

The Impacts of Pregnancy and Childbirth on the Career Trajectories and Progression of Women within the Health Sector in the United Kingdom.

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Article Info

Article history:

Received: 12/08/2025

Accepted: 17/08/2025

Published: 20/08/2025

Keywords:

Pregnancy, childbirth, Career trajectories, Career progression, Women in healthcare, UK health sector, Motherhood penalty, Work-life balance, Gender discrimination, Workplace flexibility, Career stagnation, Gender equality.

ABSTRACT

Women in the health sector often face unique challenges in balancing professional responsibilities with the demands of pregnancy and motherhood. Extensive research has examined this issue, primarily focusing on nurses and physicians. This study extends the scope by exploring the impacts of pregnancy and childbirth across a broader range of women's career trajectories in the UK health sector, including support workers. It aims to examine career impacts, explore women's experiences, and identify solutions for post-childbirth career challenges. Employing Gendered Organisation Theory, the study used a pragmatic, abductive approach with concurrent mixed methods. It combined document analysis with ten in-depth interviews of women across diverse roles in the UK health sector who experienced childbirth during their careers. Data analysis involved qualitative content and thematic analysis, integrated through triangulation. Findings reveal limited career advancement opportunities post-childbirth, often due to assumptions about managing work and childcare. Workplace flexibility, while aiding retention, often leads to career stagnation. A notable finding is the phenomenon of 'exclusion by empathy', where well-intentioned colleagues inadvertently limit opportunities for mothers. Participants, particularly support workers, reported career delays, missed training, and significant emotional toll. Recommendations include standardising maternity policies, implementing mentorship programs, promoting flexible working arrangements, enhancing return-to-work programs, and monitoring career progression. These findings emphasise the need for inclusive workplace policies and mental health support, contributing to a more comprehensive understanding of motherhood-career progression interplay across diverse roles in healthcare.

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INTRODUCTION

The impacts of pregnancy and childbirth on women's career trajectories is a global phenomenon, with far-reaching implications for gender equality in the workforce. A recent survey of 134 countries revealed that on average, 24% of women exit the labour market in their first year of motherhood, with 15% still absent after a decade (Kleven et al., 2023). These impacts are particularly pronounced in the healthcare sector, where demanding schedules, continuous professional development requirements, and high-stakes decision-making create unique challenges for women balancing career and family responsibilities.

The UK's health sector is vital to the economy and employment landscape, with the National Health Service (NHS) being the largest employer. The UK has the largest integrated health system globally, leading in life sciences, healthcare, medical devices, and digital technologies research and innovation. (UK GOV, 2020). As of Q4 2023, the UK's health sector employed around 3.59 million women, constituting 75% of the workforce (Statista, 2024).

Women in the UK healthcare sector, despite their majority and the sector's importance, face significant challenges regarding pregnancy, childbirth, and career progression. Research by the UK Government Equalities Office (2019) shows that women in health, public, and education sectors experience more career stagnation post-childbirth, leading to fewer growth opportunities and hindering their advancement to senior roles and long-term retention compared to men.

Various studies underscore the challenges faced by women in the UK health sector. Rimmer (2017) found that 35% of female doctors in the UK reported maternity-related discrimination, while Shorey et al. (2018) revealed that 62% believed motherhood hindered their career progression. The British Medical Association (2020) highlighted that many female doctors felt unsupported during leave and upon returning to work. Additionally, Dacre et al. (2020) identified a substantial gender pay gap in UK medicine, which increases to 35% by mid-career after women have children.

Despite increasing research on the impacts of pregnancy and childbirth on women's careers, there is limited focus on the experiences of women in various roles within the UK health sector. This study seeks to fill that gap by exploring the challenges faced by women in different healthcare professions, the support they receive, and how these factors affect their career trajectories and progression.

This research seeks to inform policies and practices that promote gender equality and support the retention of skilled women in the UK healthcare sector. It identifies barriers and enablers to women's career advancement, aiming for targeted interventions and systemic changes to create supportive and equitable work environments. By addressing challenges related to pregnancy and childbirth, the study fills a critical gap, enhancing the sector's ability to provide high-quality care and sustain global leadership.

Research Objectives and Questions

The aim of this study is to explore the impacts of pregnancy and childbirth on the career trajectories and progression of women within the health sector in the UK.

The research seeks to achieve the following objectives:

1. To explore the experiences and perceptions of women in the UK health sector regarding career progression post-childbirth
2. To examine the impacts of pregnancy and childbirth on the career trajectories and progression of women within the health sector in the UK
3. To identify potential solutions for addressing the career-related challenges faced by women in the UK health sector post-childbirth

The following questions was answered to achieve the established research objectives:

1. How do women in the UK health sector perceive their career progression following childbirth and what experiences do they share?
2. What are the impacts of pregnancy and childbirth on the career trajectories of women within the health sector in the UK?
3. What are the potential solutions for addressing the career related challenges faced by women in the UK health sector post childbirth?

Literature Review

This literature review examines the impacts of pregnancy and childbirth on women's careers in the UK health sector, a phenomenon often termed the "motherhood penalty" (Budig, 2001). The review adopts a narrative approach, synthesising qualitative and quantitative studies to provide a comprehensive overview of the current state of knowledge. The purpose of this review is threefold: to explore women's experiences and perceptions post-childbirth, to examine the impacts of pregnancy and childbirth on career trajectories, and to identify potential solutions for addressing career-related challenges. This structure forms the conceptual framework for the research's analysis. Key concepts explored include career progression, work-life balance, discrimination, institutional support, and policy interventions. The review focuses on literature published between 2000 and 2023, prioritising UK-based studies but drawing on international research for context and comparison. Keywords used in the literature search included "motherhood penalty," "career progression," "women in healthcare," "work-life balance," and "gender discrimination." This review aims to identify gaps in current understanding and inform policy recommendations to support women's career advancement in healthcare. The findings will contribute to the ongoing discourse on gender equality in the medical profession and advocate for meaningful change.

Career Impacts of Motherhood on UK Female Healthcare Professionals

Career Trajectory and Professional Development

The impacts of pregnancy and childbirth on women's career trajectories are significant and multifaceted, particularly in the healthcare sector. Globally, a survey across 134 countries found that 24% of women leave the labour market in their first year of motherhood, dropping to 17% after five years and 15% after a decade (Kleven et al., 2023). The "motherhood penalty" encompasses several negative impacts on women's careers, including reduced career progression and leadership opportunities. In the healthcare sector, these challenges are amplified due to

demanding schedules, continuous professional development needs, and high-stakes decisions. A British Medical Association (2021) survey revealed that 61% of female doctors felt discouraged from certain specialties due to gender, with 39% avoiding those fields. Also, 70% felt their clinical skills were undervalued because of their gender.

Rangel et al. (2018) found that 55.1% of female surgeons felt pressured to plan pregnancies during nonclinical periods, leading to delayed family planning and potential fertility issues. Mothers are less likely to attain leadership roles (Whittington, 2019; Lucifora et al., 2021) and face fewer promotions due to family responsibilities (Bowyer et al., 2022; Kim et al., 2022). Negative perceptions of mothers' leadership suitability (Benard and Correll, 2010; Morgenroth et al., 2021) and restrictive parental leave policies (Bowyer et al., 2022; Eren, 2022) worsen these challenges.

Work-Life Balance and Career Interruptions

Balancing work and family life after childbirth presents major challenges in healthcare. McIntosh et al. (2012) found that 97.49% of UK part-time nurses were female and had more children than full-time counterparts, yet part-time roles were linked to lower positions and limited career progression. Time constraints hinder mothers' participation in after-hours work or travel (Staniscuaski et al., 2021; El-Far et al., 2021; Magnusson, 2010), while poor childcare access and work-life balance reduce job retention (Kim et al., 2022; Hardoy et al., 2017). Rangel et al. (2018) reported 36.5% of female surgeons worked extra hours to compensate for maternity leave, leading to increased workloads. Fouarge et al. (2011) found that childbirth led to significant declines in female labour market participation, with only partial recovery, and rates did not return to pre-birth levels even after 20 years. Additionally, 78.4% of female surgeons received six weeks or less of maternity leave, which many considered inadequate for recovery and bonding (Rangel et al., 2018).

In the UK health sector, career breaks and part-time transitions after childbirth are common. Davey et al. (2005) found that women who took breaks longer than two years to care for children faced significant career progression challenges upon returning. Connolly and Gregory (2008) reported that women moving to part-time work after childbirth experienced slower wage growth and fewer promotion opportunities compared to those who remained in full-time roles.

Workplace Environment and Systemic Challenges

The motherhood penalty impacts compensation and job quality in healthcare. A UK report (UK.GOV, 2019) revealed a 17% gender pay gap in medicine, with motherhood and career patterns as major contributors. Women, especially those taking career breaks or working part-time, are less likely to reach high-paying consultant roles. Costa et al. (2013) found many UK female doctors chose lower-paid specialties for better work-life balance after having children. Workplace culture and discrimination exacerbate this issue. Gatrell (2011) argued that pregnancy and motherhood often lead to workplace stigmatisation, with women seen as less competent. Rangel et al. (2018) reported that 18% of female surgeons faced discrimination for maternity leave, and 6.5% felt pressured to return early.

The healthcare sector presents unique risks for pregnant workers. Takeuchi et al. (2014) found that Japanese female physicians working over 71 hours a week faced a threefold increased risk of threatened abortion, and a 4.2-fold higher risk of preterm birth compared to those working 40 hours or less. Similarly, 63.6% of female surgeons expressed concern that their work schedules negatively affected their health or their unborn child's health

(Rangel et al., 2018). While Ma et al. (2022) noted positive impacts of motherhood, such as improved time management, these do not outweigh the significant challenges. The continuing motherhood penalty in UK healthcare sector highlights the need for further research and policy reforms to promote gender equality, support women's career progression, and retain skilled female workers.

Lived Experiences of Female Healthcare Professionals in the UK: Motherhood and Career Pregnancy, Maternity, and Return to Work

Maternity leave policies and experiences in the UK health sector reveal significant challenges for women. A British Medical Association (2020) study uncovered inadequate support during and after maternity leave. Women reported facing pressure to return to work earlier than planned, difficulties in arranging suitable cover for their absence, and challenges in maintaining their skills and knowledge during leave. Notably, many women were unaware of their full maternity leave entitlements, pointing to a communication gap in workplace policies.

The transition back to work after maternity leave presents its own set of challenges. Women often struggle with reintegrating into their roles, facing both practical and cultural obstacles. The pressure to quickly resume full responsibilities while still adapting to new family dynamics can be particularly stressful. Breastfeeding and pumping experiences pose considerable difficulties for women in the UK health sector. Although specific UK data is scarce, parallels can be drawn from Juengst et al.'s (2019) US study. This research revealed that women encountered inadequate time for pumping, insufficient facilities, and perceived discrimination related to breastfeeding or pumping.

Balancing Professional and Maternal Roles

Work-life balance and childcare challenges are common in UK healthcare studies. The Medical Women's Federation (MWF, 2018) found that many women struggled with flexible working and childcare support, and their work-life balance worsened after having children due to unpredictable medical emergencies. Balancing a demanding career and motherhood often leads to stress and emotional strain, forcing women to make difficult choices between career and family. Financially, Dacre et al. (2020) identified a significant gender pay gap in UK medicine, reaching 35% by mid-career, with mothers less likely to receive bonuses or performance pay, further complicating their challenges.

Career Progression and Workplace Culture

Discrimination significantly affects women in the UK health sector after childbirth. Rimmer (2017) found that 35% of female doctors faced maternity-related discrimination, including negative comments from colleagues, being passed over for promotions, and pressure to return to work early. The Royal College of Physicians (2018) noted that many women felt their career commitment was questioned after having children, with some being overlooked for leadership roles or research opportunities and labelled as "less reliable" due to family responsibilities. Comparatively, a US study by Adesoye et al. (2017) reported a higher rate of perceived discrimination among physician mothers, with 77.9% experiencing some form of discrimination—66.3% gender discrimination and 35.8% reported maternal discrimination. The disparity between UK and US findings suggests differing workplace cultures, reporting mechanisms, or definitions of discrimination. Halley et al. (2018) explored discrimination faced by physician mothers and identified three main drivers: broader cultural norms, the culture of medicine, and the structure of medicine. Societal expectations often pressured women to prioritise family over career, leading to perceptions of

reduced commitment. The culture of medicine held assumptions that mothers cannot be successful doctors and that childbearing damages careers, resulting in both overt and subtle discrimination. Also, structural issues, such as limited maternity leave, inflexible schedules, and inadequate breastfeeding facilities, further perpetuated discrimination.

Global Strategies to Mitigate the Career Impact of Motherhood in Healthcare Policy and Organisational Changes

Research emphasises the necessity of adequate parental leave with income-related pay across various nations (Grimshaw & Rubery, 2015). Nordic countries offer father-specific provisions, promoting shared parenting. The US Family and Medical Leave Act (FMLA) reduces bias against parents taking leave (Halley et al., 2018), demonstrating that even limited legislation can alleviate the motherhood penalty by advocating work-life balance.

Flexible working arrangements have shown advantages internationally (Kin et al., 2018; Grimshaw & Rubery, 2015). Grimshaw and Rubery (2015) advocate for tax and benefit systems recognising mothers as economically independent, alongside anti-discrimination measures. Halley et al. (2018) propose affirmative action for US hiring and promotion practices. Organisational changes are essential, emphasising competency-based advancement over work hours and strategies to lessen colleagues' parental leave burdens (Kin et al., 2018).

In the UK, parental leave policies include 52 weeks of maternity leave with 39 weeks paid and Shared Parental Leave, although uptake remains low. Flexible working rights exist but can be refused by employers. The tax and benefits system has been criticised for potentially discouraging mothers as second earners (Grimshaw and Rubery, 2015).

Support Systems and Resources

Accessible and affordable quality childcare services are critical, especially for young children (Grimshaw & Rubery, 2015). In the UK, extended free childcare hours have been introduced (Kin et al., 2018), yet costs remain comparatively high. This highlights the ongoing challenge of balancing the provision of high-quality childcare with affordability for parents.

Providing backup childcare services and lactation support for breastfeeding mothers are crucial support systems as highlighted by Adesoye et al., (2017). These resources are essential for enabling mothers to maintain their professional commitments while meeting their children's needs. In the US, implementing comprehensive parental leave policies, educating employees about them, protecting pregnant employees from physically demanding work, and offering faculty mentors to set realistic expectations for physician parents are essential workplace policies (Kin et al., 2018).

Support systems extend beyond just childcare and lactation support. They also include mentorship and networking programs, which can be particularly valuable for women navigating the challenges of balancing motherhood and career advancement. Return-to-work transition support is another crucial element, helping mothers reintegrate into the workplace after maternity leave. Also, mental health resources and work-life balance initiatives are increasingly recognised as important support systems for working mothers in healthcare.

Education, Awareness, and Research

Promoting progressive attitudes supporting maternal employment and shared household responsibilities is key (Grimshaw & Rubery, 2015). While UK cultural attitudes show progress, traditional gender roles persist, underscoring the need for education and

awareness campaigns challenging stereotypes. Research plays a vital role in addressing the motherhood penalty, with longitudinal studies tracking career impact and best practices benchmarking facilitating the identification of successful strategies across healthcare systems. Continuous policy effectiveness evaluation is essential for refining interventions over time.

Education initiatives like unconscious bias training and gender equality training can foster a supportive environment for working mothers in healthcare. Public awareness campaigns can contribute to societal change by highlighting the challenges faced by working mothers and their value in the healthcare sector. Role model showcasing and success stories inspire and guide aspiring female healthcare professionals, offering practical strategies and emotional support. Research into telemedicine and remote work options provides new avenues for balancing work and family responsibilities, potentially mitigating the motherhood penalty in healthcare.

The research identifies several challenges in implementing interventions:

1. Cultural and societal attitudes can hinder intervention effectiveness, as deeply ingrained gender norms may undermine policy efforts (Grimshaw & Rubery, 2015).
2. Implementation gaps exist, especially in low and middle-income countries where workers in informal employment are often excluded from family-friendly policies (Grimshaw & Rubery, 2015).
3. Unintended policy consequences can occur, such as reinforcing gender inequalities when extended parental leave policies are predominantly used by women (Kin et al., 2018).
4. Economic constraints, especially in less affluent countries or during recessions, can limit intervention effectiveness (Grimshaw & Rubery, 2015).
5. Intersectionality issues pose challenges, as interventions may not be equally effective for all women (Halley et al., 2018).
6. Workplace norms valuing long hours can hinder mothers' success despite formal work-life balance policies (Kin et al., 2018).
7. Policy design limitations, such as the unpaid nature of FMLA leave in the US, restrict its effectiveness for low-income workers (Adesoye et al., 2017).

In comparison to other countries, the UK's policies are more supportive than the US but less comprehensive than Nordic countries. Key challenges involve low shared parental leave uptake, high childcare costs, flexible working rights limitations, anti-discrimination legislation enforcement difficulties, and the persistence of traditional gender roles. These challenges show the relationship between policy, culture, and workplace practices in addressing the motherhood penalty globally and in the UK specifically.

Theoretical Framework: Gendered Organisation Theory

Several theories attempt to explain the impact of motherhood on careers of healthcare professionals in the UK. For instance, Role Conflict Theory by Kahn et al. (1964) explains how people cope with conflicting demands of different roles, which is of pertinent concern to working mothers juggling professional and domestic lives. Work-Family Border Theory (Clark, 2000) involves the study of how workers navigate and deal within their work and family realms, with emphasis on fluidity and the difficulties in

maintaining such boundaries. The Theory of Maternal Devaluation (Correll et al., 2007) is concerned with the role of motherhood status in workplace discrimination and disadvantage and prejudice against maternal professionals. Nonetheless, as far as this research on how motherhood affects the careers of health professionals is concerned, Gendered Organisation Theory (Acker, 1990) is considered the best suited theory. Formulated by Joan Acker, the theory provides a thorough explanation of how organisational practices and structures institutionalise gender inequality. It is most suited to the British health system given that it addresses structural issues rather than personal choices. Gendered Organisation Theory best captures this research because it explains the structural features that sustain gender differences, which is essential when explaining systemic barriers in the UK health sector. The theory also considers the way societal gender norms affect the workplace's culture, policies, and practices, and therefore is most relevant to the cultural environment of the UK. Though gender-focused, the theory can be made more encompassing by adding intersectional analysis so that it can examine how class, race, etc., interact with gender in forming experiences across UK healthcare. Furthermore, the model is strong in its potential to inform policy implications, highlighting where organisational change and policy interventions can be effective in reducing gender inequality. The most important postulates of Gendered Organisation Theory, as deployed within this research, are the analysis of gendered substructures within health care institutions to delineate how these may make ostensibly neutral organisational practice damaging for women, especially mothers. It critically examines the ideal worker norm, and it considers how the 'ideal worker' ideology of UK health care can be masculine and incompatible with motherhood. It also discusses segregation by gender within occupations and specialties, leading to occupational differences, and discusses how gender is constructed and reproduced symbolically through organizational culture, symbols, and interaction. Using this structure, the research will examine how UK healthcare organisations restrict mother professionals through structure and culture. It allows for an examination of how organisational practices, viewed as gender-neutral, may be used to perpetuate inequalities. This will be used to guide structure and culture transformation recommendations in UK healthcare settings towards restructuring policies, work arrangements, and organisational practices more inclusively to accommodate mothers as healthcare professionals.

Methodology

This research employed concurrent mixed-methods design incorporating the use of document analysis and semi-structured interviews to offer a comprehensive exploration of the research issue from various angles, as justified by Ivanka et al. (2006). The analysis stage is based on serious scrutiny and evaluation of pertinent documents, i.e., NHS policy documents, educational journals, government reports, and publications of professional bodies, to create a general perception of the existing situation in terms of the career path of women in the UK health sector after giving birth. At the same time, detailed interviews with UK health industry women who have been pregnant and given birth during their employment will be carried out to gain rich, qualitative information on personal experiences and attitudes.

The approach of carrying out this method is to gather and study records of women's career development within the health industry at the same time as participant recruitment and interviewing. The two sets of data would be analysed qualitatively separately using proper qualitative methods before combining the findings of the two phases to construct a balanced perspective of the research issue. This concurrent mixed-methods design justifies because it

provides both breadth and depth in satisfying the research objectives. As Creswell and Plano Clark (2011) maintain, this design is most effective in attempting to collect various but complementary data on an issue.

Purposive selective sampling was employed to generate diversity within healthcare workers such as nurses, doctors, and allied healthcare professionals, by career stage, time since birth, and geographically within the UK. Recruitment was through professional networks, health organisations, and health care professional social media platforms. Presentation first to shortlisted researchers of the study overview was followed by sending consent forms to those who are interested to participate by email. On the receipt of returned completed consent forms, virtual one-to-one interviews were arranged with agreement from participants to record these sessions.

Ten interviews of twenty to thirty minutes each was done, of a semi-structured nature with introduction, main discussion, and conclusion. Qualitative content analysis, according to the definition by Hsieh and Shannon (2005), was utilised for document analysis, starting with familiarisation, proceeding to coding from research questions and inductive themes-based framework. The codes are then synthesised to more general themes, then thematic synthesis for the entire range of documents. Comparative analysis across different document types was undertaken, interpreting results against research questions. The procedure was rendered efficient and structured using NVivo software. Triangulation method was utilized to merge the data from document analysis and interviews. This mixed analysis supports an argument informed by interdisciplinary analysis of the effects of pregnancy and childbearing on women's careers, life courses within the UK health care sector, synthesizing evidence from official statistics and people's experiences, respectively.

Discussion

Objective 1: Experiences and Perceptions of Career Progression Post-Childbirth

Key Themes

Job Satisfaction and Career Decisions Post-Childbirth

In "Job Satisfaction and Women's Timing of Return to Work After Childbirth in the UK", Gummy et al., (2022) emphasised that job satisfaction plays a critical role in shaping women's decisions to return to work. Women who are more satisfied with their jobs tend to return sooner, while those in less satisfying roles are more likely to delay their return or consider career changes. The study also highlights the need for employers to enhance job satisfaction through supportive policies.

Workplace Flexibility and Decision-Making

Harkness et al., (2019) argued in the "Summary Report on Employment Pathways and Occupational Change After Childbirth", that workplace flexibility significantly influences women's decisions to return to work post-childbirth. Women who are offered flexible hours and part-time opportunities are more likely to return to work and maintain their career trajectories. However, a lack of flexibility often leads to occupational downgrading or withdrawal from the workforce.

NHS-Specific Challenges

In "The Policy and Pregnancy: The Impact on Working Families in the NHS", Al-Hadithy et al., (2021) reported the unique challenges faced by women in the NHS, were inconsistent policies and unclear guidance complicate career progression post-childbirth. The report detailed women's difficulties navigating maternity leave and return-to-work processes, with some facing occupational

hazards due to inadequate risk assessments. The lack of uniformity in policies across NHS trusts exacerbates these challenges, affecting both health and career outcomes.

Example quote:

One respondent in the NHS study described how "returning to work felt like starting from scratch," reflecting the widespread sentiment among women who experience delays in career progression after maternity leave. In the Job Satisfaction study, a participant noted, "I delayed my return because the job no longer felt fulfilling after having my child."

Summary of Findings

The reviewed documents highlight various experiences and perceptions of career progression among women post-childbirth. Common issues include challenges with returning to work, balancing family responsibilities with career aspirations, and navigating workplace policies. These experiences differ depending on job satisfaction, workplace flexibility, and the presence of supportive maternity policies.

Objective 2: Impacts of Pregnancy and Childbirth on Career Trajectories

Key Themes

Occupational Downgrading

The Office for National Statistics (2014) in its report on "Childbearing and Socio-Economic Status", highlighted that women, particularly those in lower-status roles such as routine or manual occupations, are more likely to experience occupational downgrading after childbirth. This downgrading involves moving to lower-paid or less demanding roles, often due to the inflexibility of their previous roles or the need to balance family responsibilities. Women in managerial or professional positions fare slightly better, but still face slower career progression compared to their male counterparts

Differences Between Sectors

In "Policy and Pregnancy: The Impact on Working Families in the NHS," Al-Hadithy et al., (2021) noted that women working in sectors like healthcare and education often face lower levels of career progression post-childbirth compared to those in other industries. The healthcare sector, in particular, places significant demands on employees in clinical roles, and women returning from maternity leave often find it difficult to regain their previous career trajectory. This results in longer career interruptions and fewer opportunities for promotion.

NHS-Specific Challenges

In the "Women in Leadership Positions in European Neurosurgery", Weiss et al., (2023) discussed how women in the NHS face unique career challenges, especially those in clinical roles. These challenges are often related to long working hours, inflexible schedules, and inadequate support for pregnant employees. Women in clinical roles also report being disproportionately affected by pregnancy-related health risks, which contribute to career stagnation. The absence of uniform maternity policies and risk assessments exacerbates these issues, leading to a higher rate of attrition or downgrading among female healthcare professionals.

Example Data/Statistics:

The "Summary Report on Employment Pathways and Occupational Change After Childbirth" provides key statistics that highlight the disparities in career progression post-childbirth. For example, the report shows that 70% of women return to the same job or role after childbirth, but their chances of promotion decrease

significantly. In contrast, men's career progression remains unaffected. The report also notes that only 13% of mothers move up the occupational ladder three years post-childbirth, compared to 26% of fathers.

Summary of Findings

Pregnancy and childbirth have significant long-term effects on women's career progression, often leading to occupational downgrading, slower career advancement, and challenges in balancing work and family life. The reviewed documents reveal that women in lower-status roles face a greater likelihood of downgrading or even exiting the workforce, while those in higher-status roles also experience slow career progression post-childbirth. These impacts are further influenced by the sector in which the women are employed, with the healthcare sector showing unique challenges, particularly for clinical roles.

Objective 3: Potential Solutions to Career-Related Challenges Post-Childbirth

Key Themes

Policy Interventions

The UK Government Equalities Office (2019) in the "Summary Report on Employment Pathways and Occupational Change After Childbirth", outlined various policy interventions aimed at improving career outcomes for women post-childbirth. These include extending maternity leave entitlements, offering flexible return-to-work programs, and ensuring that part-time workers have equal access to career advancement opportunities. The report suggests that policies should focus not only on returning to work but also on ensuring that women can progress in their careers after having children.

Similarly, in the "Policy and Pregnancy: The Impact on Working Families in the NHS" Al-Hadithy et al., (2021) emphasised the need for clearer and more consistent maternity leave policies across NHS trusts. It advocates for better protection against occupational hazards during pregnancy and more flexible working arrangements to support women's re-entry into the workforce.

Support Structures

According to the "Policy and Pregnancy", Al-Hadithy et al., (2021) highlighted the importance of establishing robust support structures for women returning to work post-childbirth. Mentorship programs, peer support groups, and formalised career counselling can help women navigate the challenges of balancing family life with career aspirations. Flexible working hours, reduced on-call duties, and part-time roles are suggested as ways to ensure women can stay engaged in their careers without sacrificing family responsibilities.

Work-Life Balance Initiatives

Work-life balance initiatives are a key solution proposed by the UK Government Equalities Office (2019) in the "Summary Report on Employment Pathways". The report stresses that employers should offer flexible working arrangements, such as remote working options, compressed workweeks, or job-sharing opportunities, to make it easier for women to return to work after childbirth. These initiatives improve retention but also allow women to continue progressing in their careers while managing family responsibilities.

Summary of Findings

The reviewed documents propose several solutions aimed at addressing the career challenges faced by women after childbirth. These include policy reforms focused on maternity leave, return-to-work programs, and workplace flexibility, alongside the

introduction of support structures like mentorship programs. The documents emphasise that well-implemented policies and supportive structures can mitigate the long-term career disruptions women often experience after childbirth.

Discussion of Findings

Objective 1: To Explore the Experiences and Perceptions of Women in the UK Health Sector Regarding Career Progression Post-Childbirth

The first research objective of this study was to explore the experiences and perceptions of women in the UK health sector regarding their career progression post-childbirth. This objective sought to understand how women perceive the impacts of motherhood on their career opportunities, ambitions, roles, and professional growth.

Primary Research Findings

The findings reveal that many women in the UK healthcare sector experience limited career advancement opportunities after childbirth. Participants felt that their ambitions were curtailed as they were often passed over for leadership positions or high-profile tasks. This perception stemmed from assumptions by their colleagues and supervisors about their ability to manage work alongside their childcare responsibilities. Also, workplace flexibility, although helpful in retaining employment, was seen as contributing to career stagnation, as reduced working hours often translated to fewer promotion opportunities.

Comparison with Literature

The findings from this study reflect broader global trends of the motherhood penalty, as noted by Kleven et al. (2023), where women face significant barriers to career progression after having children. The literature highlights that mothers are less likely to attain leadership roles and are often perceived as less committed to their careers (Whittington, 2019; Lucifora et al., 2021). In particular, the healthcare sector is notorious for reinforcing these gendered assumptions. The British Medical Association (2021) found that many female doctors felt discouraged from pursuing certain specialties because of gender-related biases, which directly impacts career progression.

Moreover, Bowyer et al. (2022) found that women who take on part-time work or flexible schedules post-childbirth face reduced opportunities for career advancement, a finding that closely mirrors the experiences of this study's participants. In this way, the study's findings align with the wider literature that points to workplace flexibility as a double-edged sword: while it supports work-life balance, it can also contribute to long-term career stagnation.

The participants' experiences align with Acker's Gendered Organisation Theory, specifically the 'ideal worker norm.' This concept highlights the masculine assumption of an 'ideal worker' without primary childcare responsibilities, contributing to systemic gender inequalities. The theory emphasises how organisational practices, such as reduced post-maternity leave responsibilities, perpetuate these disparities.

Objective 2: To Examine the Impacts of Pregnancy and Childbirth on the Career Trajectories and Progression of Women Within the Health Sector in the UK

The second research objective was to examine the tangible impacts of pregnancy and childbirth on the career trajectories of women working in the UK health sector. This involved assessing how maternity leave, childcare responsibilities, and reintegration into the workforce affected their professional development.

Primary Research Findings

Participants reported that pregnancy and childbirth led to significant delays in their career development. Missed training opportunities, career interruptions, and the need to manage childcare obligations resulted in slower career progression. Additionally, participants spoke about the emotional toll associated with managing the dual demands of motherhood and work, with many expressing feelings of guilt and stress. These emotional challenges often affected their productivity and ability to perform at the same level as before childbirth. Reintegrating into the workplace post-childbirth also posed difficulties, as many found it challenging to adapt to changes in work dynamics during their absence.

Comparison with Literature

These findings resonate with existing research on the long-term impacts of childbirth on women's careers. Fouarge et al. (2011) and Rangel et al. (2018) highlighted the significant career interruptions experienced by women in healthcare post-childbirth, with many never fully regaining their pre-birth career momentum. Costa et al. (2013) also found that female healthcare professionals often choose fewer demanding specialties after childbirth, which slows their career advancement but allows them to better manage family responsibilities.

The emotional and psychological burden identified in this study is consistent with Gatrell's (2011) findings that working mothers often experience heightened stress and guilt, which can lead to decreased productivity and job satisfaction. In line with this, McIntosh et al. (2012) report that women in part-time roles frequently experience a stagnation in career development, a trend observed in the experiences shared by this research's participants.

The research's findings on pregnancy and childbirth impacts align with Gendered Organisation Theory, particularly 'gendered substructures.' Missed career opportunities and reintegration challenges show how seemingly neutral practices disadvantage mothers. The theory's focus on gender symbolism explains participants' emotional strain, feeling inadequate in roles misaligned with the masculine 'ideal worker' standard.

Objective 3: To Identify Potential Solutions for Addressing the Career-Related Challenges Faced by Women in the UK Health Sector Post-Childbirth

The third research objective was to identify potential solutions that could help address the career-related challenges faced by women in the UK health sector post-childbirth. This involved gathering insights from participants on what they believe employers and policymakers could do to support working mothers more effectively.

Primary Research Findings

Participants suggested a range of solutions, including the provision of onsite childcare, more flexible working hours, and phased return-to-work programs. Many felt that having access to affordable childcare at or near the workplace would ease the burden of balancing family and work responsibilities. Workplace flexibility, such as adjustable schedules and reduced workloads during the early stages of reintegration, was also seen as crucial for retaining talent. Additionally, participants emphasised the need for structured mental health support to address the emotional and psychological strain that comes with managing both work and family responsibilities.

Comparison with Literature

The proposed solutions closely align with recommendations found in existing literature. Grimshaw & Rubery (2015) and Halley et al. (2018) emphasise the importance of flexible working

arrangements, including remote work and phased returns to the workforce, as effective strategies for helping mothers balance career and family life. These studies also highlight the value of onsite childcare as a critical support mechanism, which is echoed in the suggestions made by participants in your study.

Mental health support for working mothers, another key recommendation from this study, is also widely recognised in existing literature as necessary for alleviating the emotional and psychological toll of balancing family and work. Halley et al. (2018) note that structured mental health programs, peer support groups, and regular check-ins with management can significantly enhance a mother's ability to reintegrate into the workforce successfully. The findings from this study reinforce the argument that solutions must be holistic, addressing both the practical and emotional needs of working mothers to enable them to thrive in their careers post-childbirth.

The proposed solutions, including onsite childcare and flexible working hours, align with Gendered Organisation Theory's call for structural changes to address gender inequalities within organisations. By challenging ideal worker norms and reconfiguring substructures, these solutions aim to reduce gendered barriers. This discussion highlights the problems that women still face, the gaps that still exist in terms of policy implementation and provides practical recommendations for creating a more inclusive and supportive working environment for mothers.

Key Findings

This study found that pregnancy and childbirth significantly hinder the career progression of women in the UK health sector. Workplace bias and assumptions about women's availability and ambition led to fewer leadership opportunities, with many feeling side-lined. Although flexible work arrangements helped some, they often came at the expense of long-term career growth, reflecting the broader concept of "motherhood penalty" where women's professional growth is hindered after they become mothers.

Another significant finding is the emotional and mental health toll experienced by women balancing work and motherhood. Participants reported feelings of guilt, stress, and anxiety, which affected their productivity and overall well-being. This emotional strain, coupled with the demands of reintegrating into the workplace post-maternity leave, often delayed career progression. Women in the study struggled to keep pace with changes in workplace dynamics during their absence, and many found it difficult to maintain the same level of professional engagement as before childbirth.

The study also highlighted the importance of workplace policies and support systems in mitigating the challenges faced by working mothers. Participants emphasised the need for practical solutions such as onsite childcare, flexible working arrangements, and mental health support systems. These solutions were seen as critical for helping mothers balance their family responsibilities while maintaining their career trajectories.

Implication of Study Findings on Practice

The findings from this research have important implications for practice, particularly in the healthcare sector. For support workers, some of whom are first generation migrants with no real support system in their new country, these findings show the need for more inclusive workplace policies that recognise the unique challenges faced by working mothers. The study's findings suggest that workplace flexibility, while valuable, is not enough on its own. To truly support career progression for women post-childbirth, healthcare organisations need to implement policies that promote both flexibility and career development. This includes creating

more structured pathways for promotion that accommodate flexible working patterns and ensuring that women who take maternity leave are not side-lined for leadership roles or high-profile projects.

From a practical perspective, the findings highlight the necessity of mental health support systems within the workplace. The emotional and psychological burden placed on mothers as they juggle work and family responsibilities can be overwhelming, leading to decreased productivity and, in some cases, burnout. Healthcare organisations should consider offering mental health check-ins, peer support groups, and access to counselling services to help alleviate this strain.

For the researcher, this study has reinforced the importance of understanding workplace dynamics from both a policy and personal perspective. The findings show that many workplace challenges faced by working mothers are not solely policy-related but are also deeply rooted in cultural and social attitudes within organisations. As a practitioner in this field, the study has highlighted the need for continuous advocacy for more supportive, flexible, and inclusive workplace cultures. Learning points include recognising the multifaceted nature of workplace challenges for mothers, the importance of addressing both policy and cultural barriers, and the value of integrating mental health support into career development programs.

Recommendations

From the findings of the study, certain recommendations arise to enhance career prospects of women workers in the UK health industry after giving birth. Firstly, standardization of maternity policy within the NHS trusts is the urgent need of the hour to promote parity and consistency, especially for clinical women workers who are susceptible to occupational risks. Secondly, establishing intensive peer mentorship and support programs would equip re-entry mothers with essential career counselling as well as emotional counselling in the process of readjusting to work.

Work schedule flexibility is also a key recommendation that includes part-time work job placements and telecommuting opportunities that allow women to balance career and family responsibilities without compromising career growth opportunities. Besides, formalization of return-to-work plans must encompass not only reemployment but also career advancement opportunities to avoid downgrading on the job. Lastly, organized monitoring and follow-up of career development following childbirth via workplace surveys and performance ratings would help identify impediments and offer targeted intervention.

The above recommendations have major UK National Health Service and public sector workplace practice reform grounded in current legislation. These proposed amendments would come after the Equality Act 2010, which makes it illegal to discriminate based on pregnancy and maternity, and the Employment Rights Act 1996, which establishes a minimum of maternity rights. Important policy reforms would involve aligning maternity policies in NHS trusts beyond the statutory provisions under the Maternity and Parental Leave Regulations 1999, adopting career development mentorship schemes, and encouraging flexible work practices as detailed under the Flexible Working Regulations 2014. Expanding return-to-work provisions to avoid career loss would offer additional extensions of protection to the Equality Act 2010 and the Shared Parental Leave Regulations 2014, while strategically monitoring post-childbirth career development closely would promote Public Sector Equality Duty compliance.

These developments would require concerted action from the NHS leadership, government departments, and individual trusts in formulating new policy, reorganizing programs, and creating sound

data analysis systems, all of which is conducted in a manner that supports the NHS Constitution and the NHS Long Term Plan. These steps will ultimately make for a healthier environment for mothers to grow professionally while being able to afford work-life balance, aligned with the overall objectives of the UK's gender equality strategy.

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