# Time to Recover and Bond:
# The Relationship Between State
# Paid Family Leave Policies
# and Postpartum Leave-Taking

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**ABSTRACT**   Leave-taking around childbirth benefits families; however, the US federal government has no paid family and medical leave (PFL) policy, resulting in substantial inequities. This study used data from the Postpartum Assessment of Health Survey to understand the role of PFL in making leave accessible and affordable for postpartum people. We find the presence of state-level PFL is associated with longer leave and more paid leave. Respondents in PFL states take almost 3 more weeks of paid leave compared with those in non-PFL states. Among higher earners, the availability of paid leave is additive, whereas lower-earning families substitute weeks of paid leave for unpaid leave. Across policy environments, we observed that taking any paid leave was associated with high rates of returning to work and with higher rates of returning to work full-time. Our study highlights the importance of PFL policies in buying parents more time at home and providing economic security at an otherwise precarious time.

## INTRODUCTION

Childbirth and recovery are an important—and consequential—phase of life for families in the United States. Welcoming a new child requires parents to take time away from work. In fact, caring for a newborn may entail leaving the labor force entirely for many; others take unpaid time off from a

job that they intend to return to. Some parents also have the option of using accrued paid time off or paid family leave (PFL) or maternity leave offered by employers or through national, state, or local policies. Leave-taking around the time of childbirth improves the health of parents and their children, allowing time to recover and physically promoting parent-infant bonding while supporting labor force participation (Bartel et al. 2023).

The lack of a federal PFL policy in the United States requires many workers to rely on access to paid leave through their employers, resulting in substantial inequities in access and exposure to economic insecurity (Bartel et al. 2019). Although the Family and Medical Leave Act (FMLA) allows for some job protection, but not pay, the benefits are more limited, and positive benefits accrue to more privileged women who can afford to forgo pay (Han and Waldfogel 2003; Han, Ruhm, and Waldfogel 2009; Rossin 2011). In response to this inequity, 13 states (California, Connecticut, Massachusetts, New Jersey, Rhode Island, Washington, Colorado, Delaware, Maine, Maryland, Minnesota, New York, Oregon) and the District of Columbia have enacted PFL or paid family and medical leave (PFML) policies as of 2023. These policies vary across states with respect to eligibility, income replacement level, job security, and length, with implications for impact and reach (National Partnership for Women and Families 2024).

Compared with unpaid FMLA leave, uptake of paid leave policies is higher among low-income families (Rossin-Slater, Ruhm, and Waldfogel 2013), allowing more families to benefit (Rossin-Slater and Uniat 2019). Further, uptake increases when the percentage of wages that the paid leave policy replaces is higher (Koutavas et al. 2024). The ability to access paid leave is also associated with higher levels of employment for mothers within the year following birth (Baum and Ruhm 2016; Rossin-Slater et al. 2013). Scholars believe that parents return in part because of the way the policy secures jobs, which facilitates continuity for workers with weaker attachment to the labor force.

The literature about longer-term employment effects is more mixed, with a recent article focused on California's PFL policy finding a 6 percent decrease in employment and a 13 percent decrease in earnings during the first 3 years after giving birth, which persisted a decade later (Bailey et al. 2024). Taken together, studies indicate that the impacts of PFL policies on earnings depend on several factors, including birth order and how long after birth the studies measure earnings. The evidence is clear, however, that disparities in access to paid leave by race and ethnicity persist even where

policies are in place (Bartel et al. 2019; Goodman, Richardson, and Dow 2022). Further, we know little about the length and payment composition of leave in the United States after the implementation of paid leave policies, and surveys do not routinely collect detailed data on leave-taking.

Economic theory suggests parents make employment and child-care decisions based on their preferences and according to constraints on time and resources (Blau and Currie 2006). In other words, parents will choose to return to work when the costs of staying home exceed the benefits (Stilwell et al. 2024). Driven by these opportunity costs, parents without access to PFL via employers or state policy may return to work earlier than those who can access paid leave (Slopen 2020), as the costs of staying home accrue more quickly. However, this choice may vary based on characteristics like marital status, income, or race and ethnicity.

Building on an economic framework, class privilege and disparities in earnings offer a theoretical explanation for the decisions that people make about employment and leave-taking. For example, inequities in earnings affect the gap in financial benefits between parents with differing levels of education (Hook and Paek 2020). When deciding how much leave a family can afford, they may consider a range of factors, including partner's income, rate of wage replacement, or potential delays in job promotions. For example, two-parent households may benefit from a co-parent with sufficient income to extend leave times, regardless of policy environment (Han et al. 2009). Postpartum people with greater levels of educational attainment, and thus higher earnings, may have less to gain from state-level paid leave policies; their employers are more likely to offer leave, and they also may benefit from larger savings and possibly a highly educated and well-paid co-parent.

Race may also help to explain leave-taking decisions. Black mothers, who tend to have higher rates of employment, are also more likely to be single parents (Goldin 1977; Livingston 2018), suggesting they may be inclined to take shorter durations of leave in the absence of income replacement via PFL policies. The job protection element of many paid leave programs plays a similar role in determining the costs of staying home, with implications for return-to-work decisions (Slopen 2020). However, the racial segregation of the labor market may result in differential impacts.

Low-income families' considerations regarding leave-taking differ from those of high-income parents. For example, earnings inequality contextualizes the labor market pull on women partnered with low-earning men. These women may be forced back to work earlier, demonstrating employment

patterns similar to those of single mothers (Devereux 2004; Hook and Paek 2020; Morissette and Hou 2008). The point at which staying home becomes more costly than returning to work may be of more concern for low-income parents with a limited financial cushion. Features of paid leave programs—particularly the rate of income replacement they provide—may be particularly important in determining return-to-work timing for these families. Most paid leave policies do not replace 100 percent of the claimants' income: currently, PFL policies in the United States replace between 60 and 100 percent of the claimant's income, up to a cap based on the state's average weekly wage (National Partnership for Women and Families 2024). For example, workers in New York who claim paid leave benefits are subject to a weekly cap equivalent to 67 percent of the average state weekly wage. This level may be insufficient to allow some parents, especially low-earning parents living paycheck to paycheck, to remain at home (Koutavas et al. 2024; Rossin-Slater and Stearns 2020).

Reimbursement rates have implications for the lengths of leave parents in low-wage jobs can afford to take (Romig and Bryant 2021). Administrative data on the uptake of paid leave during the phase-in period of the PFL policy for New York State, a state in which both the wage replacement rate and length of leave coverage steadily increased over a 4-year period, demonstrate that as wage replacement rates increase, more low-earning families claim leave benefits (Koutavas et al. 2024). However, the administrative data only reflect the length of claims, which is likely different from the total length of leave taken when we factor in additional unpaid time off. Additional issues influence leave-taking—for example, childcare availability—and, in turn, disparities may influence family solutions to these issues (e.g., higher-earning women may be able to purchase child care; Cooke 2011; Hook and Paek 2020; Morgan 2005).

Although the role that paid leave policies play in increasing affordability compared with unpaid leave is clear, scholars know less about how families combine paid leave, when available, with unpaid leave. Traditional data sources on experiences around the time of birth—such as the Pregnancy Risk and Monitoring Surveillance System (PRAMS)—survey postpartum people just weeks after childbirth, often while they are still on leave, and provide limited information on the use of leave, leave length, and the proportion of leave that is paid or unpaid. Some states may opt to include supplemental state-specific questions; however, the core data available from PRAMS offer minimal insight.

Slopen (2020) provides an exception using 2016 data from New York City collected before the introduction of the New York State Paid Family Leave Act (PFLA) on both the length of leave taken following birth and the proportion of leave that was paid and unpaid. She finds that, on average, women reported returning to work after 13.4 weeks of leave, but that overall length masked substantial differences in the length of paid leave. She also finds that Black women, in particular, were more likely to take more weeks of unpaid leave despite taking longer leaves overall (Slopen 2020).

Outside of Slopen's New York City study, we know of no other projects with a 1-year follow-up period that detail (1) the total length of leave taken by new parents, (2) the composition of paid and unpaid leave, and (3) employment-related decisions after certain types of leave. Our study benefits from access to unique data, documented across states with policy variation, in which birthing people report the total length of leave taken in the postpartum period, the proportion of leave that was paid, and whether they returned to work full- or part-time. Research like ours, documenting the length and composition of leave taken by birthing people, is critical to understanding how new parents address opportunity costs of leave-taking based on wage-replacement availability and job security, which may have implications for family economic security. Birthing people who rely primarily on unpaid leave miss a substantial portion of their familial income, which could place their family in a precarious financial state during an especially vulnerable time. Moreover, if paid leave supports a return to work and prevents dropping out of the labor force altogether, this information may help garner support for PFL from employers and policy makers. In addition, our study has broader generalizability than prior literature, which is primarily dominated by one-state case studies. We analyze representative data from six states and New York City, offering a more comprehensive look into states both with and without PFL policies.

To understand the role that state PFL policies play in making leave accessible and affordable for low-wage workers, we examined the full postpartum year in multiple states with mature paid leave policies using a novel data set that captures data weighted to be representative of each study jurisdiction. We assessed rates of leave-taking, paid and unpaid, among people who gave birth in 2020 and tested for associations with state laws requiring PFL. We also examined stratified models to understand disparities in access to paid leave by race or ethnicity and household poverty status. We explored whether parents in states with paid leave policies report different

factors in the timing of their return to work than parents in states without a policy and the relationship between state policies and a postpartum person's return to full- or part-time employment. These analyses speak to the role of policy availability and generosity in supporting parental leave lengths as state and federal policy makers consider PFL policy specifications.

## METHODS

### DATA AND SAMPLE

This study used data from the Postpartum Assessment of Health Survey (PAHS), a large-scale survey with 4,598 birthing people, primarily mothers, who had a live birth in 2020. PAHS followed up with respondents to the 2020 PRAMS between January 2021 and March 2022 and then linked data at the individual level to PRAMS and birth certificate records to create a survey that captured the entire first year after giving birth. Coordinated by the Centers for Disease Control and Prevention (CDC) and implemented by state and city health departments, PRAMS contains a stratified random sample of live births, drawn monthly from state and city birth certificates, that is subsequently weighted to be representative of each study jurisdiction (Shulman et al. 2018). In partnership with state and local departments of health, the PAHS sampling frame comprised PRAMS respondents who did not opt out of being recontacted 1 year after childbirth. (The exception was Michigan, where the sample was drawn from PRAMS respondents who opted in; Daw et al. 2023.)

The research team administered the survey 1 year after birth across seven jurisdictions chosen based on three factors: a sufficient PRAMS sample size, consistently meeting the CDC PRAMS response rate threshold, and the authorities' willingness to collaborate with the PAHS research team. Participating jurisdictions include Kansas, New Jersey, Michigan, Pennsylvania, Utah, Virginia, and New York City. The survey assessed multiple dimensions of postpartum well-being, including rates and types of family leave-taking, health outcomes, and social and economic outcomes. We offered the survey in English and Spanish, via the internet and telephone. Among the people contacted to participate in PAHS, 76.4 percent completed the survey, across the seven jurisdictions. The sample for this analysis was limited to respondents who answered the PAHS leave question (4,422; 96.2 percent) and were employed when they gave birth (2,793; 63.2 percent), with a final analytic sample of 2,793, or 60.7 percent.

Table A1 (appendix is available online) describes the demographic characteristics of our sample by PFL policy environment. Overall, 2,014 respondents lived in a jurisdiction without a PFL policy, compared with 779 respondents living in a jurisdiction with a policy (e.g., New Jersey, New York City). The groups appear to have similar demographic characteristics; however, in PFL states, birthing people were less likely to be White (non-Hispanic) and tended to be older.

## MEASURES

PAHS measured self-reported leave on two dimensions: length and whether the respondent received any income replacement (i.e., whether the leave was paid or unpaid). We assessed length of leave using the question, "How many weeks or months of maternity or family leave did you take in total, if any?" Respondents could choose to record their time off in weeks or months, though for this analysis, we reported length of leave in weeks. They could also answer that they did not take any leave or were not employed when their baby was born. We excluded respondents who reported they were not employed at the time their baby was born from the sample because their time off would not be considered leave if they were not employed at childbirth.

Interviewers then asked respondents who reported taking some amount of leave how much of that leave was paid. We recoded leave variables to indicate the number of paid weeks and unpaid weeks for each respondent. We measured employment using the question, "Are you working for pay now (including self-employment)?" Respondents could respond with full-time, part-time, "no and looking for work or plan to work in the next year," or "no and I do not plan to work in the next year." For analysis, we recoded the employment variable, collapsing the two "no" categories.

We categorized respondents as living in a treatment state—New Jersey or New York, the two states with a PFL policy in 2020—or a comparison state (a state without a PFL policy). We obtained data on state policies from the National Partnership for Women and Families (2024) and verified them for the study period in Westlaw. All analyses adjusted for the following demographic characteristics: race or ethnicity (non-Hispanic White, non-Hispanic Black, Hispanic or Latine, or Other), age in years (18–24, 25–29, 30–34, 35+), educational attainment (high school or less, some college, bachelor's or graduate degree), household poverty status (<100 percent federal poverty level [FPL], 100–200 percent FPL, 200 percent FPL or more),

marital status (unmarried, married, or living with a partner), type of delivery (cesarean, vaginal), insurance status at birth (commercial, Medicaid, uninsured), parity (first birth, higher-order birth), and month of giving birth. The "Other" race category was made up of respondents who were either Asian, Asian American, Native Hawaiian and Pacific Islander, or southwest Asian; Middle Eastern or North African; Native American or Alaska Native; or multiple minority races. When demographic characteristics were missing from PAHS, we replaced values using the corresponding variable from PRAMS or birth certificate data. Missingness for demographic characteristics was low in PAHS, ranging from 0.2 percent for education to 7 percent for FPL. After replacing a missing value using the corresponding variable from PRAMS or birth certificate data, only FPL had any missing values, and these were much reduced (1.4 percent).

### EMPIRICAL STRATEGY

First, we examined the demographic characteristics of our sample (i.e., people employed at 12–14 months after childbirth) by type of leave taken. We used logistic regression models to assess the association of demographic characteristics and leave type. To understand the association between state PFL policies (e.g., treatment states) and leave use, we measured predicted probabilities of each type of leave. We compared PFL states to states without PFL, using multinomial logistic regression for its ability to compare categorical variables with more than two levels among those who took any parental or family leave. We used adjusted linear regression models to measure the relationship between state PFL policies and the average length of leave overall (i.e., weeks of unpaid and paid leave combined), average number of weeks paid, and average number of weeks unpaid among those who took any maternity or family leave. Our analysis further stratified models by household income as a percentage of the FPL and race or ethnicity. Next, we descriptively examined the reasons respondents cited for decision-making about leave-taking after giving birth by state policy environment. Last, we investigated the relationship between access to paid leave and return to work by full- and part-time employment status. Models controlled for key demographic characteristics (e.g., age, parity, educational attainment, household income, marital status, race or ethnicity, insurance status at birth, type of delivery, birth month). We used PAHS survey weights (Daw et al. 2023; Shulman et al. 2018).

## RESULTS

### TYPE OF LEAVE

Table 1 shows the bivariate relationship between leave type and demographic characteristics among those who were employed at childbirth ($n = 2{,}793$). Most respondents (39.5 percent) used a combination of paid

**TABLE 1.** Types of Leave Taken by Respondents Who Were Employed at Childbirth, by Demographic Characteristics ($n = 2{,}793$)

| Characteristics | Unpaid Leave Only | Paid Leave Only | Combination of Unpaid and Paid Leave | No Leave | p Value |
|---|---|---|---|---|---|
| Total age: | 26.27 | 20.30 | 39.53 | 13.90 | .00 |
| 18–24 | 46.05 (163) | 9.99 (38) | 19.39 (89) | 24.57 (76) | |
| 25–29 | 29.93 (219) | 16.81 (127) | 39.52 (307) | 13.73 (98) | |
| 30–34 | 18.71 (193) | 25.55 (269) | 44.10 (410) | 11.65 (103) | |
| 35+ | 21.25 (148) | 22.74 (169) | 45.14 (306) | 10.87 (78) | |
| Marital status: | | | | | .00 |
| Unmarried | 39.20 (176) | 12.90 (71) | 27.23 (150) | 20.68 (102) | |
| Married or living with a partner | 23.10 (547) | 22.11 (532) | 42.55 (962) | 12.23 (253) | |
| Educational attainment: | | | | | .00 |
| High school or less | 39.13 (202) | 12.00 (59) | 22.07 (126) | 26.80 (132) | |
| Some college with no degree, 2-year associate's, or trade program | 33.05 (226) | 17.11 (126) | 33.14 (233) | 16.69 (111) | |
| 4-year bachelor's or graduate degree | 18.21 (295) | 24.97 (418) | 49.21 (753) | 7.62 (112) | |
| Race or ethnicity: | | | | | .00 |
| White, non-Hispanic | 26.07 (468) | 22.82 (411) | 41.31 (716) | 9.81 (150) | |
| Black, non-Hispanic | 31.52 (106) | 15.22 (60) | 37.86 (143) | 15.40 (57) | |
| Hispanic or Latine | 24.16 (90) | 15.12 (66) | 33.23 (134) | 27.49 (100) | |
| Other | 23.96 (59) | 19.04 (66) | 39.80 (119) | 17.20 (48) | |
| Household poverty status: | | | | | .00 |
| <100% FPL | 40.69 (190) | 5.09 (35) | 18.02 (95) | 36.19 (155) | |
| 100%–199% FPL | 35.69 (159) | 17.29 (79) | 31.48 (155) | 15.54 (75) | |
| 200%+ FPL | 19.78 (363) | 25.75 (486) | 48.44 (853) | 6.03 (109) | |
| Type of delivery: | | | | | .25 |
| Cesarean | 22.66 (231) | 20.04 (213) | 42.77 (399) | 14.53 (110) | |
| Vaginal | 27.78 (492) | 20.41 (390) | 38.18 (713) | 13.63 (245) | |
| Insurance status at birth: | | | | | .00 |
| Private (commercial/military/ other) | 19.18 (417) | 25.23 (545) | 48.14 (985) | 7.44 (148) | |
| Medicaid or other public | 43.81 (283) | 7.94 (56) | 18.32 (125) | 29.93 (186) | |
| Uninsured | 58.99 (23) | 2.43 (2) | .53 (2) | 38.05 (20) | |
| Parity: | | | | | .02 |
| 1 or more previous live births | 27.90 (414) | 18.66 (297) | 37.33 (559) | 16.11 (236) | |
| No prior live births | 24.28 (308) | 22.30 (306) | 42.21 (553) | 11.21 (119) | |
| Observations | 723 | 603 | 1,112 | 355 | |

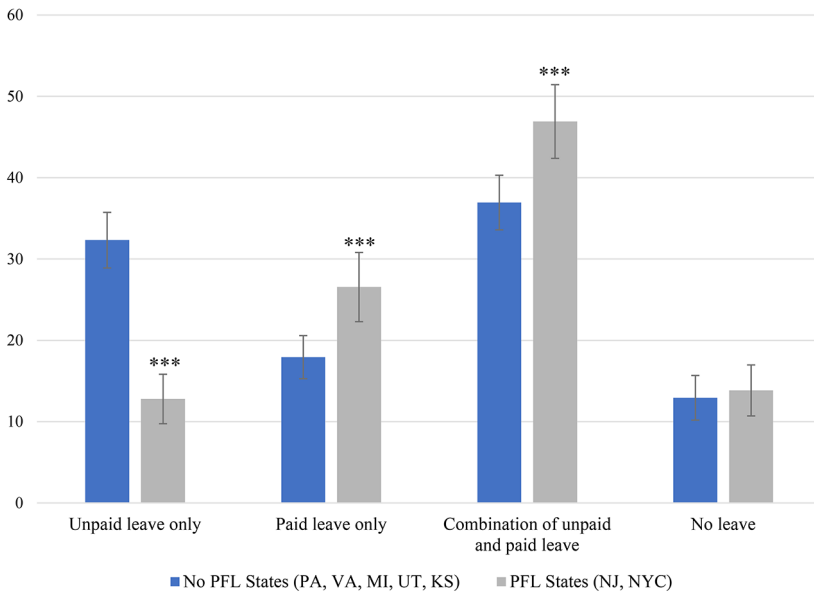Source.—Data are from the 2020 Postpartum Assessment of Health Survey.

Note.—FPL = federal poverty level. Percentages are weighted using survey weights. Sample sizes are in parentheses. The *p* value is calculated using chi-square tests and represents the difference in the percentages between types of leave.

and unpaid leave, whereas 26.3 percent took only unpaid leave, and 20.3 percent took only paid time off. Unmarried respondents, those who completed high school or less, Latine people, and those living below 100 percent of the FPL were more likely than their peers to report that they did not take any leave. Respondents older than 30, married or cohabitating with a partner, with a 4-year college degree, and living above 200 percent of the FPL were more likely to have only taken paid leave. Unmarried respondents were significantly more likely to take exclusively unpaid leave compared with married respondents (39.2 vs. 23.1 percent; $p < .001$). Similarly, those with a high school education or less were significantly more likely to only take unpaid time off compared with those with a 4-year bachelor's or graduate degree (39.1 vs. 18.2 percent; $p < .001$). Compared with non-Hispanic White respondents, non-Hispanic Black and Hispanic or Latine respondents were significantly more likely to take no leave at all (9.8 percent non-Hispanic White vs. 15.4 percent non-Hispanic Black and 27.5 percent Hispanic or Latine; $p < .001$). Respondents with Medicaid insurance were significantly more likely to take exclusively unpaid leave compared with privately insured individuals (43.8 vs. 19.2 percent; $p < .001$).

Figure 1 illustrates the adjusted predicted probability of type of leave by policy environment. Regardless of policy environment, the use of both paid and unpaid leave was common. Living in a PFL policy state was associated with a higher likelihood of taking more combined paid and unpaid leave (46.9 vs. 36.9 percent; $p < .001$) and a lower likelihood of taking only unpaid leave (12.8 vs. 32.3 percent; $p < .001$). Notably, living in a state with PFL was associated with a significantly higher likelihood of taking more paid leave (26.6 vs. 17.9 percent; $p < .001$).

LENGTH OF LEAVE

Figure 2 displays the average length of leave by policy environment (e.g., states with or without a PFL policy). Markedly, those living in a treatment state increased their overall lengths of leave by adding the paid weeks to the weeks of leave that they were taking unpaid, rather than substituting weeks of paid leave for weeks of unpaid leave. We observe that living in a PFL treatment state was associated with taking longer leaves overall and with receiving pay for a greater number of those weeks. On average, those in PFL states took 17.5 weeks of leave overall compared with 13.9 weeks of
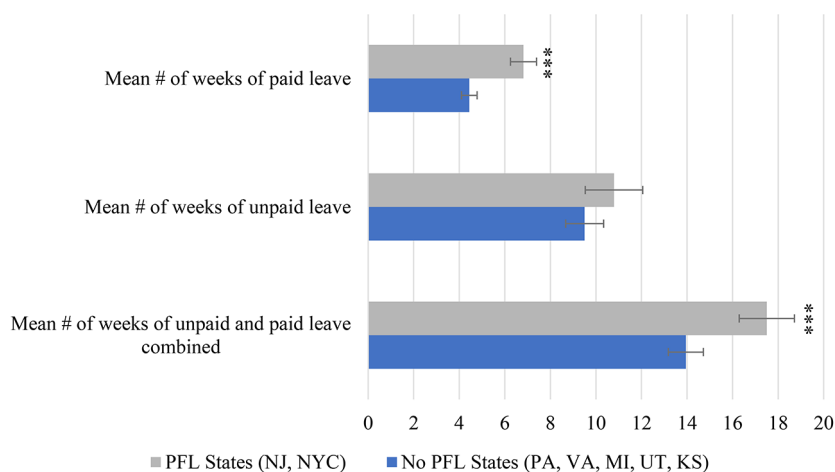
**FIGURE 1.** Predicted probability of leave type by state policy environment among respondents who were employed at childbirth ($n = 2{,}793$). Data are from the 2020 Postpartum Assessment of Health Survey. Models adjusted for age, parity, educational attainment, marital status, race or ethnicity, insurance type, type of delivery, and birth month. Error bars represent 95 percent confidence intervals. The *p* value represents the difference in the percentages between states with and without paid family leave (PFL) policies. *** $p < .001$.

leave in states that do not have such policies ($p < .001$), and in the treated states, more of this leave was paid (6.8 vs. 4.4 weeks; $p < .001$).

### RETURN TO WORK

Figure 3 displays the reasons respondents cited for decision-making about leave-taking after giving birth. Across policy environments, the inability to afford leave was the most-cited factor influencing decision-making (31.9 percent in non-PFL states vs. 24.5 percent in PFL states; $p < .05$). In states without PFL policies, respondents were more likely to report that their job does not offer paid leave (24.1 vs. 14.8 percent; $p < .001$) or that they had not accrued enough leave time through employer-provided policies (16.0 vs. 8.8 percent; $p < .001$). Respondents in PFL states were more likely to base decisions on fear of job loss compared with their peers in nonpolicy states (16.0 vs. 13.6 percent; $p < .01$). We did not observe statistically significant differences by policy environment across the other

FIGURE 2. Average amount of leave taken by type of leave and policy environment among respondents who were employed at childbirth ($n = 2{,}793$). Data are from the 2020 Postpartum Assessment of Health Survey. Models adjusted for age, parity, educational attainment, poverty level, marital status, race or ethnicity, insurance status, type of delivery, and birth month. Error bars represent 95 percent confidence intervals. The $p$ values represent the difference between living in a state with and without paid family leave (PFL) policies. *** $p < .001$.
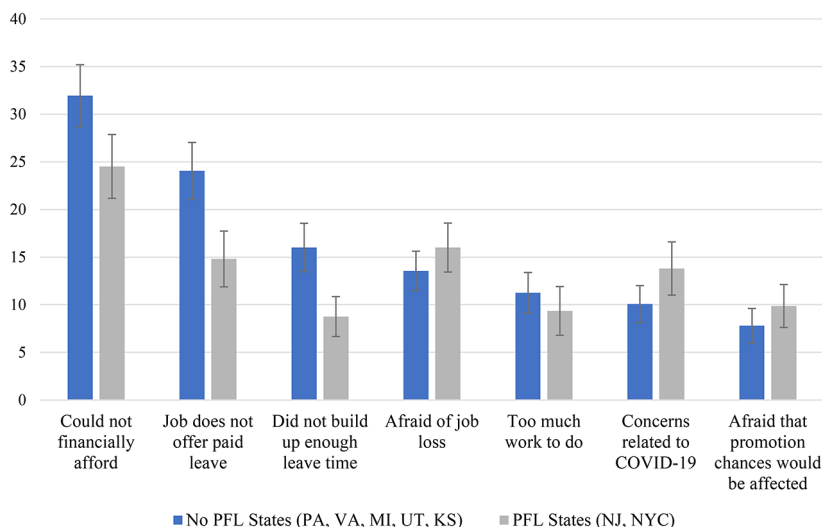


FIGURE 3. Issues that affected leave-taking or leave length among people who were employed at childbirth, by state policy environment ($n = 2{,}793$). Data are from the 2020 Postpartum Assessment of Health Survey. Percentages weighted using survey weights. Respondents could check all that applied; answers were not mutually exclusive. Error bars represent 95 percent confidence intervals. PFL = paid family leave.

factors. Concerns related to COVID-19 were similar between treatment and comparison states (13.8 percent in PFL states vs. 10.1 percent in non-PFL states).

Figures A1 and A2 display the reasons respondents cited for decision-making about leave-taking after giving birth, stratified by household poverty status and race or ethnicity, respectively. Similar trends were present as in the overall sample, with affordability being the biggest factor in leave-taking decisions, regardless of poverty level or race or ethnicity.

Figure 4 illustrates the relationship between taking paid leave and employment status at 12–14 months postpartum by full- and part-time employment status, adjusted for demographic characteristics. Overall, regardless of policy environment, taking any paid leave was associated with higher rates of working a year after giving birth and with higher rates of working full-time. Respondents who did not take any paid leave were less likely to be employed a year after giving birth compared with those who took any paid leave (52.8 vs. 12.1 percent). Those who reported taking any amount of paid
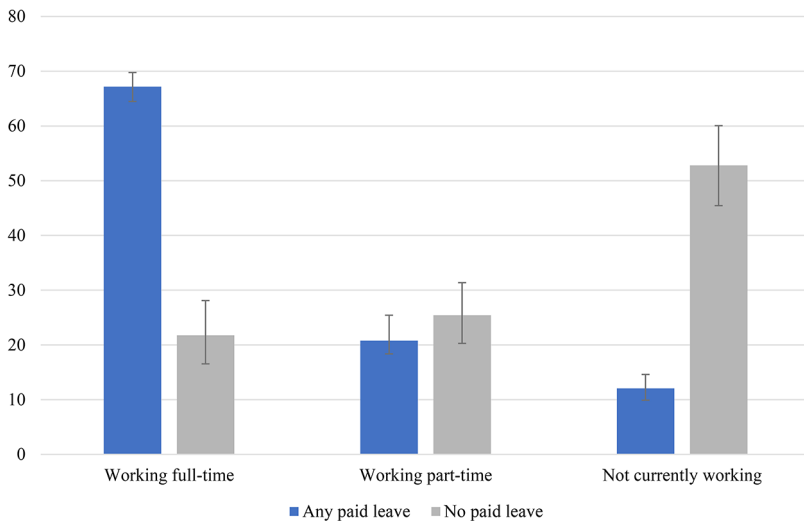


**FIGURE 4.** Relationship between access to paid leave and employment status at 12–14 months postpartum, regardless of state policy environment, among respondents employed at childbirth (*n* = 2,793). Data are from the 2020 Postpartum Assessment of Health Survey. Models adjusted for age, parity, educational attainment, poverty level, marital status, race or ethnicity, insurance status, type of delivery, and birth month. Error bars represent 95 percent confidence intervals.

leave had a higher likelihood of working full-time at 12–14 months postpartum compared with those who did not take any paid leave (67.7 vs. 21.8 percent). Trends in part-time work a year after childbirth were similar between groups (20.8 percent any paid leave vs. 25.4 percent no paid leave).

SUBGROUP ANALYSIS

Table 2 shows respondents' type of leave, average length of leave, and employment status at 12–14 months postpartum, stratified by 200 percent of the FPL and policy environment. Respondents living below 200 percent of the FPL and in a state without a PFL policy were significantly more likely to take only unpaid leave compared with residents of a PFL policy state in the same income bracket (47.0 vs. 20.6 percent; $p < .001$). Similar trends were present for those living above 200 percent of the FPL and in non-PFL states, where 24.1 percent took unpaid leave only, compared with 8.8 percent of those in PFL states ($p < .001$). Among those above 200 percent of the FPL, living in a state with a PFL policy was associated with increased lengths of leave (18.0 weeks of combined paid and unpaid leave vs. 13.8; $p < .001$).

We found no statistically significant differences in the overall length of leave for those living below 200 percent of the FPL. However, we did observe this group taking significantly more weeks of paid leave in states with a PFL policy in place (4.6 weeks of paid leave vs. 2.1; $p < .001$). The data show no statistically significant differences in the postpartum employment status of those living below 200 percent of the FPL, but for respondents living above 200 percent of the FPL and in a state without a PFL, they were more likely to be working part-time at 12–14 months compared with those in a state with a PFL policy (21.0 vs. 10.4 percent; $p < .001$).

Table 3 shows the results for the stratified analyses of the type of leave, average length of leave, and employment status at 12–14 months postpartum by race or ethnicity (e.g., non-Hispanic White, non-Hispanic Black, and Hispanic or Latine comparing within racial and ethnic groups between policy environments. Non-Hispanic White respondents living in a state without a PFL policy were significantly more likely to take unpaid leave only (29.5 vs. 13.9 percent; $p < .001$). Similar trends were present for non-Hispanic Black (39.4 vs. 10.3 percent; $p < .001$) and Hispanic or Latine respondents (33.6 vs. 16.1 percent; $p < .001$). Relatedly, non-Hispanic White respondents living in a PFL state took more weeks of paid leave compared

**TABLE 2.** Type of Leave, Average Amount of Leave, and Employment Status at 12–14 Months Postpartum, by Household Poverty Status and State Policy Environment

| | Below 200% FPL | | Above 200% FPL | |
|---|---|---|---|---|
| | No-PFL States | PFL States | No-PFL States | PFL States |
| Type of leave: | | | | |
| Unpaid only | 46.96 (39.89–54.03) | 20.62 (13.36–27.89)*** | 24.12 (20.17–28.06) | 8.81 (6.00–11.62)*** |
| Paid only | 7.68 (3.51–11.84) | 17.10 (9.23–24.98)* | 23.53 (19.61–27.46) | 31.26 (26.22–36.30)* |
| Combination of unpaid and paid | 19.73 (15.23–24.24) | 34.04 (24.58–43.49)* | 46.34 (41.83–50.86) | 53.60 (48.30–58.90)* |
| No leave | 25.73 (18.22–33.25) | 27.63 (19.35–35.91) | 5.93 (3.07–8.80) | 6.29 (2.81–9.78) |
| Amount of leave (mean): | | | | |
| Weeks of unpaid and paid combined | 14.13 (12.10–16.15) | 16.76 (13.93–19.59) | 13.83 (13.04–14.62) | 17.96 (16.71–19.21)*** |
| Weeks of unpaid | 12.06 (9.97–14.14) | 12.22 (9.18–15.25) | 8.37 (7.47–9.26) | 10.35 (8.93–11.77)* |
| Weeks of paid | 2.07 (1.59–2.55) | 4.55 (3.68–5.41)*** | 5.47 (5.00–5.93) | 7.76 (7.10–8.42)*** |
| Employment status: | | | | |
| Full-time | 44.18 (37.25–51.11) | 43.31 (35.55–51.08) | 70.17 (66.11–74.22) | 75.54 (70.73–80.36) |
| Part-time | 26.72 (19.60–33.84) | 27.00 (18.06–35.94) | 20.95 (16.59–25.30) | 10.43 (6.70–14.17)*** |
| Not currently working | 29.03 (21.19–36.87) | 29.74 (21.92–37.55) | 8.85 (5.84–11.87) | 13.72 (9.19–18.25)* |

Source.—Data are from the 2020 Postpartum Assessment of Health Survey.

Note.—FPL = federal poverty level; PFL = paid family leave. The p value is calculated using chi-square tests and represents the difference in the percentages within groups between policy environments; 95% confidence intervals are listed in parentheses. Models are adjusted for age, parity, educational attainment, FPL, marital status, race or ethnicity, insurance status, type of delivery, and birth month. New Jersey and New York City have PFL policies; no-PFL states are Pennsylvania, Virginia, Michigan, Utah, and Kansas.

* p < .05.
*** p < .001.

**TABLE 3.** Type of Leave, Average Amount of Leave, and Employment Status at 12–14 Months Postpartum Among Respondents Who Were Employed at Childbirth, by Race or Ethnicity and State Policy Environment

| | White, Non-Hispanic | | Black, Non-Hispanic | | Hispanic or Latine | |
|---|---|---|---|---|---|---|
| | No-PFL States | PFL States | No-PFL States | PFL States | No-PFL States | PFL States |
| Type of leave: | | | | | | |
| Unpaid only | 29.53 (26.10–32.96) | 13.86 (9.00–18.72)*** | 39.35 (23.32–55.38) | 10.27 (−1.28–21.82)*** | 33.63 (17.39–49.87) | 16.10 (5.22–26.98)*** |
| Paid only | 20.37 (17.34–23.41) | 30.29 (23.83–36.76)*** | 11.80 (−4.11–27.70) | 22.99 (3.54–42.44) | 14.98 (5.73–24.23) | 17.07 (6.73–27.41) |
| Combination of unpaid and paid | 39.89 (35.92–43.87) | 46.54 (39.97–53.11) | 35.40 (22.08–48.71) | 45.28 (28.98–61.57) | 28.93 (18.04–39.83) | 40.96 (30.65–51.27) |
| No leave | 10.15 (6.95–13.35) | 7.94 (3.45–12.43) | 12.03 (−1.42–25.48) | 19.14 (1.50–36.78) | 20.25 (7.76–32.75) | 28.76 (17.17–40.34) |
| Amount of leave (mean): | | | | | | |
| Weeks of unpaid and paid, combined | 13.73 (12.85–14.61) | 17.88 (16.09–19.68)*** | 16.58 (13.71–19.45) | 18.47 (15.23–21.70) | 13.08 (9.90–16.26) | 17.77 (14.85–20.69) |
| # of weeks of unpaid | 8.96 (7.97–9.96) | 10.61 (8.66–12.57) | 12.70 (9.55–15.85) | 12.92 (9.44–16.39) | 9.66 (6.57–12.75) | 11.72 (8.64–14.80) |
| # of weeks of paid | 4.77 (4.36–5.17) | 7.35 (6.59–8.11)*** | 3.87 (2.76–4.99) | 5.90 (4.51–7.29)*** | 3.42 (2.38–4.45) | 6.06 (5.09–7.03)*** |
| Employment status: | | | | | | |
| Full-time | 63.06 (59.14–66.99) | 68.23 (61.54–74.92) | 64.23 (52.35–76.10) | 60.61 (46.39–74.84) | 49.72 (37.19–62.24) | 48.73 (40.09–57.37) |
| Part-time | 24.65 (20.49–28.80) | 15.49 (9.62–21.36)* | 23.04 (7.33–38.75) | 17.07 (−.05–34.19) | 20.51 (8.09–32.92) | 20.83 (9.49–32.16) |
| Not currently working | 12.36 (8.55–16.18) | 16.34 (10.68–22.00) | 12.05 (2.94–21.15) | 23.51 (9.32–37.69) | 29.84 (13.76–45.91) | 30.36 (17.60–43.13) |

Source.—Data are from the 2020 Postpartum Assessment of Health Survey.

Note.—PFL = paid family leave. "Other" race category is omitted from stratified analyses because of its small sample size. Percentages are weighted using survey weights; 95% confidence intervals are listed in parentheses. The p value is calculated using chi-square tests and represents the difference in the percentages within groups between policy environments. Models are adjusted for age, parity, educational attainment, poverty level, marital status, insurance status, type of delivery, and birth month. New Jersey and New York City have PFL policies; no-PFL states are Pennsylvania, Virginia, Michigan, Utah, and Kansas.

* $p < .05$.

*** $p < .001$.

with their counterparts in states without a PFL policy (7.4 vs. 4.8 weeks; $p < .001$). Again, we observed similar trends among non-Hispanic Black (5.9 vs. 3.9 weeks; $p < .001$) and Hispanic or Latine (6.1 vs. 3.4 weeks; $p < .001$) respondents, albeit with smaller gains. Non-Hispanic White respondents were the only group to have statistically significant findings for employment status at 12–14 months postpartum, where those living in a non-PFL state were more likely to be working part-time compared with those in a state with a PFL policy (24.7 vs. 15.5 percent; $p < .05$).

## DISCUSSION

Using data from a representative postpartum survey of birthing people in seven jurisdictions, we find that PFL policies are associated with longer overall leaves and longer periods of paid leave. We conclude that respondents living in a state with a PFL policy may be able to take almost 3 more weeks of paid leave. Our findings indicate that PFL policies appear to be additive at the population level, increasing the amount of leave taken overall, and do not replace the number of weeks of unpaid leave taken. Notably, however, among low-income respondents in states with a PFL policy, we find suggestions of a substitution effect, with respondents replacing almost 2 weeks of unpaid leave with paid leave. These results are similar to findings among women working in the public sector, where workers used a new paid leave policy to both substitute and elongate leave in the 180 days after adding a child to their family (Goodman et al. 2022).

Supported by the economic theory that parents will return to work when the cost of staying home exceeds the benefits, our study suggests that new parents take as much time off as they can financially afford. Higher-income parents were able to use the paid leave policy to extend the length of their leave, whereas low-income parents were able to substitute weeks of paid leave where they would have otherwise taken unpaid leave. Thus, the availability of paid leave may be protective against greater economic strain in the weeks immediately following a birth for low-income families. We find significant differences in the proportion of birthing parents taking unpaid leave, which occurred at higher rates in states without a PFL policy, consistent across all three racial groups (non-Hispanic White, non-Hispanic Black, Hispanic or Latine). Relatedly, we observed significant differences across all three groups in the lengths of paid leave respondents

were able to take when living in a state with a PFL policy, with the largest effects among non-Hispanic White and Hispanic or Latine parents.

Some of this variation could be driven by racial selection into jobs with access to paid leave. Slopen (2020) noted that Black women are more likely than women in other race or ethnicity groups to be employed in public sector, unionized positions, where they may have access to stronger PFL policies that support their ability to take longer leaves and combine paid and unpaid leave. Future work should continue to investigate length and composition of leave, both within and across racial and ethnic groups, and to consider structural inequalities in access to jobs that offer benefits.

Cost and affordability were the most common reasons for returning to work from leave, regardless of policy environment. We find those living in a state with a PFL policy have a higher likelihood of taking only paid leave, compared with those living in a state without PFL policies. Still, we find those living in PFL states are not maximizing their leave, which may point to affordability challenges at less-than-full income replacement. On average, we find that parents in New York City and New Jersey took slightly more than 6 weeks of paid time off, though both state policies provide 12 weeks of paid leave. At the time respondents were eligible, wage replacement rates in New York City and New Jersey—the two PFL jurisdictions represented in our study—were 60 and 80 percent of the workers' wage up to a cap based on the state average weekly wage. The cost of living in each region may explain our mixed findings. Our finding is consistent with a study from the Bay Area, which found that partial wage replacement was associated with similar disparities in the length of leave-taking by industry sector and occupational class (Elser et al. 2022).

Readers should also note that despite the job protection component of PFL policies, new parents still cited fear of losing their jobs as a factor influencing the timing of their return to work. The field needs more research to understand whether a lack of understanding among workers and employers of the job protection provisions of paid leave drive these concerns and to ensure that workers are aware of their rights under the policies.

Our study has several limitations. First, we gathered data in 2021 from respondents who had given birth in 2020, during the start of the COVID-19 pandemic. Disruptions in work and child-care availability were common during this period. Moreover, pandemic relief policies that required employers to provide paid sick leave or expanded family and medical leave for reasons related to COVID-19, as well as the availability of child tax

credits, stimulus payments, and unemployment insurance, may have affected work and leave-taking decisions (see Parolin 2023 for more details on COVID-19-era policies). However, we would expect this shift to a temporarily more supportive policy environment to attenuate differences in leave-taking between PFL and non-PFL states. Results may also not be generalizable outside of the jurisdictions represented in our study.

In addition, the COVID-19 pandemic normalized remote and hybrid work arrangements, which may have supported some new parents in maintaining employment. Rates of returning to work were similar to those found in other studies during nonpandemic times (Slopen 2020). We were also limited by our inability to observe detailed information about the respondents' work (e.g., employment sector, eligibility for FMLA) beyond full-time or part-time employment, which is important for assessing eligibility for both job-protected FMLA and for state-level PFL policies.

The findings from this analysis focus on leave-taking among birthing people and may not be generalizable to other types of leave (e.g., caring for ill family members) or to the nonbirthing parent, whom we expect would experience the postpartum period and related policies quite differently. In a related problem, neither the PRAMS nor the PAHS surveys collected data on the partners or spouses of the sampled birthing people. More information on the nonbirthing parent's employment status or income would provide a more comprehensive picture of motivating factors behind leave-taking and return-to-work decisions and could, in part, explain length and type of leave taken. Our analysis relies on the reasons respondents cited for decision-making about leave-taking after giving birth to provide context and attenuate this limitation (fig. 3). In addition, we cannot derive causal claims about the impacts of PFL policies from this cross-sectional analysis. However, the literature contains limited contributions on leave-taking in the year postpartum, and descriptive analyses provide important insight into the leave-taking behaviors of birthing people.

## CONCLUSION

Policies that support longer leave are critical to birthing parents, who require time to heal from pregnancy and childbirth and bond with their infant. PFL policies buy parents more time at home, providing economic security during an otherwise precarious period. Our findings make an important contribution to understanding the average length of leave taken

by new parents in the year after birth, the composition of paid and unpaid leave, and the return-to-work decisions of postpartum people.

We find that the presence of PFL policies was associated with parents taking longer leave, not just replacing weeks of unpaid leave, for most workers. We also observe that low-income workers are able to access wage replacement through these policies to replace weeks of unpaid leave. We conclude that postpartum people are likely taking off as much time as they can afford without jeopardizing their employment.

Our study takes advantage of a novel data set capturing information 12–14 months after birth, allowing for sufficient time to understand complete postpartum-year leave and employment decisions. This innovation is an improvement over common studies that rely upon data that survey people while still on maternity leave.

Our findings on the composition of leave—both paid and unpaid—point to the need for sufficiently high wage-replacement rates to maximize the family-level and social benefits of paid leave policies and can support policy makers as they consider state and federal PFL policies. Future work should build on this analysis using larger data sets to understand racial and ethnic disparities in length and composition of leave and consider jurisdictions beyond the seven represented here. Future work might evaluate progressive income replacement strategies adopted in some states to understand their role in ensuring that lower-income workers are able to access sufficiently long leaves to accrue fully the health and economic benefits of PFL policies.

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