



Why America Needs the Pregnant Workers Fairness Act

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Nine U.S. states have recently passed legislation to require employers to provide reasonable accommodations to pregnant employees with medical needs, unless it would be an undue hardship. A federal version of this legislation has also been introduced – called the Pregnant Workers Fairness Act. New laws and the proposed new federal bill simplify the requirements of the previous Pregnancy Discrimination Act and improve protections based on approaches used in the Americans with Disabilities Act. Additional protections for pregnant workers are needed because reports abound about U.S. employers who simply refuse to make temporary adjustments for their pregnant employees. Beyond the unpleasant or harmful conditions such refusals create for individuals, larger issues are also at stake, because the United States does badly in international terms at ensuring good outcomes for new babies and mothers.

Researchers worry when infants are either born preterm or weigh too little – defined as less than 2500 grams at birth. Infants born too soon or at low birthweight are at higher risk of dying or suffering physical or cognitive problems that hold back their development. Although there has recently been a slight decrease in U.S. babies born preterm or at low birth weight, the modest improvements follow three decades of deterioration on these indicators. Poor birth outcomes continue to happen more frequently in the United States than in other high-income countries.

For American mothers, obesity, diabetes and difficulties related to high blood pressure are increasing – and lead, in turn, to poor outcomes for mothers and babies. Severe complications of pregnancy affect more than 50,000 women in the United States every year, and have been steadily on the rise, not only because U.S. mothers are older, but also because so many suffer from obesity or chronic medical problems. Birth problems push up medical costs too.

Pregnancy and Work in the United States

These issues affect workplaces, because women now make up about half the U.S. workforce and most continue to work throughout their pregnancies. Some 62% of women who delivered babies in 2013 were in the workforce and one third of these were unmarried women. Most employed unmarried mothers are the sole supports for their families, and most married women workers are key contributors to family income. Overall in 2012, 41% of working mothers were their family's primary breadwinner. More than one quarter of these women had incomes below the federal poverty level and another quarter had incomes less than 200% of the federal poverty level. Not surprisingly, the great majority of women return to work after pregnancy, and two-thirds of all mothers are in the labor force. Because a new baby means increased expenses, a woman's wages will often be even more important than usual to her family when she is pregnant and immediately after she has given birth.

Clashes between job duties and the demands of pregnancy are acute for low-income women:

- Low-income women often hold jobs that offer limited flexibility about hours and time off.
- Pregnant women face extra difficulties in physically demanding jobs such as trucking or policing. These jobs have been hard for females to break into, and women do not want to lose these traditionally male-dominated posts where pay is higher.
- The five to eight percent of pregnant women whose partners have been violent toward them really need economic independence in order to escape abusive relationships.

As pregnant women struggle to stay on the job, physically demanding work – involving prolonged standing, long work hours, irregular work schedules, heavy lifting and high physical activity – has consistently been shown to cause a statistically modest but significant increased risk of preterm births and low birthweight births.

Specific linkages have been documented between health problems and job conditions or exposures:

- In addition to various individual characteristics like age, physically difficult work conditions are associated with pregnancy-induced hypertension and to a serious condition called “preeclampsia.” That in turn can open the door to a number of worrisome, long-term health problems for mothers and babies.
- Spontaneous abortion, or miscarriage, has also been associated with work conditions. A study of U.S. female nurses found that women who reported working night shifts were 60% more likely to have a spontaneous abortion compared to those who usually worked day shifts, perhaps because of disruption in circadian rhythms.
- Many studies have probed risks from occupational exposures to mercury, lead, pesticides, solvents, and chemicals. Found to be at increased risk for miscarriages are working women exposed to anesthetic gases and antineoplastic drugs used in health care workplaces, to chemicals used in dentistry, and to tetrachloroethylenes used in dry cleaning.

An Obvious Legal Step Forward

The proposed Pregnant Workers Fairness legislation would require employers to make adjustments such as job restructuring and modifications in schedules, equipment, and rules. For example, an employer might be required to modify a no-food-or-drink policy for pregnant employees, provide stools, or temporarily reassign heavy lifting duties to other employees. Bosses could not fire or retaliate against pregnant employees who request adjustments. Pregnant women would still meet their core responsibilities, but they would by law have to be treated as well in the workplace as workers with disabilities are treated. America's working mothers would no longer be forced to choose between continuing to collect checks they need and maintaining their own health and the wellbeing of their future babies.