

# The Influence of Paid Maternity Leave on Postpartum Depression

Jessica N Kantra\*

School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania

## ABSTRACT

The prevalence of post-partum depression (PPD) in American mothers continues to remain constant within the United States. This is likely caused by various social determinants of health; namely stress, anxiety, socioeconomic standing and employment benefits. The research done for this paper focuses primarily on the influence of access to paid maternity leave on the rate of PPD as seen across the US and compared against other countries. Paid maternity leave has been identified as a beneficial contributor to positive maternal mental health outcomes following birth and is actively being advocated for within some states throughout the country. Studies conducted reveal how many mothers face stress related to securing employment throughout their leave while most employers that ensure adequate lengths of paid leave see only positive effects – if any – on the company's overall productivity and profitability. Scholars across the country have come to the common conclusion that a paid leave of at least six months would in turn exhibit positive changes in maternal mental health throughout the lifespan.

**Keywords:** Maternity Leave, Postpartum, Depression

## INTRODUCTION

During Often times, caring for a new-born child is accompanied with a heavy mental burden. With the introduction of a new member to the family, adjustments in lifestyle spread across a wide range of areas anywhere from routine to financial security. Caring for a new-born can lead to increased stressors that may put the physical and mental well-being of many mothers at risk. Within the United States, a woman may feel further constricted during this time of transition as she juggles the responsibilities of home and health while she judges when to return to work at a time that would benefit both her new-born child as well as herself. However, the luxury of paid maternity leave that ensures ample amounts of time for transitioning into motherhood is not always guaranteed, ultimately contributing to staggering statistics regarding the mental health of new mothers across the country.

Paid maternity leave is a crucial yet overlooked topic in the United States. Without guaranteed extended paid leave, many mothers face financial difficulties which can ultimately put their health and the health of their children at risk. According to the March of Dimes organization, nearly one in seven women in the United States develops post-partum depression (PPD) within three weeks of giving birth. PPD involves strong feelings of sadness that can make it extremely difficult for mothers to care for their children and

can be caused by stressful life events such as a difficult pregnancy, having little support from family or friends, money problems, or simply difficulty adjusting to life as a mother [1]. Recently, there seems to be an upward trend in the recognition of PPD as one of the most significant public health concerns across most western countries with upwards of 10-15% of postpartum women being diagnosed with the complication, further emphasizing the need for intervention at a federal level [2].

The prevalence of PPD is dependent upon various factors expanding from socioeconomic standings to cultural practices, as well as personal health risks related to anxiety, irritability or other recurrent trends a woman observes during her “reproductive-related periods,” [2]. In a study done by Abdollahi et al., there were five main factors found to most directly affect a woman's likelihood of being diagnosed with PPD: physical/biological factors (i.e. medical conditions of the mother, premenstrual symptoms, body mass index below normal, high riboflavin (B2) consumption, and a high glycaemic index), psychological factors (most importantly depressive or anxiety-related symptoms during pregnancy), obstetric factors (namely complications during pregnancy, experiences of abortions, unplanned pregnancy or loss of another baby); socio-demographic factors (primarily of financial origin, experiences of hunger within the last month, being a homemaker), and cultural factors (specifically surrounding personal hygiene, leaving the house and eating habits) [2].

\*Correspondence to: Jessica N Kantra, School of Nursing, University of Pennsylvania, Philadelphia, Pennsylvania, Tel: +9647810410158; E-mail: weaamfaik@yahoo.com

Received: November 30, 2020; Accepted: December 15, 2020; Published: December 22, 2020

Citation: Kantra JN (2020) The Influence of Paid Maternity Leave on Postpartum Depression. J Women's Health Care 10:512. doi:10.35248/2167-0420.20.10.512.

Copyright: © 2020 Kantra JN. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

Many of the above factors are believed most impactful within Western countries, therefore lending to the fact that PPD is a rapidly westernized phenomenon influenced most heavily by the culture in which these women experience pregnancy and then motherhood. Within western cultures, “individualistic responsibility” and social isolation stemming from the urbanization of communities as well as economic restrictions faced by women contributes largely to a woman’s predisposition to being diagnosed with PPD. It is not uncommon to hear the stories of women who return to work as soon as six weeks following their birth out of the fear of losing their job or purely out of financial need.

This differs significantly from other non-western cultures in that the most immediate concerns following a birth are concentrated on the mother’s need rather than the infant’s, “...other cultures put much more emphasis on the new mother and her physical and emotional needs, while certain parenthood rites supply special protection for her,” [2]. These facts emphasize the neglect many mothers within the US and other western cultures are prone to experiencing both before, during and after their labor experience, therefore predisposing them to PPD.

In the United States, there are no federal regulations requiring employers to offer paid maternity leave to their employees. Rather, women can take as long a maternity leave as they wish however, many will not receive any proportion of their salary during that time. This contrasts significantly with other countries. A large portion of 41 countries surveyed offered a minimum of six weeks paid leave for new mothers. “Concerns are frequently voiced by employers who are hesitant to support a national paid maternity leave policy due to the possible impact it might have on the profitability of their businesses,” [3]. Though these concerns are valid, upon the implementation of paid maternity leave, many of the same concerned employers reported seeing only positive or no impact to their company’s overall profitability and productivity [3].

Looking at trends of maternity leave across various countries lends staggering insights into the support guaranteed by various programs for their new mothers. In an article by Pew Research, Livingston and Thomas provide a table with the average length of paid leave promised to mothers by the respected country. Among the countries with the highest lengths of paid leave is Estonia with over one year of paid leave (86 weeks), followed by Bulgaria, Hungary, Japan, Lithuania and Austria; all of which offer well over a year of paid leave. The US falls at the bottom of the chart, just below Switzerland and Ireland offering zero weeks with guaranteed paid leave [4].

Some states have begun to compare their rates of mental health issues against other countries’, verifying that increased amounts of paid maternity leave contribute to a healthier mental state among the mothers studied. In Minnesota, a sampling of 716 mothers demonstrated that a “leave duration of 6 months or more was significantly associated with improved mental health as well as improved physical health” while a similar study in Australia showed that “taking more than 13 weeks leave was associated with less psychological distress among mothers... both reviews suggested that maternity leave (unpaid or paid) improves maternal mental health” [5].

Although the US struggles in this area, certain states (California, New Jersey, New York, Rhode Island and the District of Columbia) have mandated that state-wide paid leave efforts will have been initiated by the start of 2020 [4]. Although these mandates may

indicate positive changes towards greater advocacy for new mothers, allowing individual states to issue mandates completely independent of each other leaves room for large discrepancies between employers, companies and industries. Even within the scope of leave, the definition it falls under is any program that “takes the form of either an employer-sponsored program in private companies or a state-sponsored insurance program,” [3].

Paid maternity leave can help alleviate feelings of stress by providing the mother with financial security and adequate recovery time to help her adjust to a new life and routine. Mothers should not be limited in the amount of leave they receive. Each mother should get at least 6 months with their child, if not a year to ensure adequate bonding and recovery time. Giving mothers more than just a few weeks of leave will greatly help with creating a healthier and happier home life for the mother, her child, and her spouse. In a study done by Ermalynn Kiehl, it was found that “the less maternity leave time US mothers were able to take, the less positive they felt for their well-being and that of their infant. The explanation for this finding may lie in the fact that US mothers often have no choice about returning to work” [6]. Studies like this can help us conclude that women are more likely to become vulnerable to post-partum depression if they do not receive an adequate amount of paid maternity leave. If women are forced to return to work shortly after coming home with a new-born, the chances they feel confident in their routine and their child’s well-being are extremely slim.

A study conducted by a team at Harvard’s Review of Psychiatry highlighted the fact that PPD can have serious implications for both the mother and her infant. Commonly, serious sadness and anxiety can lead to detachment from the child ensuing from PPD, with the most serious effect being that of the ideation of self-harm or harm to the child [3]. Should the employers of new mothers offer extended periods of time of maternity leave, the amount of stress felt by mothers would decrease and as a result and would contribute to an overall healthier state of mind. As recounted by the psychiatric team at Harvard, “In a prospective cross-sectional survey study of 9713 mothers in Australia, women who took more than 13 weeks of paid leave had a 76% lesser chance of experiencing psychological distress than mothers without paid leave,” [3]. For many of these mothers, the benefits of a paid maternity leave extended well into maturity with women who had extended paid leave (who are currently above the age of 50) displaying much lower depression scores.

These trends are enough to suggest that implementing protocol for increased paid maternity leave would be a monumental step to take for creating positive changes in the mental health of new mothers. These changes would not only benefit them in the short term but extend throughout the remainder of their lives. In considering the entirety of this issue, maternity leave can only go so far in providing for a mother’s overall well-being. In Cecilia Chou’s article, “Predictors of Postpartum Depression: An Update,” she summarizes researcher Cheryl Beck’s study of postpartum depression and the factors contributing to it. She states that “early identification and treatment...is difficult because the symptoms are not obvious” [7]. However, she is able to identify four potential predictors of depression: low self-esteem, single marital status, low socioeconomic status, and unplanned or unwanted pregnancy; these continue on to include more specific aspects such as prenatal depression, the quality of marital relationships, history of depression, social support, and life stressors [7].

Although paid maternity leave is not mentioned in Chou’s article as a cause of post-partum depression, many of the factors she does

mention could potentially help contribute to acquiring it [7]. For many women who are used to working and providing for her family, not having a job and therefore not being able to contribute to her family could result in lower self-esteem. Not being paid while on leave could lead the mother to be caught in a difficult financial status, and potentially lower her socioeconomic status. The social determinants of health, as supported by the fact that an abundance of life stressors increase a mother's risk of developing post-partum depression, further emphasizes the positive impact continued income throughout a mother's leave would have on her overall well-being and that of her child.

There is not one clear 'cure all' for the symptoms of post-partum depression. However, it is strongly supported by various studies and statistics that paid maternity leave not only gives the mother crucial recovery time, but also helps her further her bond with her child, adjust to her new life, and maintain a clear and healthy mental state. The trends seen across countries that have implemented strong advocacy for new mothers and leave should be cause enough to re-evaluate the lack of support seen within the United States. As shared at the beginning of this paper, statistically one in seven women within the U.S. are going to continue to be diagnosed with PPD. This will continue to be the case unless changes are made that defend the mental health of mothers everywhere; and as demonstrated there have been many studies conducted that support the claims of increasing the length of paid maternity leave to reduce the prevalence of PPD. Scholars have found it difficult to ignore the overt benefits of paid leave as well as the astonishingly positive economic impacts as seen in evidence-based practices across the globe and have begun to argue for a mandate of at least 12 weeks of paid maternity leave at minimum.

By evaluating the studies conducted, the culture within the American workforce can be re-evaluated and adapted into a more accommodating and preventative environment. Many of these

studies emphasize the benefits of paid maternity leave on both mothers and employers, providing an incentive for businessmen everywhere to adopt the proposed changes. By using the examples and statistics provided from other countries who have implemented such changes, the United States can further itself in its ability to advocate for all demographics. Once changes are made, the US workforce will find itself better equipped to cater to the needs of new mothers without sacrificing productivity or profitability. If carried out in an effective manner, the benefits of paid maternity leave will help protect America's mothers throughout their lives, both now and in the years to come.

## REFERENCES

1. <https://www.marchofdimes.org/pregnancy/postpartum-depression.aspx>
2. Abdollahi F, Lye MS, Md Zain A, MD, Ghazali SS, Zarghami M. Postnatal depression and its associated factors in women from different cultures. *Iran J Psychiatry Behav Sci.* 2011;5(2):5-11.
3. Van Niel MS, Bhatia R, Riano NS, de Faria L, Catapano-Friedman L, Ravven S, et al. The impact of paid maternity leave on the mental and physical health of mothers and children: A review of the literature and policy implications. *Harv Rev Psychiatry.* 2020;28(2):113-126.
4. <https://www.pewresearch.org/fact-tank/2019/12/16/u-s-lacks-mandated-paid-parental-leave/>
5. Hewitt B, Strazdins L, Martin B. The benefits of paid maternity leave for mothers' post-partum health and wellbeing: Evidence from an Australian evaluation. *Soc Sci Med.* 2017;182:97-105.
6. Kiehl EM, White MA. Maternal adaptation during childbearing in Norway, Sweden and the United States. *Scand J Caring Sci.* 2003;17(2):96-103.
7. Beck CT. Predictors of postpartum depression: An update. *Nurs Res.* 2001;50(5):275-85.