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Returning to work one year after childbirth: data from the mother-child cohort EDEN

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Abstract

Objectives—The amount of time women spend out of work postpartum has implications for both health and economic trajectories which may result in long-term social inequities or exacerbate those already existing. The purpose of this investigation was to describe the characteristics of women who return to work within the first year postpartum and to identify specific occupational and health factors associated with returning to work among women who worked during pregnancy.

Methods—The EDEN cohort is comprised of pregnant women recruited in two French university hospitals before 24 weeks gestation with a singleton pregnancy. Questionnaires were administered at 4, 8, and 12 months after birth. Multivariate logistic regression was used to model the odds of returning to work within one year of childbirth with inclusion of sociodemographic, health, and occupational variables that were significantly related to returning to work at the level of $p < 0.05$ in bivariate analysis.

Results—Eighty percent of the women who worked during pregnancy in our sample had resumed work before their infant's first birthday. After adjustment, occupational level, full-time work, standing position, job reward, desire to change job, education, and father's occupational level remained significantly associated with returning to work. Women's perception of their work as rewarding was the strongest predictor of resuming employment (OR comparing high reward to low reward: 2.48, 95% CI: 1.60–3.83 for women with parity 0 or 1). Experiencing an adverse birth outcome had no relation to returning to work within 1 year postpartum.

Conclusions—Across all indicator variables, women of higher socioeconomic status or with greater resources had greater odds of returning to work compared to those of lower status. This suggests that the crucial period of employment transition around the time of childbirth may intensify preexisting social inequalities.

Keywords

Postpartum; Employment; Pregnancy; Birth outcomes

INTRODUCTION

Employment of women in France has increased dramatically in the last several decades. Among women aged 25–49, 66.7% were employed in 1980, 80.5% in 2000 and up to 84.2% in 2010 (1). With this trend, an increasing number of women are faced with the challenge of balancing familial and financial responsibilities as they assume the dual roles of motherhood and participants in the labor force. The amount of time women spend out of work postpartum has implications for both health and economic trajectories which may result in long-term social inequities or exacerbate those already existing. An extended break or absence may have detrimental effects on a woman's future employment and hinder career and socioeconomic advancement (2–4). On the other hand, the importance of maternal involvement on infant health and development during the first year of life is well documented (5–9).

In order to both protect the job security of new mothers and allow for recovery from childbirth, the law in France provides for paid maternity leave of 16 weeks for the first or second child beginning 6 weeks before the birth and extending 10 weeks after the delivery. For mothers having their third or subsequent child, paid leave is increased to 26 weeks (8 before birth and 18 postpartum). For twins or triplets the duration of leave is longer. In cases of maternal morbidities, an additional two weeks may be prescribed by a doctor during pregnancy and four weeks after the birth. This maternity leave is paid by the Maternity Assurance of Social Security and typically amounts to 82% of usual salary. In large firms and for civil servants the total amount of salary is paid.

Research on sociodemographic and occupational determinants of returning to work after maternity leave in France is sparse. We hypothesize that specific factors related to the type of occupation held prior to pregnancy, as well as the experience of pregnancy-related health outcomes and demographic characteristics of the woman influence her likelihood of resuming work after giving birth. The purpose of this paper is to describe the characteristics of women who return to work within the first year postpartum, and to identify specific occupational and health factors associated with returning to work among women who worked during pregnancy.

METHODS

Study population

The EDEN (Etude des Déterminants pré et post natals du développement et de la santé de l'Enfant) mother-child cohort study aims to examine pre- and postnatal determinants of child growth, development, and health. Pregnant women were recruited in two French university hospitals (Nancy and Poitiers, 2003–2005) before 24 weeks of gestation and have been regularly followed since then. Exclusion criteria were multiple pregnancies, pre-pregnancy diabetes, illiteracy, and planned move outside the region in the next 3 years. At study inception, 2,002 women were included; at birth, the sample included 1,893 newborns; complete data at 12 months were available for 1,353 infants. Compared to a 2003 nationally-representative sample of pregnant women in France, EDEN study participants had similar age, proportion of unmarried couples, birth weight of the offspring and prematurity rate, but higher education (10). By the 12 months follow-up, attrition rates were highest in participants who were young, had low educational level, were unmarried, and whose child did not have low birth weight. The EDEN cohort received approval from the Bicêtre Hospital ethics committee (CCPPRB) and the Commission Nationale Informatique et Libertés (CNIL) overseeing ethical data collection in France.

The indicators

In questionnaires administered at 4, 8, and 12 months after birth, mothers were asked at what date they returned to work, which enabled us to calculate the rate of returning to work across the first year. For the present analysis, we considered the following occupational factors: occupation type in 4 classes; work contract type (fixed position, temporary work and other); hours of work per week (less than 30; 30–39; more than 39); part-time or full-time work; standing position at work (always/not always); high effort at work as measured by the dimension “effort” of the Siegrist’s scale (effort/reward imbalance scale) (11); low rewards from work (dimension “reward” of the same scale); job satisfaction (highly satisfied; satisfied; moderately or not satisfied); desire to change job (yes/no). All of these job characteristics were collected during pregnancy and prior to the decision to return or not to work one year after the birth.

We also considered the following demographic and social factors: age; educational level; marital status (married couple, non-married couple, single); employment status of the partner (employed/not employed); occupational group of the partner and monthly income of the household. Finally, in order to investigate the impact of maternal and child health outcomes around the time of birth on returning to work, we utilized the following indicators: preterm birth (birth <37 weeks gestation), small for gestational age (infant weighing below the 10th percentile for gestational age), cesarean section, breastfeeding duration, postpartum depression at 4 months (as measured by the Edinburgh Postnatal Depression Scale), and hospitalization of the infant or mother during the first year postpartum.

Statistical analysis

Comparisons of proportions were performed by chi-square tests for the whole sample and stratified by parity (0 or 1 and 2 or more). We modeled the risk of return to work using logistic regression including all variables that were related to the rate of returning to work at the level of $p < 0.05$ in the bivariate analysis. Analyses were performed with SAS software (version 9.2; SAS Institute, Cary, Indiana). A p -value < 0.05 was considered statistically significant for all analyses.

RESULTS

In this sample, 1,196 women who completed the 12 month questionnaire had worked at some point during pregnancy. Within one year after childbirth, 80% of these women had resumed work. The rate of returning to work varied according to parity; 82.2% of women who had their first or second child resumed work within the year compared to only 67.3% of women on their third or greater child. This difference by parity is consistent with the French postnatal leave regulation and is demonstrated in Figure 1. For this reason we present results stratified by parity in both the descriptive analysis and in the final logistic model predicting the likelihood of returning to work.

Across all factors examined, the proportion of women returning to work within one year was higher among those who had their first or second baby compared to those having their third or subsequent child. In bivariate analyses, occupation, hours per week, full time work, standing position, job satisfaction and desire to change job were all significantly associated with returning to work within one year in both groups of parity (Table 1). Occupational indicators of higher socioeconomic status were consistently associated with increased likelihood of returning to work. Almost all women in the highest occupation classification (professionals/managers) had returned to work compared to just over half of the women in the lowest classification (94.6% vs. 56.8%, $p < 0.001$). Women with fulltime jobs or those whose job did not require always standing at work returned in greater proportions. The ways

in which women perceived their job were also highly related to the likelihood of their resuming work. Women reporting high job satisfaction, high reward, or no desire to change jobs returned to work after childbirth in the greatest proportions. Social characteristics associated with returning to work included age, education, father's occupation and income (Table 2). Again, indicators of higher levels of resources were associated with greater proportions of women returning to work: highest education, income, partner's employment and occupation class.

Given the French parity-specific maternity leave policy, we present results of the final model stratified by parity (Table 3). After adjustment, occupation, full-time work, standing position, job reward, desire to change job, education, and father's occupation remained significantly associated with returning to work among women with parity 0 or 1. Interestingly, among this group, women's perception of their work as rewarding was a strong predictor of resuming employment (OR comparing high reward to low reward: 2.48, 95% CI: 1.60–3.83 for women with parity 0 or 1). Full-time work, standing position and educational level are determinant factors in both groups defined by parity. However, the number of women with parity 2 or more is quite low (adjusted figures are among 154 women) and the adjusted odds ratios are imprecise, with large confidence intervals. Finally, none of the maternal and infant health conditions considered were significantly associated with the odds of returning to work (Table 4).

Although our primary objective concerned women who worked during pregnancy, we also analyzed factors associated with returning to work among women who had not worked during pregnancy. Among this group (n=320), 20.6% were employed 12 months after childbirth. Sixty-four percent of those employed worked full time; 34% as clerical, 24% as service or manual workers, 18% as sales, 9% as professionals or managers and 9% in intermediate occupations. They were more likely to be younger (< 30), with higher education or having their first child (data not shown).

DISCUSSION

Previous research has demonstrated that employment prior to pregnancy is one of the strongest predictors of employment postpartum (12). Therefore, we chose to focus this analysis on those women who worked at some point prenatally in order to further describe factors that may influence the likelihood of resuming work after childbirth. In this sample, the proportion of women returning to work in the first year postpartum was higher than has been reported elsewhere in nationally-representative studies ranging from 44% to 80% (12–15). This may be due to the nature of our study population, which includes a slight overrepresentation of more privileged women. Also, women in this sample were more likely to be back at work within a year after the first child and less likely if it was the third or subsequent child. This finding is in contrast to studies in the US which indicate a longer absence from work after the first child compared to the second and subsequent (15). Again this discrepancy is likely an artifact of the French policy increasing paid leave time for the second or higher number birth.

The duration of postpartum time spent out of the labor force in France is largely driven by the parity-specific maternal leave regulations. Less than 2% of women resumed work before 10 weeks postpartum. However, remaining out of work after elapse of the subsidized leave time may place women and their families at risk for longer-term financial disadvantage. The results of our analysis indicate that among women who worked during pregnancy, mothers most frequently remaining out of work one year later were those with the lowest resources prior to childbirth. This suggests that the crucial period of transition around the time of childbirth may intensify preexisting social inequities.

The greater propensity to return to work among women in higher status in terms of education, job type, and income may be a reflection of greater availability and access to both jobs and child care. A similar finding was reported in a study of Canadian mothers (16). Marshall reported that women with greater “human capital and career investment” – as measured by education, income, age, part-time work, occupational class, and partner employment characteristics – were more likely to return to work in the first year postpartum (16). On the contrary, Han et al., found that among women in the US, those with the lowest resources were more frequently back to work within the first and second months after childbirth, while those with the greatest resources were most likely to remain out of work at 2 months postpartum (12). The authors suggest that these findings are due to the greater availability of maternity leave and savings among higher status women in the US where paid leave rights are less generous. Additionally, the factors influencing the decision to return to work soon after birth are likely different from those at one year later. Our analysis focused only on the longer-term absence from work.

Interestingly, occupational and socioeconomic characteristics were more predictive of returning to work than any of the maternal and infant health indicators investigated. Presumably, a year after birth attenuates the detrimental health effects of adverse pregnancy outcomes including preterm birth, a small-for-gestational age infant, or caesarean section and financial concerns may play a larger role in the decision to work. Previous studies have reported low rates of returning to work within 6 and 9 months postpartum among women with preterm infants: 27% (17), and 48% (18), respectively. An additional small study of employment among women with high-risk pregnancies found that just over half of the women who had worked prenatally had resumed work within the first year postpartum (19). It appears that experiencing an adverse pregnancy outcome does not hinder a woman’s ability to return to work a year after giving birth.

Breastfeeding duration and postpartum depression are longer-term health outcomes related to childbirth. Neither breastfeeding duration nor postpartum depression rates differed between women who returned to work and those that did not in our sample, again suggesting the greater influence of non-health related factors on employment patterns a year after the birth. Numerous studies consistently report strong associations between timing of returning to work and breastfeeding cessation (8, 20–24). Ogbuanu et al., recently reported no association between total or paid maternity leave length on initiation and duration of breastfeeding, but did find that women who delayed returning to work for greater than 13 weeks had longer breastfeeding duration times (20). A study of low-income women found that new mother’s expectations of work within a year after childbirth had no influence on whether they initiated breastfeeding, but that the odds of quitting increased as they actually did resume work compared to women remaining out of work (21). Our broadly-defined timeframe of interest (one year postpartum) is likely why we did not find an association with breastfeeding durations in months of the first half of the year. Future studies interested in the timing of return to work and its impact on breastfeeding among French mothers should utilize narrower windows of postpartum time or survival analysis methods.

Less is known about the relationship between postpartum depression and postpartum employment. We found that women who experienced postpartum depression at 4 months were equally likely to be back at work one year after childbirth than those who were not depressed, regardless of severity. Financial or social pressures may compel women to return to work while still burdened with postpartum depression; this finding has implications for the workplace. McGovern et al, found that working mothers who reported a greater perceived degree of control over their work and lower job stress scores had better mental health 11 weeks postpartum (25). Additionally, Killen reported on the significance of social support in the workplace (from colleagues and superiors) for both facilitating maternal

employment and promoting mental health (26). Employers should consider policies that enhance flexibility in hours and opportunities in a supportive environment in order to promote the successful transition back to work among new mothers.

The strengths of this study are its large sample size, prospective design, and availability of a variety of both occupational and social variables. However, the women comprising the study population may not be representative of the general population of France specifically due to the overrepresentation of more privileged women. A second limitation is the inability to account for individual preference or motivation in returning to work (for example, a woman may choose to stay home with the child and not to return to work despite high pay, managerial position, or advanced educational achievement).

It is clear from our findings that a majority of women who worked during pregnancy transition back into employment before their infant's first birthday, balancing the dual responsibilities of work and motherhood. This extends even to women who did not work prior to pregnancy. Our subgroup analysis of women who reported not working during pregnancy indicated that one in five of these women were employed a year after childbirth. While it may be that women of higher status have resources that allow them to resume or initiate work, troublingly it is the women with the fewest resources that remain unemployed new mothers. Future studies should focus on identifying the factors that facilitate postpartum return to work among the lowest-resource women.

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Figure 1.
Proportion of women returning to work by week since childbirth and parity

Table 1

Proportion of women returning to work within one year of childbirth by occupational characteristics and parity

	All women (N=1196)		Parity 0 or 1 (n=1028)	Parity 2 or more (n=168)
	N	%	%	%
Occupation				
<i>Professional, manager</i>	166	94.6	95.8	87.0
<i>Intermediate occupation</i>	534	85.2	86.8	75.0
<i>Clerical worker</i>	287	78.4	80.0	69.0
<i>Sales and service or manual worker</i>	199	56.8	61.5	30.0
		p<0.001	p<0.001	p<0.001
Occupation type				
<i>Fixed position</i>	994	81.9	83.9	70.1
<i>Temporary position</i>	142	71.1	74.0	46.7
<i>Other</i>	53	75.5	77.1	60.0
		p<0.01	p<0.02	ns
Working hours per week				
<30	243	67.9	71.6	53.1
30–39	768	82.6	84.2	71.7
>39	185	86.0	86.7	80.0
		p<0.001	p<0.001	p<0.05
Part-time work				
<i>Yes</i>	260	60.4	62.6	53.8
<i>No</i>	922	85.8	87	76.5
		p<0.001	p<0.001	p<0.01
Standing position at work				
<i>Always</i>	212	66.0	70.5	37.9
<i>Not always</i>	930	84.1	85.6	75
		p<0.001	p<0.001	p<0.001
High effort exerted at work				
<i>Yes</i>	536	81.9	84.2	68.8
<i>No</i>	592	80.6	82.4	68.8
		ns	ns	ns
Low reward at work				
<i>Yes</i>	527	75.0	76.9	61.8
<i>No</i>	602	86.0	88.3	72.7
		p<0.001	p<0.001	ns
Job satisfaction				
<i>Highly satisfied</i>	700	85.0	86.4	76.8
<i>Satisfied</i>	335	78.2	81.2	60.4
<i>Moderately or not satisfied</i>	153	63.4	66.9	40.0
		p<0.001	p<0.001	p<0.01
Desire to change job				

	All women (N=1196)		Parity 0 or 1 (n=1028)	Parity 2 or more (n=168)
	N	%	%	%
<i>Yes</i>	458	69.2	71.9	54.3
<i>No</i>	731	87.3	88.8	77.3
		p<0.001	p<0.001	p<0.01

Table 2

Proportion of women returning to work within one year of childbirth by sociodemographic characteristics and parity

	All women (N=1196)		Parity 0 or 1 (n=1028)	Parity 2 or more (n=168)
	N	%	%	%
Age (years)				
<25	109	71.6	71.6	0
25–29	440	80.4	81.7	52.6
30–34	449	84.0	86.2	72.2
35	198	75.2	81.0	66.2
		p<0.01	p<0.01	ns
Education				
Less than baccalaureate	239	64.4	69.2	41.5
Baccalaureate	200	69.5	71.2	60.0
Baccalaureate +2 years	288	83.0	85.0	70.7
Baccalaureate +more than 2 years	463	91.1	91.6	87.5
		p<0.001	p<0.001	p<0.001
Marital Status				
Married	694	80.1	83.0	67.4
Non-married domestic partner	467	80.5	81.2	71.9
Single	32	75.0	81.5	40.0
		ns	ns	ns
Father employed				
Yes	1124	79.7	81.7	67.5
No	63	88.9	89.5	83.3
		ns	ns	ns
Father's occupation				
Professional, manager	295	86.8	89.0	76.0
Intermediate occupation	510	84.9	87.2	68.2
Clerical worker	182	68.1	68.9	64.5
Sales and service or manual worker	189	68.2	70.5	52.2
		ns	p<0.001	ns
Monthly income (euro) *				
<1,500	75	56.0	59.4	16.7
1,500–2,300	344	74.1	77.3	47.2
2,300–3,000	371	82.8	85.0	68.0
>3,000	404	87.1	88.8	80.0
		p<0.001	p<0.001	p<0.001

* 3,000 euro is equivalent to approximately \$3,743 US dollars.

Table 3

Adjusted Odds Ratios * (95% CI) for returning to work within one year after childbirth stratified by parity

	Parity 0 or 1 n=930		Parity 2 or more n=154	
	a OR	95% CI	a OR	95% CI
Occupation				
<i>Professional, manager</i>	5.07	1.53–16.8	0.76	0.05–11.5
<i>Intermediate occupation</i>	1.14	0.54–2.42	1.53	0.28–8.41
<i>Clerical worker</i>	1.39	0.75–2.57	2.28	0.49–10.5
<i>Sales and service or manual worker</i>	1		1	
Occupation type				
<i>Fixed position</i>	1.36	0.75–2.47	6.48	1.41–29.8
<i>Temporary position</i>	1		1	
<i>Other</i>	0.86	0.29–2.53	2.40	0.03–188.8
Working hours per week				
<i><30</i>	1		1	
<i>30–39</i>	1.72	0.95–3.13	1.47	0.38–5.66
<i>>39</i>	1.49	0.68–3.28	1.58	0.19–13.4
Part-time work				
<i>Yes</i>	1		1	
<i>No</i>	2.31	1.35–3.98	2.85	0.85–9.55
Standing position at work				
<i>Not Always</i>	1.76	1.07–2.90	8.06	2.06–31.5
<i>Always</i>	1		1	
Low reward at work				
<i>Yes</i>	1		1	
<i>No</i>	2.48	1.60–3.83	1.46	0.52–4.11
Job satisfaction				
<i>Moderately or not satisfied</i>	1		1	
<i>Satisfied</i>	1.39	0.85–2.28	0.40	0.12–1.32
<i>Highly Satisfied</i>	1.30	0.70–2.42	0.67	0.11–4.07
Desire to change job				
<i>No</i>	2.15	1.34–3.45	1.24	0.38–4.02
<i>Yes</i>	1		1	
Age (years)				
<i><25</i>	1.25	0.66–2.34	-	-
<i>25–29</i>	1		1	
<i>30–34</i>	1.29	0.81–2.05	1.73	0.32–9.46
<i>35</i>	0.86	0.45–1.63	0.57	0.11–2.97
Education				
<i>Baccalaureate + more than 2 years</i>	1		1	
<i>Baccalaureate +2 years</i>	0.58	0.32–1.05	0.13	0.02–0.78
<i>Baccalaureate</i>	0.32	0.16–0.62	0.07	0.01–0.60

	Parity 0 or 1 n=930		Parity 2 or more n=154	
	a OR	95% CI	a OR	95% CI
<i>Less than baccalaureate</i>	0.50	0.24–1.05	0.03	0.01–0.29
Father's occupation				
<i>Professional, manager</i>	1		1	
<i>Intermediate occupation</i>	2.03	1.03–3.98	1.38	0.33–5.77
<i>Clerical worker</i>	0.66	0.29–1.48	1.53	0.30–7.86
<i>Sales and service or manual worker</i>	1.13	0.46–2.74	6.11	0.74–50.2
Monthly income (euro)				
<i>>3,000</i>	1		1	
<i>2,300–3,000</i>	1.02	0.57–1.80	0.77	0.24–2.46
<i>1,500–2,300</i>	1.51	0.80–2.86	0.50	0.12–2.01
<i><1,500</i>	0.65	0.27–1.58	0.24	0.02–3.02

* ORs adjusted for all other variables listed in the table.

** 3,000 euro is equivalent to approximately \$3,743 US dollars.

Table 4

Proportion of women returning to work within one year of childbirth by maternal and infant health outcomes

	All women (N=1196)		Parity 0 or 1 (n=1028)	Parity 2 or more (n=168)
	N	%	%	%
Preterm birth				
<i>Yes</i>	63	79.4	78.3	NA
<i>No</i>	1133	80.1	82.4	66.7
		ns	ns	
Small for gestational age				
<i>Yes</i>	111	82.9	83.0	80.0
<i>No</i>	1081	79.7	82.0	66.7
		ns	ns	ns
Cesarean section				
<i>Yes</i>	189	77.8	79.3	68.0
<i>No</i>	1004	80.5	82.7	66.9
		ns	ns	ns
Breastfeeding duration				
<i>Never</i>	293	80.6	81.9	69.7
<i><1 month</i>	203	76.8	78.5	65.4
<i>2 months</i>	131	83.2	85.8	66.7
<i>3 months</i>	135	85.9	87.7	69.2
<i>4–6 months</i>	196	83.2	84.0	78.8
<i>>6 months</i>	177	78.0	83.0	58.3
		ns	ns	ns
Postpartum depression at 4 months *				
<i>None</i>	951	80.8	83.0	67.2
<i>Moderate (EPDS 10–12)</i>	101	78.2	82.0	50.0
<i>Severe (EPDS ≥13)</i>	87	75.9	75.7	76.5
		ns	ns	ns
Hospitalization of the infant between birth and 1 year				
<i>Yes</i>	223	83.9	85.4	70.8
<i>No</i>	911	79.2	81.5	66.9
		ns	ns	ns
Hospitalization of the mother between birth and 1 year				
<i>Yes</i>	106	74.5	75.6	68.8
<i>No</i>	1018	81.0	83.3	67.8
		ns	ns	ns

* Postpartum depression measured by the validated, 10-item Edinburgh Postnatal Depression Scale (EPDS).