



Protect Vermont Mothers From Pregnancy Discrimination

More Women are Working While Pregnant and After They Become Mothers

Over the past 30 years, the participation rate of women in the labor force who have children under age 3 has risen from 34.3% in 1975 to 60.9% in 2011.¹ In addition, the Pew Research Center reports that mothers have become the sole or primary provider in 4 in 10 households with children.² 1 out of every 2 moms works during pregnancy and returns to work after her baby is born. According to the United States Census Bureau, out of all first-time mothers who worked while pregnant between 2006 – 2008, 88% worked into their last trimester, while 65% worked into their last month of pregnancy.³ And among women who worked during their pregnancy between 2005-2007, 58.6% returned to work 3 months after giving birth and 72.9% returned to work 6 months after giving birth. Between 1971 – 1975, those numbers were significantly lower at 24.1% and 32.1% respectively.

Encouraging healthy pregnancies is critical to reducing premature births, birth defects, and infant mortality and could save Vermont significant health care costs annually. It is also good business. Employers spend more than \$12 billion a year on claims related to prematurity and complicated births in the United States.⁴

Pregnancy Discrimination Happens in Vermont

To protect the health of their pregnancy, women need to be able to take appropriate precautions in the workplace. For instance, they should wear gloves or a mask if using chemicals, they should stay away from coworkers who are sick to prevent contracting an illness, they should not lift heavy objects, they should walk around if they generally sit during the day, and they should rest periodically if they stand for long periods of time. In addition, employers should create a supportive environment for mothers to successfully combine work with breastfeeding.

Pregnancy Discrimination Could Be Avoided With Reasonable Accommodations

Reasonable accommodations must be provided for workers who are limited in their ability to perform their jobs due to pregnancy, childbirth, or related medical conditions. These accommodations would not present an undue hardship on the covered entity and might include providing an employee with extra bathroom breaks, assistance with heavy lifting, or a light duty assignment. It is important to provide a private, non bathroom space for expressing breast milk. These accommodations would afford moms-to-be and new moms the ability to be able to stay at work.. The March of Dimes asks for your support to help ensure women stay healthy while pregnant and after childbirth and allow them to maintain their employment.

- Mothers have become the sole or primary provider in 4 in 10 households with children.
- 1 out of every 2 moms works during pregnancy and goes back to work after her baby is born.
- Pregnancy discrimination occurs when a woman is treated unfavorably because of pregnancy, childbirth or a pregnancy related condition.
- Reasonable accommodations for pregnancy, childbirth or a pregnancy related condition enable moms-to-be and new moms to stay at work.
- Preventing premature birth in Vermont could mean a significant annual savings.

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The March of Dimes is a national voluntary health agency whose volunteers and staff work to improve the health of infants and children by preventing birth defects, premature birth and infant mortality. Founded in 1938, the March of Dimes funds programs of research, community services, education and advocacy. For the latest resources and information, visit marchofdimes.com

1. United States. Bureau of Labor Statistics. *Women in the Labor Force: A Databook*. United States Bureau of Labor Statistics, Feb. 2013. Web. 25 May 2014. <<http://www.bls.gov/cps/wlf-databook-2012.pdf>>.

2. Wang, Wendy, Kim Parker, and Paul Taylor. *Breadwinner Moms*. Rep. Pew Research Social & Demographic Trends, 29 May 2013. Web. 25 May 2014. <<http://www.pewsocialtrends.org/2013/05/29/breadwinner-moms/>>.

3. Laughlin, Lynda, 2011. *Maternity Leave and Employment Patterns: 2006-2008*. Current Population Report, P70-128. U.S. Census Bureau, Washington, DC.

4. Institute of Medicine. 2007. *Preterm Birth: Causes, Consequences, and Prevention*. National Academy Press, Washington, D.C. Published and unpublished analyses.