers. March of Dimes reveals that around 35% of counties in the United States are considered maternity care deserts. When compared with other high-income countries, the United States has the highest maternal mortality rate. The Commonwealth Fund says that in 2022, there were 22 maternal deaths for every 100,000 live births in America. In half of the other countries, there were less than five maternal deaths per 100,000 live births.³ Governmental health organizations across the United States should strategize and work with non-profit organizations that help maternal health to support economic growth.

Organizations that help support maternal care, such as MSD for Mothers in Europe, have supported maternity health projects across 14 European countries. Worldwide, they have helped over 30 million women and have over 240 programs. The WHO allows European mothers to develop evidence-based policies to lower the maternal mortality rate. New or expectant mothers

³ (“Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries”)

may struggle in Europe, specifically if they are migrant women. The European Union is heavily connected, but there are significant differences in pregnant women's legal status as migrants, and this impacts their ability to access maternal care. Government organizations across Europe should provide more resources to mothers and support them throughout postnatal care to lessen maternal mortality.

East Asian countries have achieved a lower mortality rate by providing care to mothers during and after every step of their pregnancy. Japan's health insurance system offers universal coverage, guaranteeing that all women have access to complete maternal care services, such as prenatal check-ups, hospital-based births, and postnatal support. South Korea provides universal health insurance, which extends to various maternal benefits.⁴

⁴ ("New Report Highlights Advancements in Maternal Health across Asia")

Neoliberal vs. Welfare-Oriented

Maternal care varies significantly in neoliberal countries, such as the United States and the United Kingdom, and welfare-oriented countries, such as Norway and Sweden. The United States has a more private healthcare system, with access to maternal care relying on insurance status. This leads to inequalities and hardships for mothers with a lack of insurance. The United Kingdom provides universal healthcare through the National Health Service (NHS), with equal access to maternal care. Still, the quality ranges depending on the region a mother is in. Norway and Sweden have universal and publicly funded healthcare, including maternal care services.

The United States does not consistently provide quality maternal care, while the United Kingdom provides a minimum level of healthcare through its universal healthcare system. Sweden and Norway are acknowledged for their high-quality maternal care, with a strong emphasis on continuous improvement. Various studies show that mothers in Sweden and Norway are more satisfied with their care than in other European countries.

The rates of maternal mortality in these countries are highest in the United States (18.6 deaths per 100,000 live births) and lowest in Norway (2 deaths per 100,000 live births). In the United Kingdom, the maternal mortality rate is 6.5 deaths per 100,000 live births, and in Sweden, it is 4.3 deaths per 100,000 live births.⁵

⁵ (“Insights into the U.S. Maternal Mortality Crisis: An International Comparison”)

STANDARDS OF WORLD ORGANIZATIONS

Global Standards: Ethical and Economic Rationales

World organizations have set a standard in order for mothers across countries to be provided with the same care and resources. WHO has set global targets to prevent maternal deaths, along with providing support to mothers in the postnatal period, which is often overlooked. The United Nations Population Fund (UNFPA) has dedicated resources to aid maternal health. Over the past three decades, progress has been made in regard to lowering the maternal mortality rate. The UNFPA provides antenatal care, emergency obstetric care, and postnatal care. Through its Maternal and Newborn Health Fund, the UNFPA helps train midwives to assist new and expectant mothers. The fund also provides family planning services, newborn care facilities, and networks. The economic justification rests upon the long-term benefits of investing in maternal health, such as increased workforce productivity, improved educational outcomes for children, and lower healthcare costs. WHO's goal to reduce the global maternal mortality ratio to less than 70 deaths per 100,000 live births by 2030 is not only a health target but also an economic one. Lower maternal mortality leads to healthier societies and stronger economies.

However, not all countries have the same resources to invest in maternal health. In lower-income countries, subsidies and international aid are critical in ensuring expectant mothers receive adequate care. The UNFPA works to close the gap by providing prenatal care, training midwives, and facilitating family planning services. These efforts help reduce the economic burden of maternal mortality, particularly in resource-poor regions where the economic and social costs of maternal deaths are disproportionately high.

MATERNITY LEAVE

Maternity Leave Policies Across Countries

Maternity leave policies can have long-term financial benefits. The United States, which offers no national paid maternity leave, can face significant economic losses, including higher turnover rates, productivity losses, and public health expenditures. The United States is the only first-world country with no ensured paid maternity leave across the board nationally. Despite that, The Family and Medical Leave Act (FMLA) allows new and expectant mothers to take a maximum of twelve weeks of unpaid maternity leave. Many private companies within the United States offer maternity leave as a benefit. Eight states provide publicly funded paid maternity leave: California, Connecticut, Massachusetts, New Jersey, New York, Oregon, Rhode Island, and Washington.⁶

Connecticut has the Paid Family and Medical Leave Act that provides parents up to twelve weeks of paid leave within a year, with the employee receiving about 95% of their paycheck. California has Paid Family Leave for Mothers, which offers expectant and new mothers a maximum of eight weeks to bond with their baby, and it pays about 70% of the mother's current earnings. For Georgia, state employees receive six weeks of paid parental leave. The law also permits employees to use their paid paternal leave alongside their Family and Medical Leave Act leave.

⁶ ("Paid Maternity Leave by State 2025")

Here is a brief survey of other developed countries for comparison:

Country	Leave Amount	Benefits	Birth Rate (births per 1000) ⁷
Australia	18 weeks	Paid parental leave is available to the primary caregiver at the national minimum wage.	12.2
Canada	Up to 15 weeks of maternity leave and 35 weeks of benefits for parental leave.	Benefits are part of the employee's earnings, and there is no standard for how much the employee is paid on her maternity leave.	10
France	16 weeks, first 8 weeks reserved for postnatal leave	The leave is paid at a percentage of the mother's daily earnings.	10.9
Japan	6 weeks before the expected delivery date and 8 weeks after childbirth.	The leave is paid with the employer covering the first 6 weeks, and the health insurance system would cover the cost of the remaining period.	6.9
Norway	Parents can choose to take a 49-week leave with full pay or a 59-week leave with 80% pay.	Parents can share their leave and benefits with each other	10.4
South Korea	90 days	The first 60 days are paid 100% of the employee's average daily earnings, and the remaining 30 days are paid 50%.	7
Sweden	480 days can be shared between both parents.	390 of those days have parental benefits based on the employee's income. They are compensated just about 80% of their own income	10.7
United Kingdom	52 weeks	The employer decides how much leave is paid and whether or not it will be paid for the entire 52 weeks.	10.8

⁷ ("Birth Rate - the World Factbook")

Countries with paid family leave systems, such as Sweden and Norway, demonstrate that well-designed leave policies improve maternal health and foster higher labor force participation and productivity.⁸ Conversely, the lack of paid maternity leave in the United States contributes to economic inequality.⁹ It hinders new mothers' ability to contribute to the economy, particularly those in low-income communities. Research by the OECD suggests that paid maternity leave programs are economically beneficial because they increase maternal health, reduce healthcare costs, and improve future child health outcomes. In Sweden, for example, the economic return on investing in maternity leave has been shown to include not only better maternal and child health but also an increase in the lifetime earnings of mothers, which positively impacts the national economy.¹⁰ Similarly, other countries have recognized that supporting new mothers leads to reduced healthcare costs in the long run and better cognitive and economic outcomes for children, which benefits society overall.¹¹

⁸ (“Paid Parental Leave: Lessons from OECD Countries and Selected U.S. States”)

⁹ (“The Effects of Child Care Subsidies on Maternal Labor Force Participation in the United States”)

¹⁰ (“Sweden’s Maternity and Paternity Leave”)

¹¹ (“Paid Parental Leave: Lessons from OECD Countries and Selected U.S. States”)

Impact of Maternity Leave on Maternal Health

Maternity leave policies are vital in improving maternal and infant health and contributing to broader economic outcomes. These policies support mothers physically and mentally by reducing stress and promoting recovery, which has lasting positive effects on health. Maternity leave benefits extend to the economy through increased workforce participation, productivity, and long-term healthcare savings.

Numerous studies have shown that maternity leave positively impacts maternal health by decreasing psychological distress and lowering the incidence of postpartum depression. Research indicates that longer leave durations are linked to reduced stress and depressive symptoms. For example, mothers who have access to well-structured maternity leave programs report lower levels of burnout and mental discomfort.¹² These mental health improvements are essential for mothers' overall well-being, enabling better physical recovery and helping them return to work more effectively. Maternity leave enhances infant health in addition to mental health benefits. Evidence from OECD countries demonstrates that paid maternity leave policies have been associated with a reduction in infant and neonatal mortality rates by 1.9% to 5.2%.¹³ This reduction is attributed to the fact that maternity leave enables mothers to breastfeed for more extended periods, which improves infant health by boosting immune function and lowering the risk of infections and chronic conditions.¹⁴ Mothers in states with comprehensive Paid Family and Maternity Leave (PFML) policies are more likely to initiate breastfeeding compared to those in states with less leave coverage.¹⁵ This increase in breastfeeding rates, facilitated by maternity leave, is key to improving maternal and child health.

¹² (“The Long-Run Effect of Maternity Leave Benefits on Mental Health: Evidence from European Countries”)

¹³ (“Paid Family Leave and Children Health Outcomes in OECD countries”)

¹⁴ (“Paid Family Leave Boosted Postpartum Wellbeing, Breastfeeding Rates.”)

¹⁵ (“Paid Maternity Leave and Breastfeeding Outcomes”)

Beyond the health benefits, maternity leave also has significant economic implications for individuals and society. Paid maternity leave can help reduce the costs associated with turnover and absenteeism by promoting employee retention. Studies have shown that when mothers are supported through paid maternity leave, they are more likely to return to their jobs after childbirth, leading to higher workforce participation and a decrease in interference with productivity.¹⁶

Furthermore, paid maternity leave can result in long-term healthcare savings. Studies suggest that the physical and mental health improvements resulting from maternity leave, such as reduced postpartum depression and better infant health, lead to lower healthcare costs over time.¹⁷ Healthier mothers and infants are less likely to require costly medical interventions, which can result in substantial savings for both public healthcare systems and private employers.

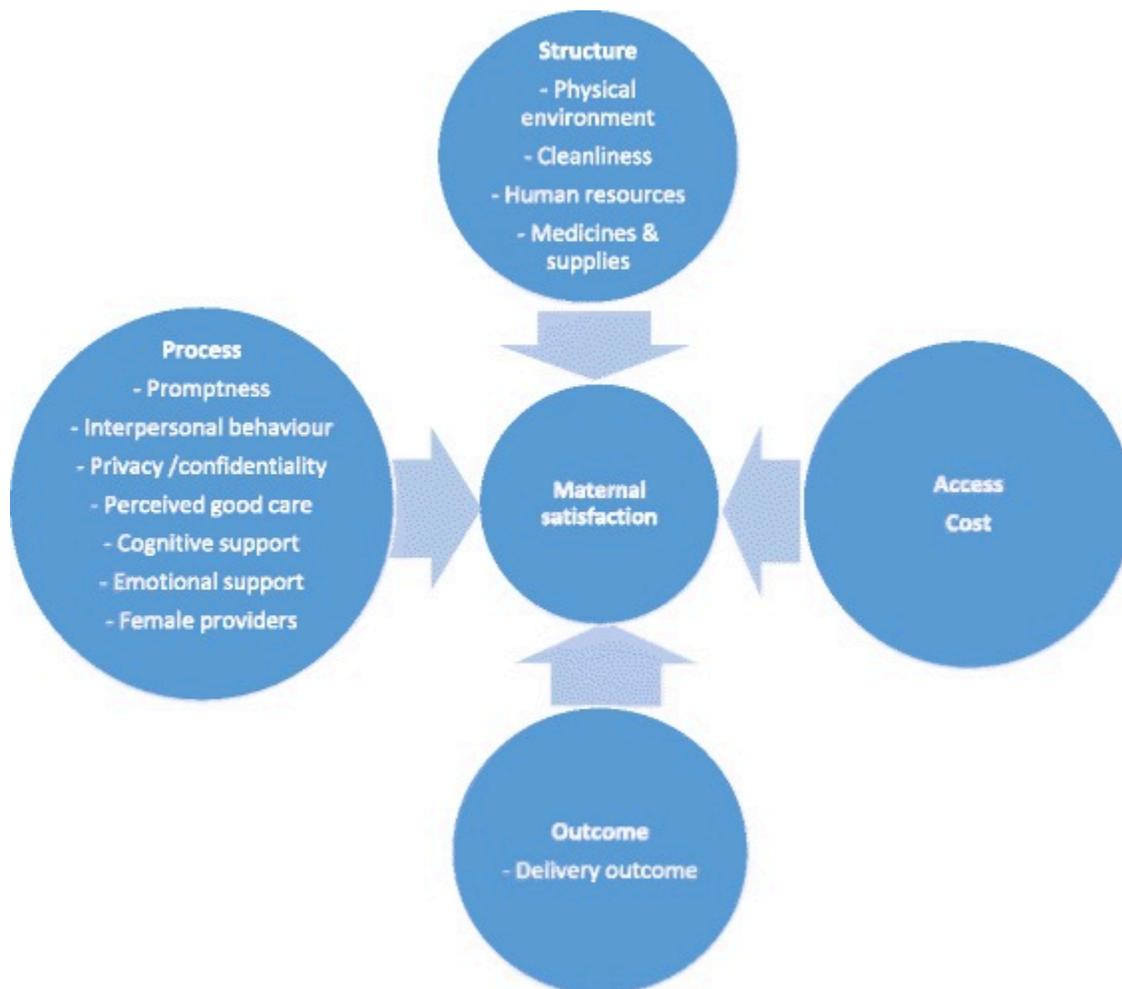
¹⁶ (“Influence of Paid Maternity Leave on Return to Work after Childbirth”)

¹⁷ (“Association between Maternity Leave Policies and Postpartum Depression: A Systematic Review”)

MATERNAL SATISFACTION

Best Practices for High Maternal Satisfaction

Countries that report high maternal satisfaction and health outcomes will frequently propose actions and policies focusing on overall well-being, community support, and readily available access to the specific care the mother seeks.



Source: BMC Pregnancy Childbirth <https://pmc.ncbi.nlm.nih.gov/articles/PMC4417271/>

Maternal satisfaction plays a crucial role in the long-term well-being of both mothers and children, with significant economic consequences. Research has shown that an increase in maternal healthcare leads to an increase in GDP and maternal satisfaction in the United States.¹⁸ The availability of affordable childcare significantly impacts maternal satisfaction and new mothers' ability to return to work.¹⁹ It directly links to whether she can find supportive childcare at a price that will allow her to continue her employment. Single mothers face this challenge at a larger scale and experience a more significant drop in employment if they are unable to find affordable child care. Governments can address the unique challenges faced by single mothers by investing in providing affordable child care and opportunities and programs for women who are new mothers and want to make the transition to go back to work again. Working mothers would be given more chances to keep their careers and support themselves and their children if governments had a standard for maternal satisfaction and helping mothers re-enter the workplace. Governments could subsidize childcare to make it more affordable.

Maternal satisfaction relies on prioritizing the mother's and child's health. Prenatal care, such as receiving regular doctor checkups, eating healthily, monitoring vitals such as blood pressure and folic acid intake, getting sufficient sleep, and refraining from harmful substances before and during pregnancy, is one of the many ways that studies have reported resulted in higher maternal satisfaction.²⁰

Care from nurses and midwives is also critical when discussing maternal satisfaction. Building a relationship with a healthcare provider has resulted in an increase in maternal satisfaction as it leads to more comfort and communication. Confidence in the provider's

¹⁸ ("The Economic Case For Investing in Maternal Health")

¹⁹ ("Paid Parental Leave: A Novel Approach to Improving Maternal Mental Health")

²⁰ ("Determinants of Women's Satisfaction with Maternal Health Care")

knowledge and quality of care allows mothers to feel safe and heard. It also gives them privacy while receiving physical examinations.

Furthermore, public awareness campaigns about available maternal resources can improve satisfaction by ensuring new mothers know the support systems. These campaigns can help prevent maternal stress and foster a healthier state of well-being for mothers.

CONCLUSION

Building a supportive framework for maternal health is not only a moral imperative but also an economic necessity. By investing in comprehensive maternal care systems and maternity leave policies, governments and world organizations can improve maternal health, reduce maternal mortality, and create long-term positive outcomes that benefit society. While each country's maternal health needs are unique, the economic benefits of improving maternal care are shared everywhere. Governments and world organizations must prioritize maternal health through policies that ensure paid maternity leave, affordable childcare, and access to quality healthcare. Mothers should be heard, and their needs should be met. Governments should collaborate with international organizations to implement policies tailored to a country's economic context while upholding global standards for maternal well-being to ensure each mother receives the care they need. Ultimately, improving maternal health is an investment in a country's productivity, social fairness, and economic stability.

BIBLIOGRAPHY

- Adema, Willem, Chris Clarke, and Vahé Frey. 2015. Paid Parental Leave: Lessons from OECD Countries and Selected U.S. States. OECD Social, Employment and Migration Working Papers, No. 172. Paris: OECD Publishing. <https://dx.doi.org/10.1787/5jrqqvqqb4vb-en>.
- Avendano, Mauricio, Lisa F. Berkman, Agar Brugiavini, and Giacomo Pasini. 2015. “The Long-Run Effect of Maternity Leave Benefits on Mental Health: Evidence from European Countries.” *Social Science & Medicine* 132 (May): 45–53. <https://doi.org/10.1016/j.socscimed.2015.02.037>.
- Carrandi, Alayna, et al. 2022. “Systematic Review on the Cost and Cost-Effectiveness of MHealth Interventions Supporting Women during Pregnancy.” *Women and Birth* 36 (1): n.p. <https://doi.org/10.1016/j.wombi.2022.03.007>.
- CIA. “Birth Rate - the World Factbook.” [www.cia.gov](https://www.cia.gov/the-world-factbook/field/birth-rate/), 2024. <https://www.cia.gov/the-world-factbook/field/birth-rate/>.
- Commonwealth Fund. 2020. “Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries.” November 18, 2020. <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>.
- Doucet, Katie. 2018. “Sweden’s Maternity and Paternity Leave.” Yale School of Public Health, June 1, 2018. <https://ysph.yale.edu/news-article/swedens-maternity-and-paternity-leave/>.
- Gunja, Munira, Evan Gumas, Relebohile Masitha, and Laurie Zephyrin. 2024. “Insights into the U.S. Maternal Mortality Crisis: An International Comparison.” The Commonwealth Fund, June 4, 2024. <https://www.commonwealthfund.org/publications/issue-briefs/2024/jun/insights-us-maternal-mortality-crisis-international-comparison>.
- Hidalgo-Padilla, Liliana, Mauricio Toyama, Jessica Hanae Zafra-Tanaka, Alejandra Vives, and Francisco Diez-Canseco. 2023. “Association between Maternity Leave Policies and Postpartum Depression: A Systematic Review.” *Archives of Women’s Mental Health* 26 (5): n.p. <https://doi.org/10.1007/s00737-023-01350-z>.
- Khan, M.S. 2020. “Paid Family Leave and Children Health Outcomes in OECD Countries.” *Child and Youth Services Review* 116 (September): 105259. <https://doi.org/10.1016/j.childyouth.2020.105259>.
- Lee, Y.-Y., and K.-L. Goh. 2023. “The Happiness–Economic Well-Being Nexus: New Insights from Global Panel Data.” *SAGE Open* 13 (4). <https://doi.org/10.1177/21582440231199659>.
- March of Dimes. 2024. “Nowhere to Go: Maternity Care Deserts across the US.” <https://www.marchofdimes.org/maternity-care-deserts-report>.
- Merck for Mothers. 2025. “New Report Highlights Advancements in Maternal Health across Asia.” <https://www.merckformothers.com/new-report-highlights-advancements-in-maternal-health-across-asia.html>.
- MGH Center for Women’s Mental Health. 2023. “Paid Parental Leave: A Novel Approach to Improving Maternal Mental Health.” March 14, 2023. <https://womensmentalhealth.org/posts/paid-parental-leave-a-novel-approach-to-improving-maternal-mental-health/>.
- Mirkovic, Kelsey R., Cria G. Perrine, and Kelley S. Scanlon. 2016. “Paid Maternity Leave and Breastfeeding Outcomes.” *Birth* 43 (3): 233–239. <https://doi.org/10.1111/birt.12230>.
- MSD for Mothers. 2024. “MSD for Mothers in Europe: Improving Maternal Health across Europe.” <https://www.msdformothers.com/docs/MSDFM-in-Europe-2024-Report.pdf>.

- Nurse-Family Partnership. 2017. "About Us." <https://www.nursefamilypartnership.org/about/>.
- OECD. 2025. "Maternal and Infant Mortality." OECD. https://www.oecd.org/en/publications/2023/11/health-at-a-glance-2023_e04f8239/full-report/maternal-and-infant-mortality_ea6903ca.html.
- Oyster HR. 2024. "Paid Maternity Leave by Country: A Complete Guide." <https://www.oysterhr.com/library/guide-to-maternity-leave-in-countries-around-the-world>.
- Samuelson, Kristin. 2023. "Paid Family Leave Boosted Postpartum Wellbeing, Breastfeeding Rates." News.northwestern.edu. November 2, 2023. <https://news.northwestern.edu/stories/2023/11/paid-family-leave-boosted-postpartum-wellbeing-breastfeeding-rates/>.
- Schochet, Leila. 2019. "The Child Care Crisis Is Keeping Women out of the Workforce." Center for American Progress. <https://www.americanprogress.org/article/child-care-crisis-keeping-women-workforce/>.
- Srivastava, A., B.I. Avan, P. Rajbangshi, and S. Bhattacharyya. 2015. "Determinants of Women's Satisfaction with Maternal Health Care: A Review of Literature from Developing Countries." BMC Pregnancy and Childbirth 15 (97). <https://doi.org/10.1186/s12884-015-0525-0>.
- "The Economic Case for Investing in Maternal Health." n.d. Heartland Forward. <https://heartlandforward.org/case-study/the-economic-case-for-investing-in-maternal-health/>.
- "The Effects of Child Care Subsidies on Maternal Labor Force Participation in the United States." 2016. ASPE. December 20, 2016. <https://aspe.hhs.gov/effects-child-care-subsidies-maternal-labor-force-participation-united-states>.
- UNICEF. 2018. "Baby-Friendly Hospital Initiative." <https://www.unicef.org/documents/baby-friendly-hospital-initiative>.
- UNICEF. "Maternal Mortality." UNICEF Data. UNICEF, 2023. <https://data.unicef.org/topic/maternal-health/maternal-mortality/>.
- United Nations Population Fund. 2015. "Maternal Health." <https://www.unfpa.org/maternal-health>.
- Vargas-Prada, Sergio, Ana Maria García, Elena Ronda, Marisa Estarlich, Ferran Ballester, and Fernando G. Benavides. 2018. "Influence of Paid Maternity Leave on Return to Work after Childbirth." La Medicina Del Lavoro 109 (4): 243–252. <https://doi.org/10.23749/mdl.v109i4.7226>.
- Van Niel, M.S., R. Bhatia, N.S. Riano, L. de Faria, L. Catapano-Friedman, S. Ravven, B. Weissman, et al. 2020. "The Impact of Paid Maternity Leave on the Mental and Physical Health of Mothers and Children: A Review of the Literature and Policy Implications." Harvard Review of Psychiatry 28 (2): 113–126. <https://doi.org/10.1097/HRP.000000000000246>.
- World Health Organization. 2021. "New Global Targets to Prevent Maternal Deaths." October 5, 2021. <https://www.who.int/news/item/05-10-2021-new-global-targets-to-prevent-maternal-deaths>.
- World Health Organization. 2025. "Maternal Mortality." <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.
- World Population Review. "Paid Maternity Leave by State 2025," n.d. <https://worldpopulationreview.com/state-rankings/paid-maternity-leave-by-state>.