



Motherhood at work in the European Union – From Biological Protection to Structural Equality

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Introduction

Motherhood at work in the European Union is still largely framed as a temporary biological condition linked to pregnancy and childbirth. While this approach has been essential in protecting maternal and foetal health, it no longer reflects the lived realities of working mothers. Today, the main challenges associated with motherhood at work stem not from pregnancy itself, but from the long-term structural difficulty of combining paid employment with sustained caregiving responsibilities.

This paper argues that motherhood must be reframed as a structural issue of occupational health, labour market equality and social justice, requiring coordinated action across [Occupational Safety and Health legislation \(OSH\)](#), employment, social protection and care policies.

1. What Do We Mean by “Motherhood” at Work?

1.1. A Traditionally Narrow Legal Approach

EU labour law and occupational safety and health (OSH) policy have historically focused on pregnancy, childbirth and breastfeeding, treating motherhood primarily as a biological condition requiring temporary protection. This approach is embodied in [Directive 92/85/EEC](#) (the Pregnant Workers Directive), which addresses exposure to workplace risks during pregnancy and in the period following childbirth.

This framework has played a crucial role in reducing acute risks and ensuring minimum maternity leave and protection against dismissal. However, it captures only a limited and time-bound dimension of motherhood.

1.2. Motherhood as a Structural Life-Course Reality

In practice, motherhood at work today refers far less to pregnancy itself and far more to the **long-term challenge of combining paid work with sustained caregiving responsibilities over the life course**. These realities include:

- Unequal distribution of unpaid care and domestic work
- Chronic time pressure and mental load



- Stress, fatigue and burnout
- Interrupted careers and reduced learning opportunities
- Lower earnings and long-term pension penalties

These dimensions remain largely invisible within OSH frameworks and workplace policies, despite their profound impact on health, wellbeing and economic security.

2. The Limits of the Current EU OSH Framework

EU OSH legislation continues to address motherhood primarily through the lens of pregnancy-related risk prevention rather than as a structural workplace and labour market issue.

Directive 92/85/EEC focuses on:

- Temporary risk exposure during pregnancy and breastfeeding
- Minimum maternity leave requirements
- Protection against dismissal during pregnancy and maternity leave, and entitlement to an adequate allowance

However, it does not address:

- Cumulative health impacts of long-term care responsibilities
- Chronic stress, fatigue and burnout linked to unpaid care
- Career interruptions, involuntary part-time work and precarious employment
- Long-term consequences for income security, pensions, learning opportunities and health

As a result, motherhood-related risks are often treated as private family matters, rather than systemic workplace issues requiring preventive and structural solutions.

3. The Broader Reality: Unpaid Care Work and Labour Market Outcomes

3.1. Unequal Distribution of Unpaid Care

Across the EU, women—and particularly mothers—continue to shoulder the vast majority of unpaid care and domestic work, with direct consequences for their labour market participation and health.

According to [EIGE](#):



- **Daily housework:** 59% of women vs. 33% of men
- **High-intensity informal childcare (>35 hours/week):**
Women: 41%
Men: 20%
- **Personal, physical and emotional care:**
Women: 49%
Men: 6%

Women in the EU earn on average 77% of men's annual earnings, meaning they must work an additional 15 months and 18 days to earn what men earn in one year—effectively working an entire “ghost quarter” for free.

3.2. Impact on Employment, Learning and Careers

Motherhood frequently triggers reductions in working hours or changes in employment status. According to the **2024 MMM [State of Motherhood in Europe survey](#)**:

- 23% of mothers reduced their working hours
- 55% changed their working status (e.g. full-time to part-time, employment to self-employment)
- Only 35% benefited from a gradual return to work
- 46% had adapted working hours
- Just 27% had access to teleworking

More than **one in four mothers** report that motherhood negatively affected their work or career, particularly in Ireland (36%), Germany and the UK (31%).

The main reasons cited include:

- Desire to spend more time with children (28%)
- Financial constraints and childcare costs
- Lack of workplace flexibility
- Limited or unavailable childcare
- **6% reporting being dismissed or forced to leave** due to pregnancy or motherhood

Career stagnation is widespread: **30% of surveyed mothers** report restricted learning opportunities or professional progression. The economic impact is tangible:

- 39% report income loss
- 29% are dissatisfied with maternity leave length
- 44% are dissatisfied with maternity allowances



Childcare costs absorb over 20% of household income for one third of families, rising to 52% in Spain, while France reports the lowest share (13%).

Meanwhile, 25% of fathers take no paternity leave, mainly due to financial concerns and workload pressures—reinforcing unequal care patterns.

These figures confirm that prevailing workplace structures remain designed around workers without caregiving responsibilities.

4. The Motherhood Penalty: Pay, Pension and Poverty

The unequal distribution of unpaid care work translates directly into structural economic penalties in the EU:

- Gender pay gap: **12.7%**
- Gender pension gap: **26%**
- Estimated annual cost of unequal unpaid care work: **EUR 242 billion**

Single mothers are particularly exposed:

- 12.4% of EU households with children are single-parent households
- 85% are headed by women
- 40.3% are at risk of poverty or social exclusion

EIGE data shows that nearly one in three lone mothers is at risk of poverty, compared to around one in four lone fathers.

5. Mental Health, Burnout and Cumulative Strain

The unequal division of care has profound implications for mothers' mental health.

According to a recent MMM survey of nearly 10,000 mothers:

- 50% report mental health problems (depression, anxiety, burnout, peripartum depression) With small variations according to the age of their children
- 67% report feeling chronically overloaded, also with small variations according to the age of the children

	0- 2 years	3-5 years	6-17 years
Mothers who reported suffering from mental health problems	53%	53%	46%



Mothers who reported suffering from peripartum depression		15%	-	-
Mothers who reported suffering from depression		18%	23%	20%
Mothers who reported suffering from burnout		20%	23%	16%
Mothers who reported suffering from anxiety		32%	34%	32%
Mothers who reported feeling mentally overloaded		72%	71%	64%

Mental health strain is highest among mothers of young children, single mothers and those in low-income households.

A recent [study on economics](#) shows the **gender gap in sick leave begins** after the **first child, mainly due to mental health issues—and persists even 8 years after childbirth.**

A [2024 study in Switzerland](#) finds that antidepressant prescriptions increase by **50% four years after childbirth**, rising to **around 70% six years postpartum**, particularly among employed women

These findings confirm that mental health strain is not an exception, but a structural outcome of sustained caregiving combined with rigid work environments.

6. Policy Evolution: Partial Recognition, Persistent Gaps

EU policy has begun to acknowledge these realities through:

- The Work–Life Balance Directive (EU) 2019, introducing paternity, parental and carers’ leave and flexible working arrangements
- The EU Gender Equality Strategies and European Parliament resolutions calling for action on the care gap, pension gap and right to care under the European Pillar of Social Rights
- The [EU Care Strategy](#) with its 2 accompanying Council Recommendations: the [Barcelona Targets on Child care](#) and on [Long term care](#)
- [The EU strategy on Mental health](#)
- [The European Pillar of social rights \(EPSR\)](#)

However, these measures remain **fragmented** and insufficiently integrated into OSH, employment and social protection frameworks.

7. Reframing Motherhood at Work: From Protection to Structural Equality

Motherhood at work must be recognised as a **long-term structural issue** encompassing:

- Unequal unpaid care responsibilities
- Career interruptions and involuntary part-time work
- Chronic time poverty and stress
- Long-term health impacts
- Exposure to precarious work
- Pension insecurity and old-age poverty
- Mental load and burnout

This requires a shift from temporary biological protection to a **life-course approach** that recognises care as a core social and economic function.

8. Recommendations

Legal and Policy Reforms

- Provide **longer maternity leave**, at least of 6 months to comply with WHO recommendations for breastfeeding
- Increase the **duration of paternity leave and guarantee adequate pay** to promote fathers' meaningful involvement in care responsibilities
- Ensure **adequate, well paid parental leave** for both parents
- Guarantee **minimum pensions** recognising care periods
- Invest in comprehensive **maternal physical and mental health services** providing continued support beyond the first 1,000 days and embedded across employment and lifelong learning pathways
- Introduce EU **quality job targets** addressing wages, working conditions, security and work-life balance
- Develop uniform **maternity protections for self-employed mothers**
- Provide **financial assistance for childcare**
- **Treat motherhood-related inequalities as an OSH issue.** This requires broader risk definitions, gender-responsive policies and structural workplace reform
- Recognise **psychosocial and organisational risks** linked to care responsibilities, into OSH risk assessment
- Adopt a **life-course approach** that recognises long-term caregiving-related risks
- Introduce a specific **protective framework for single mothers**, reflecting their heightened exposure to health and economic risks
- Fully operationalise the **right to care** under the European Pillar of Social Rights

Workplace Measures



- **Protect workers who request flexible arrangements or care leave**, by preventing discrimination and retaliation
- Strengthen enforcement of **anti-dismissal protections**
- Strengthen **flexible working arrangements as a real right**, not just a request
- Promote **family-friendly workplaces** and **certification schemes**
- **Recognise and value caregiving skills** developed through parenthood
- Support **gradual return-to-work pathways**, training and reintegration
- Encourage **onsite childcare solutions**
- Strengthen **collective bargaining and social dialogue** on work organisation and mental health

Cultural and Structural Change

- Promote an equal **earner–equal carer** model
- Increase **men’s uptake of care leave**
- Invest in **affordable, high-quality childcare and long-term care**
- **Redistribute care** more equally within households and through public services
- Recognise unpaid care work as a **structural economic and social contribution**
- Fight and **combat gender stereotypes** at home and at work and in society

Conclusion

The main occupational health penalty associated with motherhood does not occur during pregnancy. Rather, it emerges progressively in the years that follow, in the form of chronic stress, reduced working hours, stalled career progression and lower lifetime earnings.

These outcomes reflect structural labour-market dynamics rather than individual choices. Prevailing workplace structures remain largely designed around workers without caregiving responsibilities, while care work continues to be unevenly distributed.

Motherhood should therefore not be framed as a temporary deviation from the norm, but recognised as a central and structural dimension of Europe’s labour market. **Motherhood is not a temporary condition but a lasting social and economic reality** that labour-market structures must acknowledge. Consequently, motherhood-related risks should not be considered private family matters, but systemic workplace and labour-market issues requiring structural policy responses.

Without recognising the value of care work and addressing its unequal distribution, gender gaps in employment, pay, health and pensions will persist, regardless of the strength of existing pregnancy protections.

Care is not only a private responsibility but a societal function that affects women, men and children. Its costs therefore need to be redistributed from individuals—primarily women and mothers—to society as a whole through collective responsibility, prevention measures and supportive labour-market policies.

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