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Knowledge of California's Paid Family Leave Program and Postpartum Health Care Use

This policy brief discusses findings from the Family Leave and Health Outcomes Study, which was conducted jointly by the American Institutes for Research and Kaiser Permanente Northern California, Division of Research. The study investigated California families' experiences with family leave and their subsequent health, enabling our research team to explore California mothers' knowledge of paid family leave (PFL) eligibility and program benefits, their leave-taking behaviors, and their likelihood of using an emergency room (ER) or being rehospitalized during the year following the birth of their child.

Family Leave Policy and Health Outcomes

Enacted in 2004, California's PFL program is the first state policy in the nation to provide time off from work, with partial wage replacement, to nearly all working mothers in California.¹ However, a lack of awareness about the PFL program remains a fundamental barrier to accessing this leave (Tisinger et al., 2016). A lack of familiarity with PFL or stigma associated with taking leave may prevent mothers from using this public benefit. A lack of job protection under the Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA) may also deter mothers from taking advantage of the PFL program. Mothers who do not access PFL may not take the leave they need to adequately recover from childbirth, which could in turn lead to more costly health care use.

¹ To be eligible for California's PFL program, the mother must have earned at least \$300 in taxable income over the base period. Some state employees did not have access to caregiving leave until July 1, 2019.

Nationally, an estimated 5% to 8% of women visit an ER during the first three months postpartum (Clark et al., 2010; Gussman, Baum, & Blechman, 2015). In addition, about 2% of mothers are rehospitalized during the postpartum period (Clapp, Little, Zheng, & Robinson, 2016). Considering both the health and cost implications of ER visits and postpartum hospitalizations, more research is needed to understand factors that may mitigate these adverse and often costly health care events.

Differences in Family Leave

Our analysis found that working mothers in California who were aware of their PFL eligibility prior to giving birth received higher rates of wage replacement during family leave and took longer periods of leave, compared with mothers who were not familiar with their PFL eligibility. First, we examined whether mothers received paid leave benefits that were equal to or greater than 50% of their wages prior to giving birth—a rate of wage replacement that is roughly consistent with the state PFL program. We found that nearly three-quarters of mothers who were aware of their PFL eligibility reported receiving that rate of wage replacement or higher, compared with just 57% of mothers who were not familiar with their PFL eligibility.

Second, we looked at the duration of leave and found that PFL-familiar mothers were 11 percentage points more likely to take at least 12 weeks of family leave, compared with mothers who were not familiar with their PFL eligibility (Figure 1). These differences in leave-taking behaviors remained evident when differences in various demographic, socioeconomic and clinical characteristics were statistically adjusted between the two groups.²

Figure 1. Mothers Who Were Aware of Their PFL Eligibility Before Giving Birth Were More Likely to Receive Wage Replacement of at Least 50%, and More Likely to Take at Least 12 Weeks of Leave



Note. Figure displays regression-adjusted probabilities from logit regression models. The sample sizes were 1,595 and 1,642 for the wage replacement and leave duration models, respectively. *** $p < 0.001$.

² The statistical model accounted for demographic and socioeconomic characteristics, family income, birth and prebirth health status, and mothers' eligibility to take job-protected leave under FMLA.

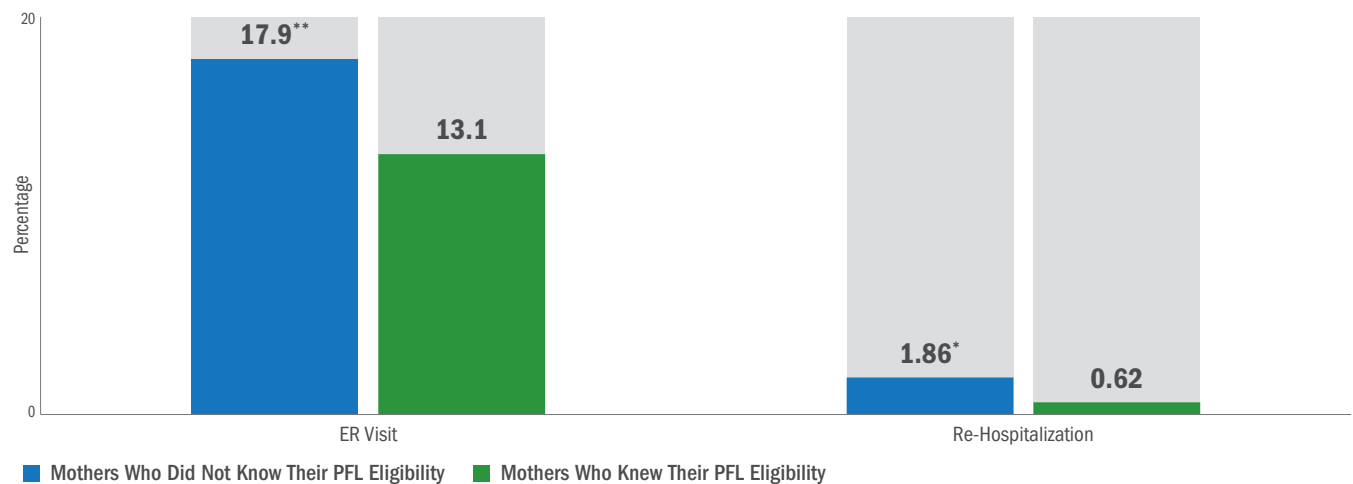


Likelihood of Visiting an ER or Experiencing Rehospitalization

Our analysis found that mothers who were aware of their PFL eligibility were less likely to visit an ER after giving birth and less likely to be rehospitalized, compared with mothers who were not familiar with their PFL eligibility (Figure 2). Recognizing that pregnancy complications are associated with postpartum health care utilization (Bennett et al., 2014; Harris et al., 2015), we accounted for an extensive set of health conditions in our analyses, including maternal health conditions that existed prior to and during pregnancy, as well as perinatal complications. The differences

in health care utilization outcomes between the two groups of mothers—those who were aware of their PFL eligibility before giving birth and those who were not—were substantial and statistically significant. PFL-familiar mothers were nearly 5 percentage points less likely to visit an ER after childbirth, compared with mothers who were not familiar with their PFL eligibility. In addition, the PFL-familiar mothers were two-thirds less likely to be rehospitalized.

Figure 2. Mothers Who Were Aware of Their PFL Eligibility Before Giving Birth Were Less Likely to Visit an ER Postpartum, and Less Likely to Be Rehospitalized



Note. Figure displays regression-adjusted probabilities from logit regression models. $n = 1642$. * $p < 0.05$, ** $p < 0.01$.

Policy Implications

Taking longer periods of leave after childbirth may improve mothers' postpartum health and prevent the use of high-cost health care services. Using mothers' knowledge of their PFL eligibility before childbirth as a measure of program access, we found that PFL knowledge was significantly associated with a reduced likelihood of visiting an ER or being rehospitalized. Our study provides evidence that PFL knowledge during pregnancy could serve as an indicator of women's risk for postpartum adverse health events—above and beyond known health risk factors—and could be considered when seeking to identify mothers who may require closer follow-up after childbirth. Although not causal, evidence from this study provides some support for policies or programs that are designed to increase awareness and knowledge of the PFL program, with the goal of either improving health care quality or containing health care costs.

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