
Improving Maternal Health with the Pregnant Workers Fairness Act

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Everyone deserves a safe and healthy pregnancy, but a lack of workplace accommodations can lead to adverse health outcomes for pregnant workers. The majority of people who give birth are also in the workforce: in a typical year, about seven in ten women who give birth — about 2.7 million people — also hold jobs.¹ Black pregnant people can be especially affected — first, because they are already at a higher risk during pregnancy due to various social drivers that can negatively affect their health, including housing, economic status, and underlying racism — and second, because they are also likely to face greater racism, discrimination and harassment at work.² Black women in the United States are more likely to die from pregnancy or childbirth than women in any other racial group.³ Part of addressing the Black maternal health crisis is ensuring that paid workers can be safe and healthy at work during pregnancy.

The Pregnant Workers Fairness Act (PWFA) will ensure that employers provide reasonable accommodations to pregnant employees and that the workplace is an environment where needed accommodations are routinely expected and provided. Birthing people need income to support themselves, their babies and their families, and to build assets, and they should not have to choose between keeping their jobs and building economic security or maintaining their health during pregnancy. By passing the PWFA, Congress can help ensure that all pregnant workers can maintain their incomes and have a safe and healthy pregnancy.

Pregnancy Discrimination Continues Across the Country

Discrimination against pregnant workers is an ongoing problem. Complaints that are filed are likely just the tip of the iceberg. The U.S. Equal Employment Opportunity Commission (EEOC) estimates that only six to 13 percent of workers who experience some form of harassment ever file a formal complaint. Barriers to filing include concerns about not being believed or that no action will be taken, as well as fears of retaliation or other adverse consequences.⁴

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- Nearly 31,000 charges of pregnancy discrimination were filed with the U.S. Equal Employment Opportunity Commission (EEOC) and state-level fair employment practice agencies between October 2010 and September 2015.⁵
- Being discharged from employment was the most common reason (30.6 percent) that women filed charges of pregnancy discrimination.⁶ Other common reasons were discriminatory terms and conditions of employment (12.1 percent), harassment (7.2 percent) and disciplinary action (4.8 percent).⁷

Women report that they were denied minor job modifications they needed to continue safely in their paid jobs while pregnant, such as being allowed to take more frequent bathroom breaks or carry a water bottle.

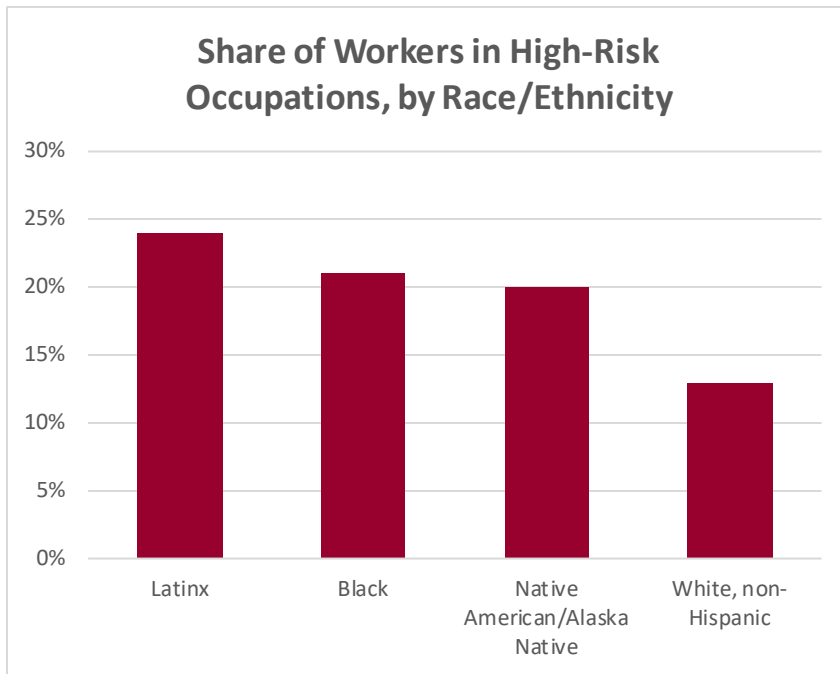
- Between October 2014 and September 2015 (fiscal year 2015), women filed more than 650 charges alleging they were not provided the reasonable workplace accommodations they needed during pregnancy.⁸
- Pregnancy discrimination disproportionately affects Black pregnant people. Nearly three in 10 charges of pregnancy discrimination (28.6 percent) were filed by Black women, yet Black women comprise only 14 percent of women in the workforce ages 16 to 54.⁹

Black women in the U.S. also face intersectional forms of discrimination in the workplace that are not present for other workers. This leads Black pregnant workers to experience pregnancy (and sex) discrimination while simultaneously facing the exacerbating effects of racial discrimination.

Employment Conditions Can Lead to Negative Health Outcomes for Pregnant Workers

Poor workplace conditions are associated with negative pregnancy outcomes. Because of the ways that racism and sexism have structured the United States' economy, women of color are especially likely to be in jobs that are higher-risk and lack adequate health and safety protections.

For example, physically demanding employment activities are associated with harmful pregnancy outcomes including miscarriage, preterm birth and low birth weight.¹⁰ These activities can include lifting heavy objects and standing for prolonged periods of time. People of color are more likely to work in physically difficult or dangerous jobs that could put them at risk for adverse outcomes in pregnancy. According to data from the Centers for Disease Control and Prevention, 24 percent of Latinx workers, 21 percent of



non-Hispanic Black workers, and 20 percent of Native American/Alaska Native workers were employed in high-risk occupations, compared to 13 percent of non-Hispanic white workers.¹¹

More than one in five pregnant workers are employed in low-wage jobs. These jobs are more likely to be physically demanding than higher-paid jobs,¹² often requiring workers to stand,

walk or run continuously on the job. Nearly one in three employed pregnant Black women and Latinas work in low-wage jobs.¹³ In many of the occupations where pregnant Black women most often work, including as cashiers, home health aides, personal care aides and nurses, employees were likely to report standing at work and being exposed to disease daily at work.¹⁴ Working as a maid or a housekeeping cleaner is especially physically demanding, and it is the second most common occupation for pregnant Latinas.¹⁵ In that occupation, 80 percent of workers stood continuously and 70 percent walked or ran continuously on the job.¹⁶

Many other workplace exposures are harmful to pregnant people. For example, occupational pesticide exposure can disproportionately affect pregnant women and is associated with childhood leukemia in their babies.¹⁷ The rate of pesticide-related illness and injury among female farmworkers is approximately twice as high as that among males.¹⁸

Similarly, another study found that perfluoroalkylated substances (PFAS) exposure among pregnant people is highly and positively correlated with low birth weight of babies,¹⁹ and occupational exposure is one source of potential risk.²⁰ Pregnant people who work rotating shifts, fixed night shifts, or longer hours have higher risk of preterm birth and having an infant who is small for gestational age.²¹

Stress Related to Racism Contributes to Adverse Pregnancy Outcomes

The stress of experiencing racism itself contributes to detrimental pregnancy outcomes. Stress has significant physical effects on the body that can have consequences for birthing people and their babies. Detrimental health outcomes are linked to both the accumulated burden of racism-associated stress that has built up over centuries and to institutional and interpersonal racism in the workplace. Research has shown that Black birthing people exposed to racism in the year prior to giving birth were more likely to have an infant with low or very low birth weight.²² When a pregnant person experiences racism, it can have a direct physiological impact not only on themselves, but also on their infant, generating inequity even before birth.²³

Black women also filed sexual harassment charges at a rate nearly three times that of white, non-Hispanic women between 2012 and 2016.²⁴ In addition, an estimated 87 to 94 percent of victims do not report their harassment or file any claims for fear of retaliation, and so the actual number of Black women experiencing harassment is likely significantly higher.²⁵ Sexual harassment and racism are constant issues that Black women disproportionately face, and these issues contribute to overall harmful pregnancy outcomes for Black women and birthing people. The PWFA will help address these inequities by ensuring workplace accommodations and protections for pregnant workers.

Pregnancy Discrimination Can Lead to Financial Instability

Pregnancy discrimination can hurt people's wallets just as much as their health. Birthing people who lose income as a result of pregnancy discrimination, whether through being fired or laid off, having hours cut, being demoted or not being promoted, lose income at a critical time in their lives.²⁶ The loss of wages and health insurance is especially challenging for Black women, who are at a higher risk for pregnancy-related complications like preterm labor, preeclampsia and hypertensive disorders.²⁷ Black women already have less wealth to fall back on, on average, due to the systemic racial wealth gap. Among single millennials (born between 1980 and 1997), the median wealth of Black women is less than 18 percent that of white men.²⁸ Stress from lost income can itself exacerbate health conditions, and the lost income and loss of health insurance can make accessing health care difficult.

The loss of income compounds with other factors outlined above, including that people of color are more likely to work in physically difficult or dangerous jobs and are also more likely to have poor maternal health outcomes related to other social drivers of adverse health. Black birthing people report pregnancy discrimination at much higher rates than paid workers in other demographic groups. All of these factors lead to especially harmful outcomes for birthing people of color, and contribute to the Black maternal health crisis and maternal health crises for other birthing people of color.

Workplace Flexibility Improves Maternal Health

Many of these adverse health outcomes can be avoided with simple adjustments in the workplace. For example, a worker whose job is not solely focused on lifting heavy objects can temporarily be relieved of responsibilities for lifting heavy objects at work.²⁹ Having a water bottle on hand or taking breaks to sit are also adjustments that can allow pregnant workers to stay healthy. Reasonable accommodations for pregnant workers can help them maintain income during their pregnancies and help protect the health of birthing people and their babies.

¹ In 2019, 71 percent of women who reported having a child in the previous year also reported having worked during one or more weeks in the previous year. National Partnership analysis of American Community Survey Integrated Public Use Microdata Series, accessed 3 May 2022. Steven Ruggles, S., Flood, S., Foster, S., Goeken, R., Pacas, J., Schouweiler, M., & Sobek, M. (2021). *IPUMS USA: Version 11.0 [American Community Survey]*. doi: 10.18128/D010.V11.0

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³ National Partnership for Women & Families. (2018, April). *Black Women's Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities*. Retrieved 11 May 2022, from <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/black-womens-maternal-health-issue-brief.pdf>

⁴ U.S. Equal Employment Opportunity Commission (2016, June). *Select Task Force on the Study of Harassment in the Workplace*. Retrieved 11 May 2022, from <https://www.eeoc.gov/select-task-force-study-harassment-workplace>

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⁶ Ibid. [NPWF By the Numbers]

⁷ Ibid. [NPWF By the Numbers]

⁸ Ibid. [NPWF By the Numbers]

⁹ Ibid. [NPWF By the Numbers]

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¹³ Ibid. [Harwood/David Heydemann]

¹⁴ Ibid. [Harwood/David Heydemann]

¹⁵ Ibid. [Harwood/David Heydemann]

¹⁶ Ibid. [Harwood/David Heydemann]

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²³ Ibid. [Hernández-Cancio/Gray]

²⁴ National Partnership for Women & Families. (2019, February). *Legislative Solutions to Combat Workplace Sexual Harassment*. Retrieved 11 May 2022, from <https://www.nationalpartnership.org/our-work/resources/economic-justice/sexual-harassment/legislative-solutions-to-combat-workplace-sexual-harassment.pdf>

²⁵ Ibid. [Legislative Solutions to Combat Workplace Sexual Harassment]

²⁶ National Partnership for Women & Families. (2018, April). *Black Women's Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities*. Retrieved 11 May 2022, from <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/black-womensmaternal-health-issue-brief.pdf>

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