

# New Action Plan to implement the European Pillar of Social Rights

2025

Position Paper by *Make Mothers Matter*

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## Context

This paper contributes to the consultation on the European Pillar of Social Rights Action Plan by highlighting the urgent need to **integrate mothers' demands and interests into its priorities**. There are still specific challenges for mothers in Europe to be overcome, particularly in the field of economic empowerment, work-life balance, childcare and the recognition of unpaid care work as well as accessible and high-quality maternal healthcare. Make Mothers Matter (MMM) believes that failing to invest in mothers means failing to invest in the very foundations of our societies, where their contribution as workers, caregivers, and citizens remains systematically undervalued.

Motherhood brings profound changes to a woman's life, significantly affecting personal, family, and professional dynamics. Our **2024 European survey** of 9,600 mothers across 11 EU Member States and the UK confirms that mothers continue to experience significant economic, educational, and social penalties: 41% of the mothers responding to our survey find that their role is not recognised by society, 67% report feeling overloaded while they indicate to handle up to 70% of household and caregiving tasks alone, regardless of whether they are employed or not. These individual penalties contribute to broader social and economic inequalities, with the weight falling most heavily on mothers in vulnerable situations—such as migrant mothers, single mothers, mothers with disabilities, and those struggling with mental health issues.

The EU **gender pay gap** and **gender pension gap** persist and stand at 12.7% and 26% respectively.<sup>1</sup> These inequalities are closely related to care duties for children, falling disproportionately on mothers. Women's income has and will continue to be impacted by this additional duty at the cost of their labour market participation, thus losing current and future income.<sup>2</sup> It also hinders their opportunities to engage in learning activities. These care duties weigh especially heavily on **single mothers**. Across the EU, 12.4% of all households with children are single-parent households, and women are disproportionately represented among lone-parent families (85%), 40.3% of which are at risk of poverty or social exclusion.<sup>3</sup>

This illustrates a wider pattern, with poverty in the European Union rising: In 2024, 93.3 million people in the EU were at risk of poverty or social exclusion<sup>4</sup>, with a strong correlation between female poverty and child poverty: one in four children in the EU are at risk of poverty or social exclusion<sup>5</sup>. These trends require urgent, coordinated action at both EU and Member State level.

<sup>1</sup> EIGE, *Gender Equality Index 2024 – Sustaining momentum on a fragile path*, (Publications Office of the European Union, 2024), <https://eige.europa.eu/publications-resources/publications/gender-equality-index-2024-sustaining-momentum-fragile-path>.

<sup>2</sup> Zsuzsa Blaskó, Eleni Papadimitriou, and Anna Rita Manca, *How will the COVID-19 crisis affect existing gender divides in Europe?* (Publications Office of the European Union, 2020), <https://data.europa.eu/doi/10.2760/37511>.

<sup>3</sup> Olivier de Schutter, "UN Special Rapporteur on extreme poverty and human rights says "good intentions are not enough," *Make Mothers Matter*, March 5, 2021, <https://makemothersmatter.org/un-special-rapporteur-on-extreme-poverty-and-human-rights-says-good-intentions-are-not-enough/>.

<sup>4</sup> Eurostat, "People at risk of poverty or social exclusion in 2024," April 30, 2025, <https://ec.europa.eu/eurostat/web/products-eurostat-news/w/ddn-20250430-2#:text=In%202024%2C%2093.3%20million%20people%20household%20with%20very%20low%20work>.

<sup>5</sup> EU Alliance for investing in children, "Protect children, protect Europe – Fund the fight against child poverty," June 23, 2025, <https://alliance4investinginchildren.eu/protect-children-protect-europe-fund-the-fight-against-child-poverty/>.



With this situation as a background, the European Pillar of Social Rights (EPSR) proclaimed in 2017, sets a framework for a socially just and fair society based on several key principles. Several of these principles are of utmost importance to the economic empowerment and social protection of mothers. They include:

- Pillar 1: Education, training, and lifelong learning
- Pillar 2: Gender equality
- Pillar 4: Active support to employment
- Pillar 9: Work-life balance
- Pillar 11: Childcare and support to children
- Pillar 15: Old age income and pensions
- Pillar 16: Healthcare
- Pillar 17: Inclusion of people with disabilities
- Pillar 19: Housing and assistance for the homeless

Despite progress made, for example under the **European Union's Gender Equality Strategy 2020-2025**<sup>6</sup>, introducing initiatives such as the Work-Life Balance Directive and the Pay Transparency Directive, significant gaps remain to real gender equality at institutional, private and societal level. In 2025 a new roadmap was launched, laying out the unsatisfactory amounts of progress made and highlighting specific challenges that need to be overcome.

This "**Roadmap for Women's Rights**"<sup>7</sup> focuses on several areas of gender equality, including but not limited to: **equal pay** and **economic empowerment**, **work-life balance** and **care**, and **equal employment opportunities** and **adequate working conditions**. The concept of care as a factor in gender inequality is deeply ingrained in the Roadmap, with mentions of balanced lifestyles depending on the increased involvement of men within unpaid care work, adequate working and housing conditions and more. The Roadmap reiterates the economic potential that women and their participation within the labour market holds, and calls for gender equality as not only a "moral imperative, but a **strategic investment**".

The **European Child Guarantee**<sup>8</sup>, adopted in 2021 by the Council of the European Union, aims to combat child social exclusion by ensuring that children in need have effective access to key services, including education, healthcare, nutrition, and housing. It seeks to **break the cycle of poverty** and **promote equal opportunities** for all children across the EU.

Furthermore, Make Mothers Matter strongly acknowledges the efforts to recognise the importance of care through the launch of the **European Care Strategy**, such as the measures foreseen by the Barcelona Targets to increase the availability of childcare and the proposal of the long-term care Council

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<sup>6</sup> European Commission. "Gender equality strategy," accessed August 29, 2025, [https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy\\_en](https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en).

<sup>7</sup> Directorate-General for Communication, "The EU Roadmap for Women's Rights: a renewed push for gender equality," March 7, 2025, [https://commission.europa.eu/news/eu-roadmap-womens-rights-renewed-push-gender-equality-2025-03-07\\_en](https://commission.europa.eu/news/eu-roadmap-womens-rights-renewed-push-gender-equality-2025-03-07_en).

<sup>8</sup> European Commission, "European Child Guarantee," accessed August 28, 2025, [https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/addressing-poverty-and-supporting-social-inclusion/investing-children/european-child-guarantee\\_en](https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/addressing-poverty-and-supporting-social-inclusion/investing-children/european-child-guarantee_en).



Recommendation. Nevertheless, we call for concrete actions that place mothers at the center and recognise the **vital role of care in our societies** to change the many injustices that mothers encounter.

MMM also welcomes Commission president Ursula von der Leyen's initiative of a EU anti-poverty strategy<sup>9</sup> addressing the root causes of poverty during the new 2024-2029 mandate. According to Katarina Ivanković Knežević, Director for Social Rights and Inclusion at DG Employment of the European Commission, the EU anti-poverty strategy should include at least three key components: **adequate social protection, active labor market inclusion measures, and access to social services.**<sup>10</sup>

*Make Mothers Matter* would like, in this position paper, to draw the EU's attention to specific topics related to mothers, drawing on our close collaboration with member associations<sup>11</sup> and partners on the ground and on the data from its regular surveys, most recently the 2024 State of Motherhood in Europe survey. Additional relevant points not addressed here are outlined in the position paper jointly developed with the Social Platform.

For each of the principles listed above, we will give some background information on how they affect mothers, make some recommendations and show best practices across the European Union.

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<sup>9</sup> European Economic and Social Committee, Opinion on EU Anti-Poverty Strategy, EESC-2025-00984-AS, July 3, 2025, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=inteesc:EESC-2025-00984-AS>.

<sup>10</sup> Caritas Europa, "A new EU anti-poverty strategy," October 8, 2024, <https://www.caritas.eu/a-new-eu-anti-poverty-strategy/>.

<sup>11</sup> Make Mothers Matter, "MMM Member association," accessed August 28, 2025, <https://makemothersmatter.org/who-we-are/mmm-member-associations/>.

## I Equal opportunities and access to the labour market

### 1. Education, training and lifelong learning

According to EIGE<sup>12</sup>, *time* is the biggest barrier preventing women from engaging in lifelong learning. Care responsibilities and household duties are highlighted as key time issues and obstacles for women within the labor market. This has implications for their employment opportunities, involvement in social, leisure and cultural activities but also their participation in **lifelong learning**. At the same time, the labour market continues to focus on a specific set of skills, often connected to formal education, disadvantaging women further. This focus should be broadened to encompass informal learning, reskilling and upskilling opportunities. In addition, targeted job search support is needed to help caregivers, often women, to translate their skills into the labour market.

While **caring for others**, mothers develop a new set of skills, called **soft skills**, that contribute to **social inclusion, personal development, empowerment, and employability**. Recognising and validating this new set of skills acquired through non-formal and informal learning such as carers-parenting soft skills, would require a lifecycle approach to education. Moreover, renewed efforts are needed to achieve both the recognition of learning periods and qualifications and the objectives of the 2012 Council Recommendation on the Validation of Non-Formal and Informal Learning as well as the 2022 Council recommendations on Individual learning accounts and on Micro-credentials. If properly recognized and valued, parenthood soft skills could benefit both employees and employers, and in turn, society at large:

For employees: soft skills growth, improved wellbeing and work-life balance

For employers: talent acquisition and retention as well as productivity and employee engagement

For society: changing perceptions and stereotypes, redistributing of caring responsibilities and supporting family policies

Concrete examples of recognition and/or validation of soft skills acquired while doing unpaid care work are:

- The **Digital self-coaching tool from Lifeed (Formerly MAAM: Maternity as a Master)**<sup>13</sup> is a digital tool aimed at measuring and enhancing the improved skills of employees, during and after parental leave. It serves enterprises and employers to better acknowledge the soft skills acquired through maternity and when becoming a parent. Mapping and raising awareness about the

<sup>12</sup> EIGE, *Gender Equality Index 2024 – Sustaining momentum on a fragile path*, (Publications Office of the European Union, 2024), <https://eige.europa.eu/publications-resources/publications/gender-equality-index-2024-sustaining-momentum-fragile-path>.

<sup>13</sup> Lifeed, "Parents," accessed August 28, 2025, <https://lifeed.io/en/solutions/parents/>.

existing tools for validation of skills acquired doing unpaid care work can contribute to a thriving, healthy economic recovery.

Participation in the Lifesteep parenting programmes has shown a marked **improvement in the soft skills** of participating users, with 78% of them transferring their experience as parents to specific skills they use at work. Skills developed by the programme include self-awareness, managing change, empathy, managing complexity and managing stress. An assessment of all parents participating in training programmes found that 90% of parents report an increase in wellbeing if given the appropriate resources and tools to fully enjoy their experience as caregivers.<sup>14</sup> 87% reported an improvement in work-life synergy.<sup>15</sup> The participating companies report a 12% **increase in productivity** after increasing the well-being of employees and 91% of professionals state that the development of these soft skills helps them succeed at work.<sup>16</sup>

100% of new mothers returned to work after their maternity leave, compared to average levels of 60% before the programme, and 40% of promotions in the company were given to women who had previously taken maternity leave.<sup>17</sup>

- The EU-funded **MAV Mom Virtual Assistant** up-skill and reskill training turns the challenges of motherhood into professional opportunities. It is designed to empower new mothers by providing free access to training programmes focused on digital, transferable, and entrepreneurial skills.<sup>18</sup>
- The Erasmus+ project **MothersCan** promotes the principle of equal participation in the labor market with equal employment and career conditions for mothers in the EU. It aims at influencing the EU agenda to raise awareness of gender equality needs and challenges in the workplace and to showcase innovative ways to empower women returning to work after maternity leave. It has launched a training course, tailored to mothers in or after pregnancy, providing them with skills and supporting them towards their integration to the labour market.<sup>19</sup>

## 2. Gender equality

Make Mothers Matter welcomes the initiatives from the European Institutions to combat the gender pay gap and economically empower women, such as the EU Directive on Pay Transparency<sup>20</sup>, the Work Life Balance Directive of 2019<sup>21</sup> and the Women on Boards Directive of November 2022<sup>22</sup>. These Directives

<sup>14</sup> Ibid.

<sup>15</sup> Lifesteep, "Work-life observatory," accessed September 2, 2025, <https://lifesteep.io/en/about-us/work-life-observatory/>.

<sup>16</sup> Lifesteep, "Parents," accessed August 28, 2025, <https://lifesteep.io/en/solutions/parents/>.

<sup>17</sup> Danone, "Why care? People experience insights Jan 2020," 2020,

<https://corporate.danone.it/content/dam/corp/local/ita/homepage/prova/Why%20Care%20Danone%20Case%20Study.pdf>.

<sup>18</sup> EU-funded project Mom Virtual Assistant MAV, accessed August 28, 2025, <https://www.mav.mom/>.

<sup>19</sup> EU-funded project MothersCan, accessed August 28, 2025, <https://www.motherscan.eu/en/>.

<sup>20</sup> European Parliament and Council of the European Union, Directive 2023/970 of 10 May 2023 to strengthen the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms <http://data.europa.eu/eli/dir/2023/970/oj>.

<sup>21</sup> European Parliament and Council of the European Union, Directive 2019/1158 of 20 June 2019 on work-life balance for parents and carers, June 20, 2019, <http://data.europa.eu/eli/dir/2019/1158/oj>.

<sup>22</sup> European Parliament and Council of the European Union, Directive of 23 November 2022 on improving the gender balance among directors of listed companies and related measures, November 23, 2022, <http://data.europa.eu/eli/dir/2022/2381/oj>.



aim at supporting work and family life, introducing measures such as an increased pay transparency for job-seekers and employees, and an easier access to justice for victims of pay discrimination.

Nonetheless, in 2024, the **gender pay gap** in the EU stands at **12.7%** and the **pension gap**, culminating point of pay inequalities over the life course, is at **26%**<sup>23</sup>.

Recent literature has documented that gender inequalities in earnings and income are closely related to care duties for children. Women, primarily mothers, perform the majority of unpaid work. According to the European Institute for Gender Equality (EIGE), 63.1% of women in the EU do daily cooking and/or housework, compared to 35.7% of men<sup>24</sup>. Women bear a significantly greater share of caregiving responsibilities, with 25% reporting care duties as one of the reasons for not participating in the labour market or working part-time, compared to only 3% of men.<sup>25</sup> Their care work remains unrecognised and undervalued, perpetuating economic and social injustices for mothers, often referred to as the Motherhood Penalty. This unequal distribution negatively impacts their economic security, professional growth, education, political participation, and social standing. As a result, they are at greater risk of poverty and domestic violence and their mental and physical health is disproportionately affected.

These barriers intersect with broader policy frameworks, such as **EU free movement laws**, which further disadvantage women by disregarding the realities of unpaid care work. EU citizenship and the free movement rule neglect the implications of care work, with women being unable to join their host country's labour market due to caregiving duties<sup>26</sup>. EU free movement law does not **recognise unpaid care work as a valid basis for residency or access to social protections**. As a consequence, women are denied independent residence rights, excluded from equal treatment provisions, including access to welfare, and trapped in precarious or even unsafe situations<sup>27</sup>.

Our current economic system fails to support women, particularly mothers, as unpaid care work lies at the core of gender inequalities and discrimination. We strongly believe that gender equality will not be achieved until **unpaid care work is recognised, reduced, and redistributed** equally and that economic prosperity is unattainable without these changes occurring.

Ways to **recognise** unpaid care work include:

- Conducting **time-use surveys** more frequently, with a focus on surveys measuring the allocation of time spent doing **care and domestic work**. We are very pleased that our call for a review of the EU Regulation on structural statistics on earnings and on labour costs has been successfully reflected in the new EU Regulation on structural statistics on earnings and on labour costs.<sup>28</sup> The Regulation explicitly recognises that a legal basis is required to govern the transmission of gender

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<sup>23</sup>EIGE, *Gender Equality Index 2024 – Sustaining momentum on a fragile path*, (Publications Office of the European Union, 2024), <https://eige.europa.eu/publications-resources/publications/gender-equality-index-2024-sustaining-momentum-fragile-path>.

<sup>24</sup>Ibid.

<sup>25</sup> European Economic and Social Committee, Opinion on The role of family members caring for people with disabilities and older persons: the explosion of the phenomenon during the pandemic, 2022/02936, February 24, 2022, [https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52022IE2936#ntr4-C\\_2023075EN.01007501-E0004](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52022IE2936#ntr4-C_2023075EN.01007501-E0004).

<sup>26</sup>Make Mothers Matter, "Care on the Move: The Forgotten Angle," April 4, 2023, <https://makemothersmatter.org/care-on-the-move/>.

<sup>27</sup> Ibid.

<sup>28</sup> European Parliament and the Council, Regulation (EU) 2025/941 of 7 May 2025 on European Union labour market statistics on businesses, repealing Council Regulation (EC) No 530/1999 and Regulations (EC) No 450/2003 and (EC) No 453/2008 of the European Parliament and of the Council. <https://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32025R0941>



pay gap data (Recital 7), and provides a comprehensive structure for the content, periodicity, reference periods, and deadlines for such data reporting. This represents an important step forward in capturing inequalities linked to the unequal distribution of unpaid care work.

- Introducing “**care credits**” to offset breaks from employment taken to provide informal care to family members and periods of formal care leaves, such as maternity, and count those credits towards pension entitlements (see section “Old age income and pensions”)
- Introduce career breaks entitlement such as the Belgian “**time-credit**” system (see section on “Childcare services”)
- Introducing **family friendly companies certifications**, such as BeFamily<sup>29</sup> (see section on “Work-life balance”)
- Supporting **mothers integration** to work after maternity and parental leaves with initiatives that prepare mothers as well as companies via trainings performed by EU-funded projects such as the MothersCan project<sup>30</sup> (see section on “Education, training and lifelong learning”)

Ways to **reduce** unpaid care work include:

- Providing **high quality childcare** centres that are accessible and affordable (see section on “Childcare and support to children”)
- Supporting and providing **other forms of care** possibilities such as community-based childcare services, *gardienne*, and childminder (see section on “Childcare services”)
- Supporting and promoting **intergenerational solidarity initiatives**, as highlighted by the European Economic and Social Committee (EESC) in its 2024 Opinion on Promoting European Intergenerational Solidarity<sup>31</sup>, which draws attention to initiatives where older generations help young parents, bringing proven benefits to the elderly, the parents and the children. Some examples include “the Grandparent Service”, a German service intended for single parents and young families where a non biological grandparent provides daily support with the children.<sup>32</sup>
- Fostering examples such as the new version of the Swedish Social Insurance Code where parental leave is now able to be extended to grandparents and friends - or as they describe it “any person who cares for the child”, **expanding the care circle** of the child and therefore **reducing pressures** on the mother.<sup>33</sup>

Ways to **redistribute** unpaid care work include:

- Implement policies that directly **encourage fathers to take leave**, such as well-compensated individual leave entitlements, but also policies aimed at changing workplace cultures
- Adopt work-life balance measures allowing families to **adjust their employment** according to the needs of each child, the ages and number of children

<sup>29</sup> BeFamily, accessed August 28, 2025, <https://www.be-family.care/>.

<sup>30</sup> MothersCan, accessed August 28, 2025, <https://www.motherscan.eu/en/>.

<sup>31</sup> European Economic and Social Committee, Opinion on Promoting European intergenerational solidarity - towards an EU horizontal approach, SOC/800-EESC-2024, September 18, 2024, <https://www.eesc.europa.eu/en/our-work/opinions-information-reports/opinions/promoting-european-intergenerational-solidarity-towards-eu-horizontal-approach>.

<sup>32</sup> Der Kinderschutzbund Ortsverband Bochum, “Unser Grosselterndienst,” accessed on August 28, 2025, <https://kinderschutzbund-bochum.de/angebote/grosselterndienst/>.

<sup>33</sup> Elin Hofverberg, “Sweden: Parents May Now Transfer Parental Leave to Friends and Family,” *Library of Congress*, July 30, 2024, <https://www.loc.gov/item/global-legal-monitor/2024-07-29/sweden-parents-may-now-transfer-parental-leave-to-friends-and-family/>

- Implement at national level **longer and adequately paid maternity, paternity, and parental leave** (see section on “Work-life balance”), including
  - Revising the Maternity Leave Directive, extending the period of leave to 6 months with a remuneration at least of sick pay level, in order to enable mothers to breastfeed their children for as long as recommended by WHO and UNICEF, thereby improving child health and development outcomes.<sup>34</sup>
  - Extending parental leave to 6 months per parent, remunerated at least at sick pay level, and making it more flexible to take
  - Extending paternity leave to more than 10 days to increase the involvement of fathers from the beginning of childcare

### 3. Active support to employment

Being a parent continues to hinder women’s participation in the labour market, creating a higher risk of poverty and social exclusion. When asked about how to balance their work and family life, mothers say they want to be **present on the labour market AND spend time educating their children**, giving priority to one or another depending on the ages and number of children.<sup>35</sup> This is why *MMM* supports a **life-cycle approach**, rather than a linear one, allowing women and men to leave the labour market partially or completely for a definite period of time to care for and educate their children, and then re-enter it, emphasising the importance of **balancing responsibilities**.

Mothers often take **precarious, part-time or informal jobs** to accommodate caregiving, which in turn impacts their career progression, skills development and health. According to our 2024 *MMM* State of Motherhood In Europe survey, 23% of mothers reduced their working hours and 55% changed their working status, shifting from full-time to part-time, or from employed to self-employed, or vice versa, in order to adapt to maternity.<sup>36</sup> This can lead to women **lacking financial independence**, sometimes creating a power imbalance in decision-making in the home<sup>37</sup>, or, in some cases, to in-work poverty, leaving them unable to cover essential expenses despite being employed.

Furthermore, studies raise serious concerns on the existence of **pregnancy and maternity discrimination** in Europe: In Belgium nearly 40% of workplace discrimination reports were related to being a parent in 2022. “Pregnancy and motherhood accounted for three-quarters of these reports”<sup>38</sup> according to the

<sup>34</sup> International Labour Organization, *Maternity Protection Resource Package - From Aspiration to Reality for All* (ILO Publications, 2012), Module 3, [https://webapps.ilo.org/public/libdoc/ilo/2012/112B09\\_56\\_engl.pdf](https://webapps.ilo.org/public/libdoc/ilo/2012/112B09_56_engl.pdf).

<sup>35</sup> Make Mothers Matter, “MMM State of Motherhood in Europe 2024,” accessed on August 29, 2025, <https://makemothersmatter.org/mmm-state-of-motherhood-in-europe-2024/>.

<sup>36</sup> Ibid.

<sup>37</sup> EIGE, *Gender Equality Index 2024 – Sustaining momentum on a fragile path*, (Publications Office of the European Union, 2024), <https://eige.europa.eu/publications-resources/publications/gender-equality-index-2024-sustaining-momentum-fragile-path>.

<sup>38</sup> Syndicats magazine, “3 femmes sur 4 subissent des discriminations en raison de leur grossesse ou maternité,” June 13, 2023, <https://syndicatsmagazine.be/3-femmes-sur-4-subissent-des-discriminations-en-raison-de-leur-grossesse/>.



Belgian Institute for the Equality of Women and Men.<sup>39</sup> In France, despite protective rights throughout maternity, pregnancy is the third most cited reason for discrimination among women, according to the 10th edition of the Defender of Rights Barometer in 2020.<sup>40</sup>

To address these challenges, concrete measures are needed to support mothers' access to and participation in the labour market:

- **Easier access to lifelong learning for women**, provision of qualifications after career breaks, and targeted support for mothers for job search, training and re-skilling (*see section on "Education, equal opportunities and lifelong learning"*)
- **Work-life balance policies, affordable and flexible early childhood education and care** are needed as they are key enablers for mothers' participation in the labour market (*see sections on "Work-life balance" and "Childcare and support to children"*)
- **Quality Job targets** implemented at EU level, including fair wages, good working conditions, job security, work-life balance, equality and non-discrimination, to address in-work poverty
- Helping women **challenge pregnancy discrimination** by strengthening their knowledge of their rights while encouraging employers to track retention rates for women after maternity leave, as part of gender pay gap analyses
- **Awareness campaigns** addressing pregnancy and maternity-related discrimination can also trigger an easier access for women to the labour market during and after their childbearing years

Concrete initiatives that have been taken to implement these measures include

- **Mulheres à Obra**<sup>41</sup>, a Portuguese network of working women, mostly mother entrepreneurs, that has grown from a Facebook group with nearly 200,000 members in which they share good practices to reconcile work and family lives
- **Proarbeit**<sup>42</sup>, a German job center which facilitates the integration of its beneficiaries into the labour market, with a focus on strengthening the social and economic integration of mothers, particularly those with a migrant background
- **Afammer**<sup>43</sup>, a Spanish organisation supporting the work of rural mothers. It developed the initiative Equipay, promoting pay equality in rural areas of Spain, offering free advice, diagnostic tools, and an anonymous channel to report gender-based pay inequalities
- **WeGate**<sup>44</sup>, a network that aims to foster learning among women entrepreneurs, offering a learning platform, workshops and networking events in Europe

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<sup>39</sup> Hildegard Van Hove, *Grossesse*, (Institut pour l'égalité des femmes et des hommes, 2017), <https://igvmiefh.belgium.be/fr/activites/discrimination/grossesse>.

<sup>40</sup> Aurélie Tachot, "La grossesse: une source de discrimination au travail," *Mon Entreprise Inclusive*, November 7, 2023, <https://www.monentrepriseinclusive.com/la-grossesse-une-source-de-discrimination-au-travail/>.

<sup>41</sup> Mulheres À Obra, accessed August 28, 2025, <https://www.mulheresaobra.pt/>.

<sup>42</sup> Proarbeit Kreis Offenbach, accessed August 28, 2025, [www.proarbeit-kreis-of.de](http://www.proarbeit-kreis-of.de).

<sup>43</sup> Afammer, accessed August 28, 2025, [www.afammer.es](http://www.afammer.es).

<sup>44</sup> WeGate, accessed August 28, 2025, <https://www.wegate.eu/>.

### 3.1 Self-employed mothers

MMM recommends that the situation of self-employed citizens, representing 13.7% of Europe's workforce as of 2022, is considered so they can benefit from an EU framework on family leave schemes. Directive 2010/41/EU addresses the application of the principle of equal treatment between men and women engaged in self-employed activities, which could take shape in the provision of temporary replacement services. There are many promising initiatives to support self-employed mothers that MMM believes should be rolled out across Europe, as highlighted by our Portuguese member working with entrepreneurial women, *Mulheres a Obra*<sup>45</sup>. Some of the measures needed to ensure that self-employed mothers can fully benefit from leave schemes include:

- **Uniform maternity allowances** across Member States
- **A subsidised replacement staffing**, which would include government programs that could partially or fully fund temporary works stepping in to cover for primary self-employed workers during maternity or parental leave
- Promote **awareness campaigns** to inform self-employed women about their rights and available benefits, ensuring they can easily access support mechanisms
- **Peer and cooperative support networks** where self-employed individuals could share resources and help cover for each other's businesses while on leave

## II Fair working conditions

### 4. Work-life balance

As highlighted by EIGE there are strong **links between gender equality and work-life balance**.<sup>46</sup> Factors such as leave policies, the availability of care services, flexible working arrangements and the overall child-friendliness of society condition the way men and women establish their decisions regarding both work and family.

According to the **2024 European survey by Make Mothers Matter**, which included 9,600 mothers across 11 EU Member States and the UK, 30% of mothers are dissatisfied with the length of maternity leave and 44% are dissatisfied with the maternity allowances they are granted. Furthermore, 27% of mothers reported that motherhood negatively impacted their career, while only one in three fathers made use of their full paternity leave entitlement.<sup>47</sup>

<sup>45</sup> Mulheres À Obra, accessed August 28, 2025,, [www.mulheresaobra.pt](http://www.mulheresaobra.pt).

<sup>46</sup> EIGE, *Gender Equality Index 2024 – Sustaining momentum on a fragile path*, (Publications Office of the European Union, 2024), <https://eige.europa.eu/publications-resources/publications/gender-equality-index-2024-sustaining-momentum-fragile-path>.

<sup>47</sup> Make Mothers Matter, "MMM State of Motherhood in Europe 2024," accessed on August 29, 2025, <https://makemothersmatter.org/mmm-state-of-motherhood-in-europe-2024/>.

This has far-reaching **implications even beyond the early years** of motherhood: There exists a gender gap in sickness absence, largely driven by an increase in **mental health disorders** among mothers. Notably, this penalty does not fade over time: Even eight years after childbirth, mothers are still 1.2 percentage points more likely than men to exit the workforce due to health-related reasons and 17% of women who leave the labor market after becoming mothers eventually claim sickness benefits.<sup>48</sup>

#### 4.1 Maternity leave policy

Maternity leave is intended to safeguard the health of the mother and her child during the perinatal period. This is critical to her health considering the physiological demands associated with pregnancy and childbirth. Under the **EU Maternity Leave Directive (92/85/EEC)**, women have the right to a minimum of 14 weeks (3 months) of maternity leave. Although this Directive serves as guidance for member states, there are still considerable differences in the way that maternity leave policy is structured across EU countries.

Studies show that longer maternity leaves are associated with fewer premature births, less depression among mothers and with lower perinatal, infant and child mortality. Longer maternity leaves are also associated with longer durations of breastfeeding, which in turn improve child health and development outcomes<sup>49</sup>. In our 2024 European Survey, 29% of mothers highlighted their desire to see maternity leave extended to help them recover from the fatigue and change of pace that follow childbirth, to be able to breastfeed for longer and to be better prepared when they return to work and potentially prevent postpartum depression.<sup>50</sup>

For these reasons, MMM calls for the **revision of the Maternity Leave Directive** extending the period of leave to **6 months** with a remuneration of no less than sick pay.

#### 4.2 Paternity and parental leave policy

**Paid parental leave** supports children's health and overall wellbeing. It strengthens the bond between mother and child, encourages breastfeeding, and promotes fathers' involvement in caregiving, enhancing children's emotional and social development. Helping parents in their caregiving role goes beyond ensuring children's survival; it involves creating nurturing environments that allow children to grow, develop, and realise their capabilities.

Therefore, it is essential that **fathers are involved** from the start in childcare. As highlighted by EIGE: *"If childcare is no longer considered the sole domain of women and more fathers take parental leave to stay at home and look after their children in their first year, the outcomes for gender equality include increased women's labour-market participation, reduced gender pay gaps and increased men's participation in household work"*<sup>51</sup>.

<sup>48</sup> Sébastien Fontenay and Ilan Tojerow, "Sickness absences among young mothers and the child penalty in employment." *Review of Economics of the Household* 23, (2025): 625-660, <https://doi.org/10.1007/s11150-024-09720-x>.

<sup>49</sup> International Labour Organization, *Maternity Protection Resource Package - From Aspiration to Reality for All* (ILO Publications, 2012), Module 3, [https://webapps.ilo.org/public/libdoc/ilo/2012/112B09\\_56\\_engl.pdf](https://webapps.ilo.org/public/libdoc/ilo/2012/112B09_56_engl.pdf).

<sup>50</sup> Make Mothers Matter, "MMM State of Motherhood in Europe 2024," accessed on August 29, 2025, <https://makemothersmatter.org/mmm-state-of-motherhood-in-europe-2024/>.

<sup>51</sup> EIGE, *Gender Equality Index 2019 Work-Life Balance*, (Publications Office of the European Union, 2020), [https://eige.europa.eu/sites/default/files/documents/mhaf19101enn\\_002.pdf](https://eige.europa.eu/sites/default/files/documents/mhaf19101enn_002.pdf).

The **Directive on Work-Life Balance** for parents and carers currently stands at:

- For paternity leave: At least 10 working days paid at sick pay level
- For parental leave: 4 months per parent, out of which 2 months are non-transferable between parents, remunerated at adequate level to be decided by Member States
- For carers leave: At least 5 working days per year, with additional flexibility on how to allocate them with no provisions on remuneration at EU level

While we welcome the implementation of this Directive, we also see its limitations. Ten days of **paternity leave** is **insufficient** to ensure fathers' meaningful involvement in early childcare. **Parental leave** should be extended to **six months**, with a binding requirement that it be paid at no less than the level of sick pay and extend it up to 14 years of age. Finally, **carers' leave** of only five days per year does not reflect the realities of care responsibilities, and **stronger recognition** and support for carers is urgently required. A European Commission review of the Directive due in 2027 could promote these changes.

Several other factors affect the uptake of leave by fathers: Low or non-existent compensation levels during leave as well as the availability of affordable childcare, flexible leave arrangements that meet individual needs, gender norms and cultural expectations are key reasons for why fathers are not able to take their leave entitlement<sup>52</sup>. To increase their uptake, "an interlocking set of family policies that help dual-earner families to combine work and family life in a sustainable manner" is needed.<sup>53</sup>

### 4.3 Flexible working arrangements

A fifth of Europeans are dissatisfied with the balance between their work and personal lives. According to MMM's 2024 State of Motherhood in Europe Survey, only 35% of mothers benefited from a gradual return to work, 46% had access to adapted working hours, and a mere 25% could telework after their maternity leave.<sup>54</sup>

The 2021 MMM national survey in France revealed that respondents identified flexible working hours as the most important factor for achieving a real work-life balance. Most mothers in Europe prefer to remain in the labour market but to also have time to devote to their families, especially when their children are young. Flexible working arrangements are crucial to achieving this (*see also the section on "Childcare services"*).

The Work-Life balance Directive provides the right to **request flexible working conditions** for parents of children until at least 8 years old and people with caring responsibilities. However, MMM would like to see these rights extended to parents of **children up to 18 years old** and for transforming it into a right to access flexible working conditions, rather than merely request them. The Directive should be aligned with the Quality Jobs Roadmap as well as the European Care Strategy, to ensure both quality, accessible and

<sup>52</sup> Janna Van Belle, *Paternity and parental leave policies across the European Union*, (RAND Corporation: 2016), [https://www.rand.org/content/dam/rand/pubs/research\\_reports/RR1600/RR1666/RAND\\_RR1666.pdf](https://www.rand.org/content/dam/rand/pubs/research_reports/RR1600/RR1666/RAND_RR1666.pdf).

<sup>53</sup> Ibid.

<sup>54</sup> Make Mothers Matter, "MMM State of Motherhood in Europe 2024," accessed on August 29, 2025, <https://makemothersmatter.org/mmm-state-of-motherhood-in-europe-2024/>.

affordable care to close care gaps while also providing access to quality employment opportunities, giving carers the possibility to (re)enter the labour force.

In addition, MMM would also like for the situation of self-employed people (close to 14% of the working population in Europe in 2022) to be considered so that these workers can benefit from an EU framework on family leave schemes (*see section on “self-employed mothers”*).

Lastly, MMM supports initiatives and measures adopted by companies to help employees better reconcile work and family life as part of their CSR policies.

A few good practices that support the work-life balance of parents are worth highlighting:

- **BeFamily**<sup>55</sup> a 2024 initiative founded by MMM and other partners, seeks to engage with dedicated companies to promote real work-life balance strategies with the aim to support employees with caring responsibilities. Participating in the initiative will allow companies to receive an assessment and concrete recommendations to not only adhere to the EU on work-life balance, but also to go beyond to provide carers a real chance at participating fully in a sustainable economy, especially in the case of mothers.
- The **EFR certificate**<sup>56</sup> from Spain provides an audit of internal policies which have an impact on work-life balance promoted by our member Más Familia Foundation, and supported by the Spanish Ministry of Health and Social Policy. It has already helped a large number of organisations to implement a new work culture with work-life balance at its core.

### III Social Protection and inclusion

Across our surveys, mothers report that motherhood is not properly recognised or supported by society. This leads to significant economic, educational and social penalties.

Beyond this lack of recognition, mothers also face structural barriers in accessing the supports designed to assist them. This is explained by the notion of **non-take-up**, which essentially covers the **difficulty of certain groups to effectively exercise their rights**. According to Professor Olivier de Schutter (UN Special Rapporteur on extreme poverty and human rights), the societal support of mothers depends heavily on the ability and accessibility of programs and services around them<sup>57</sup>. However, it is crucial to recognise that non-take-up is not merely a logistical issue, but one that is deeply emotional and psychological for many mothers<sup>58</sup>. Feelings of shame and failure often accompany the need to seek assistance — many women report feeling as though they are begging, or that they have failed in their role as providers and caregivers.

<sup>55</sup> Make Mothers Matter, “Be Family® – committing companies to act in support of families in the workplace” March 1, 2024, <https://makemothersmatter.org/be-family-committing-companies-to-act-in-support-of-families-in-the-workplace/>.

<sup>56</sup> Fundación Másfamilia, accessed September 2, 2025, <https://soyefr.org/>.

<sup>57</sup> Office of the United Nations High Commissioner for Refugees, “A/HRC/50/38: Non-take-up of rights in the context of social protection - Report of the Special Rapporteur on extreme poverty and human rights,” April 19, 2022, <https://www.ohchr.org/en/documents/thematic-reports/ahrc5038-non-take-rights-context-social-protection-report-special>.

<sup>58</sup> Make Mothers Matter, “Non-take up of social protection benefits: what it means for mothers,” July 1, 2022, <https://makemothersmatter.org/non-take-up-of-social-protection-benefits-what-it-means-for-mothers/>.



This can lead to a fear and reluctance to access services, even when urgently needed. For some, the complexity of application procedure, requiring significant time, digital literacy, and sustained attention, further exacerbates the problem. MMM recommends the introduction of more programs like the one-stop-shop<sup>59</sup> to simplify support for families and facilitate a more inclusive system of support that affirms rather than undermines mothers' sense of dignity and agency.

## 5. Childcare and support to children

Since 2019, poverty in the EU has only decreased by 1.6 million people, while child poverty has actually risen. Today, more than 94.6 million people are at risk of poverty – including **one in four children**<sup>60</sup>. Recognising that poverty is also a form of violence, and financial violence experienced by women is both a cause and a consequence of social exclusion, is key to breaking intergenerational cycles of deprivation.

The Council Recommendation of June 2021, establishing the **European Child Guarantee**<sup>61</sup>, together with its **National Action Plans** for implementation, is a pivotal and timely framework to ensure that children in vulnerable situations across the EU can access their basic rights and essential services. After years of advocacy and collaboration, as members of the EU Alliance for Investing in Children<sup>62</sup>, we welcomed its adoption as a landmark step in the fight against child poverty and social exclusion.

By guaranteeing access to services such as **education, healthcare, nutrition, housing, and social protection**, the Child Guarantee serves as a tool for prevention and early intervention. It protects children and their families from the harmful effects of poverty and lays the foundation for equal opportunities. Importantly, it also helps prevent family separation, as poverty remains one of the main reasons children are placed in alternative care. Ensuring families have adequate income, services, and support is vital to breaking the cycle of disadvantage.

The strength of the Child Guarantee lies in its ability to reach the most vulnerable children, foster cooperation between governments and civil society, and connect with broader anti-poverty measures. It demonstrates that social policy remains a cornerstone of the EU and that this Commission continues to prioritise it. Yet, for the initiative to succeed, it must be sufficiently funded and fully implemented. Without adequate resources, the Child Guarantee risks remaining only a promise. Extending the requirement that at least 5% of ESF+ funds be dedicated to tackling child and family poverty to all Member States would be an important step toward achieving real change.

<sup>59</sup> Department for Education, Department of Health and Social Care and The Rt Hon Gillian Keegan, "Family hubs now open in 75 areas," January 10, 2024, <https://www.gov.uk/government/news/family-hubs-now-open-in-75-areas>.

<sup>60</sup> EU Alliance for investing in children, "Protect children, protect Europe – Fund the fight against child poverty," June 23, 2025, <https://alliance4investinginchildren.eu/protect-children-protect-europe-fund-the-fight-against-child-poverty/>.

<sup>61</sup> European Commission, "European Child Guarantee," accessed August 28, 2025, [https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/addressing-poverty-and-supporting-social-inclusion/investing-children/european-child-guarantee\\_en](https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/addressing-poverty-and-supporting-social-inclusion/investing-children/european-child-guarantee_en).

<sup>62</sup> EU Alliance for investing in children, accessed September 2, 2025, <https://alliance4investinginchildren.eu/>.





This approach would strengthen the Child Guarantee, ensuring that every child has access to nutrition, early childhood education and care, healthcare, housing, and social protection. It also requires comprehensive and inclusive healthcare across all stages of life, including **maternal health services**, which are vital for **mothers' well-being** and for giving children an equal start in life. Beyond childhood, it must extend to policies supporting decent jobs and fair working conditions, youth employment and training, adequate pensions, and universal access to healthcare and long-term care.

At the same time, tackling child poverty cannot stand alone. We therefore welcome the new EU initiative on **Anti-poverty**, which must combine **adequate investment** with a **life-cycle approach** that addresses poverty risks from early childhood to later life. These elements are crucial to breaking the cycle of poverty, promoting social cohesion, and enabling all individuals to participate fully in society. Poverty affects people differently at each stage of life, and a life-cycle perspective recognises that risks emerge early and must be addressed proactively rather than reactively.

The **European Care Strategy**<sup>63</sup> was a welcome step forward for carers and those receiving care, but significant gaps remain. The new Barcelona Targets for child care are a necessary move which would support and empower mothers and families and specifically help children from disadvantaged backgrounds, children with disabilities, children from homeless families, migrant and refugee children, Roma children, and children from minority groups access ECEC services. At the same time this initiative should aim to focus more on understanding Early Childhood Education and Care (ECEC) beyond the creche setting and further support smaller and private options (e.g. micro-creches, home care, childminders, joint custody, etc.), which often are not supported or covered by government grants, but which are necessary to meet the needs of different families. The lack of funding leaves parents who need these options without support.

The other initiative of the Care Strategy, the Council Recommendation on Long-Term Care, should set EU-level targets and a robust indicator framework with a truly holistic life-cycle approach to be successful. This approach should prioritise the availability, affordability, and accessibility of person-centred, community- and home-based care in line with international and EU human rights standards, while supporting the transition from institutional to community-based care.

## 5.1 Nurturing Care

Scientific evidence demonstrates that the foundations of human development are laid during the earliest years of life. From pregnancy to age three or more, children require nurturing care to reach their full potential: “all infants and children should receive responsive care during the first 3 years of life; parents and other caregivers should be supported to provide responsive care”<sup>64</sup>. However, this understanding is not sufficiently embedded in policy or practice, and parents—the most critical actors in this stage—are too often overlooked.

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<sup>63</sup> European Commission Press Corner, “A European Care Strategy for caregivers and care receivers,” September 7, 2022, [https://ec.europa.eu/commission/presscorner/detail/en/ip\\_22\\_5169](https://ec.europa.eu/commission/presscorner/detail/en/ip_22_5169).

<sup>64</sup> World Health Organization, *Improving early childhood development* (World Health Organization, 2020), <https://www.who.int/publications/i/item/97892400020986>.



The urgency of addressing this gap is clear. Children remain the poorest group in our societies. Policies that claim to “put children first” have frequently failed because they separate children’s interests from those of their families. Children’s rights cannot be realised in isolation; they are intrinsically linked to strong and supported families.

For this reason, family support must be recognised as both a political priority and a strategic investment.<sup>65</sup> Parents, particularly mothers, are the primary caregivers during the earliest years. They need adequate time, resources, and skills to provide responsive care and foster their children’s development. Ensuring that they can do so is not only a matter of child survival, but of enabling all children to grow in environments where they can thrive.

Evidence from Nobel Prize-winning economist James Heckman reinforces this perspective<sup>66</sup>. His research shows that **early interventions**, such as home visits by medical professionals to first-time mothers, significantly improve children’s cognitive and socio-emotional development. These visits also **reduce maternal anxiety and depression** while strengthening mothers’ responsiveness to their babies. Importantly, Heckman’s findings demonstrate that such interventions yield extraordinary returns: for every dollar invested, society gains seven dollars in the form of better education outcomes, improved health, stable employment, reduced crime, and increased tax contributions. **Early interventions**, particularly those **beginning before birth**, are among the most effective strategies to **break cycles of disadvantage** and build stronger societies.

The Nurturing Care framework<sup>67</sup> provides a clear direction for action, built on five components: good health, adequate nutrition, responsive caregiving, opportunities for early learning, and security and safety. **Integrating these principles into Early Childhood Education and Care (ECEC) systems** is essential. ECEC policies must not only provide childcare services, but also actively **support parents in their caregiving role**, especially in the critical period from pregnancy to age three.

By embedding nurturing care into ECEC, governments can reduce inequalities, strengthen social cohesion, and ensure sustainable development. High-quality ECEC that partners with parents is one of the most effective tools to guarantee every child the best start in life.

## 5.2 Single mothers

The European Child Guarantee explicitly recognises children in precarious family situations as being at heightened risk of poverty and social exclusion. These include children living in single-earner households, with parents who have disabilities or long-term illnesses, in families affected by mental health issues, substance abuse, or domestic violence, as well as children of teenage mothers or with an imprisoned parent.

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<sup>65</sup> World Health Organization, *Designing, implementing, evaluating, and scaling up parenting interventions: a handbook for decision-makers and implementers* (World Health Organization, 2024). <https://www.who.int/publications/i/item/9789240095595>.

<sup>66</sup> James J. Heckman, “Invest in early childhood development: Reduce deficits, strengthen the economy,” *The Heckman equation*, December 7, 2012, <https://heckmanequation.org/resource/invest-in-early-childhood-development-reduce-deficits-strengthen-the-economy/>.

<sup>67</sup> World Health Organization, *Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential* (World Health Organization, 2018), <https://www.who.int/publications/i/item/9789241514064>.

Within this context, **children of single mothers face multiple overlapping vulnerabilities**: they are more likely to live in poverty due to lower household income, higher care responsibilities, and reduced access to stable employment and social protection. EIGE's 2024 Index found that women are also **disproportionately represented** among **lone-parent families**, with 5.5% of women between 25-54 being lone-parents compared to 1.1% of males in the same age range, and more lone-parent women experience difficulties making ends meet than men, as well<sup>68</sup>.

The vulnerability to poverty in women results in an increased risk of **homelessness** and/or more difficulties in having access to **adequate housing when faced with discrimination** due to their sole income.<sup>69</sup> MMM thus welcomes the new EU commission's affordable **housing initiative**, a pan-European investment platform mobilizing €10 billion to expand affordable, sustainable housing through financing, innovation, and energy-efficient renovations.<sup>70</sup>

Studies show that countries that combine **universal policies and policy measures targeting single parents** show lower poverty rates among single parents.<sup>71</sup> Supporting single mothers with adequate income support, childcare, healthcare, and housing is critical not only for their well-being but also for breaking the intergenerational cycle of poverty and ensuring their children enjoy equal opportunities. We also call for adequate, accessible, and enabling **Minimum Income schemes** that have an essential role to play as an ultimate safety net. Additionally, **gender stereotypes** such as during hiring practices, create many of these challenges and need to be addressed.

Some good examples of targeted help for single mothers include:

- The **French municipality of Ris-Orangis**<sup>72</sup> launched a **comprehensive initiative** in 2024, offering 21 concrete actions aimed at improving the daily lives of single mothers, such as improved access to healthcare, support in search for housing and expanded childcare services. This forward-thinking approach could serve as a model for other governments and the European Union to consider the development of a specific status for single-parent families
- **Housing programmes** such as the "**Housing First**" and, more recently, the "**Housing First 2**"<sup>73</sup> plans have helped make progress, but there is still much to do, especially for single women who often fall through the cracks of these programmes
- Some of our member associations do valuable work in supporting and advocating for single-parent families so that they can become economically and emotionally independent, such as Fundación Isadora Duncan<sup>74</sup>, Fundación AMASOL<sup>75</sup> and Singlesupermom<sup>76</sup>

<sup>68</sup> EIGE, *Gender Equality Index 2019 Work-Life Balance*, (Publications Office of the European Union, 2020), [https://eige.europa.eu/sites/default/files/documents/mhaf19101enn\\_002.pdf](https://eige.europa.eu/sites/default/files/documents/mhaf19101enn_002.pdf).

<sup>69</sup> Marie-Laure Mathot, "Le calvaire des parents solos en recherche de logement," *rtbf*, June 8, 2023, <https://www.rtb.be/article/le-calvaire-des-parents-solos-en-recherche-de-logement-11209823>.

<sup>70</sup> European Union Press Corner, "European Commission and EIB group lay foundations for a new pan-European investment platform for affordable and sustainable housing," March 6, 2025, [https://ec.europa.eu/commission/presscorner/detail/en/ip\\_25\\_671](https://ec.europa.eu/commission/presscorner/detail/en/ip_25_671).

<sup>71</sup> Rense Nieuwenhuis, Directorate-General for Employment, Social Affairs, and Inclusion, "Single parents in Europe need resources, employment and supportive social policies." Peer Review on *Single mothers facing poverty: Providing adequate financial, material and social support for sustainable social integration*, October, 2017, [https://www.researchgate.net/publication/322303143\\_Belgium](https://www.researchgate.net/publication/322303143_Belgium).

<sup>72</sup> Association des maires ville et banlieue de France, "Ris-Orangis : un soutien pionnier pour les familles monoparentales," June 14, 2024, <https://www.ville-et-banlieue.org/ris-orangis-statut-famille-monoparentale-36291.html>.

<sup>73</sup> Cities, territories, governance, "« Logement d'abord » the five-year plan for Housing First and the fight against homelessness," July 2023, [https://www.citego.org/bdf\\_fiche-document-3300\\_en.html](https://www.citego.org/bdf_fiche-document-3300_en.html).

<sup>74</sup> Fundación de Familias Monoparentales Isadora Duncan, accessed September 2, 2025, <https://isadoraduncan.es/>.

<sup>75</sup> Fundación Amasol, accessed September 2, 2025, [www.amasol.es](http://www.amasol.es).

<sup>76</sup> SingleSuperMom, accessed on August 28, 2025, <https://singlesupermom.nl/>.

### 5.3 Childcare services

To reduce the gender gaps in employment, income, and pension, it is essential to **redistribute care** between men and women and between families and society. As such, it is crucial to provide accessible, affordable, quality childcare services until mandatory school age. However, current discussions on Early Childhood Education and Care (ECEC) do not consider the **importance of care provided by parents**.

The well-being of children depends in large part on the support to their parents, which goes beyond income support. **Children's rights are best met in the family environment** - the interests of the children can't be defined separately from the interests of their parents, extended family, and the immediate communities.

MMM recommends paying more attention to the choices of parents regarding **outsourced or an in-family care solution**. In our 2024 EU survey<sup>77</sup>, the first reason for 28% of mothers who changed their working status came down to wanting to have more time with their child/children. Mothers also expressed a preference to work part-time while dedicating time to caregiving, particularly until their youngest child reaches at least the age of 12. Additionally, over 67% of mothers we surveyed reported feeling overloaded, and 41% shared how they felt that the critical role they play was not adequately recognised by society.

Some of MMM's grassroots members have shared the lived experiences of mothers in these situations: Le Petit Vélo Jaune<sup>78</sup>, Acción Familiar<sup>79</sup>, Association Chant d'Oiseau<sup>80</sup>, La Maison de Tom Pouce<sup>81</sup> and Migrant Women Malta<sup>82</sup> have provided multiple examples of how women without access to education are likely to go into a precarious job with high hours and low pay. The whole system collapses if someone falls sick or the mother suffers from burnout. These situations give rise to more expenses for the state than a social system that provides mothers with a financially feasible choice about when to return to work. These mothers - usually single, migrant, or economically vulnerable - often have added barriers related to language or social support. Evidence shows how this is the beginning of a cycle of discrimination and poverty, for mothers and their children. To support all mothers and children regardless of their background or income, MMM calls for an integrated approach on childcare services that acknowledges how the rights of mothers, children and families are intertwined.

Achieving the Barcelona targets is fundamental to allow women to better conciliate work and family life and to reduce the gender gaps in employment, income, and pension. It is in the best interests of children to grow up in a world with greater gender equality.<sup>83</sup> Beyond that, a system that empowers mothers and

<sup>77</sup> Make Mothers Matter, "MMM State of Motherhood in Europe 2024," accessed on August 29, 2025, <https://makemothersmatter.org/mmm-state-of-motherhood-in-europe-2024/>.

<sup>78</sup> Le Petit Vélo Jaune, accessed September 2, 2025, <https://www.petitvelojaune.be/>.

<sup>79</sup> Acción Familiar, accessed September 2, 2025, <https://accionfamiliar.org>.

<sup>80</sup> Association Chant d'Oiseau, accessed September 2, 2025, <https://www.ama.be>.

<sup>81</sup> La Maison de Tom Pouce. Accessed September 2, 2025, <https://lamaisondetompouce.com/>.

<sup>82</sup> Migrant Women Malta, accessed September 2, 2025, <https://migrantwomenmalta.org/>.

<sup>83</sup> Council of the European Union, Council Recommendation of 8 December 2022 on early childhood education and care: the Barcelona targets for 2030 2022/C 484/01, [https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ:JOC\\_2022\\_484\\_R\\_0001](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=OJ:JOC_2022_484_R_0001).

families to choose the right childcare option for their unique needs, enables children and families to benefit from their rights as set forth in the UN Charter on the Rights of the Child (UNCRC).<sup>84</sup>

Parents who would like to care for under-school-age children should be able to do so without fear of repercussions on their income, pension, and ability to return to work. Importantly, it is also essential that **fathers have the ability** – culturally, financially and time-wise – to take an **active role** in the upbringing of their children. Therefore, MMM advocates for **“family-centred” solutions** that allow parents to be able to **choose options based on their needs**.

For this choice to be free there need to be:

**1. Accessible, affordable, and quality childcare services until mandatory school age**

Although the Barcelona Targets<sup>85</sup> were on average reached at EU level, some Member States are significantly lagging behind, and differences persist in particular for children from lower income households<sup>86</sup> and according to Eurostat<sup>87</sup>, the main obstacle to the use of childcare is the cost it represents for families. This discourages parents, in particular mothers, from working. Some Member States have taken steps to reduce this cost. For example, **Malta** provides free childcare for children whose parents work or are in education. **Ireland** offers parents free childcare services on a part-time basis. This so-called "Early Childhood Care and Education Scheme" provides parents with 15 hours of free centralised private childcare services per week.

**2. Investment in local, often voluntary, initiatives and care projects for children's education**

For example the initiative of **German ‘Leihomas’**<sup>88</sup> ("borrow" a grandmother/grand parent), which are typically older people who volunteer to serve as grandparents for a family with young children. The older person offers this service primarily out of a desire to support the family. They enjoy caring for children and may rarely see their own grandchildren due to physical distance. Furthermore, they want to pursue a meaningful task and pass on their knowledge to others. This service gives to all parties a feeling of belonging and prevents isolation not only of the older generation but also of the family itself. Another model are **Gardiennes and Child minders**,<sup>89</sup> persons who care for the children of others in their own home. Organisations and families report that these more family-centred initiatives work well, serving as a means of social cohesion and empowerment for families.

<sup>84</sup> UN General Assembly, *Convention on the Rights of the Child*, Treaty Series, vol. 1577, p. 3, November 20, 1989, <https://www.unicef.org/child-rights-convention/convention-text>.

<sup>85</sup> European Commission: Directorate-General for Justice, *Barcelona objectives – The development of childcare facilities for young children in Europe with a view to sustainable and inclusive growth* (Publications Office of the European Union: 2013), <https://data.europa.eu/doi/10.2838/43161>.

<sup>86</sup> European Commission, Proposal for a Council Recommendation on the Revision of the Barcelona Targets on early childhood education and care, September 7, 2022, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52022DC0442>.

<sup>87</sup> Barbara Janta, *Caring for children in Europe - How childcare, parental leave and flexible working arrangements interact in Europe*, European Union: 2014. [https://www.rand.org/pubs/research\\_reports/RR554.html](https://www.rand.org/pubs/research_reports/RR554.html).

<sup>88</sup> Der Kinderschutzbund Ortsverband Bochum, "Unser GrosselternDienst," accessed on August 28, 2025, <https://kinderschutzbund-bochum.de/angebote/grosselternDienst/>.

<sup>89</sup> COFACE, "Policy position : Early Childhood Care and Education," 2014, <http://www.coface-eu.org/wp-content/uploads/2017/02/2014-COFACE-position-ECCE-EN.pdf>.



An example of a government initiative that considers the **choices of parents** regarding outsourced or an in-family care solution is the **Finnish model of ECEC**. In this model, “all children under school-age are entitled to early childhood education and care should their parents so decide.”<sup>90</sup> After the parental leave period parents have several options to choose from:

- Municipal ECEC services
- Private ECEC services or childcare with the private childcare allowance
- Staying at home on care leave and child home care allowance until the youngest child turns three

**Caring for children until they turn three** therefore becomes economically possible for parents who choose this option. For those who choose not to, ECEC services are made **accessible and affordable**. This model falls within what MMM has been supporting: a real choice for parents, giving them an economically feasible option between an outsourced or an in-family care solution.

MMM also calls for **career breaks entitlement** such as the Belgian “**time-credit system**”<sup>91</sup> which allows employees – under certain conditions – to take a career break – in whole or in part – for a certain period of time, during which parents receive an allowance. Belgium grants these career breaks until the age of 8 of the child. However, MMM would like to see this extended until the age of 18. Adolescence is a challenging period, and parents should have the option to take a career break whenever it is appropriate for their family. Numerous experts have documented the dramatic impact of this stage on youth mental health. These adolescents will soon enter the labour market, and an “**inclusive recovery**” must not leave them behind. Parents should therefore be provided with the time and resources to support their older children as well.<sup>92</sup>

## 6. Old income and pensions

The European population is aging. In 2019, more than a fifth of the EU population was aged 65 and over. The share of older persons in the total population will increase significantly in the coming decades<sup>93</sup>, and with that will the need for care. At the same time, there is evidence of **feminisation of poverty among the elderly** (age 65 and above) because of lower pension levels, which result from the gender pay gap as well as part-time schedules and career interruptions to take up care work at home. The EU gender gap in

<sup>90</sup> European Commission, “Eurydice Finland. 4. Early childhood education and care,” accessed September 2, 2025, <https://eurydice.eacea.ec.europa.eu/eurydice/finland/early-childhood-education-and-care>.

<sup>91</sup> Office national de l’emploi, “Le crédit temps avec motif,” August 12, 2025,

<https://www.onem.be/citoyens/interruption-de-carriere-credit-temps-et-conges-thematiques/credit-temps-secteur-prive/le-credit-temps-avec-motif>.

<sup>92</sup> European Commission, “Analysing the mental well-being of adolescents and young adults during COVID-19,” Achived April 17, 2023, <https://cordis.europa.eu/article/id/421549-analysing-the-mental-well-being-of-adolescents-and-young-adults-during-covid-19>; Young Minds, *Coronavirus: Impact on young people with mental health needs* (Young Minds: 2021), <https://www.youngminds.org.uk/media/esifqn3z/youngminds-coronavirus-report-jan-2021.pdf>; Stefanos Mastrotheodoros, *The effects of COVID-19 on young people’s mental health and psychological well-being* (Youth Partnership - Council of Europe and European Union, 2021), <https://pjp-eu.coe.int/documents/42128013/72351197/Effects-COVID-Youth-Mental-Health-Psychological-Well-Being.pdf/b2bc0c32-9fd5-0816-bce5-da9289cfca8c>.

<sup>93</sup> Eurostat, “Population structure and ageing,” February, 2026, <https://ec.europa.eu/eurostat/statistics-explained/index.php?oldid=665207>.



pensions is currently at 26%, highlighting a significant difference in the security women are provided after leaving the labour force compared to men in their same circumstances.<sup>94</sup>

The gender pay gap of married women and mothers is much greater than that of single women without children, meaning that inequalities suffered by mothers, especially single mothers, while they were part of the workforce are exacerbated when they retire. Pension rights today are still based on a **redistributive system** supported by a career concept of **full-time** and **uninterrupted professional occupation**. Women who cannot fulfil these criteria are thus discriminated against in their older age.

Both in our 2021 French national survey *Let's Give Mothers A Voice*<sup>95</sup> and in our 2024 *State of Motherhood in Europe* survey<sup>96</sup> respondents say they want better maternity, paternity, parental leave, accessible and affordable childcare, and overall better support from employers to help them ease back into work after childbirth. Women want to go back to work, they simply do not feel supported enough mentally and financially to be able to.

The gender pension gap is sustained by inequalities of access to **parental leave and childcare** (see sections on *“Work-life balance”* and *“Childcare and support to children”*). Another way to promote women going back to work is to have **motherhood's soft skills recognised** (see section on *“Education, training and lifelong learning”*). The crisis brought about by the pandemic has created new tensions in the work-life balance because of the reduction of public services, particularly the closing of educational and care institutions.<sup>97</sup>

While women are primary providers of long-term care, they are also the least likely to be able to afford long-term care due to economic gender inequalities. Unpaid care work provides an indispensable support to the world economy, yet it is not recognised. What is needed is a redefinition of **“work” as a holistic concept combining both paid and unpaid work**.

As such, MMM calls on Member States to introduce **“care credits”** to the benefit of both women and men and to fairly take these credits into account in pension entitlements. These “care credits” will offset breaks from employment to provide informal care to family members, and periods of formal care leave, such as maternity, paternity, and parental leave. With the ageing of the population and the expected rise in care needs for the elderly, pension care credits should also be given to any person who has to stop or reduce work in order to take care of a relative that is sick, elderly, or has a disability. Such compensation can be an incentive for caregivers and beneficial for the person being taken care of and the State: home care is much cheaper than institutional care, and in most cases, it is the preferred option of the person being cared for.

<sup>94</sup> EIGE, *Gender Equality Index 2024 – Sustaining momentum on a fragile path*, ( Publications Office of the European Union, 2024), <https://eige.europa.eu/publications-resources/publications/gender-equality-index-2024-sustaining-momentum-fragile-path>.

<sup>95</sup> Make Mothers Matter, “) Présentation des résultats de notre enquête «donnons la parole aux mères»,” September 19, 2021, <https://makemothersmatter.org/fr/presentation-des-resultats-de-notre-enquete-donnons-la-parole-aux-meres/>.

<sup>96</sup> Make Mothers Matter, “MMM State of Motherhood in Europe 2024,” accessed on August 29, 2025, <https://makemothersmatter.org/mmm-state-of-motherhood-in-europe-2024/>.

<sup>97</sup> Office of the United Nations High Commissioner for Refugees, “A/HRC/50/38: Non-take-up of rights in the context of social protection - Report of the Special Rapporteur on extreme poverty and human rights,” April 19, 2022, <https://www.ohchr.org/en/documents/thematic-reports/ahrc5038-non-take-rights-context-social-protection-report-special>.

**Minimum pension schemes** play a crucial role in ensuring income security in old age, especially for those with low or interrupted employment histories, a group where women are overrepresented.<sup>98</sup> The way these schemes are designed has important gender implications. In most EU Member States, **contributory minimum pensions** are the norm, but long contribution requirements often disadvantage women because they are more likely to have taken career breaks. Providing periods of care work or part-time employment in qualifying periods is therefore essential to improve women's access to these schemes (see discussion below). **Residence-based minimum pensions**, as found in the Nordic countries, are generally more favourable to women since they do not depend on individual employment history. Concerns about such schemes discouraging labour market participation are not supported by evidence, as these countries also report some of the highest female employment rates in Europe.<sup>99</sup> The adequacy of minimum pensions also depends on their level, as in most EU countries, benefits remain below the national poverty threshold.<sup>100</sup>

Almost all Member States provide **pension credits for childcare breaks**, though these may be limited to a certain age or conditional on being entitled to childcare benefits.

In **Lithuania**, the state pays contributions equal to 1.5 % of the country's average wage for people who have children up to the age of 3 and who receive maternity benefits or are insured by the state.

In **Greece**, it has been possible to take into account 'notional years of insurance' (credits for non-contributory periods) since 2016;<sup>101</sup> this is estimated to have had a positive effect for women and people in non-standard employment.

**Luxembourg** has introduced a measure to improve the pension situation of persons whose career is interrupted (e.g. due to childcare or care for older relatives) for a maximum of 5 years.<sup>102</sup>

In **Spain**, in 2021, a 'gender gap supplement' was introduced. Women, as well as fathers, are entitled to a supplementary percentage added to their contributory pensions from their first child onwards.<sup>103</sup>

In **Hungary**, since 2020, non-retired grandparents are eligible for childcare fees to take care of grandchildren.<sup>104</sup>

In **Germany**, having a child gives one parent a credit of one pension point annually for three years. Similarly in **Estonia**, care credits are given based on the nationwide average income again<sup>105</sup>. Both options result in a much higher pension entitlement for low earners throughout the credit period.

<sup>98</sup> Istituto per la Ricerca Sociale, *Elderly women living alone: an update of their living conditions* (Publications Office of the European Union, 2015), chap. 3, [https://www.europarl.europa.eu/RegData/etudes/STUD/2015/519219/IPOL\\_STU%282015%29519219\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2015/519219/IPOL_STU%282015%29519219_EN.pdf).

<sup>99</sup> Jürg K Siegenthaler, "Poverty among Single Elderly Women under Different Systems of Old-Age Security: A Comparative Review," *Social Security Bulletin* 59 (1996): 31-44, <https://www.ssa.gov/policy/docs/ssb/v59n3/v59n3p31.pdf>.

<sup>100</sup> Istituto per la Ricerca Sociale, *Elderly women living alone: an update of their living conditions* (Publications Office of the European Union, 2015), chap. 3, [https://www.europarl.europa.eu/RegData/etudes/STUD/2015/519219/IPOL\\_STU%282015%29519219\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2015/519219/IPOL_STU%282015%29519219_EN.pdf).

<sup>101</sup> European Commission Economic Policy Committee, *Greek Pension System Fiche* (National Actuarial Authority: 2021), [https://economy-finance.ec.europa.eu/document/download/1b6d32b6-74bc-4343-9d16-f4386f5141af\\_en?filename=el\\_-\\_ar\\_2021\\_final\\_pension\\_fiche.pdf](https://economy-finance.ec.europa.eu/document/download/1b6d32b6-74bc-4343-9d16-f4386f5141af_en?filename=el_-_ar_2021_final_pension_fiche.pdf).

<sup>102</sup> Caisse nationale d'assurance pension, "Pensions," accessed September 3, 2025, <https://cnap.public.lu/en/pensions.html>.

<sup>103</sup> Social Protection Committee (SPC) and the European Commission (DG EMPL), *The 2024 Pension Adequacy Report: current and future income adequacy in old age in the EU. Volume II* (Publications Office of the European Union, 2021), chap. 2, <https://data.europa.eu/doi/10.2767/550848>.

<sup>104</sup> Unkarin Suurlähetystö Helsinki, "Hungarian Family Policy," accessed September 3, 2025, <https://helsinki.mfa.gov.hu/fin/news/hungarian-family-policy>.

<sup>105</sup> OECD, *Pensions at a Glance 2023: OECD and G20 Indicators* (OECD Publishing, 2023), <https://doi.org/10.1787/678055dd-en>.





Once retired, many people nowadays become very active grandparents and play an important role in their grandchildren's upbringing. In the **UK**, grandparents or other family members who care for a child under 12 while the parents are at work, can claim child benefit and with that, a National Insurance credit going towards their pension.<sup>106</sup>

Another good practice is the increased pension period for **French mothers**. In France, having children gives the right to additional trimesters (three months) of pension insurance. As such, 4 trimesters per child born or adopted before 2010 are automatically granted to the mother in return for the impact on her working life of maternity or adoption. A further 4 trimesters are also automatically granted to the mother in consideration of the child's education during the 4 years following the birth or adoption.<sup>107</sup>

The **Finnish model** of pension for family leave is an example worth highlighting as it allows parents to receive pension credits for maternity, paternity or parental leaves or a child home care allowance. The last one is particularly interesting as it goes beyond maternity, paternity, or parental leave. This is because the Finnish model of Early Childhood Education and Care (ECEC) that we described in the chapter above gives access to allowances for carers who stay at home on care leave until their youngest child turns three (*see section on "childcare services"*). Thanks to this, parents who decide to opt for an in-family care solution and care for their child themselves, will receive pension funds for the periods of the child home care allowance until the youngest child turns three years.<sup>108</sup>

MMM also praises new innovative projects of **intergenerational cohousing**, in which housing costs can be shared among people living under the same roof, and in which the elderly can support younger generations with children, and vice-versa. In the light of increasing EU cross-border migration, community housing helps prevent loneliness and creates new social bonds within society. One of our members in Belgium, "Les trois pommiers"<sup>109</sup>, proposes such a housing model, originally designed to support mothers fleeing domestic violence. Many mothers report experiencing a stronger sense of security, understanding, and connection—for both themselves and their children—than they would by living only with other mothers in similar situations. The diversity of ages and life experiences in the community helps create a more balanced, healing, and supportive atmosphere.

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<sup>106</sup> HM Revenue & Customs, "Guidance - Apply for Specified Adult Childcare credits," Gov UK, August 20, 2024, <https://www.gov.uk/guidance/apply-for-specified-adult-childcare-credits>.

<sup>107</sup> Service Publique, "Comment les enfants sont-ils pris en compte pour la retraite du salarié?," April 1, 2025, <https://www.service-public.fr/particuliers/vosdroits/F16336>.

<sup>108</sup> Työeläke, "How much pension? Pension for Family leave," June 12, 2025, <https://www.tyoelake.fi/en/how-much-pension/pension-for-family-leaves/>.

<sup>109</sup> Les Trois Pommiers, accessed September 3, 2025, [www.lestroispommiers.be](http://www.lestroispommiers.be).

## 7. Healthcare

As highlighted by MMM at the 2021 expert meeting on women's health, organised by the European Institute for Gender Equality (EIGE) in connection with the 2020 Gender Equality Index Report, there are manifold connections between health and gender equality.<sup>110</sup> Despite many international and European legal instruments addressing the right to maternal health care, obstacles remain.

While the Maternal Mortality Ratio (MMR) has considerably improved in Europe in the past decades, disparities regarding safe access to maternal healthcare between the various Member States persist. As research demonstrates, there are still significant differences in the quality of, and access to, maternal healthcare across the states.

There is especially a stark contrast between Western and Eastern European states. Estimates indicate that Eastern European states have a much higher MMR (Hungary: 12 for 100,000 live births; Latvia: 19/100,000; Romania: 12/100,000; compared to Germany: 4/100,000; France: 7/100,000; Italy: 6/100,000)<sup>111</sup>. The disparity between the Member States can be explained and attributed to various factors, including: (i) unequal access to adequate maternal care, (ii) discriminatory attitudes by healthcare professionals, and (iii) the unreliability of reported data<sup>112</sup>. Throughout the European region, perinatal mortality rates vary by social and ethnic group, with migrants tending to be the most disadvantaged group: the MMR for immigrant women is much higher in countries such as the Netherlands, Germany, Finland and Denmark<sup>113</sup>.

Under the European Pillar of Social Rights, Principle 16 provides for everyone to have the right to timely access to affordable, preventive, and curative healthcare of good quality. Member States should therefore guarantee **available, accessible, and high-quality maternal care for all women** and strive to achieve a **European Universal Health Coverage**. As stated in the 2022 joint thematic paper with the European Public Health Alliance (EPHA) on Ensuring universal access to maternal healthcare in the European Union, there should be universal access to maternal, newborn, and child healthcare, as well as parent-friendly care provisions.<sup>114</sup>

The right to health entails availability, accessibility, acceptability and qualitative healthcare (AAAQ framework).<sup>115</sup> Acceptability means that all health facilities, goods and services must be respectful of medical ethics and culturally appropriate, as well as sensitive to gender. Quality healthcare should seek to improve the health of all patients without financial harm to them.

<sup>110</sup> Make Mothers Matter, "Maternal Health Care in the EU," December 8, 2021, <https://makemothersmatter.org/maternal-health-care-in-the-eu/>.

<sup>111</sup> Macrotrends, "European Union Maternal Mortality Rate 2023," accessed September 3, 2025, <https://www.macrotrends.net/global-metrics/countries/euu/european-union/maternal-mortality-rate>.

<sup>112</sup> Elina Miteniece, Milena Pavlova, Rechel, Bernd Rechel and Wim Groot, "Barriers to accessing adequate maternal care in Central and Eastern European countries: A systematic literature review," *Social Science & Medicine* 177, (2017): 1-8, doi:10.1016/j.socscimed.2017.01.049.

<sup>113</sup> World Health Organization on behalf of the European Observatory on Health Systems and Policies, *Migration and health in the European Union* (Open University Press, 2011), <https://eurohealthobservatory.who.int/publications/m/migration-and-health-in-the-european-union>.

<sup>114</sup> European Public Health Alliance and Make Mothers Matter, "Ensure Universal Access to Maternal healthcare in the European Union," December 18, 2022, <https://makemothersmatter.org/ensure-universal-access-to-maternal-healthcare-in-the-european-union/>.

<sup>115</sup> IFHRO, "AAAG framework," accessed September 3, 2025, <https://www.ifhro.org/topics/aaaq-framework/>.



The WHO defines Universal Health Coverage as including equal access to quality healthcare that improves the health of patients and where seeking such care does not cause financial harm to those receiving it.<sup>116</sup> European Universal Health Coverage would be paid for by society as a whole, with the goal to minimise the overall expense of acquiring healthcare. It also aims at spreading the costs and risk to ensure that those living in poverty can still access and get the medical care they require which they might not otherwise be able to afford.

However, the barriers to access healthcare, as will be discussed below, undermine Universal Health Coverage across the EU. This is due to major differences in laws and policies between Member States which place vulnerable groups such as undocumented migrant women, Roma women and other minority groups at risk of not receiving adequate medical care when needed, as well as the various types of national health systems (insurance based or universal coverage) within the Member States.

Lastly, gender inequalities in earnings and income are closely related to care duties for children – or other family members – which fall disproportionately on mothers. This has severe negative effects on women's income which in turn negatively impacts their health.

## 7.1 Barriers to access healthcare

Various studies and investigations on Universal Health Coverage in Europe have identified institutional and organisational barriers in accessing maternal healthcare in Europe. Rural populations, the elderly, the less mobile and the vulnerable, including pregnant women, migrants and refugees, face difficulties in accessing healthcare in at least half of all Member States. Vulnerable women across Europe avoid seeking care before, during and after pregnancy, due to high out-of-pocket payments, a fear of being reported to authorities, absence of clear policies and information regarding their entitlement to healthcare, and various administrative and legal barriers.

The most common barriers identified in different Member States are discussed below.

### 1. *Affordability of maternal care*

A 2018 study of national healthcare policies showed that cost was one of the drivers of inequality in access to healthcare in EU countries<sup>117</sup>. Even though many EU countries provide free medical care, there are often **co-payments** which many women — especially women from vulnerable groups — cannot afford.

Most Member States require undocumented migrant women to cover the costs of antenatal care during pregnancy and other costs of care after pregnancy. As a result of these financial obligations, most of these women do not seek any antenatal care<sup>118</sup>. The making of "**informal payments**" to healthcare professionals has also been identified in Central, Eastern and South European countries. This practice, also called "**gratitude money**" imposes an additional burden on disadvantaged populations and increases

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<sup>116</sup> World Health Organization, "Universal Health Coverage," accessed September 3, 2025, [https://www.who.int/health-topics/universal-health-coverage#tab=tab\\_1](https://www.who.int/health-topics/universal-health-coverage#tab=tab_1).

<sup>117</sup> Rita Baeten, Slavina Spasova, Stephanie Coster and Bart Vanhercke, *Inequalities in access to healthcare - A study of national policies* (Publications Office of the European Union, 2018), 33, doi:10.2767/371408.

<sup>118</sup> Center for Reproductive Rights, *Perilous Pregnancies: Barriers in access to affordable Maternal Health Care for Undocumented Migrant Women in the European Union* (Center for Reproductive Rights, 2018), <https://reproductiverights.org/wp-content/uploads/2020/12/Perilous-Pregnancies-Health-Care-For-Undocumented-Migrant-Women-EU.pdf>.

the inequality in access to good specialists and necessary procedures<sup>119</sup>. The prevalence of these payments can be traced back to underpaid medical staff and gaps in maternal funding, worsening access to antenatal care to vulnerable women.

## 2. *Language and access to or lack of information*

In a study by PLOS<sup>120</sup>, many migrant women recognised their inability to communicate with healthcare personnel because of **language barriers** in their new country. They reported a poor understanding of the healthcare system; one where healthcare professionals were unable to explain procedures to them due to a lack of adequate interpreters. Some reported that they consented to medical interventions without properly understanding them. Due to these language barriers, most women stopped attending follow-up appointments, as they felt it was a waste of time if they couldn't properly communicate with the healthcare personnel.

Another issue was the **lack of availability of information** in various languages<sup>121</sup>. This left most migrant women feeling uninformed about the procedures they were to follow.

## 3. *Undocumented migrants and fear of deportation*

Fear of deportation is one of the biggest barriers for migrant women to access healthcare. Many reports and literature<sup>122</sup> show that migrants without papers only seek healthcare until urgently necessary, from fear of being reported, even when there is no risk. Even with the appropriate paperwork, some people still restrain from accessing health from uncertainty and **fear of social stigma**. The most important thing is that EU Member States should disconnect healthcare from immigration control policies, and secondly, there needs to be **clear guidelines and communication**, both to undocumented migrants and health professionals about the right to healthcare according to the international law on human rights as well as the law of confidentiality<sup>123</sup>.

## 4. *Geographical distance to medical facilities*

The geographical concentration of healthcare facilities and the availability of affordable public transport is also a common complaint. **Public transport** in many EU countries is expensive, making it difficult for many women to reach healthcare facilities. A study in Central and Eastern Europe found that most Central and Eastern European countries struggle with ensuring the **geographical accessibility** of adequate services. The main reasons relate to there being a lack of maternal wards in rural areas, and little to no public transport between these areas.<sup>124</sup>

<sup>119</sup> Konstantina Davaki, *Access to maternal health and midwifery for vulnerable groups in the EU. Policy Department for Citizens' Rights and Constitutional Affairs* (European Union, 2019), 33, doi:10.2861/169508.

<sup>120</sup> Frankie Fair et al. "Migrant women's experiences of pregnancy, childbirth and maternity care in European countries: A systematic review." *PLOS ONE* 15, no. 2 (2020), doi: 10.1371/journal.pone.0228378.

<sup>121</sup> Konstantina Davaki, *Access to maternal health and midwifery for vulnerable groups in the EU. Policy Department for Citizens' Rights and Constitutional Affairs* (European Union, 2019), 33, doi:10.2861/169508.

<sup>122</sup> FRA European Union Agency for Fundamental Rights, *Migrants in an irregular situation: access to healthcare in 10 European Union Member States* (Publications Office of the European Union, 2011), 45.; Make Mothers Matter, "Maternal Health Care in the EU," December 8, 2021, <https://makemothersmatter.org/maternal-health-care-in-the-eu/>.

<sup>123</sup> Hatem Mona et al. "Barriers to accessing health care among undocumented migrants in Sweden - a principal component analysis." *BMC Health Services Research* 21, no. 1 (2021), 830, <https://doi.org/10.1186/s12913-021-06837-y>.

<sup>124</sup> Elina Miteniece, Milena Pavlova, Bernd Rechel and Wim Groot, "Barriers to accessing adequate maternal care in Central and Eastern European countries: A systematic literature review," *Social Science & Medicine* 177, (2017): 1-8, doi:10.1016/j.socscimed.2017.01.049.

### 5. Biases amongst healthcare professionals

Disparities in accessing healthcare services are also influenced by cultural and religious diversity. Reports from Belgium, Denmark, France, Germany, Italy, the Netherlands, Sweden and the United Kingdom have shown that **Islamophobia** often influences the way Muslim patients are depicted and treated<sup>125</sup>. Some women also report that healthcare professionals tend to project their own assumptions and biases regarding certain religions onto them. Roma women experience constant **discrimination** when seeking maternal care in the Balkan countries. They are often denied services and forced to give birth on their own<sup>126</sup>. They are also regularly verbally abused and disrespected by medical professionals.

## 7.2 Disrespectful practices

While maternal health and basic human rights are supposed to be protected in Member States, disrespectful practices in healthcare facilities are reported on a daily basis. They include discriminatory practices, physical abuse, neglect and abandonment. These practices violate women's rights to respectful care, as well as their rights to life, bodily integrity, and freedom from discrimination. Because of this increasing problem, policymakers must set policies and laws addressing disrespectful practices.

In 2014, the WHO issued a statement regarding the elimination of disrespectful behaviour and ill-treatment of women in healthcare facilities and institutions.<sup>127</sup> In 2023, a new statement was released, emphasising the problem is still prevalent. Although the type and scale of the abuse vary per country, the WHO reports that the most vulnerable groups are minors, unmarried women and migrants, and women from minority groups. The statistics issued by the WHO are harrowing – 42% of women interviewed reported being physically or verbally abused in health facilities. Physical abuse included being punched, slapped, shouted at, and being forcibly held down<sup>128</sup>.

Sadly, these are not the only examples of physical abuse. In many health facilities, there are reports of **obstetric mistreatment**. Mistreatment in healthcare and mistreatment of pregnant women encompasses all aspects of abuse and mistreatment. It encompasses being ignored by healthcare providers; having requests for help refused or not responded to; being verbally abused, such as being shouted at or scolded by healthcare providers; a lack of information; having the patient's privacy violated; and being threatened with withholding of treatment or being forced to accept treatment, including **performing procedures that are unnecessary, unindicated, or without informed patient consent**<sup>129</sup>.

<sup>125</sup> Đermana Šeta, *Forgotten women: The impact of islamophobia on Muslim women* (ENAR European Network Against Racism, 2016), [https://www.enar-eu.org/wp-content/uploads/forgottenwomenpublication\\_lr\\_final\\_with\\_latest\\_corrections.pdf](https://www.enar-eu.org/wp-content/uploads/forgottenwomenpublication_lr_final_with_latest_corrections.pdf).

<sup>126</sup> Manuela Colombini, Bernd Rechel and Susannah H Mayhew. Access of Roma to sexual and reproductive health services: qualitative findings from Albania, Bulgaria, and Macedonia. *Global Public Health* 7 no. 5 (2012), 522-534, doi:10.1080/17441692.2011.641990.

<sup>127</sup> World Health Organization, *The prevention and elimination of disrespect and abuse during facility-based childbirth* (World Health Organization, 2015), [https://iris.who.int/bitstream/handle/10665/134588/WHO\\_RHR\\_14.23\\_eng.pdf](https://iris.who.int/bitstream/handle/10665/134588/WHO_RHR_14.23_eng.pdf).

<sup>128</sup> Sou-Jie Van Brunnersum, "Women face widespread abuse during childbirth," *DW*, November 25, 2019, <https://www.dw.com/en/women-around-the-world-face-widespread-abuse-during-childbirth/a-51393868>.

<sup>129</sup> Frank A. Chervenak et al, "Obstetric Violence is a Misnomer," *American Journal of Obstetrics and Gynecology* 230, no. 3 (2024): 1138-1145. doi: 10.1016/j.jag.2023.10.003.

It also covers practices such as episiotomy procedures, a surgical cut made at the opening of the vagina during childbirth, usually to assist a difficult delivery, without consent; the use of force, such as abdominal compression; excessive and/or inappropriate vaginal touching during birth or when anaesthetised. The numbers of these offences are sobering: Almost 75% of episiotomies were performed without the woman's consent and, sometimes, without painkillers<sup>130</sup>. A majority of women reported that vaginal examinations had been performed without consent; 57% of women interviewed were not offered any pain relief.

In order to combat the physical abuse of pregnant women, over the years, various countries have taken numerous steps aimed at **prohibiting discriminatory behaviour**: **Luxembourg** has called for the integration of obstetric and gynaecological practices into health education on their national agenda. **Poland** introduced legislation outlining women's rights when receiving perinatal care provided by gynaecological and obstetric hospitals.<sup>131</sup> Although the Regulation of the Polish Minister of Health of 16 August 2018 on the Standard of Perinatal Care emphasises the protection of human rights, these legal documents do not define instruments for monitoring the degree of compliance with these principles.<sup>132</sup>

**Unnecessary child-family separations** due to maternal mental health issues remain a serious problem, particularly affecting mothers who have experienced violence, grown up in foster care, or lack social support.<sup>133</sup> These separations are often based on assumptions of maternal inadequacy, overlooking systemic barriers and reinforcing harmful stereotypes. Evidence-based, interdisciplinary approaches are urgently needed to prevent such separations, preserve the mother-father-child bond, and provide families with comprehensive social, healthcare, educational, economic, and legal support to keep families together.

Another disrespectful practice reported in various health facilities is **delay**. Due to long waiting times, most women feel like they are a nuisance or bothersome to healthcare professionals<sup>134</sup>. Furthermore, the treatment of women by healthcare professionals before and during delivery can make women going through labour feel **ignored and abandoned**<sup>135</sup>, for example due to poor rapport with healthcare professionals. Women in labour complained especially about professional staff's negative attitude and discouraging and unwelcoming interaction with staff<sup>136</sup>. Aside from unpleasant communication, many women experienced insufficient interaction with health professionals, including **inadequate clarification** or explanations regarding out of the ordinary procedures. Long waiting time in clinics is also associated with dissatisfaction and may lead to non- or poor use of antenatal care.<sup>137</sup>

<sup>130</sup> Ibid.

<sup>131</sup> Barbara Baranowska et al., "Is there respectful maternity care in Poland? Women's views about care during labor and birth," *BMC Pregnancy Childbirth* 19, no. 1 (2019): :520, doi:10.1186/s12884-019-2675-y.

<sup>132</sup> Ministra Zdrowia, *Rozporządzenie Ministra Zdrowia w sprawie standardu organizacyjnego opieki okołoporodowej*, July 11, 2023, <https://sip.lex.pl/akty-prawne/dzu-dziennik-ustaw/standard-organizacji-opieki-okoloporodowej-18753726>.

<sup>133</sup> Conecta Perinatal, accessed September 7, 2025, <https://conectaperinatal.com/>; World Association for Infant Mental Health, accessed September 7, 2025, <https://waimh.org/>.

<sup>134</sup> Julie Jomeen and Maggie Redshaw, "Ethnic minority women's experience of maternity services in England," *Ethnicity & Health* 18, no. 3 (2013): 280–296, doi:10.1080/13557858.2012.730608.

<sup>135</sup> Meghan A. Bohren et al., "The Mistreatment of Women during Childbirth in Health Facilities Globally: A Mixed-Methods Systematic Review," *PLOS Medicine* 12, no. 6 (2015): e1001847, doi:10.1371/journal.pmed.1001847.

<sup>136</sup> Ibid.

<sup>137</sup> European Public Health Alliance and Make Mothers Matter, "Ensure Universal Access to Maternal healthcare in the European Union," December 18, 2022, <https://makemothersmatter.org/ensure-universal-access-to-maternal-healthcare-in-the-european-union/>.



### 7.3 Mental health

Mental health remains a fundamental part of a human being's ability to live fully and flourish. The WHO defines mental health as *"a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community"*<sup>138</sup>. In the aftermath of the COVID-19 pandemic, the need to prioritise mental health has become undeniable. Yet the specific mental health challenges faced by women and mothers across the EU remain largely overlooked.

Motherhood represents a period of enormous change in women's lives, both physiologically as well as psycho-socially. It is estimated that globally, nearly **1 in 5 women will develop mental health problems** during pregnancy or within the first year postpartum (known as the peripartum period).<sup>139</sup> These estimates were reported pre-pandemic and it is likely that they are much higher in our current context. In our 2024 State of Motherhood in Europe survey, 67% of mothers reported feeling overloaded by responsibilities and 59% stated that they experienced mental health issues including depression, anxiety, burnout and peripartum depression.<sup>140</sup> A large cross-sectional study in Spain, assessing the impact of the COVID-19 pandemic on perinatal mental disorders, reported an alarming increase in these numbers. The overall prevalence of depression was reported to have increased from 22% to 31% whilst the prevalence of anxiety in the peripartum period was reported to have increased from 32% to 42%.<sup>141</sup>

Several factors have been identified as increasing women's risk of maternal mental health disorders in a post-pandemic society. These factors include isolation, lack of social support, financial insecurity, unemployment, and poverty as well as complications arising from work life balance<sup>142</sup> and increases in intimate partner violence<sup>143</sup>. In December 2024, the Council of the European Union recognised that mental health problems of women and girls can stem from these inequalities, emphasising the commitment to change the unequal share of domestic and family care responsibilities between women and men as well as their unequal access to employment.<sup>144</sup> This overload of emotional and cognitive work, which may also be conceptualised as **maternal burnout** can trigger feelings of poor self-esteem, dissatisfaction, chronic stress, depression and other mental health issues amongst mothers.<sup>145</sup> The Council also set a focus on addressing the intersecting factors that exacerbate vulnerabilities, particularly for women and girls who may face multiple forms of discrimination. One of these groups are single

<sup>138</sup> World Health Organization, "Mental Health: Strengthening Our Response," June 17, 2022, <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.

<sup>139</sup> Emma Motrico et al., "Good Practices in Perinatal Mental Health during the COVID-19 Pandemic: A Report from Task-Force RISEUP-PPD COVID-19," *Clínica Y Salud* 31, no. 3 (2020): 155–60, <https://doi.org/10.5093/clysa2020a26>.

<sup>140</sup> Make Mothers Matter, "MMM State of Motherhood in Europe 2024," accessed on August 29, 2025, <https://makemothersmatter.org/mmm-state-of-motherhood-in-europe-2024/>.

<sup>141</sup> Emma Motrico et al., "The Impact of the COVID-19 Pandemic on Perinatal Depression and Anxiety: A Large Cross-Sectional Study in Spain," *Psicothema* 34, no. 2 (2022): 200–208, <https://doi.org/10.7334/psicothema2021.380>.

<sup>142</sup> Make Mothers Matter, "MMM State of Motherhood in Europe 2024," accessed on August 29, 2025, <https://makemothersmatter.org/mmm-state-of-motherhood-in-europe-2024/>.

<sup>143</sup> Emma Motrico et al., "Good Practices in Perinatal Mental Health during the COVID-19 Pandemic: A Report from Task-Force RISEUP-PPD COVID-19," *Clínica Y Salud* 31, no. 3 (2020): 155–60, <https://doi.org/10.5093/clysa2020a26>.

<sup>144</sup> Council of the European Union, Council Conclusions on strengthening women's and girls' mental health by promoting gender equality, 15976/24, December 3, 2024, <https://data.consilium.europa.eu/doc/document/ST-16366-2024-INIT/en/pdf>.

<sup>145</sup> Emma Levrau, "Mothers' Mental Load: The Unpaid (and Unrecognized) Cognitive and Emotional Labour," Make Mothers Matter, May 15, 2022. <https://makemothersmatter.org/mothers-mental-load-the-unpaid-and-unrecognized-cognitive-and-emotional-labour/>.



parents: Many single mothers, who make up almost 80% of single parents in the EU, face psychological stress from a precarious financial situation, social exclusion or the accumulation of social roles.

As demonstrated by recent Eurofound data, among workers, women are more exposed to violence and harassment, including psychological and sexual harassment, and report low well-being and financial hardship more often than men.<sup>146</sup> This is related to the fact that women are overrepresented in low-wage jobs with challenging psychosocial working conditions and can lead to severe mental health consequences.

Despite these numbers, the provision and integration of quality mental health services into a **comprehensive package of maternal health services** remains **inadequate and under-realised** across the EU. The detrimental effect that follows on from this is not only experienced by individual mothers themselves, but by their family units and offspring. Unaddressed maternal mental health issues lead to a myriad of problems with regards to mother-child bonding, attachment and early childhood development.

### 7.3.1 Significance in Early Childhood Development

The **first 1000 days of a child's life are crucial for their development** as they provide the foundations which may determine the child's lifelong health. This begins during fetal development and depends for a large part on the health of the mother. Adversity during pregnancy and the first years of life has been shown to be a predictor for adversity across generations.<sup>147</sup> These initial 1000 days encompass the period from conception until the child is two years of age. It is a critical time for the neurocognitive development of the child as well as their **physical, emotional and social development**. As detailed in Make Mothers Matter contribution to the December 2022 Quarterly Bulletin of the NGO Committee on the Family:

*"The neglect, stress or even violence that can result from a mother's mental health problems can produce physiological disruptions or biological memories that undermine a child's development and their potential for productive participation in society later in life."*<sup>148</sup>

Furthermore, Professor Alain Gregoire's (University of Southampton, UK) research shows that childhood emotional adversity predicts:<sup>149</sup>

- poor mental and physical health even across generations
- the severity and course of illnesses
- suicide attempts
- neuropsychological structural and functional changes, similar to those seen in trauma exposure associated with PTSD and other disorders

<sup>146</sup> Council of the European Union, Council Conclusions on strengthening women's and girls' mental health by promoting gender equality, 15976/24, December 3, 2024, <https://data.consilium.europa.eu/doc/document/ST-16366-2024-INIT/en/pdf>.

<sup>147</sup> European Public Health Alliance and Make Mothers Matter, "Ensure Universal Access to Maternal healthcare in the European Union," December 18, 2022, <https://makemothersmatter.org/ensure-universal-access-to-maternal-healthcare-in-the-european-union/>.

<sup>148</sup> NGO Families international, "Quarterly Bulletin of the NGO Committee on the Family," Dec. 2022, No. 124: 21-23, <http://www.viennafamilycommittee.org/new/fi124.pdf>.

<sup>149</sup> Make Mothers Matter, "A Green Deal must include a care deal - Maternal mental health under the spotlight at EU parliament," November 23, 2023, <https://makemothersmatter.org/a-green-deal-must-include-a-care-deal-maternal-mental-health-under-the-spotlight-at-eu-parliament/>.



This may contribute to a **cycle of family dysfunction, adversity and mental illness** as childhood emotional adversity (of the mother as a child) further predicts:

- perinatal depression, anxiety, suicide attempts
- teenage and unplanned pregnancy and domestic violence
- dysfunctional mother-infant interactions, insecure and disorganised attachment
- poor infant socio-emotional development

### 7.3.2 Current challenges of maternal mental health issues

The cost of untreated maternal mental illness also affects society as a whole. The **financial cost of unaddressed mental health issues** in the EU region has been estimated as more than 4% of GDP across EU countries (or over EUR 600 billion) with around 1.3% on direct healthcare spending; 1.2% on social security programmes and 1.6% on indirect costs due to lower productivity and unemployment.<sup>150</sup>

With regards to the specific cost of *maternal mental illness* a 2014 study done by the London School of Economics (LSE) demonstrated that for each one-year cohort of births the estimated cost was up to £8.1 billion, with 72% of the cost relating to the child and 28% to the mother.<sup>151</sup>

Studies have drawn attention to the **lack of integrated mental services** as part of the broader offering of holistic maternal health services. The **division between psychiatric and obstetric** medical care represents one form of this issue, with a **lack of adequate training** of all maternal health providers to recognise and treat common mental health conditions being cited as a

barrier to the implementation of adequate mental health services across Europe<sup>152</sup>. Similar issues highlighted include a lack of **universal screening tools** available for the diagnoses of perinatal mental health disorders as well as an absence of **national guidelines** across European countries on the management of mental health disorders throughout the perinatal period, leading to additional difficulties in the diagnosis and management of these illnesses for non-specialised healthcare personnel.

In a European systematic review of 30 European countries, less than half (11 countries) had national clinical practice guidelines (CPGs) available on the management of peripartum depression. Of these 11, only 5 of these CPGs have been rated as of adequate quality according to a standardised assessment instrument.<sup>153</sup> As the study demonstrates there is a pressing need to prioritise the development and congruence of **clinical recommendations for the management of peripartum mental disorders** such as peripartum depression in Europe. Riseup-PPD COST Action has identified this gap and published clinical guidelines for peripartum depression in 2023 that can be utilised across Europe.<sup>154</sup>

<sup>150</sup> OECD, "Factsheet on Promoting Mental Health," November 22, 2018, <https://www.oecd.org/health/health>.

<sup>151</sup> Anette Bauer et al., *The costs of perinatal mental health problems*, Centre for Mental Health and London School of Economics: 2014, <https://eprints.lse.ac.uk/59885/>.

<sup>152</sup> Ana Fonseca et al., "Emerging Issues and Questions on Peripartum Depression Prevention, Diagnosis and Treatment: A Consensus Report from the Cost Action Riseup-PPD," *Journal of Affective Disorders* 274 (2020): 167–73, <https://doi.org/10.1016/j.jad.2020.05.112>.

<sup>153</sup> Emma Motrico et al., "Clinical practice guidelines with recommendations for peripartum depression: A European systematic review," *Acta Psychiatrica Scandinavica* 146, no. 4 (2022): 325–39, <https://doi.org/10.1111/acps.13478>.

<sup>154</sup> Riseup-PPD, accessed September 7, 2025, <https://riseupppd18138.com/clinical-practice-guidelines.html/>.

Finally, poor utilisation of maternal health services<sup>155</sup> and a **lack of access and availability of psychotherapeutic treatments** has been highlighted as additional issues in maternal mental healthcare. This is despite the importance of non-pharmacological interventions such as psychotherapy. A systematic review conducted by Swedish Agency for Health Technology Assessment and Assessment of Social Services concluded that psychotherapeutic treatments such as Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT) and supportive counselling provide decreases in depression symptoms and should be considered for all women suffering from post-partum depression<sup>156</sup>.

### 7.3.3 Case Studies

Below we will examine case studies of the provision of maternal mental services in two of Europe's most progressive countries in terms of provision of maternal healthcare services: France and Norway. Both countries, despite offering comprehensive maternal care packages, continue to struggle with the challenge of providing integrated mental healthcare to its maternal population.

#### *France*<sup>157</sup>

France has an established history with providing comprehensive mother and infant services including the provision of psychiatric services. Currently all psychiatric treatment provided by state mental health services is funded by the national health insurance and available to all citizens. However, even as there is no limit to the number of psychiatric consultations that can be reimbursed/refunded by the national health insurance, there are **limits to reimbursements/refunds to psychotherapy**, an integral part of the non-medical management of mental health disorders.

With regards to maternal mental health specifically, the issue was recognised as an integral part of maternal care in 2005, with the introduction of **early ante-natal screening for mental health issues** and counselling on adaptive measures throughout pregnancy. However, the provision of definitive mental health services in hospitals and other settings remains somewhat **disorganised and ad-hoc**, with services varying in structure dependent on facility.

For example, some women and their babies may be extensively looked after in outpatient settings which include 'medico-psychosocial' teams from the time of their pregnancy up until 3 years post birth, whilst other women in different settings or locations do not have access to such comprehensive services.

With regards to adapting maternal mental services during the COVID-19 pandemic, an example from France may shed light on possible interventions in future **public health emergencies**. As caring for maternal mental health was recognised as an essential part of post-partum care that could not be neglected throughout the pandemic, three maternity units affiliated with a university in Paris set up a **tele-psychotherapy programme** with their patients post-partum. The programme sought to reduce

<sup>155</sup> Rena Bina, "Predictors of Postpartum Depression Service Use: A Theory-Informed, Integrative Systematic Review," *Women and Birth*, February 2019, <https://doi.org/10.1016/j.wombi.2019.01.006>.

<sup>156</sup> SBU, "Psychological Treatment for Postpartum Depression a Systematic Review Including Health Economic and Ethical Aspects Summary and Conclusions," 2022, [https://www.sbu.se/contentassets/66afae1c7fa94fbbb780270e0c67a36c/eng\\_smf\\_358.pdf](https://www.sbu.se/contentassets/66afae1c7fa94fbbb780270e0c67a36c/eng_smf_358.pdf).

<sup>157</sup> Anne-Laure Sutter-Dallay, Nine M.-C. Glangeaud-Freudenthal, and Florence Gressier, "Perinatal Mental Health around the World: Priorities for Research and Service Development in France," *BJPsych International* 17, no. 3 (2020): 53–55, <https://doi.org/10.1192/bji.2020.18>.

postpartum women's psychological vulnerability throughout the lockdown by providing telephonic interviews 10-12 days postpartum, with a follow up 6-8 weeks later.<sup>158</sup>

#### Norway<sup>159</sup>

Norway's policies on maternal services and parental support are for the most part exceptionally **comprehensive**. Maternal care is **universal**, with all costs related to delivery and hospital stays covered by the state. A policy is in place for mothers to receive a **home visit** by a midwife or nurse within the first week post-partum to check-in on the well-being of both mother and child. Other progressive policies include the **52-week paid parental leave** policy available before and after delivery.

Despite these supportive policies the incidence of **maternal mental health disorders** such as post-partum depression does not differ from other European countries, with suicide being reported as the most common indirect cause of maternal deaths in Norway.<sup>160</sup>

Several problems with maternal mental health services in Norway have been highlighted which include but are not limited to: **Lack of mental health training** for the GPs or midwives providing maternal services as well as poorly defined referral pathways for GPs in cases of perinatal mental health problems who may require acute evaluation, hospital admission or outpatient care. No separate **referral pathways** exist specifically for perinatal women, meaning pregnant women are not prioritised as outpatients leading to long-waiting times (up to 14 weeks after referral) for non-emergency mental conditions.<sup>161</sup>

As demonstrated by these two case studies, even among the most robust of healthcare systems there are still areas within maternal mental healthcare provision that require urgent attention and strengthening. An overarching framework specifically aimed at improving maternal mental health that addresses these areas and can be successfully implemented across Europe is desperately needed.

#### Recommendations

The **WHO European Framework for Action on Mental Health 2021–2025** identifies several key areas of mental health policy for the future, namely:<sup>162</sup>

1. Moving towards universal health coverage: mental health service transformation
2. Protecting people better against health emergencies: integration of mental health into the preparedness for, response to and recovery from crises and emergencies
3. Ensuring healthy lives and well-being for all at all ages: promotion and protection of mental health over the life course
- 4.

Whilst this is an important starting point, Make Mothers Matter would add to each of these points to make specific provision for maternal mental health within these points. This is illustrated below:

<sup>158</sup> Emma Motrico et al., "Good Practices in Perinatal Mental Health during the COVID-19 Pandemic: A Report from Task-Force RISEUP-PPD COVID-19," *Clínica Y Salud* 31, no. 3 (2020): 155–60, <https://doi.org/10.5093/clysa2020a26>.

<sup>159</sup> Magnhild Singstad Høivik et al., "Perinatal Mental Health around the World: Priorities for Research and Service Development in Norway," *BJPsych International* 18, no. 4 (2021): 102–105, doi:10.1192/bji.2021.2.

<sup>160</sup> Siri Vangen et al., "Maternal Deaths in Norway 2005–2009," *Tidsskrift for Den Norske Lægeforening* 134, no. 8 (2014), doi:10.4045/tidsskr.13.0203.

<sup>161</sup> Magnhild Singstad Høivik et al., "Perinatal Mental Health around the World: Priorities for Research and Service Development in Norway," *BJPsych International* 18, no. 4 (2021): 102–105, doi:10.1192/bji.2021.2.

<sup>162</sup> WHO Regional Office for Europe, "WHO European Framework for Action on Mental Health 2021–2025," March 20, 2022, <https://www.who.int/europe/publications/i/item/9789289057813>.

1. **Mental health service transformation:** integrated maternal services which are inclusive of mental health services
  - **Basic training** of maternal health providers in mental health promotion, **screening and early detection**, as well as the basic treatment of uncomplicated mental illness and knowledge of the relevant referral pathways for more complicated mental illness.
  - The development of **universal screening tools and clinical guidelines** to diagnose and manage common maternal mental health disorders
  - **Decentralised and community-based mental health services** as part of holistic maternal services, both during pregnancy but most importantly in the post-partum period, with adequate follow up
  - **Improving mental health literacy** (with specific focus on the peripartum period), ensuring the sharing of culturally appropriate, linguistically diverse and user friendly information
2. Protecting people better against health emergencies: **mental health services as essential health services**
  - Recognition that **mental health services require protection** and promotion throughout other health emergencies (such as the COVID 19 pandemic)
  - Protection from financial risk by **ensuring universal healthcare** to all as defined by the WHO, guaranteeing pre- and post-natal care for all women and children as well as Education and Care services for children under the age of three
  - The **establishment of e-mental health services and tele psychotherapy** in countries across the EU, allowing for uninterrupted services during public emergencies/crises
3. Ensuring **healthy lives and well-being for all at all ages:** recognising a child's well-being is irrevocably linked to the health of their mothers
  - Maintaining mental health **support throughout the first 1000 days of life**, including the health and wellbeing of the mother as imperative to this initiative.
  - Enhance availability of and **access to parental skills and adjustment support** programmes
  - Maintaining **access to services for children and young people** with mental health problems and their families
  - Supporting NGOs that provide **community-based online services** for young people and for parents with children facing mental health issues

Some **European initiatives** that tackle the topic of maternal mental health should be highlighted:

- The **Irish Maternity Support Network**<sup>163</sup> provides information and support to mothers during or after pregnancy.
- **1001 dager** (1001 days)<sup>164</sup> is a Norwegian maternal mental health organisation for mothers during and after pregnancy

<sup>163</sup> Irish Maternity Support Network, accessed September 7, 2025, [www.maternitysupport.ie](http://www.maternitysupport.ie).

<sup>164</sup> Landsforeningen 1001 dager, accessed September 7, 2025, [www.landsforeningen1001dager.no](http://www.landsforeningen1001dager.no).

- **Accion Familiar**,<sup>165</sup> a Spanish organisation, is empowering the most vulnerable groups of mothers, such as migrants, by providing psychological and emotional support to all family members
- **Fundevras**<sup>166</sup> promotes the overall well-being of mothers beyond maternal health during pregnancy and the postpartum period to better support early childhood development
- The Romanian NGO **Mame pentru Mame**<sup>167</sup> advocates better support for perinatal health and the respect of the rights and dignity of mothers and children around childbirth
- Make Mothers Matter launched a video series on “Breaking the silence on maternal mental health”, highlighting the latest research around maternal health to inform and support mothers<sup>168</sup>

## 8. Inclusion of people with disabilities

The European Economic and Social Committee has produced data highlighting that of the people living with a disability within the European Union, nearly 40 million are women and girls, accounting for 16% of the EU’s total population.<sup>169</sup> While there is significant lack of research regarding disability in general, there is a concerning gap in the literature that examines the **specific experiences and requirements of mothers with disabilities**. This lack of focus results in widespread **misunderstanding of the unique challenges these women face**, this includes as carers, access to healthcare, mental health and day-to-day discrimination and bias.

At MMM, we recognise the **intersectionality of disability**, creating compounded barriers for women, particularly when faced with motherhood. The EU-funded project ASSIST, of which MMM is a partner, calls for greater care and resources for mothers with disabilities in the European Union and is conducting research on the main obstacles they face.<sup>170</sup>

These women not only face the everyday demands of raising children, but also the added complexities of navigating their own needs in a world that is often physically, socially and structurally inaccessible. Instead of a social system that accommodates these needs, these women often face **judgement and discouragement in becoming mothers**.<sup>171</sup> In addition to this, the time-consuming nature of care work often results in little time for mothers to prioritise their own healthcare needs.

<sup>165</sup> Acción Familiar, accessed September 2, 2025, <https://accionfamiliar.org>.

<sup>166</sup> Fundevras, accessed September 7, 2025, [www.fundevras.com](http://www.fundevras.com).

<sup>167</sup> Mame Pentru Mame, accessed September 7, 2025, [www.mamepentrumame.ro](http://www.mamepentrumame.ro).

<sup>168</sup> Make Mothers Matter, “Breaking the silence on maternal mental health,” November, 13, 2023, <https://makemothersmatter.org/breaking-the-silence-on-maternal-mental-health/>.

<sup>169</sup> European Economic and Social Committee, “Europe must do more to protect women with disabilities,” July 13, 2018, <https://www.eesc.europa.eu/en/news-media/news/europe-must-do-more-protect-women-disabilities>.

<sup>170</sup> Make Mothers Matter, “Supporting mothers with disabilities: A call for enhanced care and resources,” March 6, 2025, <https://makemothersmatter.org/supporting-mothers-with-disabilities-a-call-for-enhanced-care-and-resources/>; ASSIST Healthcare inclusion of mothers with disability, accessed September 8, 2025, <https://assistproject.eu>.

<sup>171</sup> Carolina Carotta, “Mother Matters - motherhood for women with disabilities,” EPALÉ, October 8, 2024, <https://epale.ec.europa.eu/en/blog/mother-matters-motherhood-women-disabilities>.



However, when healthcare is sought, barriers to access and discrimination are often encountered. They include **inadequately equipped healthcare facilities**, insufficient support for women on their pregnancy journey including before, during and after, as well as social attitudes undermining their parenting abilities. By failing to recognise the specific needs of all mothers, mothers with disabilities face barriers in access to essential resources and support in their roles as caregivers. This is driven and compounded by **systemic discrimination** towards mothers with disabilities within and outside of healthcare. This stigma that mothers face not only affects their access to appropriate healthcare services but also results in a **lack of understanding from healthcare providers**. As a result, mothers with disabilities are often forced to navigate a healthcare system that is ill-equipped to meet their needs, further isolating them and exacerbating the challenges they face.

### *1. Maternal mental health*

The societal stigma and caregiving challenges that mothers with disabilities face can often result in significant mental health challenges. Many mothers with disabilities report **heightened stress, anxiety and depression due to the lack of support** during pregnancy, childbirth and motherhood. These mental health issues are often overlooked as healthcare providers may lack awareness of the intersectional challenges faced by these mothers, such as the compounded stress of balancing caregiving with their own healthcare needs.

#### Recommendations

- More accessible mental health services for mothers with disabilities with provisions of tailored psychological support for mothers
- Promotion of an integration of disability awareness into medical curricula and healthcare training
- Creation of a more inclusive healthcare environment that addresses not just the physical but also the emotional needs of mothers with disabilities

### *2. Unpaid care work*

**Unpaid care work** is disproportionately carried out by women, including those with disabilities, and is often invisible and undervalued. This unpaid care and domestic work can be **physically demanding and mentally taxing**, especially for women with disabilities. There is additional hardship of balancing caregiving responsibilities with their own healthcare needs, leading to increased stress and lack of time for self-care. The societal stigma attached to caregiving roles, coupled with significant discrimination related to disability further exacerbates these challenges.

#### Recommendations

- Focus on providing legal protections for caregivers
- Improvement on access to caregiving resources with a recognition of the varying needs of mothers with disabilities

- Recognition of the role of advocacy caregivers in promoting the recognition of mothers with disabilities
- Development of an inclusive infrastructure that supports both caregivers and those they care for
- Raising awareness of the value of unpaid care work and its impact on women with disabilities

### 3. Access to healthcare services

Mothers with disabilities often face numerous **barriers to accessing quality healthcare, including physical, informational and attitudinal obstacles**. Inaccessible healthcare facilities and the absence of adaptive equipment further isolates mothers with disabilities from the healthcare system. In addition, the lack of disability awareness among healthcare providers creates significant challenges for these women including biased treatment or inadequate care. This characterises healthcare facilities as places of neglect and lacking safety for these women.

#### Recommendations

- A striving effort towards eliminating attitudinal barriers and increasing disability awareness among healthcare professionals
- Ensuring that healthcare facilities are physically accessible and have the provisions necessary for adaptive equipment
- Training healthcare staff in disability-inclusive care
- Enhance the availability of assistive technologies that improve communication and mobility for mothers with disabilities
- Focus on creating safe spaces for women with disabilities in healthcare settings with a focus on respect, privacy and comfort

### 4. Discrimination and Bias

Discrimination remains a significant issue for mothers with disabilities and is the main driver of many of the inequities they face, particularly in the healthcare system. **Negative stereotypes and misconceptions** regarding their ability to care for their children often leads to discriminatory practices. The intersectional discrimination regarding gender and disability can have devastating effects on the well-being of both mothers and their children. In healthcare settings, biases can lead to a lack of respectful care, where women with disabilities are not treated as autonomous individuals capable of making informed decisions about their reproductive health.

#### Recommendations

- Addressing discrimination with an intersectional approach which accounts for multiple forms of biases and marginalisation
- Foster an inclusive care approach in training professionals
- Promote legal protections that safeguard the reproductive rights and parenting rights of women with disabilities
- Recognise the vitality of informed consent for women with disability in all healthcare decisions, including those regarding their reproductive rights



- Advocate for the inclusion of women with disabilities in society with a particular focus on underrepresented groups
- Ensure the voices of people with disabilities and their families are promoted in policy making and decisions regarding their rights with a particular focus on existing advocacy groups and community organisations
- Comply with international legal frameworks such as the UN Convention on the Rights of Persons with Disability<sup>172</sup> with reference to the reproductive rights for women with disability
- Ensuring inclusion of mothers with disabilities using the Union of Equality Strategies for the Rights of Persons with Disabilities 2021-2030<sup>173</sup>

#### Case Study - Sweden<sup>174</sup>

**Sweden's LSS law** (The Act on Support and Service for Persons with Certain Functional Impairments) functions under the Social Services Act (2001) and protects mothers with disabilities, ensuring tailored support for families. While there has been criticism on the accessibility of these services, the framework provides a **good example** of recognising and accounting for the unique challenges of mothers with disabilities.

The law applies to people with a wide range of physical, intellectual, or mental disabilities that impact their ability to manage daily activities. It guarantees personal assistance and adapts plans based on the person's specific needs such as additional care in the house, respite when needed to prioritise self-care and adaptive equipment that may be deemed necessary. The LSS law is founded on principles of self-determination and equality, allowing individuals to choose and customise the services they receive based on their needs and preferences. This largely includes support of mothers with disabilities in their care for their families, ensuring women facing these obstacles are heard and the necessary adaptations are made.

Sweden has demonstrated a recognition of the challenges that mothers with disabilities face day-to-day and this law indicates necessary steps forwards in mitigating these obstacles, with an aim to take the added pressure off daily tasks and caring responsibilities these women often face. This is a key example in adaptive change which we promote in our recommendations below.

<sup>172</sup> United Nations Human Rights Office of the High Commissioner, *UN Convention on the Rights of Persons with Disabilities: Respect for home and the family*, Article 23 1b, December 12, 2006, <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>.

<sup>173</sup> European Union, *Union of equality: Strategy for the rights of persons with disabilities 2021-2030*, [https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/persons-disabilities/union-equality-strategy-rights-persons-disabilities-2021-2030\\_en](https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/persons-disabilities/union-equality-strategy-rights-persons-disabilities-2021-2030_en).

<sup>174</sup> Habilitering and Hälsa, *LSS –the Law regulating Support and Service to Persons with Certain Functional Disabilities– in brief*, 2014, [https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/12/Sweden\\_Act-concerning-Support-and-Service-to-Persons-with-Certain-Functional-Disabilities-LSS.pdf](https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/12/Sweden_Act-concerning-Support-and-Service-to-Persons-with-Certain-Functional-Disabilities-LSS.pdf).



## 9. Housing and assistance for the homeless

The risk of poverty and social exclusion is particularly high among the most vulnerable groups in society, with 21.9% of women compared to 20% of men being at risk in 2024.<sup>175</sup> Groups most at risk include mothers, especially single mothers, refugee and migrant women as well as women with disabilities. **Single mothers** face a double burden, as they must shoulder both care work and income earning alone, while often being stigmatised and discriminated against in the labour and housing market.<sup>176</sup> Other intersectional risk factors such as unemployment, lack of care services for children and caring responsibilities for dependent family members, make mothers and women with caring responsibilities more vulnerable to poverty risks.<sup>177</sup> This also **increases the risk of homelessness** and/or leads to more difficulties in accessing housing.

Women often face expensive private rentals, difficulty accessing **affordable housing**, which is increasingly scarce in many cities, discrimination and higher risk of eviction. In 2025, 10% of EU households are spending over 40% of their income on housing.<sup>178</sup> This problematic is experienced by organisations which help give a roof to the most vulnerable, such as our member organisation Les 3 Pommiers,<sup>179</sup> which is reporting a worsening of the conditions to find affordable housing.

Women's homelessness is often less visible than men's. This perception is reinforced by the way homelessness is defined and measured: official data and surveys tend to focus on people living on the street or in male-dominated emergency services while many women deliberately avoid these environments. Instead, they are more likely to "sofa surf" or rely on other temporary arrangements with friends and family, creating a "hidden homelessness" that is often left unconsidered. However, these situations are not necessarily safer, as women face higher risks of **exploitation, abuse, and instability**. Importantly, **gender-based violence** is both a major cause and consequence of women's homelessness, making it a defining difference from men's experiences of housing insecurity.

Stigma, shame, and fear of judgement further discourage women from seeking support, and many also avoid shelters if they do not feel safe. This highlights the urgent need for **women-only services** designed and run by women, yet their availability remains uneven across Europe.

The **European Platform on Combatting Homelessness**,<sup>180</sup> one of the deliverables of the EPSR action plan, was launched through the June 2021 Lisbon Declaration and commits to ending homelessness in the EU by 2030. We believe that other measures need to complement this initiative:

Firstly, an adequate **guaranteed minimum income** is a social and human right for all people and helps to

<sup>175</sup> Eurostat, "Living Conditions in Europe," April, 2025,

[https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Living\\_conditions\\_in\\_Europe\\_-\\_poverty\\_and\\_social\\_exclusion](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Living_conditions_in_Europe_-_poverty_and_social_exclusion).

<sup>176</sup> Make Mothers Matter, "Solo mothers and homelessness: Exploring the links," February 22, 2025, <https://makemothersmatter.org/solo-mothers-and-homelessness-exploring-the-links/>.

<sup>177</sup> FEMM COMMITTEE, Opinion on reducing inequalities with a special focus on in-work poverty, 2019/2188(INI), August 25, 2020.

<sup>178</sup> Lina Sasse and Hannah Talita Berz, "Housing Crisis in the European Union", *Fact Sheets on the European Union*, April, 2025, <https://www.europarl.europa.eu/factsheets/en/sheet/353487/housing-crisis-in-the-european-union>.

<sup>179</sup> Les Trois Pommiers, accessed September 3, 2025, [www.lestroispommiers.be](http://www.lestroispommiers.be)

<sup>180</sup> European Commission, Platform on Combating homelessness, <https://ec.europa.eu/social/BlobServlet?docId=25258&langId=en>.



guarantee a minimum standard of living and a decent life for all, enabling people to fully participate in society. One of the best ways to prevent people from being dragged into poverty is to build individual and societal resilience – and strong **social protection systems** are the cornerstone of such resilience. We call for the ambitious implementation of the Council Recommendation on Minimum Income, adopted in January 2023, and for it to be used as a roadmap for Member States to strengthen the adequacy, coverage, and uptake of their schemes.

Secondly, the EU should provide for decent work and generous **work-life balance policies**, including the right to flexible working arrangements and policies that address the “motherhood penalty” (*see section on “Work-life balance” and “Childcare and support to children”*).

Countries that combine universal and policy measures targeting single parents show lower poverty rates among single parents.<sup>181</sup> MMM therefore calls for policy **measures tailored specifically to single parents** (*see section on “Single mothers”*). These include **child support** (and guaranteed advances), **ECEC** and financial supplements to child benefits that are targeted to single parents in poverty.<sup>182</sup>

Lastly, we endorse the initiative for a **European affordable housing plan**, calling on the Commission and the Member States to make housing one of the cornerstones of the Action Plan on the EPSR.<sup>183</sup>

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<sup>181</sup> Directorate-General for Employment, Social Affairs, and Inclusion, Peer Review on “Single mothers facing poverty: Providing adequate financial, material and social support for sustainable social integration,” October, 2017, <https://ec.europa.eu/social/BlobServlet?docId=18792&langId=en>.

<sup>182</sup> Rense Nieuwenhuis, Study requested by the FEMM committee, *The situation of single parents in the EU* (European Union, 2020), [https://www.europarl.europa.eu/RegData/etudes/STUD/2020/659870/IPOL\\_STU\(2020\)659870\\_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2020/659870/IPOL_STU(2020)659870_EN.pdf).

<sup>183</sup> European Commission, “European affordable housing plan - about this initiative”, accessed September 7, 2025, [https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/14670-European-affordable-housing-plan\\_en](https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/14670-European-affordable-housing-plan_en).

## Conclusion

This report has addressed lifelong learning, gender equality and work-life balance, childcare, single mothers, pensions, maternal health, mothers with disabilities as well as homelessness, and made detailed recommendations under each section. As we have seen, women and mothers are key care providers in society. MMM believes that is crucial to recognise their invaluable contribution to families, communities and the economy in the European Union.

Women face significant barriers to accessing lifelong learning due to care responsibilities, which in turn limit their employment opportunities and career progression. A recognition of informal and non-formal learning, particularly the soft skills developed through caregiving, would allow mothers to better integrate into the labour market. For employees, this translates into improved work-life balance and wellbeing; for employers, it brings advantages in talent acquisition and retention and increased productivity. Supporting validation of these skills alongside reskilling and targeted job search assistance contribute to a circular approach to careers, where skills and competences developed through family responsibilities are recognised as transferable and mutually reinforcing between work and family life.

Unpaid care work should be recognised, reduced and redistributed to close the gender care, employment, pay and pension gaps. It is essential that fathers have the ability – culturally, financially and time-wise – to take an active role in the upbringing of their children. Other actors such as grandparents also play an important role in the education of grandchildren and support to the parents.

A life-cycle approach that allows parents to step in and out of the labour market without penalty is essential. This requires easier access to training and requalification, strong work-life balance measures, and targeted action against pregnancy and maternity-related discrimination, including for self-employed women. Longer and better-paid maternity, paternity and parental leave would help ensure equitable caregiving, while flexible working arrangements should be expanded and guaranteed as a right rather than a request.

In addition to the recognition of mothers' unpaid work, MMM believes that accessible, affordable and high-quality childcare is central to reducing gender gaps and tackling child poverty, but families must also be supported when they wish to care for children themselves. A family-centred approach to childcare and support policies ensures that both children's rights and parents' choices are respected. Special attention is needed for vulnerable groups, including single mothers, who face multiple disadvantages and higher poverty risks.

The current pension systems, based on uninterrupted full-time work, continue to disadvantage mothers, especially single mothers, who often experience poverty in old age. What is needed is a redefinition of "work" to value both paid and unpaid contributions. In several EU Member States, systems of care credits towards pensions of parents and grandparents have been emerging. MMM will encourage such initiatives



in the hope that the Action Plan to implement the EPSR, will promote the inclusion of such innovative practices as part of an intergenerational approach.

Childbearing, educational and care responsibilities impact the mental and physical health of mothers, which make them in turn care recipients. Especially maternal mental health is an urgent but under-recognised issue, with nearly 1 in 5 women experiencing mental illness during or after pregnancy. Barriers to healthcare include high out-of-pocket costs, geographical inaccessibility, language barriers, fear of deportation, and discriminatory attitudes from healthcare providers. Disrespectful practices such as lack of consent, verbal and physical abuse, and unnecessary medical procedures further undermine women's rights and dignity. Therefore, MMM advocates for inclusive, accessible, affordable, and qualitative maternal health services, that include maternal mental health, to be reflected in the European policies when implementing the EPSR Action Plan. This requires universal screening, clear referral pathways, community-based and decentralised care and culturally appropriate communication.

Nearly 40 million women and girls in the EU live with a disability, yet the unique challenges of mothers with disabilities remain largely invisible in research and policy. These mothers face structural barriers to healthcare and stigma that questions their parenting abilities, while also juggling the demands of caregiving and their own health needs. Responding to these inequities requires disability-inclusive healthcare systems, stronger legal protections, and addressing discriminatory attitudes.

Women, especially single mothers, migrant and refugee women, and women with disabilities, face heightened risks of poverty, housing insecurity and hidden homelessness. Tackling women's homelessness requires the implementation of minimum income schemes, affordable housing policies, women-only services and targeted measures that address the specific vulnerabilities of single mothers and other at-risk groups.

MMM strongly hopes that under the new Action Plan to implement the European Pillar of Social Rights, the crucial role mothers play when it comes to care is recognised and that the EU and its Member States put forward a set of transformative policies that redress the economic and social inequalities they face when it comes to unpaid care work. Tackling these inequalities goes beyond care alone: it also requires addressing barriers to employment, pay and pension gaps, access to healthcare, housing insecurity and protection from discrimination. Progress towards a fairer, more inclusive, and sustainable Europe depends on recognising these interconnected challenges. In doing so, special attention must be given to mothers facing intersecting forms of disadvantage, including single mothers, migrants and refugee women and mothers with disabilities.

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