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Paid Leave Benefits Among a National Sample of Working Mothers with Infants in the United States

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Abstract

To describe a range of employment benefits, including maternity and other paid leave, afforded to working women with infants; and to examine the geographic, socio-demographic correlates of such benefits to inform the workplace policy agenda in the US. Using data from the Listening to Mothers II Survey, a national sample of English-speaking women who gave birth in 2005, we conducted multivariable linear and logistic regression analyses to examine the associations between socio-demographic factors and employment leave variables (paid maternity, sick and personal leave). Forty-one percent of women received paid maternity leave for an average of 3.3 weeks with 31 % wage replacement. On average women took 10 weeks of maternity leave and received 10.4 days of paid sick leave and 11.6 days of paid personal time per year. Women who were non-Hispanic Black, privately insured, working full-time, and from higher income families were more likely to receive paid maternity leave, for more time, and at higher levels of wage replacement, when controlling for the other socio-demographic characteristics. Race/ethnicity, family income and employment status were associated with the number of paid personal days. Currently, the majority of female employees with young children in the US do not receive financial compensation for maternity leave and women receive limited paid leave every year to manage health-related family issues. Further, women from disadvantaged backgrounds generally receive less generous benefits. Federal policy that supports paid leave may be one avenue to address such disparities and should be modified to reflect accepted international standards.

Keywords

Maternal employment; Family health; Workplace policies; Socio-demographic disparities

Introduction

The rate of labor force participation among women with children under the age of 18 in the United States has risen steadily in the past three decades reaching 70.6 % in 2011 [1, 2]. Furthermore, the number of working women with infants under 12 months has increased dramatically from 30 % in 1975 to 58 % in 1998 [3, 4]. Despite these trends, US government laws provide minimal job and financial security for working women and their

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families, especially compared with other economically and developmentally similar nations [4, 5].

A recent study of nationally mandated employment-related social policies around the world found that 178 out of 190 United Nations member countries guaranteed paid maternity leave to all women [6]. The US was one of four countries that did not mandate paid leave for new mothers and the only developed nation not to do so [7]. Women in countries including the United Kingdom, France and Australia receive between 14 and 52 weeks of paid maternity leave and guaranteed job security with wage replacement ranging from national minimum wage to 75–100 % of current earnings [7].

In the United States, the Family Medical Leave Act (FMLA) passed in 1993, provides 12 weeks of unpaid, job-protected maternity leave for eligible women. The law does not extend to women working in small firms or women who have worked less than 1,760 hours for their company in the 12 months prior to leave; therefore, only half of all working women in the US receive job protection under this statute [4]. Research suggests that the passage of the FMLA may have improved job continuity, but women who returned to their prior place of work also experienced a decline in wages in the two years after birth [8]. In addition, while the FMLA has augmented leave eligibility, the evidence is inconsistent as to whether it actually increased leave-taking. Some studies find that the law is associated with shorter leave-taking [8], but others suggest that increases in leave are seen primarily among economically advantaged groups, such as college educated, married parents who can afford to take unpaid leave [9, 10].

Socioeconomic and demographic factors may influence benefit entitlements. Data from the CDC Survey of Family Growth shows that Hispanic women were less likely to report having taken maternity leave compared with non-Hispanic White and Black women [11]. A 2000 survey of employees demonstrates that women and workers who were younger, unmarried, or low income (<$20,000) were less likely to receive company-sponsored paid leave [3]. Moreover, the fact that the FMLA guarantees job protection rather than paid leave benefits may place a tremendous financial burden on eligible low-income families who have fewer resources to offset lost wages during periods of leave [10].

Paid leave, such as sick and personal time, is an important component of health-related employment benefits for families. Parents often need time off from work to attend to their childrens' health issues. Research about the distribution of paid sick leave entitlements for employees in the United States is limited, but studies show that the US is among the few developed countries that do not provide paid sick leave for workers needing to miss more than five days of work for a health-related condition [12].

Paid leave, including maternity and sick/personal leave, has been associated with a range of positive maternal and child health outcomes. Longer maternity leave is related to improved maternal mental health [13], vitality and role functioning [14], higher rate of child immunizations [4,15], more well-child visits [4, 16, 17], and longer duration of breastfeeding [4, 18, 19]. Further, paid maternity leave may reduce infant and child mortality [20, 21]. One study found that 10 weeks of paid leave at a full-time salary

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equivalent was associated with a 10 % reduction in neonatal and infant mortality rates among the 141 countries in the study [21]. Paid sick and personal time provide the flexibility young families need to manage work and family demands and is also associated with positive outcomes, such as increased use of pediatric health services [17, 22].

We found no recent studies that quantified the employment benefits offered to working women with infants or that assessed such benefits by geographic, demographic and socioeconomic factors. The current study was designed to address gaps in the available literature using a national sample of women with infants in the United States. The purpose is twofold: first, to describe a range of employment benefits, including maternity and other paid leave; and second, to examine the geographic, socioeconomic and demographic correlates of specific employment benefits. By informing the work/family policy agenda in the United States, the findings will be useful to practitioners, researchers, policy makers and advocates of enhanced family leave policies.

Methods

Data Source

This cross-sectional study used data from the Listening to Mothers (LTM) II Survey, a telephone and on-line survey documenting the experiences of women from pregnancy to 18 months post childbirth. The study was commissioned by Childbirth Connection and conducted by Harris Interactive [23, 24]. LTM II participants were English-speaking women aged 18–45 years who had given birth to a single baby (still living) in a US hospital in 2005 (n = 1,573; Wave 1). Six months later, 903 women from the Wave 1 sample participated in the second wave of LTM II, the New Mothers Speak Out Survey (Wave 2) [23, 25]. Respondents were identified from an existing Harris Interactive online panel of US adults. Women received an email invitation to participate with a direct link to the survey website. Telephone respondents were non-Hispanic Black and Hispanic women whose contact information was drawn from a national telephone list of women who had given birth in 2005. Female interviewers attempted to contact potential respondents up to six times within a four-week period. Surveys took approximately 30 minutes to complete. Data were weighted by key demographic variables and a composite variable reflecting the respondent's propensity to use the Internet [23, 26]. All LTM data were collected and securely housed by Harris Interactive and the de-identified datasets are publicly available [24]. This study was deemed to be exempt from University of Washington IRB ethical review.

Study Sample

Different questions about employment benefits were asked in the two LTM II survey waves, accordingly, we used data from both waves depending on the outcome of interest. In Wave 1 respondents were asked about maternity leave received while other benefits such as paid sick and vacation leave were assessed in Wave 2. The survey sample was limited to women who reported they were employed during pregnancy (n = 882; Wave 1) or currently employed either full or part-time (n = 390; Wave 2). Women who were unemployed (n = 616 Wave 1, and n = 464 Wave 2) or self-employed (n = 75 Wave 1 and n = 47 Wave 2) were excluded from the analysis. Women who had missing data for the employment benefits

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we examined were also excluded in analyses for those variables. The analysis sample sizes for the study outcomes for Wave 1 ranged from n = 611 to 858 and for Wave 2 from n = 388 to 389.

Employment Benefits

Maternity leave benefits included a binary measure of paid maternity leave (yes/no), duration of paid maternity leave measured in weeks, percent of salary received during that time, and duration of total (paid and unpaid) maternity leave measured in weeks. Non-maternity paid time variables included paid sick and personal leave measured in number of days per year.

Covariates

Socioeconomic and demographic variables included maternal age in years (18–29, 30–34, 35+), education (high school or less, some college, completed college), partnership status (partnered, not partnered), race/ethnicity (white non-Hispanic, black non-Hispanic, Hispanic, Other), insurance status (private, public/out of pocket), family income (<$35,000, $35,000–75,000, >75,000), geographic region of residence (East, Midwest, South, West), and employment status (full, part-time). Of note, insurance status was collapsed into private and other (public/out-of-pocket) because there were so few women who paid out of pocket for their maternity care (Wave 1 out-of-pocket n = 2; Wave 2 out-of-pocket n = 4). All covariates were collected during Wave 1.

Data Analysis

All analyses were conducted in Stata Version 11.1 (College Station, TX). Survey weights were applied to adjust standard errors for the complex sampling design and yield estimates generalizable to the national population of English-speaking women aged 18–45 years old who gave birth in 2005 in a US hospital [23, 26].

Means and standard deviations of the number of weeks of total (paid and unpaid) maternity leave, number of weeks of paid maternity leave, percent of salary received, and the number of days of paid sick and personal leave received annually are reported. The proportion of women who received any paid maternity leave was also estimated. Chi^2 tests and ANOVA models were used to compare categorical and continuous leave benefits by socio-demographic factors.

Multivariable linear and logistic regression analyses were used to examine the adjusted associations between the socio-demographic and leave variables. Because paid leave, number of weeks of paid leave, percent of salary received, and length of maternity leave were collected during Wave 1, we controlled for marital status in Wave 1, insurance status, maternal age, education, race/ethnicity, family income and geographic region. Maternal health status in Wave 1 was added to the equation modeling the association between length of maternity leave and socio-demographic factors as this variable may influence decisions about return to work [27]. Information about annual paid sick and personal leave was collected in Wave 2; therefore we used the same vector of covariates but included marital status in Wave 2 and did not control for maternal health status.

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There were few missing values in the data set (<7 % for any given covariate); therefore, values for missing observations of race/ethnicity, family income, maternal health, insurance status and marital status (Wave 1 and Wave 2) were estimated by imputing the modal values of those variables. Findings did not differ substantively from similar models conducted without imputation; the results with imputation are presented in Tables 3 and 4.

Sensitivity analyses were conducted to assess differences in the study variables between women eligible for the study sample but excluded due to missing covariate data and those women who were included.

Results

Descriptive Analyses

In Wave I, women were primarily partnered (94 %), under age 30 (54 %), White non-Hispanic (63 %), privately insured (73 %) and employed full-time (73 %). Most had completed some years of college and the sample was evenly distributed across income categories. All four geographic regions were equally represented. The distribution of the study variables was similar in Wave 2; however, there was a higher proportion of White non-Hispanic women (71 %) and a slightly lower proportion of women who were privately insured (67 %; Tables 1 and 2).

The majority of women (59 %) did not receive paid maternity leave. Of women who received paid maternity leave, the average duration was 3.3 weeks with a mean wage replacement of 31 % (Table 1). Women who had returned to work by the time of their participation in the survey had taken an average of 10 weeks total maternity leave with 12 % taking four weeks or less, 43 % taking between five and 8 weeks, and 17 % taking more than 12 weeks. On average, women received 10.4 days of paid sick leave and 11.6 days of personal time annually (Table 2). However, a sizeable proportion of women who reported working in Wave 2 received no paid sick (46 %) or personal leave (31 %).

Paid maternity leave benefits were more generous for older, highly educated, privately insured, partnered and high income women (family income>$75,000). Women in these categories were more likely to receive paid maternity leave for longer periods at higher salary compensation levels. For example, 53 % of women aged 35 years or older versus 34 % aged 18–29, and 60 % of women with post-bachelor education versus 29 % with high school or less received paid maternity leave. Almost half of privately insured women compared with 16 % of women covered by Medicaid/out-of-pocket received paid maternity leave. Moreover, privately insured women received almost three more weeks of paid leave and 26 % percentage points more in salary compensation than women with other insurance. Forty-three percent of partnered versus 16 % of not partnered women received paid leave. Women who worked full-time were likewise significantly more likely to receive paid maternity leave (50 %) than women employed part-time (14 %). Of note, 57 % of Black non-Hispanic women received paid maternity leave versus 38 and 39 % of White non-Hispanic and Hispanic women, respectively, but there were no significant differences by race/ethnicity in levels of salary compensation or duration of paid leave. Older, more

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educated, high income women also tended to take more weeks of total (paid and unpaid) maternity leave compared with other working women (Table 1).

On average, women received 10.4 days of paid sick and 11.6 days of paid personal leave per year. Race/ethnicity and employment status were the only socio-demographic variables associated with the number of paid sick days received. Non-Hispanic Black and Hispanic women in the sample reported receiving almost double the number of paid sick days received by White women. Women working full-time also received 6 days more per year than women working part-time. Differences in the number of paid personal days were evident by race/ethnicity, employment status, and family income. For example, on average Hispanic women received 21 days, non-Hispanic Black women received 16.5 days and White women received 9.4 days of paid personal leave per year. Women working full-time and women in the highest income category reported the highest number of paid personal days. There were no differences in paid leave by age, education, health insurance status, marital status, or geographic region (Table 2).

Adjusted Analyses

The results from the adjusted analyses suggest that race/ethnicity, insurance status, family income and employment status are associated with receipt of paid maternity leave. Women who were non-Hispanic Black, privately insured, working full-time and from high income families ($75,000 or more) were significantly more likely to receive paid maternity leave, for more time, and at higher levels of wage replacement, when controlling for the other socio-demographic characteristics. Non-Hispanic Black women received an average of 1.3 more weeks of paid leave and 13 percentage points more salary compensation than non-Hispanic White women ($p = 0.05$). High income women received a mean of 1.7 more weeks of paid maternity leave and 19 percentage points more wage replacement than women in the lowest income category ($p = 0.01$). Most strikingly, women who were employed full-time received on average 2.14 more weeks of paid leave and 24 percentage points more of salary compensation during their maternity leave than women employed part-time ($p = 0.01$). Women living in the East region also received 1.75 more weeks of paid leave than women residing in the South ($p = 0.01$) and partnered women received higher levels of salary compensation than non-partnered women ($p = 0.01$). Interestingly, maternal education was not a significant predictor of any aspect of paid maternity leave benefits when controlling for other socio-demographic characteristics. Age, income and region were associated with length of total (paid and unpaid) maternity leave. Women aged 35 years or more and women from high income families took about 2 ½ more weeks of total (paid and unpaid) maternity leave than low income women and women under age 30 ($p = 0.05$). In addition, women living in the East took an average of three more weeks of total maternity leave compared with women living in the Southern region ($p = 0.05$; Table 3).

None of the socio-demographic variables were associated with the amount of paid sick leave received in the adjusted analyses. Race/ethnicity, family income and employment status were associated with the number of paid personal days. Hispanic women received on average 10.7 more paid personal days per year than White women ($p = 0.05$) and women in the highest income category received 5.3 more paid personal days than women in the lowest

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income category ($p = 0.05$). Finally, women who worked full-time received on average 6.4 more paid personal days per year than women employed part-time (Table 4). Sensitivity analyses revealed no differences in the findings when women with missing covariate data were included in the regression analyses.

Discussion

This study confirms that women in the United States still take less maternity leave and receive far fewer paid leave benefits than women living in other comparably developed countries. On average, LTM II participants took about 10 weeks of leave after the birth of their babies and only 40 % received salary compensation. Over half of women who had returned to work before Wave I reported that they didn't stay home as long as they would have liked and, of those women, 81 % cited lack of financial resources as the primary reason. Further, working women with infants received on average only 10 days of paid sick time and 12 days of paid vacation time per year. Taken together, these findings suggest that financial constraints may limit the amount of time that women can take to address family demands in the postpartum period and beyond.

Our data suggest significant disparities in the receipt of leave benefits by income level, insurance status, and full/part-time employment status. Lower levels of income and non-private insurance coverage were associated with less generous leave benefits. As expected, women working part-time were offered fewer leave benefits compared with full-time employees. Disparities in leave benefits for women from disadvantaged backgrounds is a cause for concern especially because shorter maternity leave and lack of paid leave are associated with numerous negative health outcomes for women and children [4, 5].

One unanticipated result was that non-White race/ethnicity was associated with better leave benefits. Specifically, Black non-Hispanic women were more likely to receive paid maternity leave than women of other racial/ethnic groups. Hispanic women also tended to have more days per year of paid personal leave. Research about leave benefits by race/ethnicity is limited, but findings from a CDC study showed that Hispanic women report shorter maternity leaves than their White and African American counterparts [11].

Possibly, these findings are due to selection effects insofar as the women who responded to the LTM II survey are systematically different than women of their racial/ethnic group in the general population. For example, all participants had to be proficient in English and this selection criterion may have excluded key Hispanic sub-groups, such as new immigrants, who might have minimal access to jobs with better benefits. A slightly greater proportion of women in our sample across all racial/ethnic groups were employed during pregnancy (60 % White, 62 % Black, 54 % Hispanic) compared with women in the general population (53 % White, 53 % Black, 51 % Hispanic) [28] which may indicate that the survey respondents self-selected into jobs with better working conditions. In addition, unlike in the general population [29], women from each racial/ethnic group in this sample were evenly distributed within each income category (e.g., 36 % White, 33 % Black, 33 % Hispanic, 31 % Other in the highest income group). Also unlike the distribution in the general population in which 29 % of White, 20 % of Black, and 14 % of Hispanic women 25 years or older have completed

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at least a bachelor's degree [28], a greater proportion of non-Hispanic Black LTM II respondents had completed college relative to White respondents (28 % White, 31 % Black, 22 % Hispanic). These differences might be attributed to the fact that our sample is, on average, younger than the general population and more likely to have attended college. Finally, non-Hispanic Black and White women had similar levels of private insurance coverage (73 % for Blacks and 77 % for Whites) while in the general population 51 % of Black/African American and 71 % of White women report having private insurance coverage [28].

As with any observational study, selection bias is an important consideration and taken together these findings suggest that the women in our survey sample from racial/ethnic minority groups may be more affluent than their counterparts in the general population. In fact, unmeasured characteristics, such as occupation, industry and type of job (i.e. temporary, seasonal, contract) are probably the true drivers of the unexpected racial/ethnic differences we observed in employment benefits. This study may not capture women who worked during pregnancy, but did not return to work because of negative employment conditions, such as lack of paid leave benefits. In this case, our findings may have over-estimated the generosity of employment benefits received by women generally.

External generalizability may have also been limited by the use of Internet-based surveys that are likely not available to all women in the target population. Further, as women elected to complete the survey, they may have had different characteristics than women who chose not to participate. LTM II only surveyed English-speaking women who gave birth in a hospital to a singleton baby and therefore the experiences of important subgroups in the US population are not represented. Finally, the sample from Wave 2 was relatively small and while the associations between socioeconomic and demographic characteristics and paid sick and personal leave were robust, they represent the experiences of far fewer women. Although we employed the available survey weights, this approach was likely not sufficient to address the potential selection effects which limit the generalizability of our findings.

Leave benefits have been extensively studied since the passage of the FLMA, but our study is the first we are aware of to examine leave benefits by socio-demographic characteristics in a national sample of working women with infants under 18 months in the United States. Our results may overestimate the generosity of benefits that women with infants in the US receive. However, our findings indicate that currently the majority of female employees with young children in the US do not receive financial compensation for maternity leave and have limited paid leave every year to manage health-related family issues, such as preventive health care visits and sick child care. Further, the presence of socioeconomic disparities in leave benefits for working women suggests that revisions to the FMLA may improve health outcomes for women and infants from disadvantaged backgrounds. Therefore, federal policy that supports paid leave may be one avenue for protecting families and should be modified to reflect accepted international standards.

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Abbreviations

FMLA	Family Medical Leave Act
CDC	Centers for Disease Control
LTM	Listening to Mothers
US	United States

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Table 1

Maternity leave benefits among a representative sample of women in the United States (n = 882), unadjusted estimates

	N	%	Received paid maternity leave (n = 858)[a]		Mean number of weeks of paid maternity leave received (n = 854)[a]		Mean % of salary received during maternity leave (n = 850)[a]		Mean number of weeks of (paid and unpaid) maternity leave took (n = 611)[b]	
			(%)	*p* †	(Mean, SD)	*p* †	(Mean, SD)	*p* †	(Mean, SD)	*p* †
Full sample	882	–	41		3.3(.23)		31.1 (2.1)		10.0(0.4)	
Age (years)				**		**		*		*
18–29	499	54	34		2.4 (.2)		25.2 (2.5)		9.0 (.5)	
30–34	258	28	45		3.7 (.4)		35.0 (3.9)		10.5 (.5)	
35+	125	18	53		5.1 (.7)		41.8 (5.5)		12.2 (1.5)	
Education				**		**		**		*
≥High school	132	36	29		2.3 (.4)		18.8 (3.8)		8.8 (.8)	
≥College	615	54	44		3.5 (.3)		34.7 (2.5)		10.4 (.6)	
<College	135	10	60		5.1 (.7)		53.1 (5.6)		11.5 (.6)	
Race/ethnicity				**		–		–		–
White non-hispanic	600	63	38		3.1 (.3)		29.8 (2.5)		9.7 (.4)	
Black non-hispanic	119	13	57		4.4 (.7)		44.7 (5.9)		11.1 (1.3)	
Hispanic	114	21	39		3.4 (.7)		31.6 (41.5)		10.7 (1.2)	
Other	36	3	18		1.0(.4)		27.9 (4.9)		7.9 (.8)	
Missing	13	–	65		4.5 (1.2)		56.1 (13.3)		7.5 (.9)	
Health insurance				**		**		**		–
Private only	639	71	49		4.0 (.3)		37.7 (2.5)		10.5 (.5)	
Other[c]	224	26	16		1.2 (.3)		11.5 (2.2)		8.8 (.7)	
Missing	17	3	38		2.8 (1.3)		36.5 (15.8)		9.3 (2.5)	
Partnership status				**		**		**		–
Partner	834	94	43		3.4 (.2)		32.7 (2.2)		10.2 (.4)	
No partner	46	6	16		1.3 (.5)		9.3 (3.5)		8.1 (1.1)	
Missing	2	–	0		–		–		5.5 (.6)	
Family income per year				**		**		**		**
<$35,000	262	28	20		1.5 (.3)		12.8 (2.2)		8.4 (.7)	
$35,000–$75,000	394	37	42		3.1 (.3)		30.0 (2.9)		9.2 (.4)	

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	N	%	Received paid maternity leave (n = 858)[a]		Mean number of weeks of paid maternity leave received (n = 854)[a]		Mean % of salary received during maternity leave (n = 850)[a]		Mean number of weeks of (paid and unpaid) maternity leave took (n = 611)[b]	
			(%)	*p* †	(Mean, SD)	*p* †	(Mean, SD)	*p* †	(Mean, SD)	*p* †
>$75,000	168	35	55		4.8 (.5)		46.7 (4.4)		12.2 (.9)	
Missing	58	–	35		2.0 (.9)		23.6 (5.6)		8.6 (1.1)	
Region				–		*		*		–
East	173	20	51		4.6 (.6)		41.0 (5.0)		12.1 (1.2)	
Midwest	246	25	45		3.6 (.5)		34.3 (4.1)		9.5 (.5)	
South	283	32	35		2.5 (.3)		28.4 (3.4)		8.9 (.4)	
West	180	23	35		2.9 (.6)		22.8 (4.1)		10.6 (1.2)	
Employment status				**		**		**		–
Full time	632	73	50		4.0 (.3)		38.6 (2.5)		10.3 (.5)	
Part time	250	27	14		1.2 (.3)		9.3 (2.2)		9.1 (.6)	

Sample is drawn from the Listening to Mothers II Survey and excludes women who did not work during pregnancy or were self-employed

† *p* values calculated using a Pearson's Chi2 test (for binary paid leave) and a global F statistic (for continuous maternity leave benefits)

[a] Sample is 858 women who were employed during pregnancy and had data about whether they received paid leave

[b] Sample is 611 women who were employed during pregnancy and had returned to work by the time of the survey

[c] Other includes public insurance (n = 222) and out-of-pocket payment for maternity related healthcare costs (n = 2)

* Significant differences in leave benefits between categories of socio-demographic factors at $\alpha = 0.05$

** Significance at $\alpha = 0.01$

– No significant differences

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Table 2

Paid leave benefits among a representative sample of women in the United States (n = 392), unadjusted estimates

	N	%	Mean number of paid sick days per year (n = 388)[a]		Mean number of paid vacation/personal days per year (n = 389)[a]	
			(Mean, SD)	*p* †	(Mean, SD)	*p* †
Full sample**	392	–	10.4 (1.39)		11.6 (1.1)	
Age (years)				–		–
18–29	218	51	9.4 (2.0)		10.2 (1.7)	
30–34	125	28	8.6 (1.7)		12.6 (1.5)	
35+	49	21	17.8 (4.4)		14.8 (1.8)	
Education				–		–
High school or less	45	38	7.3 (3.1)		8.4 (2.8)	
Some college	274	52	12.0 (1.8)		13.4 (1.1)	
Completed college	73	10	10.5 (2.0)		10.9 (1.4)	
Race/ethnicity				*		*
White non-Hispanic	288	71	8.3 (1.4)		9.4 (0.8)	
Black non-Hispanic	53	10	16.1 (5.3)		16.4 (4.7)	
Hispanic	29	15	16.6 (4.7)		20.9 (4.6)	
Other	18	4	10.6 (4.6)		7.9 (2.5)	
Missing	4	–	6.6 (4.3)		8.6 (4.0)	
Health insurance				–		–
Private only	300	75	11.76 (1.47)		12.7 (0.9)	
Public only	89	25	6.77 (3.59)		7.4 (3.5)	
Missing	3	–	0.95 (1.14)		21.6 (1.6)	
Partnership status				–		–
Partner	367	93	10.5 (1.5)		11.8 (1.2)	
No partner	25	7	9.2 (3.1)		9.5 (2.3)	
Family income per year				–		*
<$35,000	111	31	7.7 (3.1)		8.6 (3.0)	
$35,000–$75,000	181	38	10.4 (1.7)		9.9 (0.9)	
>$75,000	79	31	12.2 (2.7)		15.8 (1.7)	
Missing	21	–	14.7 (4.7)		10.9 (3.4)	
Region				–		–
East	91	21	9.2 (1.5)		11.0 (1.3)	
Midwest	119	25	10.4 (2.5)		9.3 (1.3)	
South	117	31	11.3 (3.2)		13.0 (2.5)	
West	65	23	10.3 (2.7)		13.1 (2.8)	
Employment status				*		**
Full time	268	71	12.2 (1.7)		14.0 (1.3)	
Part time	122	29	6.0 (2.0)		5.6 (1.6)	

Sample (n = 392) is drawn from the New Mothers Speak Out Survey. The sample includes all women employed at time of study, excluding self-employed

[†] *p* Values calculated using global F statistic (for continuous paid leave benefits)

[a] Sample is 388 women who were employed during pregnancy and had data about receipt of annual paid sick leave

[*] Significant differences in leave benefits between categories of socio-demographic factors at α = 0.05

[**] Significance at α = 0.01

– No significant differences

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Table 3

Maternity leave benefits among a representative sample of working women in the United States (n = 882), adjusted estimates using imputed, survey weighted data set

	Received paid maternity leave (n = 858)[a] (OR, 95 % CI)	Mean number of weeks of paid maternity leave received (n = 854)[a] (β, 95 % CI)	Mean % of salary received during maternity leave (n = 850)[a] (β, 95 % CI)	Mean number of weeks of (paid and unpaid) maternity leave took (n = 611)[b] (β, 95 % CI)
Age (years)				
18–29	–	–	–	–
30–34	0.98 (0.59, 1.63)	0.43 (−0.56, 1.41)	−0.33 (−9.11, 8.45)	0.86 (−0.52, 2.24)
35+	1.02 (0.56, 1.83)	1.47 (0.13, 2.81)*	1.73 (−8.87, 12.32)	2.47 (0.06, 4.88)*
Education				
≥High school	–	–	–	–
≥College	1.23 (0.70. 2.17)	0.33 (−0.61, 1.28)	6.98 (−2.09, 16.10)	0.33 (−1.28, 1.94)
<College	1.33 (0.63, 2.79)	0.54 (−1.00, 2.09)	12.48 (−1.46, 26.41)	−0.40 (−2.99, 2.20)
Race/ethnicity				
White non-Hispanic	–	–	–	–
Black non-Hispanic	2.56 (1.44, 4.51)**	1.28 (0.22, 2.33)*	12.67 (2.86, 22.48)*	1.44 (−0.75, 3.64)
Hispanic	1.30 (0.72, 2.34)	0.85 (−0.35, 2.05)	0.90 (−9.12, 10.91)	1.17 (−0.78, 3.12)
Other	0.32 (0.09, 1.06)	−1.89 (-3.33, −0.44)**	−15.75 (-32.77, 1.26)	−1.68 (-4.09, 0.74)
Health insurance				
Private only	–	–	–	–
Other	0.38 (0.20, 0.71)**	−1.07 (−2.08, −0.07)*	−8.90 (−17.73, −0.72)*	0.51 (−1.33, 2.36)
Partnership status				
Partner	–	–	–	–
No partner	0.54 (0.23, 1.26)	−0.53 (−1.52, 0.45)	−11.61 (−18.97, -4.24)**	−0.59 (−2.52, 1.34)
Family income per year				
<$35,000	–	–	–	–
$35,000-$75,000	1.83 (1.05, 3.18)*	0.54 (−0.37, 1.44)	6.61 (−1.40, 14.62)	0.14 (−1.59, 1.87)
>$75,000	2.60 (1.41. 4.82)**	1.70 (0.61, 2.79)**	19.31 (9.23, 29.40)**	2.69 (0.35, 5.03)*
Employment status				
Full time	–	–	–	–
Part time	0.18 (0.11, 0.31)**	−2.14 (−2.93, −1.35)**	−24.20 (−30.68, −17.72)**	−0.57 (−2.09, 0.96)

Sample is drawn from the Listening to Mothers II Survey and excludes women who did not work during pregnancy or were self-employed. Models are adjusted for region

[a]Sample (n=858 to n=850) is women who were employed during pregnancy and had data about receipt of maternity leave benefits

[b]Sample is 611 women who were employed during pregnancy and had returned to work by the time of the survey

*Significance at α = 0.05

**Significance at α = 0.01

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Table 4

Paid leave benefits among a representative sample of working women in the United States (n = 392), adjusted estimates using imputed, survey weighted data set

	Mean number of paid sick days per year (n = 388)[a] **(OR 95 % CI)**	**Mean number of paid vacation/ personal days per year (n = 389)[a]** **(β 95 % CI)**
Age (years)		
18–29	–	–
30–34	−2.74 (−8.09, 2.62)	0.19 (−3.38, 3.76)
35+	5.47 (−3.94, 14.88)	1.17 (−3.21, 5.56)
Education		
High school or less	–	–
Some college	1.22 (−5.43, 7.86)	0.81 (−4.20, 5.81)
Completed college	−1.81 (−9.65, 6.03)	−3.51 (−9.53, 2.523)
Race/ethnicity		
White non-Hispanic	–	–
Black non-Hispanic	8.42 (−2.76, 19.60)	7.37 (−1.76, 16.51)
Hispanic	7.89 (−2.01, 17.79)	10.68 (1.89, 19.47)*
Other	3.67 (−5.56, 12.91)	−0.30 (-6.06, 5.50)
Health insurance		
Private only	–	–
Public only	−3.74 (−9.03, 1.55)	−3.79 (−8.56, 0.97)
Partnership status		
Partner	–	–
No partner	−0.35 (−8.36, 7.65)	−1.44 (−8.38, 5.50)
Family income per year		
<$35,000	–	–
$35,000–$75,000	1.82 (−2.68, 6.33)	0.89 (−1.94, 3.72)
>$75,000	3.08 (−3.47, 9.63)	5.29 (1.21, 9.37)*
Employment status		
Full time	–	–
Part time	−4.15 (−9.08, 0.78)	−6.38 (−10.16, −2.60)**

Sample is drawn from the New Mothers Speak Out Survey. The sample includes all women employed at time of study, excluding self-employed. Models are adjusted for region

[a]Sample is 388 women who were employed during pregnancy and had data about receipt of annual paid sick leave

*Significance at α = 0.05;

**Significance at α = 0.01