

Rights & Democracy & Doctors for Social Justice Testimony on H.136

Dr. Sarah Hudson

Thank you for your time and attention to this important issue for women's and families' health.

By way of introduction, I am a family physician employed by the University of Vermont Medical Center. As part of my practice, I provide medical care for women during their pregnancies and deliveries, as well as ongoing primary care for those women, their partners, and their children.

I am also currently out on maternity leave myself, having just delivered my third child less than 2 months ago. He's currently sleeping in my arms- I appreciate your taking my call instead of my personal presence!

As a physician employed by the largest healthcare organization in the state, I am in a position of privilege with regards to workplace accommodations. I have been blessed to have 3 very straight-forward, healthy and uncomplicated pregnancies. And yet, I can speak to the need for adjustments in employment practices, as the physical demands of growing another human being can make some aspects of working additionally taxing. I have seen many of my patients, in less privileged employment positions, struggle to decide whether they should take early leave from their employment because reasonable accommodations would not be made.

For example, I have one patient who worked in food service, and nearly lost her job because of her request to be moved to a different station (salad instead of carrying heavy hot tureens of soup). Because she had been hired too recently to be covered by FMLA for her maternity leave, she was forced to return to work at 4 weeks postpartum after a cesarian section (which is a major abdominal surgery), and even for that accommodation to be given she had colleagues who pooled and "donated" their CTO time to cover her job. A physician phone call to that organization's HR department was met with a very perfunctory "we can't do anything about that supervisor."

Another patient was asked to begin her maternity leave earlier than she'd intended, because they were "nervous" about her medical state. She had a completely uncomplicated pregnancy. Yet another patient in our practice was harassed by her employer for requesting "excessive" time away for her weekly antepartum visits at the end of her pregnancy, and was told that this time would count against her other weekly break time.

There are well documented studies showing that stress can contribute to adverse outcomes for mothers and babies. Although it could never be directly proven, I would not be surprised if the added stressors of unsupportive workplace environments contributed to the stalled labors, operative deliveries, and subsequent breastfeeding difficulties experienced by each of these women. These women thus lose access to valuable time off later with their newborn. I've seen the toll of such decisions- mothers who stop breastfeeding early, lose out on invaluable early bonding time with their infant, or in worst case scenarios lose their jobs and have to seek new employment while also tending to a newborn.

I often remind my patients (somewhat in jest), and I would like to remind you today in all seriousness, that pregnancy is NOT a disability. I've heard partisan arguments that this bill is not needed because pregnant Vermonters who are not given reasonable accommodation can just pursue justice under the ADA. However, although some pregnancy related complications would be covered under the ADA, a normal uncomplicated pregnancy is not.