



PREGNANCY RISK ASSESSMENT MONITORING SYSTEM
A survey for healthier babies in New Jersey

Employment, Workplace Leave and Return to Work Among New Jersey Mothers (March 2018)

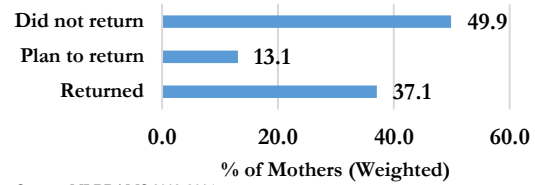
NJ PRAMS is a joint project of the New Jersey Department of Health and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for NJ mothers and infants. One out of every 50 mothers are sampled each month, when newborns are 2-6 months old. Survey questions address their feelings and experiences before, during, and after pregnancy. The PRAMS sample design oversamples smokers and minorities. Data are weighted to give representative estimates of proportions in specific categories and of actual persons. Over 20,000 mothers are included between 2002-2015 with an average response rate of 70%.

Maternal employment, ability to take maternal leave, ability to return to work, and choosing not to return to work all play important roles in maternal health and the health of a family. Maternity leave programs are necessary for providing compensated and job-protected time off from work so that mothers can prepare for and recover from childbirth. Additionally, new parents can take care of and bond with their infants. New Jersey has had a temporary disability insurance (NJ TDI) program since 1948 that provides a partial wage replacement during an employee's own illness or pregnancy-related medical condition. As an extension to that program, in 2009, the NJ Family Leave Insurance (NJ FLI) Program went into effect. This provides partial wage replacement for employees during a family leave to care for a sick family member or to bond with a new child. Between 2012-2015, the New Jersey PRAMS was able to collect data that provides information on the type of leave that mothers in the state took during their pregnancy, and what factors affected their decision to return to work.

There were 411,117 live births between 2012-2015, in New Jersey. Greater than half of the mothers (66.4%) reported working for pay during pregnancy. More than half (54%) of mothers who worked during pregnancy between 2012-2015 were White, non-Hispanic (NH), compared with 21.9% Hispanic, 14.9% Black, NH, and 9.1% Asian, NH. Approximately 5.5% of mothers with less than a high school education worked during pregnancy while 72.3% of mothers who worked had at least a college education. After birth, most mothers did not return to the job they had during their most recent pregnancy (49.9%) at the time they responded to the survey, which is, on average 4.3 months after delivery (Figure 1). However, 37.1% of the mothers did return to work while 13.1% planned to return to work.

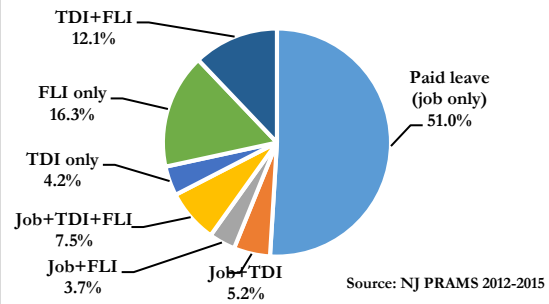
Among mothers who planned on returning or had already returned to their jobs, most received paid leave (77%) from a variety of sources. While 16.3% of mothers had their leave paid for by FLI, 12.1% had TDI and FLI, while 7.5% had their leave paid for by their employer as well as TDI and FLI (Figure 2).

Figure 1. Percent of Mothers Returning to the Job Held During Their Most Recent Pregnancy, 2012-2015



Source: NJ PRAMS 2012-2015

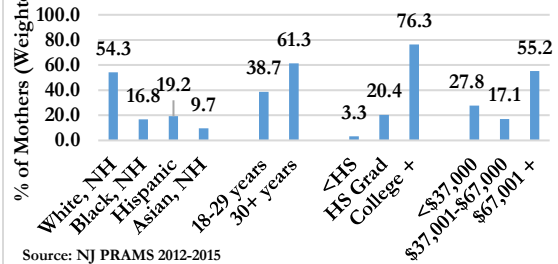
Figure 2. Types of Paid Leave For Mothers Planning on Returning or Have Returned to Work, 2012-2015



Source: NJ PRAMS 2012-2015

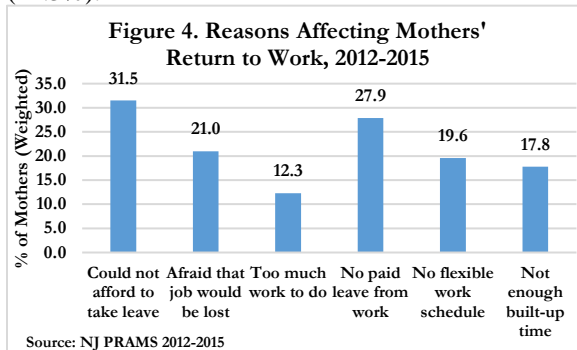
Sociodemographic disparities were evident among mothers with paid leave. Paid leave was more prevalent among White, NH, mothers (54.3%), mothers older than 30 years of age (61.3%), college educated mothers (76.3%), and mothers who reported an annual household income greater than \$67,000 (55.2%) (Figure 3).

Figure 3. Sociodemographic Characteristics of Mothers With Paid Leave, 2012-2015



Source: NJ PRAMS 2012-2015

Approximately 32% of the mothers who returned to work reported not being able to financially afford to take leave as a reason for returning to work (Figure 4). Other reasons for returning to work included no paid leave offered from their jobs (27.9%), being afraid to lose their job (21%), having no flexible work schedule (19.6%), not having built up enough leave time (17.8%), and having too much work to do to stay out longer (12.3%).



Breastfeeding initiation rates among mothers who took paid leave from work in addition to TDI/FLI were greater (85%) compared to the rates for mothers who reported taking no leave from work (81.9%). More mothers (52.7%) who took this type of paid leave reported breastfeeding their infants at the time of survey compared to mothers who took no leave (49.3%). Well-baby check-up rates were similar between mothers who took this type of paid leave (98.7%) and mothers who did not take any leave (98.8%). Nearly 95% of mothers who took this form of paid leave reported having a postpartum check-up after their baby was born while 88% of mothers who did not take any leave reported the same. While 5.9% of mothers who took paid leave from their jobs in addition to TDI/FLI displayed postpartum depression symptoms, 8.2% of mothers with no leave displayed the same.

| | Took leave | Did not take leave |
|--|------------|--------------------|
| Breastfeeding initiation (%) | 85.0 | 81.9 |
| Breastfeeding duration (at time of survey) % | 52.7 | 49.3 |
| Well-baby checkup (%) | 98.7 | 98.8 |
| Postpartum checkup (%) | 94.7 | 88.0 |
| Postpartum depression symptoms (%) | 5.9 | 8.2 |

NJ PRAMS 2012-2015

Agenda for Action

In New Jersey, sociodemographic disparities were identified as affecting paid leave among mothers. This points to well-known issues women face when trying to access leave and the inability of women to take recommended leave time without pay. Previous research has found that workers of

color are more likely to be employed in jobs or firms that are excluded from family leave provisions (Levine, 2008). Younger workers (25-34) may not have enough time accrued in their job to be eligible for leave (Bureau of Labor Statistics, 2016). Women with a bachelor's degree are more likely to access paid leave through private employer benefits (Laughlin, 2011; Houser & Vartanian, 2012). Considering less than half of the mothers did return to work, more focus is needed to understand any potential barriers women who did not return to work may face and what circumstances influence their decision. Additionally, more research examining policies across states, is needed on the impact of childcare availability and cost, especially in states like NJ where the cost can vary widely, and how this may interact with a woman's decision to return to work.

The high rates of mothers taking their babies for well-baby check-ups demonstrates the great desire mothers have to keep their babies healthy, regardless if they took a leave from work or not. Inability to take leave also affected the rate of postpartum check-up for mothers. While a small rate of mothers who did take paid leave from work showed signs of postpartum depression, the rate was still higher for women who did not take any leave from work. In conclusion, taking a paid leave from work proved more beneficial in comparison to taking an unpaid leave in terms of outcomes among mothers and their babies.

Resources for Additional Guidance

- New Jersey Department of Labor and Workforce Development
<http://lwd.dol.state.nj.us/labor/fli/fliindex.html>
609-292-7060
- New Jersey Time to Care Coalition
www.njtimetocare.com/FamilyLeaveInsuranceResources
- Protecting Workers, Nurturing Families: Building an Inclusive Family Leave Insurance Program
www.nccp.org/publications/pdf/text_1152.pdf
- Business As Usual: New Jersey Employers' Experiences with Family Leave Insurance
<http://cepr.net/documents/nj-fli-2014-06.pdf>
- Policy In Action: New Jersey's Family Leave Insurance Program at Age Three: A Center for Women and Work Report
http://smlr.rutgers.edu/sites/smlr.rutgers.edu/files/documents/FLI_Report_1-31_release.pdf

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releases/2012/01/rutgers-study-finds-20120118, on Jan. 26, 2012.

Contact NJ PRAMS: Sharon.Cooley@doh.nj.gov
<http://www.nj.gov/health/fhs/maternalchild/outcomes/prams/>

Authors

MCH Epidemiology (MCH-Epi), NJ DOH:
Mehnaz Mustafa, MPH - PRAMS Analyst
Caitlin Murano, MPH - PRAMS Analyst

The Center for Women and Work at the School of Management and Labor Relations, Rutgers, The State University of New Jersey:
Karen White – Director of Work and Family Programs
Yarrow Willman-Cole – Assistant Director of Work and Family Programs
Elaine Zundl – Research Director