

Parenting and Working: Parents Working as Doctors Returning from Parental Leave

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ABSTRACT

There is an abundance of research on maternity leave in terms of economic impacts, gendered impacts, and health but there is less research on qualitative experiences of returning from leave and navigating a career while being a parent. Further, with parental leave available to both men and women in Canada, it is necessary to study how this leave impacts careers and gender division of labour. In this study, I focus on the experience of doctors returning from parental leave as it offers a comparison across one profession to analyze gendered differences and how these play out in the careers and domestic roles of people. Through eight semi-structured interviews I asked about experiences returning to work and how the domestic sphere impacts the work sphere. After analyzing the data thematically, I found that men and women have very different experiences that ultimately lead to women becoming the primary parent and having a harder experience at work and men feeling pressure to prioritize work. While it is possible for men to step more into the parenting role, they seem unwilling to and take on the traditional gender roles of men as breadwinners. In this study, it becomes clear that workplaces, specifically hospitals in Ontario have the potential to make the transition to work easier for women, especially for women pumping breast milk at work.

Keywords: maternity leave, parental leave, gendered division of labour, embodiment, invisible labour, doctors

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INTRODUCTION: LIFE AFTER MATERNITY AND PATERNITY LEAVE

Maternity leave is thought of as disadvantaging women's experience in the workforce because there is an expectation that most women will take time off during child-bearing years. However, in Canada, this leave is available to both parents. Due to societal gender expectations, men and women have different experiences when returning from leave due to gendered division of labour, and physical and emotional aspects of parenting that can impact workplace performance. In this study, I have contributed to *The Anthropology of Work and Gender* which focuses on the lived experiences of people as well as feminist studies. I have studied how parents working as doctors experience gender differences when returning to work after parental leave.

In order to answer this question, I used the theories of gendered division of labour, and invisible labour to analyze how men and women navigate returning to work. Most literature focuses on the domestic sphere of the gendered division of labour, but this study focused on experiences at work. I studied doctors returning to work as studying a singular profession enables an analysis of returning to workplaces with similar circumstances. The data was collected qualitatively, using semi-structured interviews as I was interested in how people make sense of their own experiences and the various circumstances that lead to different outcomes.

While there is an expectation that most women will take time off to have children, there is less research on parental leave which, in Canada, is available to both partners. This means that workplaces can expect most employees of a certain age to take time off, although the mother still typically takes more time off (Evans, 2007, p. 123). Policy surrounding parental leave includes both genders, which will make it interesting to see how it is benefitting women, or how this policy could be further developed to support a more equal division of labour.

LITERATURE REVIEW: THE DIVISION OF LABOUR POSTPARTUM

PARENTAL/MATERNITY LEAVE

In Canada, parental/maternal leave are quite complicated because there are a few systems that determine if someone is eligible and if they will receive benefits. In Ontario, parental leave is funded by employment insurance (EI), but the person must have worked at least thirteen weeks under the same employer in order to qualify (Mathieu et al., 2020, p. 170-2). This leave is called parental leave and can be shared amongst both parents. This is different from maternity leave which is only available to the mother who gave birth. Parental leave is available for 35 weeks and maternity leave is available for 15 weeks. This leave can be combined for a total of 50 weeks from just the mother or can be split up by both partners (McKay et al., 2016, p. 550). Parents who take leave are paid a percentage of their earnings from EI but there is also the possibility that their employer will pay them an additional amount. There is a government program that gives employers an incentive to pay employees on parental leave (McKay et al., 2016, p. 549-550).

It is still the case where mostly mothers take this leave and there are economic influences on who takes the leave. For example, Evans (2007) found that women who make more money typically take more time off than women who make less money because they have better benefits (p. 119). However, between men and women, women are more likely to take time off than men, and because men on average make more money, they are better off working than receiving a percentage of their wage through benefits (Evans, 2007, p. 123). This finding is based on quantitative data on earnings but does not consider other factors that impact how different genders experience parental leave and division of labour, which will be the aim of this study.

There are nuances in the benefits that different doctors receive depending on their level of training and their employers. Vogel (2019) cites various doctors in Canada to present their insights on residents taking parental leave. She explains that residents can take up to 78 weeks off, but their benefits will depend on if they receive EI. If they do, they could get \$562 weekly for their entire

leave, which includes both maternity and parental leave, depending on how it is split up. Additionally, most residents get a top up, depending on which province they practice in (p. 147). It must be noted that this amount would be different for fully trained doctors as they barely get any compensation for time-off. Vogel (2019) also points to some of the other difficulties that residents may encounter in taking leave. Residency programs are intense and require a lot of labour from residents. Those who take time off face falling behind in their program. As a result, their training process may take longer because they have to make up for missed time (p. 147). In addition to this, Vogel (2019) explains that residents are expected to return as if no time had been taken off. For this reason, they may take less time off, so they do not get out of practice (p. 147). Thus, those who take less time off, have an easier transition back to the workplace.

GENDERED DIVISION OF LABOUR

Research on gendered division of labour studies shows how male and females take on work and how gender impacts this. Most studies of this find that women take on more domestic labour, and men take on more paid labour. While this framework is useful for looking at returning to parental leave after work, hardly any studies are about the experiences in the workplace, which could be because there is a lack of studies that focus on one profession. The only study that focuses on doctors returning from parental leave is quantitative, and provides some information, but does not discuss the details of lived experiences. I will be using the idea that the connection between domestic tasks and returning to work impacts the experience of working but have focused on the experiences of returning to work to fill in the gap in literature.

Twamley and Faircloth (2023) did a longitudinal study following parents from the birth of their first child to five years later to see how labour was divided between the parents. Before the birth of the child, most parents planned on splitting domestic tasks equally, but when the baby was

born, this was rarely the case. Typically, the male would spend more time in the workforce, and the women would take up majority of the domestic tasks, and often leave the workforce (Twamley & Faircloth, 2023). Taking on more domestic work places a bigger mental load on women and impacts their careers. Women reported being frustrated with the division of labour (Twamley & Faircloth, 2023, p. 12). Thus, women have a more difficult time in the workplace after having a child because of their share of labour at home.

The division of labour is shared more equally when the male has taken parental leave. Bünning (2015) studied fathers at work before and after parental leave using data from two German household study panels. He analyzed this study statistically using the transformative perspective theory. Bünning argues that the responsibility of a child can transform the father into taking on more domestic labour through bonding with these tasks during parental leave (Bünning, 2015, p. 740). The division of labour after the child is born can change depending on how the leave is divided between both parents. Upon returning to work, female residents report receiving a lack of support from partners which impacts their work experience, whereas males do not report this (Willoughby et al., 2020). While Bünning's study focuses on the domestic sphere, it can translate into experiences of returning to work because females who have shared their leave with a partner will likely have a different experience of returning to work than females who did not.

INVISIBLE WORK/REPRODUCTIVE LABOUR

Erin Hatton discusses the idea of invisible work, which is labour that goes unrecognized economically, socially, and legally. Often women are expected to perform this invisible work, especially in the domestic sphere (Hatton, 2017, p. 343). The reason that this work is invisible is because it occurs in the domestic sphere which is not seen as a legitimate workplace. Even though it requires the energy and the bodies of women, it is undervalued and unpaid (Hatton, 2017, p.

343). Hatton develops this theory through citing scholars who have studied domestic labour and uses their contributions to develop her own theory (Hatton, 2017, p. 343). She uses this theory to discuss the disadvantages in the workforce for those who do invisible and unpaid labour.

Invisible work could play a major role in returning from leave because it describes expectations that are specific to women (Hatton, 2017, p. 343). This means that the mother may perform more domestic work while returning to their job. This could lead to them having poorer work performance because they are taking on more at home. An example of invisible work is breastfeeding. Stearns did a study on the work of breastfeeding by studying sixty-six women living in California with different demographics. She collected data through open-ended interviews, and then coded for themes (Stearns, 2009). Breastfeeding is a job that cannot be shared by both parents, only the parent who carried the child (Stearns, 2009, p. 63). Stearns argues that, in Western culture, there is the common belief that breastfeeding is superior to alternative ways to feed a baby. As a result, many mothers feel pressure that they must breastfeed in order to be a good mother. This task is unpaid work, yet it requires the body of the woman to do (Stearns, 2009, p. 63-4). Additionally, this may interfere with the length of time that a woman goes on leave because breastfeeding demands being physically with the baby. Stearns explains that breast feedings typically occur every two hours, and if a bottle is used simultaneously, the baby may experience nipple confusion, which can lead to challenges in terms of returning to the nipple because it is a different experience (Stearns, 2009, p. 70). For this reason, parents who choose to breastfeed do not necessarily have the option of using various methods which essentially means that the mother must be home with the child during that phase.

Willoughby et al (2020) did a quantitative study on male and female residents who returned to residency programs in Canada, after taking parental leave. They found that one of the most

common struggles amongst the females was that their workplaces did not have the supports for them to pump breast milk at work. As a result, they had to stay home with their child longer than they would have wanted to, to breastfeed (Willoughby et al., 2020, p. 21). As a result, they experienced more mental fog upon returning from work, which is likely a result of taking a longer leave (Willoughby et al., 2020, p. 21).

Upon returning to work, female residents reported their number one challenge as guilt from being away from their child. In contrast, male residents reported sleep deprivation (Willoughby et al., 2020). While both parents likely experience sleep deprivation, females seem to have a different connection with domestic life that impacts their work experience. Part of this could be because female residents typically take nine months off, whereas male residents only take six weeks off (Willoughby et al., 2020). Their different connection to the domestic sphere evidently impacts their experience of returning to leave.

EMBODIMENT

Embodiment is not a theory that I came across in my initial literature review research. My interview questions were not framed using these concepts but the idea of a physical relationship between the child and mother came up frequently in my interviews, particularly in experiences of breastfeeding. This theory helps to frame the gendered relationship between a parent and child and how this impacts the experience of parenting and working. Andrea Doucet did a study on the responsibilities of fatherhood, specifically in the first year of parenting, based on qualitative research and a focus on embodiment (Doucet, 2009). Doucet defines embodiment as shaping and shaped by social locations (Doucet, 2009, p, 82).

Doucet finds that there is an embodied connection between the mother and child that starts in pregnancy and continues in the experience of birth and breastfeeding. Fathers, who do not have

this experience, aren't "anchored" to their child physically to this extent (Doucet, 2009, p. 85). Doucet argues that embodied parenting shapes the norms of parenting, and why there are gendered differences in parenting (Doucet, 2009, p. 91). Since there is a physical connection between the mother and child for the first year of the child's life, this could be why mothers tend to perform the role of the primary parent.

GAPS IN THE LITERATURE

Most studies focus on domestic responsibilities with little analysis on how that translates into the work sphere. Additionally, there are limited studies that focus on a singular profession, especially using qualitative research. Given that parental leave for both genders is fairly new, and becoming increasingly popular, it is important to study the experiences of men and women to see how these experiences are gendered. Additionally, through studying a singular profession, there can be a gendered comparison including workplace experiences and the impact of the domestic sphere.

METHODS: BEYOND THE DOMESTIC SPHERE

For this study, I studied doctors who have gone on maternity or parental leave by conducting 8 semi-structured interviews. My number of participants is based on getting a variety of lived experiences while being realistic about the difficulties of recruiting doctors. Additionally, I studied both males and females in order to collect information on both genders. For this study, the criteria were that it was necessary that participants are in a heterosexual relationship with the other parent because the time constraints of this study do not allow for including other types of relationships. It was also necessary that participants had been back at work for a minimum of six months to ensure that they had sufficient information on the experience of returning to work. Two participants had been at work for less than six months, but I accepted their participation because

of recruitment challenges. Additionally, their leave must have taken place within the past five years to ensure that it is still fresh in their memory. It is important to consider that three men were studied and five women, so there is more data from women which is a limitation of this study.

The reason that I studied doctors is because it is a professional field where it is common to take parental leave for both genders. Additionally, I have prioritized doctors who work in a hospital setting because they deal with the collaborative challenges of the workforce. They depend on each other to cover for them and share the workload, which adds challenges that family doctors do not experience to the same extent. Doctors are typically very busy people who can provide insights into the challenges of balancing a busy work life with the domestic responsibilities of parenthood. Moreover, there is a lack of research on the experiences of returning to work after parental leave as most literature is focused on the domestic sphere. Researching one profession provides information on these experiences, while still analyzing how the domestic sphere plays a role in impacting performance in the workplace. It is important to note that I only interviewed doctors who practice in Ontario because each province has their own policies in terms of parental and maternity leave, and studying one province ensured that all participants are governed by the same policies.

Doctors were recruited through personal connections in the medical community, who put me in contact with eligible doctors. From there, I used snowball sampling to ask participants if they knew of anybody who is eligible to participate in the study. It is important to note that some of my personal connections held a position of authority over potential participants. To avoid any pressures, participation in this study was confidential and participants were given my contact information to reach out to me first if they were interested in participating. Additionally, participants were offered to take breaks or stop their participation in the interviews at any time.

This was a qualitative study where I conducted interviews of the lived experiences of people. There was a lack of qualitative research on this topic, and interviews provided insightful information into the challenges that people experience, and why. Interviews were a useful tool because they allowed for the collection of demographic data as well as getting participants to connect personal stories and share meaning in their experiences surrounding the framework of a study (Mannik et al., 2017, p. 70). In interviews, I collected demographic information on participants such as their age, gender, and information on their partner. I asked about where they work, their position as a doctor, to be able to make connections between similarities or differences that participants had. I asked how many children they have, when they took their leave, and how it was divided between them and their partner. This was because I anticipated people who split their leave to have an easier time returning to work due to taking less time off work, and sharing domestic tasks but this was not the case (Bünning, 2015).

When asked about their experiences returning to work, I started by getting them to tell me about their first day back at work. There were typically specific challenges with the first time being away from home or trying to get back into the swing of work. I also asked if the participants explicitly thought their gender impacted their experience of returning to work. During the interviews, I asked interpreting questions to ensure that I understood what the participants were saying (Kvale, 1996, p.135). Moreover, due to much of the theory surrounding division of labour focusing on the domestic sphere, I asked if domestic responsibilities overlapped with responsibilities at work. This is because the work of doctors deals directly with caring for people and could overlap and potentially impact work performance (Hochschild, 2012). To end the interview, I asked about the best part of returning to leave, to end on a positive note and because I anticipated that there are likely many benefits of returning to work that are not usually studied.

Following the interview there was a short debriefing where I summarized some of the points the participants made so they know how they have contributed to my research (Kvale, 1996, p. 128).

Once the data was collected, I analyzed the transcripts of interviews through the theories of gendered division of labour, and invisible labour of the domestic sphere. I also looked for similarities and differences between these results, similar to the quantitative study by Willoughby et al., 2020. The studies presented in the literature review typically coded for themes or did a statistical analysis. Since this is a qualitative study, I coded for themes. In Stearns (2009) study on the work of breastfeeding, she coded all her interviews by going through transcripts and finding key themes. She then applied these codes to all of her interviews, and analyzed her data (Stearns, 2009, p. 66). I coded my interviews by back to work challenges, best parts of returning, breastfeeding, domestic tasks, explicit gender differences, organizing time off and compensation, support from colleagues, the experience of taking time off, and working while on leave. After coding, I analyzed the transcripts through the theoretical concepts of gendered division of labour that frames this study.

FINDINGS

The eight interviews provided a breadth of experiences. I have divided the analysis up into four themes. First, working on leave and the amount of time taken off. Second, the best parts of returning to work. Third, the connection between the domestic sphere and the work sphere. Finally, the labour of breastfeeding. Within these themes there is a comparison of the experiences of men and women to assess how gender influences returning to work.

WORKING ON LEAVE AND AMOUNT OF TIME TAKEN OFF

While this study is primarily focused on the experience of returning from leave, there are parts of the leave itself that impact this experience as well. In all the literature reviewed, there is a lack of information on how working while on leave impacts the return to work, but it was an important topic to the participants. Each of the five women interviewed did some form of work while on leave. This was done for a variety of reasons such as advancing career, staying caught up, earning compensation, and coping with guilt for taking time off. Out of the men, only one out of three worked while on leave, and only for two weeks of that leave. It is important to note that the men take off significantly less time and have less pressure to consider their career while on leave. The women who worked did things such as supervising projects, teaching, research, updating certifications, and one participant went to a conference with her child. Only one of the participants reported getting compensated for this work, and two expressed dissatisfactions with the lack of compensation and their decision to work while on leave. Sarah, a mother of two, received a lack of credit for her work in terms of compensation and awards despite the difficulty of working while taking care of an infant. She says:

When I came back, I also realized that I didn't really get credit for doing that work. In the academic world, you get payment for certain things. If you get a publication, you get X amount of money extra accounted for your overall kind of work and they prorated it all for when I was on leave. So I was getting docked anyways, and I've been part of a group recently that kind of fought that because that's actually very sexist to say your achievement that you get like a publication, you've worked super hard for just because it so happened to align with the year you were on leave, you get less credit for it, which is something that the institution is sort of looking at, which is good. It's not fixed, but it's better now. So, with my daughter, I didn't do those things. I just sort of did as little as possible.

She explains that this happens due to the amount of time taken off. According to her, men often do not take any formal time off, but just schedule their clinical weeks to take time off so their salaries do not get prorated, and they receive credit for work done during this time. For women, they have to take formal time off since their leaves are much longer, but the system at many hospitals does not properly consider work done on leave, and thus women receive less compensation for this work. As a result, Sarah chose not to work during her second leave, and has advised pregnant colleagues to do the same. Additionally, Sarah explains that women are less likely to get nominated for teaching awards which she believes has a large effect on the achievements in your career.

One participant was glad that she worked during leave because her hospital is set up to compensate for such labour, and she feels fairly compensated for the amount of work she did. Additionally, she explains that this work advanced her career which would have made it worth it even if she was not compensated. Another participant went to a conference while on leave because she felt as if her career was in a fragile place, as she was younger, and felt pressured to attend. She explains that she would not make the same decision today, but at the time felt it was necessary. One of the participants who felt established in her career as a senior staff member by the time she had children, only updated certifications. These certifications are mandatory for all physicians, and she felt it would help ease her return to work through reviewing medical knowledge. She did not do this for the advancement of her career or compensation. The pressures and motivations for people to work ultimately depend on personal decisions, individual workplace culture and compensation, and career trajectory.

The decision to work on leave is often because women often want to ease their return to the workplace by engaging in career related tasks while on leave. Additionally, it was a way to

advance their career while taking time off. The men who take parental leave do not have to worry about this because they take much less time off. Further, despite the lack of compensation for this work, women still do it often because they feel like they should. While the literature finds that those with better benefits typically take a longer leave (Evans, 2007), this is not the case in this study. Staff do not make much money when on leave and while some of the women had husbands with benefits, they still took the majority of the time off. Additionally, in two cases, both partners were doctors, and the female took significantly longer off. This suggests that the amount of time taken off is connected to the parental role of women. The obligations of men and women going on leave are evidently different in terms of the pressure to consider their career as well as fulfilling gendered domestic tasks.

Two participants took parental leave while they were in the residency program. Vogel (2019) finds that residents often take less time off because they do not want to fall behind in their programs. Ben, a father of two, only took one month of formal leave during his residency as he was able to schedule research blocks around this month to give him extra time. He did not fall behind in his program. In contrast, Grace, a mother of two, took an entire year off and finished her training a year later with a different cohort. Studying the difference between men and women makes it clear that women take more time off because they fulfill the role of the primary parent, which all of the women claimed to have taken on. Additionally, they have unique responsibilities such as breastfeeding which requires physical proximity to the child. The gendered division of labour that falls primarily on women impacts their careers due to the norm of them taking more time off.

BEST PARTS

While the return from leave was more challenging for women than men, there were many silver linings that participants mentioned. Being a doctor is a part of their identity, and so when they are at home taking care of children, that part of their identity is put on pause. Rediscovering it was important to all the participants. While all of the men wished they could have taken more time off, the women, who did take more time off, were mostly ready to get back to work. One of the factors that was predominant was getting to use their brains again and being intellectually stimulated. While the first few days or weeks back were a difficult adjustment, all participants enjoy their work and would not want to be a stay at home parent.

In general, the women were more “ready” to return to work than the men because they took longer off and felt their workplace identity slipping away. Additionally, none of the men took time off alone whereas all of the women did so they experienced more isolation which intensified their readiness to return to work. Grace commented that she was losing her mind towards the end of her leave because she missed the work part of her life. No men experienced this phenomenon, likely because they took a much shorter amount of time off.

Every participant reported their colleagues as being very supportive and an important reason that they enjoy work. Many of them view their colleagues as friends who they missed while they were on leave. When asked about the best part of returning from leave, Elizabeth, a mother of one, says:

I really love my job. I love where I work, I love everyone I work with and it's just really nice to have adult conversations. And to flex, that part of your mind that you know you're good at, like, I love, love, love, love, love my job, most days. And I think it's really, really, really nice to just be yourself and be your non-parent self which is a different self and is

really rewarding and enjoyable to do and just to be around. I consider a lot of my colleagues, my friends. I really, really love working with them, so it's just really nice.

This quotation captures the responses from most of the participants as it emphasizes relationships with colleagues, doing stimulating work, and regaining a sense of identity through work. While it is important to discuss the challenges of returning to work, the positive parts are also part of the experience which are often overlooked in literature. Analyzing the positive experiences provides an insight into why people do what they do and how it is important to their identity.

Every participant experienced a shift in priorities after returning from leave. This was characterized as a positive phenomenon because it encouraged them to set boundaries between their home and work life. Will, a father of two, felt very passionate about the changes he experienced after returning from leave.

It made me a better human being, a better person, it gave me a lot more patience and empathy to my friends, to my colleagues, to my patient. I think it may have made me a worse researcher or something, or a worse academic, but it made me a better doctor and a better person.

While less time was devoted towards his career, he still believes that it made him a better doctor, and all participants mentioned the development of empathy towards patients after going on leave. While this may be connected to parenting in general and not just taking leave, there is no doubt that going on leave strengthens the bond between the parent and child. While the experiences of men and women returning from leave are characterized by differences, there are similarities in the experience of becoming a parent.

THE DOMESTIC SPHERE AND THE WORK SPHERE

The domestic sphere impacts the experience of returning to work when time and energy are funneled into other tasks, that are unrecognized but still impact work performance and experience. Additionally, the mental load that comes with performing domestic tasks and parenting can change the experience of working (Twamley & Faircloth, 2023). All of the women studied report themselves as being the primary parent, taking on more tasks than their husband's. All their husband's work full time as lawyers, doctors, careers in finance, and consulting. Many of the husbands work from home but have busy schedules, just like their wives. Nonetheless, the burden of domestic tasks primarily falls on women. While their work performance is not always impacted, their experience at work is, with balancing the same workload with a larger mental load.

When asked about domestic tasks, the women were quick to name numerous tasks that they do and presented themselves as taking on a bigger share of the work at home. Sarah says:

What don't I do? I'll preface this by saying my husband's very supportive and does a lot, and he's a great dad but I'm sure I'm not the only person you're interviewing who talks about the mental load that mothers have, and so we pretty much do everything. In our house, we divide the tasks that I do, that my husband does. My husband does all the finances like I'm completely useless in stuff like that, that's a big job, don't get me wrong. But then, everything else, I'm responsible for.

Sarah still credits her husband for the support that he does provide but admits that she takes on more invisible labour and has a bigger mental load since becoming a parent. When explaining the roles of her and her husband, she did not sound frustrated or upset which suggests that it is expected for women to take on more invisible labour. Additionally, she assumes that all mothers are like her, and take on the majority of domestic tasks. She explains that she does everything in relation to organizing childcare, she spends her non-clinical days providing childcare, and taking meetings

from home. On these days she will plan, and interrupt, her work from home schedule to fit in taking her children to appointments, which is something her husband does not do. While she and her husband both work full-time jobs, she balances her time with more domestic tasks, increasing her workload with invisible labour, and leaving less time for paid medical work which is a big part of her identity.

While all of the participants pitched in for domestic tasks, the women said they did more of the childcare related tasks, whether that be taking time off when their child is sick or organizing other forms of childcare. Additionally, all of the women spoke about the mental load of becoming a parent, which the men did not report as interfering with their work to the same degree. Elizabeth explained how women take on the role of the primary caregiver which makes it harder for them to mentally detach themselves from their children while at work. She connects this to the way that the female body is biologically connected to the child, in a way that a man's body is not.

It's way easier for men. But you know, I think even just mentally they can detach in a completely different way. Your body is hurting, literally, I think about —my boobs hurt half the day. You know they're gonna leak so I had to leave patients. I think the nursing thing is such a big thing, which I don't think I understood. Your body is physically related to your kid, you know, I was checking in about naps stuff like that through the day, cause that's the stage when they're really little and that you're going through and are they taking the bottle? And are they this? And like oh, my boobs are full, should I keep them full when I get home so that I can feed the baby? Or did you give her a bottle? There's all these timing considerations for me.

Men, who do not breastfeed their child do not have to worry about the logistics and challenges of breastfeeding at work, which arguably gives them space to disconnect from their role as a parent

while at work. They are not anchored to their child in the same way as women and do not embody their parental role in the same capacity at this stage (Doucet, 2009). The physical connection of the childbearing body to the child creates a different set of responsibilities and could be the reason that the mother becomes the primary parent as they are bonded to their child physically (Doucet, 2009). Further, because of the bonding that happens through nursing and through taking time off with the child, two of the women mentioned that their child physically wants to be with them, and on top of them, when they get home from work. This is not to say that the men in this study are not present in the lives of their children, but they are able to separate the domestic sphere from the work sphere in a different way that allows for a smaller mental load in relation to parenting and more space to focus on work.

Ben, a father of two, who took one month off for each of his children, reflects on the difference between his return to work and his wife's. He explains that he took significantly less time off than his wife and the gendered division of labour in his household falls more on his wife in relation to childcare.

I think because of the gender division of labour in most families, including in my own because of the different abilities to take time from our work and also different roles that we took as parents, including breastfeeding for example. My mental load was different than it would have been were I a woman who had just given birth. And I was able to compartmentalize home a greater deal than I think my wife does when she goes back to work.

The ability to focus only on work while at work likely leads to better performance in terms of the capacity to take on research and leadership roles, and probably makes it more enjoyable because there are less things to focus on. It is also important to note that he assumes that in most families,

women take on the role of the primary parent and more domestic labour. He does not seem to question this or problematize it, nor do the women in this study. Caroline explains that in her workplace there are no women with leadership roles because they are busy being the primary parent. This expectation is so embedded in the Gendered Division of Labour that it reproduces itself despite the negative impacts it has on working women.

When asked about the mental load that comes from being a working parent, Will, a father of one, responds by saying that he is able to completely lock in to focus while at work because he knows his wife is handling everything else at home. The third man in this study did not even speak about his mental load, whereas every woman reported having an increased mental load and did not find that they were able to compartmentalize work and home. Taking on the bigger mental load and share of domestic tasks does impact the experience of returning to work by creating a bigger workload that ultimately falls on women.

Having a bigger mental load and workload not only impacts wellbeing, but also career performance outcomes. Caroline commented that her mental load discourages her from taking on leadership roles at the hospital and finds this is the case for many women.

The women in my group [...] are very senior and are very excellent and would be wonderful leaders but because a lot of us have young kids, as leadership positions in the hospital have come up, we haven't applied for them. Our division head position came up a few years ago and there wasn't a single woman applicant, and we were all talking to each other. We're like, why don't you apply? Why don't you apply, you'd be so good at it, but literally everybody has kids under five and again, a lot of women still have that kind of primary parenting role and are kind of managing the admin for the house, so they don't want to take on that role in the hospital too. So, there were actually no female applicants

for that job and so it went to a pretty young guy...And I think a lot of that is just the fact that most of the women just don't have the emotional mental capacity to take on that role at the hospital, as much as they would be so good at it. And I think better in a lot of ways than some of the men that have gone into those roles.

Her role as a primary parent makes it difficult to take on leadership roles at work due to a lack of mental capacity. Her husband, who is also a physician, is in a leadership role which shows how careers are impacted by the gendered division of domestic labour. Additionally, none of the women in her hospital have leadership roles and they end up being filled by less senior men. Even though the hospital would, in her opinion, benefit from women being in these roles, they do not have the capacity to carry out these roles due to their domestic responsibilities. Doucet finds that women are very physically bonded with their children during the first few years of the child's life which can make them prioritize caring for their child over work. Men may feel more duty towards their work and take on less domestic tasks (Doucet, 2009, p. 88). For example, all the men mentioned the stress and societal pressure of being a breadwinner whereas the women felt pressure to make money, but not as a societal pressure. Thus, the bond between the mother and child often leads to the mother doing more domestic work.

The domestic sphere evidently connects to the experience of returning to work because the more time that is devoted to parenting and other domestic tasks, the less time and energy is devoted to work. Additionally, the experience of working is more challenging when you cannot disconnect from other tasks. The women who all fulfill the role of the primary parent do not consider this to be negative, but rather an inherent duty. Additionally, while many of the male participants are aware of this gendered difference in experiences, they do not seem to be willing to lessen the burden of their wives by stepping further into the role of being a primary parent.

THE LABOUR OF BREASTFEEDING

Breastfeeding postpartum was a responsibility of all of the women I interviewed. Out of the five women, four of them pumped at work and one weaned her child before returning to work. Due to a lack of breastfeeding support, every woman I interviewed had challenges pumping at work. Additionally, the onus was on these women to advocate for themselves in pursuing a smooth transition back to work. Caroline, a mother of two, attempted to pump while working but abandoned this task after her first day back at work because there was not a place at the hospital to do this. Had she returned to work earlier this would have been an issue because her child would not have been old enough to eat solid food. Fortunately, she was able to stop breastfeeding when it became a challenge at work. Some children do not take a bottle and are not old enough to consume solids, so it is not always possible to wean off of breastfeeding in order to avoid disrupting their careers. The decision of when return to work is often made in relation to breastfeeding which makes it important to the experience of navigating a career.

There are many reasons for challenges with breastfeeding while working including physical space, mental responsibilities, and isolation. Caroline explains that hospitals in Canada do not have enough space to give women designated pumping spaces because every open area is filled with patients. In her case, to be able to create space would require self-advocacy and reaching out to other people. Given the already intimidating barriers to the return to work, it is difficult for women to create designated spaces to pump at work in hospitals in Ontario.

Elizabeth, a mother of one, Sarah, a mother of two, and Grace, a mother of two, all pumped at work, and they all encountered challenges. Sarah hated pumping at work because she would have to block off time during a busy workday to sit in her office and pump. She says:

It's not an easy thing to be doing and schlepping back and forth and dealing with it. It's really weird to be pumping in your office at work and your colleagues are wandering around. I was always terrified I would accidentally leave my door unlocked and whatever. But at the same time, I was privileged in that it wasn't a barrier to doing it. It became really pointless to keep doing it and I really didn't like it.

Despite feeling a lack of privacy and discomfort with pumping at work, she still acknowledges the resources she had as a staff member, which residents, for example, would not have. Even in best-case scenarios, pumping still presents difficulties. As a result, Sarah decided not to pump at work after having her second child.

When Elizabeth returned to work, she was working in a couple of different hospitals, each of which had their own conditions of pumping spaces. In one of the hospitals, there was a designated room available which made pumping easier. However, at the other two hospitals, this was not the case. She was able to use a friend's office in one case, which gave her enough privacy to pump, but at one of the hospitals she had to advocate for herself to find a space. She says:

But when I was at these other places, they just don't have lactation spaces for physicians. I asked multiple times. There's just literally nothing. But I was able to figure it out so I would get my own office. Basically, there are offices, sometimes there's cubbies. And I was very nervous. I can't be in a cubby that's open for obvious reasons, that wouldn't work for me personally. So, I was able to find an office with some help emailing. I honestly kind of did it on my own and asked the chief resident. I kind of figured it out...and then when I worked at [hospital name], my friend was very generous because the other office that they offered me is a shared office. There was not an actual solution and maybe I could have

pushed them, but I did not feel like anyone cared, to be honest, and I didn't want to make a big deal. So maybe if I'd made a big deal, they might have.

Pumping was very important to her, so she insisted on finding a space but did not receive much support from the various workplaces. Only one of the three hospitals had an adequate space where she felt comfortable pumping. Even when she sent emails and requested help, she still felt as if she was responsible for using her own resources to be able to pump at work. Only staff at those hospitals have their own private spaces and clinical associates like her were left to fend for themselves. Further, when Elizabeth was describing the challenges of pumping at work, she commented that she hoped she wasn't sounding dramatic, which shows that women requesting support in the workplace is something that would be unreasonable. Despite the large impact her struggles to pump had on her experience returning to work, she diminished the trouble it caused her.

The experience of residents and staff members pumping at work is different. After Grace's first child, she was still a resident, and at the time there were no designated spaces for residents to pump. However, she did note that this culture has changed and that there are now resources and handbooks to help residents navigate pumping at work. However, Sarah comments that she lets residents use her office and fridge to pump which suggests that perhaps the available spaces are not as adequate as Grace made them out to be. Additionally, Sarah explains that staff members have more control over their schedules than residents, which makes it easier for them to schedule in pumping breaks. Since residents are still completing their training, they have less control over schedules, they do not have their offices, and they are in a more vulnerable stage of their career. Their challenges of pumping at work may be accentuated by their circumstances compared to staff who have better access to private spaces and the confidence of being further along in their career.

The physical space is only part of the problem with pumping at work, and even some hospitals have not taken steps to remedy this issue.

A big challenge of pumping at work is isolating yourself during work hours to pump in private. Elizabeth commented that she found pumping very isolating because all of her breaks at work were spent alone. Once she stopped pumping, she was able to see and connect with colleagues, and she started to enjoy work again. Willoughby et al. (2020) found that residents often take longer off because they do not have the space to pump at work. However, even for doctors who have the space, there are other parts of pumping at work that make it difficult. Brynn, a mother of one, who did not pump when she returned to work discusses how she made that decision. She says:

I have my own office, so I could have done that in both practices, so that would have been how I would have done it physically. But in terms of sort of the time and stress [...] I would have had to significantly change the way that I booked my days to have pump breaks, which people do, it's just not easy.

She goes on to say that it was very important to her that she was no longer breastfeeding by the time she returned to work:

So I actually kind of planned on stopping earlier than I did and kind of had a hard end date. I told myself three months and that kind of became six months and then I gave myself like a hard end date of like I will not go back to work and pump from the hospital which I had seen other people do and just was torturous and not important enough to me.

The experiences of other people trying to organize time in their days to pump was a strong deterrent for Brynn to stop breast feeding. Having the physical space was not a strong enough incentive to

continue, and she was concerned about other facets of invisible labour that would shape the experience of returning to work after having a child.

One of the participants, Caroline, had to delay her return to work due to challenges related to feeding her child. Her child would not take a bottle, so she had to stay home and breast feed until the child was old enough to consume solid food. She could not leave her child for longer than an hour because she was the only person who could feed them. With her second child, she planned in advance to take a long enough leave to accommodate a similar period of leave. This is a responsibility that only falls on the mother as the father is unable to breastfeed and take over this duty. This physical connection to the child which strengthens the bond between the mother and child can lead to the mother taking on more parenting duties (Doucet, 2009). The mother who typically takes a longer leave and then spends their first few months back at work still feeding their child is tied to the child in a way that the father is not. This creates more challenges at work as they navigate their strong connection to both their child and their work.

Women are the only ones that can perform the task of breastfeeding which gives them extra challenges whether they are pumping while working or extending their maternity leave to feed their child. Erin Hatton argues that this invisible labour is unrecognized, despite the energy and time it requires (Hatton, 2017). Even when there is support for women to pump at work, it is still challenging, and in many of the cases there was no support in terms of a space to pump. In this study, it is evident that breastfeeding was a prominent struggle of mothers returning to work.

CONCLUSION

The experience of returning to work is shaped by the gendered division of labour, expectations of women and embodiment which ultimately makes it a more difficult transition for women than it is for men. Additionally, woman's careers are impacted more due to the differences

in the amount of time taken off and the mental load of women that comes from being the primary parent. This can prevent them from having the capacity to take on leadership roles and advance their career in the space capacity as men. While these findings are supported by literature on the gendered division of labour, this study explores lived experiences deeper through looking at factors such as working on leave, navigating breastfeeding in the workplace, and comparing the nuances of men and women.

It is commonly thought that women are disadvantaged in their careers from taking time off, but the inequalities go beyond the actual amount of time off and into the labour that women do as parents. Men have an easier experience returning to work due to taking on less domestic tasks, carrying a smaller mental load, and not breastfeeding. However, there is a limitation in this study which is that it does not specifically analyze the differences between women who shared their leave with a partner and women who took the entire leave and how that could influence the father's connection to the domestic sphere. Bünning (2015) studies this quantitatively, but a qualitative study could assess what encourages fathers to take on more domestic work. In terms of this study, there was no noticeable difference in the share of domestic tasks with women who shared their leave. In every case, they still took on the majority of work in the private sphere.

In this study, all participants had taken their leave within the past five years, and they all had very young children. It is clear that women are typically the primary parents and face challenges when returning from leave, but these challenges extend beyond just their first few months back and into their long-term careers and role as a parent. The bond between the mother and the child seems to solidify the mother as the primary parent and responsible for more domestic tasks. Men maintain their bond to work and are able to further advance their careers. These first months back set up the work that is done in the domestic and work sphere and disadvantage women

in terms of their careers. Men could take on more domestic tasks, especially as the child gets older and is not breastfeeding, but this does not seem to be the case among the men I interviewed and the women with men as partners. Thus, this study shows how these roles develop and why women maintain their position as the primary parent.

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APPENDIX

APPENDIX A

Recruitment Text

Research study: How Parents Working as Doctors Experience Gender Differences When Returning to Work after Parental Leave

Are you a doctor in Ontario who has taken maternity or parental leave and is interested in being interviewed about your experiences returning to work? This study will look at gendered differences among those returning to work after maternity and/or parental leave.

Participation will be completely voluntary and confidential. Interviews will take between 40-60 minutes, and you can withdraw from the study at any point up until March 1, 2024.

If you are interested in participating in this study, please contact: LR661201@dal.ca

Looking forward to hearing about your experiences!

APPENDIX B

Screening Requirements Survey

Honours Survey

Please answer each question. I will be able to see your name and contact information, but this information will not be shared with anyone. You may be contacted if you meet all of the screening requirements

* Required

1. What is your email address? *

2. What gender do you identify as? *

- Male
- Female
- Other

3. Are you in a heterosexual relationship with the other parent of your child? *

- Yes
- No

4. Are you a doctor in Ontario? *

- Yes
- No

5. Do you work in a hospital? *

- Yes
- No

6. Have you taken maternity or parental leave? *

Yes

No

7. Was your leave(s) taken within the past 5 years? (If you've taken multiple maternity/parental leaves they do not all have had to be within the past 5 years) *

Yes

No

8. Have you been at work for at least six months since maternity/parental leave? (If you have taken multiple maternity/parental leaves, as long as you have worked for at least six months in between taking leaves within the past 5 years, tick "yes"). *

Yes

No

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.



APPENDIX C

CONSENT FORM

How Parents Experience Gendered Differences When Returning from Parental Leave

You are invited to take part in research being conducted by me, Lauren Marley, an undergraduate student in Social Anthropology, as part of my Honours degree at Dalhousie University. The purpose of this research is to study and analyze the lived experiences of doctors returning from parental/maternity leave, with a particular focus on the role that gender plays. This study will use qualitative interviews with male and female participants, who are in

heterosexual relationships, to compare the experiences and men and women. I will write up the results of this research in a paper for my class, called the Honours thesis.

As a participant in the research, you will be asked to answer a number of interview questions about your experience returning to work after taking parental/maternity leave. The interview should take between forty minutes and an hour and will be conducted either in a quiet location of your choice or virtually using Zoom.

I will tell you how I will be recording the interview prior to the start. If we conduct the interview in person, I will audio-record it on a hand-held device. If we conduct the interview by Zoom, I will record the interview using the platform's internal recording feature. I will delete the video file from the Zoom recording, retaining only the audio file. The audio recording, either from Zoom or the voice-memo application, will be stored on a password-protected, encrypted laptop, with a backup saved on OneDrive, a Canadian encrypted cloud storage service, as well as on an encrypted external hard drive. I will transcribe the interview, and the transcription will be stored on my password-protected laptop. Once the interview is transcribed, I will delete the audio. A back-up of the transcription will be saved in OneDrive. The information you provide will be kept confidential. Only my supervisors will have access to it.

During the live Zoom meeting, there is a risk of loss of personal privacy from the use of internet-based communications. The risk is no greater or lesser than when using applications such as Zoom for other purposes.

Your participation in this research is entirely voluntary. You do not have to answer questions that you do not want to answer, and you are welcome to stop the interview at any time if you no longer want to participate. If you decide to stop participating after the interview is over, you can do so until March 1. I will not be able to remove the information you provided after that date, because I will have completed my analysis, but the information will not be used in any other research.

The information that you provide to me will be kept private and will be anonymized, which means any identifying details such as your name will be removed from it. If I quote any part of your interview in my Honours thesis, I will use a pseudonym, not your real name, and I will remove any other details that could identify you. I will describe and share general findings in a presentation to the Sociology and Social Anthropology Department and in my Honours thesis. Nothing that could identify you will be included in the presentation or the thesis. I will keep anonymized information indefinitely so that I can learn more from it as I continue with my studies.

The risks associated with this study are minimal but there is potential to feel discomfort if we talk about difficult experiences of returning from maternity/parental leave. These risks will be mitigated through taking breaks whenever needed and having the option to withdraw from this research at any point up to March 1, 2024.

There will be no direct benefit to you in participating in this research and you will not receive compensation. The research, however, will contribute to new knowledge on the lived experiences of returning from parental/maternity, especially in terms of gender. If you would like to see how your information is used, please feel free to contact me and I will send you a copy of my Honours thesis after April 30.

If you have questions or concerns about the research, please feel free to contact me or the honours class supervisor. My contact information is lr661201@dal. You can contact the honours class supervisors, Dr Martha Radice and Dr. Karen Foster, at the Department of Sociology and Social Anthropology, Dalhousie University on (902) 494-6747, or email martha.radice@dal.ca or karen.foster@dal.ca.

If you have any ethical concerns about your participation in this research, you may contact Catherine Connors, Director, Research Ethics, Dalhousie University at (902) 494-1462, or email ethics@dal.ca.

Participant's consent:

I have read the above information and I agree to participate in this study.

Name:

Signature:

Date:

Researcher's signature:

Date:

APPENDIX D

Interview Guide

Introduction: Go over consent, remind them that they can withdraw at any time or refuse to answer questions, ask if they have any questions.

Questions:

First, I'd like to find out a little bit about you. Where do you work (what kind of ward/specialty)?

How many children do you have?

Now I'd like to ask about your parental leave(s). When did you take it?

How did you split your leave with your partner?

How was it divided? How were those decisions made?

How long have you taken off for parental/maternity leave?

Have you taken more than one parental leave? How many? How were your leaves different?

My next questions are about your work and workplace.

What part of your medical career are you in?

Can you describe your first day back to work after your parental leave?

What are some of the challenges you faced when returning from leave?

Were there parts of your job you did while on leave?

Did this impact returning to work?

Do you feel like you 'fell behind' during your leave? In what way?

How do you think your gender played a role in your return to work?

Did you feel as if responsibilities at home overlapped with responsibilities at work?

What are some domestic tasks you do?

How do they impact work performance?

How does your partner support you in domestic tasks/childcare?

What was the best part of returning from leave?

May I ask, how old are you? How about your partner?

Conclusion: ask if they have any questions, ask how they are feeling, ask if they have anyone who they can put me in contact with to participate.

APPENDIX E

Participants

Ben

- Did no work while on leave
- Two children
- Has taken two leaves

Will

- Did no work while on leave
- One child
- Took three months off

Liam

- Worked for two weeks while on leave
- Two children
- Has taken two leaves

Brynn

- One child
- Took eight months off
- Did little work while on leave
- Did not breastfeed at work

Elizabeth

- One child
- Took leave with husband
- Took four months off
- Worked on leave
- Pumped at work

Sarah

- Two children
- Took ten months off for each leave
- Pumped at work after first leave
- Worked on leave

Grace

- Two children
- Took eleven months off for first leave
- Took ten months off for second leave
- Worked on leave
- Pumped at work

Caroline

- Two children
- Took leave with husband
- Took eleven months off for first leave
- Took nine months off for second leave
- Worked on leave
- Pumped briefly at work after first leave