



Original article

Exploring the Link between Maternity Leave
and Postpartum Depression

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A B S T R A C T

Objectives: Postpartum depression affects a substantial proportion of new mothers in the United States. Although most employed women return to paid work after birth, the association between duration of maternity leave and postpartum depression is unclear. We therefore aimed to explore this relationship among mothers in the United States.

Methods: Data included 177 mothers from a national survey who had returned to work full time after having a baby. Multivariable logistic regression was used to explore the independent association between duration of maternity leave and experiencing of postpartum depressive symptoms in the 2 weeks preceding the postpartum survey completion.

Results: Overall, duration of maternity leave was not significantly associated with experiencing postpartum depression symptoms (odds ratio [OR], 0.90; 95% confidence interval [CI], 0.80–1.01). This effect, however, varied by duration of maternity leave. Among women who took maternity leaves of 12 weeks or less, every additional week of leave was associated with a lesser odds of experiencing postpartum depressive symptoms (OR, 0.58; 95% CI, 0.40–0.84). Among women who took maternity leaves longer than 12 weeks, leave duration was not associated with postpartum depression symptoms (OR, 0.97; 95% CI, 0.73–1.29).

Conclusions: Maternity leaves equaling 12 weeks or less may contribute additional risk for postpartum depressive symptoms, possibly because mothers are juggling employment alongside of important physical and emotional changes during this period. This association underscores the importance of ensuring that mothers have at least 12 weeks of leave from full-time employment after the birth of a baby.

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Postpartum depression is a serious mood disorder experienced by approximately one of every nine women after giving birth (Ko, Rockhill, Tong, Morrow, & Farr, 2017) resulting from the combination of physiological and social changes experienced by mothers during the postpartum period (Insel, 2010). Mothers with poor postpartum mental health are at increased risk for worse quality of life, more negative interactions with their infants, less healthy parenting styles, and greater risk of infant abuse and neglect than mothers with better postpartum mental health (Mitchell, Blair, & L'Hoir, 2006; World Health Organization, 1998). Additionally, children of mothers with poor postpartum mental health tend to have worse development and behavior than children of mothers with better mental health (Gavin et al., 2005; O'Hara & McCabe, 2013; American Psychological Association, n.d.). Postpartum depression can occur up to

12 months postpartum but often peaks approximately 6 weeks after birth (American Psychological Association, n.d.).

Maternity leave is an important aspect of the postpartum experience for employed women. The United States currently is only one of two countries in the world without a national policy on maternity leave and, in the current American workforce, more working mothers are employed full time than part time (U.S. Department of Labor, 2017). Since 1993, employers in the United States have been required by the Family and Medical Leave Act (FMLA) to provide 12 weeks of unpaid leave to their eligible employees after the birth of a child (U.S. Department of Labor, n.d.). However, there are important restrictions on employers and employees under FMLA. For instance, to qualify, employers must have paid at least 50 workers for 20 weeks in the prior year and employees must have worked for the past 12 months for their employer, including at least 1,250 hours during that timeframe. These restrictions contribute to low coverage in the United States (National Partnership for Women and Families, 2016).

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However, no federal statute currently provides for paid maternity leave (U.S. Department of Labor, 2015). Only a handful of states have enacted laws that currently provide paid family leave: California (6 weeks at 55% salary), New Jersey (6 weeks at 66% salary), New York (8 weeks at 50% salary in 2018, increasing incrementally to 12 weeks at 67% salary in 2021), and Rhode Island (4 weeks at 60% salary; Executive Office of the President of the United States, 2014; New York State, n.d.). Some of these laws complement existing temporary disability insurance (TDI) programs in the state that can be combined with FMLA to expand leave duration. The District of Columbia and Washington state have passed paid family leave laws without existing TDI programs in place; both will take effect in 2020. Additionally, Puerto Rico and Hawaii both have TDI policies but not paid family leave policies (National Partnership for Women and Families, 2017). In the midst of limited options, one-quarter of employed women take 10 or fewer days of leave (U.S. Department of Labor, 2015). Many women, therefore, attempt to reintegrate into the workforce during the time that they are at greatest risk for postpartum depression.

The current literature lacks strong evidence on the association between duration of maternity leave and postpartum depression. Several studies suggest that shorter maternity leaves are associated with more postpartum depressive symptoms (Feldman, Sussman, & Zigler, 2004; Gjerdingen & Chaloner, 1994; Hyde, Klein, Essex, & Clark, 1995; McGovern et al., 1997); however, most of these studies were conducted more than 20 years ago (Gjerdingen & Chaloner, 1994; Hyde et al., 1995; McGovern et al., 1997) and include only married, first-time mothers in their samples (Feldman et al., 2004; Gjerdingen & Chaloner, 1994; Gjerdingen, Froberg, & Kochevar, 1991), limiting their generalizability.

Other research is less consistent. For example, an examination of 1,762 mothers using data from the National Maternal and Infant Health Survey did not find a significant relationship between the duration of maternity leave and postpartum depressive symptoms, although the authors report lower depression scores among women at 6 to 24 months postpartum whose leaves were 8 to 12 weeks compared with mothers whose leaves were 6 weeks long, indicating a potential effect on depressive symptoms (Chatterji & Markowitz, 2005). Later, these same authors (Chatterji & Markowitz, 2012) found shorter maternity leaves associated with greater depressive symptoms at 9 months postpartum. Both articles examine postpartum depression 6 months or later after the birth of a child, thus missing the period of greatest risk for postpartum depression. In a prospective cohort study, Dagher, McGovern, & Dowd (2014) found a U-shaped association between maternity leave and postpartum depression, with minimum depressive scores around 6 months postpartum.

Thus, this study will add to the small body of contemporary research that examines the duration of maternity leave and postpartum depression symptoms by exploring the extent to which it may be associated with risk for postpartum depression. These findings are useful to inform policies guiding duration of maternity leave among mothers in the United States.

Methods

Study Design and Procedures

This cross-sectional study uses national data from the Listening to Mothers III surveys. The initial survey involved 2,400

online interviews with women who had given birth from July 2011 through June 2012. The Listening to Mothers III New Mothers Speak Out subsample completed a supplemental survey between January and April 2013. This subsample included 1,072 of the initial participants. Recruitment for Listening to Mothers III was completed from the Harris Poll Online, GMI, Research Now/E-Rewards, and Offerwise Hispanic panels. Eligible women had to be 18 to 45 years of age, to have given birth from July 1, 2011, to June 30, 2012, in a U.S. hospital to a single baby, to have that child still living at the time of the survey, and to be able to participate in English. Weighting of the data was completed using a propensity score to correct for online scoring methods and weighting was also completed using United States Census Bureau Current Population Survey to accurately reflect the target population. Weights from the follow-up survey, New Mothers Speak Out, were used to weight the data (Childbirth Connection, n.d.).

Analytical Sample

Our sample was limited to women who were employed full time by someone else (not self-employed) during pregnancy, who had returned to work full time at the time of the survey, and who had given birth to a full-term (≥ 37 weeks gestation), healthy baby (one who had not been admitted to the neonatal intensive care unit). Women were able to take a combination of paid leave (if offered by their employer) and unpaid leave to determine their duration of maternity leave. This sample included women who received no paid leave (26.9%), women who received some paid leave (66.8%), and women who were offered paid leave but did not take paid leave (6.3%). Our total analytic sample included 177 participants. This analysis was deemed exempt from institutional review board review.

Measures

Participants completed an assessment that measured depressive symptoms in the previous 2 weeks using the Patient Health Questionnaire. This questionnaire has been shown to be both valid and reliable as a screening tool for postpartum depression (Chae et al., 2012; Gjerdingen, Crow, McGovern, Miner, & Center, 2009; Kroenke, Spitzer, & Williams, 2003). Women were asked how often in the preceding 2 weeks they had been bothered by little interest or pleasure in doing things and how often they had felt down, depressed, or hopeless. Response choices were not at all, several days, more than half the days, and nearly every day. A score of 3 or higher is considered a positive screen for depression symptoms that warrant further clinical assessment (Kroenke et al., 2003). For purposes of this study, we considered mothers with a score of 3 or higher to have experienced postpartum depression symptoms.

Duration of maternity leave

Participants who reported having returned to work were asked, "How long after you gave birth did you return to working for pay?" Participants answered with the length in either years, weeks, days, or a combination of these three; responses were converted to weeks for analysis. duration of maternity leave, as a continuous variable, was winsorized to 6 months to reduce the effect of outliers. Winsorization set all values greater than 6 months to equal 6 months. Approximately 5% of the data, with leave durations ranging from 26 weeks to 101 weeks, were set equal to 6 months or 25.5 weeks.

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