

The Mental Toll of Motherhood? by Valentina Paredes and Fabián Duarte

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- Chilean 2011 extension of maternity leave from 12 to 24 weeks.
- Compare the evolution of mental health leaves between mothers and not-mothers, both before and after the reform.
- Both before and after show a big spike in sick leaves right after return to work.
- Cumulative effects after 3 years: 4 days (6-month ML) vs 3.24 (3-month ML).

Methodological Suggestions

- Clarify the role of the never-treated (identify the time FEs).
- Present alternate figures with:
 - Cumulative effects up to month t (as future pregnancies figure).
 - Using return to work as the reference event time.

Background:

- When leave was only 3 months, it was not uncommon for Chilean mothers to use child sickness as a de-facto leave extension.
 - After reform, the rate of reflux issues in babies dropped sharply.

This background raises the question:

- What is the meaning of the spike in mental health sick-leaves right after return to work?
 - Underlying issues that started during ML and continue after return to work.
 - A reaction to the stress of the return to work itself.
 - De-facto further extension exploiting flexible codes.
- Nature of mental health pathologies makes the distinction challenging.

Interpreting the results

Maybe useful in understanding:

- How does the incidence differ by:
 - Women with a history of mental health problems?
 - Flexibility of the ICD-10 codes?
 - Leniency of the insurer with respect to the problem?
- Do we see the same spike in more recent data?
 - Less comparable, but maybe given time to change practices, as with reflux issues.