



Trends in Parental Leave Among Philadelphians

Authors: Kelly Gillespie, MPH; My-Phuong Huynh, MPH; Aasta Mehta, MD, MPP; Stacey Kallem, MD, MSHP

KEY TAKEAWAYS

Postpartum recovery is a critical phase that supports both physical healing and emotional adjustment after childbirth. In the United States many birthing people return to work within 10 weeks of giving birth, which is not only considerably shorter than the four-month average in European Union countries.^{1,4} The American College of Obstetrics and Gynecologists (ACOG) recommends at least eight weeks of paid parental leave; emphasizing this should be separate from vacation or sick time.⁶ The most common cited reason for this shortened leave is financial, as many birthing people and their families do not have access to paid parental leave and are unable to afford to be out of work for extended periods.³

Research shows that access to parental leave, especially paid leave, is associated with a range of positive outcomes, including higher rates of breastfeeding, decreased postnatal infant mortality, improved maternal mental health, and reduced financial stress.² However, access to paid parental leave varies widely across the United States and is relatively rare.⁵ Nationally, access to paid leave is influenced by factors such as age, race and ethnicity, occupation, educational level, and type of employment. These factors impact both the duration of leave and amount of compensation received.³ The Family Medical Leave Act (FMLA) is a federal law that guarantees eligible employees job protection for up to 12 weeks of unpaid leave for family or medical reasons. Still, one in three birthing Americans report taking no parental leave because their employer did not offer paid leave, many citing they could not afford to take leave.³

The Philadelphia Pregnancy Risk Assessment Monitoring System (Philly PRAMS) is a population-based survey of Philadelphians who recently had a live birth. In 2022, Philly PRAMS began collecting data on parental leave, focusing on the amount taken, whether it was paid or unpaid, and reasons for not taking additional time off. A descriptive analysis of this data was conducted to explore trends and conditions surrounding parental leave in Philadelphia. This issue of CHART aims to describe the trends and conditions around parental leave in Philadelphia. Notably, 66% of birthing people in Philadelphia were employed prior to delivery. This analysis focuses solely on that employed population.

Philadelphians took a median of 11.5 weeks off after the birth of a baby.

Non-Hispanic Black parents took similar amounts of overall leave, but more unpaid leave compared to other racial and ethnic groups.

Only 7.2% of Philadelphians met the ACOG recommended 8 weeks of paid leave.

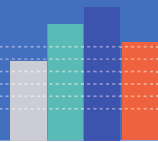
The most common factor influencing one's decision to take leave from work was ability to afford it.

2 out of 3 Philadelphians reported their time on leave was "too little".

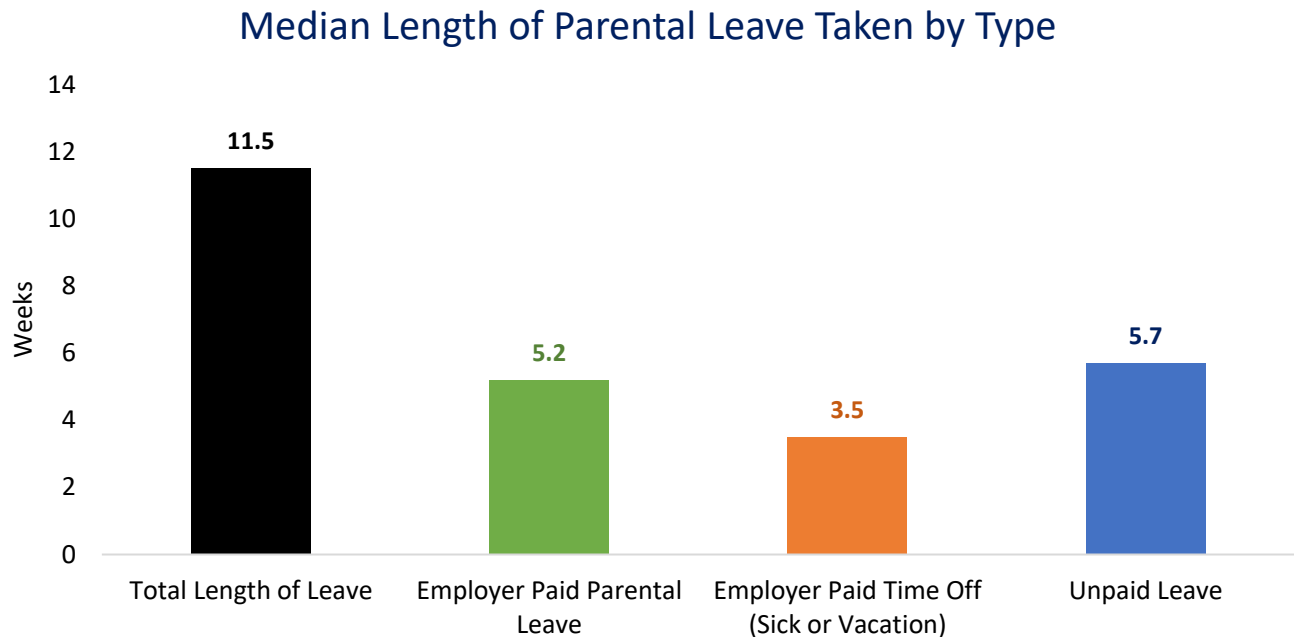
Technical Note:

Median is used instead of average (mean) to minimize the influence of outliers (very large or very small numbers). As a result, the numbers in graphs shown may not add up to the total.

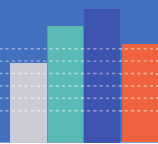
In the graphs "NH" is used to represent non-Hispanic and "AAPI" is used to denote Asian American or Pacific Islander.



Philadelphians took a median of 11.5 weeks of parental leave, composed of employer paid leave, paid time off (vacation or sick), and unpaid leave. Only 7.2% met ACOG recommendations for 8 weeks of paid leave.



- Many birthing people in Philadelphia reported using multiple forms of parental leave, including employer-paid leave, earned vacation or sick time, and unpaid leave, with a median duration of 11.5 weeks.
- While Philadelphians took a median of 11.5 weeks of parental leave, about half of that time (5.7 weeks) was unpaid.
- Approximately 7.2% of Philadelphians met the ACOG recommendations of taking at least 8 weeks of paid parental leave.
- PRAMS data on paid leave is unavailable at the state and national level for parental leave, making this analysis unique in its assessment of amount of leave taken and type of leave using a population-based data source.



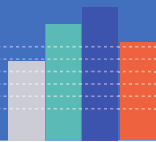
Asian American or Pacific Islander birthing people reported the highest amount of employer paid parental leave at 8.1 weeks.

Median Amount of Parental Leave Taken in Weeks by Demographic

	Median Total Leave	Employer Paid Parental Leave	Vacation or Sick Leave	Unpaid Leave
Overall	11.5	5.2	3.5	5.7
Race / Ethnicity*				
White, NH	11.5	4.3	3.6	5.7
Black, NH	11.3	5.5	1.9	7.3
Hispanic	10.8	7.1	3.3	3.6
AAPI, NH	11.0	8.1	2.3	3.6
Age Group*				
18-24 Years	8.3	5.5	2.5	7.2
25-29 Years	11.6	5.9	3.2	6.2
30-35 Years	11.6	5.0	2.4	5.3
>35 Years	11.4	4.5	3.3	5.5
Annual Household Income*				
\$0-\$16,000	9.7	5.1	2.0	5.2
\$16,001-\$32,000	9.8	6.3	0.9	5.8
\$32,001-\$85,000	11.3	5.4	3.2	6.8
>\$85,000	11.9	5.1	3.6	4.2
Maternal Education Attainment*				
Less Than a High School Diploma	7.8	0.0	1.0	1.8
High School Diploma or GED	10.2	4.8	3.8	7.3
Some College	10.4	5.3	1.0	4.4
Two or Four-Year Degree	11.6	6.3	2.6	5.2
Advanced Degree	12.0	4.7	3.5	6.8

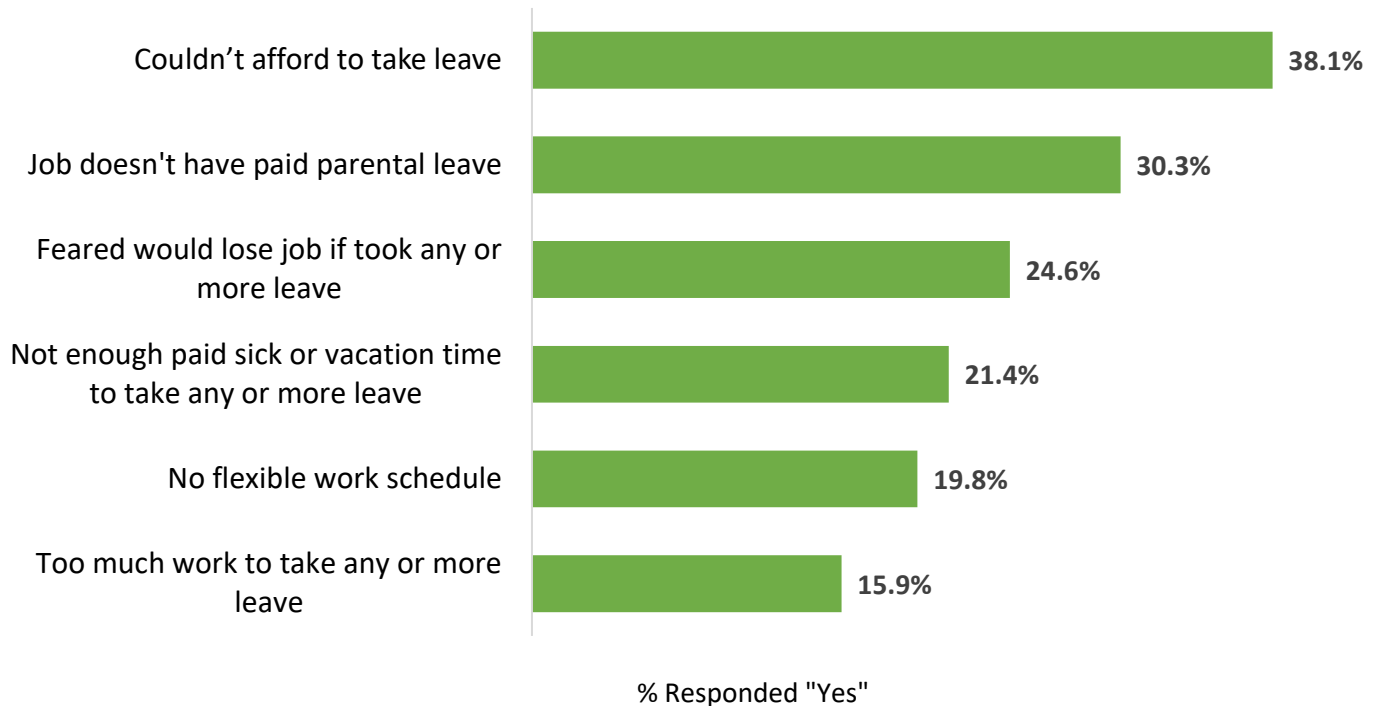
*statistically significant difference between groups, p-value <0.05

- Black, NH parents reported taking the highest amount of unpaid leave at 7.3 weeks, despite taking the same amount of total leave as other racial and ethnic groups.
- Philadelphians less than 25 years old reported taking less total leave and more unpaid leave compared to their older counterparts.
- Birthing people without a high school diploma reported taking the least amount of leave of any demographic group at 7.8 weeks.
- Total duration of leave tended to increase with higher household income and maternal education, highlighting the impact of socio-economic status.

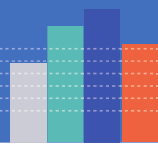


The top three factors impacting Philadelphians' decisions to take parental leave were being unable to afford to take off (38.1%), not having a job that offers paid leave (30.3%), and fear of losing their job if they took leave or stay out longer (24.6%).

Factors Impacting Decision About Taking Leave After Delivery

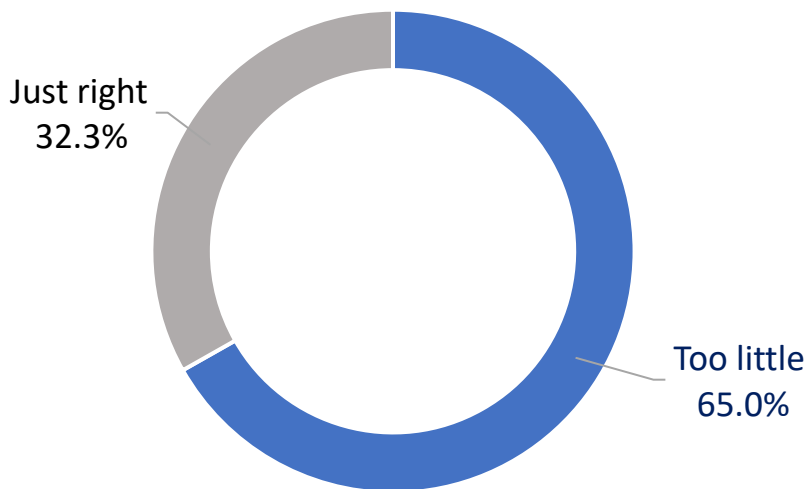


- When asked what factors affected their decision about taking leave from work after their new baby was born, over 1 in 3 Philadelphians reported not being able to afford taking time off.
- 30.3% of birthing people reported their job did not offer paid leave for their employees.
- About 1 in 4 Philadelphians reported fear of losing their job if they took leave or stayed out longer.



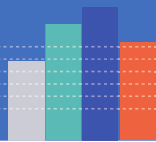
65% of Philadelphians reported feeling the time they took off after delivery was “too little”.

Feelings About Amount of Time Able to Take Off



*Those who reported feeling the amount parental leave was “Too much” was suppressed due to small numbers (<10).

- Philadelphians were asked how they felt about the amount of time they were about to take off after the birth of their new baby and 65% reported the time they took off was “too little”.
- Twice as many birthing people in Philadelphia reported feeling the time they took off was “too little” (65%) compared to those who felt it was “just right” (32.3%).
- A small number of Philadelphian (<10) reported feeling the amount of parental leave taken was “too much”; however, this data was suppressed due to small counts. This suppression protects confidentiality of respondents and unreliable data interpretation.
- These findings suggest that most birthing individuals in Philadelphia desire more time off from work after giving birth.



WHAT CAN BE DONE

The Health Department is:

- Participating in the Family Care Act coalition to promote a Pennsylvania paid leave program

Employers can:

- Provide parental leave, working towards a minimum of 8 weeks of paid leave for all employees
- Initiate flexible work schedules, including remote work
- Create [infant at work program](#) when feasible; which typically allows parents to bring their infants to work between the ages of 6 weeks and 6 months

People can:

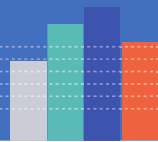
- Ask about paid leave benefits when considering a new job
- Contact Pennsylvania State Representatives regarding support for House Bill 474 – an act to provide paid family leave
- Know how and when to use the Family and Medical Leave Act (FMLA) and temporary or short-term disability, if available.

RESOURCES

- [Family and Medical Leave Act information](#) from the Department of Labor
- [Employee's guide to FMLA](#) from the Department of Labor
- [Paid Family Leave Toolkit](#) from Moms First

REFERENCES

1. Shepherd-Banigan, M., & Bell, J. F. (2014). Paid leave benefits among a national sample of working mothers with infants in the United States. *Maternal and Child Health Journal*, 18(1), 286–295. <https://doi.org/10.1007/s10995-013-1264-3>
2. Burt, A., & Bezruchka, S. (2016, June 1). Population Health and Paid Parental Leave: What the United States Can Learn from Two Decades of Research. *Healthcare*, 4(2), 30. <https://doi.org/10.3390/healthcare4020030>
3. Hawkins, D. (2020, October 5). Disparities in the usage of maternity leave according to occupation, race/ethnicity, and education. *American Journal of Industrial Medicine*, 63(12), 1134–1144. <https://doi.org/10.1002/ajim.23188>
4. *Leave and flexible working in the EU: What are the rights of the staff?*. Leave and flexible working. (2022, January 1). <https://europa.eu/youreurope/business/human-resources/working-hours-holiday-leave/leave-flexible->



working/index_en.htm#:~:text=Both%20parents%20are%20entitled%20to,)%20and%20are%20non%2Dtransferable.

5. Li, Q., Knoester, C., & Petts, R. J. (2022). Attitudes about Paid Parental Leave in the United States. *Sociological Focus*, 55(1), 48–67.
<https://doi.org/10.1080/00380237.2021.2012861>
6. *ACOG Statement of Policy: Paid Parental Leave*. (2023, November). American College of Obstetrics and Gynecologists. Retrieved April 24, 2024, from <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2020/paid-parental-leave>

Suggested citation:

Trends in Parental Leave Among Philadelphians. CHART 2025;X(X):1-7.



Palak Raval-Nelson, PhD; MPH
Health Commissioner
Philadelphia Department of Public Health
1101 Market Street, 13th floor
Philadelphia, PA 19107
215-686-5200

HealthDept@Phila.gov
<http://www.phila.gov/health>
[@phlpublichealth](https://twitter.com/phlpublichealth)

All PDPH CHARTs are available at
<http://www.phila.gov/health>