POLICY PAPER

Reintegration of Nurse-Mothers Policy: Extending Maternity Leave and Support Systems for a Sustainable Nursing Workforce in Ghana

Rachel Serwaah Antwi, MSN, RN[1] and **Racheal Chidimma Jideofor,** MSN, RN[2]

Executive Summary

This policy paper advocated for the extension of paid maternity leave for nurse-mothers in Ghana from 12 weeks to six months, complemented by structured reintegration mechanisms, including flexible return-to-work schedules, on-site childcare, and tailored mental health support. Ghana's current maternity policy, established under the Labor Act (2003), offers limited protection for nurse-mothers who must balance intense professional demands with maternal care responsibilities. Data indicated persistent nurse attrition, high stress, and discontinuation of exclusive breastfeeding linked to the inadequacy of existing provisions.

Drawing on systems thinking, the paper identified interrelated factors—short maternity leave, inadequate workplace support, and insufficient mental health care—that contributed to a cycle of workforce strain and reduced care quality. Comparative evidence from countries such as Gambia, Ethiopia, and Brazil demonstrated that comprehensive maternity and reintegration policies improve workforce retention, maternal well-being, and infant health outcomes. The proposed reforms aligned with Ghana's Health Sector Medium-Term Development Plan (HSMTDP 2022–2025), Sustainable Development Goal 3 (Good Health and Well-Being), and the Beijing Platform for Action on Women's Rights. The paper concluded with implementation strategies, stakeholder roles, and mitigation measures for potential barriers, while aiming to promote a sustainable, gender-equitable nursing workforce.

Keywords: *Nurse-mothers, maternity leave, workforce policy, gender equity, Ghana*

1. BACKGROUND

1.1 Magnitude and Urgency of the Problem

Nurses form the backbone of Ghana's healthcare system, comprising over 50% of the national health workforce and serving as the frontline of service delivery across hospitals and communities (Asamani et al., 2019). Despite their indispensable role, female nurses—many in their reproductive years—struggle to reconcile the dual burdens of professional caregiving and motherhood. Pregnant and postpartum nurses endure heavy physical demands, long shifts, and intensified emotional stress risks that include fatigue, depression, and anxiety which workplace seldom address (Anku-Tsede, 2015; Avendano et al., 2014).

Maternity leave is a period in which a woman is legally allowed to be absent from work in the weeks before and after she gives birth (Cambridge Dictionary, 2025). According to the International Labour Organisation (ILO) Convention No. 183 globally, maternity leave is granted by 51% of countries with the minimum period being 12 weeks. Under Ghana's current Labour Act (2003, Act 651, Section 57), maternity leave is limited to paid 12 weeks. This is one of the shortest durations among African nations (Ministry of Trade & Industry, 2003).

Empirical evidence suggests that this short duration exacerbates maternal fatigue, early cessation of breastfeeding, and postpartum mental health issues. According to the Ghana

[1] Corresponding author; PhD in Nursing Student, School of Advanced Studies, Saint Louis University, Philippines, Email: antwirachel1@gmail.com
[2] PhD in Nursing Student; School of Advanced Studies, Saint Louis University, Philippines

Demographic and Health Survey (2015), only 56% of infants below six months are exclusively breastfed, a figure below the WHO target of 90%. This also accounted for 10% of childhood diseases in low-income and middle-income countries like Ghana (Dun-Dery & Laar, 2016). Furthermore, Acheampong et al. (2021) reported that Ghana experiences a 7–10% annual attrition rate among nurses, with maternity-related challenges and burnout cited as key contributors. Nurse-mothers often resume full clinical duties prematurely, consequently affecting both patient safety and maternal health (Asare et al., 2022; Hino et al., 2024).

1.2 A Systems Thinking Perspective

In having applied a systems-thinking perspective, this study showed how the problem of nurse-mothers returning to clinical duties too soon and without adequate support is not merely an HR or individual issue but the result of interconnected structural failures. Short maternity leave intersected with long shifts, lack of lactation facilities, and limited mental health services to form a reinforcing cycle of stress, absenteeism, and eventual attrition. These structural gaps, as a result, had weakened institutional performance and workforce stability.

Applying systems thinking allows policymakers to visualize these linkages and recognize that extending maternity leave must be paired with workplace reintegration and psychosocial support. In addressing only one node—such as leave duration—without strengthening the others consequently risks perpetuating workforce fragility. Therefore, breaking the cycle requires cross-sectoral points by aligning labor and health policy for small, targeted changes to produce sustained improvements in maternal wellbeing, workforce stability, and patient care.

1.3 Policy Context: Health and Labor Landscape in Ghana

Ghana's health policies are guided by the Health Sector Medium-Term Development Plan (HSMTDP) 2022–2025, which emphasized universal health coverage, human resource development, and gender-responsive policies. However, the existing maternity leave provision under the Labor Act (2003) remains generalized, applying equally to all sectors without accounting for the physically demanding, shift-based nature of nursing.

Comparatively, Ghana lags behind regional counterparts. The Gambia offers 6 months of paid maternity leave at full pay (National Assembly of Gambia, 2020); Ethiopia provides 120 fully paid working days (Khaitina & Mykhalchenko, 2024); and Djibouti allows 14 weeks (Figaro, 2024). These benchmarks demonstrated that extended maternity leave is both feasible and beneficial in African contexts.

The International Labor Organization (ILO) Convention No. 183 mandated a minimum of 14 weeks' maternity leave with full pay, while encouraging progressive extension where possible. Furthermore, Ghana is a signatory to the Beijing Platform for Action (BPFA) and Sustainable Development Goals, particularly SDG 3 (Health), SDG 5 (Gender Equality), and SDG 8 (Decent Work). Aligning maternity leave reform with these frameworks would signal Ghana's commitment to equitable labor and health outcomes (Adjorlolo et al., 2019).

These significant policy gaps point to an urgent need for Ghanaian policymakers and healthcare institutions to develop tailored return-to-work frameworks that not only extend maternity leave but also incorporate phased reintegration and ongoing support, thereby fostering a sustainable and resilient nursing workforce.

2. POLICY OPTIONS

Policy Option	Description	Advantages	Limitations
Option 1: Maintain Status Quo	Retain 12-week maternity leave under current law.	No fiscal change required; simple to maintain.	Fails to address attrition, breastfeeding discontinuation, or burnout; contradicts WHO and ILO recommendations.
Option 2: Incremental Reform	Extend leave modestly (to 16–18 weeks) with limited workplace support.	Partial relief for new mothers; minimal cost increase.	Insufficient time for recovery; negligible impact on long-term retention.
Option 3: Comprehensive Reform (Recommended)	Extend maternity leave to six months, with flexible reintegration, mental health support, and on-site childcare.	Aligns with WHO/ILO standards, improves retention and well-being, promotes gender equity.	Requires budget allocation and intersectoral coordination.

3. POLICY RECOMMENDATIONS

3.1 Extend Paid Maternity Leave to Six Months

Policy Details:

Duration: Two months prenatal and four months postnatal leave.
Compensation: 100% salary for the first four months, 75% for the final two.
Protection: Full job security with no dismissal during maternity leave.
Eligibility: Submission of medical certification.

Global and Local Supporting Evidence:

Extended maternity leave enhanced maternal recovery, bonding, and exclusive breastfeeding. In the United States, extended leave reduced postpartum depression rates by 20% (Hidalgo-Padilla et al., 2023). In Brazil, longer paid leave yielded both social justice gains and workforce stability (Carroll et al., 2022). The ILO noted that every additional month of leave correlates with improved child survival and maternal well-being. For Ghana, this could translate to improved nurse retention and reduced recruitment expenditures, which currently consume 20–30% of staffing budgets.

3.2 Implement a Modified Return-to-Work Schedule

Policy Details:

Grant flexible working hours for the first 3–4 weeks post-leave (e.g., 6-hour shifts at full pay).
Allow partial remote administrative duties where feasible.

Global and Local Supporting Evidence:

Wang et al. (2009) found that flexible scheduling significantly reduces absenteeism and burnout among nurses. Phased return-to-work systems adopted in Japan and the UK improved reintegration and decreased turnover intentions. Ghanaian qualitative studies with nurse-mothers documents difficulty balancing clinical shift patterns with postpartum recovery, and inflexible schedules force compromises that are harmful to wellbeing and job performance (Konlan et al., 2022). Thus, Ghana's health institutions can adapt these models to ensure a gradual, health-conscious reintegration.

3.3 Strengthen Mental Health Support Systems

Policy Details:

Institutionalize postpartum mental health screening.
Offer counseling, peer support groups, and access to digital mental health platforms.

Global and Local Supporting Evidence:

Alzoubi et al. (2024) and Babapour et al. (2022) found strong correlations between supportive environments and reduced job stress among nurses in middle and high-income countries. In context, lacking mental health infrastructure, workplace-based counseling is cost-effective and improves morale. Studies among Ghanaian healthcare staff showed low recognition and management capacity for perinatal and postpartum mental health problems within health facilities, suggesting a need for workplace mental health rehabilitation (Sefogah et al., 2020). Addressing mental health concerns among nurse-mothers enhanced overall healthcare quality (Bamforth et al., 2023).

3.4 Establish On-Site Childcare and Lactation Facilities

Policy Details:

Mandate that medium to large healthcare facilities provide childcare centers and breastfeeding-friendly spaces.
Institutionalize protected breaks for breastfeeding or milk expression.

Global and Local Supporting Evidence:

Heymann et al. (2017) and Dun-Dery & Laar (2016) studies in Scandinavian countries showed that on-site childcare promotes exclusive breastfeeding continuation, fosters long-term child developmental outcomes, and improves workforce retention. Such facilities also strengthened institutional reputation and gender equity compliance. Studies of female labor participation in Ghana identified childcare access as a structural barrier that limits women's opportunities in the formal sector, including the healthcare field (Abekah-Nkrumah et al., 2020; Kubuga & Tindana, 2023).

4. Value of Proposition

The Reintegration of Nurse-Mothers Policy will offer substantial, measurable benefits across clinical, workforce, equity, and economic domains. Extending paid leave and creating breastfeeding-friendly workplaces, including lactation rooms and protected break times, will improve maternal and

child health outcomes (Nkrumah et al., 2021; Ogbuanu et al., 2011). The policy will boost nurse retention and reduce turnover costs through phased returns, flexible scheduling, and targeted mental healthcare support systems (Konlan et al., 2023). Ensuring that nurse-mothers come back rested, competent, and clinically able will elevate the quality, safety, and continuity of patient care. By investing in these practical supportive mechanisms, it will also strengthen the nursing staff morale and long-term institutional resilience (Panagioti et al., 2017). In addition, this policy would directly support the advancement of women's health rights and workplace gender equality in Ghana healthcare sector (Manuh & Anyidoho, 2015). Ultimately, this policy will yield healthcare system-level economic benefits by lower recruitment and training expenses and increased productivity from a more stable nursing workforce (Rossin-Slater et al., 2013).

5. IMPLEMENTATION CONSIDERATIONS

5.1 Key Stakeholders for Policy Implementation

Nurses (Direct Beneficiaries): Co-design pilots, provide feedback, champion workplace changes, and model uptake to ensure policies are practical and accepted.
Ministry of Health (MoH), Ghana: Leads policy design, collaborate with the stakeholders, issues standards and guidance, and secures political support for reintegration.
Ghana Health Service (GHS): Pilots implementation, trains managers, monitors compliance, collects routine data, and provides technical support for regional scale-up.
Ministry of Employment and Labor Relations (MELR), Ghana: Aligns labor law, issues compliance guidance, and engages employers on leave and workplace accommodations.
Ministry of Finance (MoF), Ghana: Secures funding, allocates pilot and facility budgets, commissions economic evaluations, and mobilizes donor co-financing for scale-up.
Hospital Administrators: Update HR policies, create lactation spaces, approve phased returns, ensure staffing coverage, and monitor staff feedback for adjustments.
Ghana Registered Nurses and Midwives Association (GRNMA): Advocates members' interests, provides peer support, runs awareness campaigns, and monitors facility-level implementation.
Women's Rights Organizations: Mobilizes public support, ensures gender-responsive design, amplifies nurse-mothers' voices, and participates in oversight.
Patients and Communities: Indirect beneficiaries of improved nurses' well-being and care continuity.

5.2 Implementation Barriers and Proposed Strategies

5.3 Cost-Benefit and Sustainability Analysis

While extending maternity leave incurred short-term fiscal implications, the long-term economic benefits outweigh costs. Reducing turnover saves recruitment and training expenses that are estimated at 20–30% of annual staffing budgets. Moreover, improved maternal health and reduced absenteeism enhanced clinical productivity and patient satisfaction. Sustained funding can be achieved through reallocation within existing workforce development programs and through donor partnerships under gender and maternal health portfolios.

5.4 Monitoring, Evaluation, and Learning (MEL) Framework

The Ministry of Health should establish a Monitoring and Evaluation (M&E) plan to track:

Nurse retention and return-to-work rates.
Breastfeeding continuation rates post-reintegration.

Key Barrier	Potential Impact	Proposed Strategies
Financial constraints	Limited funds for extended salaries and childcare facilities.	Phase implementation starting with tertiary hospitals; secure grants from global maternal health initiatives (e.g., UNFPA, WHO).
Institutional resistance	Perception of reduced productivity or staff shortage.	Conduct advocacy campaigns demonstrating long-term gains in retention and quality of care.
Geographic and equity limitations	Rural facilities lack staff/support, increasing service gaps and widening urban–rural inequities.	Prioritize rural pilots with targeted subsidies; deploy regional relief teams and tele-support; track equity indicators.
Monitoring and evaluation gaps	Lack of data to assess implementation success.	Integrate maternity leave indicators into the MOH Human Resource Information System (HRIS).
Policy coordination challenges	Overlap between Labor Act and health policies.	Establish an inter-ministerial working group between MOH and Ministry of Employment and Labor Relations.

Mental health screening uptake.
Institutional compliance with childcare and lactation facility standards.

Periodic evaluation reports should be submitted annually to Parliament and shared with stakeholders for transparency and learning.

6. CONCLUSION

Addressing the challenges faced by nurse-mothers in Ghana requires a holistic approach that extends beyond the current maternity leave framework. The reintegration of nurse-mothers into Ghana's healthcare workforce is both a moral and strategic imperative. Extending maternity leave to six months, coupled with mental health and childcare support, will yield multifaceted benefits—improved maternal and child health, greater job satisfaction, reduced attrition, and strengthened health system resilience. These reforms represent a pragmatic, evidence-based investment in the sustainability of Ghana's nursing workforce and a commitment to gender-equitable labor practices. By aligning with international standards and national development goals, Ghana can emerge as a regional leader in protecting and empowering nurse-mothers, ensuring that those who care for others receive the care they deserve.

References

Abekah-Nkrumah, G., Antwi, M. Y., Nkrumah, J., & Gbagbo, F. Y. (2020). Examining working mothers' experience of exclusive breastfeeding in Ghana. *International Breastfeeding Journal, 15*(56), 1-10. https://doi.org/10.1186/s13006-020-00300-0

Acheampong, A. K., Ohene, L. A., Asante, I. N., Boateng, F., Woolley, P., Nyante, F., & Aziato, L. (2021). Nurses' and midwives' perspectives on participation in national policy development, review and reforms in Ghana: A qualitative study. *BMC Nursing*, *20*(2), 475-483. https://doi.org/10.21203/rs.3.rs-50227/v3

Adjorlolo, S., Aziato, L., & Akorli, V. V. (2019). Promoting maternal mental health in Ghana: An examination of the involvement and professional development needs of nurses and midwives. *Nurse Education in Practice*, *39*(4), 105-110. https://doi.org/10.1016/j.nepr.2019.08.008

Alzoubi, M. M., Al-Mugheed, K., Oweidat, I., Alnaeem, M. M., Alabdullah, A. A., Abdelaliem, S. M., & Hendy, A. (2024). Moderating role of relationships between workloads, job burnout, turnover intention, and healthcare quality among nurses. *BMC Psychology*, *12*(1), 1-9. https://doi.org/10.1186/s40359-024-01891-7

Anku-Tsede, O. (2015). Maternity Leave Policy and Work-Family Balance: Evidence from Working Mothers in Ghana. *Business and Management Research*, *4*(3), 1-7. https://doi.org/10.1017/gmh.2023.6.pr2

Asamani, J. A., Amertil, N. P., Ismaila, H., Francis, A., Chebere, M. M., & Nabyonga-Orem, J. (2019). Nurses and midwives demographic shift in Ghana—the policy implications of a looming crisis. *Human Resources for Health*, *17*(1), 1-12. https://doi.org/10.1186/s12960-019-0377-1

Asare, S. F., & Rodriguez-Muñoz, M. F. (2022). Understanding healthcare professionals' knowledge on perinatal depression among women in a tertiary hospital in Ghana: A qualitative study. *International Journal of Environmental Research and Public Health, 19*(23), 159-170. https://www.mdpi.com/1660-4601/19/23/15960

Avendano, M., Berkman, L., Brugiavini, A., & Pasini, G. (2014). The long-run effect of maternity leave benefits on mental health: Evidence from European countries. *SSRN Electronic Journal*, *2*(13), 45-53. https://doi.org/10.2139/ssrn.2435850

Babapour, A., Gahassab-Mozaffari, N., & Fathnezhad-Kazemi, A. (2022). Nurses' job stress and its impact on quality of life and caring behaviors: A cross-sectional study. *BMC Nursing*, *21*(1), 41-89. https://doi.org/10.1186/s12912-022-00852-y

Bamforth, K., Rae, P., Maben, J., Lloyd, H., & Pearce, S. (2023). Perceptions of healthcare professionals' psychological wellbeing at work and the link to patients' experiences of care: A scoping review. *International Journal of Nursing Studies Advances*, *5*(2), 100-148. https://doi.org/10.1016/j.ijnsa.2023.100148

Carroll, G., Vilar-Compte, M., Teruel, G., Moncada, M., Aban-Tamayo, D., Werneck, H., & De Moraes, R. M. (2022). Estimating the costs for implementing a maternity leave cash transfer program for women employed in the informal sector in Brazil and Ghana. *International Journal for Equity in Health*, *21*(1), 1-13. https://doi.org/10.1186/s12939-021-01606-z

Dun-Dery, E. J., & Laar, A. K. (2016). Exclusive breastfeeding among city-dwelling professional working mothers in Ghana. *International Breastfeeding Journal*, *11*(1), 1-18. https://doi.org/10.1186/s13006-016-0083-8

Figaro, A. (2024). *Parental leave in Africa - A guide across 50+ African countries.* https://africa-hr.com/blog/guide-to-parental-leave-in-africa/?utm_source=LinkedIn&utm_medium=Blog&utm_campaign=parental_leave

Ghana Statistical Service Accra, & Ghana Health Service Accra. (2015). *Ghana Demographic and Health Survey 2014*. https://dhsprogram.com/pubs/pdf/fr307/fr307.pdf

Heymann, J., Sprague, A. R., Nandi, A., Earle, A., Batra, P., Chung, P. J., & Raub, A. (2017). Paid parental leave and family wellbeing in the sustainable development era. *Public Health Reviews*, *38*(1), 1-16. https://doi.org/10.1186/s40985-017-0067-2

Hidalgo-Padilla, L., Toyama, M., Zafra-Tanaka, J. H., Vives, A., & Diez-Canseco, F. (2023). Association between maternity leave policies and postpartum depression: A systematic review. *Archives of Women's Mental Health*, *26*(5), 571-580. https://doi.org/10.1007/s00737-023-01350-z

Hino, M., Takashima, R., & Yano, R. (2024). Health management of working pregnant nurses: A grounded theory study. *Nursing Open*, *11*(4), 32-79. https://doi.org/10.1002/nop2.2158

Khaitina, V., & Mykhalchenko, O. (2024). *The road to reforming Ethiopia's policies on maternity and paternity leave.* https://blogs.worldbank.org/en/developmenttalk/road-reforming-ethiopias-policies-maternity-and-paternity-leave

Konlan, K. D., Pwavra, J. B., Armah Mensah, M., Konlan, K. D., Aryee, R., & Narkotey, S. (2022). Challenges and coping strategies of nurses and midwives after maternity leave: A cross sectional study in a human resource constrained setting in Ghana. *Nursing Open, 10*(1), 208-216. https://doi.org/10.1002/nop2.1296

Kubuga, C. K., & Tindana, J. (2023). Breastfeeding environment and experiences at the workplace among health workers in the upper east region of Ghana. *International Breastfeeding Journal, 18*(1), 1-13. https://doi.org/10.1186/s13006-023-00565-1Ministry of Trade and Industry. (2023). *Labour and employment*. https://moti-gh.com/labour-employment/index.html

Manuh, T., & Anyidoho, N. A. (2015). 'To Beijing and back': Reflections on the influence of the Beijing conference on popular notions of women's empowerment in Ghana. *IDS Bulletin, 46*(4), 19-27. https://doi.org/10.1111/1759-5436.12152

National Assembly of Gambia. (2020). *Final Report of the Joint Committee On Health, Women, Children, Disaster, Humanitarian Relief and Refugees and Select Committee on Trade, Nepad, Regional Integration, WTO, WB, and LDC of The National Assembly of the Gambia on the Labour (Amendment) Bill, 2020*. https://www.assembly.gm/wp-content/uploads/2021/12/Final-Report-on-the-Labour-Amendment-Act-2020.pdf

Nkrumah, J. N., Abuosi, A. A., & Nkrumah, R. B. (2021). Towards a comprehensive breastfeeding-friendly workplace environment: Insight from selected health facilities in the central region of Ghana. *BMC Public Health*, *2*(4), 26-47. https://doi.org/10.21203/rs.3.rs-122512/v1

Ogbuanu, C., Glover, S., Probst, J., Liu, J., & Hussey, J. (2011). The effect of maternity leave length and time of return to work on breastfeeding. *Pediatrics*, *127*(6), 1414-1427. https://doi.org/10.1542/peds.2010-0459

Panagioti, M., Panagopoulou, E., Bower, P., et al. (2017). Controlled interventions to reduce burnout in physicians: A systematic review and meta-analysis. *JAMA Internal Medicine, 177*(2), 195–205. https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2588814

Rossin-Slater, M., Ruhm, C. J., & Waldfogel, J. (2013). The effects of California's paid family leave program on mothers' leave-taking and subsequent labor-market outcomes. *Journal of Policy Analysis and Management, 32*(2), 224–245. https://onlinelibrary.wiley.com/doi/10.1002/pam.21676

Sefogah, P. E., Samba, A., Mumuni, K., & Kudzi, W. (2020). Prevalence and key predictors of perinatal depression among postpartum women in Ghana. *International Journal of Gynecology & Obstetrics, 149*(2), 203–210. https://obgyn.onlinelibrary.wiley.com/doi/10.1002/ijgo.13124

Wang, W., Gupta, D., & Potthoff, S. (2009). On evaluating the impact of flexibility enhancing strategies on the performance of nurse schedules. *Health Policy*, *93*(2-3), 188-200. https://doi.org/10.1016/j.healthpol.2009.07.003

ABOUT THE AUTHORS

Rachel Serwaah Antwi, MSN, RN, is currently a PhD in Nursing student at Saint Louis University, Philippines. She earned her Master of Science in Nursing degree, specializing in Adult Health Nursing, from the same institution. She attained her Bachelor of Science in Nursing at the University of the Southern Caribbean, where she became licensed as a registered nurse in Trinidad and Tobago. She is also a member of the Trinidad and Tobago Nurses Association and Ghanaian Diaspora Nursing Alliance. Her primary research focus is centered on advancing the fields of nursing ethics, education, and informatics.

Racheal Chidimma Jideofor, MSN, RN, is a Registered Nurse licensed in the State of New York, USA. She earned her Bachelor of Science in Nursing from Lorma Colleges in San Fernando City, La Union, Philippines. She obtained her Master of Science in Nursing with a specialization in Adult Health Nursing from Saint Louis University in Baguio City, Philippines, where she is currently pursuing her PhD in Nursing. Her research interests include evidence-based nursing practice, nurses' knowledge and attitudes toward heart failure, and policies that enhance healthcare system effectiveness and quality of care.

"A nurse is a still point in the turning world—an anchor of calm amidst uncertainty."