

Statement

of

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Prepared For:

Joint Economic Committee

and

**House Subcommittee on the Federal Workforce,
Postal Service and District of Columbia**

Hearing:

**Investing in the Future of the Federal Workforce: Paid Parental Leave Improves
Recruitment and Retention**

**Thursday, March 6, 2008 – 9:30am
2154 Rayburn House Office Building**

Chairman Schumer, Vice Chairman Maloney, Chairman Davis, Ranking Minority Member Marchant, and the Members of the Committee, I thank you for the invitation to testify today, I am honored to be here.

My name is Amy Costantino, and I have been a part of the Federal workforce for 16 years. I am here today to ask Congress to consider a paid parental leave benefit for the Federal workforce. This is a highly desired benefit for Federal employees and would be an effective tool in recruiting and retaining a high quality Federal workforce.

To provide perspective on how this proposed legislation would have improved my family's circumstance, I would like to share with you the details of my experiences that began early last summer as I unexpectedly went into labor even though I was just 6 months pregnant. My twin sons Louis Anthony and Benjamin Abraham were born on June 9th 2007 — 3 1/2 months premature. Both of my sons had to be intubated at birth and placed on conventional ventilator support for a short period of time. Their birth weights were 1 lb 7 oz. and 1 lb 11 oz. and their immune systems were non-existent. This is how my sons began their 90 day stay at the Georgetown University Neonatal Intensive Care Unit (NICU).

I am pleased and relieved to tell you today that both of my sons are healthy, active, and curious. Exactly what every parent desires for their child. Fortunately, my husband and I had access to the finest medical care in the nation for our children.

As a new mother facing the most difficult challenge of my life, I was immediately forced to weigh my new personal responsibilities against my existing professional responsibilities. My husband and I had to make tough decisions about the immediate care for our children. Each day we learned more about what our sons had to face; phototherapy, blood transfusions, cranial sonograms, fluctuating heart rates, apneas, and respiratory distress syndrome, to name a few. It quickly became evident to us that their hospital stay would be several months at a minimum, and we needed to figure out immediately how we would be able to care for our sons during and beyond their hospital stay.

My husband and I both work full time. Both of our employers have generous leave policies but we still had to make the decision of when to use them. I had two choices; the first was to use the leave I accrued over the past 16 years which would afford me the opportunity to spend all of my time in the NICU. My other choice was to save the paid leave I had accrued so I could be at home with my sons when they were released from the hospital. This would mean returning to work immediately and visiting my sons around my work schedule. After much deliberation, we chose the second option because we were confident in the medical care our sons were receiving, we live very close to the hospital and my husband and I were dedicated to spending all of our time in the hospital before and after work each day.

As you could imagine this was a very difficult and trying time for our family. We knew our sons were receiving outstanding care, however, there are certain things only a parent

can provide, especially the mother. If I were able to remain with my sons throughout the day I would have been able to tend to all of their cyclical cares which included feeding, holding, changing, repositioning, and kangaroo care — which is holding the baby on my chest, skin to skin to keep him warm. The staff in the NICU strongly encouraged kangaroo care. They also encouraged feeding my children breast milk. If I had been at the NICU all day I could have provided all of the above mentioned cares to my sons. Premature babies who are fed breast milk have a higher rate of survival than those that are not and thus experience fewer complications as they grow. There is also a dramatic decrease in the infant mortality rate among preemies that are held, touched and talked to.

I will never forget feeding my sons after they were born. I would put no more than a thimble full of fortified breast milk in a syringe and feed my sons through a tube. The NICU is a very busy place and as talented and committed as the doctors and nurses were they were still limited in the amount of time they were able to spend with each patient. Feeding my sons was one of the first bonding moments I shared with them. I am certain that feeding my sons had a stronger impact, than taping the feeding tubes to the side of the isolettes and having my infants eat alone. This is what happened when I was not present.

There were other pressing issues that, once presented, needed our immediate attention. There were life threatening complications. Treatments had to be given expeditiously, we needed to be present to understand and approve them — and of course to support our sons while administered.

As a preemie's condition improves the dependence on a parent becomes even more critical. As our sons became more stable it was incumbent upon us to spend more time with them. Though they were still not mature and developed enough to go home, they began to develop needs similar to those of a full term baby, while still requiring the specialized care they been receiving since birth. Working full time and spending the rest of our time at the hospital was physically and mentally exhausting.

Finally, our sons were able to come home. Benjamin came home first on August 30th, 2007 and Louis followed on September 4th, 2007. It was a very special day for our family, to have both of our sons home. Since I had decided not to exhaust my accrued paid leave during my sons stay in the NICU, I was able to use it when they came home. Since I have been employed by the Federal Government for over 16 years, I was fortunate enough to have accrued enough sick leave and annual leave to allow me to take leave for two months with pay.

I often wonder if I made the right decision, maybe I should have used my accrued leave while the boys were in the NICU. The Paid Parental Leave Act would create a paid parental leave benefit. This benefit would far exceed its value in terms of my compensation, it would have given me the opportunity to be with my children and the peace of mind that I had given them the best possible start in life. The Family Leave and Medical Act of 1993 provides up to 12 weeks of unpaid leave, this was not an option for our family.

The follow-up care after our sons came home from the hospital required visits to the pediatrician, apnea clinic, neurosurgeon, pediatric surgeon, ophthalmologist, audiologist, developmental screenings and assessments, and occupational and physical therapy. The follow-up also included a total of three surgeries for my sons. Both of my sons required apnea monitors to measure heart rate fluctuations and breathing (oxygen desaturations). These monitors had alarms and my husband and I were trained to react to the alarms and administer care.

The importance of providing paid parental leave becomes more critical if a child requires follow-up care. The previously mentioned appointments would have exhausted all of the leave I earned over 16 years. I would like to note that we are very fortunate, we have a supportive family who helped us through this time. My husband and I are both extremely grateful for the caring and thoughtful approach taken by our employers and supervisors. I feel my Agency did everything under the existing legislation to make my situation the best it could be for me and my family.

I am here today asking Congress to consider providing paid parental benefits to the Federal workforce. This benefit would be an extremely effective tool in recruiting and retaining a high quality Federal workforce.

Thank you for giving me the opportunity to testify before you today.

