CASE STUDY
February 2018

UNIVERSITY OF MINNESOTA
RURAL HEALTH
RESEARCH CENTER

Challenges Related to Pregnancy and Returning to Work after Childbirth in a Rural, Tourism-Dependent Community

Amanda Corbett, MPH
Carrie Henning-Smith, PhD
Kristin DeArruda Wharton, RN
Katy Kozhimannil, PhD

Key Findings:

- Women and families living in rural areas that rely heavily on tourism face unique issues and constraints related to pregnancy and returning to work after childbirth.
- A focus group of pregnant women and mothers in one community (n=6) revealed challenges related to timing of pregnancy and maternity leave, breastfeeding support, and childcare availability. While these are common challenges of childbearing women, there are unique aspects of these issues in rural tourist areas, including strong seasonal patterns and fewer employment opportunities.
- This case study indicates that efforts to increase flexibility in work environments and improve community support during pregnancy and during the first year of an infant's life may be helpful to the health and well-being of parents and families in rural tourism-dependent communities. Issues raised in this community may spark future research.

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Purpose

This case study arose out of a site visit related to research on closure of hospital-based obstetric services in rural communities. Participants in a focus group highlighted that – beyond obstetric services access – they faced challenges related to pregnancy and returning to work after childbirth in their community, a rural area that is heavily reliant on tourism and recreation for economic vitality. Beyond describing issues they face, participants offered suggestions for potential policies and programs that would improve their capacity to successfully navigate employment and family life in their community.

Background

Small local businesses are a mainstay in rural tourist destinations and are key to attracting tourist traffic, creating and maintaining charm, and providing employment to local residents. In all, 329 rural counties (approximately 14% of all rural counties) have been classified as having significant recreational or tourism economies.[1] Rural residents who work in small businesses in tourist communities have specific concerns around pregnancy. Like others, pregnant women in rural tourist communities may question the implications of their pregnancy on their employment status and what family-friendly policies their employer may have, but the seasonal and tourism-related constraints may be particularly inflexible in these rural areas.

The 1993 Family and Medical Leave Act (FMLA)[2] requires employers to hold positions for 12 weeks for parental leave. Additionally, federal legislation provides legal protection around breastfeeding when returning to work.[3] While having employment and the legally-protected right to breastfeed is reassuring, these laws do not provide any guarantee employers will support employees seeking protection, nor do the laws apply to all employees—both of the aforementioned regulations apply only to employers with 50 or more employees, and FMLA has additional requirements on length of employment. While data specific to rural tourist areas are not available, data show that many rural, low-income mothers work at employers that don't qualify for FMLA,[3] with 35% of rural mothers working in businesses with fewer than 25 employees and 70% working at businesses with fewer than 100 employees.[4] Furthermore, individual employers can determine how much (if any) of the 12 weeks leave guaranteed by FMLA is

paid. When they are unpaid, many women are unable to afford to take the full 12 weeks. Several states have protections that exceed federal standards, such as paid parental leave policies in the states of California, New Jersey, and Rhode Island,[5] and requirements for breastfeeding support that extend to more workers.[6]

Existing evidence indicates that there are rural-urban differences in policies affecting employed women who become pregnant and those who return to work after childbirth. Glauber and Young examined rural-urban gaps in employers that offer family-friendly benefits, including flexible work scheduling, subsidized childcare, health insurance, paid sick time, paid vacation time, and job-protected maternity leave.[7] Employers offering these family-friendly benefits are least likely to be found in areas with high poverty and underemployment,[8] both of which are more common in rural America. More than half of working mothers in rural areas are employed by organizations that do not provide parental leave or paid sick days.[9] Additionally, because poverty rates are higher and median incomes are lower in rural communities, it may be even more important to have dual-income households when possible, making it financially urgent to return to work after childbirth.[4, 10] Many small employers—including those in rural tourist communities—are simply not in a financial position to hire additional, temporary staff to cover parental leave. Meanwhile, most new job growth occurs in urban areas, making it especially important for rural residents to maintain their current employment, as other options may be more limited.[11]

Following an infant's birth and a woman's return to work, employers play a role in breastfeeding support. There is substantial evidence to demonstrate the benefits breastfeeding offers to women, infants, families, workplaces, and communities at large,[12-14] yet for decades women in rural communities have had lower breastfeeding initiation and duration rates than in urban communities.[15] These geographic disparities are associated with race and income, and researchers have found evidence that workplace policies influence breastfeeding rates.[16] Some businesses—even those that wish to support breastfeeding—struggle to do so. Prior research shows that the main barriers to successful workplace breastfeeding are: 1) employers simply not complying with state and federal standards regarding time and space for pumping breastmilk,[17] 2) women receiving inadequate or inaccurate information about state and federal laws protecting breastfeeding rights,[18-19] and 3) women's lack of support from colleagues and supervisors.[20]

The seasonality of tourism work compounds existing challenges faced by rural mothers and by mothers who return to work after giving birth. This case study highlights unique circumstances faced by families in rural tourist areas during pregnancy and after childbirth.

Approach

A focus group of pregnant women and mothers in a tourism-dependent, remote community in a non-core, non-urban-adjacent rural county was held on July 17, 2017 and lasted 1.5 hours. The focus group discussion was part of a broader research project that focused on access to hospital-based obstetric care for rural communities. The focus group was a convenience sample of six women, three of whom were pregnant at the time of the focus group. Between the six women, they had eight children ranging in age from 9 months to 8 years old. The women were invited to participate by one author, a public health nurse, who leads childbirth education classes and provides breastfeeding support services in the community and is thus acquainted with all local pregnant women who receive childbirth education or lactation support services. Participation was voluntary; no financial incentives were provided for participation. Two members of the research team conducted this focus group, with one (C. Henning-Smith) leading the facilitation and the other (K. Kozhimannil) taking notes. All participants consented to be included, and this research was reviewed and approved by the University of Minnesota Institutional Review Board.

The focus group concentrated on experiences of pregnancy, childbirth, and parenting in a community that lost access to hospital-based obstetric services. In this context, questions for the focus group included prompts to discuss perceptions of available support for pregnancy, labor and delivery, and the postpartum period. Focus group questions included:

- Where did you seek prenatal care during your pregnancy(ies)? What community resources, if any, did you use during your pregnancy for support?
- What community resources (in and around your town), if any, have you used since giving birth (e.g., peer breastfeeding support, postpartum support, new parents' groups)?
- What additional community resources for pregnancy and the postpartum period would you like to see in and around your town?
- Do you have any other thoughts related to pregnancy and postpartum support in your community that we haven't already covered today?

From these questions—especially the final question—focus group participants highlighted the broader importance of their lived experiences in the community, beyond the hospital-based and clinic-based health services related to pregnancy and childbirth. Indeed, participants noted that seasonality of tourism, employment, and availability of information, resources, and support were strong determinants of their health, well-being, and success in parenting. As such, we sought to analyze responses to these questions to assess key themes that related broadly to health during pregnancy and the postpartum period for women in a rural, tourist community. All four authors of this brief met to review the transcribed notes from this focus group and to identify themes that emerged. An inductive approach was use to code emergent themes, and exemplary quotations were identified for each. Coding was led by the first author (A. Corbett) and validated by three other authors. This approach is limited, as it reflects a case study and a limited number of perspectives from a convenience sample of participants in one community. The findings that emerged from this case study may helpfully aid discussion for community-based solutions to these challenges and may also catalyze hypotheses for future research.

Emergent Themes

Major emergent themes from the focus group discussion were related to workplace accommodations and community and employer support and include: timing of pregnancy and maternity leave; breastfeeding support; and child care.

> *"I was told, don't get pregnant now. You can't give birth during the busy season."*
> *-Pregnant woman*

Timing of pregnancy and maternity leave

A significant portion of the community's economy relies on year-round tourism, though summer and early fall are far busier than winter and spring. The effects of seasonality on timing of pregnancy and childbirth was a key emergent theme. One woman reported being told by her employer that she could not give birth during the "busy season." Given the unpredictability of timing pregnancy and childbirth, this saddles the woman with an unmanageable responsibility. Other participants reported knowing women who would like to plan a pregnancy, but feared losing their jobs if they got pregnant because they were employed by a company with fewer than 50 employees and therefore not protected by FMLA.

Small businesses accounted for more than half of the employment opportunities in the county where respondents live, with industries including retail, arts, entertainment and recreation, lodging, and food service. Government positions, including public administration, health care, social services, and education accounted for about one-quarter of jobs in the county. Construction companies and private sector services provided the remaining jobs.[21] While government employees qualified for FMLA, the vast majority of other aforementioned businesses have fewer than 50 employees. In addition to parental leave benefits and job security, there is an overall lack of available employment opportunities. One participant—with a specific skill set—noted, "There is no other job like mine.

> *"Follow-up is harder when you are further."*
> *-Pregnant woman, mother of one child*

There aren't other options around here."

The majority of women in the local community gave birth in a much larger city, which is 110 miles away. While many women chose to receive prenatal care at a local community health center, others either opted to or circumstances dictated they receive prenatal care from a specialist in the larger city where they planned to give birth. Under these circumstances, frequent full-day trips to receive prenatal care were necessary. One woman receiving care in the larger city noted, "My doctor wanted me to see her [prenatally] and her schedule is jam-packed. I felt like I couldn't ask all the questions I had or express all of my frustrations…To drive two hours to only be in her office for 10 minutes and not get questions answered was frustrating. It would have been easier to do my visits at the clinic here, but my pregnancy was high risk." Tourist season could also affect scheduling prenatal appointments; it may be more difficult to take time off work to attend prenatal appointments, and, owing to tourist traffic on the two-lane road between their hometown and the larger city, travel time increases.

For these reasons, one participant suggested parental leave may be even more critical for rural residents who must take time off work to travel long distances for prenatal care: "If you are spending your leave upfront for appointments or to go early to a delivery, you have to use your leave" which may set up a situation where a woman has limited time off postpartum. The rhythms of tourist season may exacerbate this problem, when even taking

available leave – however limited – may not be an option.

> *"It was so hard to ask for twelve weeks unpaid [maternity leave]. I felt like I was asking for so much. It is the norm up here to be afraid to ask for more than six weeks."*
> *-Mother of one child*

Participants reported feeling that employers lacked a general understanding of the need for parental leave or the value to employees of such leave, especially in light of seasonal constraints of tourism. One participant stated, "I interviewed with a company that told me that I would have only 4 weeks leave, maximum." Because of such expectations, participants wished they felt more supported when talking to their employers about maternity leave. Fears mounted for participants in tourism-dependent jobs requesting leave during high season.

Breastfeeding support

Women reported being aware of breastfeeding support options in the larger city where many participants gave birth, but they noted travel time to access these supports as a barrier. As previously mentioned, travel to distant resources was even more complex during high tourist season, both because taking time off is more difficult and because traffic prolongs travel from their hometown to the city-based resources that are more than 100 miles away. One participant reported having a lactation consultation prior to being discharged from the hospital after birth but admitted it was unlikely she would return to the city with a newborn for a lactation follow-up; she found it challenging enough to get to the local clinic for support. During the summer and early fall, when tourism is in full swing, prioritizing a long drive with an infant – and potentially also negotiating time off work – was reportedly exceedingly difficult.

> *"There was a birth and baby fair in [a distant, large city], and La Leche League is there, but I don't live there."*
> *-Pregnant woman, mother of one child*

Participants reported feeling support for breastfeeding from other mothers, health care providers, and local community members. The local clinic offered prenatal lactation consultations as a standard element of prenatal care and outreach. The local public health authority provided home visits to all residents of the county who gave birth. Weighing infants and providing lactation support were part of routine care during home visits. Additionally, the county-based Women, Infants, and Children (WIC) program provided weigh-ins on a walk-in basis and breastfeeding advice and support materials at the clinic. One participant commented how reassuring she found the weigh-ins when exclusively breastfeeding.

> *"I always wanted to breastfeed … I stuck it out as long as I could with all of them."*
> *-Mother of three children*

In spite of these clinic and public health-based support programs, participants noted a lack of community resources around breastfeeding, especially for employed mothers. There was neither a local chapter of La Leche League nor an informal mothers' support group in the area. Focus group participants recognized the WIC clinic as helpful, though there were income requirements to accessing lactation support through WIC, for which approximately one-third of county residents qualified. In the past, the local WIC program created a mothers' group that met monthly and included lactation support, but it was difficult to get regular attendance, especially during high tourist season or during poor weather, so the group dissolved. A local woman developed a mothers' group on Facebook that is still operational and which some participants noted was helpful, social, and supportive. Due to the demands of seasonal and limited employment, employers' support of breastfeeding mothers was insufficient to allow adequate access to services.

> *"In the winter, if you are going to get bundled up in the car to go, you need to know it's worth it."*
> *-Pregnant woman, mother of one child*

Childcare

The final theme to emerge regarded the challenges of finding childcare for newborns, infants, and older children, in order to facilitate returning to work. For participants with limited leave or those who had to return to tourism-dependent jobs shortly after giving birth, it was especially difficult to find reliable childcare for very young infants and for parents who worked outside of typical hours (9am-5pm, Monday-Friday). Multiple women discussed difficulty finding any available childcare, let alone

affordable, high-quality care. One participant described the issue this way, "Here you're just crossing your fingers and hoping you get a spot [in child care]. You don't get to think about quality." The same participant remarked that if she had not found childcare, she would have needed to quit her job, as she does not have family close by to help out. While challenges accessing childcare are not unique to rural communities, it is heightened by the fact that rural communities tend to have fewer options for center-based care, compared with urban areas.[22-23] Sparsely populated, remote rural areas make it harder for individuals to be physically close to others who might provide less-formal care, and during high season for tourism, even family members who may typically provide informal care may be engaged in family businesses that serve local tourists.

"I mostly relied on my mom, who was here for two weeks, but not everything is the same for other mothers and daughters. Some moms have to work too."

-Mother of one child

One participant suggested expanding a practice that has been growing in popularity in the area: employees bringing their infants to work with them, especially in early infancy. While not appropriate for all jobs, some types of local tourism-based employment could accommodate this, including work in retail, information services, museums, outdoors adventure planning, etc. Local women who own small businesses and small non-profit organizations have led the way in supporting this solution. One participant remarked that small employers might need to choose between allowing that and not having staff to cover their needs. Participants reported that the local county government has even created a policy to allow infants in the workplace to address the lack of infant spots in childcare. Efforts to expand the practice of bringing young infants to work in tourist-based employment, when the situation allows, could help ease burdens related to lack of childcare in this community.

"There is a lot of support among coworkers and others in the community, and in an urban area, you would not do that (bring your six-week-old baby to work or pass him to a co-worker)."

-Mother of three children

Conclusions

Above all, women who participated in this focus group in a rural tourist-dependent community expressed concern that what they considered best for their own health and the wellbeing of their infants was not necessarily consistent with their employers' expectations. In particular, the women felt pressure to time their pregnancies around the tourist season and to take minimal leave. They also experienced difficulty accessing support and information for breastfeeding, both in and outside of the workplace. Women also expressed that their ability to return to work was challenged by a lack of childcare.

While many of these issues are not unique to rural areas, they may be heightened in small towns and sparsely populated communities that rely on tourist activity. These communities may be typified by seasonal employment, lower-than-average median incomes, and many small businesses that are exempt from FMLA and other federal requirements providing protections for people who give birth. Further, women who become pregnant face challenges related to maternity care access in the wake of a recent wave of hospital and obstetric unit closures in rural communities.[24] Taken together, this presents the challenges highlighted by participants in our focus group. While not comprehensive research, the insights provided by women in one remote tourism-dependent community may point the way forward for community-based innovations and for future research to rigorously examine these issues more broadly in rural communities.

This case study indicates that efforts to increase flexibility in work environments and improve support during pregnancy and during the first year of an infant's life (e.g., expanded protections for parental leave and/or expanded support for breastfeeding in the workplace) may be helpful to retain and support postpartum employees, especially during high tourism seasons. Holding forums to invite public input on programs, feedback on proposed ideas, and discourse on ideas to improve life during pregnancy and early parenthood in rural tourism-dependent communities could result in community-driven, creative suggestions to work toward sustainable implementation of family-friendly policies and programs. Ultimately, funding and support for such programs may come from a variety of sources, including private and public employers and local, state, and federal support. However, some of the solutions that emerged from participants in the community we visited (e.g., support for women to breastfeed in the workplace or bring young infants to work) could be implemented with minimal cost, so finances alone should

not be a barrier to supporting pregnant women, mothers, and families in rural, tourist areas. Based on the feedback from rural mothers in one community, any of these actions, and especially a combination of them, may help to alleviate the financial and emotional stress they experience around the time of pregnancy and childbirth, as well as support the health, development, and well-being of the next generation of rural residents in tourism-dependent communities. ■

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RHRC
Rural Health Research & Policy Centers
Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

Support for this study was provided by the Office of Rural Health Policy, Health Resources and Services Administration, PHS Grant No. 5U1CRH03717.

For more information, contact Amanda Corbett (corbe007@umn.edu).

University of Minnesota Rural Health Research Center
Division of Health Policy and Management, School of Public Health
2221 University Avenue SE, #350
Mnneapolis, Minnesota 55414