

## STUDY ON HEALTH POLICIES REGARDING THE POSTNATAL PERIOD

Anca CHEREJI<sup>1#</sup>

<sup>1</sup> University of Oradea, Faculty of Environmental Protection, Oradea, Romania

### RESEARCH ARTICLE

#### Abstract

*The postnatal period is a significant phase in the lives of mothers and babies. It is a time of adaptation to parenthood, of the development of secure attachment for the neonate and young infant, and a time where bonds can develop within the family and with the community. The health policy regarding the wellbeing of mother and child after birth is of major impact on the family. Starting from the 1<sup>st</sup> of August 2025, the legislation in Romania has been changed. Through Law No. 141/2025, Romania introduced the 10% health taxation of parental leave allowances – a law that has controversial outcomes, it is not supported by new and future parents and it may have a negative impact on national demography.*

**Keywords:** (max. 5) allowance, mother, birth, tax  
#Corresponding author: cij\_anca@yahoo.com

#### INTRODUCTION

'Postnatal' and 'postpartum' are commonly used terms when referring to the mother after delivery. Physiologically, almost one year is required for most organs and systems to return to the pre-pregnancy stage (Berens P. et al, 2023). Usually, the period after delivery is divided into three phases: immediate, early, and late postpartum. The immediate phase starts soon after delivery, there is no consensus on the duration of each phase and when the postpartum/postnatal period concludes. The early phase usually commences between 12-24 hours and concludes between the seventh day and sixth week, after delivery. The late phase commences between the eighth day and the sixth week and concludes between the sixth week and the sixth month after delivery (Kumarasinghe et al., 2024)

It is important that postnatal period is not neglected, including essential package of services across the continuum of reproductive, maternal, newborn and child health. The components of the care package change with the phases of the postpartum period. One important reason for this is the high burden of mortality and morbidity for mothers and infants that occurs within the postnatal period and is largely preventable with access to high-quality and timely care. (WHO, 2018). There is variability (around the world) regarding the recommended duration and timing of postpartum care; while most countries follow

routine care packages for 42 days (six weeks) for the mother after delivery, some recommend different schedules lasting up to two years. (Public Health Agency of Canada, National Institute for Health Care Excellence UK)

The postnatal is an important time for improving maternal and newborn health by learning healthy behaviors, supporting breastfeeding, counselling about how to accommodate to the new structure of the family and to the newborn's needs, also to prevent and treat subsequent maternal complications and neonatal health issues. This period is also an opportunity to initiate early childhood development interventions, thus stimulating integration of care along the continuum of essential reproductive, maternal, newborn, child and adolescent health services. (Langlois et al., 2023)

According to 'Countdown to 2030' report postnatal services have the lowest median national coverage of interventions on the continuum of maternal and child healthcare (UNICEF, 2017). In addition, utilization of postnatal services varies widely, particularly in low and middle-income countries, where barriers to access based largely on socio-economic circumstances and rurality limit engagement (Langois, 2015).

International legal and political documents can assist policy-makers and program managers in countries to create an enabling environment to promote maternal and newborn health. International legal and political documents, including those relating to human

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rights, can promote an enabling environment to facilitate the implementation of maternal and child health programs by tying such efforts to the essential human rights that states are obliged to respect, protect and fulfil.

International legal and political documents are important tools for developed global health, human rights and equity reproductive health. These documents can help to reduce health inequalities, influence social and structural determinants of health, support stronger health systems, and create healthier and safer workplaces and communities.

In 2022, the WHO published recommendations on maternal and newborn care for a positive postnatal experience. This guideline reflects an important global shift in the exclusive focus of care; from reducing death and serious illness following birth to comprehensive, holistic care and support to promote health and well-being; to ensuring that women and newborns survive and thrive. It describes a 'positive postnatal experience' as the desired endpoint for all women, partners, parents, caregivers and families after birth. A positive postnatal experience is defined as one in which women and families receive information and reassurance in a consistent manner from motivated health workers, and where both the women's and babies' health, social and developmental needs are recognized, within a resourced and flexible health system that respects their cultural context.

Factors that influence women's perception on postnatal care are interlinked, and includes access, quality, and social norms. Many women admit specific challenges of the postnatal period and emphasized the need for emotional and psychosocial support in this time, in addition to clinical care. (Sacks et al., 2022)

## **MATERIAL AND METHOD**

Existing data/literature focusses predominately on the effectiveness of specific postnatal interventions, or around women's experiences of postnatal care services (Malouf, 2019, Finlayson et al., 2020).

The present study analyses the new legislative context regarding postnatal period. It includes the attitude toward the 141/2025 Law, that implies taxing the allowance parents receive after birth. Also, the research follows the reaction after implementing the new law and discusses the eventual long-term effects.

## **RESULTS AND DISCUSSIONS**

The data elaborated by WHO allow for analysis of the policy environment and its effects on maternal and newborn health. It also includes all relevant legislation, guidelines and constitutions to promote accountability and transparency with regard to national women health laws and practices. Further, in the area of respectful maternity care, WHO has mapped pathways between types of mistreatment and their connection with human rights standards, and explored how human rights treaty bodies have expressed these issues to inform strategies within health systems. (Zampas, 2020)

In Romania, parental leave and allowance can be granted to both natural and adoptive parents or legal guardians, provided that they have obtained taxable income for 12 months in the last two years prior to the date of the child's birth, guardianship or adoption. Parental leave is granted for a maximum period of two years from the birth of the child or three years in the case of children with disabilities. Either parent of the child can benefit from this type of leave. In contrast, maternity leave lasts for 126 days, of which at least 42 must be taken postnatally, and the remaining days up to 126 can be taken prenatally. This benefit can only be approved upon the recommendation of a doctor. Although taking prenatal leave is optional, when it comes to postnatal leave, the new mother will have to stay at home for a minimum of 42 days.

Regarding the calculation method of the child-rearing allowance, it is set at 85% of the average net income earned by the parent in the last 12 consecutive months of the last 2 years prior to the birth of the child.

Starting with 2018, the monthly child-rearing allowance has a minimum limit of 1,250 lei per month, but also a maximum limit of 8,500 lei, which cannot be exceeded regardless of the income earned by the applicant.

Beneficiaries of this allowance who decide to return to work will lose the support offered by the state and automatically renounce it.

According to current Romanian legislation, the monthly child-rearing allowance is not subject to income tax, but is subject to the payment of social health insurance contributions. Through Law No. 141/2025, Romania introduced the 10% health insurance taxation of parental leave allowances, a measure validated by the Constitutional Court through Decision No. 357/2025. ([www.juridice.ro](http://www.juridice.ro))

Some juridical analysts consider that the new 141/2025 law represents a counterproductive public policy that violates the principle of proportionality and European standards, requiring challenge through exceptions of unconstitutionality and administrative litigation actions to restore constitutional compliance. The errors of legal reasoning that I identify are the following:

Analyzing the new law, there can be identified some legal gaps provided by the next facts:

- ignoring the reparative and social nature of the allowance because child-rearing allowance is not ordinary income, but a social benefit intended to compensate for the loss of income from work in order to fulfill an essential social function – raising and educating children.

- failure to comply with the principle of proportionality; there is no analysis to evaluate if the measure is proportional to the intended purpose, ignoring the impact on vulnerable families.

- omission on analyzing the principle of the best interests of the child.

This measure affects over 150,000 Romanian women currently on maternity leave, more than half of whom receive between 1,652 and 5,000 lei per month.

The entry into force of the new provisions regarding some fiscal-budgetary measures has generated numerous uncertainties among the people affected by the new rules regarding the payment of social health insurance contributions.

## CONCLUSIONS

Postnatal care programs and related research should consider multiple drivers and multi-faceted needs, and the holistic postpartum needs of women and their families should be studied in a wider range of settings, including health policies.

The decrease of the birth rate in Romania is associated with the overlapping role played out by economic, social, and historical factors.

Despite the improvement in wages, the inflated cost of living discourages young adults from starting a family. Introducing a 10% health insurance taxation of parental leave allowances determined a disapproval from parents (especially mothers).

This legal measure will be better analyzed after the time will pass and there will be a possibly to evaluate its social-economic impact.

Many women asked for the amendment of the law and support for parents on parental leave because it is a very vulnerable period, with additional expenses and the fact that incomes are even lower than the 85% will lead to the inability of this category of people to cover monthly expenses for both the child and the family. Parents feel that the law discourages births by putting obstacles in the way of new parents, and it will only accentuate the demographic decline of Romania, which is already well below the European average. Also, the law is considered discriminatory, given that the amounts withheld from parents are different depending on the income they worked for and the medical services they would be entitled to are identical.

Over 122,000 Romanians have signed a petition demanding the reintroduction of free medical insurance for mothers on parental leave.

Before the new law, there was an increase of 2.9 percentage-points in the probability of giving birth to an additional child for women with maternal leave. (Hiriscu, 2024).

After 1989, the natality rate in Romania has dropped dramatically. That is one reason why it is important to offer financial support and care services to provide a safety net that encourages families to have more children, thus contributing to demographic stability. This comprehensive support system eases the burden on parents and creates a more conducive environment for raising children.

## REFERENCES

- Berens, P., 2023. Overview of the postpartum period: Normal physiology and routine maternal care: Wolter Kluwer; <https://www.uptodate.com/contents/overview-of-the-postpartum-period-normal-physiology-and-routine-maternal-care#references>.
- Finlayson, K., Crossland, N., Bonet, M., Downe, S., 2020. What matters to women in the postnatal period: A meta-synthesis of qualitative studies. *PLOS ONE* 15(4): e0231415. <https://doi.org/10.1371/journal.pone.0231415>
- Hiriscu, A., 2024. The Effect of Paid Maternity Leave on Fertility and Mothers' Labor Force Participation. *J Labor Res* 45, 350–384 <https://doi.org/10.1007/s12122-024-09361-0> <https://www.juridice.ro/794292/analiza-critica-a-deciziei-ccr-nr-357-2025-cass-pentru-concediul-maternal.html> (accessed oct.2025)
- Kumarasinghe, M., Herath, M.P., Hills, A.P., Ahuja, K.D.K. 2024. Postpartum versus postnatal period: Do the name and duration matter? *PLOS ONE* 19(4): e0300118. <https://doi.org/10.1371/journal.pone.0300118>
- Langlois, E.V., Dey T., Iaia, D.G., Sacks, E., 2023. Improving policy, financing and delivery of

- 
- postnatal care services. *Bull World Health Organ.* 1;101(1):2-2A. doi: 10.2471/BLT.22.289440. PMID: 36593785; PMCID: PMC9795378.
- Langlois, E.V., Miszkurka, M., Zunzunegui, M.V., Ghaffar, A., Ziegler, D.I.K., 2015. Inequities in postnatal care in low- and middle-income countries: a systematic review and meta-analysis. *Bulletin of the World Health Organization*; 93(4):259–70. pmid:26229190
- Malouf, R., Henderson, J., Alderdice, F., 2019. Expectations and experiences of hospital postnatal care in the UK: a systematic review of quantitative and qualitative studies. *BMJ Open*; 9(7):e022212. pmid:31320339
- National Institute for Health Care Excellence and The Royal College of Obstetricians and Gynaecologists. 2021. Postnatal care. United Kingdom: National Institute for Health and Care Excellence and The Royal College of Obstetricians and Gynaecologists; <https://www.nice.org.uk/guidance/ng194>
- Public Health Agency of Canada. 2020. Chapter 5 Postpartum Care. Family-Centred Maternity and Newborn Care National Guidelines. Ottawa: Public Health Agency of Canada; p. 1–75. <https://www.canada.ca/en/public-health/services/maternity-newborn-care-guidelines.html>
- Sacks, E., Finlayson, K., Brizuela, V., Crossland, N., Ziegler, D., 2022. Factors that influence uptake of routine postnatal care: Findings on women's perspectives from a qualitative evidence synthesis. *PLOS ONE* 17(8): e0270264. <https://doi.org/10.1371/journal.pone.0270264>
- Tracking Progress towards Universal Coverage for Reproductive, Newborn and Child Health: The 2017 Report. Washington, D.C.: United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), 2017. Available at <http://countdown2030.org/pdf/Countdown-2030-complete-with-profiles.pdf>
- World Health Organization, United Nations Children's Fund, World Bank Group. 2018. Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: WHO. <https://apps.who.int/iris/bitstream/handle/10665/272603/9789241514064-eng.pdf?ua=1>
- World Health Organization. 2022. WHO recommendations on maternal and newborn care for a positive postnatal experience. Geneva, World Health Organization
- Zampas, C., Amin, A., O'Hanlon, L., 2020. Operationalizing a human rights-based approach to address mistreatment against women during childbirth. *Health Hum Rights*; 22:251–64.