



# Qualitative Paid Leave Report: Furthering Our Case for Paid Leave in the United States





#### ABOUT MCCLANAHAN ASSOCIATES (MAI)

McClanahan Associates, Inc. (MAI) is a certified woman-owned research and evaluation firm that helps philanthropic organizations and non-profits achieve their goals of improving people's lives. Our team, comprised of research and evaluation experts with deep knowledge of social programs, has dozens of years of experience assisting non-profits and philanthropic organizations with meaningful and useful evaluation support that reflects their goals. MAI's work focuses on generating information and leading evaluation activities that support the implementation of effective programs and strategies.

#### ABOUT 1,000 DAYS

1,000 Days is a non-profit advocacy organization leading the fight to make the well-being of women and children in the first 1,000 Days a policy and funding priority in the United States and around the world. Since its founding, 1,000 Days has developed an enduring narrative about why the first 1,000 days – the time between a woman's pregnancy and her child's second birthday – is a window of opportunity that matters for the futures of women, young children and their societies.



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## Foreword

This report, conducted by MAI Research, sponsored by 1,000 Days and funded by the Robert Wood Johnson Foundation, catalogues the experiences of 20 low-wage working women in five states throughout their third trimester of pregnancy and the first six months of their child's life. Each of these women, who vary in age, race, marital status, educational attainment and occupation, have one key thing in common: they do not have access to paid family and medical leave.

In this respect, they are like most workers in the United States: in the year 2020, in the midst of a once-in-a-century pandemic, American workers are not guaranteed comprehensive, job-protected paid leave. Eight states and the District of Columbia have passed their own paid leave programs, and many other states and localities are considering similar provisions. Still, this patchwork of policy leaves most workers unable to take time away from their jobs to care for a sick loved one, attend to their own serious health condition or welcome a new child without risking their paycheck and their livelihood. At some point in their life, most workers will need to take paid leave, and right now, far too many do not have the ability to do so.

The lack of paid leave is deeply consequential for new parents, especially low-wage working women, who must confront the challenges of new motherhood with limited structural support. Too often, low-income pregnant women and new parents have to risk their health or their child's health in order to continue working so they can pay their bills and put food on the table. Some are forced to leave the workforce, compromising their access to employer-provided health insurance and other benefits. This can have long-lasting effects on a mother's health and that of her child.

Paid family and medical leave is a powerful tool to protect public health, as well as the health and well-being of individuals and families. Paid leave supports healthier pregnancies, better birth outcomes and more successful breastfeeding, in addition to the physical and mental health of both mom and baby in the postpartum period. Universal access to a comprehensive paid leave program is also an important step in addressing maternal and infant racial and ethnic health disparities, helping to ensure that all moms and babies can have a healthy first 1,000 days.

Even before the coronavirus pandemic, it was clear that paid leave is a public health imperative. COVID-19 has drawn attention to and expanded preexisting disparities, creating both a health crisis and an economic crisis that has disproportionately impacted women, low-income families and families of color. The majority of jobs deemed essential in this crisis are held by women, too many of them low-wage workers. While this study was largely conducted prior to the pandemic, it highlights the experiences of new mothers for whom the ability to take paid leave is out of reach. These stories take on new relevance, as too many workers now find themselves unable to take time away from work to care for themselves or a loved one in the midst of this crisis.

To learn more about why paid family and medical leave is an imperative for all workers and all families continue reading and see our earlier report [The First 1,000 Days: The Case for Paid Leave in America](#).

To view the full report, visit [here](#).

Thanks for your support.

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**U.S. Advocacy and Outreach Associate**  
**1,000 Days**

## Paid Leave Can Help Improve Outcomes for Moms and Babies

Evidence shows paid leave can help:



**Reduce the risk of pregnancy-related health complications**



**Reduce the risk of postpartum depression**



**Increase breastfeeding rates, including initiation and duration**



**Reduce the risk of infant mortality**



**Reduce the incidence of babies born preterm or low-birthweight**



**Improve child health during infancy and childhood**



**Ensure safe and healthy child development**



**Reduce disparities in access to care and health outcomes**

## Introduction

A lack of paid maternity leave for low-wage working women has been found to cause disruptions in women's connections to the labor force and their employer, often leading to financial hardships and career disruptions. Paid leave allows caregivers, including mothers, to avoid having to choose between caring for their families and preserving or gaining financial stability.<sup>1</sup> Over a third (34%) of women in the U.S. do not return to their job postpartum; of those women, 11% go to a different job with more work accommodations (e.g., flex time) to better suit their dual role as primary caretaker and employee.<sup>2</sup> While rates of access to paid family and medical leave are low for women across the U.S., women of color and low-income women are especially unlikely to have access to leave. Expanding access to paid leave, including parental leave, is one step in addressing socio-economic and racial inequality in the United States.<sup>3</sup> Along with 1,000 Days, a leading non-profit organization who works to improve policies and advocate for mothers and children during the 1,000-day window from pregnancy to a child's second birthday, MAI conducted a study exploring the experiences of women who did not have access to paid leave.

## Study Overview

This study examined how a lack of paid maternity leave affects the well-being of new mothers and their babies, particularly women working in low-wage jobs. This mixed-methods research conducted by McClanahan Associates, Inc. (MAI) on behalf of 1,000 Days included **three primary research goals:**

1. To expand the body of research about how leave policies (or lack thereof/ very limited leave policies) influence the well-being of low-wage mothers and their infants;
2. To explore the barriers and facilitators to good health and well-being among low-wage working women and their infants, and;
3. To give a voice to women navigating low-wage employment and new motherhood by making connections between their challenges and the need for equitable leave policies.

The study sought to answer the following **research questions:**

- How do employers' leave policies influence the well-being of low-income mothers and their infants?
- What are the key barriers and facilitators to good health and well-being among low-wage working women and their infants?
- What are the day-to-day successes and challenges of low-income women navigating employment and motherhood?

<sup>1</sup> The Joint Economic Committee. (n.d.). The Economic Benefits of Paid Leave: Fact Sheet. United States Joint Economic Committee. [https://www.jec.senate.gov/public/\\_cache/files/646d2340-dcd4-4614-ada9-be5b1c3f445c/jec-fact-sheet---economic-benefits-of-paid-leave.pdf](https://www.jec.senate.gov/public/_cache/files/646d2340-dcd4-4614-ada9-be5b1c3f445c/jec-fact-sheet---economic-benefits-of-paid-leave.pdf).

<sup>2</sup> Ovia Health. (2017). Motherhood in America: 2017 Report. <https://www.flhealthvalue.org/uploads/Projects/Babies%20Business%20and%20the%20Bottom%20Line%202017/Motherhood-In-America%20Report.pdf>.

<sup>3</sup> Maya Rossin-Slater, Christopher Ruhm, and Jane Waldfogel, "The Effects of California's Paid Family Leave Program on Mothers' Leave-Taking and Subsequent Labor Market Outcomes," Institute for the Study of Labor, Discussion Paper No. 6240 (December 2011). <http://ftp.iza.org/dp6240.pdf>.

## Study Methodology

To examine how lack of paid maternity leave affects expecting mothers we **recruited** a specific group of women with the following characteristics for this study:

- Adult women who were within or nearing their third trimester of pregnancy,
- Employed (at the time of recruitment),
- Intended to return to work within 5 months after their child's birth,
- Worked for an employer who does not offer paid maternity leave,
- Qualifies as "low income," and
- Had an active phone number with access to the internet.

In order to gather a broader picture of mothers' experiences across the U.S., MAI and 1,000 Days chose **five urban and their surrounding rural/suburban areas to target study participants:**

- Philadelphia, Pennsylvania;
- Atlanta, Georgia;
- Dallas, Texas;
- Denver, Colorado; and
- Kansas City, Kansas.

MAI worked closely with several Women, Infants, and Children (WIC) offices in these targeted areas to identify **20 women** who met the study criteria. Study advertisement posters were hung in WIC centers to encourage potential participants to take the **screeener survey**, and 1,000 Days advertised the study through their Facebook social media page. Interested women completed the screener survey, and those who met the criteria were accepted into the selection pool on a first come, first serve basis. Within each site, MAI selected four participants that represented variability in terms of race/ethnicity, age, education level and hourly wage. Two participants were chosen from each urban area, and two were chosen from the surrounding rural/suburban counties. Throughout the study there was no attrition, signifying strong buy-in from study participants.

MAI conducted **semi-structured interviews** which are one-on-one interviews with key stakeholders (in this case low-wage expecting mothers).<sup>4</sup> MAI conducted two interviews with each of the 20 participants: one at the start of the study (when study participants were in their third trimester of pregnancy), and one at the conclusion of the study (four to eight weeks after the mother returned to work or when her baby turned six months old – whichever came sooner). These interviews were designed to systematically gather information about the mothers' experiences in the last trimester of pregnancy through up to six months of their babies' lives. To establish and build a rapport with the women in our study, MAI conducted the initial interviews in person at a time and place (at-home visit, or in a public place such as the mall or local coffee shop) that was convenient and comfortable for each participant. All follow-up interviews were conducted by phone. Through the interviews, MAI learned about how the study participants **navigated** the **experiences, demands** and **joys** of pregnancy and motherhood.

Specifically, we probed to learn about:

- Women's **work schedules** (including leave and flex time policies), and
- How women's perceived work was **impacting** both their and their babies' **nutrition** and **feeding, health care** and **childcare**.

During the follow-up interview, we also learned about:

- **Changes** in the women's original plans of working (both during their last trimester of pregnancy and postpartum), why these changes occurred, and
- The **impacts** these changes had on the women and their families.

To supplement the interview data and systematically track each woman's circumstances, each participant was asked to take an online **monthly survey** to capture "real-time" data on their and their infants' health and well-being, as well as their work experiences outside of the home, their leave experiences and their work transitions. The monthly survey also informed MAI of relevant topics to hone in on with the participants during their follow-up interviews.

<sup>4</sup> Semi-structured interviews are guided by broad skeleton questions that the interviewer uses to prompt the interviewee to gather information related to the concepts of interest.



## Analysis

Study participants varied in terms of how many **monthly surveys** they took throughout their participation in our study. Monthly surveys were used for tracking purposes to stay updated on the participants' experiences throughout their transition out of work to have their baby and then back to work. Initially, surveys were analyzed descriptively for each study participant on a monthly basis. After all participants transitioned back to work, monthly survey data was then aligned to interview data to corroborate data points, hone in on important themes both within each participant's individual narrative and to identify high-level themes across all participants.

## Key Findings

This study's findings support prior research that **lack of paid maternity leave for low-wage working women causes disruptions in women's connections to the labor force and their employer, leading to financial hardships and career disruptions.**

- **Sample Characteristics.** Our sample consisted of **20 pregnant women in or nearing their third trimester** who were **employed in low-wage jobs** and **planning to return to work within five months postpartum**. At the time of the screener survey, 80% (n=16) of the women in our sample were working full-time, while 20% (n=4) were working part-time (less than 30 hours per week) and all (n=20) were working for employers who did not offer paid maternity leave. **The race/ethnicity of our sample varied:** 55% (n=11) self-identified as White; 30% (n=6) self-identified as Black or African-American; 10% (n=2) self-identified as Hispanic/Latino; and 5% (n=1) self-identified as Multiple Races/Ethnicities. **The age of our sample also varied:** 15% (n=3) were 18-22 years old; 30% (n=6) were 23-26 years old; 35% (n=7) were 27-30 years old; and 20% (n=4) were 31-34 years old. Five percent (n=1) of the women in our sample reported their highest level of education to be a master's degree or higher, 20% (n=4) a bachelor's degree, 55% (n=11) an associate's degree or some college and 20% (n=4) a high school degree or equivalent. About two-thirds of our sample (65%; n=13) reported their pregnancy as unplanned, while 35% (n=7) reported it as planned. For 55% (n=11) of the women in our sample, they were pregnant with their first child, while 35% (n=7) had one other child and 10% (n=2) had two other children. Half of our sample were married (n=10), while the other half were not married (n=10). Sixty percent (n=12) of the women in our sample reported their total household

income to be over \$30,000, while 20% (n=4) reported \$20,000-\$29,000, 15% (n=3) reported \$10,000-\$19,000 and 5% (n=1) reported below \$10,000. At the time of our initial interview, 60% (n=12) of the sample had been working at their employer for over one year, while 40% (n=8) had been working at their employer for less than a year.

- **Pregnancy Concerns.** The women in our sample had concerns related to work and taking leave time to have and care for their baby. **Financial worry was the most widely mentioned concern. The women varied in terms of their plans to cover for lost wages during their leave time from their jobs.** Their plans to cover lost wages included using savings or practicing stricter budgeting, partners taking on more financial burden, tapping into a partner's retirement pension, getting a new job that offered paid time off, relying on family or parents, using a prior year's tax refund, using banked paid time off (PTO), unemployment wages, bonuses/commission and/or disability insurance. Two mothers reported not having a plan. The women also reported concerns for their future childcare arrangements. **Mothers were most concerned about not knowing their baby's caregiver very well**, leaving their newborn, how the caregiving arrangement would go, childcare expenses and the availability, educational benefit and experiences of the childcare center.
- **Pregnancy Issues Causing Mothers to Stop Working.** Thirty percent (n=6) of women in our sample experienced issues during pregnancy, including bed rest, tiredness/exhaustion and preeclampsia. For some mothers, pregnancy issues interfered with their ability to work. **As a result, some women in our study anticipated working longer leading up to their delivery date than they actually did:** for 25% (n=5) of women, pregnancy issues that arose caused them to stop working earlier than expected. Of note, the total who stopped work because of pregnancy issues did not include those who were induced or went into labor early. Many positions that the women held required heavy lifting and long periods of standing or other activities that had the potential to place strain or exacerbate existing pregnancy complications.

- Delivery and Baby Birth Health.** Sixty percent (n=12) of the women in our sample had a vaginal birth, while 40%<sup>5</sup> (n=8) had a Cesarean section (C-section). Some mothers, 45% (n=9), had a baby health complication where a specialist was needed during or following delivery, while 55% (n=11) did not. None of these health complications related to preterm births.
- Financial Assistance.** At the time of the final interview, half (50%; n=10) of women in our sample were accessing assistance through WIC and 30% (n=6) were receiving Supplemental Nutrition Assistance Program (SNAP). These numbers were fewer than the number of mothers reporting financial strain and concern for finances.
- Breastfeeding Experiences.** In the United States, the vast majority of infants (83.8%) start out breastfeeding; however, the percentage of women who are breastfeeding at six months drops to about 57%, and six in ten mothers stop breastfeeding earlier than they initially planned.<sup>6</sup> All mothers (100%; n=20) in our study reported being counseled by a lactation consultant at some point during their hospital stay, 95% of our mothers initiated breastfeeding while in the hospital and most (85%; n=17) felt they met their personal feeding goals at the time of our final interview. Reasons for coming short of breastfeeding goals include: the demand of breastfeeding twins, an inability to breastfeed while on medicine needed in response to C-section complications and the baby weaning on their own. At their follow-up interview, 55% (n=11) of women were still exclusively breastfeeding, while 30% (n=6) reported that they had breastfed for a number of months. Two women breastfed for fewer than three weeks, and one could not breastfeed due to a prior health condition (epilepsy). Among the women in our sample who returned to work, 57% (n=8) reported pumping and having a place to store pumped milk at work, while 7% (n=1) reported not having pumping accommodations and a place to store pumped milk at work. The remaining 36% (n=5) did not need to pump at work or store milk at work due to working part-time or because they were no longer breastfeeding.
- Health Coverage.** All mothers in our study had health coverage while they were pregnant. The majority were covered through Medicaid (75%; n=15), while some were covered through their own or partner/spouse's private health insurance (25%; n=5). Almost all mothers (90%; n=18) were satisfied with their health care coverage, 10% (n=2) were not, reporting issues such as getting kicked off their insurance or experiencing a gap in coverage and not being covered for a particular type of birth control they preferred. Additionally, 90% of mothers were satisfied with the overall quality of health care, 10% (n=2) were not. Of note, these are two different women than those unsatisfied with their health care coverage. Both participants who reported that they did not receive high-quality care are women of color, which is in line with prior research related to disparities in receiving health care.<sup>7</sup>
- Postpartum Stressors.** Aside from caring for their newborn, all mothers (100%; n=20) in our sample cited at least one postpartum stressor and some noted multiple stressors. Mothers shared stressors including: work transitions (40%; n=8), mental and physical health issues (35%; n=7; 20%; n=4), financial strain (25%; n=5), caring for multiple children (20%; n=4), managing housework (20%; n=4), breastfeeding demands (15%; n=3), adjusting to being a stay-at-home mom (15%; n=3), unemployment anxiety (10%; n=2), working from home (10%; n=2), being a single parent (10%; n=2), dealing with insurance issues (10%; n=2) and an employer who continued making work demands while the mother was on leave (5%; n=1).
- Job Transitions.** During our study, 60% (n=12) of women experienced a job transition (either while pregnant or postpartum). This aligns with prior research discussed earlier that says about 66% of women in the U.S. return to their job postpartum. One woman experienced a job transition during pregnancy and again postpartum. Twenty-five percent (n=5) of women in our sample experienced a job transition while pregnant, while 40% (n=8) of women in our sample experienced a job transition postpartum. One woman experienced a job transition during pregnancy and again, postpartum.

<sup>5</sup> The sample C-section rate is slightly higher than the national average of 32% in 2017, but our sample also included two states in the top ten in terms of highest rates of C-sections - TX at 35% and GA at 34%. Source: <https://www.usnews.com/news/healthiest-communities/slideshows/c-section-rates-are-highest-in-these-states>. Last accessed: April 24, 2020.

<sup>6</sup> Centers for Disease Control and Prevention (CDC). Results: Breastfeeding Rates. (2019, August 1). Retrieved August, 2019, from [https://www.cdc.gov/breastfeeding/data/nis\\_data/results.html](https://www.cdc.gov/breastfeeding/data/nis_data/results.html).

<sup>7</sup> Sources: <https://www.cigna.com/static/www-cigna-com/docs/health-care-providers/african-american-health-disparities.pdf>, <https://tcf.org/content/report/racism-inequality-health-care-african-americans/?agreed=1>, <https://www.hsph.harvard.edu/news/hsph-in-the-news/health-disparities-between-blacks-and-whites-run-deep/>

- **Initial Reasons for Not Working Postpartum.** Of the 20 women in our sample, 95% (n=19) took some amount<sup>8</sup> of time away from work after having their baby. One woman returned to work immediately. The women cited multiple reasons for not returning to work immediately after having their baby, but 80% cited caring for their newborn as a reason. Other reasons included: being inbetween jobs or being unemployed (35%; n=7), experiencing either a postpartum (20%; n=4) or non-postpartum (10%; n=2) health issue, caring for a newborn with special medical needs (5%; n=1), caring for twins (5%; n=1) and transportation issues (5%; n=1).
- **Returning to Work Postpartum.** Prior research shows that lower-income women tend to leave employment at the time of childbirth at notably greater rates than higher-income women<sup>9</sup>. **While all mothers in our study originally reported planning on returning to work within five months of having their baby, only some returned within six months of childbirth:** 70% (n=14) of mothers in our sample worked outside the home within the first six months postpartum. Fifty-five percent (n=11) of mothers returned to work postpartum at the time they expected, 40% (n=8) of mothers returned to work later than they expected and 5% (n=1) returned to work earlier than expected. **Furthermore, some women who had been employed full-time before having their baby transitioned back to work part-time<sup>10</sup>.** Of the 14 women who returned to work, 57% (n=8) returned to work part-time, while 43% (n=6) were working full-time at the time of their follow-up interview. This is in contrast to 78% (n=14) working full-time through their pregnancy, and 22% (n=4) working part-time throughout their pregnancy. **Mothers in our study reported the following reasons for delaying or not returning to work:** not having childcare/cost of childcare, being terminated from their job, work-at-home challenges while caring for their newborn, resigning from their job, baby's health, husband's/partner's income increased, transportation

issues, did not want to leave their baby, lack of pumping accommodations at work and work disruptions. **While the main motivating factor for the women in our study returning to work was financial,** other reasons or facilitators included: having the ability to manage their work schedule/childcare with partner's schedule, wanting to go to work/not wanting to stay at home, wanting financial independence and returning to work to maintain their job.

- **Leave Time.** The women took unplanned leave time both during pregnancy (reducing the amount of paid time off they'd receive during postpartum) and throughout postpartum. Leave time included any paid time off, such as vacation time and sick leave that women reported taking. Overall, 60% (n=12) of mothers in our sample took unplanned leave time during pregnancy, and 40% (n=8) did not. Of those in our sample who returned to work, 79% (n=11) took unplanned leave time postpartum, and 21% (n=3) did not. It is widely recognized that regular doctor visits, both prenatal and postpartum, are essential to ensuring good outcomes for both mothers and babies. **The most common reason to take unplanned leave both during pregnancy and postpartum was for a doctor's appointment or to attend to physical or mental health. Not all participants in our sample had the same access to paid time off during pregnancy.** While 30% (n=6) of women in our sample reported being paid for at least some leave time taken during pregnancy, 45% (n=9) reported needing to take some unpaid leave time while pregnant. This was either due to them running out of paid time off days or not having access to paid time off altogether. The number of unpaid leave days the women in our study took during pregnancy ranged from one to 17 days. **Some women also had access to paid time off and/or vacation days they could use postpartum.** One participant switched jobs just prior to giving birth specifically so she could get paid maternity leave. Sixty-five percent (n=13) were not paid for any leave time postpartum, and 95% (n=19) of the mothers in the study needed to take at least some unpaid time off postpartum. Only one mother returned to work following giving birth without taking any paid or unpaid time off from work<sup>11</sup>. Thirty-five percent (n=7) of our sample returned to work within six weeks (or a month and a half) of giving birth, and 60% returned to work within 12 weeks (or 3 months) of giving birth.

<sup>8</sup> Of the 14 women who returned to work, they were on leave for the following amount of time: <1 week (n=2); 6 weeks (n=5); 8 weeks (n=1); 9 weeks (n=1); 12 weeks (n=3); 20 weeks (n=1); 24 weeks (n=1).

<sup>9</sup> Source: U.S. Department of Labor, Women's Bureau. 2016. "Labor Force Participation Rate by Educational Attainment and Sex, 2016 Annual Averages." Retrieved from: [https://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=2639&context=key\\_workplace](https://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=2639&context=key_workplace).

<sup>10</sup> In this study, we defined part-time employment as working less than 32 hours per week and full-time employment as working 32 hours or more per week.

<sup>11</sup> One woman in our sample returned to work the day after delivering her child.

- Work Accommodations.** The majority of women in this study received work accommodations both while pregnant and through postpartum. Seventy-five percent (n=15) reported they received work accommodations while pregnant; 25% (n=5) reported not receiving work accommodations. Of the 14 mothers who returned to work, 79% (n=11) of women in our sample reported receiving work accommodations postpartum, while 21% (n=3) did not report receiving work accommodations. **Several types of accommodations were reported**, including time off for prenatal care<sup>12</sup>, time off for doctor appointments, part-time hours, flexible hours, shift changes, working at home and job sharing. **Ninety percent (n=18) of the women in our sample reported their employer was understanding of at least some pregnancy needs**, while 10% (n=2) reported their employer was not understanding of their pregnancy needs. These pregnancy-related work needs included: more frequent breaks, a change in schedule or receiving time off, a change in duties (less lifting, more sitting) or a different workplace adjustment. **Of those who returned to work, 86% (n=12) of mothers in our sample reported having postpartum needs impacting their work**, while 14% (n=2) did not. Of those reporting needs, 100% (n=12) reported their employer was understanding of at least some postpartum needs. The most reported postpartum needs include a change in schedule or time off, taking time to pump and more frequent breaks. **Almost a third of mothers in our sample that returned to work (29%; n=4) reported that employers were not understanding of all their postpartum needs – most commonly needing more time off.**
- Caregiving Support.** Generally, the women felt they received the support they needed to care for their newborn, with 65% (n=13) reporting they received caregiving support during all of their months postpartum (up until their final interview), and 100% (n=20) reporting they received caregiving support during at least one month postpartum. Reported caregiving support came from the participants' spouse/partner, parent and/or friends. Of note, 15% (n=3) of mothers in our sample experienced home composition changes between initial and final interviews<sup>13</sup>. Ninety-five percent (n=19) of the mothers in our study sample reported receiving caregiving support from their partner or spouse; 90% (n=18) of partners and spouses in our sample were able to take time off work postpartum, while 10% (n=2) did not.
- Return to Work Childcare.** While 30% (n=6) of women in our study sample did not return to work, 70% (n=14) of the women in our sample who returned to work had to plan for childcare. **Several mothers were able to receive help from family members (i.e., their partner or spouse or the baby's grandparents) or friends for free, but others placed their newborns in childcare.** One participant withdrew their child from childcare due to their child contracting RSV and transitioned to a nanny for care.

<sup>12</sup> Some women did not need time off to attend prenatal visits since they were able to schedule these during times they were not scheduled to work.

<sup>13</sup> Home composition changes included: one mother's brother moving out, a second mother's father moving out and best friends and kids moving in, and a third mother separating from her baby's father due to possession of drug charges.

## Discussion

Currently, the United States does not have a national paid family and medical leave policy to allow workers to care for themselves during pregnancy or postpartum or to bond with a newborn in early stages of infancy. Instead, while some state and local governments have led in enacting policies, it too often falls to employers to make these determinations. Our sample included **20 women who worked in five states that did not require workers to have access to paid leave and for employers within those states who did not offer it.** Our findings support prior research showing that **the lack of paid maternity leave for low-wage working women causes disruptions in women's connections to the labor force and their employers, leading to financial hardships, career disruptions and physical and mental health issues.**

Research suggests that about 11% (one in nine) of mothers experience symptoms of postpartum depression. In our sample, **35% (7 of 20) of mothers reported postpartum depression or sadness.** Financial stress and parenting stress, such as the kind associated with returning to work too early or difficulty finding affordable childcare, have been found to increase the risk for and exacerbate postpartum depression.<sup>14</sup> Furthermore, a woman's emotional well-being is more at risk if she has little social support, is low-income or is a single parent.<sup>15</sup> In our sample, women reported they held low-wage positions and **experienced financial stress** as one of the **main motivating factors for returning to work.** Two (of 20) mothers reported **being the sole caretakers of their newborns,** and the mothers varied in terms of their levels of social support – although the **mothers in our sample who reported less access to social supports also tended to report depression/sadness.**

**Fewer than half** (43% or n=6) of the mothers in our sample **returned to work full-time postpartum,** and only **40% (n=8)** of our total sample **returned to their prior employer at all within six months of giving birth.** The women in our sample said that **they had too little time off and they needed more time with their newborns.** For the vast majority of women in our sample, their **main reason for returning earlier than they wished was due to financial stress.** If implemented, paid leave, including parental leave, could alleviate this pressure from mothers, allow them to heal after childbirth and provide time to bond with their newborn.

Study findings revealed that the **work environment may play a part in whether mothers return to work and when they do so.** Mothers varied in terms of how accommodating they perceived their work environments to be postpartum. **Women in less accommodating environments were less likely to return (or return early) than women who were provided work accommodations making for an easier transition postpartum.** If mothers have access to paid leave and other accommodations, they may be more likely to return to the labor force and remain attached to their current employer, but more importantly, it could improve their health, their baby's health and their bond with their baby.

<sup>14</sup> Qobadi, M., Collier, C., & Zhang, L. (2016). The Effect of Stressful Life Events on Postpartum Depression: Findings from the 2009–2011 Mississippi Pregnancy Risk Assessment Monitoring System. *Maternal and Child Health Journal*, 20(S1), 164–172. doi:10.1007/s10995-016-2028-7; Saxbe, D., Rossin-Slater, M., & Goldenberg, D. (2018). The transition to parenthood as a critical window for adult health. *American Psychologist*, 73(9), 1190–1200. <http://dx.doi.org/10.1037/amp0000376>; Earls, M. F. (2010). Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice. *Pediatrics*, 126(5), 1032–1039. doi:10.1542/peds.2010-2348; Mcleish, J., & Redshaw, M. (2017).

<sup>15</sup> Mothers' accounts of the impact on emotional wellbeing of organised peer support in pregnancy and early parenthood: A qualitative study. *BMC Pregnancy and Childbirth*, 17(1). doi:10.1186/s12884-017-1220-0.

# **1,000 DAYS CASE STUDY SPOTLIGHTS**

The following pages present quotes from study participants that highlight key findings.



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## Unexpected Health Complications

**Five women in our sample began their leave during their pregnancy, leaving work a month before their due date because of exhaustion and the need for bedrest. In some cases, the women used what little paid time off they had available. In other cases, the mothers dealt with their baby's unforeseen health complications.**



"I know it's not postpartum depression but I do have moments of sadness. [...] sometimes it can be overwhelming because she has about two appointments each week. She was born with cleft lip and cleft palate. She also had open heart surgery. So with the cleft lip and cleft palate she also sees the surgeon. And then she also sees feeding, so they're not always on the same day because you're going for feeding. And then she goes in just to see the surgeon. And then she goes to see her regular pediatrician. And then she has to go to a Cardiologist for her heart. And then she also goes to physical therapy to make sure that she's developing correctly. And then she was going to a speech therapist that works with her swallowing and things like that. So, we see about six different people."

—A mother from rural/suburban GA

"Literally the only reason I changed jobs is because my previous employer [...] did not offer any kind of maternity leave, like paid maternity leave. And I had to use a combination of my vacation time and sick time. And I had already used up all my sick time on doctor's appointments. And so I was not going to be able to get paid at all after the baby was born. So I would have had to come back to work after two weeks and I know that was not going to be an option."

—A mother from urban KS

"I started [back] working there. And I worked there for about two weeks and then just because of the situation with my kids and the environment at the daycare [where mother worked] I wasn't feeling safe with my kids being there, especially after both of my kids contracted RSV. And that just turned me off. Like I said, I put in my notice and I said I'm not coming back." —A mother from urban TX

## Work Transitions

**Sixty percent (n=12) of women in our sample experienced a job transition either while pregnant or postpartum. Eight women resigned, three women were terminated and one was laid off with potential to return.**

"Some [personal] issues there arose so I just decided to quit the job and so I was jobless for a couple of months but I was able to get a job with [employer]."

—A mother from rural/suburban TX

"So I just knew instantly that he was just a different breed of kid. He just came out crying and pissed off and never changed. So I love him to pieces but it got to the point where he was just crying for hours on end. And then he was a month old and my husband was 800 miles away. And there was just no way I could manage a colicky baby who screams for four hours a night and my seven year old and being able to go to work and function. I don't have a job where if I make a mistake it's not the end of the world. I mean it's doing the wrong lab on the patient or scheduling the wrong procedure. I can't make those mistakes. I can't be that tired and make a little mistake because it in return affects someone else. So it was for the safety of the patients that I've seen and my job security. I could lose my license so it was best to move on from that. By the time I finally admitted that I couldn't do it, it was a week before I was supposed to return from maternity leave and I had this recognition. I mean I felt horrible about it but there was no way I could manage it."

— A mother from rural/suburban KS



"I just decided not to go back because it was a work from home position and I realized like in my head [...] I didn't really know what to expect with her. So I just thought oh I can just continue to work from home and it'll be fine. But, obviously with a newborn, it's way more demanding than I thought it was going to be so I just decided not to go back. [...] Because it was completely work from home so unless I put her in daycare or something I wasn't going to be able to work from home and have her at home. The cost of daycare would have been pretty much what I was making. So it didn't make sense to try to continue to work there."

—A mother from urban GA

"I want to return back to work but they did lay me off. They didn't fire me, so I'm able to go back if possible after this whole big deal. I do want to go back and that was the plan for my Mom to come back home when the baby was six months. So, I should go back. I just kept them updated because they kept asking me when am I going to return. And of course I said that I want to wait at least until six months so I can make sure that my baby gets all the nutrition from breastmilk. And when they told me they were going to lay me off because they had to find somebody and that person who they found to cover my shifts and my position, they said they like her. And so they were just like if you want to return, we can put you in a different position. So, that was a little sad [...] But they said they are willing to write me a letter of recommendation if I want to leave or I can return. But that has helped me file for unemployment."

—A mother from rural/suburban CO



# Financial Stress Due To Unpaid Leave

**Some of the mothers said that their timeline for returning to work postpartum was driven by the financial stress of lack of paid maternity leave had on their family.**

"There's always an aspect of financial strain in terms of how long I've been home from work. Like, that's a conversation my husband and I've had several times and he never flat out said I need you to go back to work because I mean he wouldn't, he loves me. He wants me to get as much time as I feel I need or want with the baby. But it's definitely been difficult arranging finances on just the one income because the \$61,000 is our combined income. And our car insurance and our note is about a grand alone. So like that doesn't include rent and groceries and everything like that. So, it's definitely been a challenge in that aspect."

—A mother from urban PA



**"[Unpaid leave time] definitely took a toll on [family finances]. I mean we have just enough money to pay our bills. I mean nothing extra. So like all the fun activities and little vacations and things like that that we would normally take we aren't doing anymore. No more Amazon Prime."**

**—A mother from rural/suburban KS**

"As far as finances go, I was off for three weeks before the maternity leave kicked in so we took a pretty hard hit on that, and we're just getting caught back up on that. So that was pretty stressful. [...] I honestly don't know what I would have done if I wouldn't have been able to find [an employer who offered paid maternity leave], especially with the fact that I had to leave three weeks earlier than he was due. I was out for nine weeks of work. And so nine weeks without my income. I mean we probably would have lost our house."

—A mother from urban KS

**"And I would have loved to have the luxury of being able to stay at home for the whole year but unfortunately due to financial reasons I had to go back."**

**—A mother from rural/suburban TX**

"Could I have afforded more time with no pay? No, not even at all. [...] I would have to go and work outside of the home to do like side jobs to make sure that our bills are still paid because we're still recovering from maternity leave. I only took six weeks because that was plausible from us budgeting and us saving and we had to save our tax money from last year to be able to make it. That had to sit in savings for the whole pregnancy. And you know praying to God that our vehicle doesn't break down or that we don't have a huge expense so that we have money to get through the maternity leave with the bills paid and food on the table."

—A mother from rural/suburban KS

"Towards the end we were cutting it a little short, but we were still able to pay everything. It was a little stressful because I mean I had saved up so much and whatnot. And the other things like other baby expenses they would come out of whatever I had saved up. So just little things here and there added up and yes we did get a little stressed that we weren't going to be able to [make it]. With my husband's new job, he only gets paid the first and the 15th of every month. And so that was a big adjustment where he was used to getting paid every other Friday. And so that was another factor into why we were kind of in a panic mode because we're like this bill is due here but I don't get paid until then so it was a lot sometimes."

—A mother from rural/suburban PA

"There were times where we couldn't afford gas or we needed just a little bit of extra money on electric and those [incentive] cards helped that happen. [...] it was a huge help definitely during the stressful times. I'm like that should be coming in the mail any day. Now we can get gas." —A mother from urban CO

# Work Environments

**Some of the women's work environments were more accommodating during their pregnancy and after returning to work postpartum than others.**

## More Accommodating Work Environments

"I mean like right now [during the interview] we're in the store and [baby] hasn't made a peep because she just loves it [at work]. She loves life sound and noise."

—A mother from urban CO

"Although I didn't get paid maternity leave, my employer is really caring, giving, empathizes, like he has kids [...] So although I didn't get paid maternity leave he did write me a check for a little bit of money. It was just a couple hundred bucks but that was still enough for us to buy groceries or get diapers or whatever we may have spent it on. And it wasn't really more like from the business. It was like from him."

—A mother from urban CO

"They gave me the 12 weeks FMLA [even though I wasn't there a full year]. So that was helpful. They have been nothing but helpful and have been just great. They all love [daughter]. [...] And they sometimes fight over who is going to take her [mother works at the school where her child is in daycare]. I have one co-worker [...] she'll bring her to me. So it's great. [...] My center is inside a church and so it's in what was the old school of the church and the room that I pump in they were also going to use for an event and the church wanted to put me in a room that I would basically have to hide because it has big windows and there was nothing to cover them with and so my employer had my back one hundred percent. She's like no she needs to pump in this room. We are granted access with this room from this hour to this hour and so she needs it for 15 minutes three times a day. So she was able to make sure that I still had my pumping spot and she said if they couldn't do that then she would have found me somewhere else to pump."

—A mother from rural PA



"I went in [to work] and I started bleeding heavily for some odd reason and I had to take half of my shifts back to the warehouse because I couldn't deliver them. Instead of getting on me for it, disciplining me for it, they actually were very accepting and said we're so sorry and they still paid me for my full block, which I was amazed by."

—A mother from urban CO



**"One manager, but she's not always there [...] she was like, 'oh you got to stop doing that [pumping]' but like she was on her way out to go have a cigarette break. I was like, 'well you got to stop smoking cigarettes!' Like what do you want me to do?"**

**—A mother from rural/suburban CO**

"When I was 18 weeks pregnant I notified all the managers. And then the next day my main manager he told me to leave my phone in my car. And he wanted to take me for a ride to go see a client. But when we were in the car he told me that since I'm pregnant I should really just quit. I'm just going to get fat and I'm not going to be able to make any sales [...] So I really just need to quit because I'm not going to be able to do this job and nobody's going to respect me in this industry. So then he made my life miserable every day since but did it discreetly. He said if I contact HR he would terminate me immediately and he was just using scare tactics. So then he put me on the phones and he had me come in at 5:00 am and answer the phones. And my job was sales. So I was fired for not making my sales quota, even though I wasn't even able to because I wasn't even allowed in the field. [...] They changed my job title. I called corporate. They said just listen to your manager. We are behind him 100%. And then he wanted access to my phone to my passcode and I would just drive away. I was just scared of him. I would just sit in my car and cry every day. I was fired at 29 weeks. So the unemployment letter says I was fired for not making quota due to no fault because of my ability. So basically because I was pregnant I wasn't able to make their quota. So a lawyer scooped that right up [...] they wanted to settle but my lawyer didn't agree with the amount they wanted to settle for which I don't even know what it was. I think it was just like pennies."

**—A mother from urban GA**

"Every time I would say I have a doctor's appointment coming up, blah blah blah, he would get irritated with me. Like I had a choice [...] the very last time I had a doctor's appointment scheduled I told him about it and he said that I would have to reschedule it. And I told him I wouldn't be able to because my doctor was going out of town for the week and I can't have it until a certain date. And, he wasn't happy about that and told me that I would have to get somebody to cover for me, which was impossible because one person was on vacation and there was nobody else there to cover it. But by the time the appointment rolled around I had already started my new job."

**—A mother from urban KS**

## **Less Accommodating Work Environments**

**"I've gotten a lot of feedback that I should be at home with my baby. That a lot of them took time off until their baby was like one or two years old."**

**—A mother from rural/suburban TX**

"So, I was working at [company's name] and they did not like the fact that I got pregnant. It's a mostly [male] company. I had my own office. I was pretty much top of the food chain there. And actually when they found out I was pregnant I was no longer going to have my office and I was being moved positions even. [...] They actually found reasons to fire me saying that my work was not as good as it used to be because they took all of my clients from me. [...] I did file for unemployment but I did not get it though because [company] had stated to unemployment that it was my fault that I was leaving. So, I didn't even want to fight it. That was too much stress."

**—A mother from urban CO**

**"Early on in the pregnancy [...] my body wasn't recognizing water so I was in the hospital for dehydration often and I guess they didn't know what was wrong with me. [...] it was for my health and the safety of the baby so I felt like it is what it is. [Employer] on the other hand clearly wasn't okay with it. You know, I lost my job because of it [lawsuit pending]."**

**—A mother from urban PA**

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# Effects of Returning To Work Too Early

**Some women reported negative experiences for both them and their baby due to returning to work too soon. These included a decrease in milk supply or inability to pump, sadness for mother and/or baby, concerns about her baby's health in the childcare settings, and stress while at work worrying about her newborn.**

"As long as I know that we have like a three-hour shift coming up ahead of time, I can feed her before we leave the house and she comes to work with us. She loves the car seat and the car. [One time] we ended up being on a five-hour shift and we couldn't stop [to breastfeed] and she was just crying and crying. Well, it was right around the one-month mark where she starts eating more. And I had to wait until we could stop the car because I can't take her out of the car seat. And so I had to listen to my baby scream for 30 minutes which by the way my baby never screams, never cries. So it was a lot. I didn't end up going to work for a few days after that just so she could have time at home."

—A mother from urban CO

**"I felt that maternity leave needs to be longer. I mean she had just gotten her two-month shots and then a couple weeks later I'm shoving her in daycare."**

—A mother from rural/suburban PA

"I think in the beginning one challenge would be going to work and just trying not to focus on what was happening at home. Because although I know my boyfriend is great and I know he is totally capable of taking care of my son, our son. So in the back of my head, I just kind of still get that...I hope he's not crying too much for him. I hope he's like going down. I hope he's sleeping well and doing this [...] So that was kind of hard in the beginning. It was kind of hard to just like go and be like he's fine. He'll cry and he'll be fine."

—A mother from urban CO A mother from urban CO

"Once I went back to work my supply kind of dropped but it took me about a week and a half but I have since made it so that it's right again. So that was a little worrisome and I thought that I was going to have to end my breastfeeding journey because of that but now it's doing a lot better."

—A mother from rural/suburban PA

"[Returned to work] because I knew that paid maternity leave was ending and we needed my income. I was entitled up to 12 weeks but it wouldn't have been paid. I feel like I definitely could have used a little longer. Not only just to bond with my new baby but the healing process, my c-section I feel like I could have used a little bit longer. I mean another month would have been ideal, probably like 10 weeks. [...] I didn't get a chance to get back to myself. It was just like you're mostly healed and I have to go back to work and I didn't feel like I had enough time to spend with my baby. [...] It definitely makes me sad that I have to leave him every day. And I know it makes him sad too because he cries when I leave."

—A mother from urban KS



"There's some days where I drop [child] off at daycare and she's just not ready. If she was a little older, like I know once the parent leaves the kids they usually do fine but because she's still an infant like I do give her that extra five, ten minutes when I'm dropping her off before leaving."

—A mother from urban PA

"Breastfeeding has gone really well. I've been pumping for awhile now because when I went back I started pumping but now I'm finding it more difficult to find time during the workday. Not because someone's not letting me but just because it's so busy and I feel like there's no good time for me to stop but fortunately I have a pretty good stash in the freezer and I'm so far able to pump what he's eating the next day. So we have a little bit ahead. [...] Just going to try not to stress out about it."

—A mother from rural/suburban PA





"I wish more of it had been paid. I don't think the 10 weeks is enough for anyone to be home with their newborn baby. So, not generally pleased with that but that's not specific to my particular employer it's more specific to this country."

—A mother from rural/suburban PA

"I felt like six weeks, she was just so little when I went back and I would have liked to I think take my leave at 36 weeks without feeling guilty or stressed about it, but I felt both of those things [...] I was just like I need to stop working. I would have even liked to have stopped working before that because I was just so exhausted at that point. I feel like it wasn't enough. But I just had to because the bills keep coming."

—A mother from rural/suburban CO

"Once you see the baby in full form, I feel like no amount of time is really enough."

—A mother from urban PA

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## Leave Time Reflections

**Although the mothers varied dramatically in how much time they took before returning to work (ranging from one day to six months), most mothers did not feel they had enough time with their newborn before returning to work.**

"I feel like for me, I've done it twice [second child], I obviously always want more time with the baby. I feel like we could have probably gotten more of a schedule and more of a flow if I had had more time. [...] and we had it really easy, like he was a very easy birth. I had a really easy recovery, but I feel like if there had been any complications in the middle of that I just don't feel like six weeks is adequate really – especially for first time moms or moms that have any complications in between that six weeks. I'd say like 10-12 weeks. I feel like getting over the two-month hump then you are kind of getting the sleeping schedule down. So, you're not quite as exhausted and you've got your schedule and even if you wanted to start pumping then women that have supply issues would have an adequate supply where they don't feel stressed out and you kind of feel back to normal after you have your six-week exam and you're kind of getting into being a normal person again. So, I feel like 10 weeks is probably a good standing point to start off on."

—A mother from rural/suburban KS

## Photo Credits

The photos in this report are a mix of those submitted anonymously by study participants and photos purchased for use by 1,000 Days.

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