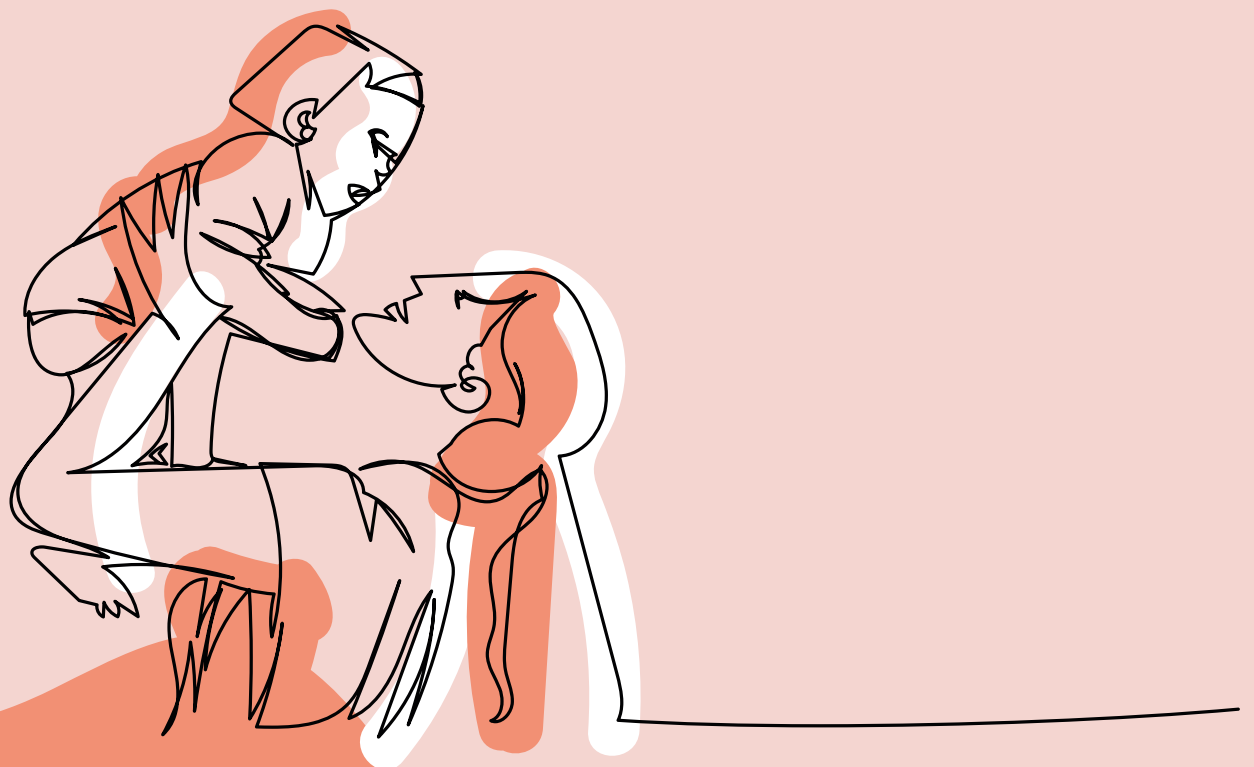


The Invisible Labour of New Mothers on Maternity Leave in a Global Pandemic

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Executive Summary

In this report we show how the Covid-19 pandemic profoundly transformed the experiences of mothers during maternity leave. We focus on the invisible 'labour' that mothers are forced to undertake during maternity leave. The context of the pandemic pushes this invisible labour to the extreme allowing us to shine a light on the inequalities faced by mothers. So, what is invisible labour? Invisible labour is unseen, unacknowledged, and unpaid work, most often completed by women and other marginalised groups. It is neither defined nor recognized as labour and is not compensated as such (Kaplan, 2022). In this report we focus on three layers of invisible work, the physical work, the emotion work, and the mental load. The findings presented here are based on the experiences of 16 women on maternity leave during the Covid pandemic. The aim of the

research was to explore how Covid impacted women's experiences of maternity leave, specifically focusing on the additional

invisible labour it created. We used semi-structured interviews and autoethnography to address these aims. From our data, several themes were developed which are the focus of this report. We outline how mothers:

- Managed the expectations of maternity leave versus the reality of their experiences
- Struggled to be heard and advocate for themselves in the absence of support
- Managed safety, fear, and risk
- Managed boredom, monotony, and loneliness
- And managed the relentlessness of caring for a baby whilst never being able to 'switch off'

The Covid-19 pandemic dramatically altered the expectations and experiences of mothers during their maternity leave. Initially anticipating a period of bonding and shared joy, many women found themselves isolated, with limited social interactions and a sense of stolen moments. The absence of crucial social support networks left mothers mourning the maternity leave they had envisioned. Many mothers felt that their experiences were devalued, leading to feelings of abandonment and disempowerment. Without adequate professional and social support, they had to navigate complex healthcare decisions and the challenges of early motherhood largely on their own, often feeling dismissed.

Balancing the risks posed by the pandemic with their emotional well-being became a complex challenge. The lifting of restrictions introduced new fears and anxieties; making decisions with limited information only added to their emotional



burden. Additionally, loneliness and monotony became prominent features of maternity leave as the absence of social support intensified feelings of isolation. Mothers felt immense, relentless pressure to meet unrealistic expectations of being the 'perfect' mum, which was exacerbated by the lack of social support, resulting in feelings of exhaustion, guilt, shame, and a distorted sense of self-worth. Overall, we argue that the pandemic allows us to see more clearly the work that new mothers are forced to undertake whilst on maternity leave. Covid-19 exacerbated the difficult experiences of motherhood, isolating mothers, removing support, and pushing invisible labour to an almost unbearable extreme.

Based on our findings, we develop several recommendations for charities, organisations, policy, families, and mothers themselves. Our recommendations primarily focus on bringing back 'the village' that mothers so desperately crave during this

time. We strongly advocate for the use of free, universal mother and baby groups, with women at the centre, providing opportunities for mothers to connect and develop communities of coping. For organisations, we encourage careful use of language when parents return to work, increased flexibility, and a tailored approach to returning to work that avoids creating feelings of failure for returning mothers. For families and particularly partners, we suggest proactivity to avoid all invisible labour falling on mothers. Finally, for mothers we encourage confidence in their parental decision making in the hope that this will build empowerment and a non-judgemental motherhood community.



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Introduction and Background

The Covid-19 pandemic profoundly transformed the experiences of mothers during maternity leave. This report presents the multifaceted challenges faced by these women as they navigated the complex intersection of motherhood and a global health crisis. Before the pandemic, caregiving was most often underappreciated and invisible (Himmelstein & Venkataramani, 2019; Sayer, 2005). Invisible labour is unseen, unacknowledged and unpaid work, most often completed by women and other marginalised groups. It is neither defined nor recognized as labour and is not compensated as such (Kaplan, 2022).

The concept of domestic labour has evolved to include more than just physical tasks and encompasses the “mental load,” which involves cognitive aspects like anticipation, planning, and emotional

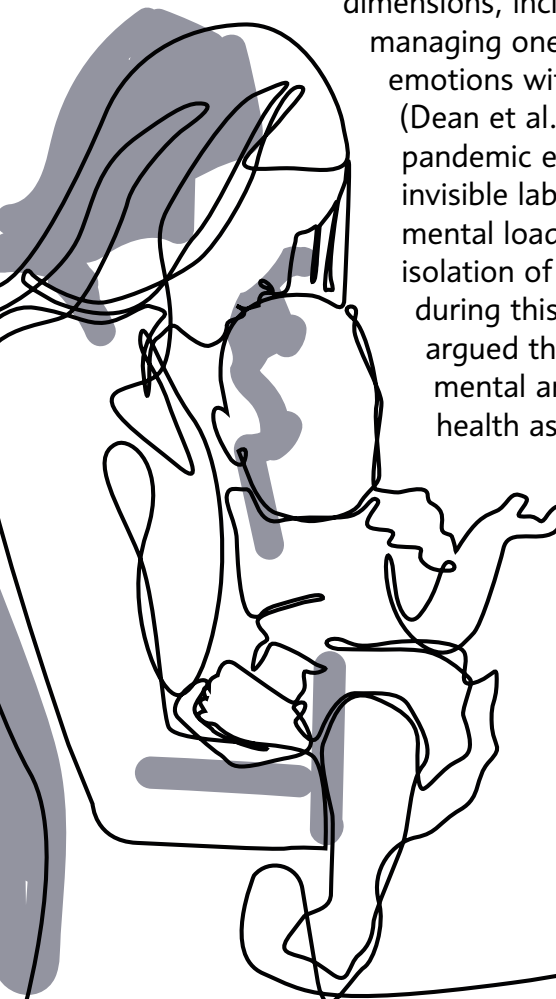
dimensions, including managing one’s and others’ emotions within family life (Dean et al., 2021). The pandemic exacerbated invisible labour and the mental load due to the isolation of mothers during this time. It is argued that women’s mental and physical health as well as the

cultures that rely on

them and the work they undertake, are in jeopardy as a result (Cohen & Venter, 2020). The pandemic confined new mothers to their homes more than ever before which has inevitably led to these issues being hidden from plain sight.

Through 13 in-depth interviews and 3 autoethnographic insights, this study explores the intricate web of emotions, decisions, and experiences that defined this unique period in their lives. It exposes the formidable journey undertaken by women during maternity leave and presents five key themes comprehending the complex realities of going through motherhood and the global pandemic.

The pandemic dramatically reshaped maternity leave, revealing the adaptability and resilience required to navigate these unprecedented circumstances. It brought to the forefront the importance of recognizing and supporting the unique challenges faced by mothers during this period of isolation, uncertainty, and overwhelming responsibility. It includes some recommendations for organizations, charities, policymakers, and society as a whole in order to recognize and alleviate the hardships faced by new mothers; ensuring that the journey into motherhood is marked by support, empathy, and understanding.



Domestic Labour

Domestic labour is a concept that is known to most people- it includes things like doing the dishes, cooking, cleaning, shopping, bathing kids, putting them to bed - and that's just the tip of the iceberg. It is real, physical labour. The kind of labour that must be scheduled, that takes time, that makes you tired, that is also unpaid (Lee and Waite, 2005). Domestic labour has come to the interest of researchers and policy makers alike because, in heteronormative couples, it is almost always disproportionately loaded onto women (O'Sullivan 2000). Domestic labour therefore becomes a way in which gender inequalities can be analysed and the experiences of women can be better understood. While there has been talk of a

domestic gender revolution, with emergence of 'the new age dad' and the increasing participation of women in the paid labour market (England, 2010), researchers suggest that improvements have halted and there remains stubborn inequalities between men and women (Goldscheider et al., 2015). Globally, 75% of unpaid work is done by women. They spend between 3-6 hours per day on it compared to men's average of 30 minutes- 2 hours (Criado-Perez, 2019). And as Criado-Perez (2019: 71) explains, "even when men do increase their unpaid work, it isn't by doing the routine housework that forms the majority of the workload, instead creaming off the more enjoyable activities like childcare".

The Mental Load

The mental load goes beyond physical labour and has both a cognitive and emotional element (Dean et al. 2021). The cognitive element includes the anticipating, thinking, caring, scheduling, planning, and organising involved in doing most family activities (Offer, 2014). Daminger (2019) goes on to define cognitive labour as having three specific elements: the assumption of responsibility for tasks whether you're involved or not; the cultivation and upkeep of expected standards; as well as the long-term co-ordination for household tasks. The cognitive element is, of course, invisible, and therefore underappreciated. It is also boundaryless, which means that it can be performed anywhere at any time – even when you're in bed (Damingher, 2019; Robertson et al., 2019).

Emotional labour is also a feature of the mental load. Defined by Hochschild (1987; 2003) as the effort required to manage one's feelings and the feelings of others. Research on the concept highlights the deeply gendered expectations of emotional labour as women's work, being mainly researched in contexts and jobs typically seen as feminised.

Within the household, emotional labour means keeping up an



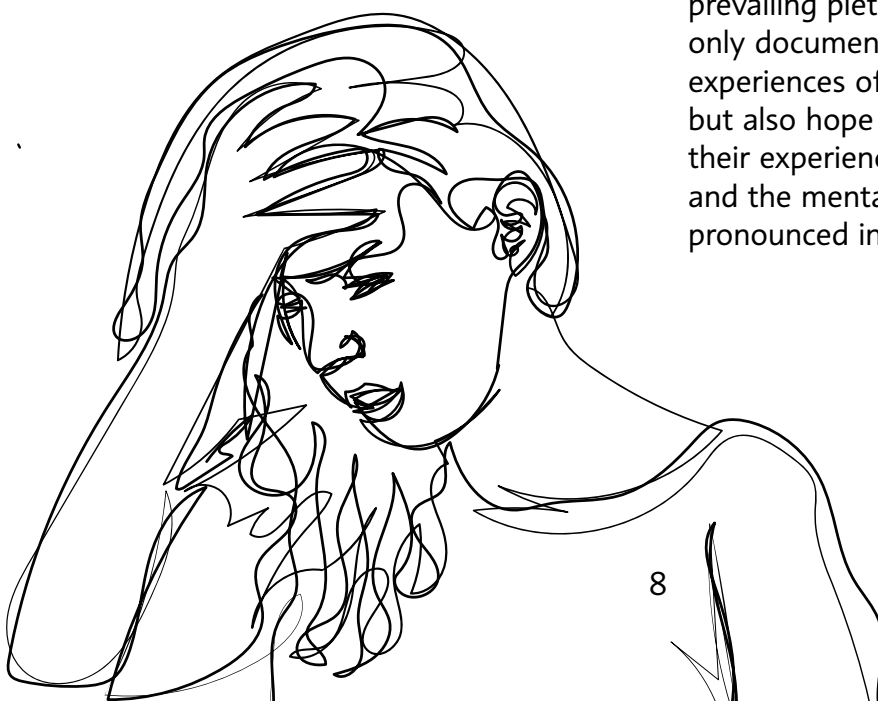
emotional display to meet individual expectations (Brotheridge and Lee, 2003) and this often means putting in real effort to engage in some form of surface or deep level acting (Hochschild, 1983). Emotional work is said to be loaded onto women by default in the domestic realm, where they bear the responsibility for anticipating,

shaping, and managing the feelings of them and their families (Hochschild, 1983). Despite the enduring nature of emotional labour, it is rarely conceived as labour, rather an integral part of family life that women often engage in out of love for their families (Waltzer, 1998).

Loading it on in Covid-19

For families, the pandemic meant a collapse of the boundaries between public and private space, where work, childcare and personal time all happened within the home. Research on parenting during the pandemic shows how the lack of separation between these spaces impacted mothers in a more pronounced way than fathers. Findings suggests that mothers experienced far greater anxieties and greater sense of responsibility for their child's safety (Ben-Yaakov and Ben-Ari, 2021) often assuming accountability for making decisions and warding off the virus (Dutta et al., 2020; Kelly and Senior, 2021), took on more of the childcare responsibilities (McCrary-Calacro, 2021), felt responsible for their education and learning (Craig and Churchill, 2021; Ruppner, et al., 2021) and had an increased mental load (Dean et al. 2021; Kelly and Senior, 2021) than their male counterparts.

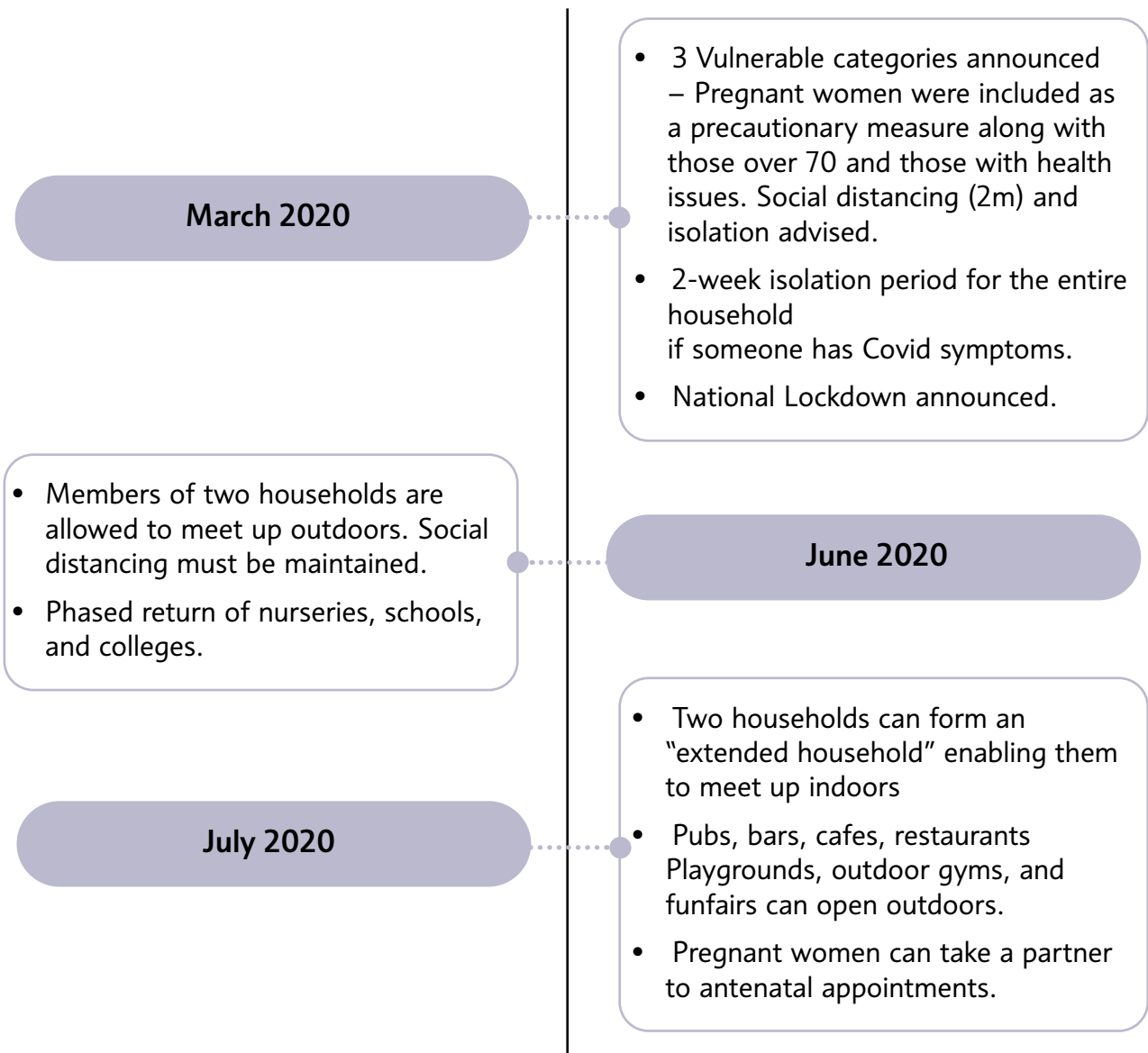
While research suggests being confined to the domestic space exacerbated domestic gender inequalities for women during the pandemic, maternity leave makes this collapse of boundaries more extreme. Women having babies and taking maternity are removed from the economic labour market and confined to the domestic space. Without respite through social interaction, family and professional support, these women sit at the sharp end of the Covid pandemic. It is this extreme context that is of interest to us. Although we hope that the occurrence of Covid is a distant memory, we also recognise the value of studying extreme contexts as a way of examining systems of inequality that develop both in the public and private realm (Hallgren et al., 2018). As Reisman and Becker (2009: 20) suggest, 'alerted by extreme cases, he could then find in daily life what was overlooked by researchers who accepted prevailing pieties'. We therefore hope to not only document the valuable and important experiences of women during this period but also hope to gain deeper insight into their experiences of domestic labour and the mental load that become more pronounced in these extreme circumstances.



Maternity Leave During the Covid Pandemic: An Overview

On 23rd March 2020 the UK went into lockdown to attempt to stop the spread of the Coronavirus. This had a profound impact on pregnant women and new mothers. Within 24 hours, pregnant women were considered vulnerable and were advised to shield to protect themselves and their unborn baby. These restrictions led to changes in women's pre-natal, birthing, and

post-partum care and support. This included reduced healthcare appointments, limited face-to-face visits (most often alone), and birth partner restrictions. Below we provide a brief timeline of some of the stages of the Covid pandemic that had a significant impact on women during maternity leave, using examples from both England and Wales.



August 2020

- People urged to increase their social distancing to avoid another lockdown.
- The wearing of face coverings in shops and other indoor spaces becomes compulsory, and indoor meetings of more than six people banned.
- Local lockdowns started to be enforced.

October 2020

- 17-day firebreak lockdown comes to an end. Non-essential shops are allowed to reopen, along with restaurants, pubs, and gyms. Two households can again form a bubble, while four people from separate households can meet up indoors or outdoors.

December 2020

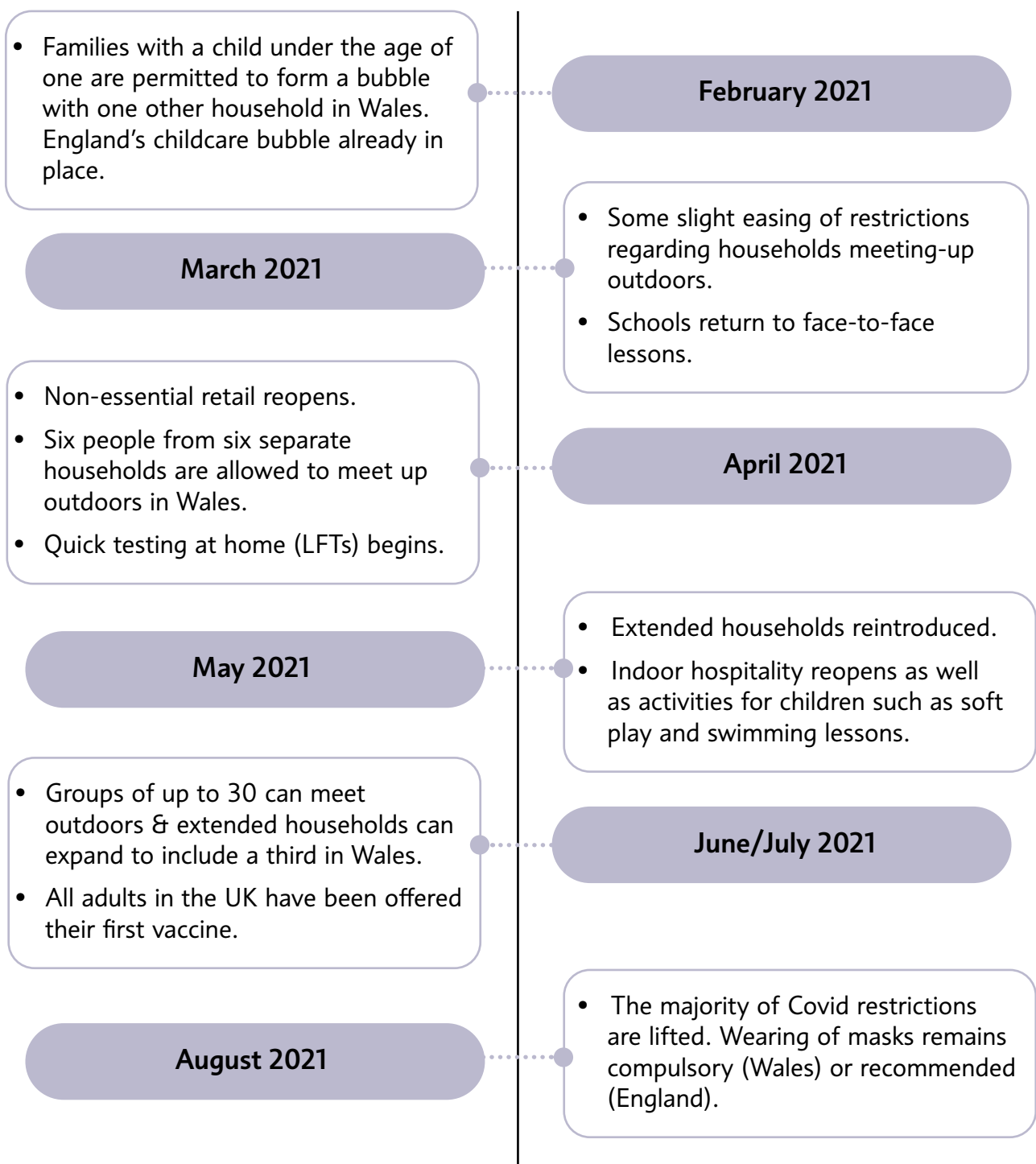
- Pubs, cafes, restaurants, and bars can reopen indoors – 'Eat Out to Help Out'.
- Gyms, swimming pools and soft play areas reopen.
- Four households can form an extended bubble and meet up indoors.

September 2020

- 17-day firebreak lockdown takes place.

November 2020

- Health and care workers become the first people to receive the Covid vaccine.
- 19 December – The whole of Wales is placed under lockdown from midnight, with festive plans cancelled for all but Christmas Day. Most of England enter tier 4 restrictions, essentially full lockdown.



While the majority of Covid restrictions concluded at the end of the Summer 2021, rules around vaccine passports, isolation, testing and the use of lateral flow tests continued up until the spring of 2022, but its legacy continues.

Methods

The findings presented in this report are based on the experiences of 16 women who lived through maternity leave during the global Covid pandemic. 13 were in heterosexual relationships either married or co-habiting and 3 were single parents at the time of the interviews. All participants gave birth in 2020 in England or Wales and experienced a maternity leave plagued with lockdown and regulations.

The aim of the research was to:

- Explore women's experiences of maternity leave during the pandemic.

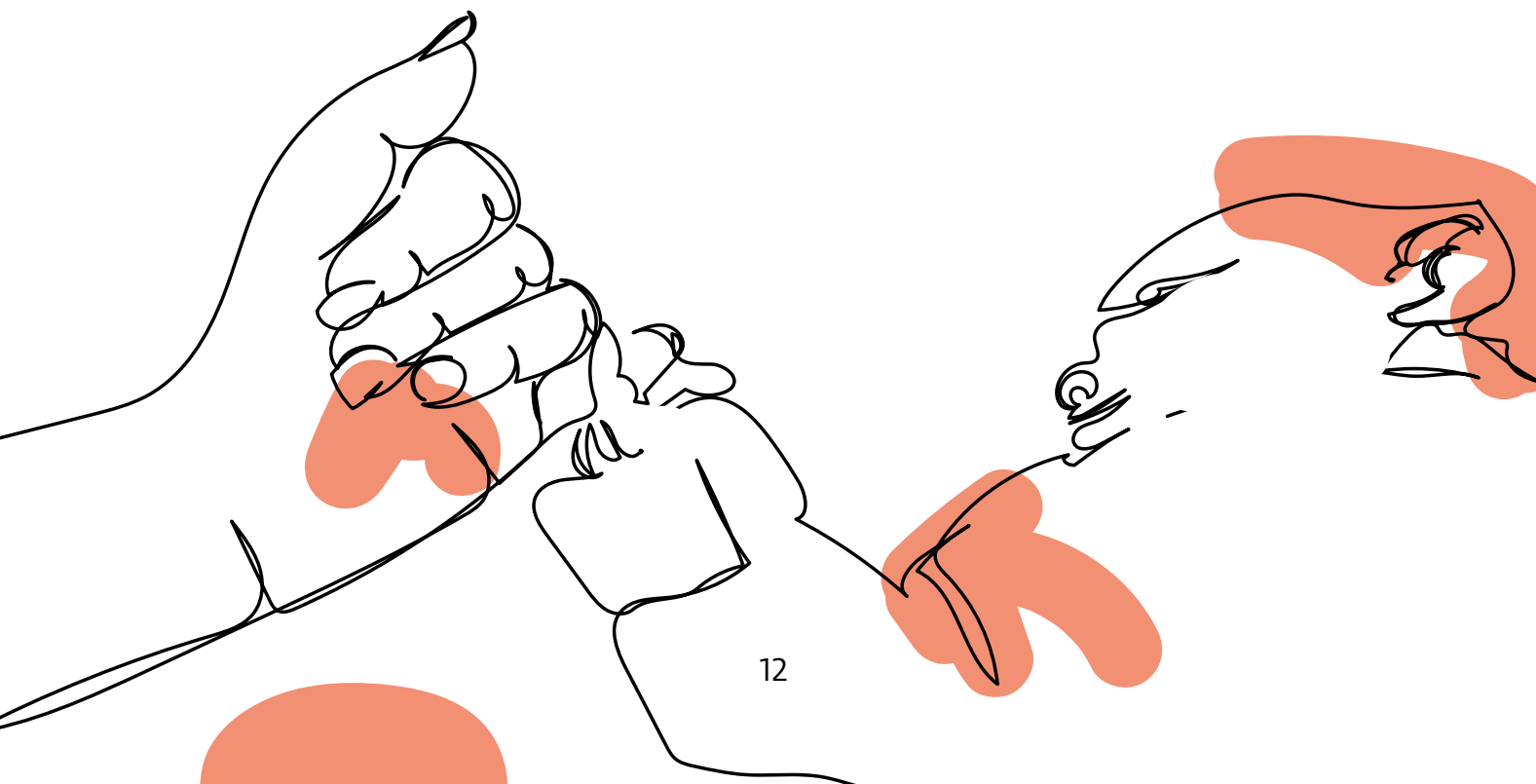
- Understand how the pandemic impacted their experience of maternity leave.
- Uncover the hidden work that women undertook whilst on maternity leave during a pandemic.
- Consider how crises and extreme context (such as the pandemic) can illuminate the hidden work of maternity leave.
- Consider how organisations may learn from a deeper understanding of women's experiences while on maternity.

To address these aims we utilised semi-structured interviews and autoethnography.

Semi-Structured Interviews

The research team conducted semi-structured interviews with 13 women accumulating more than 16 hours of data and 564 pages of interview transcripts. All interviewers used the same interview schedule to ask participants questions about their experiences of maternity leave

with room for deviation to allow for each woman to specifically discuss their personal and individual experiences. All interviews were recorded. We have used pseudonyms throughout this research to protect the identities of all participants.



Auto-Ethnography

Autoethnography is a qualitative research method which employs personal narratives drawing on the experiences and feelings of the researcher. Autoethnography is "research, writing, and method that connects the autobiographical and personal to the cultural and social" (Ellis, 2004, p. xix). All of the research team gave birth in 2020 and were on maternity leave during the Covid 19 pandemic. As such, this was inevitably a topic which resonated with them and thus the lines between researcher and participant become blurred. As such this report explicitly draws on the researchers experiences to provide written autoethnographic accounts.

5 themes came out of this research. We will explore the different types of labour that mothers completed at this time, specifically drawing on:

- Managing the expectations of maternity leave versus the reality of their experiences
- Struggling to be heard and trying to advocate for themselves in the absence of support
- Managing safety, fear, and risk
- Managing boredom, monotony, and loneliness
- And managing the relentlessness of caring for a baby whilst never being able to 'switch off'

Managing expectations when becoming a mother in a global pandemic

The interview data highlights a significant contrast between the envisioned and actual experiences of mothers on maternity leave during the Covid-19 pandemic. Initially anticipated as a period of bonding, camaraderie, and shared joy, maternity leave held the promise of treasured moments with both the newborn and fellow mothers. However, the pandemic ruthlessly shattered these expectations, replacing them with loneliness, restricted interactions, and a sense of loss.

Mothers conveyed a strong sentiment of having their maternity leave experience "stolen". It is evident that the major regret expressed by these mothers revolves around the unfulfilled prospect of accessing vital social and communal support throughout their maternity leave in the global pandemic. Mothers grieved for the stolen maternity leave, their dreams dashed by the constraints that hindered coffee outings, mum meetups, and the simple joys of socialising. The yearning for simple yet meaningful conversations with friends and family, the desire to establish connections with fellow mothers who share similar circumstances, and the absence of someone physically present to offer a helping hand, all emerged as a major sense

of loss. The absence of these interactions had left a notable void, emphasizing the critical role that social networks play in providing emotional sustenance and a sense of togetherness during a period marked by isolation and uncertainty. Transitioning to virtual interactions, while convenient, failed to replicate the genuine support and camaraderie found in face-to-face interactions. Online baby groups and classes lacked the depth of connection that physical gatherings offered. When restrictions started to ease, the anticipation of reuniting in baby groups were not met as limited capacities quickly filled, leaving new parents disappointed and unable to secure spots. This unexpected twist underlines the struggle between social cravings and ongoing post-lockdown constraints.

I feel like my pregnancy, maternity leave was stolen completely, and I was not who I am now, I was really a different person. - Lorena

I think there was quite a lot of things that I just had to come to terms with - the fact that it wasn't a normal maternity leave, and you just weren't going to have the opportunity to do the same things as you would have done ordinarily, like go and see friends or go and see work colleagues. Those opportunities weren't there. - Sam

The absence of social support became even more pronounced for mothers juggling care for older children simultaneously. Managing the needs of multiple children, compounded by homeschooling, added complexity to an already demanding situation. Mothers also grappled with feelings of guilt due

to disparity in attention and experiences received between their siblings. Concerns arose about the potential impact of these disparities on the children's developmental paths and personal growth, underscoring the emotional turmoil faced by mothers.

The first baby had such a fuss made of her and I just wondered, when they look back, when the children look at pictures of their first months, what they would think ... if the boy would feel that it was unfair that his sister had lots of visitors and people coming and photos of her here, there, and everywhere And it had an impact on how they've developed as people as well. - Harriet

Ultimately, the pandemic reshaped the maternity leave experience, highlighting the adaptability and resilience required to navigate these unprecedented circumstances. Intense emotion work was needed to come to terms with the loss of their expected maternity leave, managing feelings of anger, frustration, sadness, and guilt.

Managing without an advocate, struggling to be heard, and struggling to be taken seriously

We found that women's experiences were devalued and overlooked, and they encountered the usual trope of being considered overly emotional, irrational, and hysterical. Their struggles were not treated as legitimate, and they were forced to 'just get on with it' at every stage. Fielding-Singh and Dmowska (2022) have shown us that women experience gaslighting during pregnancy, childbirth, and post-partum; their realities are denied and thereby destabilized; mothers are rendered non-credible. We see this throughout our research: women's experiences are not taken seriously.

Covid regulations and policies disproportionately impacted pregnant women or women on maternity, leaving them without professional medical support and social support. The data suggests that in the face of abandonment by policy makers, limitations on social networks, lack of contact with healthcare professionals and closure of childcare facilities, women plugged the gap themselves, internalising responsibility, the result often being an increase in the physical and emotional work that women were expected to perform throughout the pre-natal to post-natal journey.

Most women commented that healthcare professionals would not see them face-to-face leading to feelings of isolation and being alone due to the lack of appointments. Women were either burdened with the extra work of

researching conditions or dealing with the anxiety of not being assessed. The situation did not improve when it was time for our participants to give birth. Many women commented on the restrictions around birthing partners and visitors having a severe impact on their experience, creating more work for women in a time that they should be supported. Even getting to the hospital created challenges for many expectant mothers,

Security on the door said (to my husband), you can't come over the threshold, I had to walk in, having contractions, bleeding, carrying my suitcase. I got to the lifts, there was two, a Covid and a non-Covid lift- but the non-Covid was broke. So, I had to walk up the stairs, with my suitcase, contracting, bleeding, luckily two members of staff found me on the stairs and took me up. - Lara

The restriction on birthing partners meant that women not only lost practical support but advocacy in a time where they tired after labour, in pain, often on medication without fully functioning bodies. Many women commented on how important decisions were taken from them and they were completely disempowered and voiceless,

I remember him [doctor] coming around to talk to me, he stretched my cervix and the blood was dripping off his gloves and I was just like, I don't know what you're saying, you've got a mask on and he's trying to explain what's going on, what the next steps are and I have no clue what he's saying because, 1) I'm on gas and air and 2) he's got a mask on and I've got a mask on...The next morning when I woke up they came and took my son over to paediatrics, with masks on, I don't know why they took him- they say 'oh he's been taken here or there' but there's no partner there to advocate and your brain is all loopy. - Lara

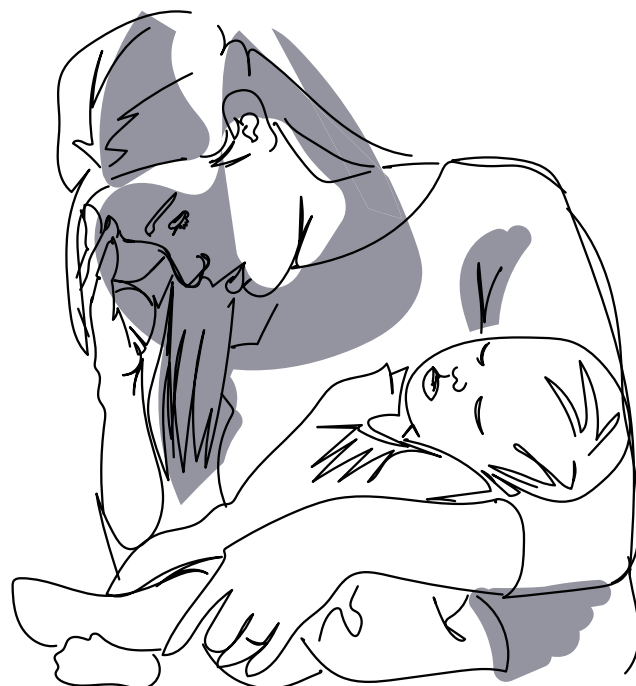
Two major consequences were experienced by women as a result of no birthing partners after birth. First, anxiety of being left alone to look after a newborn when injured, exhausted and unwell, and second, they were forced to take on all the physical work of looking after a baby when feeling unwell:

I had been very pleased that I'd given birth without any problems because I didn't have a catheter. But then of course, I've gone into surgery and now I had a catheter, and I had a bad experience looking after the baby on the first night with a catheter. So, I was really dreading him (husband) going home. - Harriet

Just not having anybody with you, that was like the hardest part, especially when you've been through so much and then you're feeling crap, and you haven't slept. You're stuck with a newborn and there's no one to help you. - Jess

Many women discussed how support around breastfeeding was completely removed, women were just expected to be able to do this alone. Among the women that struggled with breastfeeding some noted that the lack of support resulted in feelings of guilt for not breastfeeding or internalising negative emotions such as anxiety, for not knowing whether they were doing it right. Others discussed the additional work that they had to engage in, either researching 'how to' or paying money for private support.

I had difficulty with helping Ellis latch while in the hospital. I was determined to breastfeed so wanted to persevere but every time I asked a midwife to help me with the latching, I felt like a burden. I was in the hospital for less than 24 hours after Ellis was born, so it's not like I was being a constant pain but that's how it felt. One time I asked and was told 'well you're going to need to figure it out on your own because you won't have anyone to do it for you when you go home'. It made me so stressed, emotional, and anxious and



was definitely a contributing factor to my downwards postpartum spiral. I tried to continue breastfeeding for two weeks but without the help and support, and with such a negative start, I just couldn't cope. -Jo

Finally, many women noted that the reduced contact with health visitors along with the lack of social support made going home and taking care of their newborn an even more anxiety inducing and stressful period. The lack of professional and social support meant that many women often felt worried about how things were going,

Covid totally impacted it for me I started getting anxiety about her sleep, and no one, obviously no mums groups, no chats, no nothing to bounce off. The health visitor very rarely came; it was more via text or phone. - Lorena

More than one woman commented on how health visitors often directed them towards 'google' to seek answers, a place that produced more physical and mental work and more stress,

I Just got lost in the world of the internet telling me what I was supposed to be doing because no one was telling, so I kind of treated the internet as my bible, I couldn't get responses from the health visitor. I spoke to one lady via text from breast feeding support, she was really lovely but all she kept saying was 'oh that's strange, that's strange.', I was thinking I hope you could help me with that then. - Lorena

Overall, we argue that the restrictions on professional and personal support resulted in additional work for women, who not only had the burden of dealing with negative emotions but also had increased physical labour, filling the voids produced by Covid restrictions. Women were made to feel that the expectations put on them were entirely reasonable when in reality most often they were incredibly unreasonable and often inhumane. This additional work was so normalised that it went under the radar, hidden in plain sight.

Managing Safety, Risk and Fear

Having a new baby is typically a stressful time for many women who see that part of their mental load is having to ensure the safety of their new arrival and mitigate any potential harms and risks. Many women talk about the over-whelming sense of responsibility felt towards their baby and the gravity of that task. In normal times, this a stressful part of their work as a mother but in the context of Covid keeping a baby safe and assessing risk became more significant and complex. One of the key themes that emerged through the

interviews was that many women felt that Covid only added to the mental load where decisions around safety, that might have typically been trivial, became important and in some cases 'life or death'. This section explores the ways the women we interviewed understand and assess risk and the work involved in managing risk.

Risk Assessment During Covid

For many women the complexity associated with managing risk during the pandemic became more pertinent when restrictions were lifted. Even though the blanket restriction on leaving the house and household mixing meant that many mothers often felt lonely, isolated, and bored during their maternity, it absolved them from having to make complicated decisions to ensure the safety of their families. With the lifting of restrictions, mums had greater freedom to make decisions, but this was burdened with the seriousness and complexity of the task. Women felt they were negotiating between the risks presented by Covid, and the risks to their own emotional well-being through being isolated. Many of the mums we spoke to felt that this was often a stressful and anxiety-inducing part of their maternity, not least because they were often making decisions with limited information.

When things opened up, it almost became more stressful. At least at home it was simple. You know you can't go out; this is it, but then it started opening up and you had all these dilemmas where you were suddenly expected to make choices about what was safe. And I mean you've got children [to interviewer], you know this, they're always ill. How many coughs before I don't send him in? Am I going to be making someone's grandma sick because I need a break from my child? - Kim

Oh, it's up to you now. Well, it's not bloody up to me now, is it? You know that's too much responsibility to put on someone who doesn't have the information. I don't mind making decisions with grey data, but I have no data, too much gets put on you. - Kim

The fear and anxiety around decision making became overwhelming for many women, who worried that a bad decision would have costly outcomes for their infants. Many commented that even mundane tasks such as going shopping or meeting for coffee became life or death decisions to them. Burdened with the gravity of their decisions and fear of infection, many mothers opted to stay isolated, despite the emotional toll their personal loneliness was having on them. Others ventured out but felt that this was extremely stressful as fear permeated all their experiences. Either way, the burden of decisions meant that the mental load was only exacerbated- women took full responsibility for the outcomes of their decisions and often forfeited their own mental health and well-being to protect their families from risk.

I remember being scared, even though you're annoyed that you can't go out, you still don't want to go anywhere. Like what if me or the baby die? You don't know what it [Covid] is or how it's going to affect everyone. Everyone was like 'it's fine it's just flu' but it might not be just flu. - Layla

I first went into a shop after she was born and I had to go change her nappy and I was in tears and my Mum was like 'you're just making it worse for yourself, you're picturing zombies and it's not'. - Amanda



There was this sense of worry that was constant, behind everything, that just made it really difficult. With my first child I'd go out for the day, I would go to a national trust and have a walk around or get the train into central London and go

into a museum as well, either that wasn't an option, or I didn't really want to do that because I didn't want to be around big groups of people. I had a greater level of anxiety about being around other people and putting ourselves at risk. – Sam

The Hidden Physical and Emotional Work of Managing Risk

Managing risk for many women also came with increased domestic labour, many commented on how they created cleaning routines to mitigate the spread of infection, this included washing clothes whenever they had been out of the house, wiping down items that may have been potentially contaminated and constantly sanitising hands. While this added to the physical workload that women experienced in this period, this was not considered nearly as burdensome as the attempts to manage their relationships with family and friends to ensure the safety of their newborn. Some commented on how arguments would often arise with household members who took a more relaxed approach to the rules. This meant that mothers were charged with 'taking responsibility', managing rules and managing conflict and emotions around the safety and government rules created.

My oldest cousin and my sister were going out through Covid and partying, they all wanted to hold my daughter... and that caused massive arguments because I couldn't control what germs were being brought in, and it wasn't for me it was the fact I had a newborn baby and this paranoia was quite high, I didn't want her to catch it. - Amanda

The usual joy of sharing a new baby with family and friends was overshadowed by the potential risk every contact posed. This became more significant when household mixing was permitted as, many of the women we spoke to, felt that they needed to actively create and regulate boundaries with family and friends. This felt inorganic and unnatural to many women who wanted to share their precious moments with loved ones but felt that this would present too much of a risk.

I was nervous. Nervous about anybody holding him really. I remember going to the park for the first time, the girls [her friends] met and it was August, he was like two and a half months old and it was the first time they were meeting him, Natalie was there and they all wanted to hold him and I remember being ok with them to a certain degree but they had their kids with them and Michelle's girls wanted to hold him and that was just too much for me. - Lara

[Rebecca was travelling to Birmingham to meet friends so that they could meet her new daughter for the first time] We were in Tots play in the morning and I said, 'oh it's going to be so uncomfortable because all my friends want to hold the baby'... still no one was vaccinated, and I didn't really know how I felt about people holding the baby. - Rebecca

Having a new baby is typically a stressful time for many women who see that part of their mental load is having to ensure the safety of their new arrival and mitigate any potential harms and risks. Many women talk about the overwhelming sense of

responsibility felt towards their baby and the gravity of that task. In normal times, this a stressful part of their work as a mother but in the context of Covid, keeping a baby safe and assessing risk became more significant and complex. Again, we see here the intense mental load that new mothers carried during the pandemic, managing their emotions, making complex decisions, taking responsibility whilst managing stress and anxiety.

Managing Boredom, Monotony and Loneliness

Among the women we spoke to, maternity had the promise of being a social time which brings friends and family together. However, with the limitation on baby groups, household mixing, the closure of shops, cafes, and restaurants as well as the palpable fear of Covid, meant that new mothers were confined to the domestic space. While for a couple of the women we spoke to, Covid restrictions and working from home policies were seen as one of the few 'silver-linings' of the pandemic as they had their partners around to 'help-out', an overwhelming majority found the confinement to the home an unbearable part of their maternity leave. Most of the participants we spoke to talked about how they experienced loneliness and boredom during their maternity leave and also talked at lengths about the ways they managed these negative feelings. In this section, we consider how boredom and monotony

became a characteristic of maternity during Covid and present the ways our participants sought to remedy some of these feelings. We then turn our attention to show how loneliness was perceived by our participants and the work they engaged in to mitigate some of these feelings. More broadly, the data highlights the ways Covid galvanized negative feelings and emotions and how this resulted in additional work to manage these.

Managing Boredom and Monotony

With little to do and nowhere to go a large part of our participants invisible labour was finding new and inventive ways to fill the days and entertain their children and themselves. New mothers get, on average, less than 5 hours of sleep each night (Bailey, 2018). This inevitably leads to incredibly tired caregivers, and it is this exhaustion combined with the monotony of each day that led to each day blurring into each other. Participants likened it to Groundhog Day. A few of the participants noted that newborns are not the greatest company; they require lots of energy and attention and are unable to interact. So, despite never being alone, the experience of looking after an infant can be incredibly isolating.

I used to get scared of them getting up early because the day was long, I remember if she [baby] got up before half 7 I was thinking 'shit that's longer, that's longer' and I didn't want my day to be longer, I want my day to be shorter. And you do wish your day away because you literally cannot bear it. – Layla

The monotony killed me, and I remember ringing my sister and being like 'I just don't think I can do another day of this'. I needed a break from the monotony of every day. I remember being like 'if I have to get up and watch CBeebies one more morning I'm going to kill myself because I just can't do it anymore', then it was on 24/7 because you have nothing else to do. - Jess

A lot of effort was needed to survive each day and develop routines and schedules to make the day more bearable. This isolation was exacerbated by the confinement to the home, where days were often structured by things such as kids TV as this was a constant during a period of uncertainty,

In a weird way because you were in Warzone mode, so at the time, you say 'it's fine, we'll just get through this, we'll watch a lot of shit stuff on CBeebies and learn lots about dinosaurs'... I remember trying to structure when we watched CBeebies, and it got to the point where I knew the time of day based on who was on CBeebies. - Kim

Others managed the monotony by creating rigid routines and schedules, this included: feeding, naps, cooking, cleaning, entertaining children. Whilst these routines helped women survive periods of isolation, they also bound women more closely to the burden of domestic labour. In fact, these routines often became problematic when restrictions loosened in the UK. One participant, Lea, talked about the anxiety she experienced when leaving the house with her daughter as it interfered with the rigid feeding and nap routines that she had created to deal with monotony of being stuck in the house. This was reflected by other participants who became obsessed with routine as the one thing they could control in this period,

I got Toby into a routine because I'm a routine person, I need structure. But it became so bad that if he didn't nap at 12 p.m. that's a failure because that's my day and like he's not doing what I'm trying to tell him to do... I so craved time without him that I focussed so much on routine and naps...I needed this time and I need to sit down. - Lea

For many of our participants their 'daily outdoor walk' was important to help break up the monotony of the day. However, getting out of the house during the pandemic was difficult for new mums, public toilets were closed for most of the lockdowns and with birth and pregnancy

taking its toll on women's pelvic floor, and babies needing regular nappy changes, this meant they couldn't stray too far from home. Nevertheless, most women felt that getting out was essential for mother's mental health,

Going out was a key thing to make sure that my mental health was ok. I struggled a bit with my mental health after my initial post-partum, and particularly during Covid because I just felt really anxious and you know the days were very long, we didn't do much for a couple of days so we couldn't sleep there weren't many distractions and all that was on TV was more about Covid. - Sam

Tackling Loneliness: Seeking Human Contact and Shared Experience

Loneliness was perhaps one of the notable findings of our research. Some participants found the long days, in the house with just a newborn for company, painstaking,

I think that's where I got really down because my husband worked through the whole pandemic, so I was home alone. So, after two weeks I was just on my own, nobody would come in, I couldn't see anybody, it was just me and this baby. -Lara

Many mothers felt emotionally isolated. This was because they were unable to either, share the joy of their new babies with extended family and loved ones, or connect with other women who were going through the similar experiences.

I missed people coming over, talking to him, picking him up, cuddling him, and he was so lovely. He was so cuddly. - Harriet

[I missed] Being able to socialise and go to baby classes and just mix with other people. You only understand then that other people are going through the same thing as you, when you're at home you don't get to meet other mums, you feel like nobody else is going through it and that your baby not sleeping is the only baby in the world. - Lara

To counter feelings of loneliness and forge connection with other mothers, women had to engage in additional work. We found that two strategies were used: online connections and mum and baby groups. While some felt that virtual meetings were effective at connecting with existing friends and family, most felt that online connections were an imperfect substitute for meeting new people and crafting deeper connections with other women,

I joined one online (meet up) and there were 100 people there and I was on there for 2 hours with my child crying and I didn't get a chance to ask my question. And so, I didn't do that again - Emily

When lockdown restrictions were relaxed many of the participants talked about mum and baby groups as a lifeline for coping with the loneliness of maternity. These not only gave women the opportunity to get out of the house but also connect with other women who had babies of a similar age, they were often sounding boards and formed communities of coping.

I think having Tots play helped because you went out for the morning, and you had to get ready to go with everything you need. It's like a good distraction... [there was] desperation for the social interaction. And I remember that's why I picked Tots play, because they made it really clear that they would also be setting up a WhatsApp group and that's what I liked because it was really hard. For it to be the group leader to say, 'join this class and you also get a community with the class'. I don't think enough classes out there do that and I think that's, that was like golden for me... I also found though that it took a lot of burden off John [husband], because before starting the class he would come home and I'd go 'she has this rash, she's done this. I don't know if its normal, she's doing this, she's not doing this yet' and then after joining Tots play, instead of venting to him I would vent to other people and at least one person would get back to me and give me advice whereas John would look at me and go, 'I don't know either' - Rebecca

However, Covid restrictions made joining groups like this very difficult. Due to restrictions on numbers and high demand for such groups, just getting registered was often a time-consuming exercise and the costs of baby groups were prohibitive for some,

When restrictions lifted, I felt this huge pressure to sign up to a class. At that time, I didn't know how long we would be allowed to gather in groups and didn't want to miss the opportunity or take it for granted. The problem was that most of the groups had waiting lists, it was so hard to get a space in one. I became obsessed with checking emails to see if a class has opened up, when a new class was released, it was like the hunger games, every woman on maternity was frantically trying to sign up. I finally got a place in a class in the wrong end of Cardiff but was willing to travel just to get the full maternity leave experience. I was also broke as by that point I was on statutory maternity pay but I was willing pay, just to get out of the house. - Lorena



We highlight here the desperation that mothers felt in trying to connect with other humans in order to manage the boredom, monotony, and loneliness of maternity in Covid and the labour that goes into forging connections and managing their emotions on maternity leave. We see the routines, schedules, and activities they created in order to relieve the mundanity of life (pretty

much) alone at home all day. Immense invisible work – emotional, mental, and physical - went into trying to relieve these negative feelings and maintain their mental health and the wellbeing and development of their children.

The Toxic Discourse of Motherhood - Managing Guilt, Shame and Judgement


Motherhood is relentless. It is relentless, to varying degrees, often regardless of circumstances, so adding a global pandemic to the mix of maternity leave inevitably led to additional layers of work for women. Our research found that, without being able to rely on friends, family, services, and healthcare in the same way that mothers might have been able to before, the pandemic meant that women struggled with the all-consuming nature of motherhood. The all-consuming nature of maternity leave meant that women could not switch

off; the responsibility was constant. We draw attention to the constant and complex internal and external pressure felt by women that materialise into feelings of being judged, as well as shame and guilt and thus contributes to toxic normalising discourse of what it means to be a 'good mum'. We have no doubt that these are all issues for women during maternity leave in all contexts, but here we see that Covid brought a lot of this to the surface and exacerbated this.

Never Switching off

I couldn't go anywhere, there was nothing else to think about. All I could think about was my baby, and this was dangerous. It consumed me. To have no distractions, nothing else to occupy me, I felt like I was suffocating in my body. I just wanted to crawl out of my skin even for just 5 minutes so that I didn't have to feel like this, just for a little bit – Jo.

There's no rest. If there's time without children at some point you can just switch off in front of the TV and do whatever. But that never happens, it never happens. I haven't been alone in front of the TV since Henrik was born. But there's no time where you can just switch off and relax, so like the brain is constantly working with what you need to do next and how you need to resolve things and what are the things which you need to resolve and how to make things work. - Ana

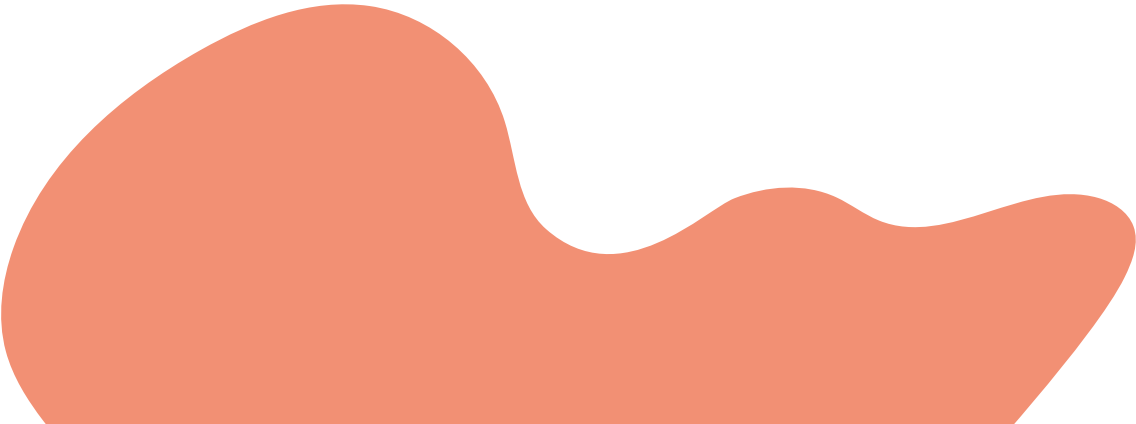


In the UK, women carry out an overall average of 60% more unpaid work than men (ONS, 2016), and this was certainly felt during the pandemic with women feeling like they had no hours in the day when they weren't completing some sort of work. Being solely responsible for another human being's life is overwhelming, but when alongside this, women needed to keep on top of housework, food prep, other childcare, keeping in touch with friends and family, making plans, finances, booking activities all on limited sleep (which has a detrimental impact on our abilities to function and interact), it can become unbearable. Layla compared the experiences between both of her births before and after Covid and concluded that Covid and the pandemic heightened all of these feelings and made the relentlessness worse,

'I think it's like the darkness of it all [Covid] that you cannot shift, like it will just never, ever go away...I felt like because you spent that night in hospital solely on your own, solely responsible for a child on the first day of their life, I just thought I would have to continue with that, and so every time someone would say 'oh go

and have a nap', I'd go, 'oh no you're not supposed to', which meant then that you never slept because you felt bad and awful and that you're being a shit mother every time you sleep. Even if you do take up the opportunity, you still can't sleep, no, you're just lying there like 'oh my god, oh my god', and then you go to sleep, and you wake up quickly...and even when they're not home, you'll be in the shower and think you can hear them crying. - Layla

As is made clear by Layla, the women we studied felt undeserving of sleep, undeserving of a break or any form of alone time – this felt self-indulgent and was riddled with feelings of guilt. So, whilst most women struggled to find any time to themselves, if they did, they were unable to relax or switch off as they felt that this was something that they shouldn't be doing and certainly not enjoying. The work of motherhood was therefore relentless.



The Pressure of Being the 'Perfect Mum'

'Mum-guilt' is a frequently used term by mothers to highlight the pressure they put on themselves, as a result of the pressure that society puts on mothers to be the 'perfect mum'. Without mother and baby groups, coffee mornings, informal conversations, and opportunities to socialise this internal pressure was exacerbated even further; women had too much time to worry about making the 'right' decisions for their babies. Taking away women's communities and support only served to intensify this questioning of their skills and worth as a mother.

Throughout our interviews women signalled, often unintentionally, what it meant to be a 'good' or 'bad' mother. 'Good' mothers fed their baby fresh, home-cooked food, did not use dummies, did not use screen time, breastfed, enjoyed constantly playing with their baby and safe to say 'bad' mothers did the opposite. This posed complicated feelings for most mothers, and many talked about these ideas in a self-deprecating way, as if they were exposing themselves for taking easy options,

I think before I had the baby, I was like 'oh I'm not going to let her watch too much TV, no dummies etc.' but just to keep me sane, now they're here I'm like 'watch CBeebies, here's a dummy.' – Sam

These pressures that women put on themselves were unrealistic and unattainable, and thus the guilt, shame, and pressure for not fulfilling all of these aspirations felt like failure. Women joked about this and often knew the expectations were not realistic but that feeling nevertheless stayed with them. The guilt was often so overwhelming that mothers put pressure on themselves to soak in every moment at the expense of their own joys. There were also complicated

feelings amongst mothers that they should bare most of the burden or pain of childcare' a type of martyrdom. For example, participants often felt that they should be the parent that attends hospital appointments even when they felt that hospital appointments should be a shared parental responsibility, they couldn't shake the immense feelings of guilt,

We've had to do several trips to A&E for Ellis and for those hospital appointments as a mum you go in because you're supposed to [rather than dad], because if you don't, you'll look like a bad mum and also because you're like 'I need to go in because it's my child and I want to be there', but also you're like 'why the fuck do I have to go in?', like why can't you (husband) go in?', not that I would let him.
– Jo

Overall, we found that women felt immense pressure from society, their friends and family, as well as themselves to conform to the normalising discourse of motherhood. This pressure was intensified during Covid due to the absence of community, too much time alone and the additional worries that Covid brought. Women had to perform emotional, physical, and mental work, that most often went unnoticed (even by themselves) to manage these feelings and at least try to conform to societies unrealistic expectation,

I just remember all of it is being shit and that I was a terrible mother and doing a terrible job. But I looked back at my photos from that time, and I don't see that in the photos, I'm like 'this is a person who's trying really hard to provide fun and normality when the entire world is falling apart, including the inside of her brain'. But what I remember in my head is that my brain was falling apart. – Kim

Conclusion

Women often find themselves shouldering the immense responsibility of domestic labour along with anticipating, shaping, and managing the emotional well-being of their families, a burden that frequently remains unnoticed and unacknowledged as labour (Waltzer, 1998). The mental load is characterised by its inherent invisibility, its boundaryless nature, and its enduring presence, leaving those who bear it feeling perpetually 'overloaded' (Dean et al., 2021).

The advent of the Covid-19 pandemic further heightened the intricacies surrounding domestic labour and the mental load. As families found themselves confined within the blurred boundaries of their homes, the once-distinct lines separating work, childcare, and personal time evaporated. This study has shown that mothers disproportionately bore the brunt of these changes, experiencing heightened anxieties, increased responsibilities for ensuring their children's safety, and an amplified mental load.

The Covid-19 pandemic dramatically altered the expectations and experiences of mothers during their maternity leave. Initially anticipating a period of bonding and shared joy, many women found themselves isolated, with limited social interactions and a sense of stolen moments. The absence of crucial social support networks left mothers mourning the maternity leave they had envisioned.

Many mothers felt that their experiences were devalued, leading to feelings of abandonment and disempowerment. Without adequate professional and social support, they had to navigate complex healthcare decisions and the challenges of early motherhood largely on their own, often feeling dismissed.

Balancing the risks posed by the pandemic with their emotional well-being became a complex challenge. The lifting of restrictions introduced new fears and anxieties and making decisions with limited information only added to their emotional burden.

Additionally, loneliness and monotony became prominent features of maternity leave as the absence of social support intensified feelings of isolation. Mothers felt immense pressure to meet unrealistic expectations of being the 'perfect' mum, which was exacerbated by the lack of social support, resulting in feelings of guilt, shame, and a distorted sense of self-worth.

In conclusion, the Covid-19 pandemic profoundly impacted maternity leave experiences creating intense invisible labour, adding layers of complexity, anxiety, and isolation. Mothers displayed remarkable resilience in the face of unprecedented challenges. These findings underscore the need for better support systems, both within healthcare and society at large. Policymakers, healthcare providers, and communities must recognize the unique struggles faced by mothers during times of crisis. And more importantly, the covid pandemic puts the invisible work of women under a microscope, so we can see more clearly the systems of inequality in place every day, not just in a pandemic. By acknowledging and understanding these challenges, we can work toward a more compassionate and supportive approach to motherhood during crises like the Covid-19 pandemic.

Recommendations

Here we propose practical recommendations for several groups, namely charities, organisations and businesses, wider social policy makers, families and for mothers themselves, to consider ways to improve the experiences of women during maternity leave, motherhood, and for returning to work.

Charities

Our research shows the necessity of social support and the opportunity to socialise with other mothers during maternity leave. Therefore, for any charitable organisations looking to support women on maternity leave the priority here should be helping to create 'the village' that women are craving; helping to develop a community of coping.

Mother and baby groups are a lifeline for many women on maternity leave and we suggest that mothers should be the primary focus of baby classes. Create informal ways for them to socialise without feeling forced or pushed or uncomfortable and let them share their experiences.

Organisations and 'Going Back to Work'

As an employer or line manager, you are unlikely to be aware of the trauma and anxiety a new mother has experienced when they return to work. Many women will most likely return to work wanting to show that nothing has changed, and they are still the 'ideal worker' they were before becoming a parent. But for most, the person who left that workplace is not the same person who returned. Their whole world has changed – their routine has changed, their priorities have changed, their confidence has changed, the time they have available has changed and this can be overwhelming, therefore, supporting new parents' mental health when returning to work is essential. Organisations often expect women to pick up where they left off...often a year later and whilst

of course, this might work for some, it will certainly not work for everyone. We recommend reintroducing returning parents back to work very carefully, tailoring the process to match their needs. If they need more time and support, it is important to provide this without creating feelings of failure for not being able to 'jump straight back in'.

Employers also need to be mindful of flexibility around childcare, particularly in the first year when parents are resettling into a new routine. This can be a stressful and overwhelming time which will involve childcare drop-offs, pick-ups, new childcare such as nurseries, childminders, or family

support, which can all come with separation anxiety for parent and child as well as new logistical planning. It also takes time to rebalance priorities and readjust to juggling multiple parts of their life which can impact the mental load and wellbeing.

Organisations need to consider the language they use when talking to returning mothers. For example, our research found that often on returning to work, women were asked whether they had a 'nice holiday' or when returning to work during/after the pandemic

Policy

When considering policy recommendations at Government, healthcare, and local council level, we advocate for universal, free mother and baby groups. As already highlighted, these are an essential lifeline for mothers on maternity and should not be based on affordability. Good quality mother and baby groups should be an expected and free part of maternity leave should mothers wish to participate. Mother and baby groups are low cost but have the potential to have a huge impact on maternal mental health, supporting women to manage boredom, monotony, and loneliness whilst on maternity leave. Universal and locally based mother and baby groups would go some way to rebuilding the village that women are seeking to support them when becoming new mothers. Most women are receiving the most basic income whilst on maternity leave and therefore mother and baby classes can be an expensive luxury, but one that they all felt was essential.

We recommend that face-to-face services and support need to be reintroduced as standard, bringing back baby clinics and support on a more informal basis. Without the ability to see healthcare

comments such as 'you picked a good time to go on maternity leave' were made. These comments, seemingly harmless can be frustrating and undermine the trauma and difficulty women have faced. Maternity leave can be beautiful and rewarding, but as we have demonstrated in this report it is still filled with additional layers of visceral work.

professionals and obtain the necessary support that women need, women are left alone, desperate, and anxious. Whilst these services may be available on a pre-booked basis, maternity leave is fraught with extreme highs and lows. If our pre-booked meetings are all booked during the highs, we lack the support when it is really needed.

Based on our research we found that the key change that needs to be seen is a wider societal and governmental shift in which women are fully listened to. During maternity leave often women are made to feel as though they are fulfilling the stereotypical tropes of being dramatic and hysterical. In reality, motherhood is an experience like no other and rather than dismissing women as 'first time mums', or 'worriers' we need more empathy where their experiences are not undermined or dismissed or where they are simply forced to 'get on with it'. It is vital that we listen and hear the voices of new mothers, take them seriously and legitimise their experiences.

Family

For those wondering how best they can support mothers during their maternity, it might be worth thinking carefully before asking 'how can I help?' While the sentiment is kind and supportive, it simply adds to the mental load. Mothers are often treated as the project manager of the household, retaining all information,

in charge of all decision-making and organising. The responsibility can be draining and exhausting. Instead, try to anticipate how you might be able to help. For partners try to avoid seeing yourself as offering 'help', instead consider yourself as the joint project manager – do not wait to be told what to do, take action.

Mothers

Much of the work needed to improve the experiences of maternity leave should not fall at the feet of mothers themselves but should instead be taken on by organisations, charities, and governments. Nevertheless, we would like to provide one recommendation to mothers (both new and more experienced) which we think will help to reduce the invisible labour and pressure of being the 'perfect mum'.

Our research shows that women put immense pressure on themselves, and this mostly stems from societal pressures put on them, often unintentionally and often by other mothers. Low-self-esteem, lacking in confidence in parenting decisions, and feeling anxious about motherhood are common. At times, we project these fears onto other mothers, judge other parents' choices in order to feel more comfortable and confident in our own. This is not thought-through or malicious but comes from a place of constantly feeling judged and watched. This creates a vicious cycle of judgement and guilt and does nothing to improve our community. So, we ask mothers to be confident in their decisions. You have made the right choice for you and your child. Whether that be related to what you feed your baby, what activities you choose to do, your approach to toys, screen

time, sleep or returning to work. Whatever you choose is the right decision. The more confidence we have in the choices we make being right for us, the less likely we are to see other choices in a negative way. When other mums make a different choices or decision to you, this is not an attack on you. We need each other to develop a community of coping; to offload, to act as sounding boards, to seek advice and have fun and find joy. This is much harder to do when we are critical of each other's choices. The best we can do to improve all of our experiences as unsure, new parents is to embrace the different approaches we take. We think this would go a long way in shifting the culture of shame and guilt often felt amongst mothers. It is vital that we create and nurture an inclusive, non-judgemental community in order to thrive as new mothers. We believe this will lead to a significant reduction in the invisible labour we undertake.

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