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Postpartum Return to Work: Mothering Stress, Anxiety, and Gratification

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Plus de la moitié des mères de bébés âgés de moins d'un an détiennent un emploi; cependant, peu de travaux de recherche se sont penchés sur leurs expériences en tant que parents. Le but de la présente étude était d'examiner les sentiments de satisfaction, de stress et d'anxiété de la séparation vécus par les mères qui retournent au travail au cours de la première année de la période postpartum, en lien avec les types d'emploi ainsi que certains indicateurs de santé. Les données ont été recueillies aux mois 1, 4 et 8 de la période postpartum, grâce à un questionnaire distribué par la poste, auprès d'une population de 142 femmes à prédominance caucasienne, de niveau scolaire élevé, et ayant un conjoint. On constate que les expériences des répondantes en tant que mères se sont améliorées tout au long de la première année suivant la naissance. Bien qu'on ait pu établir un lien entre, d'une part, un degré élevé de stress et d'anxiété causés par le rôle de parent et, d'autre part, la dépression et la fatigue, il reste que du point de vue clinique, peu de femmes ont effectivement souffert de ces symptômes de manière significative. On n'a constaté aucun lien entre le type d'emploi et le stress ou la satisfaction ressentie en tant que parent. Ces résultats pourront s'avérer utiles aux cliniciennes et cliniciens qui conseillent les femmes sur l'éventualité d'un retour au travail après l'accouchement.

Over half of mothers with infants less than 1 year old are employed, yet there is limited research examining the early parenting experiences of these women. The purpose of this study was to examine maternal gratification, stress, and separation anxiety, in relation to employment patterns and selected health-status indicators, of women returning to work during the first postpartum year. Data were gathered from 142 employed, well-educated, partnered, predominantly Caucasian women at 1, 4, and 8 months postpartum, using a mailed questionnaire. Their parenting experiences improved throughout the first postpartum year. While depression and fatigue were associated with greater parenting stress and anxiety, as well as a decreased sense of gratification from parenting, few women experienced these symptoms at clinically significant levels. Employment patterns were unrelated to parenting stress or gratification. These findings can be used by clinicians when counselling women regarding the decision to return to work after childbirth.

Background and Purpose

Over half of mothers with infants less than 1 year old are employed (Costello, Miles, & Stone, 1998). Scientific interest in maternal employment has focused predominantly on its impact on child development,

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especially infant-parent attachment (Bronfenbrenner & Crouter, 1982; Lerner, 1994). Such research has resulted in questions about the "best time" for mothers to return to work following childbirth, in terms of preventing negative child health outcomes, and has influenced public policies such as the *U.S. Family and Medical Leave Act,* which provides support for mothers to remain at home with their newborns without jeopardizing their jobs. Still, the majority of mothers return to work during the early months postpartum. Investigators (Gjerdingen, Froberg, Chaloner, & McGovern, 1993; Mercer, 1986; Youngblut, 1995) have more recently explored the health experiences of new mothers. However, there is limited research on how employment patterns and maternal health affect mothers' early parenting experiences, such as stress, separation anxiety, and gratification.

The purpose of this study was to examine parenting stress, separation anxiety, and maternal gratification, in relation to employment patterns and selected health-status indicators, of women who return to work during the first postpartum year. Specific questions, concerning the first year postpartum, included:

What are the changes in maternal fatigue and depression?

What are the changes in maternal gratification, parenting stress, and separation anxiety?

How does the timing of return to employment and hours worked affect maternal gratification, parenting stress, and separation anxiety?

How do maternal fatigue and depression affect maternal gratification, parenting stress, and separation anxiety?

Literature Review

The young family in which both parents are employed is an increasingly common phenomenon. In half of all married couples in the United States both partners work outside the home; 55% of women with infants under 12 months of age are employed (Herz & Wootton, 1996). Although a rapid increase in the employment rates of mothers is a recent phenomenon, considerable research has been conducted on employed mothers. Past research has been largely child-centred, focusing mainly on the relationship between the mother's employment status and the child's development and behaviour, based on the implicit if not explicit assumption that maternal absence is harmful to children. More recent research has addressed the processes by which maternal employment might affect children, focusing on such mediating variables as role satisfaction, child-care quality, and maternal health (Lerner,

1994; NICHD Early Child Care Research Network, 1996; Youngblut, 1995). While few consistent differences in children have been directly attributable to maternal employment per se, many experts are reluctant to conclude that maternal employment has little relevance to children's development and continue to advocate that mothers remain at home for varying periods after birth. Rubin's (1984) suggestion that the process of maternal identity formation as distinct from that of the child does not begin until 3 months postpartum and does not stabilize until 8 to 9 months postpartum is congruent with these recommendations. However, recent studies document that, on the average, mothers have returned to work by 12 to 15 weeks postpartum, with the majority of mothers being employed by 18 weeks (Killien & Jarrett, 1990; Mercer, 1986; Tulman & Fawcett, 1990b).

Studies that describe values influencing maternal employment decisions cite financial need, availability of adequate child-care, the desire and commitment to work, attitudes about the maternal role, and the degree of egalitarianism in the marriage as major factors (Hall, 1992; Killien, 1993; Mercer, 1986; Owen & Cox, 1987; Tulman & Fawcett, 1990b; Youngblut, 1995). The decision to return to work has been identified as one of the predominant concerns for mothers of infants (Gruis, 1977; Mercer; Walker & Best, 1991). Yet the literature offers limited guidance for nurses who counsel women during the perinatal period regarding potential outcomes of employment decisions on maternal and child health.

Employment has important effects on the health of women who attempt to juggle work and family responsibilities. Despite the common belief that physical restoration is completed by 6 weeks postpartum, women continue to experience symptoms and episodes of illness during the first postpartum year. Several longitudinal surveys have documented changes in health during the first year. Mercer (1986), in a longitudinal survey of 294 women, found that between two thirds and three quarters of postpartum mothers reported one or more illness episodes when surveyed at 4, 8, and 12 months; maternal well-being decreased at 8 months postpartum. Tulman and Fawcett gathered questionnaire data from 92 women at 3 and 6 weeks and 3 and 6 months postpartum; 58% were employed by 6 months. By this time, many still had not regained their usual level of energy; however, employed mothers were more likely than nonemployed mothers to report that they had fully regained their usual level of physical energy. Still, 60% reported that they had not yet fully resumed their usual occupational activities (Tulman & Fawcett, 1990a, 1990b). This finding is consistent with that of Mike, McGovern, Kochevar, and Roberts (1994), who sur-

veyed a stratified, random sample of postpartum women who had been employed during pregnancy. Of their small sample of 26 women who were at least 6 months postpartum, 82% reported one or more work or activity limitations because of feelings of tiredness or unwellness. Gjerdingen et al. (1993) gathered data using a mailed questionnaire from 436 currently employed women at 1, 3, 6, 9, and 12 months postpartum; physical symptoms generally declined throughout the course of the study.

The most common symptoms reported during the first postpartum year are fatigue, depression, and infectious diseases (Elek, Hudson, & Fleck, 1997; Gjerdingen et al., 1993, 1994; Killien, 1992; Mercer, 1986). Research with employed women suggests that these symptoms are responses to stress associated with multiple responsibilities at home and on the job (Barnett & Marshall, 1992; Sorensen & Verbrugge, 1987). Even when women assume obligations outside the home their responsibility for household maintenance and child care continue at high levels (Pleck, 1985).

The role of parent has been found to be particularly stressful when combined with other roles (Killien & Brown, 1987; McEntee & Rankin, 1983; Woods, 1985). Stress, when associated with maternal anxiety and depression, can negatively impact the quality of parenting. Mercer (1986) found that younger mothers, who were less often employed, reported greater feelings of gratification from parenthood than older, employed mothers. Ozer (1995) found that greater child-care responsibility was associated with decreased well-being and greater psychological distress among professional women at 1 month postpartum. Hyde, Klein, Essex, and Clark (1995) found that short postpartum leaves (less than 6 weeks) was a risk factor for depression. One source of stress for employed mothers is separation from their infant as they return to work. DeMeis, Hock, and McBride (1986) report that women who preferred employment and those who preferred being at home with their infants experienced similar levels of maternal separation anxiety in the early postpartum period; however, employment-preference mothers had less separation anxiety at 8 months. Owen and Cox (1987) found that mothers who worked more than 40 hours a week were more anxious than mothers who worked fewer hours or were not employed; these women also were less animated and less sensitive to their infants during interactions and were less securely attached to their infants. Gross, Conrad, Fogg, Willis, and Garvey (1995) found that maternal depression was significantly related to lower social competence and more behaviour problems in preschool children.

In summary, during the first postpartum year family role demands are particularly stressful for employed women as they adopt the motherhood role, alter dyadic relationships to incorporate a new family member, and adjust to separation from their infant (DeMeis et al., 1986; Gruis, 1977; Mercer, 1986). When women return to work the demands of the job can influence both their health and their parenthood experience. Thus the impact of returning to work on early experiences of parenting is an important area of focus for nurses involved in promoting the health of women and their families.

Methods

Design and Procedures

Data for this paper are derived from a larger, prospective longitudinal study of the impact of returning to work on the health of postpartum mothers. Data were gathered from September 1989 to May 1995 from 142 women residing in an urban community in the Pacific Northwestern United States. Participants met the following criteria at the time of enrolment in the study: married or in a committed relationship (as self-defined by the participant) with a male partner; pregnant with first child; employed 20 hours/week or more; and planning to return to work within 1 year of the birth. Participants were recruited through advertisements in local media, prenatal clinics, and word of mouth. The research was approved by the University of Washington Institutional Review Board.

Measurement

Data on maternal health status, family and employment variables, and health-promoting behaviours were gathered on five occasions: during mid-pregnancy and at 1, 4, 8, and 12 months postpartum. A variety of data-collection methods was used in the larger study; this paper is based on mailed questionnaire data from the 1-, 4-, and 8-month postpartum occasions of measurement.

Employment pattern. Timing of return to work was indicated by the week postpartum that the mother reported returning to regular employment. At each occasion the mother was also asked the average number of hours per week she currently spent in employment activities.

Health status. Young women of childbearing age are a primarily healthy population. However, two symptoms, depression and fatigue,

are commonly reported during the postpartum period and have been associated with disrupted parenting. Maternal experience of symptoms of *depressed mood* and *fatigue* were measured as part of the Symptoms of Stress Scale (Thompson & Kogan, 1982). Respondents indicate on a 5-point scale ranging from "never" to "very frequently" the presence of 94 symptoms of physical and emotional distress. Published reports of internal consistency ranged from .75 to .88 with test-retest reliability of .75. Internal consistency of the depression subscale in this sample ranged from .70 to .83 across all occasions.

Parenting variables selected for study included the perceived gratification derived from parenthood, stress associated with parenthood, and maternal anxiety associated with work-related separation from the child. *Parental gratification* was measured by Russell's (1974) Gratification Checklist as modified by Mercer (1986). The scale was constructed by asking new parents what things they enjoyed most about their new role. The 14-item, 5-point scale has internal consistency coefficients ranging from .71 to .80 (Mercer). In this sample, internal consistencies ranged from .80 to .83. *Parenting stress* was measured by the Parenting Stress Index (PSI) developed to measure the relative magnitude of stress in the parent-child system (Loyd & Abidin, 1985). The PSI contains 13 subscales in two domains, the Child Domain and the Parent Domain. For this study the total Child Domain (47 items) was used, including the following subscales: adaptability, acceptability, demandingness, mood, distractibility, and parent reinforcement. The alpha reliability coefficient for the total Child Domain is .89. In this sample, internal consistency ranged from .89 to .92. Three subscales (27 items) from the Parent Domain were used: attachment, role restriction, and sense of competence. Alpha reliability coefficients for these subscales are .55, .79, and .74 (.45–.58; .72–.79; .67–.79 in this sample). Test-retest coefficients for a 3-week interval on the PSI were .81 for the Child Domain and .71 for the Parent Domain. The PSI has been used extensively in child-development research and practice to identify parent-child dyads at risk for development of dysfunctional parenting behaviours or behaviour problems in children (Loyd & Abidin). An additional indicator of parenthood stress was the 35-item Maternal Separation Anxiety Scale (DeMeis et al., 1986) designed to measure the mother's apprehension about leaving her child for short-term separations. It includes three subscales: maternal separation anxiety, perception of separation effects on the child, and employment-related separation concerns. Alpha reliability coefficients range from .71 to .90; in this sample the internal consistency ranged from .88 to .92. Test-retest reliability coefficient for a 3-month interval was .99 (DeMeis et al.).

Analysis

Data were coded and entered for analysis into *SPSS for Windows*, Version 7.5. For interval-level data, high scores indicate a greater amount or degree of the variable of interest (i.e., more depression, more gratification), with the exception of the parenting stress variables for which a lower score represents greater stress. Descriptive statistics were used to summarize the variables. Changes in variables over the four occasions of measurement were analyzed using Analysis of Variance for Repeated Measures, with post-hoc contrasts for differences between each occasion. Relationships between bivariate pairs of variables were analyzed using Pearson's R. In all cases the significance level was set at .05.

Results

Characteristics of Participants

Data were available for 123 of the 142 original participants through 12 months postpartum. The majority of the participants who withdrew before completing the study did so within the first month postpartum, stating that they were too busy to complete the extensive questionnaires. Analyses revealed no demographic differences between the 123 participants who completed the study and the 19 who withdrew. Participants ranged in age from 20 to 41 years, with a mean age of 31 years. Maternal education ranged from less than high school to postgraduate, with 65.3% having at least a bachelor's degree. Participants were employed in a wide range of occupations: service (3%), sales (7%), technical (9%), clerical (17%), and professional/managerial (60%). Total annual family income at the time of study enrolment ranged from $10,000 to more than $80,000, with a median of $50–60,000 (US). The majority (90.5%) were Caucasian, with the proportion of Black, Hispanic, and Asian/Pacific Islanders approximating that of the community from which the sample was drawn. The majority (95%) were married; the remainder indicated they were in an unmarried but committed relationship (self-defined) with a male partner.

Participants reported working 20–75 hours/week at the time of enrolment — during their pregnancy — with 77% working 40 hours/week or more. Over one third (36.2%) of the sample worked until the day of delivery. Of the 15% who quit work 2 weeks or more prior to the birth, the majority did so under physician advice or because they had arranged for leave and delivered after their estimated due date. None experienced serious intrapartum complications requiring

extended hospitalization. Nearly all of the infants were healthy at birth. All but three infants (98%) were discharged home with their mothers. The majority of infants were breastfed after birth (97%) and at 1 month postpartum (87%).

Employment Patterns Postpartum

Participants returned to regular employment between 1 and 44 weeks postpartum, with a median time of 12 weeks. By 4 months 80% had returned to work and at 6 months 93% were employed. At 8 months 66% reported that they were satisfied or very satisfied with their decision to return to work when they did; while 46.7% indicated they had taken the "right amount" of time off work, 52.8% wished they had stayed home longer.

Of the participants employed at each occasion, the mean hours worked per week were 16.8 (1 month), 33.6 (4 months), and 32.2 (8 months). From 4 months postpartum onward, over half of the participants were employed full-time (40 hours/week or more), with some participants at each occasion reporting working up to 60 hours/week.

Maternal Health Status

Fatigue was by far the most prevalent symptom reported at 1 month postpartum (97.2%) and 4 months postpartum (88.9%). Fatigue scores remained high during the entire postpartum year, with mean scores indicating that fatigue was experienced "sometimes" (coded as 2) to "often" (coded as 3). The ANOVA for repeated measures indicated that there were statistically significant reductions in fatigue by time ($F = 29.64$, $df = 2,127$, $p<.001$), with statistically significant changes between each occasion of measurement as indicated by post-hoc contrasts (Table 1).

Participants reported generally low levels of depression at each occasion, with mean scores between "never" (coded as 0) and "infrequently" (coded as 1). The ANOVA for repeated measures indicated a statistically significant reduction in depression by time ($F = 12.12$, $df = 2$, $p<.001$), with the post-hoc contrasts showing that the only significant difference occurred between 1 and 4 months (Table 1).

Parenting

Maternal gratification with parenting was generally high, with mean scores ranging from 45.8 to 48.9 (from a possible range of 12–60) over

the three measurement occasions. Scores increased significantly throughout the postpartum period ($F = 22.65$, $df = 2,128$, $p<.001$), with significant changes between each occasion of measurement (Table 1).

Parenting stress, as measured by both child and parent domains, was low compared with published norms. A number of participants remarked that despite the PSI's reputation for being applicable to children under 3 years of age they found many items inappropriate for their infants. The ANOVA for repeated measures indicated a statistically significant decrease in parenting stress in both domains by time, with the post-hoc contrasts showing significant differences between each occasion for the parent and child domains (Table 1).

Table 1 *Changes in Postpartum Fatigue, Depression, Maternal Gratification, Parenting Stress, and Maternal Separation Anxiety by Time*

Variable	Occasion	Mean	Std. D	F (contrast)
Fatigue	1 month	3.05	0.83	
	4 months	2.56	0.99	55.11†
	8 months	2.44	0.96	6.38*
Depression	1 month	0.82	0.65	
	4 months	0.61	0.44	17.95*
	8 months	0.65	0.58	1.00
Gratification	1 month	45.83	7.21	
	4 months	48.37	6.35	39.37†
	8 months	48.85	6.46	9.16*
PSI: Child	1 month	177.70	17.84	
	4 months	188.89	17.02	75.65†
	8 months	190.43	17.00	26.78†
PSI: Parent	1 month	91.98	9.61	
	4 months	96.27	8.07	70.00†
	8 months	97.39	9.26	8.91*
Separation Anxiety	1 month	20.14	2.89	
	4 months	20.05	2.98	na
	8 months	19.77	3.28	na

Fatigue: [$F = 29.64$ ($df = 2,127$), $p < .001$], $n = 129$
Depression: [$F = 12.12$ ($df = 2,256$), $p < .001$], $n = 129$
Gratification: [$F = 22.65$ ($df = 2,128$), $p < .001$], $n = 130$
PSI: Child: [$F = 58.97$ ($df = 2,226$), $p < .001$], $n = 114$
PSI: Parent: [$F = 35.74$ ($df = 2,122$), $p < .001$], $n = 124$
Separation anxiety: [$F = 1.37$ ($df = 2,121$), $p =$ ns], $n = 123$
* $p < .01$ † $p < .001$

Maternal separation anxiety, as represented by the total scale score, was low and did not change significantly over time, as measured by ANOVA for repeated measures (Table 1).

Relationships among Maternal Health Status, Employment, and Parenting

Relationships among indicators of maternal health (fatigue, depression) and employment patterns (week of return to employment, hours worked per week) and indicators of the parenting experience (parenting stress, maternal gratification with parenting, and maternal separation anxiety) were examined at the 8-month postpartum occasion of measurement using Pearson's correlation coefficient (Table 2). At this time over 97% of the participants had returned to work; the majority had been back for several months.

Table 2 *Relationships among Indicators of Maternal Health, Employment, and Parenting Experience at 8 Months Postpartum*

Variable	Gratification	PSI: Child	PSI: Parent	Separation Anxiety
Depression	-.24*	.40†	.57†	.21†
Fatigue	-.13	.39†	.45†	.24†
Week RTW	.19*	-.07	-.10	.14
Hours/Week	-.02	-.20*	-.19*	-.02

$N = 126$ * $p < .05$ † $p < .01$

By 8 months postpartum the amount of time mothers had stayed home with their infants, as indicated by the postpartum week of return to employment, showed no relationship to experiences of parenting stress or maternal anxiety related to separation from her child. There was a mild positive relationship between maternal gratification with parenting and having returned to employment later ($r = .19$, $p<.05$). The number of hours a mother worked per week was unrelated to either maternal separation anxiety or maternal gratification, but was mildly associated with reporting less parenting stress in both the child ($r = -.20$) and parent ($r = -.19$) domains.

Maternal reports of depression and fatigue were moderately associated with all measures of the parenting experience. Mothers who reported more symptoms of depression and fatigue reported less grati-

fication, more parenting stress, and more maternal separation anxiety (correlations ranged from .21 to .57). It should be noted, however, that in general the sample scores for depression, parenting stress, and maternal separation anxiety were very low.

Discussion

This sample of healthy employed women incorporated parenting into their lives with relative ease. They worked until near the time of delivery, experienced few complications, and returned to work within the first months postpartum. Fatigue was the most common symptom they experienced during the postpartum months, and as time progressed their mood improved and levels of fatigue declined. Their parenting experiences improved throughout the first postpartum year. While depression and fatigue were associated with greater parenting stress and anxiety, as well as less gratification from parenting, few women experienced these symptoms at clinically significant levels.

The results cannot be generalized to groups of women who may not share the same resources as the participants in this study. These women were all in partnered relationships, were predominantly well educated, and were self-selected to participate in a longitudinal study that was demanding of their time and energies. Further, their employment status brought them financial resources and sources of social support unavailable to other populations of women. For example, Youngblut (1995) reported that women who were consistently employed from 3 through 18 months postpartum were more likely than women who left employment to perceive that adequate child care was available to them. In this study, 80–94% of the participants reported at each occasion that they were satisfied with their child-care arrangements. We could speculate that without these resources women might experience higher levels of stress, decreased gratification, and more health problems.

Some of the participants questioned the appropriateness of the PSA as a measure of parenting stress for mothers of infants. While a review of the scale items indicates that the majority of items are applicable, and the scale's psychometrics on this population are strong, the perception of these participants suggests than future studies should employ additional measures of parenting stress that focus on stressors associated with parenting young infants.

The findings of this study support those reported in the literature that employment per se does not interfere with parenting, especially

among otherwise healthy, functioning women. While learning to make room for a new infant in a busy life may be a challenge for working mothers, the resourceful women in this study managed the transition well. By 8 months postpartum their health and perceptions of parenting were largely positive. However, interview data reveal that some women experienced greater difficulties in juggling work and parenthood. Women who had jobs with limited flexibility, unsatisfactory child care, or non-supportive husbands or partners expressed concerns about their ability to manage their multiple responsibilities.

This study contributes to our understanding of the transition experienced by new mothers as they re-enter the work force. The longitudinal design of the study offers the opportunity to learn about longer-term outcomes of the transition, and thus adds to the literature, which comprises reports on studies of the immediate postpartum period or cross-sectional studies. The results offer clinicians guidance in reassuring clients that when adequate resources are available women can successfully combine employment and parenthood. It remains for future researchers to explore how women with fewer resources manage this transition and also how women continue to balance their work and family lives, especially as children get older and the demands of parenting change. Hochschild (1997) suggests that employment is consuming an ever-increasing share of family life. If this is true, the challenge for employed women to effectively incorporate parenting and work will continue.

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