

## Supporting parents for a healthy equitable future



Often the most memorable times in one's life, pregnancy, birth, and early parenthood can also be associated with unprecedented stress and challenges. According to WHO, one in five women could experience a mental health condition during pregnancy or within 1 year of giving birth. This perinatal period is sensitive to traditional risk factors (such as alcohol and tobacco), but also to socioeconomic and political determinants of health. This issue of *The Lancet Public Health* sheds light on some of these public health issues.

Alcohol consumption in pregnancy remains an important public health concern. Marcella Broccia and colleagues used data from Danish nationwide registries to document the consequences of heavy prenatal alcohol exposure. In their first Article, Broccia and colleagues report that heavy prenatal alcohol exposure is associated with adverse obstetric and birth outcomes, including small for gestational age, preterm birth, and haemorrhage in late pregnancy. In their second Article, they report an association between increased risk of child morbidities with heavy prenatal alcohol exposure and document previously unidentified issues, such as conditions associated with brain function, infections, and injuries but also child maltreatment. In their linked comment, Sonya Scott and Jonathan Sher urge the need for individual support along with system and structural changes to prevent alcohol-related harm.

Perinatal mental health is increasingly seen as critical to public mental health, but there is still widespread stigma around perinatal mental health and limited strategies to support and improve parents' perinatal mental health and wellbeing. Parental paid leave policies can support parents and offer financial stability, flexibility, and time to bond with their baby. In their Systematic Review, Amy Heshmati and colleagues look at the effect of parental leave on parents' mental health and report that paid leave, especially that of at least 2–3 months, is associated with reduced risk of poor maternal mental health but there was no strong evidence regarding the effects of parental leave use on partners' mental health. Katharine Barry and colleagues looked specifically at the potential effect of paternity leave on parental post-partum depression in a French cohort. They report that fathers who took or intended to take even a short paid paternity leave (2-weeks) had lower odds of depression at

2 months after their child's birth, however, they reported an increase in mothers' post-partum depression when their partners took paternity leave—raising questions regarding optimal timing and duration. These two reports add to a growing body of evidence suggesting that paid leave policies can support mental health among new parents, but also highlight the importance of policy design in realising these benefits, noted Julia Goodman and Lisset Dumet Poma in their Comment. An equity lens and an intersectional approach are needed to fully understand access to paid leave and its mental health benefits.

According to the 2022 International Labour Organization's report *Care at Work: Investing in Care Leave and Services for a More Gender Equal World of Work*, "maternity leave is a universal human and labour right, and yet it remains unfulfilled" with 649 million women having inadequate maternity protection; while paternity leave remains an afterthought, with almost two-thirds of potential fathers (1.26 billion men) living in countries with no entitlements to paternity leave. When paternity leave is available, it is short, with a global average of 9 days, and is low paid with only three in ten fathers being paid 100% of their previous earnings. Self-employed, workers in the informal economy, migrants, adoptive, and LGBTQI+ parents are frequently excluded from leave provisions. Worryingly, 132 countries do not offer a right to paid time off for prenatal medical examinations, despite the importance of antenatal care in the prevention and management of obstetric complications, maternal mortality, and inequalities in maternal and child health outcomes. Addressing reproductive health needs across the lifecourse requires an integrated, community-based approach combining contraception and preconception care as proposed by Jennifer Hall and colleagues.

To address the wider determinants of health during the perinatal period, major gaps in availability, access, adequacy, and quality of parental leave policies and care services need much more attention, efforts, and bold political will. Governments, policy makers, and employers need to support and invest in equitable access to parental leave policies and perinatal health care to reduce gender inequalities at home, work, and in society.

■ *The Lancet Public Health*

Copyright © 2022 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY 4.0 license.

See [Comment](#) page e2

See [Comment](#) page e4

See [Articles](#) page e15

See [Articles](#) page e28

See [Articles](#) page e36

See [Review](#) page e57

See [Health Policy](#) page e76

For the ILO's *Care at work* report see [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms\\_838653.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_838653.pdf)