



Focus on Employment and Workplace

Leave Among Maryland Women Giving Birth 2016-2020

Introduction

More than sixty percent of pregnant women in the United States work during pregnancy, and most return to work within 12 weeks of giving birth.¹ Maternal employment both during and after pregnancy may contribute positively to maternal and child health by preventing loss of wages and providing health insurance coverage.^{2,3} Prior studies suggest workplace accommodations for pregnant women and new mothers (such as paid or unpaid maternity leave) may offer numerous health benefits for both mother and baby, including decreased risk of low birth weight, early term birth, infant mortality, and rehospitalizations following birth.^{2,4,5} Some research suggests that longer maternity leaves may be associated with higher rates of breastfeeding initiation and longer breastfeeding duration.^{6,7}

Pregnancy Risk Assessment Monitoring System (PRAMS)

This data brief uses information from the Maryland Pregnancy Risk Assessment Monitoring Survey (PRAMS) (years 2016-2020) to understand patterns in recent mothers' employment during pregnancy and their return to work after giving birth, factors recent mothers consider when making decisions about when to return to work, and potential health effects of these working patterns on both the mother and the newborn.

The Maryland PRAMS survey includes the following questions about maternal employment, workplace leave, and return to work after pregnancy:

- -At any time during your most recent pregnancy, did you work at a job for pay?
- -Have you returned to the job you had during your most recent pregnancy?
- -Did you take leave from work after your new baby was born?

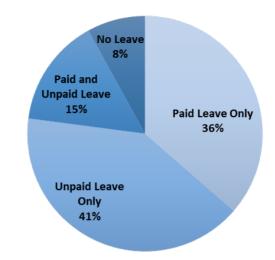
-(For those who took any leave): How did you feel about the amount of time you were able to take off after the birth of your new baby?

-(For those who did not take any leave): Did any of the things listed below affect your decision about taking leave from work after your new baby was born?

Postpartum Leave Taken

Forty-one percent of recent mothers took only unpaid postpartum leave after giving birth (Figure 1). Thirty-six percent took only paid leave, while 15% took a combination of paid and unpaid leave. Eight percent of recent mothers took no leave from work following the birth of their child.

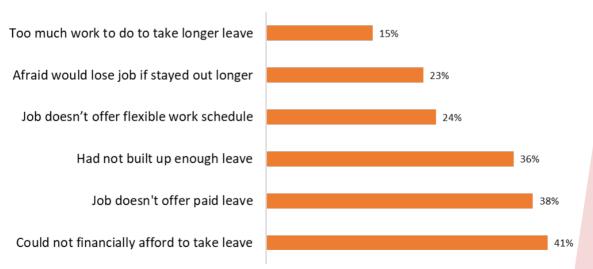
Figure 1. Type of Postpartum Leave Taken, 2016-2020



Factors Affecting Decision to Take Leave

Among mothers who did not take any leave from work, forty-one percent reported that their decision was affected by not being able to afford to take leave (Figure 4). Thirty-eight percent reported that their job did not offer paid leave. More than one-third reported they had not built up enough leave time to take any or more time off, and nearly one in four reported that their job did not offer a flexible work schedule.

Figure 2. Factors Affecting Decision to Take Workplace Leave, 2016-2020



Return to Work

At the time of the survey (an average of four months after giving birth), 61% of mothers had returned to the job they held previously, and another 16% planned to return. Twenty-three percent of recent mothers who worked for pay during their pregnancy did not intend to return to the job they previously held.

Demographics of Recent Mothers by Paid Work Status

Table 1 shows demographic and socioeconomic characteristics of recent mothers by paid work status during pregnancy, type of postpartum leave taken, and return to work status following pregnancy. More than two-thirds (70%) of recent mothers in Maryland worked for pay during their most recent pregnancy. Race/ethnicity, age, education, insurance at delivery, and household income significantly differed by paid work status, type of postpartum leave, and return to work status.

Worked during pregnancy

- Race: non-Hispanic White (49%), non-Hispanic Black (30%), Hispanic (12%), non-Hispanic other races (8%)
- Average age: 30 years (data not shown); 61% between ages 25-34
- Education: Majority had 13 or more years (high school graduates; 76%)
- Previous live births: 43% had zero
- Yearly household income: 45% reported \$73,001 or more

Did not work during pregnancy

- Race: non-Hispanic White (31%), non-Hispanic Black (26%), Hispanic (31%), non-Hispanic other races (12%)
- Average age: 29 years (data not shown), 55% between ages 25-34
- Education: Majority had less than 13 years (non-high school graduates; 53%)
- Previous live births: Most had at least one (74%)
- Yearly household income: 24% reported less than \$16,000

Health Behaviors, infant and Maternal Health Factors by Paid Work Status Prenatal care utilization

The percent of recent mothers who reported receiving no prenatal care, or initiated prenatal care in the third trimester was higher among recent mothers who did not work during pregnancy (Table 2; 3% vs. 1%). Among the 70% of recent mothers who worked during pregnancy, 92% initiated prenatal care in the first trimester, compared to 83% of recent mothers who did not work during pregnancy (Figure 3).

Figure 3. First Trimester Prenatal Care Initiation By Paid Work Status During Pregnancy, 2016-2020

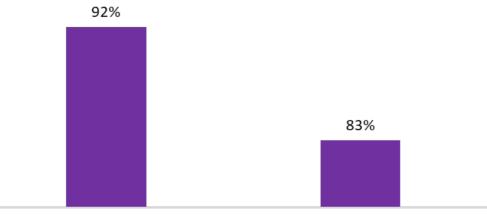


Table 1. Characteristics of recent mothers by paid work status during pregnancy, type of postpartum leave taken, and return to work, Maryland. 2016-2020

	Detal seconds at		T f		Determined to the	la la al al alcuntor ac
	Paid work status during		Type of postpartum leave		Returned to job held during	
	pregnancy		taken		pregnancy	
				At least		
	Did not		Unpaid or	some paid		
	work	Worked	no leave	leave	No	Yes
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Total	30 (28 - 31)	70 (69 - 72)	49 (47 - 51)	51 (49 - 54)	23 (21 - 24)	77 (76 - 79)
Hispanic	31 (29 - 34)	12 (11 - 13)	14 (12 - 16)	6 (4 - 7)	24 (21 - 27)	9 (8 -10)
Other	12 (10 - 14)	8 (7 - 9)	7 (5 – 9)	10 (8 -12)	7 (5 - 10)	9 (7 - 10)
Age*†§						
<25 years	24 (21 - 27)	16 (14 - 17)	20 (18 - 23)	6 (4 - 8)	28 (25 - 32)	12 (11 - 14)
	55 (52 - 58)	61 (59 - 63)	59 (56 - 62)	64 (61 - 67)	57 (53 - 62)	62 (60 - 64)
-	21 (19 - 23)	23 (22 - 25)	21 (18 - 23)	30 (28 - 33)	14 (12 - 17)	26 (24 - 28)
	53 (50 - 56)	24 (22 -26)	32 (29 - 35)	8 (7 - 10)	45 (41 - 49)	19 (18 - 21)
				92 (90 - 93)	55 (51 - 59)	81 (79 -82)
	38 (35 - 41)	25 (24 - 27)	36 (33 - 39)	10 (8 - 12)	37 (33 - 41)	22 (20 -24)
Private	30 (27 - 33)			81 (78 - 83)	40 (35 - 44)	67 (64 - 69)
	- <- /		, – ,		- (,	, - , ,
	26 (23 - 29)	43 (41 - 45)	40 (37 - 43)	45 (42 - 48)	42 (38 - 46)	42 (40 - 45)
	30 (33 11)		20 (23 51)	11 (13 20)	20 (23 50)	
	24 (22 - 27)	10 (8 - 11)	13 (11 - 16)	2(1-3)	22 (18 - 25)	7 (6 - 8)
				5 (2 - 4)	10 (0 - 13)	4 (3 - 5)
Age*t§ <25 years 25-34 years 35+ years Education*t§ ≤12 years >12 years Insurance at delivery*t§ Medicaid	24 (21 - 27) 55 (52 - 58) 21 (19 - 23) 53 (50 - 56) 47 (44 - 50) 38 (35 - 41) 30 (27 - 33) 32 (29 - 34) 26 (23 - 29) 36 (33 - 39) 38 (35 - 41) 24 (22 - 27) 17 (15 - 20) 14 (12 - 16) 9 (8 - 11) 16 (14 - 19) 18 (16 - 21)	16 (14 - 17) 61 (59 - 63) 23 (22 - 25) 24 (22 - 26) 76 (74 - 78) 25 (24 - 27) 61 (59 - 63) 14 (13 - 15) 43 (41 - 45) 35 (33 - 37) 23 (21 - 24) 10 (8 - 11) 15 (13 - 16) 14 (12 - 15) 12 (11 - 13) 45 (43 - 47) 5 (4 - 6)	20 (18 - 23) 59 (56 - 62) 21 (18 - 23) 32 (29 - 35) 68 (65 - 71) 36 (33 - 39) 50 (47 - 53) 14 (12 - 16) 40 (37 - 43) 32 (29 - 35) 28 (25 - 31) 13 (11 - 16) 23 (20 - 26) 18 (15 - 20) 10 (9 - 13) 30 (28 - 33) 5 (4 - 7)	6 (4 - 8) 64 (61 - 67) 30 (28 - 33) 8 (7 - 10)	28 (25 - 32) 57 (53 - 62) 14 (12 - 17) 45 (41 - 49)	12 (11 - 14) 62 (60 - 64) 26 (24 - 28) 19 (18 - 21)

Shown are weighted percentages and (95% confidence intervals) *Statistically significant difference for paid work status during pregnancy (p<0.05)

+Statistically significant difference for type of leave taken (p<0.05)

\$Statistically significant difference for return to work (p<0.05)

Table 2. Health characteristics by paid work status during pregnancy, type of postpartum leave taken, and return to job held during pregnancy, Maryland, 2012-2015

	Paid work status during pregnancy		Type of postpartum leave taken		Returned to job held during pregnancy	
	Did not work % (95% CI)	Worked % (95% CI)	Unpaid or no leave % (95% CI)	At least some paid leave % (95% CI)	No % (95% Cl)	Yes % (95% CI)
Prenatal Care						
Late or no prenatal care*	3 (2 - 4)	1 (1 - 2)	1 (1 -2)	1 (1 – 2)	2 (1 - 4)	1 (1 - 2)
Received flu vaccine *† §	59 (56 - 62)	67 (65 - 69)	63 (60 - 66)	74 (71 - 76)	58 (54 - 62)	69 (67 - 71)
Smoked before or during pregnancy†§						
No	87 (85 - 89)	89 (88 - 90)	86 (83 - 88)	93 (91 - 94)	85 (82 - 88)	90 (88 - 91)
Yes	13 (11 - 15)	11 (10 - 12)	14 (12 - 17)	7 (6 – 9)	15 (12 - 18)	10 (9 - 12)
Breastfeeding						
Did not breastfeed*†	15 (13 - 18)	8 (7 - 9)	10 (8 - 13)	6 (5 - 8)	10 (8 - 13)	8 (7 - 9)
Still breastfeeding at time of survey†§	66 (62 - 69)	67 (65 - 69)	62 (58 - 65)	73 (71 - 76)	63 (59 - 67)	68 (66 - 70)
Infant Health						
Preterm (<37 weeks gestation)*	10 (9 - 12)	9 (8 - 10)	9 (8 - 11)	9 (8 - 10)	10 (8 - 12)	9 (8 - 10)
Low birth weight (<2500 grams)*§	8 (8 - 9)	8 (7 - 8)	8 (7 - 9)	7 (7 - 8)	9 (8 - 10)	7 (7 - 8)
Maternal Health						
Had postpartum checkup*†§	83 (81 - 85)	93 (92 - 94)	92 (90 - 94)	97 (95 - 97)	88 (85 - 90)	95 (94 - 96)
Felt depressed always or often†§	7 (5 - 8)	7 (6 - 8)	8 (6 - 10)	4 (3 - 6)	8 (6 - 11)	6 (5 - 7)

Shown are weighted percentages and (95% confidence intervals)

*Statistically significant difference for paid work status during pregnancy (p<0.05)

+Statistically significant difference for type of leave taken (p<0.05)

\$Statistically significant difference for return to work (p<0.05)

Infant h<mark>ealth</mark>

The percentage of recent mothers who did not work during their most recent pregnancy who gave birth to low birth weight (<2500 grams) infants was slightly higher (8.48%) than the percentage among recent mothers who worked (7.5%). Ten percent of recent mothers who did not work during their most recent pregnancy gave birth to preterm infants, compared to 9% among recent mothers who worked during pregnancy (Table 2).

<mark>Mate</mark>rnal health

Recent mothers who worked during pregnancy were more likely to receive a flu vaccine during their pregnancy (67% vs. 59%). Smoking before or during pregnancy was more prevalent among mothers who did not work, those who did not take any paid leave during pregnancy, and those who do not plan to return to work. Among recent mothers who had already returned to their job or were planning to return to their job, 6% reported feeling depressed often or always. This percentage was higher (8%) among recent mothers who took at least some paid leave after giving birth reported attending a postpartum checkup, compared to 92% among recent mothers who took unpaid or no leave (Figure 4, Table 2).

Breastfeeding

The percentage of recent mothers who did not breastfeed their infant was higher among mothers who did not work during pregnancy and who took unpaid or no postpartum leave from work (Table 2). Additionally, the percentage of mothers who were still breastfeeding at the time of the survey was higher among mothers who took any paid leave from work, and mothers who returned to their job or were planning to return to their job.

Among mothers who took unpaid or no leave from work, 90% breastfed their infant for any length of time (Figure 4). Among recent mothers who took at least some paid leave from work, 94% breastfed their infant for any length of time.

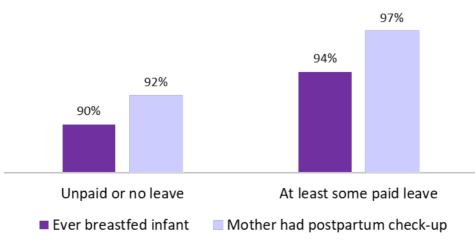


Figure 4. Breastfeeding and Maternal Postpartum Care by Type of Leave Taken, 2016-2020

Discussion

More than two-thirds of Maryland mothers who recently gave birth worked for pay during their most recent pregnancy. Recent mothers who worked during pregnancy were older, more educated, had fewer children, and a higher household income than recent mothers who did not work. Slightly over half of recent mothers in Maryland took at least some paid leave from work following the birth of their child and the majority (77%) of recent mothers in Maryland returned to work within four months of giving birth. Of the women who took no postpartum leave from work (paid or unpaid), the top reasons were the following: unable to financially afford taking leave, job does not offer paid leave, and had not built up enough leave.

Employment during pregnancy was associated with earlier prenatal care utilization, higher rate of flu vaccination, and lower rates of low birth weight and prematurity. Paid postpartum leave was associated with a greater percentage of mothers reporting ever breastfeeding their infant and still breastfeeding at the time of the survey. This suggests that paid postpartum leave may also be associated with longer breastfeeding durations among Maryland mothers. Recent mothers who did not return to their job after giving birth reported lower rates of breastfeeding. Paid postpartum leave and return to work and was also associated with higher percentage of attendance at postpartum medical visits and lower rates of postpartum depression symptoms.

PRAMS Methodology

Data included in this report were collected through the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance system established by the Centers for Disease Control and Prevention (CDC) to obtain information about maternal behaviors and experiences that may be associated with adverse pregnancy outcomes.

Each month, a sample of approximately 200 Maryland women who have recently delivered live born infants are surveyed by mail or by telephone, and responses are weighted to make the results representative of all Maryland births. This report is based on the responses of 5,217 Maryland mothers who delivered live infants between 2016 and 2020.

Limitations

PRAMS data are retrospective and therefore subject to recall bias. The findings in this report are based on the mother's perception of events before, during, and after pregnancy. Studies have shown that surveys of maternal smoking may underestimate the prevalence of these behaviors by a significant amount, due to factors related to social desirability. This report presents only basic associations between maternal and infant factors and maternal employment/workplace leave. Unexamined inter-relationships among variables are not described and could explain some of the findings in this report. MARYLAND PRAMS | Focus on Employment Among Maryland Women Giving Birth 2016-2020

References

1. Laughlin L. Maternity leave and employment patterns: 2006–2008. Washington, DC: U.S. Census Bureau. 2011.

2. Jou J, Kozhimannil KB, Abraham JM, et al. Paid maternity leave in the United States: associations with maternal and infant health. Matern Child Health J. 2017:1-10.

3. Jou J, Kozhimannil KB, Blewett LA, et al. Workplace accommodations for pregnant employees: associations with women's access to health insurance coverage after childbirth. J Occup Environ Med. 2016:58(6):561–566.

4. Stearns J. The effects of paid maternity leave: evidence from temporary disability insurance. J Health Econ. 2015:43:85-102.

5. Rossin M. The effects of maternity leave on children's birth and infant health outcomes in the United States. J Health Econ. 2011:30(2):221–239.

6. Mirkovic KR, Perrine CG, Scanlon KS. Paid Maternity Leave and Breastfeeding Outcomes. Birth. 2016 Sep;43(3):233–9. doi: 10.1111/birt.12230. Epub 2016 Mar 17. PMID: 26991788.

7. Guendelman S, Kosa JL, Pearl M, et al. Work-family balance after childbirth: the association between employer-offered leave characteristics and maternity leave duration. Matern Child Health J. 2013:18(1):200-208.

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Funding for the publication was provided by the Maryland Department of Health and by the Centers for Disease Control and Prevention (CDC) Cooperative Agreement # UR6/DP-000542 for Pregnancy Risk Assessment Monitoring System (PRAMS). The contents do not necessarily represent the official views of the CDC.

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