

Background

- The decision to return to work after having a baby very difficult decision for some mothers.
- Most jobs in the United States do not allow long to maternity leave or even provide paid maternity lea
- Mothers may return to work earlier than desired to financially stable.
- Returning to work soon after having a baby can al lead to other issues such as the discontinuation of breastfeeding sooner than the mother may have pla
- Returning to work earlier than desired can lead to adverse health outcomes for mother and infant.

Purpose

To examine the relationship of mothers' employment postpartum to factors such as breastfeeding, depression mode of delivery.

Methods

- Mothers (N=47) ages 18-40 years who had a baby in last 6 months and live in the Tallahassee and Gaines areas are being recruited.
- Mothers who choose to participate will complete a quantitative survey with questions regarding demographics (including work status before pregnan during pregnancy, and since giving birth) and experiduring pregnancy, birth, and in the time since birth.
- Maternal work status was categorized into 3 groups:
 - Not yet working since birth
 - Returned to work at less than 8 weeks
 - Returned to work at 8 weeks or greater
- For these analyses, the following measures were ana
 - Breastfeeding (yes/no) at time of survey completi
 - Delivery type: Vaginal vs. C-section
 - Depression as measured by the Edinburgh Postna Depression Scale (EPDS)

Examining the Relationship of Postpartum Mothers Employment Status With Breastfeeding and Depression Emma Jarvis¹, Rebecca Hanauer², Jessica Bahorski, PhD, APRN¹ Florida State University College of Nursing¹, College of Arts and Sciences²

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	Results Table 1. Demographic characteristics of participants (N = 47)			
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		$M \pm SD$	Range	
term	Maternal Age (years) [#]	31.16 ± 5.37	21-40	
	EPDS ⁺	9.67 ± 5.17	0-23	
eave.	Baby age at visit (days)	95.68	11 - 230	
to stay		Ν	%	
	Marital Status (married)*	43	91.5%	
also	Education (college graduate)	36	76.6%	
f	Working status			
	Returned < 8 weeks	8	17.0%	
planned.	Returned ≥ 8 weeks	18	38.3%	
)	Not working/maternity leave	21	44.7%	
	Race*			
	White	28	60.9%	
	Black	11	23.9%	
	Other/Mixed	7	15.2%	
	Hispanic, yes	12	25.5%	
	Infant sex (male)	21	44.7%	
t status	Birth Type (vaginal)*	29	61.7%	
	Current breastfeeding (yes)*	37	80.4%	
on, and	* $n = 46$ + $n = 45$ # $n = 44$			
	Table 2. Results of Analyses			
	Variables Statist	ical Test p-value	Effect Size	
• .1	Work & Breastfeeding Chi Squai	re 0.02	V = 0.40	
in the	Work & Delivery Mode Chi Squar		N/A	
sville				
	Work & Depression Kruskal V	Villis 0.13	r = 0.30	
	Work Status & Breastfeeding	Wo	ork Group & Depression Sc	ore
ancy, riences	20	0	0	
	16	°	r	
•	14	ə (–		
S:	12	Depression Score		
	8			
	6			
	4	ω – ω		
nalyzed:	2			_
etion	0 Not working Returned Over 8 Weeks Returned Less than 8 Weeks	o –		
	NOUNCERS NOUNCESS NOUNCESS INTER CONTRACTOR	not	over8	ι
	Yes No		Work Group	
natal		Figure 2. Moms wh	o returned to work at les	ss tha

Figure 1. More moms were still breastfeeding in the group not working (p = 0.02).

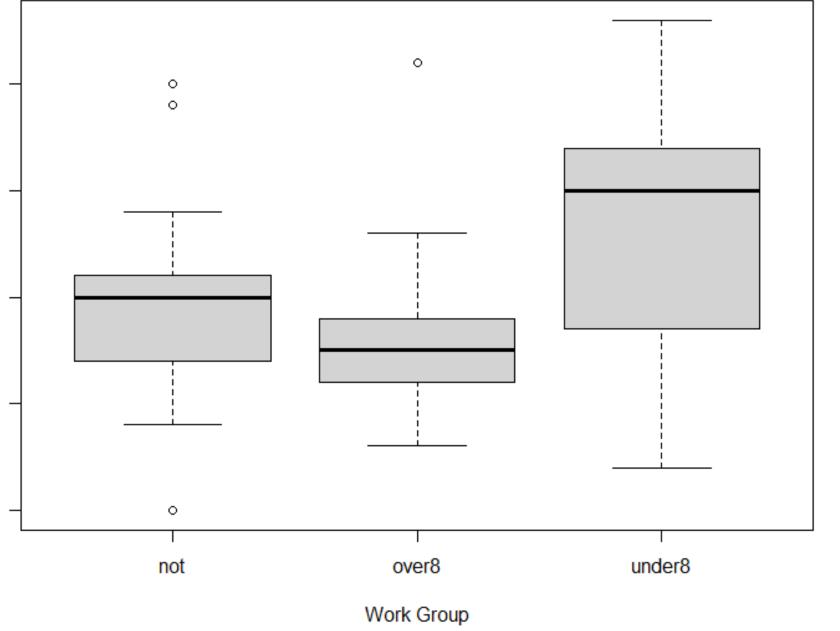


Figure 2. Moms who returned to work at less than 8 weeks reported higher levels of depression (p = 0.13). Mean EPDS score not working = 9.5, mean returning greater than 8 weeks = 8.55, and mean returning less than 8 weeks = 13.

- 100 participants.
- working are intertwined.

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Conclusions

This research highlights the need to gain a better

understanding of how mothers can feel more supported during their postpartum transition.

Our findings are showing similarities with other studies done in regards of mothers returning to work.

Consistent with prior studies, breastfeeding rates decreased when mothers return to work.

The relationship with depression and work seems plausible, but more research is needed.

The small sample size could have affected significance

between variables and mothers returning to work.

Future Directions and

Limitations

The study is ongoing to collect data with a goal of reaching

Qualitative data is being collected which may provide a better understanding of reasons mothers returned to work.

Further research is needed to understand why depression and

Acknowledgements

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