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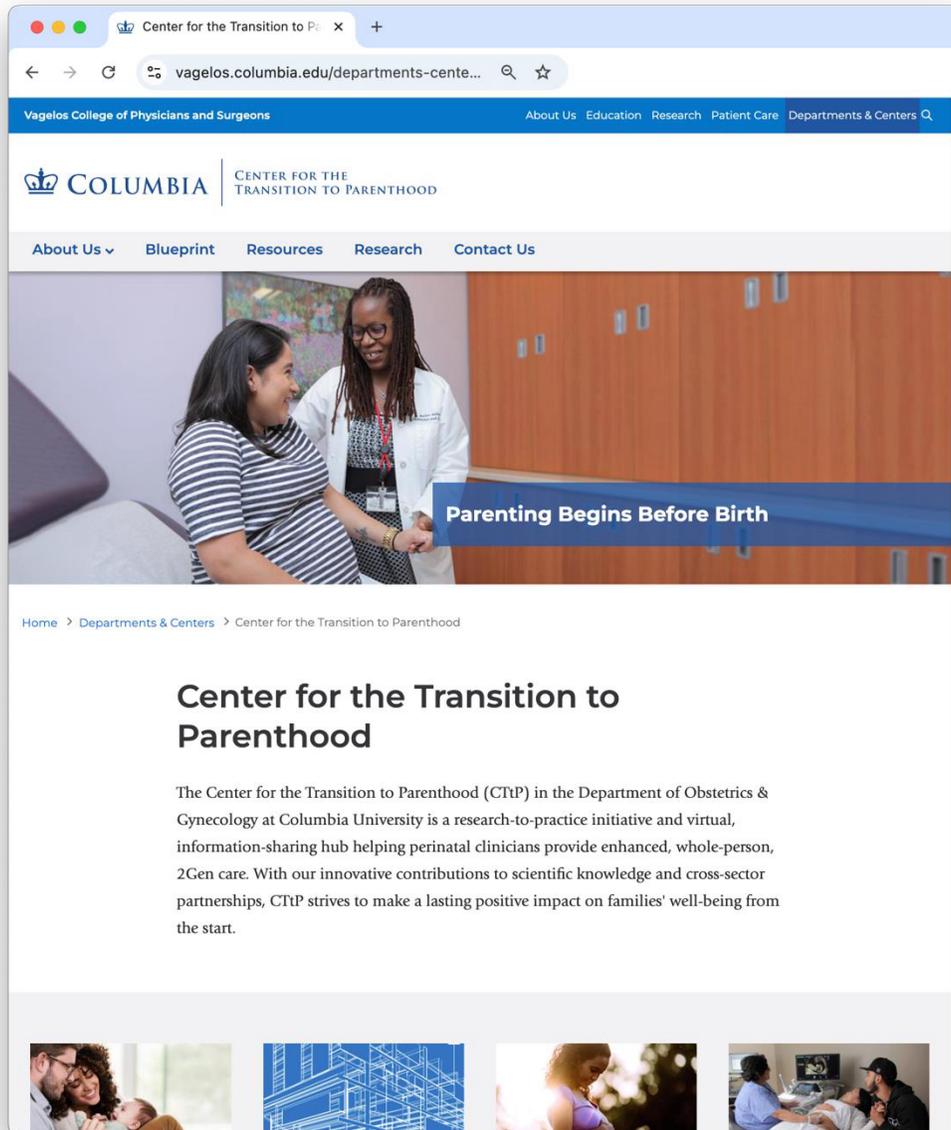
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CENTER FOR THE
TRANSITION TO PARENTHOOD

Center for the Transition to Parenthood (CTtP)



The screenshot shows a web browser displaying the website for the Center for the Transition to Parenthood (CTtP) at Columbia University. The browser's address bar shows the URL `vagelos.columbia.edu/departments-cente...`. The website header includes the Columbia University logo and the text "CENTER FOR THE TRANSITION TO PARENTHOOD". Below the header, there is a navigation menu with links for "About Us", "Blueprint", "Resources", "Research", and "Contact Us". The main content area features a large image of a pregnant woman and a healthcare professional in a white lab coat, with the text "Parenting Begins Before Birth" overlaid. Below this image, the breadcrumb trail reads "Home > Departments & Centers > Center for the Transition to Parenthood". The main heading is "Center for the Transition to Parenthood". The introductory text states: "The Center for the Transition to Parenthood (CTtP) in the Department of Obstetrics & Gynecology at Columbia University is a research-to-practice initiative and virtual, information-sharing hub helping perinatal clinicians provide enhanced, whole-person, 2Gen care. With our innovative contributions to scientific knowledge and cross-sector partnerships, CTtP strives to make a lasting positive impact on families' well-being from the start." At the bottom of the page, there is a row of four small images: a family, a blue architectural diagram, a pregnant woman, and a healthcare professional with a patient.

An interdisciplinary
research-to-practice center
dedicated to
improving perinatal
care and outcomes
for parents and
infants during the
transition to
parenthood.

The transition to parenthood is a uniquely sensitive and critical window involving physiological and psychological changes, as well as increased caregiving and financial demands *(Saxbe et al., 2018)*

During this period, birthing people can experience increased risk for:

- physical health problems and increased allostatic load *(Saxbe et al., 2018)*
- financial instability *(Rokicki et al., 2023)*
- mental health problems *(Howard, 2020)*

Perinatal Mood and Anxiety Disorders (PMADs)

- Rate of **perinatal depression** is between **8 and 26 %** around the world
(Shorey et al, 2018)
- Prevalence of **anxiety symptoms** ranges between **15 and 24 %** in pregnant and postpartum people
(Dennis et al., 2017)



Perinatal Mood and Anxiety Disorders (PMADs) Can Affect:

Parental Well-Being

- Long-term psychological health is affected (*Prenoveau et al., 2013; Vliegen et al., 2013; Costa et al., 2006*)
- Higher rates of suicide (*Yu et al., 2024*)
- Negative consequences on physical health (*Slomian et al., 2019*)
- Occupational challenges (*Lewis et al., 2017*); Lower overall quality of life (*Darcy et al., 2016*)

Infant and Child Development

- Shorter durations of breastfeeding (*Dennis & McQueen, 2007*)
- Impaired infant growth in the first year of life (*Antunez, 2018*)
- Later behavioral problems (*Natsi et al., 2018; Weissman, 2018*)
- Cognitive delays (*Rogers, 2020*)
- Lower IQ (*Hay et al., 2001*)

Perinatal Mood and Anxiety Disorders (PMADs) Can Affect:

Family System Functioning

- Parent–infant relational disruption (reduced sensitivity and responsiveness) *(Field, 2010)*
- Increased relationship conflict and dissatisfaction *(Slomian et al., 2019)*
- Reduced family financial stability *(Rokicki et al., 2023)*

Economic Consequences to Society

- Untreated PMADs cost approximately **\$14 billion annually** per U.S. birth cohort over the first five years postpartum, driven by healthcare costs, productivity loss, and child developmental impacts *(Luca et al., 2020)*

Parental leave is a key mechanism in helping to alleviate these risks during the transition to parenthood.

PARENTAL LEAVE is associated with **benefits to the parent, developing child, equity of childcare practices, and the economy.**

Maternal Health

- Fewer mood symptoms and improved overall parental health (*Dagher et al., 2014; Mandal, 2018*)
 - *Returning to work in <12 weeks is associated with significantly higher depressive symptoms (Chatterji & Markowitz, 2012)*
- Reduced risk for maternal chronic disease risk (*Bütikofer et al., 2021*)

Parent-Child Dyad

- Increased breastfeeding initiation and duration (*Baker & Milligan, 2007; Ogbuanu et al., 2011*)
- Length of parental leave is linked to quality of mother-child interactions and attachment security (*Plotka & Busch-Rossnagel, 2018*)

Parental leave is a key mechanism in helping to alleviate some of these risks during the transition to parenthood.

Infant/Child Health:

- More likely to attend medical check-ups (*Khan et al., 2020*)
- Higher infant vaccination rates and reduced respiratory illness (*Hajizadeh et al., 2015; Khanam et al., 2016*)
- Reduction in infant mortality (*Nandi et al., 2016; Ruhm, 2000; Rossin, 2011*)
- Improves socio-emotional skills and decreases risk for later mental health problems (*Houmark et al., 2024*)

Family Functioning and Financial Stability:

- Paternal leave is associated with more equitable caregiving roles and greater parental relationship satisfaction (*Petts et al., 2019*)
- Paid parental leave improves economic security for families, especially for low-income families and families of color (*Stanzyc, 2019 ;Lenhart, 2021*)
- Paid parental leave significantly reduces poverty risk (*Stanzyc, 2019*)

Conclusion



- Maternal, paternal and parental leave are **ESSENTIAL POLICIES** that promote **intergenerational health, child development, family well-being and economic stability** *(Saxbe et al., 2018)*
- **PARENTAL LEAVE** is one of the few policies that has capacity to have such a **lasting, multi-generation impact**

THANK YOU!



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**Check out the
CTtP website**

Thank you to
Katerina Millner
& Emily Branham

