



Return to work, family functionality, and social support in women who experienced pregnancy after age 35 in Antioquia, Colombia

Retorno al trabajo, funcionalidad familiar y apoyo social en mujeres que fueron gestantes después de los 35 años en Antioquia, Colombia

Retorno ao trabalho, funcionalidade familiar e apoio social em mulheres que engravidaram após os 35 anos em Antioquia, Colômbia

ABSTRACT

Introduction: Pregnancy after the age of 35 is an increasingly common trend in the contemporary world; however, aspects such as returning to work and its relationship with family functionality and social support remain underexplored. **Objective:** To assess work reentry, family functionality, and social support in women who experienced pregnancy after the age of 35 in Medellín and the metropolitan area of Antioquia, Colombia. **Materials and methods:** A descriptive study measuring sociodemographic characteristics, social support, family functionality, and satisfaction with work reentry following pregnancy in 106 women from the department of Antioquia, Colombia. **Results:** Of the participants, 82.1 % had an education level higher than secondary school, and over half belonged to the upper-middle class. No participant with normal family functionality reported unsatisfactory work reentry, and approximately 80 % of these women were still employed. 75 % of the participants reported not experiencing postpartum depression; however, only 43.8 % self-reported normal family functionality. **Conclusion:** For a pregnant woman over 35 years of age, a functional family and a positive perception of social support play a beneficial role in work reentry.

Keywords: Pregnant women; women's health; return to Work; social support; family relations. (Source: DeCS, Bireme).

Sustainable development goals: Good Health and well-being.

RESUMEN

Introducción: La gestación luego de los 35 años es una tendencia creciente en el mundo contemporáneo, sin embargo, aún no han sido suficientemente explorados aspectos como el retorno al trabajo y su relación con la funcionalidad familiar y el apoyo social. **Objetivo:** Evaluar el retorno laboral, la funcionalidad familiar y el apoyo social en mujeres que fueron gestantes después de los 35 años, en Medellín y el área metropolitana, en Antioquia, Colombia. **Materiales y métodos:** Estudio descriptivo en el que se midieron características sociodemográficas, el apoyo social, la funcionalidad familiar y la satisfacción con el retorno laboral después de la gestación, a 106 mujeres del departamento de Antioquia, Colombia. **Resultados:** El 82,1 % de las participantes tenía un título superior al bachiller y más de la mitad pertenecía a una clase media-alta. Ninguna participante con funcionalidad familiar normal tuvo un retorno laboral poco satisfactorio y aproximadamente el 80 % de estas aún se encontraba activa laboralmente. El 75 % de las participantes negó haber presentado depresión posparto, sin embargo, solo el 43,8 % autorreportó una funcionalidad familiar normal. **Conclusión:** Para una mujer gestante mayor de 35 años, una familia funcional y una buena percepción de apoyo social actúan positivamente en el retorno laboral.

Palabras clave: Mujeres embarazadas; salud de la mujer; reinserción al trabajo; apoyo social; relaciones familiares. (Fuente: DeCS, Bireme).

Objetivos de desarrollo sostenible: Salud y bienestar.

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Citation:
Vásquez-Trespalcacios EM, Rodríguez-Calderón MA, Uribe-Herrera S, Dávila-Zuluaga AS, Rodríguez-Joya JV, Ramos-Arcila N. Return to work, family functionality, and social support in women who experienced pregnancy after age 35 in Antioquia, Colombia. Univ Salud. 2025; 27(1):e8569. DOI: 10.22267/rus.252701.340

Received: February 22 - 2024
Revised: October 08 - 2024
Accepted: October 28 - 2024
Published: February 12 - 2025



ISSN: 0124-7107 - ISSN (Online): 2389-7066
Univ.Salud 2025 Vol 27 No 1
<https://doi.org/10.22267/rus>

<https://revistas.udenar.edu.co/index.php/usalud>

Acknowledgments: The authors thank Universidad CES for supporting the project.

Author contributions: All authors contributed to the design, data collection, analysis, and writing of the manuscript.

Funding: The authors declare that they received no funding for this manuscript.

Data availability: Anonymized data from the study are available upon request from the corresponding author, subject to approval from the Universidad CES institutional ethics committee.

Ethics approval and consent to participate: Approved by the Universidad CES Research and Innovation Committee, Act 284Proy004. All participants signed informed consent.

Conflict of interest: The authors declare no conflict of interest.

Consent for publication: The authors assign publication rights to the journal Revista Universidad y Salud.

RESUMO

Introdução: A gravidez após os 35 anos é uma tendência crescente no mundo contemporâneo, porém, ainda não foi suficientemente explorados aspectos como o retorno ao trabalho e sua relação com a funcionalidade familiar e o apoio social. **Objetivo:** Avaliar o retorno ao trabalho, a funcionalidade familiar e o apoio social em mulheres que engravidaram após os 35 anos, em Medellín e região metropolitana, em Antioquia, Colômbia. **Materiais e métodos:** Estudo descritivo no qual foram medidas características sociodemográficas, apoio social, funcionalidade familiar e satisfação com o retorno ao trabalho após a gravidez em 106 mulheres do departamento de Antioquia, Colômbia. **Resultados:** 82,1 % dos participantes possuíam escolaridade superior ao ensino médio e mais da metade pertencia à classe média alta. Nenhum dos participantes com funcionamento familiar normal teve um retorno ao trabalho insatisfatório e aproximadamente 80 % deles ainda trabalhavam ativamente. 75 % das participantes negaram ter tido depressão pós-parto, porém apenas 43,8 % relataram funcionamento familiar normal. **Conclusão:** Para uma gestante com mais de 35 anos, uma família funcional e uma boa percepção de apoio social atuam positivamente no retorno ao trabalho.

Palavras chave: Gestantes; saúde da mulher; retorno ao trabalho; apoio social; relações familiares. (Fonte: DeCS, Bireme).

Metas de desenvolvimento Sustentável: Saúde e bem-estar.

INTRODUCTION

The demographic shift toward delayed motherhood is evident not only in high-income countries but across regions worldwide. In wealthier nations, the age at which women have their first pregnancy has consistently risen over time⁽¹⁾. According to data from the United States, the proportion of births among women over 35 has doubled since 1990, accounting for nearly 20 % of births by 2021⁽²⁾. In Western and Northern Europe, this trend became apparent in the early 1970s and subsequently extended to other regions⁽³⁾. Evidence of this increase in Latin American countries remains limited and yields contradictory results; while some studies report that early motherhood persists with no significant trend toward delayed maternity^(4,5), other data indicate that reproductive patterns are indeed shifting in these countries^(3,6).

In Colombia specifically, reports indicate that fertility declined after 1995 despite changes in the pace of fertility inflation for first births. However, a slowdown was observed in the trend toward earlier motherhood among younger cohorts, although this was not statistically significant from a demographic perspective⁽⁵⁾.

Furthermore, a study conducted by the National University of Colombia exploring the prevalence and associated factors of pregnancy in women over 35 years of age found that between January 2011 and October 2015, there were 12,846 pregnancies which occurred in women over 35, with 19.8 % of these women aged 40 or older⁽⁷⁾.

Although the trend of delaying pregnancies among women has been extensively studied, it remains a topic of considerable debate. According to a review by Mills *et al.*, reasons for this trend include effective contraception, higher levels of female education, greater participation in the labor market, changes in romantic relationships, economic uncertainty, and shifts in values and norms regarding parenthood⁽⁸⁾.

From a biological perspective, there is substantial scientific evidence regarding the consequences of pregnancy based on maternal age; however, certain psychosocial aspects have been less thoroughly examined.

The recent global economic crisis has influenced job stability and led to increased workplace flexibility, allowing more women to work during and after pregnancy⁽⁶⁾. The process of returning to work for women who have chosen to postpone motherhood can be challenging, as negative perceptions of motherhood in the workplace may be internalized⁽⁹⁾, and there is significant stress involved in balancing motherhood with work demands⁽¹⁰⁾.

Regarding the return-to-work process, a woman's social support network plays a crucial role in managing the stress associated with transitioning from maternity leave back to work. Social support is defined by the extent to which social relationships meet specific emotional, instrumental, affective, or tangible needs, as well as the degree of social interaction⁽¹¹⁾. Studies by Ribeiro *et al.* and Ma *et al.* show that positive social support affects how pregnant women handle stressful situations, enabling them to more easily adapt to their maternal role^(12,13). One of the most important sources of this social support is family, to whom mothers typically turn for assistance; however, the effectiveness of family support largely depends on the functionality of the relationship⁽¹⁴⁾. Well-functioning families are characterized by open communication, emotional closeness, low levels of conflict, clear roles, and adaptability⁽¹⁵⁾.

In Latin America, and specifically among pregnant women over 35 in Colombia, evidence on family functionality, social support, and its influence on work reentry is scarce. This information would facilitate the design of plans, programs, and projects to support work reintegration.

The primary objective of this study was to identify and describe work reentry, family functionality, and social support among women who became pregnant after age 35 in Medellín and the metropolitan area of Antioquia, Colombia.

MATERIALS AND METHODS

Design

The study was conducted between June 2023 and January 2024, framed within the empirical-analytical paradigm, with a quantitative, descriptive design that aimed for analytical insights, using primary data sources. Data were collected on participants' sociodemographic, work, and family characteristics, as well as their current age and age at the time of pregnancy.

Population and sample

The target population was women residing in Medellín and the metropolitan area who experienced pregnancy after age 35. A non-probabilistic, convenience sampling method was used, including women attending medical check-ups at private institutions in the city. The research team invited women who met the inclusion criteria to participate, ensuring voluntary participation after explaining the study's purpose and procedures.

- **Inclusion criteria:** Women over 35 years of age residing in Medellín or the metropolitan area who had their first pregnancy after age 35 and had a work history prior to pregnancy.
- **Exclusion criteria:** Surveys with more than 10 % missing data were excluded.

Procedure

Sociodemographic, work, family, and age information (current and at pregnancy) was collected through a self-administered Google Forms survey. Personal identifiers, such as name or ID, were not recorded to ensure participants' anonymity.

Variables/instruments

Sociodemographic variables included educational level, socioeconomic status, area of residence, marital status, current age, and age at the time of pregnancy. These variables helped identify work access or requirements and the opportunity to delay motherhood.

Age at pregnancy was the sole limiting variable, as it defined the study population for evaluating other items.

Another variable was satisfaction with work reen-

ery, measured through a questionnaire developed by the researchers, considering both operational and logistical aspects, as well as motivation and socialization in the workplace. Examples of indicators for satisfaction with the work environment included: "*I am satisfied with the benefits I receive at my job*", "*My job allowed me to advance in my professional growth*", and "*Upon returning to work after pregnancy, my work environment was affected*".

Family functionality was assessed through the Family APGAR, a five-point Likert scale developed by Smilkstein in 1978⁽¹⁶⁾, widely used and validated for characterizing this aspect due to its brevity and ease of comprehension. Examples of indicators for family functionality included: "*I am satisfied with the help I receive from my family when I have a problem or need*", "*I am satisfied with how we discuss and share problems within my family*", and "*I am satisfied with how my family accepts and supports my desire to pursue new activities*".

Finally, social support was measured using the Medical Outcomes Study Social Support Survey (MOS-SSS), developed by Sherbourne *et al.*⁽¹¹⁾ and validated in Colombia in 2011, showing a favorable Cronbach's alpha ranging from 0.921 to 0.736⁽¹⁷⁾. This instrument provided insights into emotional, instrumental, affective, and positive social interaction dimensions, along with an overall social support index. Additionally, an Excel template was designed to compile data on all variables.

Statistical methods

Quantitative variables were presented as means or medians with their respective measures of dispersion, depending on variable distribution. Qualitative variables were summarized using absolute frequencies and percentages. Mean comparisons were performed using Student's t-test for independent samples or the Mann-Whitney U test, as applicable.

For group comparisons, chi-square and Fisher's exact tests were used for categorical variables, while ANOVA and Kruskal-Wallis tests were applied for continuous variables (depending on their distribution). A p -value < 0.05 was considered statistically significant, and all analyses were conducted using SPSS software version 25.

Ethical considerations

The project was approved by the CES University Research and Innovation Committee, through Act 284Proy004, December 2022.

RESULTS

Sociodemographic and occupational characteristics

The data analysis was based on 106 women who experienced pregnancy after age 35 in the department of Antioquia, Colombia, and who were employed both before and after their pregnancy. The majority of participants were between 35 and 40 years old at the time of pregnancy. Currently, 51 % reside in the city of Medellín, 68 % have an undergraduate or higher level of education, over two-thirds belong to an upper-middle socioeconomic class, and 87 % have a spouse.

Regarding psychiatric history, one-fourth of the participants reported postpartum depression, and only 10 % currently have a psychiatric condition. Furthermore, 93 % of the participants were employed at the time of pregnancy, and of these, approximately 86 % returned to work postpartum.

As supplementary data, 50 % of the wwomen were paid employees, and 90 % of the total had health insurance coverage (Table 1).

Family functionality

Of the participants, 43.8 % rated their family functionality as normal, while the remaining 56.2 % reported some level of dysfunction, with severe dysfunction being the least common at 12.4 % (Table 2).

Return to work

Of the participants, 49 % considered their work reentry following pregnancy after age 35 to be highly satisfactory, 48 % rated it as moderately satisfactory, and only 2.8 % rated it as unsatisfactory (Table 2).

Characteristic	Frequency	%
Age		
35–40	26	24.5
41–45	18	17.0
46–50	21	19.8
51–55	13	12.3
56–60	8	7.5
Over 60	20	18.8
Age at the time of pregnancy		
35–40	94	88.7
41–45	10	9.4
46–50	2	1.9
Place of residence		
Medellín	55	51.9
Sabaneta	7	6.6
Envigado	14	13.2
Other	30	28.3
Educationwal level		
High School	14	13.2
Undergraduate	25	23.6
Postgraduate	47	44.3
Technical	15	14.2
Other	5	4.7
Socioeconomic stratum		
One	1	0.9
Two	8	7.5
Three	24	22.6
Four	28	26.4
Five	28	26.4
Six	17	16.0
Number of people in household		
1 or 2	28	26.4
3 or 4	62	58.5
More than 4	16	15.1
Marital status		
Single	7	6.6
Married	71	67.0
Common-Law Partnership	16	15.1
Other	12	11.3
Were you employed prior to pregnancy?		
Yes	99	93.4
No	7	6.6
Did you return to work after pregnancy?		
Yes	91	85.8
No	11	10.4
Did not have a job	4	3.8
Current occupation		
Self-employed	31	29.2
Employed	53	50.0
Not working	22	20.8
Did you experience postpartum depression?		
Yes	26	24.5
No	80	75.5
Do you have any psychiatric illness?		
Yes	11	10.4
No	95	89.6
Are you currently pregnant?		
Yes	5	4.5
No	101	95.3
Are you enrolled in the healthcare system?		
Yes	105	99.1
No	1	0.9

Table 1.
Sociodemographic and Occupational Characteristics

Table 2.
Classification of participants according to family
functionality and work reentry

	Frequency	%
Family functionality		
Normal family function	47	43.8
Mild family dysfunction	23	21.9
Moderate family dysfunction	23	21.9
Severe family dysfunction	13	12.4
Return to work		
Highly satisfactory	50	49
Moderately satisfactory	49	48
Unsatisfactory	3	2.9
Did not return to work	4	3.8

Perceived social support

The maximum global score on the social support scale was 94 points, with participants achieving a mean score of 78.63 and a standard deviation of 17.04. This tool allowed for the determination of overall social support perception and enabled the identification of dimensions that provided a more detailed characterization.

The emotional support dimension assessed three levels: **real demonstrations of affection**, such as esteem, care, empathy, and the availability of people able to provide such support; the **presence of affective relationships within the individual’s network**; and the **participant’s perception of these support manifestations**, specifically how loved or admired they feel. This dimension, where the presence of these three components influenced affective well-being, exhibited the lowest score based on the obtained mean.

Instrumental support evaluated the type of material or assistance support, such as financial or material resources to achieve something, help with domestic tasks, and care for children or a family member with an illness. Social interaction, meanwhile, assessed the respondent’s and surrounding individuals’ availability for gatherings, recreation, and enjoyment; these two dimensions had similar intermediate mean scores of 16.37 and 16.64, respectively, where the maximum score for both was 20 points.

Finally, the dimension with the highest mean score was affective support, with 13.05 points out of a maximum of 15. This was defined as the participant’s ability to communicate personal issues, relevant events, conflicts, or intimate matters that require understanding and help (Table 3).

Table 3.
Global social support and its dimensions among
participants

Social Support	Mean	Standard deviation
Global score	78.632	17.0407
Emotional support	32.557	7.7276
Instrumental support	16.377	3.8974
Social interaction	16.642	3.8401
Affective support	13.057	2.7906

When analyzing the perception of social support among women who were pregnant over the age of 35 according to their sociodemographic characteristics, it was observed that the global, emotional, and instrumental social support, social interaction, and affective support scores were, on average, higher among women with a university or higher educational level compared to those with up to secondary education; however, these differences were not statistically significant (Table 4).

According to the socioeconomic classification of the participant's household (low/high), it was noted that both global social support and all its dimensions were, on average, higher for women in higher socioeconomic strata compared to those in lower strata, with a statistically significant difference observed in affective support.

Regarding marital status, women who were pregnant over the age of 35 and lived with a partner perceived higher global social support and in all dimensions compared to those not living with a partner. These differences were not statistically significant (Table 4).

Characteristic	Global social support	p-value	Emotional support	p-value	Instrumental support	p-value	Social interaction	p-value	Affective support	p-value
Educational level										
Up to secondary school	76.23 (19.86)	0.366	31.97 (8.60)	0.616	15.85 (4.48)	0.383	16.00 (4.43)	0.281	12.41 (3.12)	0.102
University or higher	79.76 (15.55)		32.83 (7.32)		16.62 (3.59)		16.94 (3.51)		13.36 (2.51)	
Socioeconomic stratum										
Low	74.63 (20.94)	0.157	31.30 (8.75)	0.301	15.78 (4.81)	0.361	15.48 (4.81)	0.070	12.06 (3.49)	0.035
High	80.43 (14.76)		33.12 (7.20)		16.64 (3.40)		17.16 (3.21)		13.50 (2.29)	
Marital status										
Without partner	74.26 (22.81)	0.343	30.73 (10.19)	0.377	15.47 (4.84)	0.360	15.89 (5.31)	0.483	12.15 (3.91)	0.256
With partner	79.58 (15.50)		32.95 (7.08)		16.57 (3.66)		16.80 (3.45)		13.25 (2.46)	

Table 4.
Perceived social support according to participant characteristics

Work reentry according to family functionality and perceived social support

When analyzing the relationship between work reentry and family functionality among the participants, it was observed that those with normal family functionality reported a higher frequency of highly satisfactory work reentry (62 %). In contrast, this percentage significantly decreased among those who reported severe family dysfunction.

dimension among these women. Both instrumental support and social interaction also showed the same trend, with higher averages among women who experienced satisfactory work reentry.

The affective support dimension, with means of 14.30 ± 1.63 for highly satisfactory work reentry and 11.71 ± 3.25 for moderately satisfactory, also showed significant differences according to work reentry satisfaction.

Regarding social support, emotional support was, on average, higher for participants who rated their work reentry process as highly satisfactory (35.98 ± 5.98), making it the most highly rated support

Family functionality and social support in all dimensions presented statistically significant differences based on work reentry satisfaction (Table 5).

Characteristic	Highly satisfactory work reentry N = 50	Moderately satisfactory work reentry N = 49	Unsatisfactory work reentry N = 3	p-value
Family functionality				
Normal family function	31 (62)	16 (32.6)	0 (0.0)	0.007
Mild family dysfunction	5 (10)	15 (31.3)	1 (33.3)	
Moderate family dysfunction	10 (20)	9 (18.8)	2 (66.7)	
Severe family dysfunction	4 (8)	9 (18.8)	0 (0.0)	
Social support				
Emotional support (mean ± SD)	35.98 ± 5.98	29.08 ± 8.07	32.66 ± 5.68	< 0.0001
Instrumental support (mean ± SD)	18.02 ± 2.95	14.83 ± 4.01	15.33 ± 5.68	
Social interaction (mean ± SD)	18.32 ± 2.72	14.91 ± 4.18	16.00 ± 4.00	
Affective support (mean ± SD)	14.30 ± 1.63	11.71 ± 3.25	14.33 ± 1.15	

Table 5.
Work reentry according to family functionality and social support among participants

SD: standard deviation.

DISCUSSION

This study analyzed the work reentry process of a group of women in Antioquia who experienced pregnancy after age 35, examining its relationship with social support and family functionality.

According to demographic characteristics, 88 % of the women surveyed had their pregnancy between ages 35 and 40, consistent with previous studies conducted in Colombia in 2011, where the average maternal age was 37.6 years⁽⁷⁾.

In terms of educational level, Baranda-Nájera *et al.*⁽¹⁸⁾, in their 2014 study on advanced maternal age in a Mexican hospital, found a higher percentage of women with only basic education, unlike the findings of the present study, in which 82.1 % of participants had an education level higher than secondary school. This difference may be explained by the convenience sampling used in this study, where women attending medical appointments in Medellín were invited to complete the survey.

Despite differences with the Mexican study, the advanced educational level among women who delayed motherhood beyond 35 aligns with the hypothesis that, socially, modern women prefer to achieve greater economic and job stability before pursuing motherhood. This has been corroborated by studies by Ospina *et al.*⁽⁷⁾ and Waldenström⁽¹⁹⁾, indicating that both roles require intensive participation⁽⁸⁾.

Perception of social support

In this study, participants reported, on average, good overall social support and in various dimensions, with a mean global score of 78 out of 90. Instrumental support (referring to economic, material, or in-person support) had a mean score of 16.2, while social interaction had a mean of 16.6 out of a possible 20 for both dimensions. This high level of social support across all dimensions aligns with data from other studies, which found that women who became mothers later in life more frequently reported better family backgrounds and higher educational levels than childless women in the same age group⁽²⁰⁾.

Regarding social support, a study conducted in Concepción, Chile, in 2013 reported that the highest-scoring items for participants were emotional support (defined as the presence of individuals with whom they could share problems) and affective support (viewed as a source of comfort)⁽²¹⁾. These findings are consistent with the results of this study, where the mean score for emotional support was 32.55 out of 40 points and 13.05 out of 15 points for affective support, with participants also reporting high levels of instrumental support and social interaction.

In Colombia, studies conducted in Tunja⁽⁷⁾ between 2011 and 2015 and in Bogotá⁽²¹⁾ in 2014, focusing on women of advanced maternal age and their perceptions of social support and lifestyle, revealed a different social reality. Most of the women studied faced challenging work conditions, making pregnancy after 35 a significant challenge.

Perception of social support according to sociodemographic characteristics

Sociodemographic and socioeconomic characteristics among pregnant women indicate that greater material and educational resources are associated with higher perceived social support. In this regard, a study conducted in Brazil⁽²²⁾ among high-risk pregnant women found, similar to our results, that as the educational level of pregnant women increased, so did perceptions of overall social support and its various dimensions, with differences in emotional support being statistically significant ($p = 0.015$). Likewise, a study conducted in Santa Marta, Colombia, also reported that higher socioeconomic status among pregnant women was associated with greater perceived social support⁽²³⁾.

In our study, all dimensions of social support were higher among women with a partner compared to those without. Similarly, a study by Carvalho *et al.*⁽²²⁾ conducted in a maternity service in northwestern Rio Grande do Sul (Brazil) from November 2021 to April 2022, found that high-risk pregnant women with a partner reported greater perceived emotional and affective support but lower levels of material support, informational support, and positive social interaction.

In our study, global social support and all its dimensions were deemed satisfactory, with maternal age emerging as a factor explaining higher perceived social support, similar to a study conducted in Lima, Peru, where older expectant mothers reported higher levels of social support⁽²⁴⁾.

Family functionality

In our study, over 50 % of pregnant women reported some type of family dysfunction, which aligns with a study from Cali, Colombia, that analyzed family functionality among pregnant women attending a prenatal health program during the post-COVID-19 pandemic isolation period⁽²⁵⁾.

Regarding family functionality, Hawkins *et al.*⁽²⁶⁾ posited that married women or those in stable relationships tend to have a more positive perception of their family’s functionality, establishing—similar to Alipur *et al.*—that the marital relationship is a fundamental element in gestation and family dynamics⁽²⁷⁾. Our study revealed that although 82.1 % of participants were in stable relationships, only 43 % rated their family functionality as normal, with more than half self-reporting some level of dysfunction.

A scoping review covering 24 studies on the psychological impact of advanced maternal age on mothers and their children found that family functioning, social support, and maternal attitudes improved after age 30, highlighting that some benefits may counterbalance certain biological disadvantages⁽²⁸⁾. Consistently, other studies have reported that, despite higher prenatal depressive symptoms among women pregnant after age 35, social support (particularly objective and subjective support), family functioning, and maternal attitudes improved with age^(29,30).

Family functionality and work reentry

The relationship between normal family functionality and satisfactory or moderately satisfactory work reentry was positive, as none of the women with normal family functionality reported an unsatisfactory work reentry, which may act as a protective factor in work reintegration⁽¹⁹⁾.

In the study by Kang and Kaur⁽³¹⁾ on pregnant women in India employed in banks and private sector insurance companies, family and partner

support were found to be crucial for work reentry and career planning. One possible explanation could be that women who felt that their family/partner listened to their work-related problems and suggested solutions felt understood by their family/partner, who were invested in their career growth. Family/partner support strengthened the women emotionally by showing interest and concern for their professional goals.

Social support and work reentry

A key dimension of family solidarity during pregnancy was the exchange of instrumental and emotional support, which was essential for work reentry. In our study, women who were pregnant after age 35 generally perceived higher social support across all dimensions. These findings support evidence regarding factors associated with increased social engagement in the labor market among mothers. According to the theory of planned behavior, which posits that behaviors are based on prior intentions to engage in those behaviors, pregnant women over 35 may have positive attitudes toward work⁽³²⁾, which in turn may depend on their perceived support for returning to work⁽³³⁾.

For women, the transition from maternity leave to work reentry becomes a critical event, posing a significant barrier in essential aspects of motherhood, such as time with the newborn and the duration and exclusivity of breastfeeding⁽³⁴⁾.

Social support is a resource linked to self-efficacy, particularly among adolescent mothers⁽³⁵⁾. This self-efficacy could be a strong predictor of work reentry in women over 35, similar to its role in occupational groups facing health challenges⁽³⁶⁾.

A study aimed at describing the characteristics of women returning to work within the first postpartum year and identifying specific occupational and health factors associated with work reentry among women who worked during pregnancy⁽³⁷⁾ showed that women over 35 had a lower work reentry rate compared to those under 35. However, when adjusted odds ratios (ORs) were calculated based on occupational and economic variables, this difference was not significant, highlighting the importance of contextual factors in work reentry.

Strengths

Most studies addressing work reentry after pregnancy focus on predominantly young women, leaving pregnant women over 35 underrepresented. This study, therefore, focused solely on women who became mothers after this age, recognizing that their social, economic, occupational, and family characteristics differ, and analyzing aspects that may present unique challenges in motherhood for this age group.

Similarly, most scientific evidence originates from countries where public support services play a significant role in work reentry. To date, this study is among the first in Latin America to explore the role of social support and family functionality among women who were pregnant after age 35.

Limitations of the study

The findings of this study should be interpreted with the following limitations in mind: the population sample is not representative of the Colombian population as data were collected through convenience sampling. Participant data were self-reported, which may have been subject to recall bias.

Future directions

Future research on this topic should consider perceived organizational support, work motivation, and performance perceptions, as well as personality traits of pregnant women returning to work after pregnancy.

CONCLUSION

Work reentry was considered satisfactory by half of the participants who became pregnant after age 35. Family functionality and a positive perception of social support were factors that contributed to the positive assessment of work reentry.

Further research is needed in Colombia with more representative samples to establish a starting point for improving the lives of women who delay motherhood until after age 35. It is also essential to expand understanding of the work reentry process, with qualitative studies examining the experiences and perceptions of mothers over 35.

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