



# AMERICAN ACADEMY OF PEDIATRICS

## Committee on Psychosocial Aspects of Child and Family Health

### The Mother Working Outside the Home

Sixty percent of women (35% of mothers of children less than 18 years of age and 45% of mothers with preschool-aged children) in the United States work outside the home either of necessity or by choice. The pediatrician, who has an important role in helping such women find the best way of dealing with their multiple and demanding roles as workers, wives, and mothers, is often asked to address some of the questions posed below.

1. Is my working harmful to my child? The answer to this question depends upon (a) the provision of a safe, caring environment for the child; and (b) the mother's satisfaction in her outside work, the support and help of her family, and her vitality at the end of the day to nurture her children.

2. How do I evaluate a substitute care-giving situation? In addition to safety, sanitation, and the provision of proper nutrition, the kind of care giver to whom a young infant or young child is entrusted is the overriding consideration. This person must be warm, caring, responsible, and able to provide the child the stimulation of new learning experiences. In all cases, parents should talk frequently with the care giver about the child-rearing practices they desire, especially if the substitute mother is inexperienced or comes from a different sociocultural background. Although the needs of each child in a group setting vary with his or her age and personality, a ratio of one adult to three infants less than 2 years of age is advised, with the desired ratio increasing to 1 to 4 or 1 to 5 for older children. These recommendations are based on the established need of children for individual, consistent relationships with one, or at most, two care givers during periods of early and rapid development.

3. What are some of the possible negative effects on my child of my working? Inadequate care-giving facilities and persons are major problems. Recognizing that the quality as well as the quantity of interaction is important, maternal fatigue can be a deterrent to optimal parenting. Lack of supervision after school ("latchkey" children) may be another major problem because the child may be both unsafe and socially isolated.

4. When is it all right to return to work after the birth of my baby? Mothers need to decide when they are ready to return to work on the basis of (a) physical health, (b) practical and financial conditions, (c) developing mother-child relationship, (d) family equilibrium, and (e) availability of adequate alternative resources for child care. Employers are increasingly responsive to the needs of mothers and fathers to devote themselves to the care of their infants and children during critical periods of growth and development—such as the early months of the first year. These needs are being met by means of subsidized leave and the provision of child care facilities at the workplace.

5. What kinds of reactions can I expect in myself and my family if I return to work and have someone else take care of my child? Mothers who must share the care of their children with a substitute are likely to have feelings of loss, inadequacy, and guilt. To minimize these painful feelings, they may rationalize that, after all, they really do not matter all that much. This conclusion may be reinforced if the child does not seem to miss the mother, is reluctant to leave the care giver, or acts up when the mother comes for him, especially if the care giver remarks, "He never does that for me!" The pediatrician can help the mother by pointing out that the infant in a satisfactory substitute care situation will be as much attached to the mother as an infant who is exclusively cared for by the mother, and the pediatrician can help the mother by pro-

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moting her comfort rather than rivalry with the substitute care giver.

6. Are there any special things I should keep in mind before I go back to work? There are a number of steps to be recommended before returning to work. Of first importance is a frank discussion between the parents and other family members about this change and about the necessity of their sharing in the care of the child and household. The father may accept such participation willingly or with many reservations. The observation that most mothers feel guilty about returning to work and having someone else care for their child should be shared, and the doctor's interest in talking with her about such feelings emphasized. It may also be noted that women who feel fulfilled because of their work away from home may be better mothers than if they stayed home and were continually dissatisfied and frustrated.

In summary, many mothers work outside the home and most have concerns about substitute child care. In addition to providing advice to individual parents, pediatricians can make an important contribution by supporting subsidized parental leaves after the birth of a newborn infant, by encouraging the active participation of fathers in child and household care, and by having the knowledge to aid parents in access to high quality substitute child care.

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