PAID FAMILY LEAVE:

A Strategy for Promoting Health and Economic Equity for New York City's Families

NYC Health

Executive Summary

New York City (NYC) is home to over 100,000 births annually. With funding from the U.S. Department of Labor's Women's Bureau, the New York City Department of Health and Mental Hygiene sought to understand New York City families' experiences with work and parental leave after the birth of a child. In the winter of 2016, we administered a telephone survey to over 1,000 women who had given birth in 2014. The findings from our Work and Family Leave Survey (WAFLS) highlight the disparities in access to paid parental leave and the conditions that impact parents' return to work after the birth of a new child.

A universal leave policy that provides adequately compensated paid leave for all workers can reduce health disparities by making it easier for low-income workers to take sufficiently long leaves. New York City and State have both taken significant strides in this direction. New York City's Paid Parental Leave Personnel Order, passed in January 2016, provides six weeks of paid parental leave at 100 percent of their salary to approximately 20,000 City employees. New York State's Paid Family Leave program when fully implemented in 2021, will provide up to 12 weeks of job- and benefits-protected leave for employees to care for a new child (by birth, adoption or foster care) or for an ill family member at up to 67% of their wages and capped to 67% of New York State's average weekly wage, for a current benefit amount of up to $868.64 per week.

The New York State program mandates coverage for almost all private sector employees (full-time employees are eligible after 26 weeks of employment and workers with a reduced schedule after 175 days). Self-employed workers can opt in to the program, as can government employers, in coordination with public-sector employee unions, for unionized employees. We are optimistic that the new City and State policies will provide many more New Yorkers the opportunity to spend meaningful time away from work to bond with a new child and benefit from the health outcomes associated with paid leave.

From the survey, we observed that mothers' participation in the workforce is strong: almost 60% of mothers report working for pay during their pregnancies and the majority (81%) return to the workforce within 12 months after the birth of their child. At the same time, many families face economic challenges that influence the duration of leave and exacerbate health inequities. We found that mothers of color were disproportionately employed outside of the private sector, with 26% of Black mothers employed by the government (compared to 12% of employed White mothers) and 25% of Latina mothers reporting self-employment (compared to 5% of employed White mothers), resulting in limited access to the paid family leave (PFL) benefits that will be offered to private sector workers. If we wish to promote the health of all New Yorkers and reduce inequities, we must develop policies and implementation strategies to allow all working mothers to access paid leave benefits. (In this report we refer to mothers who work for pay as "working mothers" while

recognizing the work that all mothers perform in caring for their children, regardless of whether that work is compensated.)

Longer leaves were associated with better maternal health, reduced experiences of significant depression and higher likelihood of exclusive breastfeeding for three months or more. We also observed that mothers who reported economic hardship had shorter leave durations, returning to work fewer than six weeks after childbirth. Similarly, working mothers who reported experiencing food insecurity were more than twice as likely to report taking leaves of four weeks or less, a relationship that persisted when controlling for race, ethnicity, poverty, co-parenting and immigration status.

On average, working mothers returned to work following 12 weeks of leave. However, a significant number of mothers took very short leaves: 12% reported taking no leave at all, 20% reported taking four weeks of leave or less and 45% reported taking eight weeks of leave or less. While significant differences in average leave duration by race and ethnicity were not observed, notable variation by race and ethnicity were observed in women who took no leave at all, with Black and Latina mothers being more at risk. Differences in the use of unpaid leave compared to paid leave were also notable: Black mothers reported taking an average of 11 weeks of unpaid leave, compared to 5.5 weeks of unpaid leave among White mothers. Lack of access to paid leave may also contribute to a significantly higher proportion of Black mothers reporting taking no leave following the birth of their child (11.7% vs. 4.9% among White mothers).

Mothers were asked about the different types of leave available to them following the birth of their child. One in 3 mothers reported that they received no paid time off from their job. At the same time, more than half of mothers accessed at least some form of income replacement, including employer-provided maternity leave, accrued sick and vacation leave, and Temporary Disability Insurance (TDI). Working mothers reported using a combination of income replacement opportunities to sustain their families during their leave or time off from their jobs. Over one-third (35%) of mothers reported the use of accrued sick and vacation leave, 26% reported the use of TDI, and 26% reported receiving employer-provided maternity leave.

To promote the health of all New Yorkers and reduce inequities, we must provide *all* working mothers access to paid leave benefits.

Access to employer-provided maternity leave or income replacement was, unsurprisingly, associated with income. As household income increased, the likelihood of taking only unpaid leave or no leave went down, and the likelihood of using a combination of both paid and unpaid leave increased. Similarly, access to paid leave via accrued sick or vacation days, Temporary Disability Insurance (TDI), or employer-provided maternity leave was more prevalent as household income increased. Families that do not have access to paid leave face higher economic burdens.

Employment outside of the private sector poses specific challenges. While public and private sector employees reported taking similar amounts

of time off, government workers reported using more accrued time (4.3 vs. 3.0 weeks) and less employer-sponsored time (2.9 vs. 5.1 weeks) than workers in the private sector. Meanwhile, self-employed mothers reported significantly shorter leaves than those employed by the private sector and 1 in 3 reported that they did not take any leave from employment after they gave birth. Mothers who were self-employed reported significantly shorter average leaves (7.4 weeks) than those who worked in either the public or private sector (12.8 weeks). They were also less likely to return to the workforce (30.5% did not return compared to 17.6% of private sector workers).

Most mothers identified a co-parent—that is a spouse or partner—who helped with the child around the time of the birth. Co-parents did not necessarily share households, and almost 90% were male. Only 60% of co-parents took any time off from work following the birth of their child, and when they did, they overwhelmingly took short leaves. Our data showed significant associations between the duration of a co-parent's leave and the extent of their daily involvement in supporting and caring for the birth mother and child. Unlike birth mothers, co-parents did not tend to combine paid and unpaid leave to increase the length of leave time taken following the birth of a child. Many co-parents (41.3%) took no leave at all, and of those who did report taking leave, most had returned to the workforce within two weeks of the child's birth, regardless of whether leave was paid or unpaid. The concentration of co-parents' leave duration at two weeks suggests that societal and employer expectations, in addition to income replacement, may drive co-parent leave decisions.

Mothers considering returning to work face myriad challenges. Almost 20% of working mothers did not return to work within a year of the birth of their child, with half of those mothers reporting that their decision was based on reasons other than the desire to stay home with their child. Of particular concern is the almost 20% of mothers who could not arrange a schedule that allowed for employment and child care, as well as the 7% who reported that they were fired from their job for a reason related to their pregnancy, birth or maternity leave.

Among those mothers who did return to the workforce, only 10% reported that they went back to work because they were ready. Across all income groups, over two-thirds of mothers reported that financial need influenced the timing of their return to work, while 42% of mothers cited fear of job loss as a factor in their decision. The availability of employee benefits, such as health insurance (31%) and access to paid sick or vacation leave (37%), also affected decisions about when to return to the workforce.

We are optimistic that New York State's new paid family leave program will help address the disparities our data uncovered. Our data demonstrate the need for all paid family leave policies to include elements key to reducing disparities: sufficient income replacement, sufficient duration of paid time off and job security for all working mothers and co-parents. Outreach efforts will need to be particularly focused on those who are not currently accessing available benefits, including self-employed workers and co-parents. Further, policies and regulations must be drafted with the needs of self-employed, low-wage and multiple job-holders in mind to reduce disparities and meet the needs of those who currently take short leaves or no leave at all.

Background

In New York City, inequities in social, environmental and economic conditions influence health outcomes well before birth. Poverty and racism are associated with poor health outcomes and barriers to health care services. However, family friendly policies, such as child care subsidies and the Earned Income Tax Credit, and community supports can protect against the toxic effects of poverty and racism.

Studies show that many health outcomes are impacted by the duration of leave that parents take following the birth of a child. In the United States, paid family leave (PFL) for an employee to care for a newborn is associated with higher rates of breastfeeding initiation and duration,[i] improved well-baby care,[ii] improved mental health outcomes for the mother[iii] and improved emotional health for the care giver.[iv] Among mothers who return to work within nine months of child birth, having fewer than eight weeks of paid family leave increased the probability of reporting a poorer overall health status. Research has also shown that fewer than 12 weeks of total leave (paid and/or unpaid) was related to increased symptoms of depression.[v] Further, when parents took longer leaves from work to care for their seriously ill children, child physical and emotional health were positively impacted.[vi] Finally, mothers who only took unpaid leave were more likely to report concerns about having enough food for their family compared with those who had at least some paid leave (26% vs. 16%).[vii]

Unfortunately, many workers – and particularly low-income workers – must choose between caring for a new child (or an ill family member) and maintaining their incomes because their jobs do not provide paid leave. Data from the 2012 New York City Pregnancy Risk Assessment Monitoring System (PRAMS) shared evidence of disparities in access to paid leave, finding that mothers with incomes below the Federal Poverty Level (FPL) were more likely to take only unpaid leave following the birth of their child compared to mothers with higher incomes (69% vs. 25% for those over 200% of FPL). Because voluntary provision of paid family leave is inequitably distributed, and because the benefits of the Family and Medical Leave Act (FMLA), which provides job security but not income replacement for time off after the birth of a child, have been shown to accrue to higher-income, highly educated mothers, state-sponsored paid family leave programs have been shown to reduce disparities in the amount of leave taken.[viii,ix] A universal leave policy providing adequately compensated paid leave for all workers has the potential to reduce health disparities by making it easier for low-income workers to take sufficiently long leaves.

When fully implemented in 2021, New York State's Paid Family Leave policy will provide up to 12 weeks of job- and benefits-protected leave for workers to care for a new child or ill family member at up to 67% of their wages (capped at 67% of the statewide average weekly wage, for a benefit amount of up to $868.64/week based on the current, statewide average weekly wage). The policy mandates coverage for private sector workers after they have worked for their employer for six months. Self-employed workers can opt in to the program, as can government employers in coordination with public-sector employee unions. Further, New York City's Paid Parental Leave Order provides some categories of City employees with six weeks of fully compensated parental leave.

The research findings presented here provide a comprehensive understanding of the work and leave experiences of the over 120,000 New York City women who had babies in 2014. Additionally, the data provides a baseline to evaluate the benefits of the recently enacted New York State and New York City paid family leave policies.

About the Data

The New York City Work and Family Leave Survey (WFLS), conducted in March 2016, was a telephone survey of New York City residents who gave birth in 2014. Its goal was to improve understanding about the availability and accessibility of paid family leave to working parents. The WFLS also sought to describe the role that paid family leave policies play in achieving health equity for parents and children. The WFLS was made possible through funding by the Women's Bureau of the U.S. Department of Labor.

Methods

The survey randomly sampled English and Spanish speaking adult women who gave birth to a child in New York City in 2014 and who were living with their child at the time of the survey. Women were identified using NYC birth certificates, and the following were excluded: those under 18 years of age, those previously interviewed for another New York City survey and those whose children were subsequently adopted, or had died. Current NYC residency was not required for eligibility. If a mother gave birth to more than one child in 2014, one child was randomly selected to be the focus of the interview. Based on these eligibility criteria, the survey represents roughly 108,000 of the approximately 120,000 women who gave birth in 2014. To increase statistical precision, we oversampled from birth certificates that reported that the mother worked for pay during her pregnancy. In this report we refer to mothers who work for pay as "working mothers" while recognizing the work that all mothers perform in caring for their children, regardless of whether that work is compensated.

The survey's goal was to improve understanding about availability and accessibility of paid family leave to working parents.

In total, 1,063 mothers completed the interview in English and Spanish. Using population benchmarks from the birth records frame data, the resulting data were weighted to represent the full cohort of NYC resident mothers who gave birth in 2014 with respect to age, race, ethnicity, nativity, education level, marital status and work status during the pregnancy. The calculated design effect is 1.45 and the margin of error is +/-3.6 percentage points for the full sample. The survey had a response rate of 37.0% and a cooperation rate of 87.6%. The survey took an average of 19 minutes to complete. To view the questionnaire, visit nyc.gov/health and search **Paid Family Leave**.

The frequencies, logistic regressions and significance tests for difference analyses that are presented in this report were performed using SAS-callable SUDAAN release 11.0.1.

Limitations

Although the survey data provide a unique and rich look at work and leave practices among women who recently gave birth in New York City, several limitations should be noted. The survey had a 37% response rate, which was lower than anticipated. Our limited sample size resulted in wide confidence intervals and restricted the ability to look at the interaction between correlated factors such as race and income. Because the survey was conducted in 2016 with mothers who gave birth in 2014 or 2015, recall bias may have affected the accuracy of some responses. Finally, household income was missing for 21.5% of respondents, raising the possibility that income-related analyses could be affected by item nonresponse bias. Logical imputation was used to resolve inconsistencies in reported leave type and length.

Profile of New Mothers in NYC

Annual Births

New York City is home to over eight million people and our families welcome over 120,000 new babies annually. New York families represent diverse communities: among the mothers who gave birth in 2014, 56.5% of births were to mothers ages 25-34 years. Furthermore, 42.5% of the mothers who gave birth in 2014 were first-time parents. One quarter (25.8%) of mothers had graduated from high school, 19.7% had attended some college and 38.1% had graduated from college.

The diversity of NYC's families was reflected in the mothers who participated in the WAFLS: 31.7% of mothers identified as Latina or Hispanic, 30.7% identified as White, 19.8% identified as Black or African-American, 14.5% identified as Asian and 3.3% reported being another race. Half of the mothers in our sample (51.9%) were born outside of the United States; among those, 16.1% had lived in the U.S. for fewer than five years, 23.5% for five to nine years and 59.8% had lived in the U.S. for 10 or more years.

Among the families that had a child in 2014, 41.1% lived below the Federal Poverty Level (FPL) and 27.5% received Supplemental Nutrition Assistance Program (SNAP) benefits during their pregnancy. Seventy-five percent of mothers reported that they lived with a co-parent who helped care for the newborn child. However, 13.9% reported that they did not have a co-parent and 11% had a co-parent who did not live with them at that time (Table 1).

Contribution to City and Household Economies

New York City mothers are an essential part of the City's economy, contributing significantly to their household incomes during their pregnancies. In 2014, almost 60% of mothers reported working for pay during their pregnancy.

60%
of mothers work during pregnancy.

Latina mothers were less likely to have been employed during their pregnancies than White mothers (47.4% vs. 67.5%) (Table A). Mothers who did not graduate from high school were also less likely to have worked during pregnancy than those who graduated (28.1% vs. 50.4%), and those who graduated from college were most likely to have worked for pay (79.8%). Those having their third or higher birth were less likely to have worked for pay than those having their first birth (45.2% vs. 68.3%).

Table A: Employment Status During Pregnancy by Race or Ethnicity

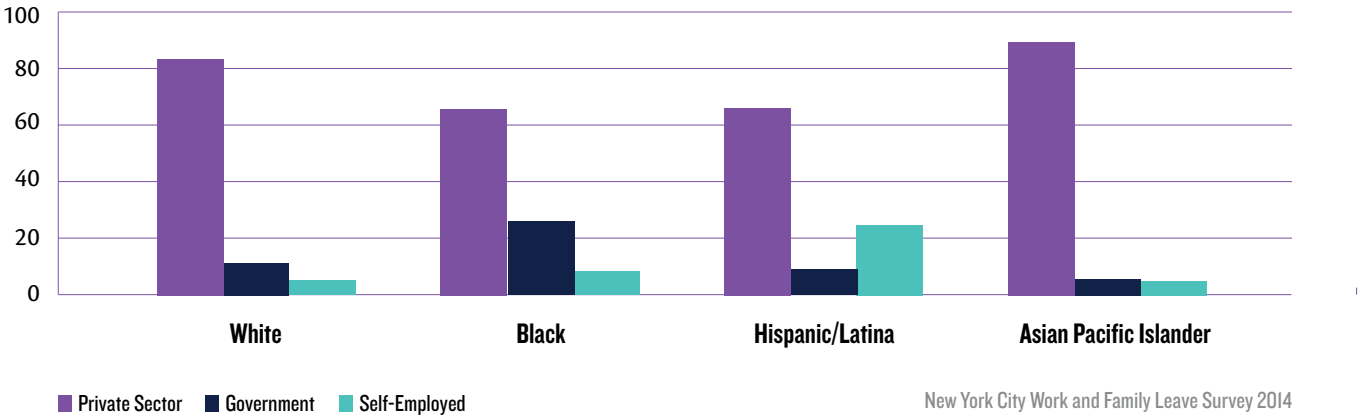
Mother's Race or Ethnicity	% of Births	95% Confidence Interval	% Employed During Pregnancy	95% Confidence Interval
Hispanic or Latina	31.7%	28.5%-35.6%	47.4%	41.7%-53.2%
White, non-Hispanic	30.7%	27.6%-33.9%	67.5%	61.1%-73.3%
Black, non-Hispanic	19.8%	17.1%-22.7%	67.9%	59.8%-75.0%
Asian	14.5%	11.7%-17.8%	52.0%	40.7%-63.2%
Other race/ethnicity	3.3%	2.1%-5.2%	65.1%	40.2%-83.8%

New York City Work and Family Leave Survey 2014

Mothers in families living above the FPL were more likely to have worked for pay during their pregnancy, with the likelihood increasing with income. Half (51.4%) of the mothers who received SNAP benefits during their pregnancy were working for pay. U.S.-born mothers were more likely to have worked for pay during their pregnancies than those born outside of the U.S. (69.5% vs. 48.0%). However, immigrant mothers who had lived in the U.S. for more than 10 years were more likely to have worked for pay than those who had been in the U.S. fewer than five years (56.8% vs. 27.1%) (Table 1).

Among mothers who worked for pay during pregnancy, 13.4% worked for the government, 74.8% worked in the private sector and 11.8% were self-employed. Compared to White mothers, Black mothers were more likely to work in government (26.0% vs. 11.5%) and Latina mothers were more likely to be self-employed (24.8% vs. 5.3%) (Figure 1). Mothers in households with incomes more than 400% of the FPL were more likely to be employed in the private sector (83.8%) and less likely to be self-employed (5.2%) than mothers in households living below the poverty line (66.0% and 20.7%). Mothers with a college degree were less likely to be self-employed than those with a high school degree or less (6.9% vs. 20.4%) (Table 2).

Figure 1: Mothers' Employment Sector During Pregnancy by Race/Ethnicity



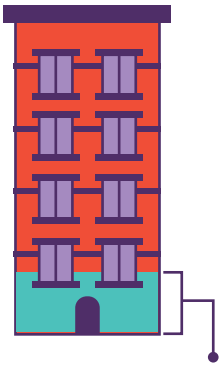
New York City Work and Family Leave Survey 2014

Almost two-thirds (65.2%) of mothers who worked for pay reported working full time (at least 35 hours per week). Mothers older than 25 years, those with household incomes above the FPL and college graduates were more likely to work full time. Mothers who gave birth to their third or higher child were less likely to work full time during their pregnancy than those who gave birth to their first or second child (54.8% compared to 71.5% of those having their first child) (Table 2).

Return to Work After Birth

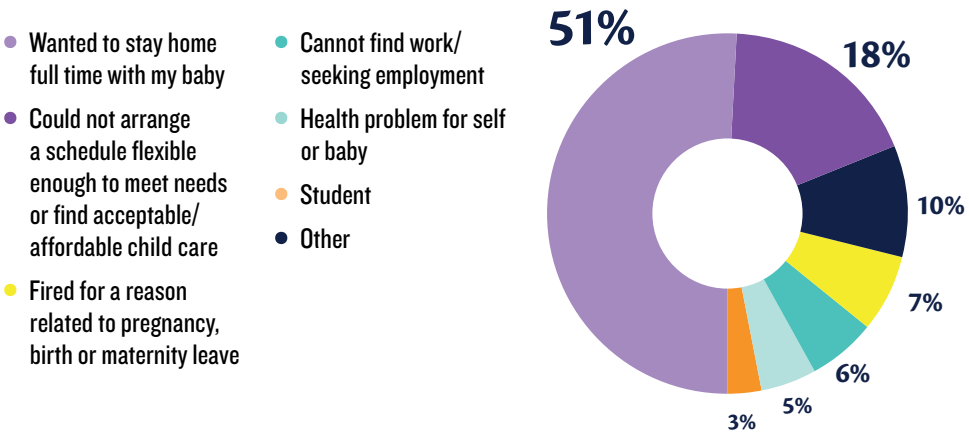
Among mothers who worked for pay during their pregnancy, 18.7% did not return to the workforce after giving birth. While half of those who did not return to work said that they wanted to stay home full time with their baby, 1 in 5 reported that they were unable to find affordable child care or arrange a work schedule that was flexible enough to meet their needs (Figure 2).

Mothers in households with incomes below the FPL were less likely to return to work than those in higher income households, and mothers who received SNAP benefits during pregnancy were less likely to return to the workforce than mothers who did not receive SNAP benefits (27.0% vs. 16.0%). College graduates were more likely to return to work than high school graduates/those who did not finish high school (12.7% vs. 26.5%). Self-employed mothers were less likely to return to work compared to mothers who worked in the private sector (69.5% vs 82.4%). Latina and Black mothers were less likely than White or Asian mothers to return to work (33.5% vs. 11.9% White mothers and 7.8% of Asian mothers) (Table 3).



Almost 20% of mothers did not return to work within a year of giving birth.

Figure 2: Reported Primary Reason Mother Did Not Return to Work



New York City Work and Family Leave Survey 2014

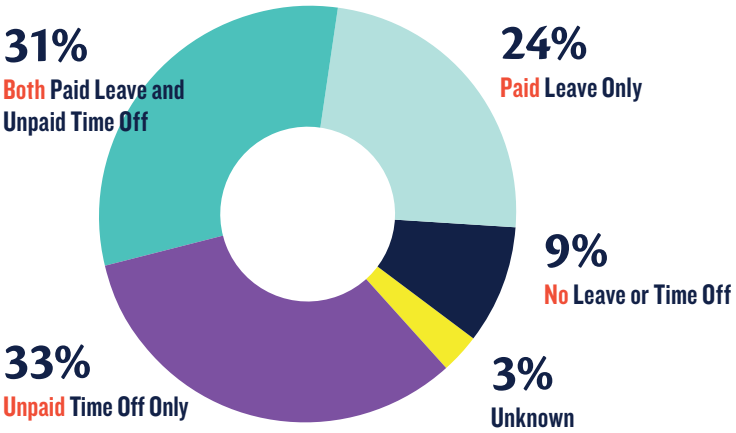
Post-Birth: Leave, Income Replacement and Return to Work

Unpaid Leave

Among mothers who worked for pay during their pregnancies, 81.3% returned to the workforce following the birth of their child (72% returned to the same job that they held during pregnancy). In the absence of a universal paid family leave policy, mothers who return to work take different amounts of time off following childbirth based in part on disparate income replacement opportunities.

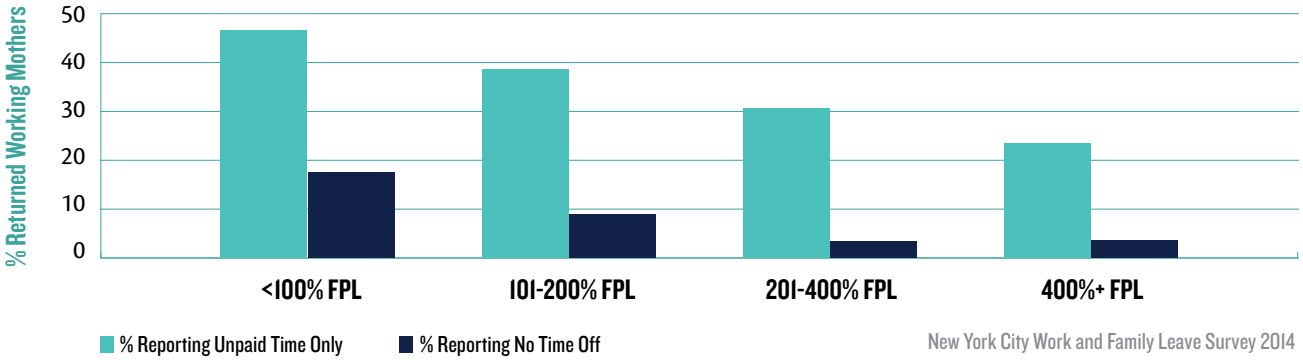
Among mothers returning to work, 24.0% reported taking only paid leave, 33.4% reported taking only unpaid time off and 31.3% reported using a combination of paid and unpaid leave following the birth of their child. Nearly 9 percent (8.7%) of mothers reported that they did not take any time off following the birth of their child before returning to work (Figure 3). Latina mothers were less likely than White mothers to report using only paid leave (16.8% vs. 29.2%) and were more likely to report taking no time off (13.6% vs. 4.9%). As household income increases, the likelihood of taking only unpaid leave or no leave goes down and the likelihood of using a combination of both paid leave and unpaid time off increases (Figure 4) (Table 4).

Figure 3: Leave Taking by NYC Mothers by Type of Leave



Over 60% of working mothers take at least some unpaid leave.

Figure 4: Household Income Is Associated With Use of Unpaid Time Off Following Childbirth



New York City Work and Family Leave Survey 2014

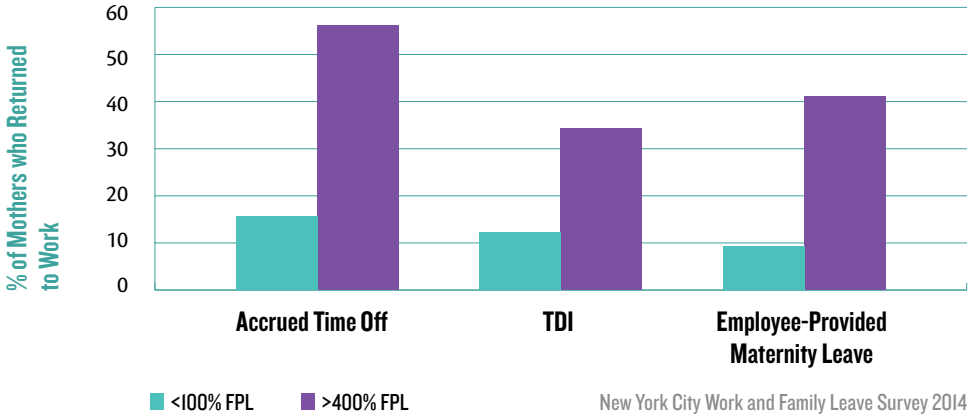
Access to Income Replacement Opportunities

Mothers in higher income households had higher access to income replacement opportunities.

Working mothers reported using a combination of income replacement opportunities to support their families during their leave. More than a third of mothers (34.5%) reported the use of accrued sick and vacation leave, 26.3% reported receiving employer-provided maternity leave and among mothers who were eligible for Temporary Disability Insurance (TDI), 25.9% used it.

Access to paid leave through accrued leave time, TDI or employer-provided maternity leave was more prevalent within higher income households (Figure 5) and among those who had graduated from college. In particular, employer-provided maternity leave was primarily reported by mothers in households with incomes more than 200% above the FPL and those who had graduated from college (Table 5).

Figure 5: Utilization of Income Replacement Opportunities by Household Income



New York City Work and Family Leave Survey 2014

Utilization of Temporary Disability Insurance

TDI, a benefit available to private sector and self-employed workers in New York State, currently provides a payment of $170/week for six to eight weeks following a typical birth. The level of income replacement has not been raised since 1989, and the low rate may not be sufficient to allow low-income workers to use the benefit to extend leave. Disparities in mothers reporting that they received TDI also remain: mothers with household incomes over 400% of the FPL were more likely to receive TDI than those who were below the FPL (36.8% vs. 10.4%) and educational attainment beyond high school graduation increased the likelihood of TDI use (9.3% of high school educated mothers compared to 33.8% of college graduates) (Table 5).

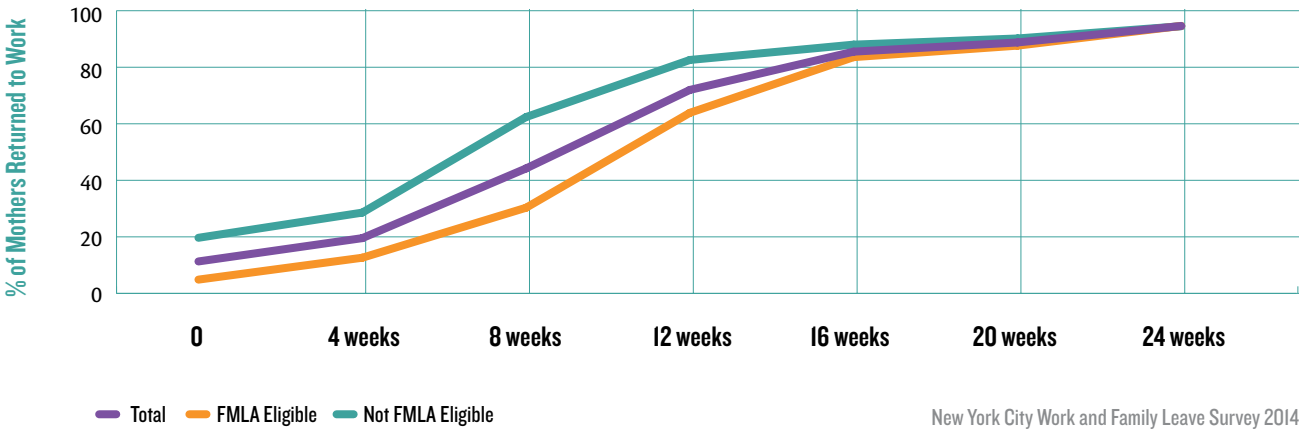
Eligibility for and Access to the Family and Medical Leave Act

The Family Medical Leave Act (FMLA) offers 12 weeks of job security for time off after the birth of a child to employees who have worked for at least 12 months for an employer with 50 or more employees. The FMLA also guarantees continued health benefits for eligible workers. Employees are eligible if they have worked for the employer for at least a year, worked at least 1,250 hours during the previous year and work at a location with at least 50 employees in a 75-mile radius.[x]

Half (51.9%) of working mothers were eligible for FMLA-covered leave, but lack of income replacement made it difficult for some mothers to take advantage of this protection. Mothers over 25 years of age, those with incomes over 200% of the FPL and college graduates were more likely to be eligible for FMLA than mothers 18-24, those with lower incomes or those who did not graduate from college. Latina mothers were less likely than White mothers to be eligible for FMLA (41.1% vs. 59.5%) (Table 2).

Mothers in FMLA-eligible jobs took longer average leaves than mothers who were not eligible for FMLA (13.6 weeks compared to 10.2 weeks) and were significantly less likely to report taking no leave following the birth of their child (4.9% vs. 19.7%). However, despite FMLA job security protections, fewer than half (36.1%) of eligible mothers were able to take at least the full length of the benefit and 1 in 5 eligible mothers returned to work within six weeks of giving birth (Figure 6).

Figure 6: Proportion of Mothers Who Have Returned to Work in Weeks Following Childbirth by FMLA Eligbility



New York City Work and Family Leave Survey 2014

Duration of Leave Following Childbirth

Within six months following the birth of their child, 94% of mothers had returned to the workforce, with 72% returning by 12 weeks (Figure 7). On average, mothers returned to work after taking 11.8 weeks of leave. However, significant numbers of mothers took very short leaves, including 20.2% who reported taking four weeks of leave or fewer and 44.6% who reported taking eight weeks of leave or fewer.

New mothers take an average 12 weeks of leave, though 12% take none.

Mothers who were self-employed reported significantly shorter leaves (7.6 average weeks) than those employed by the private sector (12.5 weeks). Those who took only paid leave took shorter average leaves than those who used both paid leave and unpaid time off (11.7 weeks vs. 14.4 weeks). Mothers in high-income households took longer average leaves than mothers in low-income households (13.8 weeks vs. 9.4 weeks), and mothers who graduated from college took longer average leaves than those with a high school education (13.3 weeks vs. 9.3 weeks). Mothers reporting on the birth of a third or higher child took shorter average leaves than mothers reporting on the birth of their first child (9.4 weeks vs. 13.2 weeks) (Table 6).

While significant differences in average leave duration by race or ethnicity were not observed when paid and unpaid leave was combined, variations by race were notable in the use of unpaid time off compared to paid leave. Black mothers reported taking an average of 11 weeks of unpaid time off, compared to 5.5 weeks of unpaid time off among White mothers. Lack of access to paid leave may also contribute to a higher proportion of Black mothers reporting taking no leave following the birth of their child (11.7% compared to 4.9% of White mothers).

Unpaid Time Off

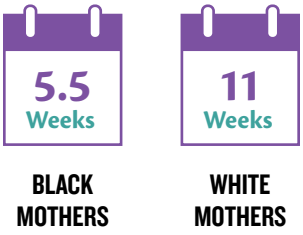
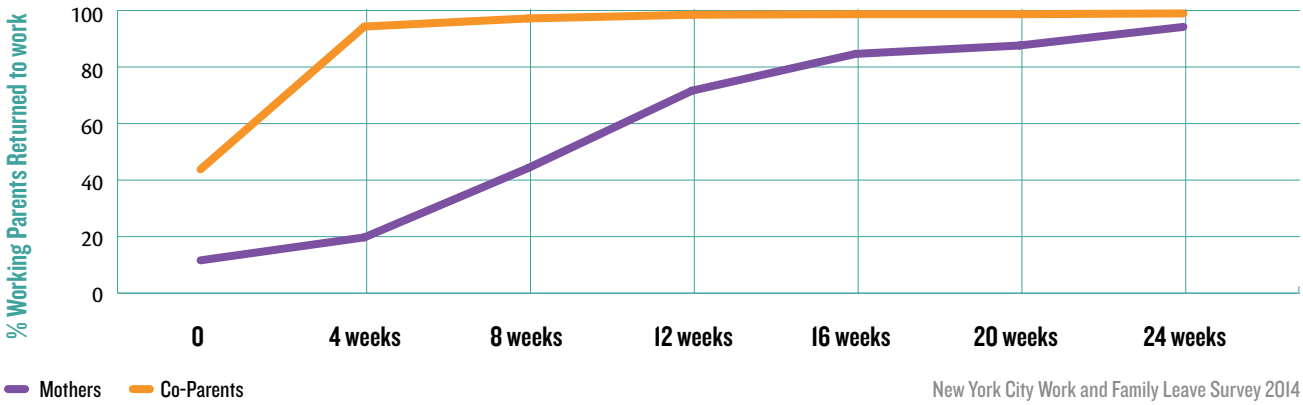


Figure 7: Length of Time to Return to Work Among Working Parents



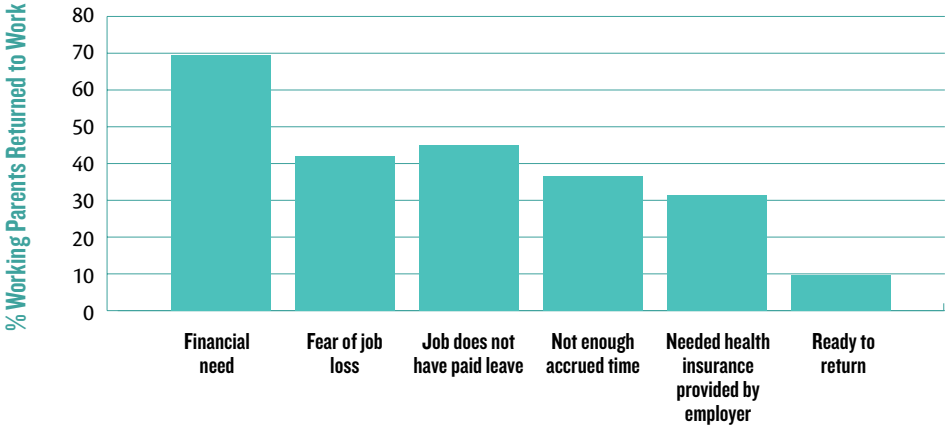
New York City Work and Family Leave Survey 2014

Challenges of Returning to Work

Mothers determined when to return to work based on complex and overlapping factors. Overall, just 9.7% of mothers reported that they returned to work because they were ready to do so, without noting other factors. The most common factor influencing the timing of mothers' return to the workforce was financial: 69.4% reported financial need as a determinant (Figure 8). Mothers who had at least some college experience or were college graduates were more likely to report that financial need compelled them back to work compared to mothers with lower education levels.

Figure 8: Reported Factors Influencing the Timing of Mothers' Return to Work

New York City Work and Family Leave Survey 2014



The availability of employee benefits during leave also impacts decisions regarding return to work. Employer-provided health insurance was noted as a factor influencing the timing of return to work by older mothers (36.3% of mothers older than 35 years vs. 12.6% of those ages 18-24), high-income mothers (42.1% of those living in households earning ≥401% FPL vs. 19.5% in households <100%FPL), and college graduates (39.9% vs. 19.8% of high school graduates).

90% of mothers reported returning to work before they were ready.

Mothers working in the private sector were more likely to report fear of job loss than mothers working in government (44.9% vs. 32.9%). Mothers in households with lower incomes were more likely to cite lack of paid leave (56.0% of households earning less than or equal to 100% FPL compared to 35.7% of those ≥401% FPL). Self-employed mothers were also more likely to report a lack of paid leave as a significant factor in determining their return to work (63.2% compared to 44.1% of private sector workers). Mothers working in government were more likely than

those working in the private sector to report that they returned to work because they had not accrued enough leave (55.7% vs. 34.6% of private sector workers) (Table 7).

Co-Parents: Leave and Engagement

Three-quarters (75.1%) of surveyed birth mothers reported that they lived with a co-parent who helped care for them and their newborn child. Fourteen percent (13.9%) reported that they did not have a co-parent, and 11% had a co-parent who did not live with them at that time (Table 1). Almost 90% (88.6%) of co-parents were male.

The vast majority of the surveyed mothers reported that the co-parent was working during the pregnancy (91.7%). According to the mothers, 39.3% of co-parents did not take any time off following the birth of their child, while 33.0% took only paid leave and 20.3% took only unpaid time off. Those co-parents who did take time off returned to work quickly, with 84% returning within two weeks (Figure 11).

We observed significant associations between the duration of leave by co-parent and the extent of daily involvement in supporting and caring for the mother and child, as reported by the birth mother. When asked to think back to the first 12 months after their child was born, 77.4% of mothers reported that the co-parent was always or often available to help them care for themselves or their baby, with those whose co-parents did not take time off being less available than those whose co-parents were able to take more than two weeks off. Co-parents who took longer leaves were reported as participating more often in day-to-day child-caring tasks including dressing, feeding and diaper changing (Figure 12).

39.3%
of co-parents took no time off following their child's birth.

Figure 11: Duration of Co-Parent Leave Following Birth

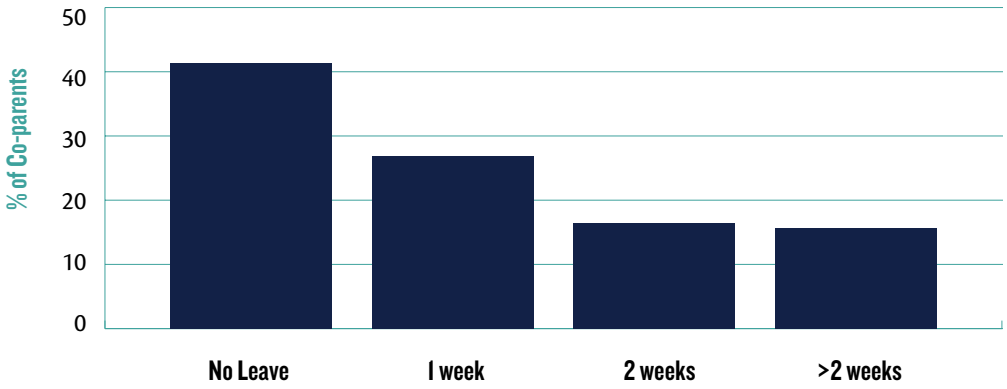
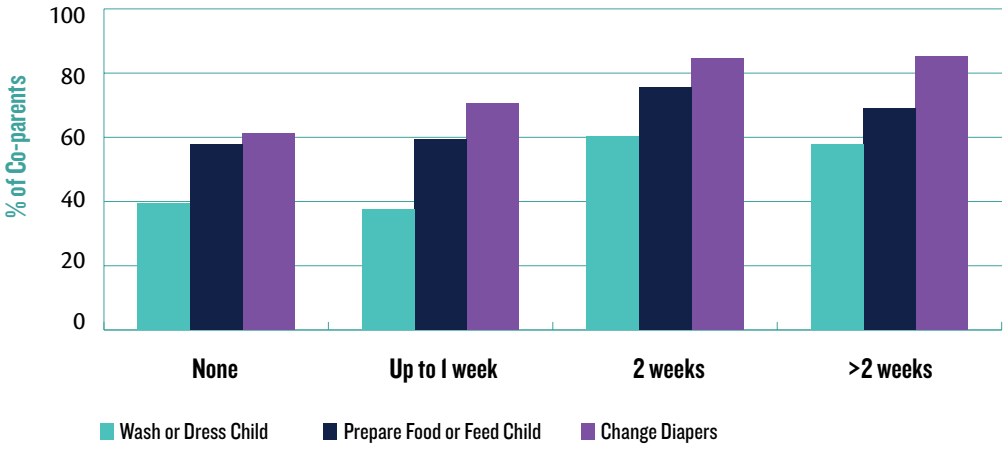


Figure 12: Proportion of Co-Parents with Daily Involvement in First Year of Life by Leave Duration



New York City Work and Family Leave Survey 2014

Leave-Taking by Employment Sector

Government Employees

Among mothers who reported working for pay during their pregnancy, 13.4% were employed by the local, state or federal government (public sector). The majority reported working full time (68.5%) and with the same employer in the 12 months prior to delivery (85.1%). Based on the continuity of work and hours, 66.5% of public workers should have been eligible for FMLA. Compared to private sector employees, government employees were more likely to be Black (44.9% vs. 20.3%), U.S.-born (67.7% vs. 57.8%), and have one or more previous children (63.4% vs. 49.4%). Employees in both sectors were similar ages (mean=31.2 years) and had similar levels of educational attainment, with over 50% having a college degree or higher. While receipt of food stamps and welfare benefits was relatively similar by employment type (between 4 and 12%), government employees were almost twice as likely to report food insecurity (22.2% vs. 12.5%), meaning they were concerned about having enough food for themselves or their family in the last month.

Among mothers working in government who returned or planned to return to their jobs, 90% took some form of paid and/or unpaid leave before returning. Government employees reported taking similar amounts of time off as private sector employees. However, government workers reported using more accrued time (4.3 vs. 3.0 weeks) and less employer-sponsored time (2.9 vs. 5.1 weeks) (Figure 9). Among government employees, mothers 35 years or older took significantly more leave than those 25-34 years of age (10.0 weeks vs. 14.9 weeks). Government employees were more likely than private sector employees to report trouble accruing enough time as a barrier to taking leave.

Self-Employed Mothers

Although self-employed workers will be eligible for New York State's new Paid Family Leave benefit, their low levels of TDI use indicate that they may face unique barriers to learning about and accessing the benefit. These barriers threaten the success of the policy among many of the low-income working families who stand to benefit most and who currently enjoy the least access to paid leave. Twelve percent (11.8%) of mothers who worked during their pregnancies reported that they were self-employed. Further, a quarter of Latina mothers (24.8%) reported that they were self-employed (Table 2).

Self-employed mothers experienced economic hardships, with 20.7% living in households below the FPL reporting self-employment (compared to 5.2% of mothers living in high-income households). Additionally, self-employed mothers were almost twice as likely as those working in the private sector to report concerns about food insecurity (28.4% vs. 12.5%).

Self-employed mothers were less likely to report working full time, or 35 or more hours per week, than workers in the private sector (25.9% vs. 70.9%). They were also less likely to return to the workforce than private sector workers (30.5% vs. 17.6%). Among those who did return to work, 32.5% of self-employed mothers reported that they did not take any leave or time off following the birth of their child, and those who did take leave had shorter average leaves than mothers working in the private or public sectors (7.4 weeks for self-employed mothers vs. 12.5 weeks for the mothers working in the private sector and 10.8 weeks for mothers working in the public sector) (Figure 10). The majority of self-employed mothers (54.6%) reported that they took only unpaid leave.

Figure 9: Leave Taken in Weeks by Type and Employer

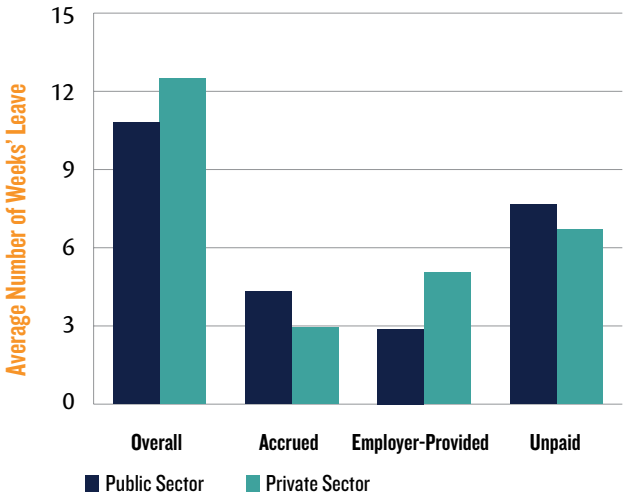
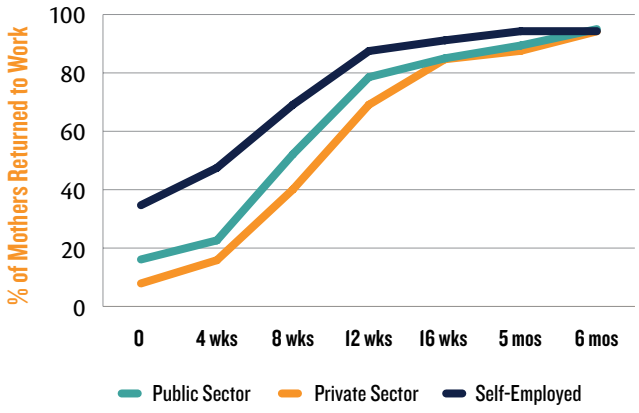


Figure 10: Proportion of Mothers Who Have Returned to Work in Weeks Following Childbirth by Employment Sector



New York City Work and Family Leave Survey 2014

Relationship Between Leave Duration and Health Outcomes

Prior research has indicated that short leave durations may negatively impact health outcomes and behaviors, and that disparate access to adequate leave worsens health inequities. Our research shows similar findings for some health outcomes.

Maternal Health Status

Mothers were asked to rate their general health status a year after the birth of their children. Overall, mothers in our sample reported their health as relatively good: 53.7% described their health as excellent or very good, while 11.9% reported their health as fair or poor. White mothers were more likely to report excellent or very good health compared to Black and Latina mothers (71.2% of White mothers compared to 53.0% of Black and 44.9% of Latina mothers). Household poverty also impacted health status, and mothers living in high-income households were more likely to report that they were in excellent or very good health than mothers in households below the FPL (64.9% vs. 45.3%) (Figure 13).

Mothers who worked for pay during their pregnancies were significantly more likely than those who did not to report excellent or very good health (58.6% vs. 46.5%). However, there were not significant differences in reporting of fair or poor health by employment status. There were no observed differences in health status between mothers who returned to work and those who did not return to work following the birth of their child (Table 8).

We observed an association between the duration of leave and maternal health status during the first year of their child's life (Figure 14). Mothers who worked for pay and reported fair or poor health were more likely to have taken no leave (24.8%) than those reporting either excellent or very good health (11.3%) or good health (9.2%). Mothers who took fewer than four weeks of leave were almost twice as likely to report fair/poor health than those who were able to take longer leaves.

Good health reported by:

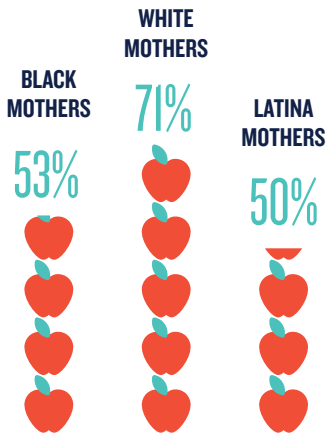


Figure 13: Health Status of Mothers One Year After Birth by Household Income

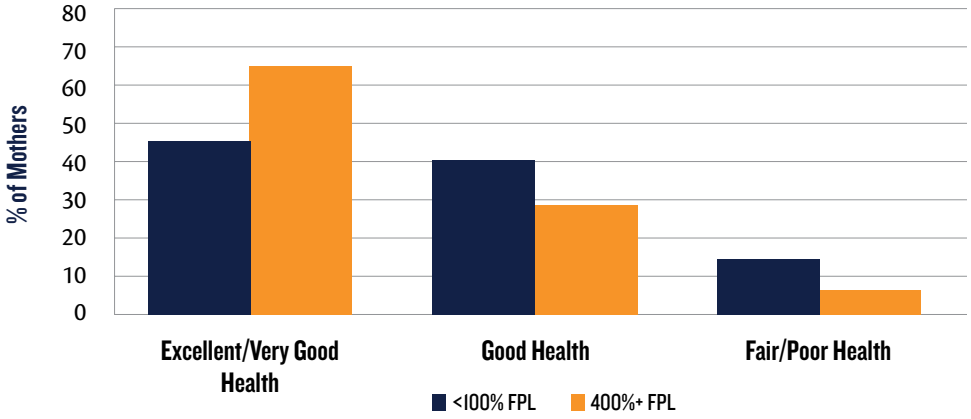
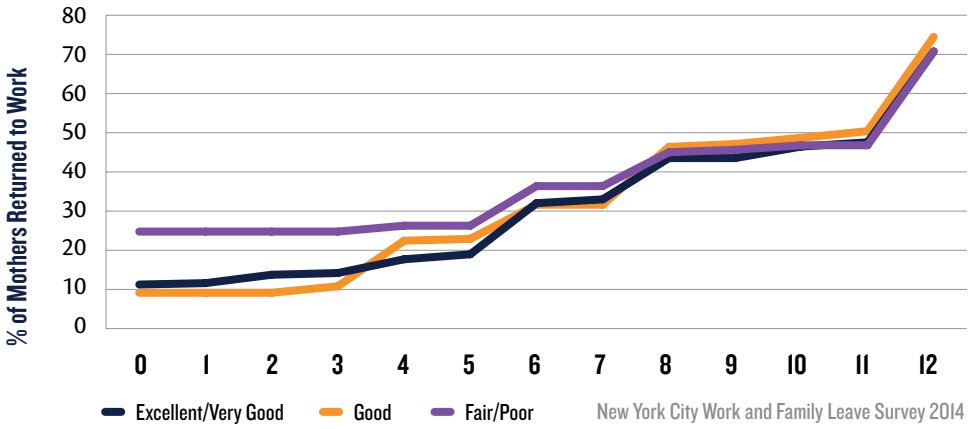


Figure 14: Proportion of Mothers Who Have Returned to Work in Weeks Following Childbirth by Health Status



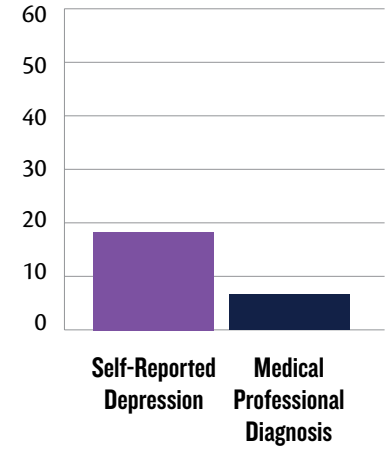
Maternal Depression

Mothers were asked if they had experienced significant depression (as they defined it) lasting more than two weeks, as well as if they had received a medical diagnosis of and/or treatment for depression.

Among mothers who participated in the survey, 19.4% reported that they had experienced significant depression at least some of the time in the year after their child was born. Self-reported depression did not vary by demographic factors or work status during pregnancy. Seven percent (7.1%) of mothers reported that they had been told they had depression by a doctor, nurse or other health care worker. Of those with a diagnosis, 54.6% reported receiving treatment via counseling (45.0%), medication (2.6%) or both counselling and medication (52.4%) (Figure 15).

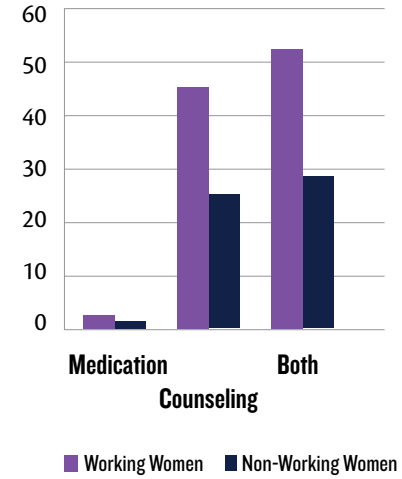
Mothers who took fewer than six weeks of leave were nearly three times more likely to report depression than those who took more leave.

Figure 15: Maternal Depression Trajectories



54.6% of those medically diagnosed with depression received treatment.

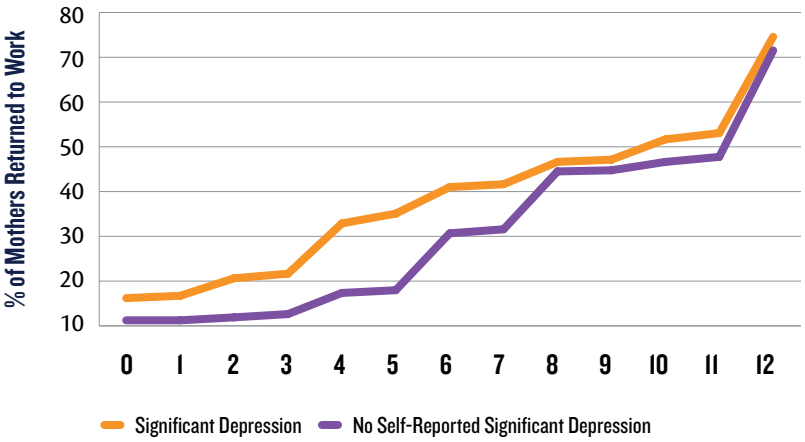
Treatment for Depression



Among mothers who returned to work, 18.3% experienced self-reported depression and 7.0% received a diagnosis. Among all mothers who had been told by a medical provider that they had depression, mothers who worked for pay during their pregnancy were more likely to receive treatment than mothers who did not work during their pregnancy (66.9% vs. 38.5%).

Previous studies have demonstrated a relationship between the duration of leave and depression among mothers. Our findings confirmed this. Mothers who took fewer than six weeks of leave were nearly three times more likely to report significant self-reported depression of two weeks or more in the year following the birth (OR=2.47, $p<0.05$), as compared to mothers who took six or more weeks of leave (Figure 16).

Figure 16: Proportion of Mothers Who Have Returned to Work in Weeks Following Childbirth by Self-Reported Signficant Depression



New York City Work and Family Leave Survey 2014

Breastfeeding

The American Academy of Pediatrics recommends that infants be exclusively breastfed for the first six months of life, with the continuation of breastfeeding until one year of age or longer as mutually desired by mother and infant.[x]

Overall, we found that 89.6% of mothers who gave birth in 2014 in NYC initiated breastfeeding. By three months postpartum, 70.2% of mothers were breastfeeding and 59.0% of mothers were exclusively breastfeeding. There were no significant differences in breastfeeding initiation or duration between mothers who worked for pay during their pregnancies and those who did not.

Among mothers who had either returned to work or planned to return to work, Black mothers were less likely than White mothers to breastfeed at all or to be exclusively breastfeeding at three months postpartum (Figure 17). Additionally, mothers who took 12 or more weeks of leave were more likely to exclusively breastfeed for three months or longer compared to mothers who took fewer than 12 weeks of leave (61.3% vs. 53.8%) (Figure 18).

Figure 17: Any and Exclusive Breastfeeding for Three Months or More by Race/Ethnicity

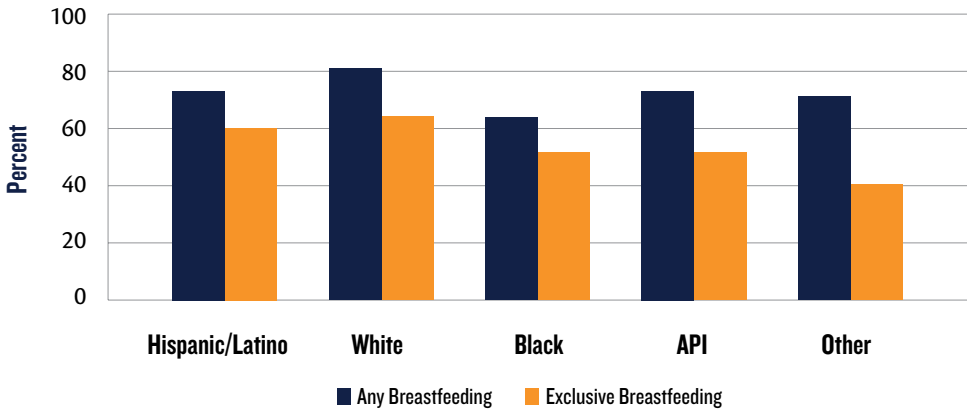
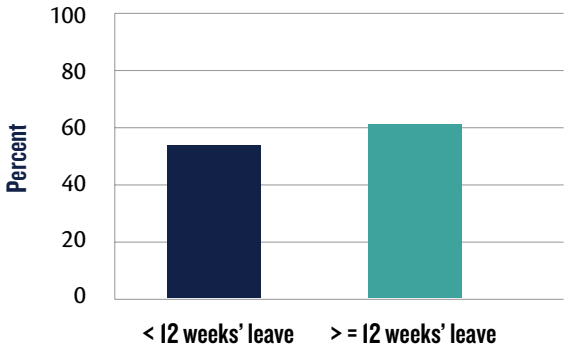


Figure 18: Exclusive Breastfeeding for Three Months or More by Duration of Leave Taken After Childbirth



New York City Work and Family Leave Survey 2014

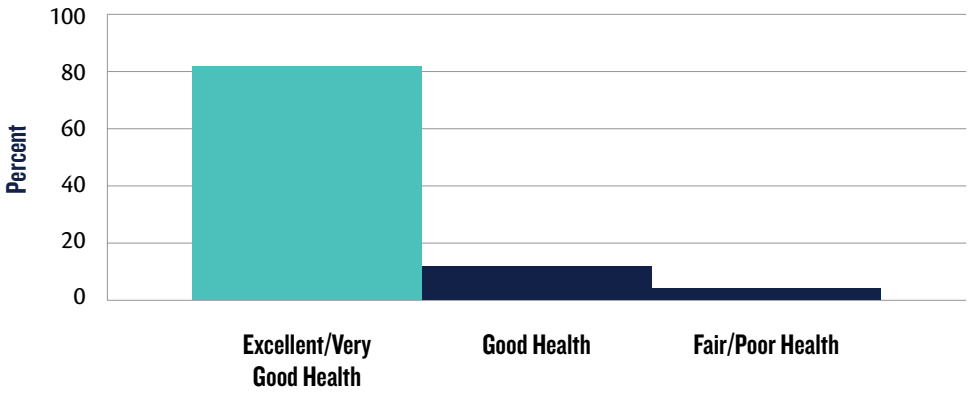
Child Health

Overall, mothers in the WAFLS sample reported the health of their children as quite good: 83.9% described their child's health as excellent or very good, while only 4.0% reported the child's health status as fair or poor (Figure 19). However, disparities in overall child health were observed. White mothers were more likely to report their children in excellent or very good health than Latina mothers (91.7% vs. 75.6%). Household poverty also impacted child health status: mothers living in households who received Supplemental Nutrition Assistance Program (SNAP) benefits were more likely to report that their children experienced fair or poor health than children in households that did not receive SNAP (7.1% vs. 2.8%). There were not significant differences in reporting of child health by employment status, however, working mothers who reported that their child was in fair or poor health were more likely to have returned to work within one month of giving birth (25.1% vs. 19.2% of those who reported their child was in excellent or very good health) (Table 9).

The first year of life is characterized by regular well-baby visits within two weeks of birth, and at 1, 2, 4, 6, 9 and 12 months of age. Across our sample, 96.9% of mothers reported that their child had completed all of these visits and 94.3% of mothers reported that during the first year of their child's life their child's vaccinations were up-to-date. Further, 98.6% of mothers reported that they did not experience a time when their child needed medical care but did not get it. These findings - which differ from other paid family leave literature that finds associations between leave times and well-child care - may reflect the strength of child insurance programs available to families in NYC.

Children in good health reported by:

Figure 19: Child Physical Health Status



New York City Work and Family Leave Survey 2014

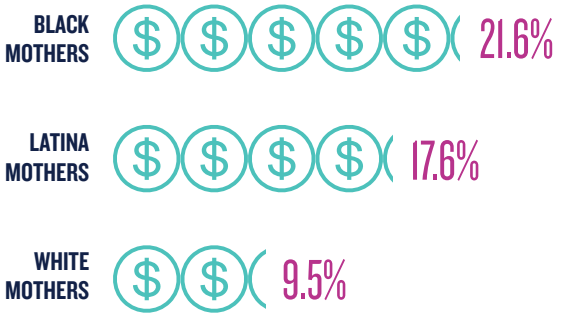
Household Economic Stability Following Birth

Economic Difficulties

Almost 1 in 4 (23.8%) families with mothers who worked for pay reported that they faced problems paying the rent, mortgage or other bills during the pregnancy, after the birth or both. For 14.1% of families with mothers who worked for pay, difficulties making ends meet first arose after the child's birth. Among those who worked for pay, mothers who were Black (21.6%) or Latina (17.6%) were more likely to report new difficulties paying bills compared to White mothers (9.5%). Similarly, those who were not living with a co-parent were twice as likely to report new difficulties paying bills (21.8 vs. 11.4%) as those living with a co-parent. Mothers taking leaves shorter than six weeks were also more likely to report economic hardship (25.6% vs. 36.1%) (Table 10).

23.8% of mothers who worked for pay reported economic difficulties.

Difficulty paying bills reported by:



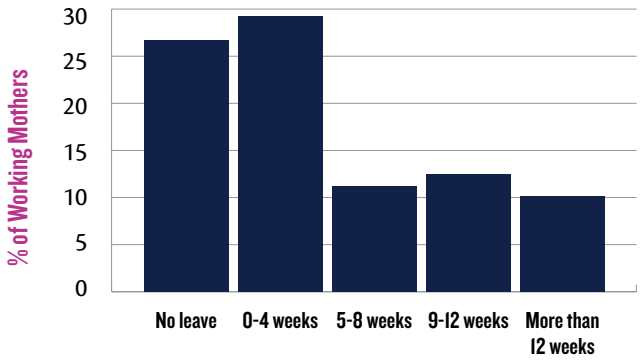
New York City Work and Family Leave Survey 2014

Food Insecurity

In our sample of families that welcomed a new child in 2014, close to 1 in 5 (17.4%) mothers reported having experienced food insecurity (concern about having enough food for themselves or their family in the past 30 days). Among mothers who worked for pay during pregnancy and returned to the workforce, 14.6% reported food insecurity. Among these mothers, food insecurity was more frequently reported by mothers who were Latina (24.6%) or Black (25.8%) than by White mothers (4.8%), those who lived below the FPL (39.1% vs. 17.5% of those at 100-200% FPL), those who did not have a co-parent (28.5% vs. 10.3%), those who were born outside of the U.S. (21.1% vs. 9.8% U.S.-born) and those who were self-employed (29.0% vs. 11.7% of private-sector employees) (Table 11). Mothers who took leaves of four weeks or less were twice as likely to report experiencing food insecurity than those who took longer leaves, a relationship that persisted when controlling for race/ethnicity, poverty, co-parenting and immigration status (OR=0.45, p=0.02) (Figure 20).

17.4% of mothers experienced food insecurity.

Figure 20: Proportion of Working Mothers Reporting Food Insecurity by Leave Duration



Recommendations

We hope that our findings will help shape the local and national conversations about paid family leave and its role in allowing all working families to thrive. We are optimistic that New York State's and New York City's new paid family leave policies will help address the health and other inequities that our research has revealed. Further, our findings underscore that true success will depend on effective implementation that reaches all eligible New Yorkers.

Modest income gains increase access to leave for low-income families following the birth of a child, demonstrating the value of income replacement as a means of increasing leave-taking among low-income families. Additionally, self-employed workers face particular barriers to taking time off from work following the birth of a child. Further, despite parity in average lengths of leave across racial and ethnic groups, disparities in access to paid leave results in increased economic burden to families who are only able to access unpaid leave and increases the risks of economic insecurity among low-income families.

We offer the following recommendations, informed by the analysis of our data as well as the growing body of research on paid family leave. Some of the recommendations address the planning and implementation of the new paid leave policies at the State and municipal levels and offer critical steps for stakeholders to ensure robust implementation for all New Yorkers. Others apply to our sister municipalities and states across the country, as well as our colleagues in Federal government.

For States and Municipalities Regarding Implementation and Regulation of Paid Family Leave Policies

- Draft regulations with the needs of self-employed, low-wage and multiple job-holders in mind to ensure that the policy is successful in reducing disparities and meeting the leave needs of those who currently take short or no leaves.
- Invest in public awareness campaigns using a targeted universalism strategy to ensure that people living in low-income neighborhoods and working in industries with low levels of TDI use are aware of the benefits available to them.
- Ensure that outreach efforts clearly convey that parental leave is available to co-parents.

For New York Health Care and Social Service Providers and Community-Based Organizations

- Train staff and educate clients and patients about paid family leave opportunities for caregivers and new parents, especially for those not using currently available benefits such as TDI.
- Train staff and educate clients and patients about the health benefits of taking leave to care for a new baby.

For New York Health Insurers

- Inform members about paid family leave opportunities for caregivers and new parents as a mechanism to improve their health.
- Offer incentives to family members who take paid leave to care for a new baby.

For New York Employers

- Educate employees—including new parents and caregivers—about their rights under the new Paid Family Leave Program.
- Encourage staff to take advantage of all leave available to them to maximize employee health and well-being. In particular, fathers and co-parents should be supported in using the new policy.
- Facilitate leave-taking processes to ensure uninterrupted income replacement that might otherwise require a return to work before the family is ready.

For New York Public Sector Unions

- Assess benefits of including a paid family leave policy in future contracts and include paid family leave in contract negotiations.

For Researchers

- Take advantage of the natural real-time experiment as New York's new paid family leave policy phases in over three years. The WAFLS data are publicly available and many areas of inquiry merit further analysis.

For Other Jurisdictions Considering Paid Family Leave Policies

- Ensure that proposed policies include the elements key to reducing disparities: sufficient income replacement, sufficient duration and job security.
- Develop policies that meet the needs of self-employed, low-income and multiple job-holders to reduce disparities in health outcomes.

Appendix

Table 1: Employment Status During Pregnancy

Demographic Characteristic	Overall		Worked During Pregnancy		Did Not Work During Pregnancy	
	%	95% CI	%	95% CI	%	95% CI
Race/Ethnicity						
Hispanic or Latina	31.7	28.5-35.6	47.4	41.7-53.2	52.6	46.8-58.3
White	30.7	27.6-33.9	67.5	61.1-73.3	32.5	26.7-38.9
Black	19.8	17.1-22.7	67.9	59.8-75.0	32.1	25.0-40.2
Asian	14.5	11.7-17.8	52.0	40.7-63.2	48.0	36.8-59.4
Other	3.3	2.1-5.2	65.1	40.2-83.8	34.9	16.2-59.8
Maternal Age						
18-24	17.1	14.4-20.1	50.6	41.6-59.6	49.4	40.4-58.4
25-34	56.5	52.7-60.2	55.9	51.4-60.3	44.1	39.7-48.6
35+	26.4	23.3-29.9	66.0	58.4-72.8	34.0	27.2-41.6
Poverty Status						
<100% FPL	41.1	37.4-45.0	46.4	40.4-52.6	53.6	47.4-59.6
101-200% FPL	19.0	16.0-22.3	64.7	54.6-73.6	35.3	26.4-45.4
201-400% FPL	14.8	12.2-17.9	71.1	59.0-80.8	28.9	19.2-41.0
401%+ FPL	25.1	22.3-28.1	93.2	87.1-96.5	6.9	3.5-12.9
Received SNAP/Food Stamps During Pregnancy						
No	72.6	69.2-75.7	61.2	57.4-64.8	38.8	35.2-42.6
Yes	27.5	24.3-30.8	51.4	44.6-58.1	48.6	41.9-55.4
Number of Children						
First birth	42.5	39.0-46.0	68.3	62.7-73.4	31.7	26.6-37.3
2nd birth	30.3	27.0-33.7	56.9	50.4-63.1	43.1	36.9-49.6
3rd+ birth	27.2	24.1-30.6	45.2	38.8-51.8	54.8	48.2-61.2
Partnership Status						
No co-parent	13.9	11.6-16.6	60.0	49.7-69.5	40	30.5-50.4
Co-parent, not coresiding	11.0	9.0-13.4	69.4	58.1-78.8	30.6	21.2-41.9
Co-parent, coresided at time of birth	75.1	71.8-78.1	57.1	53.4-60.6	43	39.4-46.6
Maternal Education						
HS Graduate or less	42.2	38.8-45.8	41.8	36.6-47.1	58.2	52.9-63.4
Some College	19.7	17.0-22.7	53.6	45.8-61.3	46.4	38.-54.2
College Grad	38.1	34.9-41.4	79.8	73.7-84.8	20.2	15.2-26.4
Nativity						
Non-US born	51.9	48.3-55.4	48.0	43.5-52.6	52.0	47.4-56.5
US	48.1	44.6-51.7	69.5	64.5-74.1	30.5	25.9-35.5
Length of Time in US						
<5 years	16.1	12.5-20.6	27.1	17.3-39.7	72.9	60.3-82.7
5-9 years	23.5	19.2-28.4	42.6	32.9-52.8	57.4	47.2-67.1
10+ years	59.8	54.5-64.8	56.8	50.5-62.9	43.2	37.1-49.5
Total	**100**		**58.5**	**55.6-61.4**	**41.4**	**38.5-44.4**

Table 2: Characteristics of Employment During Pregnancy

Demographic Characteristic	Government		Private Sector		Self-Employed	
	%	CI	%	CI	%	CI
Race/Ethnicity						
Hispanic or Latina	9.2	5.8-14.4	66.0	57.8-73.3	24.8	18.0-33.1
White	11.5	8.2-15.9	83.2	78.3-87.2	5.3	3.3-8.5
Black	26.0	18.8-34.9	65.6	56.0-74.1	8.4	3.7-18.0
Asian	5.8	2.2-14.6	89.3	78.9-94.9	5.0	1.6-14.5
Other	11.1	2.2-41.3	56.9	30.0-80.3	32.0	11.5-63.1
Maternal Age						
18-24	16.6	9.5-27.4	64.0	51.6-74.8	19.4	10.6-32.9
25-34	13.6	10.2-18.0	76.5	71.4-81.0	9.9	6.9-13.9
35+	11.2	7.4-16.7	76.6	68.6-83.0	12.2	7.2-20.0
Poverty Status						
<100% FPL	13.3	8.5-20.3	66.0	56.9-74.0	20.7	13.7-30.1
101-200% FPL	14.6	9.0-22.9	73.5	63.5-81.5	12.0	6.4-21.2
201-400% FPL	14.8	9.3-22.9	79.7	70.5-86.6	5.5	2.2-13.0
401%+ FPL	11.0	7.2-16.5	83.8	77.8-88.4	5.2	2.9-9.4
Received SNAP/Food Stamps During Pregnancy						
No	13.8	10.9-17.4	76.0	71.7-79.9	10.1	7.4-13.7
Yes	12.0	7.6-18.5	70.7	61.5-78.4	17.4	10.8-26.6
Number of Children						
First birth	10.8	7.8-14.6	77.7	72.2-82.3	11.6	7.9-16.6
2nd birth	16.3	11.4-22.8	73.2	65.6-79.6	10.5	6.3-17.1
3rd+ birth	15.4	9.8-23.3	70.3	60.8-78.3	14.3	8.3-23.4
Partnership Status						
No co-parent	20.6	12.8-31.4	66.2	54.4-76.3	13.2	6.5-25.0
Co-parent, not coresiding	12.2	6.7-21.3	73.7	60.2-83.9	14.1	6.0-29.7
Co-parent, coresided at time of birth	12.0	9.3-15.4	76.8	72.5-80.6	11.2	8.4-14.9
Maternal Education						
HS Graduate or less	10.8	6.7-16.8	68.9	60.6-76.1	20.4	14.1-28.6
Some College	14.4	9.0-22.4	74.2	64.3-82.0	11.4	5.8-21.2
College Grad+	14.3	10.9-18.6	78.8	73.8-83.0	6.9	4.4-10.7
Nativity						
Non-US born	10.2	7.2-14.2	73.6	67.5-79.0	16.2	11.7-22.1
US	16.1	12.4-20.6	75.7	70.4-80.3	8.3	5.3-12.7
Length of Time in US						
<5 years	18.6	7.0-40.9	40.0	21.6-61.6	41.4	20.6-65.9
5-9 years	8.6	3.7-18.6	76.8	63.6-86.2	14.7	7.2-27.8
10+ years	9.3	6.1-14.0	76.5	69.3-82.4	14.2	9.3-21.1
Total	**13.4**	**10.8-16.4**	**74.8**	**70.9-78.3**	**11.8**	**9.1-15.2**

Full-Time		Part-Time		FMLA-Eligible		Not FMLA-Eligible	
%	CI	%	CI	%	CI	%	CI
55.8	47.9-63.5	44.2	36.5-52.1	41.1	34.0-48.6	58.9	51.4-66.0
65.4	59.5-70.9	34.6	29.1-40.5	59.5	53.5-65.3	40.5	34.7-46.5
66	56.7-74.2	34	25.8-43.3	50.4	41.6-59.2	49.6	40.8-58.5
79.9	68.2-88.0	20.2	12.0-31.8	58.0	44.9-70.1	42.0	30.0-55.1
67.5	37.8-87.6	32.5	12.4-62.2	40.6	20.0-65.3	59.4	34.7-80.0
36.5	26.9-47.3	63.5	52.7-73.2	29.6	21.7-38.8	70.5	61.2-78.2
67.8	62.4-72.7	32.2	27.3-37.6	57.2	51.6-62.6	42.8	37.4-48.4
72	63.8-79.0	28	21.0-36.2	53.4	45.4-61.2	46.6	38.8-54.6
42	34.1-50.3	58	49.7-65.9	30.7	23.9-38.4	69.3	61.6-76.1
60.5	50.7-69.5	39.5	30.6-49.3	44.3	35.2-53.9	55.7	46.1-64.8
70.7	59.0-80.2	29.3	19.8-41.1	59.5	47.8-70.1	40.5	29.9-52.2
88.1	83.2-91.8	11.9	8.3-16.8	73.5	67.1-79.1	26.5	20.9-32.9
73.4	69.0-77.3	26.6	22.7-31.0	58.9	54.3-63.3	41.1	36.7-45.7
39.5	31.1-48.4	60.6	51.6–68.9	30.1	23.2-38.1	69.9	61.9-76.8
71.5	66.1-76.4	28.5	23.6-33.9	56.5	50.9-61.9	43.5	38.1-49.1
61.8	54.0-69.0	38.2	31.0-46.0	48	40.5-55.5	52.0	44.5-59.5
54.8	45.7-63.5	45.2	36.5-54.3	46.6	37.9-55.6	53.4	44.4-62.1
58.7	47.4-69.2	41.3	30.8-52.6	52.2	41.2-62.9	47.9	37.1-58.8
55.8	44.0-66.9	44.2	33.1-56.0	49.9	38.6-61.2	50.1	38.9-61.4
68	63.5-72.3	32	27.8-36.5	52.2	47.5-56.8	47.8	43.2-52.5
41.5	33.9-49.6	58.5	50.5-66.2	31.5	24.8-39.0	68.5	61.0-75.2
54.2	45.1-63.1	45.8	36.9-55.0	44.3	35.8-53.1	55.7	46.9-64.2
82.8	78.2-86.6	17.2	13.4-21.8	66.5	61.0-71.6	33.5	28.4-39.0
65.1	58.8-70.9	34.9	29.1-41.2	46.3	40.3-52.4	53.7	47.6-59.7
64.9	59.7-69.9	35.1	30.1-40.3	55.7	50.4-61.0	44.3	39.0-49.6
53.4	30.2-75.2	46.6	24.8-69.8	25.9	11.6-48.4	74.1	51.7-88.4
57	44.5-68.7	43	31.3-55.5	37.8	26.7-50.3	62.2	49.8-73.3
68.2	60.7-74.8	31.8	25.2-39.3	51	43.6-58.4	49.0	41.6-56.4
65.2	**61.2-68.9**	**34.8**	**31.1-38.8**	**51.9**	**48.0-55.9**	**48.1**	**44.1-52.1**

Table 3: Demographic Characteristics of Working Mothers Who Did Not Return to Work

Demographic Characteristic	Government	
	%	CI
Race/Ethnicity		
Hispanic or Latina	33.5	26.4-41.4
White	11.9	8.4-16.6
Black	19.2	12.9-27.7
Asian	7.8	3.5-16.5
Other	17.8	3.3-57.7
Maternal Age		
18-24	32.3	22.5-43.9
25-34	18.2	14.3-22.8
35+	15.0	9.5-22.8
Poverty Status		
<100% FPL	26.0	19.0-34.6
101-200% FPL	20.8	13.5-30.5
201-400% FPL	14.5	8.7-23.2
401%+ FPL	10.1	6.8-14.7
Received SNAP/Food Stamps During Pregnancy		
No	16.0	12.9-19.7
Yes	27.0	19.6-36.0
Number of Children		
First birth	21.0	16.7-26.0
2nd birth	15.9	11.0-22.5
3rd+ birth	17.1	10.7-26.4
Partnership Status		
No co-parent	13.7	7.2-24.4
Co-parent, not coresiding	20.5	11.7-33.6
Co-parent, coresided at time of birth	19.4	15.9-23.4
Maternal Education		
HS Graduate or less	26.5	19.8-34.5
Some College	22.4	15.6-31.1
College Grad+	12.7	9.4-16.9
Nativity		
Non-US born	23.3	18.3-29.0
US	15.8	12.0-20.5
Length of Time in US		
<5 years	32.4	15.5-55.6
5-9 years	20.7	12.1-33.1
10+ years	22.4	16.6-29.4
Sector of Employment		
Public Sector	13.7	7.1-24.7
Private Sector	17.6	14.3-21.3
Self-Employed	30.5	18.6-45.7
Total	**18.7**	**15.6-22.2**

Table 4: Type of Leave Working Mothers Took by Demographic Characteristics

Demographic Characteristic	Took Paid Leave Only		Took Unpaid Time Only		Took Both Paid and Unpaid Leave		Did Not Take Any Leave	
	%	CI	%	CI	%	CI	%	CI
Race/Ethnicity								
Hispanic or Latina	16.8	11.6-23.7	37.1	28.5-46.6	30.6	23.5-38.8	13.6	8.2-21.8
White	29.2	24.0-34.9	32.9	27.1-39.2	30	24.6-36.0	4.9	2.8-8.5
Black	19.1	13.3-26.6	36.2	27.3-46.1	30.7	22.4-40.5	11.7	6.2-20.9
Asian	27.4	16.5-41.9	25.2	15.8-37.6	37.7	25.5-51.7	6.4	2.3-16.3
Other	23.0	8.6-48.6	36.4	17.0-61.5	28.6	11.4-55.5	12.1	3.0-38.2
Maternal Age								
18-24	17.0	10.3-26.7	43.8	31.5-56.8	19.9	12.8-29.4	13.2	6.8-24.2
25-34	24.0	19.6-29.0	32.5	27.2-38.3	31.3	25.9-37.4	9.9	6.6-14.5
35+	26.9	20.1-35.0	31.5	24.1-39.9	35.7	28.4-43.7	4.4	2.1-8.8
Poverty Status								
<100% FPL	16.3	11.2-23.2	46.5	37.5-55.7	15.5	10.9-21.6	17.6	11.4-26.4
101-200% FPL	14.7	9.3-22.4	38.5	28.9-49.1	36.7	26.8-47.9	9	3.9-19.4
201-400% FPL	24.0	14.6-36.6	30.7	20.8-42.9	38.2	28.1-49.6	3.4	1.2-8.9
401%+ FPL	35.5	29.1-42.5	23.5	17.8-30.3	37.2	30.6-44.4	3.6	1.7-7.6
Received SNAP/Food Stamps During Pregnancy								
No	27.2	23.2-31.7	29.5	25.2-34.3	34.1	29.6-38.8	6.9	4.8-10.0
Yes	12.8	8.4-18.9	46.6	37.3-56.1	21.8	14.5-31.3	15.1	8.8-24.7
Maternal Education								
HS Graduate or less	18.1	13.0-24.8	44.5	35.9-53.5	20.3	13.9-28.7	12.1	7.4-19.1
Some College	14.2	9.0-21.7	35.2	26.6-44.9	29.8	21.9-39.2	15.2	8.4-25.9
College Grad+	29.8	24.8-35.2	27.4	22.6-32.9	37.3	31.9-43.0	5.1	3.0-8.5
Nativity								
Non-US born	24.4	18.8-31.1	33.5	27.2-40.5	27.1	21.7-33.1	13	8.8-18.8
US	24.0	20.0-28.6	33.2	28.2-38.7	33.6	28.5-39.1	6.1	3.7-9.8
Total	**24.0**	**20.6-27.8**	**33.4**	**29.3-37.6**	**31.3**	**27.5-35.5**	**8.7**	**6.4-11.7**

*Among returning workers only
**Among returning private sector and self-employed workers only

Table 5: Income Replacement Opportunities Working Mothers Took by Demographic Characteristics

Demographic Characteristic	Accrued		TDI**		Employer Provided		Unpaid (any)	
	%	CI	%	CI	%	CI	%	CI
Race/Ethnicity								
Hispanic or Latina	28.3	21.4-36.5	20.9	14.6-29.0	18.5	13.1-25.4	61	52.0-69.4
White	38.1	32.4-44.2	25.5	20.2-31.8	28.8	23.6-34.6	55.5	49.2-61.6
Black	32.7	24.2-42.6	22.8	15.7-31.9	25.6	17.7-35.5	60.3	50.5-69.3
Asian	37.1	25.4-50.5	40.4	27.4-55.0	27.4	17.3-40.4	58	44.1-70.7
Other	34.5	15.8-59.6	14.1	3.5-42.7	37.9	17.9-63.0	61.5	36.9-81.3
Maternal Age								
18-24	22.14	14.5-32.4	12.5	6.6-22.3	18.7	11.7-28.7	59.1	46.4-70.6
25-34	34.6	29.2-40.5	25.4	20.2-31.5	26.5	21.4-32.2	56.5	50.6-62.3
35+	39.6	32.1-47.7	31.5	23.9-40.2	30	23.3-37.6	60.8	52.5-68.5
Poverty Status								
<100% FPL	15.6	10.7-22.2	10.4	6.4-16.3	9.3	5.7-14.9	55.6	46.4-64.4
101-200% FPL	33.2	23.5-44.5	26.1	17.6-36.8	24.1	15.5-35.5	68.8	58.2-77.7
201-400% FPL	28.8	20.3-39.1	25.2	15.8-37.6	25.6	17.4-35.9	58.8	46.6-69.9
401%+ FPL	55.4	48.2-62.4	36.8	29.9-44.3	41.2	34.4-48.4	55.5	48.4-62.4
Received SNAP/Food Stamps During Pregnancy								
No	38.9	34.4-43.7	29.6	25.0-34.6	29.8	25.7-34.3	57.7	52.8-62.4
Yes	18.8	12.2-27.9	12.9	7.6-20.9	13.7	7.9-22.9	60.1	50.5-68.9
Maternal Education								
HS Graduate or less	21.8	15.1-30.3	9.3	5.4-15.6	18.6	12.4-26.9	59.1	50.4-67.2
Some College	19.8	13.7-27.6	27.3	18.7-38.0	18.1	12.4-25.7	55.5	45.3-65.3
College Grad+	45.4	39.8-51.1	33.8	28.1-40.0	32.4	27.3-37.9	58.7	53.0-64.2
Nativity								
Non-US born	31.1	25.2-37.7	22.7	17.2-29.3	20.4	15.6-26.3	54.7	47.6-61.6
US	37.5	32.4-43.0	27.3	22.4-32.8	30.8	25.9-36.2	59.7	54.2-64.9
Total	**34.5**	**30.6-38.6**	**25.9**	**22.0-30.2**	**26.3**	**22.7-30.2**	**58.2**	**53.8-62.4**

*Among returning workers only
**Among returning private sector and self-employed workers only

Table 6: Average Length of Leave Following Childbirth by Demographic Characteristics

Demographic Characteristic	Mean Weeks of Leave	95% Confidence Interval
Race/Ethnicity		
Hispanic or Latina	10.7	9.1-12.2
White	11.4	10.3-12.6
Black	13.1	10.7-15.5
Asian	11.4	9.1-13.8
Other	15.3	9.3-21.4
Maternal Age		
18-24	10.2	7.0-13.4
25-34	11.8	10.5-13.0
35+	13.0	11.5-14.4
Poverty Status		
<100% FPL	9.4	7.2-11.6
101-200% FPL	12.4	10.1-14.8
201-400% FPL	12.9	10.8-15.0
401%+ FPL	13.8	12.4-15.1
Received SNAP/ Food Stamps During Pregnancy		
No	12.1	11.3-13.0
Yes	10.6	8.0-13.2
Number of Children		
First birth	13.2	11.8-14.6
2nd birth	11.2	9.7-12.8
3rd+ birth	9.4	8.0-10.8
Partnership Status		
No co-parent	11.0	8.5-13.5
Co-parent, not coresiding	11.2	8.8-13.5
Co-parent, coresided at time of birth	12.1	11.1-13.1

Demographic Characteristic	Mean Weeks of Leave	95% Confidence Interval
Maternal Education		
HS Graduate or less	9.3	7.4-11.1
Some College	10.7	8.3-13.1
College Grad +	13.3	12.3-14.4
Nativity		
Non-US born	11.3	10.1-12.5
US	12.2	10.9-13.4
Length of Time in US		
<5 years	13.6	7.9-19.3
5-9 years	7.2	5.5-8.9
10+ years	12.3	10.9-13.8
Sector of Employment		
Public Sector	10.8	8.7-13.0
Private Sector	12.5	11.5-13.5
Self-Employed	7.4	4.7-10.1
Type of Leave		
Paid only	11.7	10.7-12.8
Unpaid only	13.3	11.5-15.1
Both paid and unpaid	14.4	13.0-15.9
Total	**11.8**	**10.9-12.7**

Table 7: Reasons Influencing the Timing of Working Mothers Return to Work by Demographic Characteristics

Demographic Characteristic	Financial Need		Fear of Job Loss		Job Does Not Have Paid Leave		Not Enough Accrued Leave	
	%	CI	%	CI	%	CI	%	CI
Race/Ethnicity								
Hispanic or Latina	63.3	54.1-71.5	49.5	40.4-58.6	42.5	33.5-52.1	39.1	30.5-48.4
White	67.7	61.4-73.3	35.7	29.7-42.2	41.2	35.2-47.6	28.0	22.7-34.0
Black	75.1	65.1-83.0	42.1	32.7-52.2	48.2	38.2-58.2	43.6	34.0-53.8
Asian	71.4	57.2-82.4	48.1	34.8-61.6	54.7	40.8-67.9	46.9	33.7-60.6
Maternal Age								
18-24	55.5	42.6-67.8	34.4	23.8-46.8	39.6	27.6-53.1	30.2	19.8-43.2
25-34	72.9	67.1-77.9	42.3	36.4-48.5	46.9	40.8-53.1	36.4	30.6-42.6
35+	67.0	58.6-74.5	45.8	37.6-54.3	45.1	36.9-53.6	38.5	30.7-46.9
Poverty Status								
<100% FPL	62.7	53.4-71.2	50.3	41.1-59.5	56.0	46.7-64.9	31.2	23.1-40.5
101-200% FPL	78.6	69.3-85.7	47.2	36.4-58.3	56.5	45.1-67.2	44.8	34.1-55.9
201-400% FPL	79.3	66.7-88.0	43.4	32.1-55.4	48.2	36.4-59.9	37.9	27.4-49.8
401%+ FPL	66.3	59.1-72.8	36.2	29.5-43.5	35.7	29.2-42.8	35.7	29.2-42.9
Received SNAP/Food Stamps During Pregnancy								
No	69.3	64.5-73.8	40	35.2-45.0	43.4	38.5-48.4	39.0	34.3-44.0
Yes	69.4	60.1-77.4	49.3	39.7-58.9	50.4	40.6-60.2	27.6	19.3-37.9
Maternal Education								
HS Graduate or less	61.1	52.0-69.4	45.7	36.9-54.8	42.8	34.0-52.1	33.4	24.9-43.2
Some College	76.1	66.9-83.4	47.6	37.7-57.8	53.2	43.2-63.0	35.3	26.8-44.9
College Grad+	71.3	65.6-76.4	38.6	33.0-44.5	43.7	38.0-49.6	38.8	33.3-44.6
Nativity								
Non-US born	63.6	56.5-70.2	47.3	40.3-54.4	48.8	41.6-56.0	42.3	35.4-49.4
US	73.0	67.7-77.7	38.3	32.9-44.0	41.5	36.1-47.1	31.8	26.8-37.3
Sector of Employment								
Public	71.8	59.3-81.7	32.9	23.2-44.3	41.2	30.3-53.0	55.7	43.9-66.8
Private	68.7	63.9-73.1	44.9	39.9-49.9	44.1	39.2-49.1	34.6	29.8-39.7
Self-Employed	70.0	53.0-82.9	35.5	21.4-52.8	63.2	46.5-77.2	23.6	11.7-41.9
Total	**69.4**	**65.1-73.3**	**42.1**	**37.7-46.6**	**45.0**	**40.6-49.5**	**36.7**	**32.5-41.1**

Demographic Characteristic	Needed Health Insurance		Ready to Go Back	
	%	CI	%	CI
Race/Ethnicity				
Hispanic or Latina	28.8	21.3-37.6	12.6	7.4-20.5
White	32.9	27.2-39.2	9.3	6.1-14.0
Black	25.7	18.8-34.1	8.5	3.8-17.8
Asian	35.2	23.8-48.6	11.3	5.1-23.1
Maternal Age				
18-24	12.6	6.5-22.9	19.3	10.9-31.7
25-34	31.6	26.4-37.3	10.0	6.6-14.8
35+	36.3	28.9-44.5	7.4	3.9-13.6
Poverty Status				
<100% FPL	19.5	13.0-28.1	11.0	6.1-18.9
101-200% FPL	21.6	14.5-30.9	7.9	4.0-15.0
201-400% FPL	39.9	29.6-51.2	3.1	1.1-8.0
401%+ FPL	42.1	35.1-49.4	9.5	5.5-15.7
Received SNAP/Food Stamps During Pregnancy				
No	36.9	32.4-41.7	8.5	6.0-12.0
Yes	10.8	5.9-18.8	14.0	8.3-22.8
Maternal Education				
HS Graduate or less	19.8	13.2-28.5	16.0	10.3-24.0
Some College	21.4	14.7-29.9	7.3	3.8-13.5
College Grad+	39.9	34.5-45.5	7.4	4.6-11.6
Nativity				
Non-US born	27.2	21.6-33.6	8.7	5.3-13.9
US	34.2	29.1-39.7	10.8	7.5-15.2
Sector of Employment				
Public	43.9	33.0-55.3	12.5	5.4-26.4
Private	31.6	27.2-36.4	9.1	6.5-12.5
Self-Employed	12.2	5.3-25.5	11.1	4.3-25.7
Total	**31.3**	**27.4-35.4**	**9.7**	**7.3-12.9**

Table 8: Maternal Health Status by Demographic Characteristics

Demographic Characteristic	Excellent/Very Good Health		Good Health		Fair/Poor Health	
	%	CI	%	CI	%	CI
Race/Ethnicity						
Hispanic or Latina	44.9	38.8-51.1	37.6	31.8-43.8	17.5	13.0-23.2
White	71.2	65.4-76.4	20.4	16.0-25.5	8.5	5.4-13.0
Black	53.0	45.1-60.7	34.3	27.2-42.2	12.7	8.4-18.8
Asian	35.5	25.9-46.4	57.4	46.3-67.9	7.1	3.8-13.0
Other	55.3	33.1-75.5	41.8	22.2-64.4	3.0	0.4-18.8
Maternal Age						
18-24	60.5	51.1-69.2	32.3	24.1-41.7	7.2	4.0-12.7
25-34	52.6	47.7-57.5	35.4	30.7-40.4	12.0	9.1-15.7
35+	51.4	44.1-58.6	32.9	26.3-40.2	15.8	11.0-22.1
Pre-birth SNAP						
No	52.4	48.2-56.6	36.1	32.0-40.4	11.5	9.0-14.6
Yes	57.0	49.8-63.8	30.2	24.0-37.2	12.9	8.9-18.3
Poverty Status						
<100% FPL	45.3	38.9-51.8	40.3	33.9-47.0	14.5	10.5-19.7
101-200% FPL	58.2	48.7-67.1	33.3	24.8-43.0	8.6	5.1-14.2
201-400% FPL	56.9	46.0-67.1	22.5	14.7-32.7	20.7	12.6-32.0
401%+ FPL	64.9	58.2-71.1	28.7	22.9-35.3	6.4	3.9-10.4
Maternal Education						
HS Graduate or less	51.0	45.1-56.9	35.3	29.8-41.2	13.8	10.1-18.4
Some College	50.9	43.0-58.7	39	31.4-47.1	10.2	6.5-15.6
College Grad+	57.7	52.0-63.2	31.6	26.4-37.3	10.7	7.7-14.8
Nativity						
Non-US born	46.3	41.2-51.4	42.3	37.2-47.7	11.4	8.5-15.1
US	61.7	56.7-66.5	25.7	21.6-30.2	12.6	9.5-16.6
Work Status During Pregnancy						
Worked	58.6	54.6-62.5	30.3	26.6-34.2	11.1	8.8-14.0
Did not work	46.5	40.0-53.2	40.6	34.1-47.3	12.9	9.1-18.1
Returned to Work*						
Yes	58.4	54.0-62.7	31.6	27.5-35.9	10.0	7.7-12.9
No	59.3	49.3-68.6	24.7	17.4-33.7	16.0	9.6-25.5
Total	**53.7**	**50.0-57.3**	**34.5**	**31.0-38.1**	**11.9**	**9.7-14.4**

*Among mothers who worked during pregnancy

Table 9: Child Health Status in First 12 Months of Life by Demographic Characteristics

Demographic Characteristic	Excellent/Very Good Health		Good Health		Fair/Poor Health	
	%	CI	%	CI	%	CI
Race/Ethnicity						
Hispanic or Latina	75.6	69.8-80.6	17.9	13.5-23.2	6.6	4.0-10.6
White	91.7	87.4-94.6	7.1	4.4-11.4	1.2	0.5-2.7
Black	88.1	82.3-92.1	5.7	3.3-9.6	6.3	3.3-11.6
Asian	78.5	66.9-86.9	20.7	12.5-32.3	0.8	0.1-5.3
Other	89.8	65.9-97.6	3.8	0.5-22.8	6.4	0.9-34.2
Maternal Age						
18-24	88.5	81.4-93.2	3.2	1.6-6.1	8.3	4.3-15.7
25-34	83.1	78.9-86.7	13.4	10.2-17.4	3.5	2.1-5.8
35+	83.1	76.6-88.1	13.9	9.2-20.3	3.1	1.5-6.2
Pre-birth SNAP						
No	84.9	81.5-87.8	12.3	9.6-15.5	2.8	1.8-4.5
Yes	81.3	75.0-86.3	11.6	7.7-17.1	7.1	4.1-11.9
Poverty Status						
<100% FPL	78.1	71.9-83.2	13.4	9.4-18.8	8.5	5.4-13.2
101-200% FPL	89.3	83.4-93.3	8.3	4.8-14.1	2.4	1.1-5.2
201-400% FPL	86.2	75.7-92.6	11.7	5.7-22.6	2.1	0.8-5.6
401%+ FPL	94.2	90.5-96.5	5.1	3.0-8.6	0.7	0.2-2.9
Number of Children						
First birth	88.1	83.9-91.3	8.7	6.0-12.5	3.2	1.8-5.8
2nd birth	84.8	79.4-89.0	11.2	7.6-16.1	4	2.1-7.4
3rd+ birth	76.6	69.7-82.3	18.3	13.2-24.9	5.1	2.7-9.4
Partnership Status						
No co-parent	78.2	68.4-85.6	10.7	5.6-19.5	11.1	6.1-19.4
Co-parent, not coresiding	84.1	76.3-89.7	10.5	6.0-17.6	5.5	2.7-10.7
Co-parent, coresided at time of birth	84.8	81.4-87.7	12.7	10.0-16.0	2.5	1.5-4.2
Maternal Education						
HS Graduate or less	80.3	75.1-84.6	14.4	10.6-19.1	5.4	3.2-8.8
Some College	83.5	76.8-88.5	11	7.1-16.7	5.6	2.8-10.7
College Grad+	88.1	83.6-91.5	10.2	7.0-14.7	1.7	0.9-3.2
Nativity						
Non-US born	76.9	72.1-81.1	18.8	14.9-23.4	4.3	2.6-6.9
US	91.6	88.2-94.1	4.6	2.9-7.4	3.8	2.2-6.3
Work Status During Pregnancy						
Worked	85.9	82.8-88.5	11	8.6-14.0	3.1	2.1-4.5
Did not work	81.1	75.3-85.8	13.6	9.6-19.0	5.3	3.0-9.2
Returned to Work*						
Yes	86.5	83.1-89.3	10.3	7.8-13.5	3.2	2.1-4.9
No	83.4	74.6-89.6	14.1	8.3-23.0	2.5	1.0-6.0
Total	**83.9**	**81.0-86.5**	**12.1**	**9.8-14.8**	**4**	**2.8-5.7**

*Among mothers who worked for pay during their pregnancy

Table 10: Economic Stress Before, During and After Childbirth by Demographic Characteristics

Demographic Characteristic	Any Bill Stress		New Post-Birth Bill Stress	
	%	CI	%	CI
Race/Ethnicity				
Hispanic or Latina	27.2	19.4-36.8	17.6	11.5-25.7
White	15.8	11.8-21.0	9.5	6.6-13.6
Black	36.7	28.2-46.1	21.6	15.2-29.8
Asian	16.1	7.5-31.1	5.2	1.6-15.3
Maternal Age				
18-24	30.8	19.9-44.4	14.4	7.4-26.1
25-34	24.4	19.4-30.3	13.6	10.1-18.2
35+	22.0	16.1-29.4	15.8	10.9-22.5
Pre-birth SNAP				
No	20.7	16.9-25.1	14.1	11.2-17.7
Yes	35.0	26.4-44.7	14.1	8.7-22.2
Poverty Status				
<100% FPL	40.6	31.7-50.1	19.9	13.3-28.6
101-200% FPL	29.5	21.3-39.3	20.6	13.7-29.7
201-400% FPL	28.3	19.4-39.3	19.2	12.3-28.7
401%+ FPL	9.3	5.9-14.4	7.3	4.3-12.1
Number of Children				
First birth	22.4	17.3-28.6	12.0	8.7-16.4
2nd birth	20.6	15.1-27.4	16.4	11.5-22.9
3rd+ birth	31.1	23.3-40.2	15.5	9.8-23.6
Partnership Status				
No co-parent	33.7	23.6-45.5	21.8	13.1-33.9
Co-parent, not coresiding	38.9	28.0-50.9	20.7	13.1-31.1
Co-parent, coresided at time of birth	19.1	15.3-23.6	11.4	8.8-14.6
Maternal Education				
HS Graduate or less	21.5	15.4-29.2	12.7	7.9-19.8
Some College	38.9	29.5-49.1	20.2	13.7-28.9
College Grad+	20.2	15.7-25.7	12.9	9.6-17.1
Nativity				
Non-US born	24.4	19.1-30.7	14.7	10.8-19.8
US	22.8	18.3-28.0	14.0	10.5-18.5
Total	**23.8**	**20.2-27.8**	**14.1**	**11.4-17.3**

Table 11: Food Insecurity Among Mothers by Work Status and Demographic Characteristics

Demographic Characteristic	Food Insecurity-Whole Population		Food Insecurity-Returned Workers	
	%	CI	%	CI
Race/Ethnicity				
Hispanic or Latina	21.4	16.6-27.0	24.6	16.9-34.3
White	6.7	4.2-10.4	4.8	2.9-7.9
Black	26.6	20.3-34.1	25.8	18.1-36.3
Asian	15.7	8.4-27.3	8.1	3.4-18.4
Maternal Age				
18-24	22.0	15.4-30.4	25.7	15.1-40.3
25-34	15.9	12.4-20.1	13.1	9.5-17.9
35+	16.8	11.9-23.3	12.5	8.1-18.8
Pre-birth SNAP				
No	16.4	13.4-20.0	11.1	8.2-14.8
Yes	20.0	15.0-26.2	26.9	19.1-36.5
Poverty Status				
<100% FPL	34.7	28.6-41.4	39.1	30.3-48.6
101-200% FPL	16.6	11.0-24.4	17.5	10.4-27.8
201-400% FPL	8.0	4.4-14.1	7.8	3.9-14.8
401%+ FPL	1.8	0.5-6.0	2.2	0.6-7.2
Number of Children				
First birth	14.3	10.6-19.0	9.3	6.0-14.2
2nd birth	17.8	13.2-23.4	17.2	11.6-24.9
3rd+ birth	22.1	16.7-28.5	22.6	15.8-31.2
Partnership Status				
No co-parent	26.9	19.3-36.1	28.5	18.8-40.6
Co-parent, not coresiding	27.0	18.4-37.9	22.8	13.6-35.6
Co-parent, coresided at time of birth	14.4	11.6-17.9	10.3	7.5-13.9
Maternal Education				
HS Graduate or less	23.9	19.2-29.4	23.2	16.6-31.4
Some College	18.5	13.1-25.3	21.4	13.9-31.6
College Grad+	9.8	6.6-14.1	8.1	5.1-12.5
Nativity				
Non-US born	22.4	18.3-27.1	21.1	15.8-27.7
US	12.1	9.1-16.1	9.8	6.7-14.0
Work Status During Pregnancy				
Worked	15.6	12.7-19.0	15.6	12.7-19.0
Did not work	19.9	15.1-25.7		
Returned to Work*				
Yes	14.6	11.6-18.1	14.6	11.6-18.1
No	20.0	12.5-30.4		
Sector of Employment*				
Public	22.2	14.3-32.6	19.6	12.1-30.2
Private	12.5	9.8-15.9	11.7	8.9-15.3
Self-Employed	28.4	16.4-44.6	29.0	15.6-47.5
Total	**17.4**	**14.8-20.5**	**14.6**	**11.6-18.1**

*Among mothers who worked for pay during pregnancy

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