

Employment, Workplace Leave and Return to Work Among New Jersey Mothers: A Cross-Sectional Analysis

Caitlin Murano, MPH

**Analyst, Research and Evaluation
Maternal and Child Health Epidemiology
New Jersey Department of Health**

Mehnaz Mustafa, MPH MSc

**Analyst, Research and Evaluation
Maternal and Child Health Epidemiology
New Jersey Department of Health**



Chris Christie
Governor



Cathleen D. Bennett
Commissioner

Kim Guadagno
Lt. Governor

Updates!

- **Submission explored 2013 NJ PRAMs data – updated with 2014 NJ PRAMS data**
- **Submission analyzed types of paid leave that mothers took for their leave in 2013**
 - Updated to reflect mothers who took paid leave in 2014 using both NJ temporary disability insurance (TDI) and NJ Family Leave Insurance (FLI)
 - Results reflect this change

Background

- **Important roles in maternal health and health of family include:**
 - Maternal employment
 - Ability to take maternal leave
 - Ability to return to work
 - Choosing not to return to work
- **New Jersey Temporary Disability Insurance (NJ TDI) program enacted in 1948**
 - Provides partial wage replacement during employee's own illness
 - Also includes pregnancy-related medical conditions
- **New Jersey Family Leave Insurance (NJ FLI) Program enacted in 2009**
 - Extension of NJ TDI
 - Provides partial wage replacement for employees during family leave and completely employee funded
 - Care for sick family member
 - Bond with new child
 - Also includes adoptions

Background

- **NJ TDI may be taken in conjunction with NJ FLI**
 - Doctor must certify medical diagnosis
 - One must demonstrate the inability to work
- **NJ is one of four states to provide FLI to residents**
 - California, New York, and Rhode Island also offer paid family leave insurance
 - Washington state – paid family leave enacted in 2017, effective January 2019 (premiums) and January 2020 (benefits)
 - District of Columbia – paid family leave enacted in 2017, effective July 2020
- **Currently, NJ offers workers the highest weekly wage replacement of 66%**



New Jersey Pregnancy Risk Assessment Monitoring System (NJ PRAMS)

- **Surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments**
- **PRAMS data collection began in 1988 nationally**
 - NJ PRAMS initiated in 2002
- **Data used to improve health of mothers and infants by reducing adverse outcomes**
 - PRAMS asks mothers questions about their behaviors and experiences before, during, and after pregnancy
- **Sampling frame used to identify and select new mothers with electronic birth certificates**
 - Mothers are sampled when their infants are between 2-6 months of age
- **Stratified by two variables:**
 - Maternal race/ethnicity
 - Smoking status – most preventable risk factor for low birth weight
- **Six strata**



New Jersey Pregnancy Risk Assessment Monitoring System (NJ PRAMS)

- **New Jersey added workforce supplemental questions to phase 7 survey in 2012**
 - Standard questions
- **There is now adequate data for analysis on the subject**
 - First look at data surrounding mothers in the workforce
- **Four work-based questions inquiring:**
 - If mother worked at a job for pay during her most recent pregnancy
 - If mother returned to the job she had during her most recent pregnancy
 - The type of leave or time taken after the new baby was born
 - What may have affected mother's decision about taking leave from work after her new baby was born

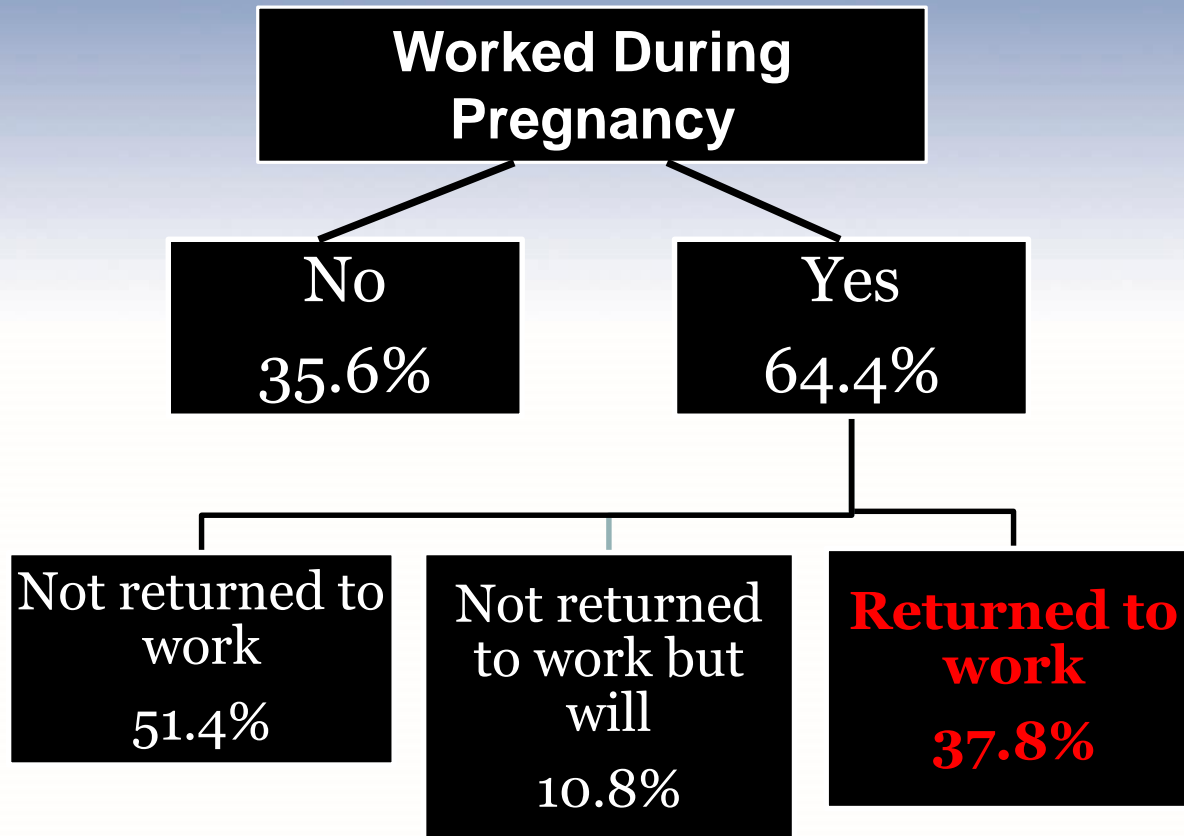
Project Aim

- **To focus on maternal and infant health outcomes that are affected by a mother's ability to take paid/unpaid maternity leave or no leave at all**

Methods

- **Utilized 2014 NJ PRAMS weighted data**
- **Defined “paid leave” as taking paid time granted from an employer in addition to using both NJ TDI and NJ FLI**
- **Determined prevalence of:**
 - Mothers who took paid leave from work
 - Mothers who took paid leave from work and returned after delivery
 - Mothers who took unpaid leave from work
 - Mothers who took unpaid leave from work and returned after delivery
 - Mothers who took no leave
- **Explored reasons for returning to work after taking paid leave**
- **Examined health outcomes affected**
 - Breastfeeding initiation
 - Breastfeeding duration
 - Well-baby checkup
 - Postpartum checkup
 - Postpartum depression symptoms

Results



Who returned to the workforce after delivery?

- **Of the mothers who reported returning to work (37.8%):**
 - 55% were White, NH
 - 79% had some college education or more
 - 53.8% reported an annual household income of >\$67,000

Results

Mothers Who Took Paid Maternity Leave From Work

Race/Ethnicity	
White, NH	32.3%
Black, NH	25.0%
Hispanic	36.0%
Asian, NH	18.6%
Educational Attainment	
High school or less	11.3%
Some college or more	40.3%
Annual Household Income	
< \$37,000	14.7%
\$37,001-\$67,000	34.1%
> \$67,000	52.3%

Results

Mothers Who Took Paid Maternity Leave From Work and Returned

Race/Ethnicity	
White, NH	32.6%
Black, NH	23.3%
Hispanic	43.7%
Asian, NH	23.2%
Educational Attainment	
High School or Less	14.6%
Some college or more	40.9%
Annual Household Income	
< \$37,000	16.5%
\$37,001-\$67,000	43.9%
> \$67,000	53.0%

Results

Mothers Who Took Unpaid Maternity Leave From Work	
Race/Ethnicity	
White, NH	38.3%
Black, NH	47.5%
Hispanic	38.0%
Asian, NH	56.9%
Educational Attainment	
High School or Less	44.9%
Some college or more	40.2%
Annual Household Income	
< \$37,000	44.0%
\$37,001-\$67,000	38.3%
> \$67,000	38.1%

Results

Mothers Who Took Unpaid Maternity Leave From Work and Returned	
Race/Ethnicity	
White, NH	31.6%
Black, NH	45.6%
Hispanic	33.4%
Asian, NH	52.5%
Educational Attainment	
High school or less	40.5%
Some college or more	34.5%
Annual Household Income	
< \$37,000	59.9%
\$37,001-\$67,000	64.3%
> \$67,000	58.0%

Results

Mothers Who Took No Maternity Leave From Work	
Race/Ethnicity	
White, NH	1.8%
Black, NH	2.9%
Hispanic	4.3%
Asian, NH	0.0%
Educational Attainment	
High school or less	6.1%
Some college or more	1.3%
Annual Household Income	
< \$37,000	3.0%
\$37,001-\$67,000	1.3%
> \$67,000	1.7%

Reasons For Returning to Work

Reasons	
Too much work	14.7%
No flexible work schedule	22.4%
Afraid job would be lost	23.1%
Not enough leave time built up	23.2%
Work does not have paid leave	30.6%
Could not afford to take leave	35.9%

Health Outcomes – Returning to Work

Paid vs. Unpaid Leave

Breastfeeding Initiation

- Paid: 88.3%
- Unpaid: 88.1%

Breastfeeding Duration (at time of survey)

- Paid: 54.8%
- Unpaid: 49.7%

Well-baby Check-Up

- Paid: 93.4%
- Unpaid: 98.6%

Postpartum Check-Up

- Paid: 85.9%
- Unpaid: 84.5%

Postpartum Depression Symptoms

- Paid: 0.0%
- Unpaid: 9.1%

Conclusions

- **Taking paid leave in NJ with both NJ TDI and NJ FLI is more accessible to mothers in a particular sociodemographic category**
- **Inability to get leave from work resulted in many mothers not returning to work**
- **Mothers who could not take paid leave from work reported more adverse outcomes**
 - Mothers who took unpaid leave and returned to work were less likely to report breastfeeding at the time of survey and were more likely to report experiencing postpartum depression symptoms

Public Health Implications

- **With the advances made in policy concerning paid family leave insurance here in NJ, rates of mothers who take paid leave from their job with both NJ TDI and NJ FLI will continue to increase over the years.**
- **Further policy changes need to be addressed with regards to expansion of NJ FLI**
- **This is an excellent opportunity to partner with the NJ Department of Labor in addressing this matter**

Strengths and Limitations

- **Strengths**

- NJ PRAMS sample is representative of the population
- Compared paid leave and unpaid leave across characteristics of mothers to show differences
- Showed impact of paid versus unpaid leave with respect to postpartum check-ups and postpartum depression symptoms

- **Limitations**

- Availability of data/data lag – 2014 most current
- Supplementary workforce questions still new – more data needed

Acknowledgement

This project is made possible through the Pregnancy Risk Assessment and Monitoring Systems grant from the Centers for Disease Control and Prevention.



Questions?