

Maternity Leave after Childbirth: Access and Barriers to Paid and Unpaid Maternity Leave, Minnesota Pregnancy Risk Assessment Monitoring System 2016-2020

MARCH 2022

Key Minnesota PRAMS Findings:

- Most mothers worked during their pregnancy (77%).
- When compared to married mothers, a higher percentage of unmarried mothers did not intend to return to work after their baby was born (8% versus 17% respectively).
- There were differences by income, with 18% of poor and low-income mothers not planning to return to work compared to 8% of mothers who reported higher incomes.
- The majority of mothers used only unpaid leave (42%).
- A higher percentage of low-income mothers used only unpaid leave compared to mothers with higher incomes (60% versus 34% respectively).
- White mothers had median length of leave that was nearly two times longer when compared all other racial/ethnic groups.
- Mothers with higher incomes had median length of leave that was two times longer than low-income mothers.
- The top reasons influencing length of leave taken were: 1) job did not offer paid leave; 2) could not afford to take leave; and 3) had not built up enough time to take leave.

Pregnancy and Childbirth: Critical Time Periods

A MOTHER'S STORY:

"The stress of unpaid maternity leave has left my family struggling to survive, to pay bills and we almost couldn't pay rent (I had to borrow money) which then we almost got evicted. The stress of having a baby without paid maternity leave has taken its toll mentally, physically, emotionally, and spiritually." – Minnesota PRAMS Survey Respondent

The days, weeks, and months after the birth of a child is a critical time in life, filled with new challenges. In addition to physically healing from childbirth, there is a need to adjust to the new role of becoming a parent or adding another child to a growing family.

Babies require intensive hands-on care, and time together helps form secure parent-child relationships that impacts brain development and lifelong ability to thrive. This often means

that at least one parent will need to take time off from work to care for their new baby. Time away from work can lead to a loss of income, and this drop in income happens as household expenses increase. Access to paid parental leave can provide parents with the time and financial resources to recover from childbirth and care for their babies.

As of April 2020, the U.S. remains the only Organization for Economic Cooperation and Development (OECD) member country without paid parental leave.¹ Access to leave in the U.S. is dependent on employers and tends to be available only to those working in higher paying occupations. As of February 2022, nine states have passed legislation requiring access to paid parental leave—Minnesota is not among them.

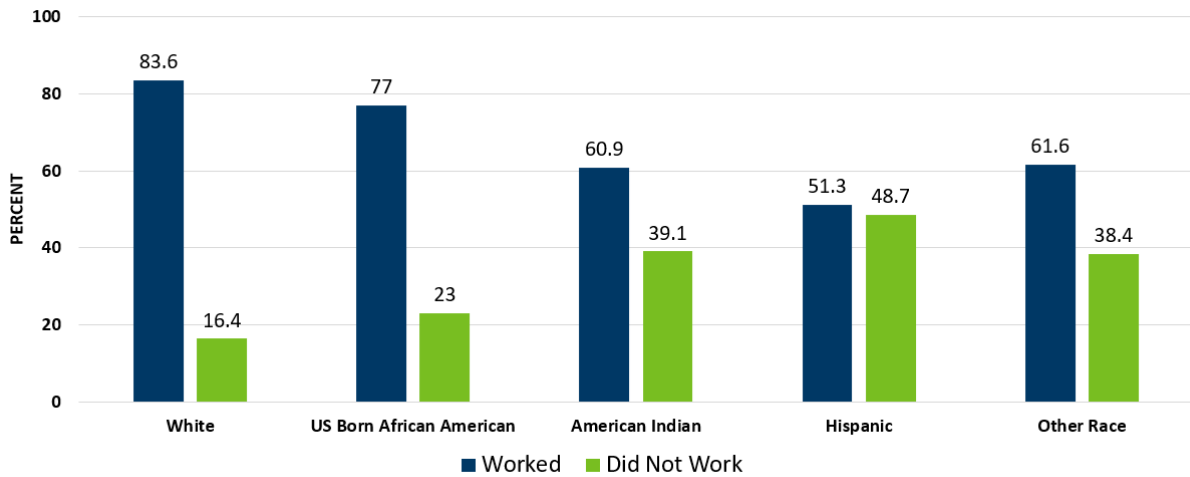
The Minnesota Pregnancy Risk Assessment Monitoring System (MN PRAMS), an ongoing research project between the Minnesota Department of Health (MDH) and the Centers for Disease Control and Prevention, is a survey that collects data on maternal behaviors and experiences before, during, and after childbirth. Each month, approximately 150 mothers are selected from the Minnesota Office of Vital Records birth records for babies born in Minnesota during the preceding 2-4 months and sent a PRAMS survey in the mail. If the mailed survey is not returned, sampled mothers are then offered the opportunity to complete the PRAMS survey by phone. For this report, PRAMS data collected from 2016-2020 was analyzed to help understand mothers' access to, and use of, paid and unpaid parental leave.

Employment During Pregnancy

Most Women Worked During Pregnancy

Overall, approximately 77% of MN PRAMS respondents worked for pay during their pregnancy, but there were differences by race/ethnicity (Fig. 1). Nearly 84% of White, non-Hispanic mothers worked for pay compared to 77% of U.S.-born African American mothers, 60.9% of American Indian mothers, and 51.3% of Hispanic mothers.

Figure 1. Percentage of Mothers Who Worked for Pay during Pregnancy, MN PRAMS 2016-2020

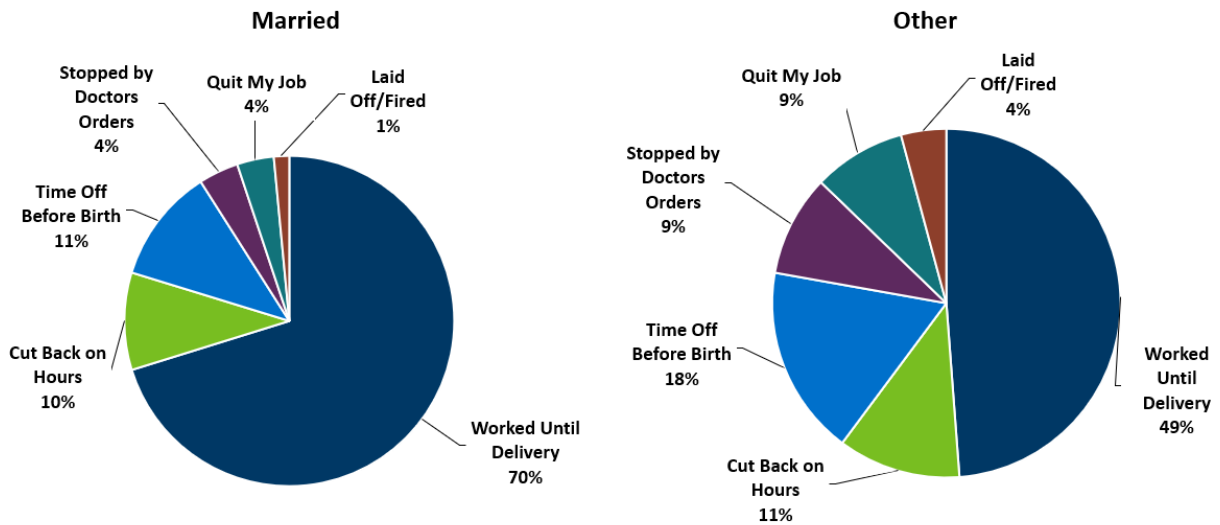


Source: Minnesota Pregnancy Risk Assessment Monitoring System 2016-2020
 Note: Hispanic can be of any race

Employment During Pregnancy

Among the MN PRAMS respondents who worked during their pregnancy, 63.7% continued to work until they delivered their baby. However, there were differences by marital status (Fig. 2). Seventy percent of married mothers worked up until delivery, compared to 49% who were not married. Also, a higher percentage of non-married mothers were laid off or fired from their job compared to mothers who were married (4% versus 1% respectively).

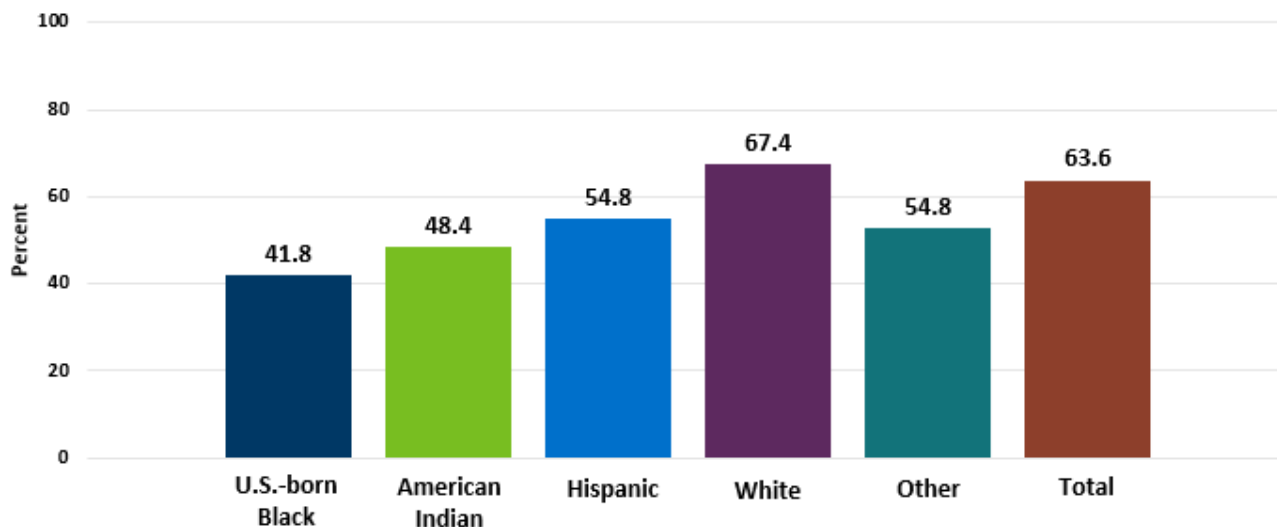
Figure 2. Work Schedule During the Last Month of Pregnancy by Marital Status, MN PRAMS 2016-2020



Source: Minnesota Pregnancy Risk Assessment Monitoring System 2016-2020

There were also differences by race/ethnicity (Fig. 3). For non-Hispanic White mothers, 67.4% worked until delivery compared to 41.8% of U.S.-born African American mothers, 48.4% of American Indian mothers, and 54.8% of Hispanic mothers.

Figure 3. Percentage of Mothers Who Worked Until Delivery by Race/Ethnicity, MN PRAMS 2016-2020



Source: Minnesota Pregnancy Risk Assessment Monitoring System 2016-2020

Note: Hispanic can be of any race

Return to Work

A MOTHER'S STORY:

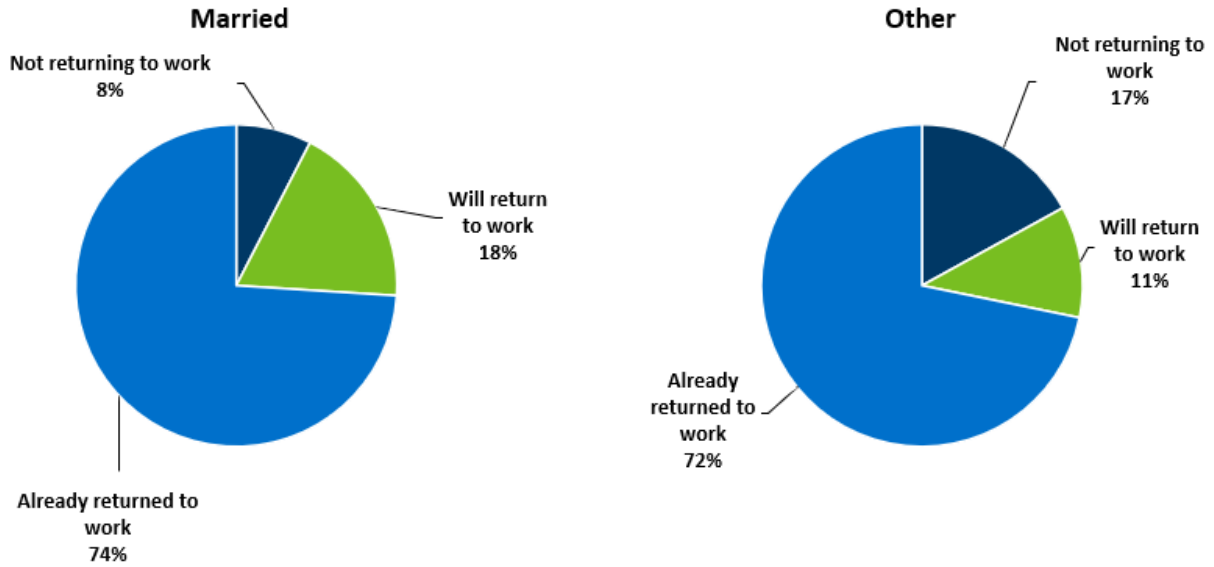
“The time I had with my child after his birth was so precious and important. It's easy to feel overwhelmed after your child's birth and it took me several weeks before I could fully enjoy my time with my son due to the continuing pressures of his care. By then, my leave was nearing an end. Minnesota should have paid and longer leave. I would have taken more time [if] my employer provided paid leave or a part-time transition back. I wish I would have been able to spend the first six months home with him to continue bonding.” – Minnesota PRAMS Survey Respondent

Return to Work and Marital Status

By the time a mother responded to the survey (about 4-5 months after delivery), 73% reported having returned to work, while 16% had not yet returned but intended to do so. Ten percent were not planning to return to the job they had before their baby was born. When

examining differences by marital status, there are a higher percentage of unmarried mothers (17%) compared to married mothers (8%) who did not plan to return to their job (Fig. 4).

Figure 4. Percentage of Mothers Who Have Returned to Work, Plan to Return, or Will Not Return to Their Jobs by Marital Status, MN PRAMS 2016-2020



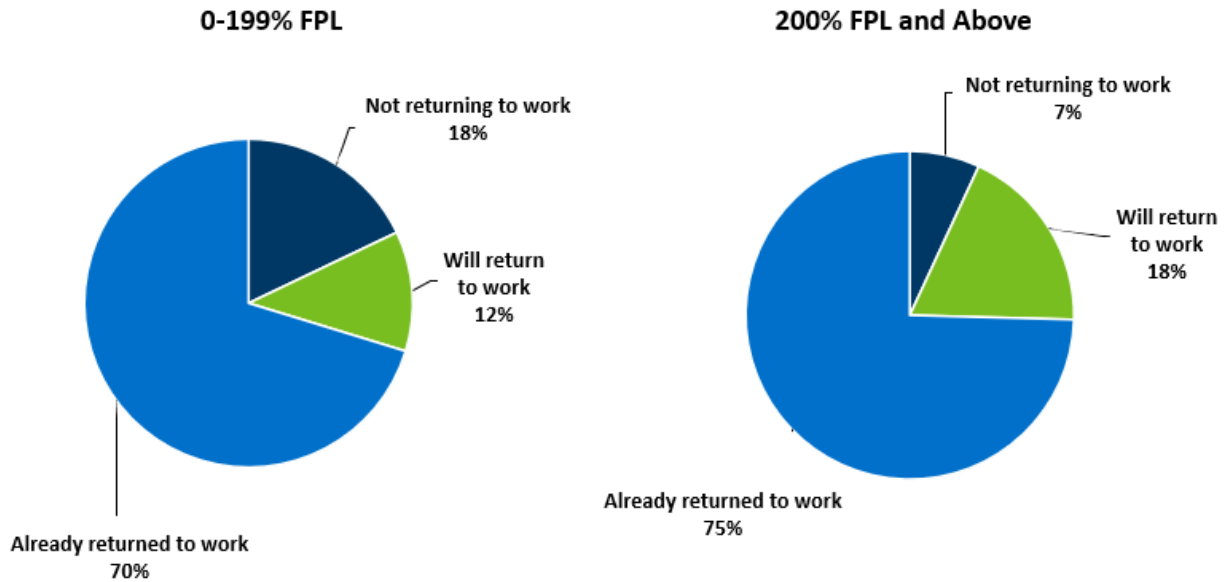
Source: Minnesota Pregnancy Risk Assessment Monitoring System 2016-2020

Return to Work and Federal Poverty Level

The Federal Poverty Level (FPL) is a measure of income issued every year by the Department of Health and Human Services (HHS) and is also used to determine eligibility for certain programs and benefits, including savings on marketplace health insurance, Medicaid, and Children’s Health Insurance Program (CHIP) coverage. A family is considered poor or low-income (working poor) if their income falls below 200% FPL.

There are differences when examining return to work, or plans to return to work, by FPL. At the time the survey was completed, most mothers in both groups had returned to work. However, the largest difference can be seen in those who do not plan to return to work, with 18% of low-income mothers reporting no plans to return to their job compared to 7% of mothers with higher incomes (Fig. 5).

Figure 5. Percentage of Mothers Who Returned, Plan to Return, or Will Not Return to their Jobs by Federal Poverty Level, MN PRAMS 2016-2020



Source: Minnesota Pregnancy Risk Assessment Monitoring System 2016-2020

Childcare

Another consideration impacting the decision to return to work is the availability of childcare. Minnesota is ranked 4th out of 50 states and Washington, D.C. for the most expensive infant care in the country, with an average cost of infant care being \$1,341 per month, or \$16,087 per year.² Additional stress is caused by the childcare shortage affecting the state, with infant care being the most challenging to find.³ Most childcare centers do not accept infants younger than 6 weeks of age, which may leave a gap between when care can begin, even if the family can afford the high price of care.

This mismatch between the desire for more leave to care for their newborn (and themselves), the need to return to work to cover expenses, and the availability of childcare for very young infants can be a hardship for many new parents. The mother who cannot afford to take unpaid leave may need to return to work soon after giving birth. However, the lack of available and affordable childcare complicates the decision further and may prevent the return to paid work, particularly for single mothers and/or the working poor.

Use of Paid and Unpaid Leave After Childbirth

A MOTHER'S STORY:

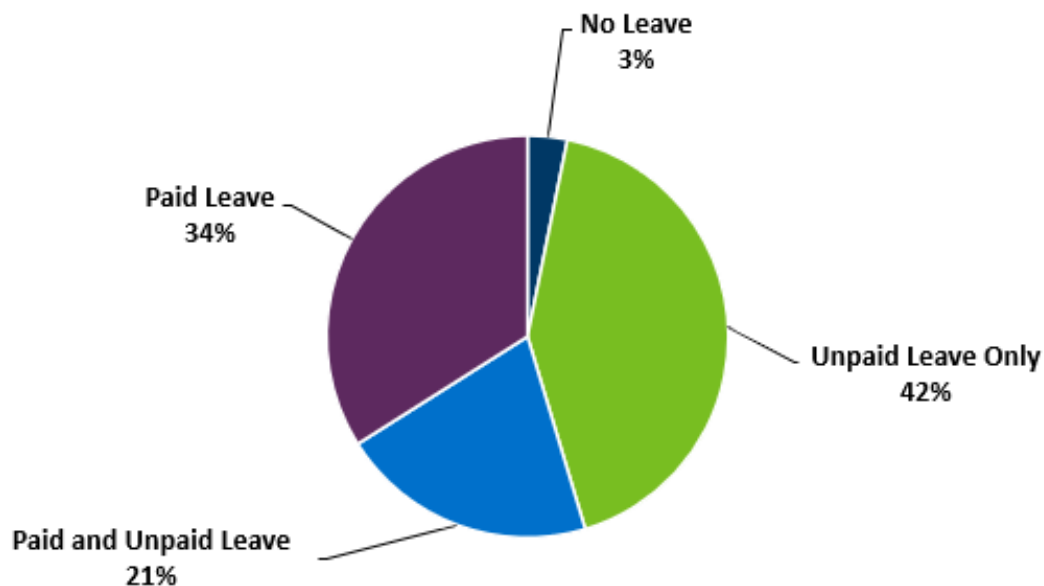
“Although I was ok and had started saving profusely when I found out I was pregnant, it still did not afford me the 12 weeks standard unpaid leave I took. I had a very healthy pregnancy and “easy” birthing experience. No complications. However, the added stress of that definitely put an added pressure on my pregnancy/postpartum.” – Minnesota PRAMS Survey Respondent

Paid family leave refers to partially or fully compensated time away from work for significant family caregiving needs. Access to paid parental leave is linked to fewer infant deaths, increased breastfeeding duration, and improved birth and developmental outcomes.⁵ Paid parental leave is also associated with improved maternal mental health, including a decreased likelihood of depression or psychological distress.

Paid Versus Unpaid Leave Used

For MN PRAMS respondents who already returned to their job or planned to return, the highest percentage reported using only unpaid leave (42%), while 33% used paid leave, and 21% reported using a combination of both paid and unpaid leave. Three percent reported not using either paid or unpaid leave after the birth of their baby (Fig 6).

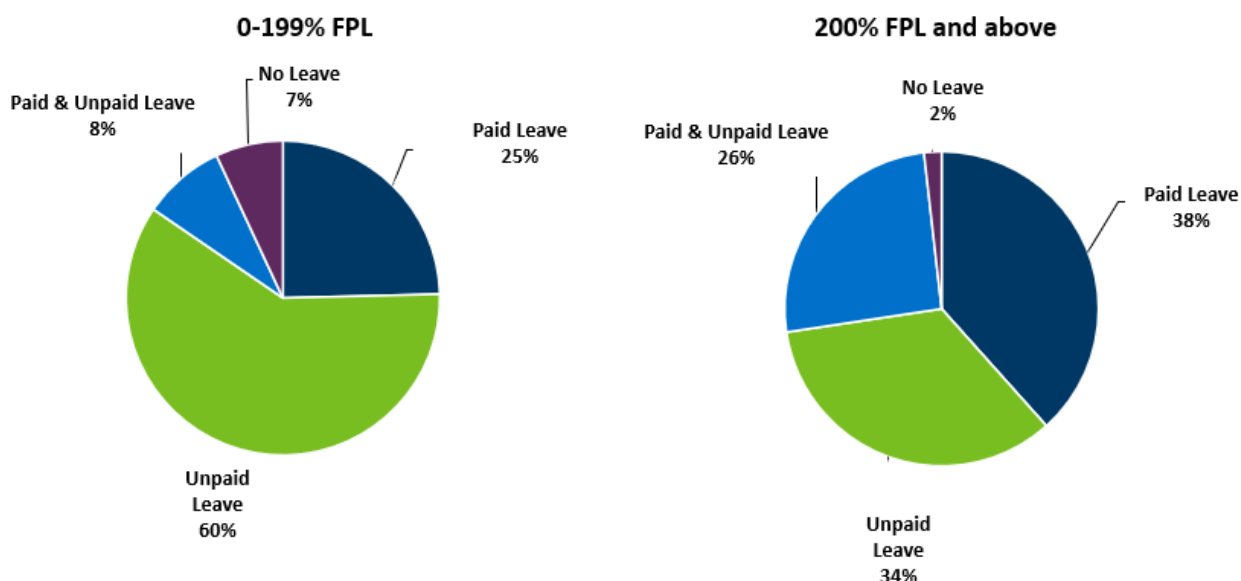
Figure 6. Type of Leave Taken After Childbirth, MN PRAMS 2016-2020



Source: Minnesota Pregnancy Risk Assessment Monitoring System 2016-2020

There were notable differences between the type of leave used when comparing those 0-199% of FPL and those 200% FPL and above. The vast majority (60%) of low-income mothers used only unpaid leave compared to 34% of mothers with higher incomes (Fig. 7). Also, only 8% of low-income mothers were able to use a combination of paid and unpaid leave compared to 26% of mothers with incomes 200% FPL or above.

Figure 7. Type of Leave Taken After Childbirth by Federal Poverty Level, MN PRAMS 2016-2020



Source: Minnesota Pregnancy Risk Assessment Monitoring System 2016-2020

The MDH report *White Paper on Paid Leave and Health* noted that the lack of access to paid leave contributes to disparities across the state⁴

- Communities most negatively affected by factors associated with poor health, such as poverty, unsafe or unstable housing, and food instability, are also more likely to not have access to paid leave.
- Gaps within current laws on paid parental leave contribute to health inequities beginning early in life and have significant implications for other disparities among children.
- Increasing access to paid leave will help support parental health and income and help reduce inequities and disparities starting in childhood.

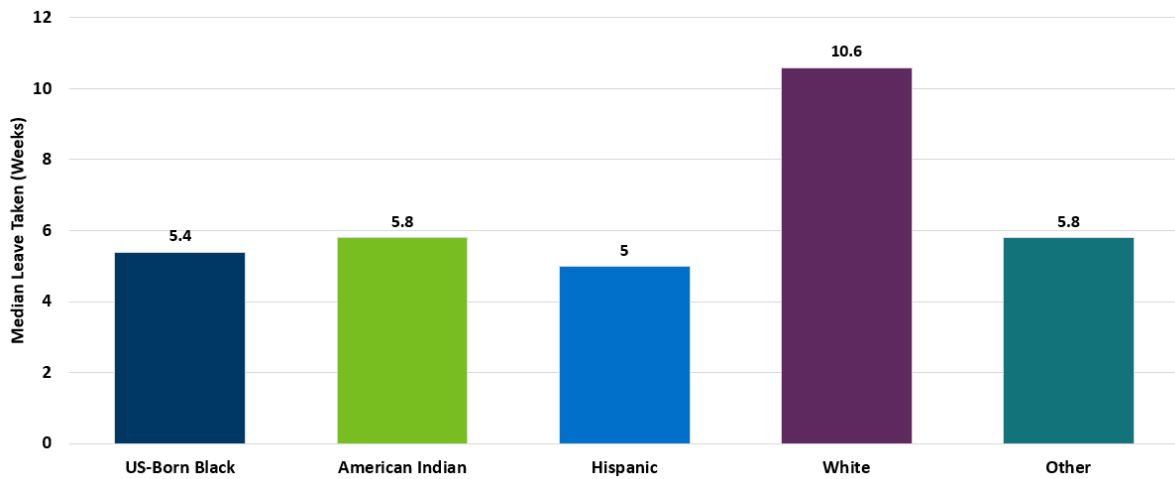
Amount of Leave Taken

The median amount of leave taken differs greatly by race (Fig. 8) and by FPL (Fig. 9). White mothers took almost twice the amount of leave (10.6 weeks) compared to all other racial/ethnic groups. Additionally, low-income mothers took only 5.5 weeks of leave,

compared to the 11.1 weeks taken by those with higher incomes — twice the amount of time low-income mothers took to bond with their newborns and take care of themselves.

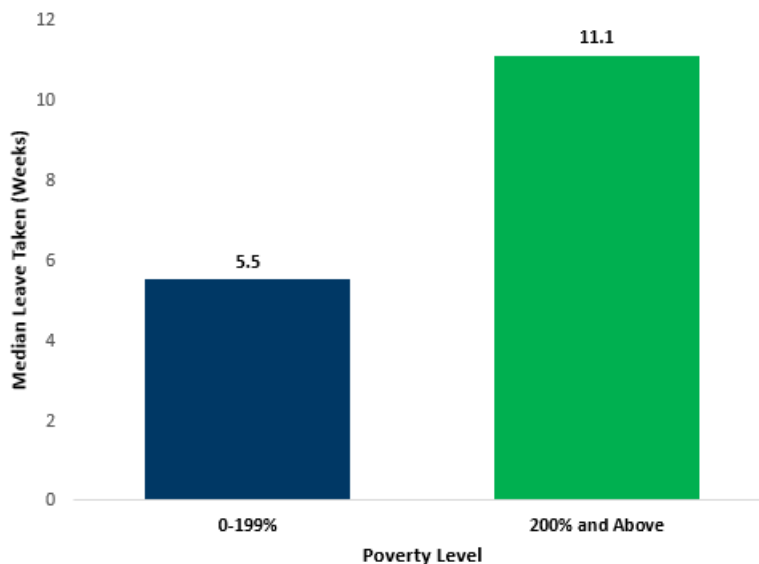
Access to paid parental leave can help support babies’ development and support parents in their own recovery from childbirth. Improving access to paid leave could help set the stage for reducing many of the lifelong disparities we see beginning early in life and continuing well into adulthood.

Figure 8. Median Weeks of Leave Taken by Race/Ethnicity, MN PRAMS 2016-2020



Source: Minnesota Pregnancy Risk Assessment Monitoring System 2016-2020

Figure 9. Median Weeks of Leave Taken by Federal Poverty Level, MN PRAMS 2016-2020



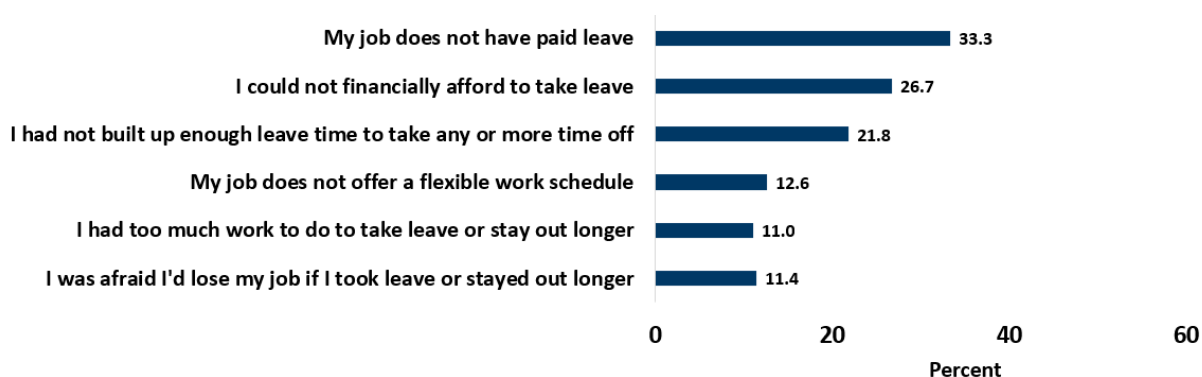
Source: Minnesota Pregnancy Risk Assessment Monitoring System 2016-2020

The Decision to Return to Work

Factors Affecting Decision to Return

Many factors influence the decision about how much leave one can, or cannot, take from work. In Minnesota, among MN PRAMS respondents who had returned or planned to return to work, 33% said their job did not offer paid leave (Fig. 10). Nearly 27% reported they could not afford to take leave, while almost 22% said they had not saved up enough sick or vacation time to take more time off.

Figure 10. Percentage of Moms Who Said the Following Affected the Length of Leave Taken after Pregnancy, MN PRAMS 2016-2020



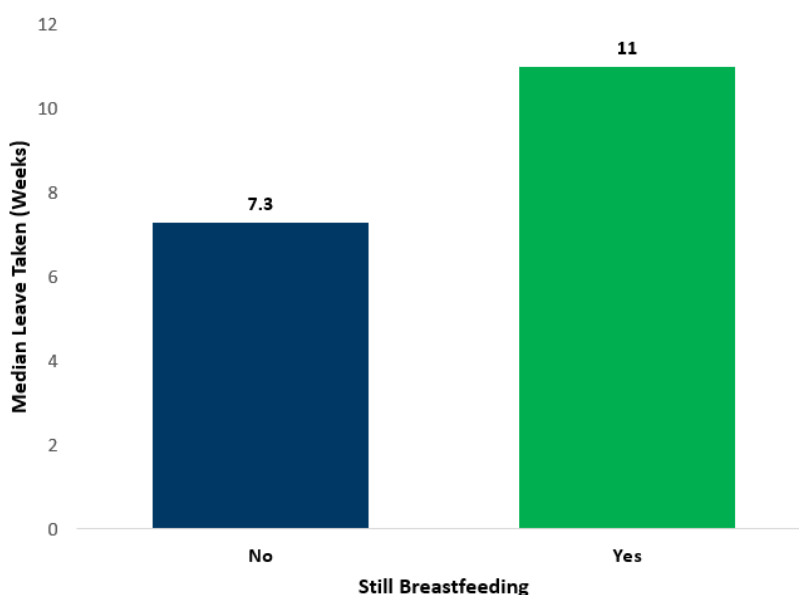
Source: Minnesota Pregnancy Risk Assessment Monitoring System 2016-2020

Breastfeeding

Exclusively providing breastmilk to babies until they are 6 months old carries many benefits which have been widely documented. Benefits for infants include lower rates of mortality, malnutrition, and infection.² Benefits also extend to the mother and include lower risk of high blood pressure, type 2 diabetes, ovarian cancer, and breast cancer.⁶

There are large differences in the median length of leave taken when comparing those who are still breastfeeding at the time of survey completion (approximately 4-5 months after childbirth) with those who are no longer breastfeeding (Fig. 11). Mothers who reported still breastfeeding their baby took 11 weeks of leave, compared to only 7 weeks of leave for those who were no longer breastfeeding their baby.

Figure 11. Median Weeks of Leave Taken by Breastfeeding Status, MN PRAMS 2016-2020



Source: Minnesota Pregnancy Risk Assessment Monitoring System 2016-2020

References

1. Congressional Research Service report (2020). Paid Family and Medical Leave in the United States <https://crsreports.congress.gov/product/pdf/R/R44835> (accessed February 1, 2022).
2. The cost of child care in Minnesota. Economic Policy Institute <https://www.epi.org/child-care-costs-in-the-united-states/#/MN> (accessed February 1, 2022).
3. <https://www.epi.org/child-care-costs-in-the-united-states/#/MN> (accessed February 2, 2022).
4. Minnesota Department of Health (MDH) (2015). White Paper on Paid Leave and Health. <https://www.health.state.mn.us/communities/equity/reports/2015paidleave.pdf> (accessed February 9, 2022).
5. Jou, J., Kozhimannil, K. B., Abraham, J. M., Blewett, L. A., & McGovern, P. M. (2017). Paid Maternity Leave in the United States: Associations with Maternal and Infant Health. *Maternal and Child Health Journal*, 22(2), 216-225.
6. Centers for Disease Control. Breastfeeding Is an Investment in Health, Not Just a Lifestyle Decision. <https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html> (accessed February 4, 2022).

Funding for MN PRAMS is made possible by grant number: U01DP006607-01 from the Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion

Minnesota Department of Health
 Minnesota Pregnancy Risk Assessment Monitoring System
 PO Box 64882

MATERNITY LEAVE AFTER CHILDBIRTH: MN PRAMS 2016-2020

St. Paul, MN 55164-0882
651-201-3650
health.mnprams@state.mn.us
www.health.state.mn.us

03/16/22

To obtain this information in a different format, call: 651-201-3650.