

# ARCHIVES OF DISEASE IN CHILDHOOD

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## Annotations

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### Maternal employment

The fact that so many mothers work full or part time outside the home impinges on paediatric care in a variety of ways. Caring for a sick child at home, keeping outpatient appointments or appointments at child health clinics, visiting a child in hospital, are all made more problematic if the mother is working. The quality of substitute care may well affect a child's development and behaviour. Young male paediatricians with children will be aware that so many more of their wives work than those of their older colleagues at the same stage of their careers. They might well feel understandably envious of their predecessors whose work routine was never, or rarely, interrupted when one of their own children was sick and had to be looked after at home.

The numbers of employed mothers have increased slightly over recent years, and the pattern in the United Kingdom has some unusual features. From 1973 to 1985 the number of mothers of children under 5 years in the United Kingdom who worked went up from 25% to 30%, although employment of mothers of 5 to 9 year olds remains static at around 42%. Larger increases have occurred in the United States. Whereas elsewhere the increase has mainly been in full time employment, the United Kingdom has seen a notable rise in part time employment. Thus in this country the proportion of women with children aged 5 to 9 years who work full time is 11% and part time 34%, whereas in France (a country fairly typical in this respect), the corresponding figures for full time and part time employment are 38% and 14% respectively.<sup>1</sup> One reason for this difference, though probably not the most important, lies in the relatively low availability of publicly supported day care places in the United Kingdom. Such places exist here for only 2% of 0-2 year olds (22-25% in France) and 44% of 3-4 year olds (95% of 3-5 year olds in France). The availability of good quality day care, however, although a matter of major importance for other reasons, is probably not the main reason for the high proportion of mothers in part time work, for this pattern is also evident in mothers of school age children. The reasons for the pattern in the United Kingdom probably lie in the larger numbers of women in low paid jobs (domestic, secretarial, nursing, etc) in which part time work is more readily available, and the greater reluctance of women here to enter full time employment, especially while their children are young. Part time work can be seen as more easily combined with good child care, especially if the mother can adapt her hours to the child's school attendance and the father's work pattern, but the fact that it tends to be particularly poorly paid and may, as with some cleaning

jobs, take the mother out of the home at the very time young children are getting up or going to bed, often makes it particularly unsatisfactory.

Does the fact that a mother works affect the health, development, or behaviour of her child? The results of numerous large scale surveys suggest very strongly that for children over the age of 1 year it does not. The pregnancy outcome of low income mothers who work into the third trimester is no different in terms of length of gestation, weight, and head circumference from the outcome in women who do not work, even after controlling for health habits.<sup>2</sup> The language development of children of employed women is no different from those of the unemployed, nor is there a difference in educational attainment.<sup>3</sup> The rate of behaviour and emotional disorders among employed and unemployed women does not differ in either preschool children or children of school age.<sup>4</sup>

These survey findings should not mislead paediatricians into thinking that, in the individual case, it does not matter to the child whether the mother works or not. It is highly likely that counterbalancing positive and negative influences obscure a complex picture.<sup>5</sup> Relevant considerations that can modify the outcome for the child include the quality of substitute care (better than the mother herself can provide in some cases, appalling in others), the mental state of the mother (a woman may avoid depressing isolation by going out to work and there is evidence that, if she is depressed, her absence at work will shield the child from the worst effects of her irritability and/or apathy<sup>6</sup>), the financial state of the family (single mothers may not be able to survive at a reasonable level unless they go out to work), and the wishes and expectations of the mother herself. Many women feel torn in a most painful way between their desires to maintain their careers and their wishes to look after their young children full time. Such conflict may indeed be relevant to an understanding of behaviour problems that present to the paediatrician. A mother's guilt feelings about going to work may result in over protection of her child, and ventilation of such feelings may be helpful when dealing, for example, with a sleep problem induced by a mother's constant anxious concern for her child. Finally, the characteristics of the child enter into the equation. There is increasing evidence that even good substitute care may not be good enough for babies under the age of 1 year,<sup>7</sup> and that the mothers of temperamentally difficult children are less likely to be able to get out to work perhaps because of problems in finding tolerant substitute parents.<sup>8</sup>

These considerations are all relevant to paediatric practice. Questions we should ask ourselves include: how far are outpatient and child health clinic appointments tailored to the needs of the working mothers? Can routine admissions be arranged to suit the need of working mothers? Does the attitude of nursing and paediatric staff to mothers who do not take advantage of rooming in facilities or visit infrequently take into account mothers' needs to maintain their employment. Would mothers be helped if, with permission, direct contact was made with their employers to explain the position concerning visiting? Are mothers who cannot work, and are thus financially disadvantaged because of the dependency needs of their chronically handicapped children, in receipt of all the benefits to which they are entitled? Nearer home, perhaps paediatricians should also ask themselves what creche facilities their hospital provides and, more selfishly, whether they will continue to attract good quality junior medical, nursing, and secretarial staff if they do not dedicate resources to provide such a facility. More generally, paediatricians who are asked by mothers for advice on returning to work after having had their babies would do well to consult guidelines on this issue put out by the American Academy of Pediatrics.<sup>9</sup> These put strong

emphasis on the importance of the mother's own feelings about the matter and the quality of available substitute care.

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