

The Need for Paid Family and Medical Leave As A Critical Support for Young Adults' Maternal Health

No pregnant or postpartum worker should have to sacrifice their health or the health of their pregnancy, but many young workers are forced to choose between a healthy pregnancy and economic security. Thankfully, pregnant and postpartum workers now have groundbreaking new rights under the [Pregnant Workers Fairness Act](#) & [PUMP for Nursing Mothers Act](#). Young pregnant workers, however, still need additional workplace support like a national right to paid family and medical leave and paid sick time in order to care for themselves and ensure a safe and healthy pregnancy and birth while maintaining their economic security.

Pregnant Youth in the United States: Understanding the Landscape

- In 2021, the birth rate for people aged 15-19 was 13.9 births per 1,000 women, or an estimated 146,973 births. Among individuals between the ages of 20-24, the birth rate was 61.5 births per 1,000 women, or an estimated 650,000 births.ⁱ
- Black and Latine young people are particularly likely to experience pregnancy and childbirth,ⁱⁱ making addressing the health and economic needs of pregnant youth both a racial and gender justice issue, especially amidst the ongoing Black maternal mortality crisis.
- Approximately 150 out of 1,000 pregnant people age 18-24 experience pregnancy complications and approximately 20 out of 1,000 pregnant people age 18-24 experience birth complications.ⁱⁱⁱ These complications can include postpartum hemorrhages, eclampsia, cephalopelvic disproportion, poor fetal growth, low birth weight, and neonatal mortality. Additionally, pregnant people under the age of 20 are at increased risk for a number of pregnancy complications, including hypertension, eclampsia, and blood transfusion.^{iv}
- Among individuals under the age of 25, the rate of maternal mortality is approximately 20 maternal deaths per 100,000 births, disproportionately affecting young Black birthing people, who had higher rates of maternal mortality compared to white birthing people.^v

Employment Patterns Among Youth Workers

- Many pregnant workers hold jobs that require them to stand continuously, work irregular hours, work long hours, lift heavy objects, or participate in highly physical activities. This may increase the risk of pregnancy and birth complications.^{vi}
- Over 1 in 5 pregnant individuals work in lower paying jobs. Many lower paying jobs are especially likely to be physically demanding and especially unlikely to provide job flexibility or time off. Black and Latine workers are more likely to hold lower paying jobs.^{vii}

- 12.8% of the labor force is made up of individuals between the ages of 16-24.^{viii} This number increases during the summer months, as over 60% of young individuals work during their school break.^{ix}
- Many young people work in industries that can be physically-demanding. The industries that employ the largest numbers of young people are retail, hospitality, and education and health services.^x For young pregnant workers, that can mean increased risk of complications.
- In service industries such as these, there is a severe lack of paid sick and paid family leave. Only 59% of service workers have access to paid sick leave, and only 12% have access to paid family leave.^{xi} In contrast, higher income workers, such as those in business, finance, and management, are much more likely to have access to paid sick leave and paid family leave—92% have access to paid sick leave, and 33% have access to paid family leave.^{xii}

Youth Pregnancy and Prenatal Care

- Individuals under the age of 20 are the least likely to receive prenatal care in their first trimester: only 61.6% of these individuals began receiving prenatal care in the first trimester, compared with 78.3% of individuals on average.^{xiii} This suggests that pregnant youth need additional support to ensure they are able to care for themselves and their pregnancies.
- Young pregnant people are at increased risk of complications including preeclampsia, preterm premature rupture of the membrane, postpartum depression, and maternal death.^{xiv} One study found that, among teenagers who gave birth, instances of severe maternal morbidity were nearly twice as high among those who had not received adequate prenatal care as among those who did receive adequate care.^{xv} Another study found increased risk of poor infant outcomes for teenagers who gave birth without receiving adequate prenatal care, including higher rates of infant admission to the NICU and lower scores on infant health assessments.^{xvi}
- Younger pregnant people have been shown to be at increased risk for postpartum depression.^{xvii} A CDC report found that approximately 18% of people between the ages of 20-24 who gave birth suffer from postpartum depression and approximately 22% of people 19 years old and younger who gave birth suffered from postpartum depression, higher rates than any other age group.^{xviii}

Importance of Paid Family and Medical Leave for Pregnant & Postpartum Youth

- Paid leave laws are essential to enabling all people, including youth, to take care of themselves and their loved ones without putting their economic security at risk.
- Through the enactment of comprehensive paid family and medical leave laws, pregnant and postpartum young people will be able to ensure they are able to attend to their medical needs during and after pregnancy, recover from childbirth, bond with their new baby, and economically provide for themselves and their families.
- It is also critical that young pregnant and postpartum people understand the new rights they have under the nationwide Pregnant Workers Fairness Act (PWFA). Under the PWFA, pregnant and postpartum

workers can access reasonable accommodations such as flexible scheduling to attend prenatal or postnatal appointments, on-the-job changes like temporary transfers, time off to recover from childbirth, and lactation accommodations. The nationwide PUMP Act also requires employers to provide break time and a clear, functional private space that is not a bathroom to pump milk at work.

- ⁱ BRADY E. HAMILTON, JOYCE A. MARTIN, & MICHELLE J.K. OSTERMAN, CTRS. FOR DISEASE CONTROL & PREVENTION, NATIONAL VITAL STATISTICS REPORTS (2023), <https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf>.
- ⁱⁱ Kathryn Kost, Isaac Maddow-Zimet & Alex Arpaia, *Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013: National and State Trends by Age, Race and Ethnicity*, GUTTMACHER INST. (2023), <https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013>.
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- ^{iv} Yael Eliner et al., *Maternal and Neonatal Complications in Teen Pregnancies: A Comprehensive Study of 661,062 Patients*, 70 J. ADOLESCENT HEALTH 922 (2022), <https://pubmed.ncbi.nlm.nih.gov/35165030/>.
- ^v Donna L. Hoyert, *Maternal Mortality Rates in the United States, 2021*, CTRS. FOR DISEASE CONTROL & PREVENTION (2023), <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm#:~:text=Rates%20increased%20with%20maternal%20age,%28Figure%20%20and%20Table%29->
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- ^{vii} *Id.*
- ^{viii} CIVILIAN LABOR FORCE, BY AGE, SEX, RACE, AND ETHNICITY, U.S. BUREAU OF LABOR STATISTICS (2022), <https://www.bls.gov/emp/tables/civilian-labor-force-summary.htm>.
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- ^x *Labor Force Statistics from the Current Population Survey, Table 18b*, U.S. BUREAU OF LABOR STATS. (2023), <https://www.bls.gov/cps/cpsaat18b.htm>.
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- ^{xii} *Id.*
- ^{xiii} BRADY E. HAMILTON, JOYCE A. MARTIN, & MICHELLE J.K. OSTERMAN, CTRS. FOR DISEASE CONTROL & PREVENTION, NATIONAL VITAL STATISTICS REPORTS (2023), <https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf?ftag=YHF4eb9d17>.
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- ^{xviii} *Id.*