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The impact of early maternal employment on infant wellbeing and attachment

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## **Introduction**

This paper presents the findings of a non-exhaustive critical literature review (CLR) which investigates the effects of early maternal employment (EME) on infant attachment and wellbeing. EME is defined as maternal employment commencing in the first year of infants' lives (Brooks-Gunn et al., 2010). As the number of mothers who return to work after having children has increased drastically over the past thirty years (O'Reilly, 2012), there is currently very little evidence and no current UK policy or guidance in relation to EME in order to support women in making the often difficult decision to return to work after giving birth.

## **Background**

An essential part of the role of the health visitor is to provide expert advice and support in order to empower the infants' care givers to make decisions affecting the future of their family (Best Beginnings, 2016). Though some literature suggests that EME has an adverse effect on infant wellbeing and attachment, some validates EME, stating that it can have positive effects on long term outcomes (O'Reilly, 2012). As the participation of mothers in employment continues to rise amongst the changing dynamic of the modern family this issue is only going to increase in importance.

The effects on infant attachment of EME is believed to vary depending upon the structure and socio-economic status of the family. Some evidence suggests that the

maternal hour's spent in employment in the first six months of life does not have an effect on the quality of parenting (Ades, 2009; Chambliss, 2009). However Ades (2009) identifies that those families who fall below the poverty line, where the mother undertakes early employment, experience fewer challenging behaviours from their children than those above the poverty line. It is the strength of the secure attachment between infants and their mothers that has a greater impact on families who have lower incomes (Ades, 2009).

## **Aim**



The scope of this review was to examine the evidence surrounding EME. Health visitors should be competent in providing support to families on the potential effects and benefits of mothers returning to work within the first year of their infant's life.

## **Methodology**

A CLR utilising a comprehensive search strategy was undertaken examining the effects of EME on infant attachment and wellbeing. This approach is an appropriate research method in order to synthesise the evidence to date (Aveyard, 2014). The key databases searched included CINAHL, PubMed, PsycInfo, Social Care Online and Scopus as these high quality international databases provide access to health and social care related journal articles pertinent to the research aim. The relevant CASP tools were then utilised to support critical analysis of the 13 studies which met the inclusion and exclusion criteria. 10 of the studies were longitudinal studies, one case study, one prospective cohort study and a further qualitative study, all published between 2003 and 2015. 4 key themes emerged from the thematic analysis which have an impact on EME and infant wellbeing and attachment. These were breastfeeding, attachment, child development and school readiness, and perinatal mental health.

## **Findings**

The critical evaluation of the evidence included in this CLR shows that children of women who partake in EME have less behavioural problems and are higher

achieving, being more likely to gain paid employment in later life, and have an increased probability of holding managerial posts thus better paid than those whose mothers are not in employment. This correlation is greatest for those who come from low income families (McGinn et al., 2016). Thus, EME has an overall positive impact on the wellbeing of children as well as reducing the number of children in poverty (Department for Education, 2014). However, other factors such as maternal education, family structure and childcare setting for children of mothers who work have more significant associations with children's' developmental outcomes than EME, for instance those who rely on friends or family members for childcare statistically have worse outcomes than those children who attend a good quality early years childcare setting (Brooks-Gunn et al., 2010) (Joshi et al., 2009).

### ***Breastfeeding***

There is substantial reliable evidence that breastfeeding is an important contributory factor to infant wellbeing and public health outcomes and aids the reduction of health inequalities (UNICEF UK, 2010). Breastfeeding rates and duration are negatively affected by EME (Rollins et al., 2016). Women who return to work within the first year of their infant's life are more likely to have breastfed than their counterparts who do not work (Sherlock et al., 2008). Yet, the evidence shows that it is not simply lack of employment that links to lower breastfeeding rates but other factors common amongst mothers who are not in paid work; they are more likely to be younger and have fewer educational qualifications (Skafida, 2012). However, women who undertake EME, especially if this employment is full time, are significantly more likely to prematurely cease breastfeeding than their peers who are not in work (Skafida, 2012). Some women who want to continue to breastfeed after returning to work find

it impossible to do so, and those who do manage to continue do so covertly (Gatrell, 2007). Indeed, for some mothers the prospect of returning to work was enough to influence early breastfeeding cessation (Gatrell, 2007). Thus whilst the evidence suggests that breastfeeding duration is negatively impacted by EME covariates such as education, socio-economic status and self-confidence of women also influence breastfeeding rates (Skafida, 2012).

### ***Attachment***

A secure attachment, which is formed by daily responsive parenting, gives infants a foundation from which to thrive and meet their full potential. Insecure attachment is a significant public health issue and can also be an indicator for maltreatment. Thus promoting secure attachments is intrinsic to child protection (Balbernie, 2013).

Cooklin et al. (2013) suggests EME does not have a detrimental influence on infant attachment however the sample used was not representative as it was drawn from nulliparous, employed women (Cooklin et al., 2012). Furthermore, Baker and Milligan (2008) postulate that the associated rate of maternal care and therefore potential bonding with maternity leave may be a significant factor. Nevertheless, the quality of a mother's interaction with her infant is the most significant predictor of the security of an infant's attachment (Thaner et al., 2012).

### ***Child development and school readiness***

EME has little impact on children's readiness for school, or on the cognitive function, socio-emotional behaviours and outcomes for children (McMunn et al., 2011).

Positive effects of EME were found, especially for girls in relation to future aspirations, ambitions and achievement (McMunn et al., 2011). International data from 24 countries provides evidence to support the notion that daughters of employed women are more likely to gain paid employment in later life, and if employed have an increased probability of holding more managerial posts and be better paid than the daughters of women who do not work (McGinn et al., 2016). In addition to providing daughters with more "liberalised gender attitudes" promoting their involvement in the workplace, working mothers increase the likelihood of their son's being actively involved in care roles within their families in adulthood (McGinn et al., 2016). One study found that children were more likely to have behavioural issues at school age if mothers did not undertake EME compared to those who did, however, the negative association between EME and child development is concentrated around mothers with low educational qualification (Verropoulou & Joshi, 2009) (McMunn et al., 2011).

When covariates including maternal age, partners work status, socio-economic position and maternal depression, are accounted for there is no statistically significant negative effect of EME for children. Poverty is recognised as one of the most influential factors impacting upon a child's emotional, behavioural and academic outcomes, Carmen Huerta et al. (2011) identify that EME contributes significantly to combating such inequalities and improving wellbeing. Yet, full time EME has a small and at times statistically insignificant negative impact on factors which impact school readiness (Carmen Huerta et al., 2011). Significantly however, Sherlock et al. (2008) found the shorter the leave taken by mothers' correlates with detrimental effects on the infant's motor and social development, negatively

influencing school readiness. The bulk of the evidence included the CLR shows EME as a stand-alone factor does not significantly affect child outcomes.

### ***Perinatal mental health***

Perinatal mental health problems are thought to affect at least 10% of women, and prevention, early detection and early intervention can prevent onset and escalation (Hogg, 2014). EME is linked to reducing perinatal mental health problems by lowering levels of separation anxiety (Cooklin et al., 2012). High levels of separation anxiety in mothers may lead to overprotective behaviours over the first few years of a child's life, which in turn can result in more behavioural problems. It could therefore be argued that women should be supported by health visitors to make decisions to reduce separation anxiety such as undertaking some form of EME (Cooklin et al., 2013). However, the CLR also found that continuing to breastfeed at work negatively impacts maternal mental health as it became stressful, and premature cessation of breastfeeding correlated with postnatal depression (Gatrell, 2007). Moreover, evidence which did not meet the inclusion criteria for this study demonstrates EME has a small but statistically significant positive correlation with maternal stress and depressive symptoms (Chatterji et al., 2013). However, any negative mental health outcomes for mothers undertaking EME may not have affected the infants' attachment as perinatal mental health problems, regardless of severity or comorbidities, have been found not to be directly related to poor, insecure or disorganised attachment (Tharner et al., 2012).

## **Discussion**

Health visitors should have the knowledge to support to families and enable them to make an informed decision regarding EME. In the UK government policy over the last decade has introduced childcare policies to encourage more mothers into work with the aim of reducing child poverty (Naumann, 2015). However, childcare in the UK remains expensive, and lack of good quality childcare is recognised as a crucial obstacle to mothers' participation in the labour market (Naumann, 2015).



Maternal employment should not lead to lower breastfeeding rates, as work does not impact the amount or quality of breast milk produced. Moreover, the longer the duration of breastfeeding the greater the health benefits to the infant and the mother (Heymann et al., 2013). Health visitors have a key role in supporting breastfeeding, and should implement best practice using the Baby Friendly Initiative guidance (Department of Health, 2014). However, breastfeeding rates could further be improved amongst working mothers through educating women on their rights and ability to continue breastfeeding and on practical solutions to support the feasibility of breastfeeding at work. Health visitors are in an ideal position to support women to continue to breastfeed, consequently improving infant wellbeing (UNICEF UK, 2010). Government policy, alongside other socio-economic factors, plays a key role in influencing breastfeeding rates and school readiness, thus impacting on infant attachment and wellbeing (Baker and Milligan, 2008). The UK, whilst providing some employment rights for women taking maternity leave and recommendations to eradicate child poverty through encouraging EME, does not have the progressive policy or infrastructure in place comparable to other countries such as Denmark and Sweden have, who have statistically better outcomes for their children (UNICEF, 2012).

There is not enough evidence to conclude on either a positive or negative relationship between infant attachment and EME. No correlation was found between a mother's emotional attachment to their infant and their EME status (Cooklin et al., 2012). Moreover, the term attachment refers strictly to the bond that an infant makes with its primary caregiver, most likely its mother, and the importance of attachment with another significant caregiver was not



addressed specifically by any of the empirical evidence included within the scope of this review (Benoit, 2004).

## **Recommendations**

- Negative effects of EME can be negated through formal and structured quality childcare supported by the government and employers (Brooks-Gunn et al., 2010).
- Parental leave which is flexible between both parents and which is well paid as a proportion of the parent's salary
- Flexible and part time working to be supported in policy
- Guaranteeing paid breaks for breastfeeding and expressing, providing a private area to complete this and suitable breastmilk storage facilities in order to increase breastfeeding rates (Heymann et al., 2013).
- Further research on EME. This would enable health visitors to support families as part of early intervention in order to provide children with the best possible start so that they can thrive and meet their full potential (Department of Health, 2011).

## **Conclusion**

Though it is clear from this CLR that further research is required, EME remains a very real option in promoting infant wellbeing and some factors that support attachment. EME supports families and children in the reduction of some perinatal mental health issues, poverty, behavioural, educational and employment outcomes. Though EME does have a negative impact on breastfeeding rates this could be mitigated by the introduction of more



supportive and protective national labour policies. In addition, EME is recognised as a protective factor from the very real problem of child poverty in the UK today, and thus a protective factor against all negative factors associated with such a harmful socio-economic status for children.

### **Key Points**

- The children of women who come from low income families who partake in early maternal employment are higher achieving and have less behavioural problems than those whose mothers are not in employment.
- Daughters of employed women are more likely to gain paid employment in managerial roles later life.
- Working mothers increase the likelihood of their son's being actively involved in care roles within their families in adulthood.
- Early maternal employment is linked to lower levels of separation anxiety, positively impacting on maternal mental health.

### **Key Words**

Attachment, wellbeing, health visitor, early maternal employment, work.



Summary of included studies

| Study                      | Key Themes/Findings  |
|----------------------------|--|
| Cooklin et al., 2012       | <p>Women employed at 10 months postpartum are significantly less likely to be breastfeeding than their non-working counterparts.</p> <p>No significant differences are found between employed and unemployed women in their emotional attachment to their infant.</p> <p>There is a statistical relationship between EME and lower levels of separation anxiety.</p>   |
| Gregg et al., 2005         | <p>When controls for covariates are included there is little effect of EME on child cognitive outcomes. However, full time work before the child is 18 months of age has some small and frequently statistically insignificant.</p> <p>adverse consequences for cognitive development. The results suggest that children of least educated mothers do not demonstrate negative effects from EME indicating mothers' earnings are particularly important when income from other sources is low.</p> |
| McMunn et al., 2011        | <p>Children whose mothers did not undertake EME were significantly more likely to experience behavioural difficulties at age 5 than their counterparts whose mothers worked whilst they were infants.</p> <p>No evidence was found of detrimental effects of EME on socio emotional behaviour at age 5 years. The results suggested positive effects for girls especially of maternal employment.</p>  |
| Sherlock et al., 2008      | <p>Children between 0 and 2 whose mothers return to work had an increased risk of motor and social impairment, however this risk appeared to decrease as maternity leave increased. The highest risk for impaired development were in children whose mothers undertook EME.</p> <p>Mothers who did not undertake EME are less likely to have breastfed and have more children living in the home.</p>  |
| Carmen Huerta et al., 2011 | <p>Only in the UK is there a small negative association between EME and conduct problems in children.</p> <p>Marginally significant results indicate attention-hyperactivity problems are negatively associated with EME.</p>  |

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|--------------------------|---|
|                          | <p>Parental employment is essential to reducing income poverty risks, and small negative associations with cognitive outcomes and EME are small and not universally observed.</p>   |
| Baxter et al., 2009      | <p>The percentage of mothers still fulltime breastfeeding was 10% lower for mothers who had returned to employment in the first month after birth.</p> <p>Early full time employment is associated with early cessation of breastfeeding.</p>   |
| Galtry, 2003             | <p>Socio-cultural support and labour market/health/early childhood are all important if rates of breastfeeding and female employment are both to remain high.</p> <p>Swedish data demonstrates that if most workers are eligible for extensive well paid leave then high levels of employment and extensive breastfeeding can be achieved.</p>  |
| Skafida, 2012            | <p>Employment is negatively associated with the ability of mothers to breastfeed for a prolonged period. However, covariates such as education, socio-economic status and self-confidence of women also impact breastfeeding rates which were not accounted for in this study.</p>  |
| Baker & Milligan 2008    | <p>Breastfeeding duration increases when mothers are eligible for maternity leave, therefore labour market policy has a positive impact on breastfeeding rates. The associated rate of maternal care/bonding with maternity leave entitlement <i>may</i> affect children's cognitive, behavioural and social development.</p> <p>However, extending maternity leave does not have a consistent, robust effect on self-reported health of mothers and their infants.</p> |
| Deding et al., 2007      | <p>After controlling for covariates EME does not affect the probability that the child will be in the borderline or abnormal psycho-social Strength and Difficulties Questionnaire categories.</p> <p>EME has a positive effect on children at age 7.</p> <p>The more the mother worked before the child was 1 year of age the fewer problems female children were likely to have at age 7.</p>   |
| Joshi et al., 2009       | <p>Covariates such as maternal education, family structure and first born children were more significantly associated with the outcomes of children's maths and literacy than EME.</p>  |
| Verropoulou & Joshi 2009 | <p>EME has some conflict with child development, however, this negative association is concentrated on women with low educational qualifications.</p>   |
| Gatrell, 2007            | <p>The impending return to employment was the point at which 6 mothers ceased breastfeeding completely, only 3 of which were comfortable with this decision. However, those who continued required a range of personal tactics and support in</p>   |

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|  | order to facilitate breastfeeding. Collectively all employing organisations either ignored the needs of breastfeeding mothers or actively discouraged breastfeeding. Thus, EME has a negative impact on breastfeeding and perinatal mental health. |
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