



WHITE PAPER

**better  
return-to-work  
programs boost  
retention and  
minimize costs**

# New study features insights from members on RTW programs and how employers can strengthen them to improve ROI, outcomes and mental health.

## The problem: women are leaving the workforce in droves

Since the start of the pandemic, 4.6 million women have left the workforce.<sup>1</sup> This leaves us at a 33-year low in women's workforce participation,<sup>2</sup> with more employees still heading out the door. In fact, a study in 2022 found that women leaders are leaving their positions at the highest rate ever recorded.<sup>3</sup> For businesses, losing these critical employees is a crisis.

While there are several key junctures when women decide whether or not to stay with a job, the postpartum period is one of the most critical. On average in the U.S., only 65 percent of mothers return to work after giving birth. Some reports suggest that, of those who return, only 80 percent are still at their jobs one year later.<sup>4</sup>

Why do companies struggle — and so often fail — to retain employees postpartum? One of the big factors is the state of return-to-work (RTW) programs and policies in the U.S. In general, companies are simply not set up to support new parents.

Here's just one small example: in a 2022 Ovia Health survey, **49.8 percent of mothers said they did not feel comfortable breastfeeding or pumping breast milk** in their current workplace. Another **38.7 percent said their workplace did not offer a safe, clean, private space** for breastfeeding or pumping.

Another way to assess the challenges for parents returning to work is to look at mental health outcomes. Perinatal mood and anxiety disorders (PMADs), which include mood disorders during pregnancy and the year following birth, affect at least one in seven women. But they're often undiagnosed and untreated.<sup>5</sup> At work, PMADs impact employees' performance, even as work may exacerbate the problem. And despite the fact that we know PMADs are common, very few companies have programs in place to recognize symptoms and connect employees with the support they need.

RTW shortcomings are hard on employees and have rippling effects on their employers. First, consider the cost of replacing an employee: one-and-a-half to two times their annual salary.<sup>6</sup> Second, the cost of PMADs — which could be more effectively addressed by early detection and care — was \$14 billion for the 2017 birth cohort, with the average cost for a single mother-child dyad of \$31,800.<sup>7</sup> Finally, there's a high cost to losing women at work, especially at the leadership level. Studies show that companies with strong gender diversity are 21 percent more likely to achieve above-average profits.<sup>8</sup>

These numbers tell a compelling story. But to truly understand the gaps in RTW programs, we gathered the perspectives of mothers who have been through the process.

**2X**  
**annual salary**

The average cost of replacing an employee

**\$14 billion**

The annual cost of detecting and addressing PMADs

**21%**

Companies with strong gender diversity are 21% more likely to be profitable

## The Study

### Study Methods

The Ovia Research team, led by Tamika Simpson, PsyD, MPH, IBCLC, PMH-C, CHES, conducted a phenomenological study, organized as semi-structured interviews, with 10 new mothers. These mothers told us about their RTW experiences on their own terms.



**Tamika Simpson**  
PsyD, MPH, IBCLC, PMH-C, CHES

Through our interviews, we gained new insights into the struggles that come with being pregnant at work, taking leave, and coming back. We learned about the gaps where better programs or different kinds of care could have made a difference. And we gathered meaningful insight — beyond the numbers — about how to build effective RTW programs.

### Study participants

The ten study participants were members of the Ovia Parenting app who had delivered a baby and returned to work within the last year. The group was diverse in age, current employment status, region, ethnicity, education, and income:



**Participants' ages ranged from 23 to 39, with an average age of 31.8 years.**



**Seven participants were working full-time at the time of their interview, two were back on leave, and one was unemployed.**



**Participants lived in different regions across the U.S., including California, Florida, Missouri, New York, Virginia, Kentucky, and Tennessee.**



**Five participants were white, two were African American/Black, two were Hispanic, and one was Asian.**



**Educational backgrounds ranged from high-school graduate (one) through associate's (three), bachelor's (three), and master's (three) degrees.**



**Annual household income ranged from \$50,000 to \$310,000, with an average income of \$109,200.**

## Study Questions

Each interview was conducted with the following key questions in mind:

### **How do perinatal mood and anxiety disorders (PMADs) impact productivity in the workplace?**

### **In what ways can employers support employees who are returning to work to increase positive health outcomes?**

### **What are participants' experiences with early screening, diagnosis, and treatment for PMADs?**

## Study Findings

In interviews, participants shared that anxiety, exhaustion, and feeling overwhelmed all added up to lower productivity at work. “We aren’t just recovering physically,” explained one participant. “This isn’t like breaking a bone, recovering, and getting back to work. Most employers don’t consider emotions. Just because we look like we’re fine doesn’t mean that we are okay and can perform our jobs to the best of our ability. We need some time.”

In addition to readjusting to work, participants told us that they had even more work than usual when they got back to the office — they had to catch up on work they’d missed during leave on top of their usual day-to-day tasks. “I was so overwhelmed I didn’t know where to start,” said one participant. “I would keep starting and stopping a million things but not actually completing much.”

The exhaustion of a heavy workload and lack of sleep caused one participant to forget steps in her work. She had trouble being present in meetings and felt like she was underperforming. Another said it took about a month before she fell back “into the groove of things.”

Though participants had not received consistent screening for PMADs through their healthcare providers, we were able to determine that all ten had experienced some degree of PMAD symptoms. Only three were officially diagnosed.

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*“Just because we look like we’re fine doesn’t mean that we are okay and can perform our jobs to the best of our ability. We need some time.”*

*“I was so overwhelmed I didn’t know where to start, I would keep starting and stopping a million things but not actually completing much.”*

*“I told my manager I was feeling overwhelmed, and they were putting too much on my plate. They apologized, but it was still happening... I didn’t want to interfere with the possibility of getting promoted.”*

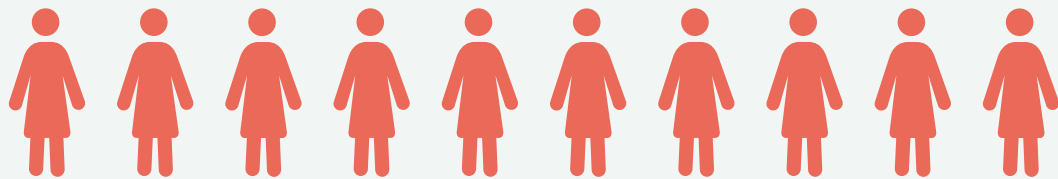
Nine of the ten participants said that when they felt symptoms or had a diagnosis of PMAD, they did not share it with their employer. Some told their managers they felt stretched too thin, but employers didn’t offer any solutions. “I told my manager I was feeling overwhelmed, and they were putting too much on my plate. They apologized, but it was still happening...” said one participant. She hesitated to pursue the issue: “I didn’t want to interfere with the possibility of getting promoted.”

The study also uncovered inconsistencies in screening, diagnosis, and treatment for PMADs, something other studies have also found. Previous research shows that inconsistent screening measures make it easy for patients to fall through the cracks ([Wisner 2019](#)). And without treatment, symptoms may grow worse ([Kamau 2017](#)). Additionally, corporate policies have a role to play — appropriate parental leave has been shown to help combat PMADs ([Jou et al., 2017](#)) and ([Lewis et al., 2017](#)).

Beyond their experiences with RTW, we asked participants about the support they wished

they'd had — the things that would have made the biggest differences for them. At the top of the list, participants said they would have benefitted from **adequate paid leave and more support through the leave process**.

They also expressed the need for a **more gradual transition back to work**, with the opportunity to take a **flexible schedule and a lighter workload** during the adjustment period. Once they were back at work, employees needed more **time and space to pump**. Finally, employees expressed a need for **better screening for mood disorders**, and better support from employers as they managed their own mental health challenges.



100%

10/10 participants experienced PMAD symptoms”

30%

Only 3 were officially diagnosed with PMAD

90%

9/10 participants did not share their symptoms or feelings with their employer

## Study Impact

### 10 things employers can do right now to ease RTW and improve new-parent retention

Through our research, we uncovered ten impactful actions employers can take before, during, and after maternity leave to support employees, fill gaps, address mental health issues, and improve retention.

- 1 Adjust workloads and the type of work as needed during pregnancy to ensure employee safety.
- 2 Provide ample paid leave (4 months recommended) and encourage employees to take it.
- 3 Create a clear, concise process for how to take leave and return to work.
- 4 Offer a temporarily lighter workload as employees transition back to work. Keep in mind that employees are likely to be sleep deprived and in the midst of difficult life adjustments.
- 5 Offer a flexible work schedule, or gradual return process, upon employees' return.
- 6 Create a clean, private space for expressing milk. Keep in mind that more than one employee may need to access the space.
- 7 Allow adequate break time to express milk. Typically, employees need time to travel to a lactation room, set up, pump for 15 to 20 minutes, clean equipment, store milk, and return to their workstation.
- 8 Train managers to recognize and address unconscious bias, and to understand PMADs. Educate them about best practices for new-parent retention, including how to offer support and why it's important.
- 9 Create an employee resource group (ERG) for parents so they can connect, discover successful strategies for RTW, and learn more about their benefits.
- 10 Invest in a **digital health and support solution** that connects new parents to a care team of board-certified experts on the most stressful challenges for new parents, including sleep coaching, PMADs, and breastfeeding.

Taking a few key steps to support employees through RTW can have significant benefits for employees and employers. Support can help improve mental health outcomes, enhance productivity, and reduce turnover and absenteeism. These benefits translate into cost savings for employers.

## How to Incorporate Findings to Improve Your Business

### Ovia Health can help

As the leading digital platform for family health and wellbeing, Ovia Health helps companies build RTW programs. Our solution supports employees through fertility, pregnancy, parenting, and menopause with health education, physical and mental health screenings, 1:1 coaching, and help accessing benefits and choosing providers. And we train managers in best practices for supporting employees through their family journey, especially during the RTW process.

### The Care Team at Ovia



The Care Team at Ovia is made up of board-certified clinicians and specialists who are available to members for 1:1 support 12 hours a day, every day of the year. The team provides two essential functions.

First, Ovia Health Coaches educate and guide members, answering daily questions (even those they may be embarrassed to ask their providers). Our clinicians specialize in:

- Perinatal mental health
- Maternal health
- Sleep coaching
- Lactation
- Fertility
- ART services
- Infant care
- Child behavior
- Infant and child health
- Menopause

Second, Ovia Care Advocates help members understand their benefits and access care. They are experts in each company or health plan's benefits, so they can help drive utilization of existing resources. Ovia Care Advocates:

- Help members find a quality hospital for delivery.
- Connect members with midwives and doulas.
- Act as care-finders for in-network specialists as needed, including for mental health providers.
- Understand adoption and surrogacy benefits to help members navigate their options.
- Provide mental health screening and support. (All of Ovia's Care Advocates are trained and certified in perinatal mental health, so they can fill the gap while connecting members to an appropriate mental health provider.)

Beyond their professional specialties, our Care Team brings significant life experience to their work — which means they come to each member with both expertise and empathy. Our team includes people who are surrogates, single parents, and adoptive parents. We have experts who've struggled with fertility and used assistive reproductive technology. And many have been through their own RTW challenges.

## How Ovia screens for PMADs so more parents get treatment when they need it

Ovia recognizes that PMADs are serious, and very common. We also know that many new parents are only screened once, at their six-week postpartum appointment. This is not nearly enough to catch problems before they become severe, and to provide the support new parents need. That's why Ovia has spent the last 10 years screening our members through our digital platform. So far, we've delivered more than 13 million mental health screeners to the Ovia Health community — that's an average of 300,000 per month.

For our screenings, we use two validated, industry-standard tools, the Edinburgh Postnatal Depression Scale (EPDS) and the Patient Health Questionnaire Module 9 (PHQ-9). These screeners are always available in our app and members are reminded about them in their timeline. Our Care Team also reaches out proactively to members during pregnancy and postpartum to encourage screening.

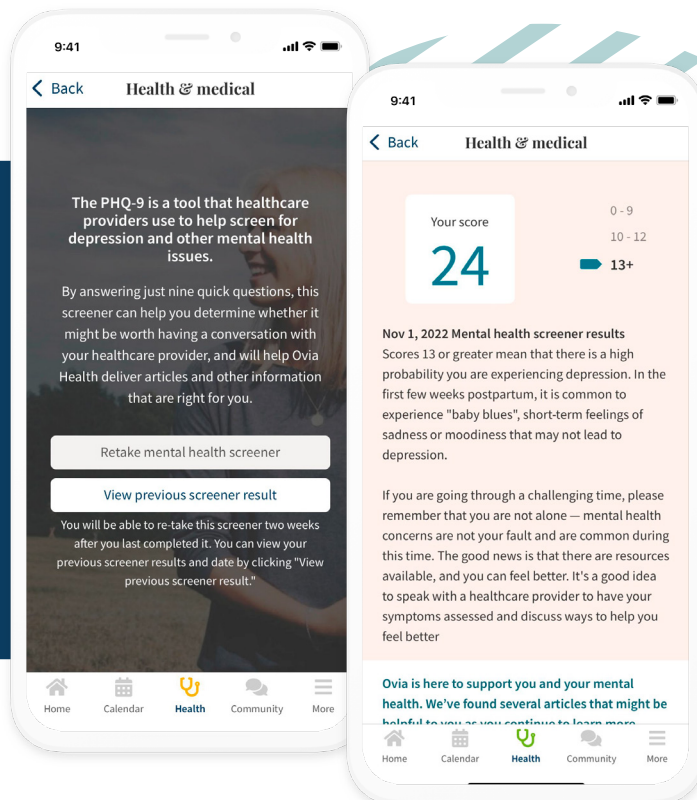
When a member's screener results indicate

a potential risk for a PMAD, the Care Team connects the member with care and resources for appropriate, early treatment. As a result of consistent screening, Ovia members have reported a 31 percent increase in perinatal mental health treatment.

## How Ovia trains managers to lead meaningful RTW programs

In addition to working directly with parents, Ovia works with its clients to train managers on family-friendly practices and policies. Our customizable trainings help managers learn:

- How to respond to a pregnancy announcement.
- How to build a leave and RTW plan.
- How to support new (and seasoned) parents.
- How to create a family-friendly environment.
- Which family-focused benefits and programs exist at their organization.
- About the company's breastfeeding policies and best practices for helping employees manage pumping at work.
- Why a family-friendly environment is good for teams and your company's bottom line.



**31%**  
the increase in  
perinatal mental health  
identification and  
treatment with Ovia



## The bottom line: Better return-to-work policies build stronger companies

As our research shows, many RTW programs simply don't work for new parents. Employees struggle to balance their families, work responsibilities, and mental health. As one of our study participants put it, "I always feel like I'm choosing between my family and my career." She speaks for millions of new parents. And what we know is that, when employees feel they have to choose between family and work, many will leave their jobs.

For employers this presents an opportunity. By focusing on the things new parents need, including better support for mental health along with flexible and well-planned RTW, employers can create programs and policies so parents don't have to choose. They can build a work culture that fits families.

“  
I always feel like I'm  
choosing between my family  
and my career.  
”

The benefits of a better RTW program are enormous: lower healthcare costs, higher employee retention and motivation, and increased productivity. In short, good RTW programs build stronger organizations.

To learn more about how Ovia Health can help you support your employees and improve your RTW program, please visit [www.oviahealth.com](http://www.oviahealth.com).

1. New York Times: <https://www.nytimes.com/interactive/2021/02/04/parenting/working-moms-coronavirus.html>
2. U.S. Bureau of Labor Statistics: <https://www.bls.gov/opub/reports/womens-databook/2021/home.htm>
3. LeanIn.Org and McKinsey & Company: <https://leanin.org/women-in-the-workplace/2022>
4. Maternal and Child Health Journal: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3566292/>
5. American Journal of Public Health: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7204436/>
6. Gallup: <https://www.gallup.com/workplace/247391/fixable-problem-costs-businesses-trillion.aspx>
7. American Journal of Public Health: <https://pubmed.ncbi.nlm.nih.gov/32298167/>
8. Forbes: <https://www.forbes.com/sites/karstenstrauss/2018/01/25/more-evidence-that-company-diversity-leads-to-better-profits/?sh=2f048e2f1bc7>