Work Leave After Delivery – Vermont PRAMS 2016-2018

VERMONT DEPARTMENT OF HEALTH

December 2019

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a survey of women who recently gave birth that asks about their experiences, behaviors and healthcare utilization before, during and shortly after their pregnancy. Vermont has participated in PRAMS since 2001.

Vermont PRAMS began asking about work leave in 2012. Prior research in the US has found that paid workplace leave is associated with improved health outcomes for mothers and children, such as decreased infant mortality rates[i], increased duration of breastfeeding[ii], and decreased maternal postpartum depression[iii].

The PRAMS questionnaire provides space for optional write-in comments by women. Each year, Vermont women share many such comments about their workplace leave experiences. Some of these comments from years 2016-2018 have been included here in quotations, edited for clarity and confidentiality.

KEY POINTS

- **Two-thirds of Vermont mothers feel they did not have enough leave time available to them after giving birth.**
- **Leave time disparities exist based on the household incomes of working mothers. These disparities have implications for maternal and infant wellbeing.**

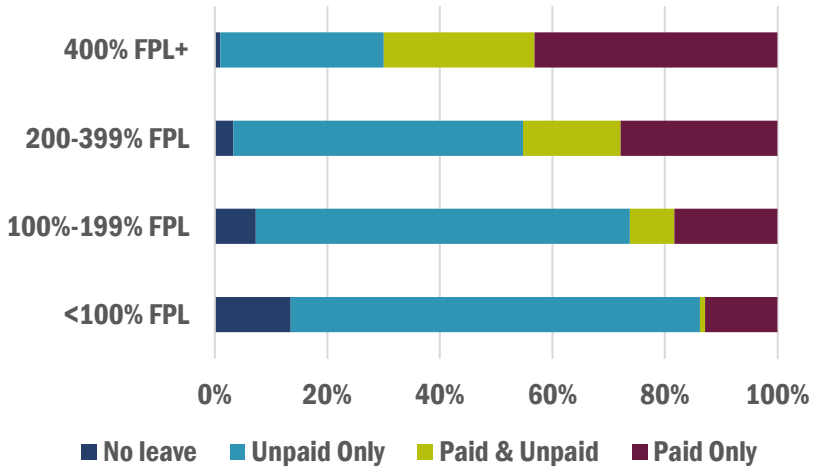
For years 2016-2018, 80% of Vermont mothers worked before their pregnancies. Among these, 82% had either returned to work or were planning to return to work after giving birth. This data brief addresses work leave for the women who had returned or planned to return to work. There are significant income-based disparities in leave access and leave experiences.

Work Leave Type

Women living in households with lower incomes are significantly less likely to take any paid leave during their pregnancies.

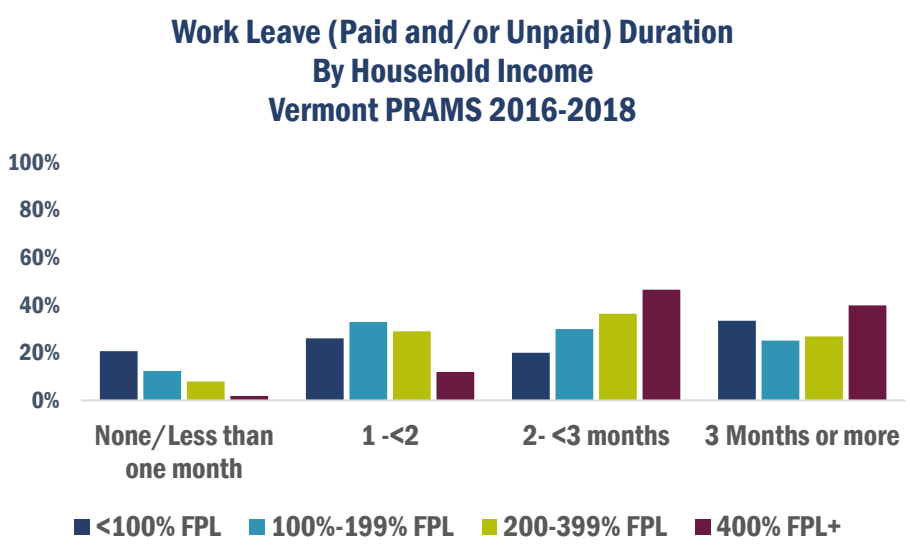
Over 80% of women with household incomes below the Federal Poverty Limit (FPL) took either no leave or exclusively unpaid leave. Rates of paid leave are significantly, increasingly higher in each higher income bracket. Two-thirds of those with household incomes at or above 400% FPL used some paid leave.

Type(s) of Leave Taken by Household Income
Vermont PRAMS 2016-2018



"I was fortunate enough to be able to take 15 weeks of unpaid leave. We could not afford more time without pay and then afford to start daycare. The combination of pay lost and high cost of childcare is difficult."

Work Leave Duration



Women in households with incomes below 200% of the FPL are significantly more likely to take less than one month or no leave at all than those at or above 200% FPL.

Women in households with incomes 400% of the FPL or more are significantly more likely to have two or more months of leave than women in other income groups.

There is no significant difference by income at three or more months of leave.

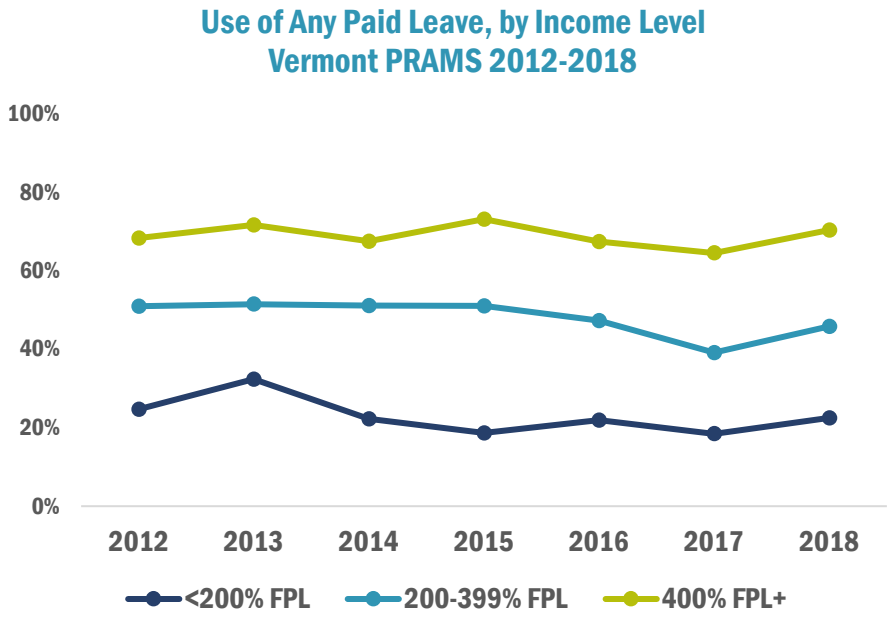
"I would have liked to take more leave, but because it was unpaid I couldn't. Our family relied on credit cards and our income tax return to pay our bills while I took leave. We accrued debt."

Trends in Paid Work Leave – 2012-2018

Vermont PRAMS has collected workplace leave data since 2012.

In each year, around two-thirds to three-quarters of working women in households with incomes 400% or more of the FPL took paid leave after delivery, compared to about one-half of those in 200%-399% FPL-income households, and around one-quarter of those with household incomes under 200% of the FPL.

During this time, there has been no statistically significant change in the use of paid leave after pregnancy by Vermont mothers for any of these income levels.

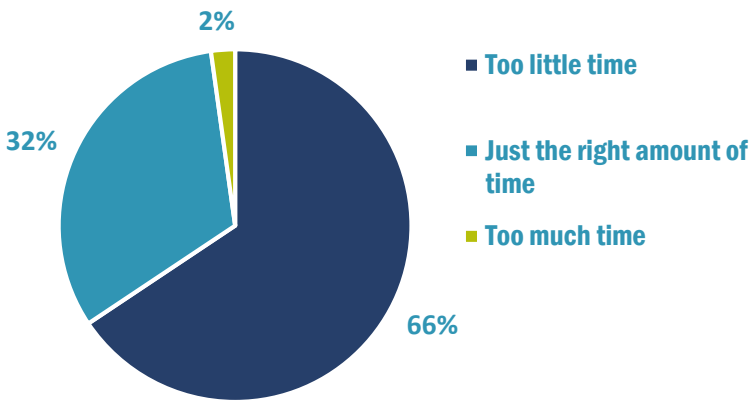


Feelings About Leave Time and Returning to Work

Around two-thirds of women feel they have too little available leave time. Thirty-two percent feel they have just the right amount of time, and around two percent feel they have too much leave time available to them.

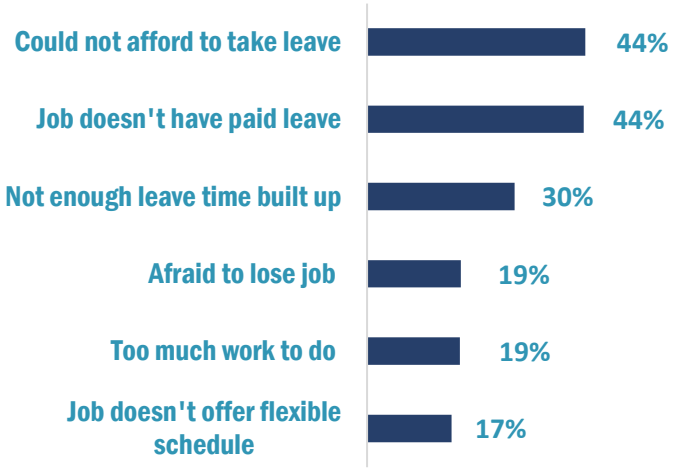
"My preterm baby is not ready for daycare, but I have to go back to work to keep my job. It breaks my heart that I cannot be at home with my baby longer without losing my job."

Feelings About Available Leave Time Vermont PRAMS 2016-2018



Among those who took less than 3 months of leave, 72% felt they had too little time available, compared to 53% of those who took three months or more.

Factors Affecting Return to Work

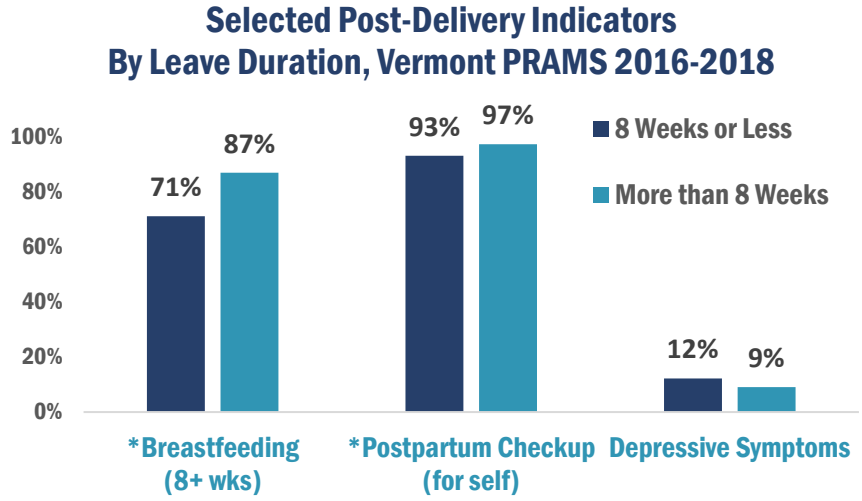


The PRAMS questionnaire asks about several factors which may affect women's decisions about taking leave. Respondents can choose multiple factors that affected them.

The most commonly reported factors affecting leave-time duration are being unable to afford to take leave or lack of access to paid leave. Thirty percent of women said they had not accrued enough leave time at their jobs to remain on leave.

"I think we fail new moms and dads with little to no paid leave. Delivering a baby is no joke and postpartum should be about bonding with your baby and not worrying about work or finding affordable childcare."

Post-Delivery Factors Associated with Leave Duration



Women who took over eight weeks of leave are significantly more likely to be breastfeeding their infants at eight weeks and are more likely to have gotten a postpartum checkup.

There are no statistically significant differences in depressive symptoms based on eight weeks of leave.

"I struggled with having enough pumped breast milk for my baby to get while I went back to work full-time after being home with him for 10 weeks. I don't understand the disconnect between knowing what is best for our babies and not giving mothers paid leave to establish and promote what is best for mother and baby."

Key Takeaways

Women with lower household incomes are significantly less likely to have access to paid leave. Those in the highest income level are significantly more likely to take longer leave time, although there are no income-level differences in taking three or more months of leave.

Two months or more of leave is associated with breastfeeding duration and with having a maternal postpartum checkup.

Women with lower household incomes experienced significant disparities in access to paid leave and leave duration.

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[i] Rossin M (2011). *J Health Econ* 30(2): 221–239.
[ii] Delle Donne et al (2019). *Pediatrics* 144(2): e20183795
[iii] Chattergi P, Markowitz S (2012). *J Ment Health Policy Econ* 15(2):61-76