Balancing Parenthood and Academia

A Case Study of Amanda

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AT A GLANCE

CHALLENGES

- Rigid institutional policies and discrimination
- Lack of awareness about PMADs and the postpartum period

RECOMMENDATIONS

- Make accommodations (e.g., remote work)
- Increase access to high-quality mental health services for scholar-caregivers

ABOUT THE STUDY

This research is based on in-depth interviews with 17 caregivers across the U.S. who experienced perinatal mood and anxiety disorders.

Amanda's Story

In the same year, Amanda embarked on two major life changes: beginning her PhD program and preparing for the birth of her first child. Despite being legally entitled to six months of paid maternity leave under government-funded fellowships, she faced resistance from her academic institution. ***"The director told me that if I had disclosed my pregnancy during the interview, they would have advised me to apply next year."***

This blatant discrimination forced her to assert her rights and advocate for the support she was entitled to. Amanda's persistence paid off, and she took her legally guaranteed leave despite institutional reluctance. However, the experience left her feeling unsupported and isolated.

"Why should taking leave be a battle when it's something guaranteed by law?"

Amanda participated in our recent study on perinatal mental health and brought a wealth of insight into the experiences of caregivers who are also students. With her permission, we highlight her story.

Amanda's birth experience, although medically successful, was fraught with emotional challenges. Despite promises of a supportive, family-inclusive birthing environment, hospital policies restricted her husband's presence and confined her to an uncomfortable position during labor. ***"I wasn't allowed to move, and the nurse insisted I stay on my back the whole night,"*** she shares. The experience left her feeling disempowered and vulnerable.

Then, postpartum recovery came as a shock to Amanda. She struggled with the physical toll of childbirth, the demands of exclusive breastfeeding, and a lack of candid discussions about postpartum realities within her family and community. ***"I wondered why no one told me how hard this would be,"*** she reflects, ***"postpartum really came as a shock to me. Why don't we talk about this, that you're gonna be sore and sleepless for months."***

Despite these struggles, Amanda persevered and eventually sought counseling to process her postpartum experience.

"I wondered why no one told me how hard this would be"

Supports & Gaps

Amanda's story highlights the mental health challenges that arise from a lack of institutional and societal support for postpartum parents. Studies show that postpartum depression and anxiety are prevalent among academic mothers, often exacerbated by institutional barriers and lack of flexibility (Lebel et al., 2020). Amanda's delayed realization of her emotional needs underscores the need for proactive mental health screening and support in academic settings.

Despite initial resistance from her institution, Amanda successfully balanced her academic responsibilities and parenting. ***"I took my leave, came back, and got back to work as if nothing had happened,"*** she says. Her ability to self-advocate and navigate institutional bureaucracy is a testament to her resilience but also highlights the need for systemic reforms to better accommodate student-parents.

Amanda reported that she was able to utilize the following supports during the perinatal period:

- Online mental health therapy and peer support.
- Informal family support.
- Limited institutional accommodations.

“I took my leave, came back, and got back to work as if nothing had happened. Parenthood shouldn't be a barrier to pursuing education”

Future Directions

Academic institutions must recognize the growing need to support student-parents through flexible policies and inclusive environments. Offering accommodations such as remote learning options, childcare support, and mental health services can improve retention and academic success. Further, it is important not to penalize those who do take leave. As Amanda shared, ***"we all know women in the corporate sector are sidelined when they come back [...] it's so different, what happens in reality versus what is guaranteed to you by law."***

Now expecting her second child, Amanda is approaching her leave with confidence and assertiveness. She continues to advocate for institutions to support caregivers.

Dedicating more funding for caregivers in academia could:

- **Improve researcher retention, wellness, and productivity, as well as the reputation of the institution**
- **Increase access to mental health services**
- **De-stigmatize PMADs and mental health service utilization**

"I've just been more proactive this time around. I have been in counseling since the beginning of my pregnancy. This time, I'm going to be more assertive about what I want."

The Bottom Line

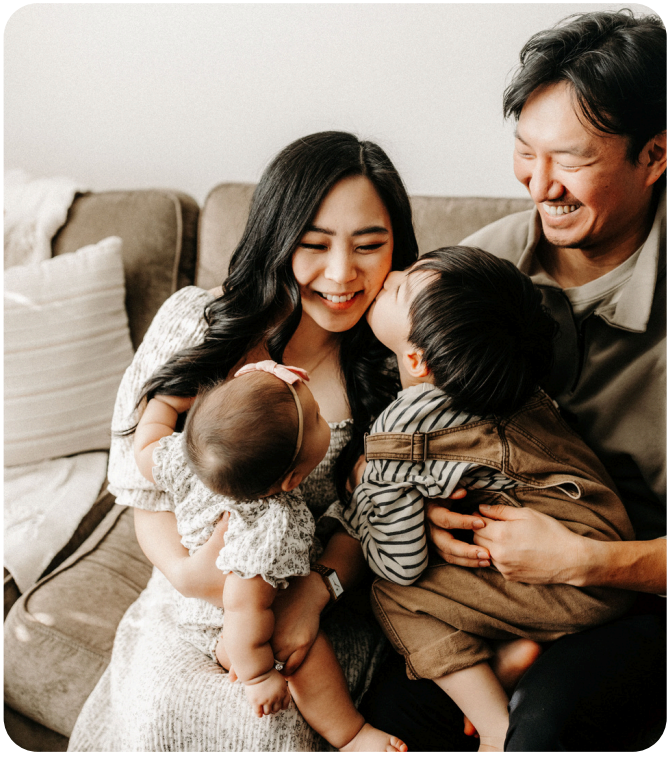
Amanda's story serves as a powerful call for more supportive and equitable policies that enable student-parents to thrive both academically and personally. By investing in comprehensive support systems, we can promote healthier, happier, and more successful scholars and their families.

References:

Lebel, C., Walton, M., Letourneau, N., Giesbrecht, G., Kaplan, B. J., & Dewey, D. (2020). Prevalence, risk factors, and outcomes of postpartum depression in a cohort of mothers followed for 5 years from the prenatal period. Journal of Affective Disorders, 273, 328-334. https://doi.org/10.1016/j.jad.2020.04.017

About Nested

At Nested, we're committed to advancing family well-being through rigorous, impactful research. As a specialized 501(c)(3) nonprofit institute with deep expertise in child development, perinatal mental health, and parenting, **we are accelerating the research-to-action pipeline.**



Methodology

This case study is part of *Missed Screenings, Missed Support*, a national study on perinatal mental health. As part of the research, we conducted one-on-one interviews with caregivers across the United States, each lasting up to two hours. These conversations explored their personal experiences with perinatal mood and anxiety disorders, capturing the challenges, support systems, and moments that shaped their journeys.

All names used in this case study are pseudonyms. Any identifying information has also been changed to protect caregiver privacy.

This study was made possible by the generous support of our founding partners, who share our commitment to improving family well-being.

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