

Postpartum Depression Among Working Women: A Call for Practice and Policy Change

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ABSTRACT

Depression is the most costly health condition for employers. Women are much more likely to be diagnosed with depression, especially during the first year after childbirth. Working mothers are especially vulnerable to workplace stressors because of sleep deprivation, role demands of caring for an infant, and inability to engage in health promotion activities because of competing demands from home and work. Recommendations for changes in workplace practices for employers and working mothers are offered. Changes in nurse practitioner clinical practice and suggestions for policy makers to improve overall mental wellness of working mothers are detailed.

Keywords: advocacy, occupational, policy, postpartum depression, workplace

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It is well documented that mental health issues are among the leading causes of workforce disability and decreased productivity worldwide.¹ In the United States, 25% of the population will experience some degree of mental illness in their lifetime, with half developing disabling mental illness requiring medication and/or long-term disability.²

Depression is an affective mood disorder leading to persistent feelings of sadness, loss of interest in pleasurable activities, hopelessness, irritability, weight loss or gain, or thoughts of suicide that persist more than 2 weeks.³ It is the single most costly health factor for employers, surpassing diabetes, high blood pressure, and obesity.⁴ Costs for treating depression and related health problems are estimated at \$26 billion dollars with \$51 billion spent because of workplace absenteeism and diminished productivity.³ Employees suffering with depression incur 48% more health care expenditures than those without depression,⁴ and left untreated, depression is the leading cause of disability claims in the US.³

Women are twice as likely to be diagnosed with depression compared with men, with the highest incidence noted during the childbearing years between the ages of 16 and 49.⁵ According to the US Bureau of Labor Statistics,⁶ in 2010, approximately 70% of women of childbearing age were employed.

Additionally, 80% of women who work during pregnancy return to work within the first year of the infant's life.⁶ This is concerning because women are more likely to develop depressive symptoms during the first year after childbirth (postpartum period) than at any other time.⁵

The purpose of this article is to provide an overview of postpartum depression (PPD) along with rates, risk factors, and the risks of unrecognized and untreated PPD. Additionally, the authors provide an overview of the unique circumstances faced by working mothers, provide recommendations for nurse practitioners (NPs) caring for childbearing working women and their infants, and offer recommendations for health care policy and practice change surrounding well-being for working mothers.

PPD RATES AND RISK FACTORS

Defined as a depressive episode occurring anytime during the first 12 months after childbirth, PPD affects 1 in 7 women.⁷ Symptoms include emotional lability; fatigue; irritability; disinterest in self-care or care of the infant; and, oftentimes, comorbid anxiety.⁵ If left untreated, maternal depression disrupts the maternal-child bond; delays infant cognitive and language development; is associated with increased health and behavioral problems in children; can lead

to suicide and infanticide; and increases workplace absenteeism, poor work performance, and disability costs for employers.⁸⁻¹²

Well-established risk factors associated with developing PPD include a previous history of depression and depression during the pregnancy.⁵ Other risk factors include low socioeconomic status,¹³ poor social support, a history of intimate partner violence, relationship difficulties, and increased occupational stressors.¹² Sleep disturbance, in particular fragmented sleep, hormonal shifts, nutritional deficits, and decreased physical exercise are also risk factors for developing PPD.^{14,15}

Although the risks associated with developing PPD apply to all new mothers, working mothers are faced with unique challenges because most return to work after 6 weeks of maternity leave or sooner based on financial circumstances. The new infant's ability to remain settled at night typically does not occur until 3 months postpartum with longer time frames for one third of all infants, leaving many mothers sleep deprived. The combination of sleep deprivation from the demands of new motherhood and the workplace, in particular shift work and stressful work environments, place many new mothers at an increased risk for PPD.^{14,16}

WORKING WOMEN IN THE 21ST CENTURY

There has been a shift in the US economy over the past 30 years from a manufacturing or service-based economy to an intelligence-based economy.¹⁷ This shift is accompanied by an increase in the number of working mothers, longer working hours, and increases in those who work shifts.¹⁸ Expansion of the high-technology industry, technology products, economic factors, and changes in societal structure have all contributed to the shift that encourages more mothers to enter the workforce.¹⁸ Change in the workplace is now relatively continuous. This reality gives employees little time to adapt before new changes are implemented.¹⁹ Given that information and access are readily available at any time and in any place, work and home life have become merged into one,¹⁹ a factor that adds to the stress load of working mothers, especially those in single-parent families.^{18,20}

Increased working hours and blurring of work and family life boundaries are expected to escalate stress-related illness rates, specifically depression in the next

decade.¹³ Not only are working mothers experiencing rapid change in their work environment, but also the recent downturn in the US economy has forced many working mothers to return to work before the recommended 6-week recuperation period because of unpaid maternity leave,²¹ a factor that has a negative impact on maternal health, length of breastfeeding, productivity, and job satisfaction.¹⁸

Working Women During the Childbearing Years

Women of childbearing age represent 48% of the US workforce, and the majority of women who are working during pregnancy will return to work during the first year of their infant's life.²² The most physically and emotionally demanding time for new mothers is the first year of an infant's life, and these stressors may have a negative impact on their mental and physical health as well as their workplace performance.²³

Women employed in the US tend to work in education, health services, or financial industry occupations.⁶ Workplace situations that increase the risk for worker depression may include jobs that have a low reward for effort factor, high rate of work-family spillover, low educational levels, poor control over work schedule, or shift work.²⁰ Women workers are overly represented in health care services in which poor control over schedule and shift work as an occupational requirement may contribute to sleep deprivation and an increased risk for developing depression through biological and social mechanisms.¹⁶

The overall educational level of women workers has tripled over the past 40 years, which has allowed for higher earnings, yet women tend to earn 81% of men's salaries in the same occupation, a finding that contributes to job stress because of low pay for high effort.⁶ Unmarried mothers may be exposed to even greater workplace stressors because most work full-time, have high work into family life spillover, low social support, work long hours, and earn less than their male counterparts.¹⁸ These are factors that are known to contribute to overall stress, which leads to a high risk of developing PPD.

PPD Risk Factors Unique to Working Women

According to the US Bureau of Labor Statistics,⁶ almost 70% of all women between 16 and 49 years are employed. The majority of women (80%) who

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