

Table 4. Effects of a 1-mo increase in paid maternity leave on the number of neonatal deaths per 1,000 live births, Demographic and Health Surveys, 2001–2008.

Exposure	Model 1 ^a (<i>n</i> = 304,201)			Model 2 ^b (<i>n</i> = 304,201)			Model 3 ^c (<i>n</i> = 295,246)		
	Estimate	LCL	UCL	Estimate	LCL	UCL	Estimate	LCL	UCL
Additional month of paid leave	−3.3	−5.1	−1.6	−2.6	−5.0	−0.2	−2.9	−6.0	0.2
Individual and household-level covariates^d									
Male gender				8.3	6.9	9.8	8.4	6.8	9.9
Mother's education (years)				−0.5	−1.3	0.2	−0.5	−1.3	0.2
Household SES 2nd quintile				−0.3	−4.2	3.6	−0.4	−4.4	3.5
Household SES 3rd wealth quintile				0.1	−3.2	3.3	−0.1	−3.4	3.2
Household SES 4th wealth quintile				−2.2	−6.1	1.8	−2.3	−6.3	1.6
Household SES 5th quintile (highest)				−4.5	−9.8	0.9	−4.7	−10.1	0.8
Urban residence				−1.5	−5.0	2.0	−1.6	−5.1	2.0
Short birth interval (<24 mo)				14.2	10.5	17.9	14.2	10.4	18.0
Maternal age 20–39 y				−15.9	−21.6	−10.1	−15.9	−21.7	−10.1
Maternal age ≥40 y				−7.2	−20.4	5.9	−7.3	−20.6	5.9
Skilled attendant at delivery				4.8	−2.9	12.5	5.0	−2.7	12.8
Country-level covariates									
Wage replacement rate				−0.1	−0.3	0.0	−0.1	−0.3	0.2
ln GDP per capita				−22.1	−48.7	4.5	−34.4	−93.5	24.7
Female labor force participation				0.1	−0.6	0.9	0.5	−0.7	1.8
ln government health expenditure per capita							−5.6	−14.7	3.5
ln total health expenditure per capita							1.0	−9.5	11.5

^aModel 1 includes country and year fixed effects.

^bModel 2 additionally controlled for measured individual, household, and country-level characteristics.

^cModel 3 additionally controlled for per capita total and government health expenditures; these data were unavailable for all years for Zimbabwe, and observations from Zimbabwe were therefore dropped from Model 3.

^dReference categories for categorical variables are female gender, the first (lowest) household SES quintile, rural residence, birth interval ≥ 24 mo, maternal age < 20 y, and absence of a skilled attendant at delivery.

LCL, lower confidence limit of 95% CI; ln, natural log; UCL, upper confidence limit of 95% CI.

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responses to policy changes that occurred in the year preceding the measurement of the outcome (Model C). Additionally, our results were qualitatively similar after we restricted our sample of control countries to those with similar pre-intervention trends in infant mortality between 1990 and 2000 (Model D). By contrast, the effects of paid maternity leave policies on neonatal mortality varied substantially across alternative model specifications. In particular, an